Council on Podiatric Medical Education

Ninety-second Annual Report, 2011

CPME Mission and Goals

The Council on Podiatric Medical Education is an autonomous, professional accrediting agency that evaluates and accredits educational institutions and programs in the specialized field of podiatric medicine. CPME is designated by the American Podiatric Medical Association to serve as the accrediting agency for podiatric medical education.

The mission of the council is to promote the quality of doctoral education, postdoctoral education, certification, and continuing education. By confirming that these programs meet established standards and requirements, the council serves to protect the public, podiatric medical students, and doctors of podiatric medicine. To achieve its mission, CPME has adopted and prioritized the following goals:

1. Encourage, enhance, and assure the quality of the educational outcome at all levels in podiatric medicine
2. Encourage, enhance, and assure the quality of the educational process at all levels in podiatric medicine
3. Maintain compliance with the criteria for recognition established by the US Secretary of Education and the Council for Higher Education Accreditation
4. Regulate compliance with standards, requirements, and criteria established by CPME
5. Establish and maintain good lines of communication between CPME and its community of interest
6. Be responsive to innovative concepts in podiatric medical education
7. Seek out ways to improve upon the quality and methods of the CPME evaluation process
8. Review and resolve complaints received about colleges, sponsors of continuing education, residency and fellowship program sponsors, and specialty boards
9. Participate in the national discussion on issues concerning accreditation, including, but not limited to, maintaining membership in the Association of Specialized and Professional Accreditors

As the accrediting agency for the podiatric medical profession, CPME supports the following principles:

Validity and reliability. Accreditation of podiatric medical education is based on the belief that podiatric medicine is a unique profession of such complexity and benefit to the health of the population that it requires a defined educational process based on consistently applied national standards. Podiatric medical education standards should be reasonable, valid, reliable, and consistent with the standards set by other medical professions.

Shared governance. Representatives of the profession are responsible for defining current and future podiatric practice, and CPME is responsible for setting quality standards enabling educational programs to prepare students for residency and residents for practice.

Respect for institutional autonomy. The sponsoring institution or organization assumes the responsibility for design, implementation, ongoing support, and continuous evaluation of the program's effectiveness relative to its mission and goals.

Public representation. Persons not associated with the podiatric medical profession play an active role in the accreditation, approval, and recognition standard-setting and decision-making processes.

US Department of Education Committee Recommends Extension of CPME Recognition

The council holds recognition as the accrediting body for first professional degree programs in podiatric medicine from the US Department of Education, appearing on the list of nationally recognized accrediting agencies that the US Secretary of Education identifies as reliable authorities concerning the quality of education offered by educational institutions or programs. The council has appeared on the Secretary's list since the recognition process was first legislated in 1952.

A petition for continued recognition was submitted by the council in June 2011 to the US Secretary of Education's National Advisory Committee on Institutional Quality and Integrity (NACIQI). In April 2011, a representative of the Department of Education attended a meeting of the council's Accreditation Committee and conducted a file review at the council office. Based on review of the petition at its December 2011 meeting, the results of the file review, and appearance and testimony by current and former chairs of the council and the director of the council, NACIQI recommended to Secretary Arne Duncan that the department extend the council's recognition as the accrediting agency for colleges of podiatric medicine.

The recommendation calls for a progress report to be submitted by the council in December 2012 for consideration during NACIQI's June 2013 meeting. The progress report must document that the council has implemented several procedural issues that either cannot be addressed until college site visits are conducted during the summer of 2012 or require further action by the council at its April 2012 meeting.

CPME Implements New Residency Standards and Procedures

At its October 2010 meeting, the council adopted revisions to the standards and procedures for podiatric residency programs. The new documents–CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*, and 330, *Procedures for Approval of Podiatric Medicine and Surgery Residencies*–became effective on July 1, 2011.

The following is a summary of the most significant changes in each document: the council strongly encourages members of the residency community of interest to read and review each document in its entirety.

CPME 320

- Creation of a single three-year category: the podiatric medicine and surgery residency (PMSR). Completion of the residency leads to the following certification pathways: the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) and foot surgery of the American Board of Podiatric Surgery (ABPS).

- Residencies that can provide a sufficient volume and diversity in reconstructive rearfoot and ankle (RRA) procedures may grant an added RRA credential. Completion of a podiatric medicine and surgery residency with the added credential leads to the RRA certification pathway of ABPS.

- The PMSR may be conducted primarily in a healthcare institution approved by the Centers for Medicare and Medicaid Services rather than being limited to institutions accredited by the Joint Commission or the American Osteopathic Association.

- The amount of time that the resident may spend at sites located beyond daily commuting distance from the sponsoring institution and/or co-sponsor has been raised from no more than one-twelfth to no more than one-sixth of the residency.

- The council confirmed its previous policy that training provided abroad may not be counted toward rotation requirements.

- Resident interviews may not occur prior to, or be in conflict with, interview dates established by the national resident application matching service with which the residency program participates.

- Applicants must pass both Part I and Part II of the American Podiatric Medical Licensing Examination (APMLE) prior to beginning the residency.

- The sponsoring institution must develop a residency manual that includes all policies and mechanisms affecting the resident.

- The sponsoring institution must provide compensation to the program director that is commensurate with that provided other residency directors at the institution. If the sponsoring institution does not offer other residency programs, then the program director must be compensated equitably with other program directors in the geographic area.

- Individual rotation requirements have been incorporated into the competencies for the podiatric medicine and surgery residency.

- Sponsoring institutions are encouraged to afford the resident training above the minimum expectations identified in CPME 320 and to ensure that the competencies reflect the additional training.

- The infectious disease and internal medicine and/or family practice and medical subspecialties rotations must be scheduled for the equivalent of at least three full-time months of training.

- Patient care activity requirements have been adjusted to either reflect those volumes as required for certifying board qualification or reflect to the extent possible the expectations expressed by the community of interest.

CPME 330

- On-site evaluations no longer include observation of resident participation in podiatric patient treatment related to the specialty areas.

- During discussions about the approval status of individual residencies, members of the Residency Review Committee (RRC) who served on the most recent on-site team were required previously to recuse themselves from discussion and voting until the council had determined a final approval action. (The new residency documents renamed the committee.) For each visit where an RRC is a member of the evaluation team, the RRC member may now provide a verbal summary of team findings and answer any questions of the committee. For each visit where an RRC member is not on the team, a committee member will be designated by council staff as a liaison to the team. The liaison communicates the team's findings and presents the team's evaluation report to the committee.

- Procedures are established to enable reclassification of one or more non-added credential positions to added credential positions in provisionally approved and/or approved residencies.

- Program transfer procedures have been clarified and identify specific documentation to be submitted by the institutions for consideration by the RRC.

CPME provided education and consultation sessions to ensure that residency programs understand the revised standards and procedures. Presentations regarding the revised standards were conducted in 2011 during the Council of Teaching Hospitals residency interview week, the New York Clinical Conference, the APMA House of Delegates, and the APMA Annual Scientific Meeting.

All programs will be converted by July 1, 2013 to the PMSR category. The conversions will occur either through the regular on-site evaluation process, or, if the program is not scheduled for a visit during either the 2011-2012 or 2012-2013 training years, by the submission and formal review of information specific to several aspects of the new requirements.

APPROVED PROGRAMS (PM&S-24 and/or PM&S-36)

Approved PM&S-24 and PM&S-36 programs scheduled for on-site evaluation during the 2011-2012 and 2012-2013 training years will convert to the PMSR using the standard process–each program will submit pre-evaluation materials, a visit will be conducted, and the RRC and the council will consider approval based on review of the team report.

In December 2010, the council mailed letters to programs not scheduled for on-site evaluation during the 2011-2012 and 2012-2013 training years with the date by which the program must submit specific documentation. Generally, the council requested that the program document compliance with new requirements related to medicine rotations, medical case volume, and surgical procedure volume.

The process has been divided into three phases. A third of the programs not scheduled for evaluation during the 2011-2012 and 2012-2013 on-site visit cycles had a deadline of August 1, 2011 to submit information; the second third had a deadline of February 1, 2012, and the remaining third had a deadline of August 1, 2012. Programs were selected based on their next scheduled evaluation date (i.e., those scheduled for 2013-2014 were first).

Once the council receives all documentation from a program, the information will be forwarded to the RRC for review. Based on its review of all documentation, the RRC will forward an approval status recommendation to the council relative to the program's conversion to a PMSR. All programs will be reclassified to a PMSR, retaining the current number of approved positions in each year of the program. As in the case with consideration of all progress reports, the council's review may result in a request for additional information or a change in the program's approval status.

Residents in the program at the time of conversion (either through document review and/or on-site evaluation) will have the option of meeting the requirements for and obtaining the PM&S certificate or meeting the requirements for and obtaining the PMSR certificate.

CPME Responds to Need for Additional Residency Positions

The council, RRC, and council staff continue to focus significant attention on facilitating increases in positions in approved podiatric residencies. Similar to the council's early 2009 effort to facilitate increases in positions in approved podiatric residency programs, the council completed the process outlined below in December 2010 and early 2011.

The 2010-2011 process produced 34 new residency positions. Together with the council's first effort in 2009 to increase positions, a total of 82 new year-one residency positions have been authorized.

- Council staff reviewed the clinical experience summaries (both medical and surgical) reported on Podiatry Residency Resource (PRR) by graduating residents to determine the level of clinical experiences afforded during the course of their training. This review

included only approved programs; programs on probationary or provisional approval as of November 1, 2010 were not considered.

- A subcommittee of the council considered the resident clinical experience data during a December 2010 conference call and identified those programs having the clinical capacity to increase positions.

- Each residency program identified as having the clinical capacity to increase positions was notified of the council's review of the program and decision to authorize the increase. Correspondence from the council explained the rationale for the change in the council's procedures, and requested confirmation from the chief administrative officer of the sponsoring institution of whether the institution would accept or decline the authorization to increase residency positions.

Letters from the council were forwarded in December 2010 to 112 directors of podiatric medical education authorizing a total of 155 new residency positions. Articles describing the process appeared in the January issue of the *APMA News* and in several editions of APMA eNews/ APMA News Briefs. The council is pleased to report that the letters again created considerable conversation about the need for additional positions and the positive steps that have been taken by the council.

Two follow-up emails to programs that received the authorization were sent in early 2011 to stress the importance of accepting the increase (or at least giving it serious consideration).

Institutions for which the council did not authorize an increase in positions and that are not on probation may still request an increase in positions. CPME 345, *Application for Increase in Positions*, is available on the council's website, under Residencies. Complete applications are forwarded to the RRC for consideration during one of the committee's monthly conference calls or biannual meetings.

Colleges of Podiatric Medicine

The Accreditation Committee is responsible for recommending to the council candidacy of new and accreditation of existing colleges, schools, and programs leading to the professional degree in podiatric medicine. The committee reviews evaluation reports, progress reports, and other information submitted by the institutions within its review area.

The council took the following accreditation actions at its 2011 meetings.

April 2011

The council and its Accreditation Committee considered the January 31–February 2, 2011 focused on-site evaluation report of the College of Podiatric Medicine at the Western University of Health Sciences, Pomona, CA. Based on a recommendation from the committee, the college remains in candidate status with a second comprehensive on-site evaluation to occur in 2012 to

determine initial accreditation of the new college. An institution that has achieved candidate status is viewed by the council to have the potential for meeting CPME accreditation standards and requirements once the DPM program is fully activated with students enrolled in all four years.

The college, which admitted its first students in September 2009, is seeking to become the ninth CPME-accredited college of podiatric medicine.

The Accreditation Committee reviewed the annual report submitted by each accredited college. The committee requested for its October 2011 meeting a description of the actions taken or planned by one college to bring itself into compliance with the minimum criteria related to National Board of Podiatric Medical Examiners' test scores. The committee also requested additional information from three colleges related to their annual reports.

Based on an Accreditation Committee recommendation, the council also continued the moratorium on applications for both new colleges of podiatric medicine and increased enrollment at accredited colleges.

October 2011

The council considered the March 2011 report of the team that conducted an on-site evaluation of the Arizona School of Podiatric Medicine and elected to extend accreditation of the School through October 2019. The council also considered progress reports from five colleges.

Based on an Accreditation Committee recommendation, the council also continued the moratorium on applications for both new colleges of podiatric medicine and increased enrollment at accredited colleges.

Council Self-study

The mission of the Council on Podiatric Medical Education is to promote the quality of doctoral education, postdoctoral education, certification, and continuing education. Whether the council is working with its many colleagues in accredited professional degree programs or continuing podiatric education providers, CPME ensures that review processes encourage careful self-study followed by changes directed toward quality improvement. CPME's own self-study occurs every five or six years, and as part of that process, the council conducts a survey of those it evaluates and those who help the council in the accreditation process. In February 2011, a survey was e-mailed to 741 individuals representing specialty boards, residencies/fellowships, continuing education sponsors, colleges of podiatric medicine, CPME volunteers (i.e., current and former CPME members, committee members, and college, residency, and fellowship evaluators), the podiatric practice community, students, young members, the APMA House of Delegates, and the APMA Board of Trustees. Surveys were submitted by 277 members of the community of interest, a 38 percent response rate. The responses were provided anonymously, but specific categories of responders were identified.

Survey Responses

The percentage of positive responses ranged from 74 percent to 90 percent. Selected statements identified as important to CPME's overall effectiveness received either 89 percent or 90 percent positive responses:

- The CPME accreditation process helps those being evaluated to become more aware of their strengths and opportunities for improvement.
- Team reports are prepared and distributed in a timely manner.
- Approval process helps institutions achieve their mission/goals/competencies, etc.
- CPME assures that standards for podiatric medical education are met.
- Council staff is knowledgeable about council policies and procedures and provides helpful, clear, and consistent responses to questions.
- The council and its committees are knowledgeable about council policies and procedures and provide helpful, clear, and consistent responses to questions.

The lowest ranked statements were: CPME is open to feedback for improving its services and processes (74 percent); the approval process enhances patient care competencies (78 percent); and CPME builds and maintains excellent working relationships with its community of interest (80 percent).

Written Comments

Written comments were submitted by approximately 170 responders (61 percent); 18 from college deans and faculty; 8 from directors of continuing education sponsors; 51 from fellowship and residency directors, 28 from members of APMA's House of Delegates, and a total of 65 comments from the remaining groups. Comments focused on positive and complimentary aspects of the council's various accreditation, approval, and recognition processes, as well as concerns and suggestions for improvement regarding such issues as the number of residency positions, dissatisfaction with the residency approval application process, the quality and depth of the residency evaluator pool, and continued improvement in the ability of members of the community of interest to comment on document changes.

Compiled data were reviewed by CPME members prior to the council's April 2011 meeting, when the council spent a significant portion of its agenda analyzing the data, offering recommendations, and identifying objectives and various correlated strategies to be pursued over the next five to six years. Although the responses to the statements in general reflected overall satisfaction with CPME activities, *all* survey results and comments were taken seriously and will be utilized by the council to continually improve its accreditation and approval processes.

At its October 2011 meeting, the council ranked the objectives identified during the April meeting in order of priority including strategies to be pursued over the coming five year period. The objectives generally relate to such matters as training CPME and committee members; further development of the council's database and website; ensuring good communication with the council's community of interest; continuing to provide a confidential environment for institutions and organizations accredited, approved, or recognized by the council; encouraging

colleges and residency programs to demonstrate and expand on measures of student academic success; and ensuring the continued effectiveness of the on-site evaluation process.

A final report will be adopted by the council at its April 2012 meeting and placed on the council's website. Copies of the report will be distributed to interested parties including, but not limited to, CHEA and the Department of Education.

Residency Programs

The RRC is a collaborative effort of CPME-recognized specialty boards, the Council of Teaching Hospitals, and CPME. The committee reviews, takes actions on, and makes recommendations concerning podiatric residency programs in accordance with procedures and requirements set forth by the council. The RRC meets semi-annually to deliberate and recommend approval of residency programs.

During 2011, the council and the RRC conducted on-site evaluations of 54 new and approved residency programs. As of December 2011, the council had authorized 551 year-one residency positions, representing an increase of 30 year-one positions from the number presented in the council's 2010 annual report.

Third Annual Residency Evaluator Conference Held in Chicago

During the third annual evaluator training conference held in Chicago on May 20-21, 17 evaluators learned what they might find when participating in the first on-site evaluation of PMSR programs during the fall of 2011. Members of the Collaborative Residency Evaluator Committee (CREC) lectured, discussed, presented PowerPoints, and answered questions about the new standards and requirements for residency training, how to apply them consistently, and how to report the findings accurately in the team report.

Five new evaluators, recommended by ABPOPPM and/or ABPS, and 12 experienced evaluators attended the conference. The conference began with an overview of accreditation and approval. Marc Benard, DPM and James Lamb, CREC members and ABPOPPM and ABPS Executive Directors respectively, explained the interrelationships between the boards and the council, why evaluation teams include representation from both boards and the council, and the significance of collaboration among the on-site evaluators. The importance of thoroughly reviewing evaluation materials, asking insightful questions, listening to responses, and recording accurately in the team report what was learned during the visit was discussed by CPME Associate Director and CREC member Loretta Waldron. Ms. Waldron also explained the process of how the report moves from the team to the RRC and council.

New and experienced evaluators were treated to the collective knowledge of the committee members, all of whom are involved either directly with residencies as directors, faculty, or evaluators, or indirectly as staff of the organizations involved in the residency approval process.

CPME 320 was discussed in detail by Timothy Ford, DPM, director of the PM&S-36 sponsored by Jewish Hospital and St. Mary's Health Care in Louisville, KY, CPME chair, former RRC chair, and experienced team chair and Randall Dei, DPM, director of the PM&S-36 sponsored by Columbia St. Mary's Hospital in Milwaukee, WI, former RRC member, and team chair on many visits, emphasized the importance of knowing the standards and requirements and applying them consistently.

Ms. Nahla Wu, CPME Assistant Director and CREC member, reminded the evaluators of the importance of using their analytic thinking skills, podiatric expertise, and writing abilities during the visit. Ensuring that the information in one section of the team report is substantiated by the documentation reviewed and interviews conducted was stressed by Gregg Young, DPM, CREC member, team chair on numerous on-site evaluations, and director of the PM&S-36 sponsored by Intermountain Medical Center in Murray, UT.

Many evaluators found the highlight of the conference to be the extensive review and discussion of resident logging of procedures and cases in PRR presented by Drs. Ford, Dei, and Young, and Stuart Wertheimer, DPM, CREC member, director of the PM&S-36 sponsored by Saint John Hospital and Medical Center in Detroit, former RRC member, and team chair on numerous visits.

Fellowships

A podiatric fellowship is an educational program that provides advanced knowledge, experience, and training in a specific content area within podiatric medical practice. Fellowships, by virtue of their specific content concentration, seek to add to the body of knowledge through research and other collaborative scholarly activities.

Following four years of professional education, most podiatric medical graduates complete at least two years of postdoctoral training. Podiatric fellowship education is a component in the continuum of the educational process, and such education occurs after completion of an approved residency.

During 2011, the council and RRC conducted an on-site evaluation of one approved fellowship. As of October 2011, the council had approved 12 fellowships with a total of 26 positions.

Continuing Education

The Continuing Education Committee (CEC) is responsible for reviewing applications for approval of new sponsors, petitions for continuing approval, evaluation reports, progress reports, and other information submitted by the sponsors within its review area. The council approves sponsors of continuing education that demonstrate and maintain compliance with the standards and requirements identified in CPME 720, *Standards, Requirements, and Guidelines for Approval of Sponsors of Continuing Education in Podiatric Medicine*. Approval is based on programmatic evaluation and periodic review by the council and the committee. The primary

purpose of approval is to promote and ensure high-quality education and continuous improvement in educational programs. Approval also ensures the quality of continuing education programs to the public, the podiatric medical profession, and the state boards for examination and licensure.

In 2011, the council assigned an ad hoc advisory committee the responsibility to review standards, requirements, and procedures pertaining to sponsors of continuing education. The results of a comprehensive survey conducted in the fall of 2011 of the council's community of interest and a review of the documents utilized by other professions will guide the work of the advisory committee. The committee will conduct two meetings and several conference calls in 2012. The following individuals serve on the continuing education advisory committee:

Lori DeBlasi, DPM (Chair); Columbus, OH–CPME member, former CEC member

Laura Beer-Caulfield; Camp Hill, PA–CEC member, continuing education sponsor representative

Roy Corbin, DPM; Bangor, ME–Federation of Podiatric Medical Boards representative

Michael Davis; Camp Hill, PA–American Society of Podiatric Executives representative

Kelly Gillroy, DPM; Glendale, AZ–continuing education sponsor representative

Vanessa Ross, Des Moines, IA–CEC member, continuing education sponsor representative

Oleg Petrov, DPM (ex-officio), Chicago, IL–CPME vice chair, CEC chair

The process of review and revision of the continuing education standards, requirements, and procedures calls for revised drafts of documents to be considered by the council at its October 2012 meeting, with drafts of revisions to be circulated for comment to the community of interest immediately after the council meeting. Implementation of the revised documents may begin on July 1, 2013.

As of October 2011, the council approved 59 sponsors of continuing education in podiatric medicine.

Recognized Specialty Boards

The Joint Committee on the Recognition of Specialty Boards (JCRSB) is responsible for granting new and continuing recognition to specialty boards in podiatric medicine, formulating criteria and procedures for recognition of specialty boards subject to the final approval of the council and in accordance with the broad policies for certification as adopted by the APMA House of Delegates, and exploring areas of mutual cooperation to the benefit of the recognized boards, the podiatric medical profession, and the public.

Certification processes are identified for podiatric surgery and podiatric medicine and orthopedics. The council recognizes ABPOPPM and ABPS.

Of 30 candidates, 23 successfully completed the 2011 podiatric medicine and orthopedics certification examination and were granted diplomate status. A total of 2,410 individuals currently hold diplomate status in primary podiatric medicine and/or podiatric orthopedics.

Of 315 candidates, 234 successfully completed the 2011 podiatric surgery certification examination in foot surgery and were granted diplomate status. Of 138 candidates, 96 successfully completed the 2011 podiatric surgery certification examination in foot and ankle surgery (or ankle surgery only) and were granted diplomate status. A total of 6,847 individuals currently hold diplomate status in podiatric surgery.

Council on Higher Education Accreditation

CPME holds recognition from the Council on Higher Education Accreditation (CHEA) as the specialized/professional accrediting agency for colleges of podiatric medicine, first professional degree of Doctor of Podiatric Medicine, and the pre-accreditation category of candidate status for developing colleges, schools, and programs of podiatric medicine.

Although the primary purpose of CHEA is to recognize accrediting bodies, CHEA also coordinates research and debate to improve accreditation, serves as a national advocate for voluntary self-regulation, collects and disseminates data and information about accreditation, mediates disputes between and among accrediting bodies, and coordinates and works to preserve the quality and diversity of colleges and universities.

The next CHEA recognition review of the council will begin with submission of an eligibility review application in 2013-2014.

Association of Specialized and Professional Accreditors

The council is a charter member of the Association of Specialized and Professional Accreditors (ASPA), which was established in 1993 as an umbrella organization to represent the interests of specialized accreditation. ASPA's mission is to provide a collaborative forum and a collective voice for the community of US agencies that assess the quality of specialized and professional higher education programs and schools. ASPA represents its members on issues of educational quality facing institutions of higher education, governments, students, and the public. ASPA also advances the knowledge, skills, good practices, and ethical commitments of accreditors, and communicates the value of accreditation as a means of enhancing educational quality.

Meetings of the Council

The CPME held its 2011 meetings on April 27-30 and on October 19-22.

At the April 2011 meeting, the council elected Timothy C. Ford, DPM of Louisville, Kentucky as chair, and Oleg Petrov, DPM of Chicago as vice chair.

Drs. Carl Stem and Robert M. Yoho retired from the council following distinguished service to CPME.

The council reelected Dr. Petrov for a three year term as an at-large member. The council elected Anna Czubatyj, PhD of Clinton Township, Michigan for a three year term as the postsecondary educator member. The council elected Kieran Mahan, DPM of Philadelphia as an at-large member.

The following individuals were members of CPME committees as of October 1, 2011:

Accreditation Committee: Carl H. Stem, PhD, chair; John H. Becker, PhD; Stephanie J. Belovich, PhD; Denise Freeman, DPM; Sheila Ortego, PhD; Terry Spilken, DPM; Michael Trepal, DPM; and Andrew A. Weiss.

Budget Planning Committee: Timothy C. Ford, DPM, chair; Oleg Petrov, DPM; Carl H. Stem, PhD; Andrew A. Weiss, and Robert M. Yoho, DPM.

Continuing Education Committee: Oleg Petrov, DPM, chair; Lara F. Beer-Caufield, Wes L. Daniel, DPM; Lori DeBlasi, DPM; Thomas Leecost, DPM; Coleen H. Napolitano, DPM; Vanessa R. Ross, and Mr. Andrew A. Weiss.

Joint Committee on the Recognition of Specialty Boards: Gregg Young, DPM, chair; Kathleen M. Pyatak-Hugar, DPM; Kimberly Hite, Charles Lombardi, DPM; Jeffrey Robbins, DPM; Michael Robinson, DPM; and Dianne Rogers.

Residency Review Committee: Timothy C. Ford, DPM, chair; William Chagares, DPM; Lori DeBlasi, DPM; Stephen Geller, DPM; Karen K. Luther, DPM; Charles M. Lombardi, DPM; Elliot Michael, DPM; Roya Mirmiran, DPM; Ronald L. Soave, DPM; and Joseph Treadwell, DPM.

Nominating Committee: Robert M. Yoho, DPM, chair; Daniel J. Bareither, PhD; Brian Carpenter, DPM; Timothy C. Ford, DPM; Thomas Melillo, DPM; and Terry Spilken, DPM.

2011 Schedule of On-site Evaluations

Spring 2011

Colleges of Podiatric Medicine

Arizona School of Podiatric Medicine, Midwestern University, Glendale, Arizona
(comprehensive visit)

College of Podiatric Medicine, Western University of Health Sciences, Pomona, California
(focused candidate status visit)

Residency Programs

CALIFORNIA
Coast Plaza Doctors Hospital, Norwalk
Scripps Mercy Hospital and Kaiser Foundation Hospital, San Diego

COLORADO
Highlands/Presbyterian St. Luke's Medical Center/The Colorado Health Foundation, Denver

FLORIDA
Department of Veterans Affairs Medical Center, Miami
Jackson North Medical Center, North Miami Beach

ILLINOIS
Advocate Illinois Masonic Medical Center and Rosalind Franklin University of Medicine and Science, Chicago

INDIANA
Saint Vincent Hospitals and Health Services, Indianapolis

KENTUCKY
Norton Audubon Hospital, Louisville

MASSACHUSETTS
Massachusetts General Hospital, Boston
Mount Auburn Hospital, Cambridge

NEW JERSEY
Hoboken University Medical Center, Hoboken

NEW YORK
Interfaith Medical Center, Brooklyn
Long Island College Hospital, Brooklyn
Peninsula Hospital Center, Far Rockaway
United Health Services Hospitals-Wilson Memorial Regional Medical Center, Johnson City
Long Island Jewish Medical Center, New Hyde Park
Staten Island University Hospital, Staten Island

OHIO
Alliance Community Hospital, Alliance
Jewish Hospital of Cincinnati, Cincinnati
Northside Medical Center, Youngstown

OKLAHOMA
Surgical Hospital of Oklahoma, LLC and Cleveland Clinic Foundation, Oklahoma City

OREGON
Legacy Health, Portland

PENNSYLVANIA
Heritage Valley Beaver, Beaver Falls
Bryn Mawr Hospital, Bryn Mawr
Pinnacle Health Hospitals, Harrisburg
Saint Joseph's Hospital-North Philadelphia Health System, Philadelphia

RHODE ISLAND
Memorial Hospital of Rhode Island, Pawtucket

TEXAS
Hunt Regional Medical Center, Greenville

WISCONSIN
Wheaton Franciscan Healthcare-Saint Joseph Regional Medical Center, Milwaukee

Fall 2011

Residency Programs

ARIZONA
Tuba City Regional Health Care Corporation and Midwestern University, Tuba City

CALIFORNIA
Lakewood Regional Medical Center, Lakewood
Long Beach Memorial Medical Center, Long Beach
Kaiser Permanente Medical Center, Vallejo

COLORADO
North Colorado Medical Center, Greeley

CONNECTICUT
Saint Francis Hospital & Medical Center, Hartford

FLORIDA
Florida Hospital East Orlando, Orlando

GEORGIA
Department of Veterans Affairs Medical Center, Atlanta
Charlie Norwood VA Medical Center, Augusta

ILLINOIS
Loretto Hospital, Chicago
Sacred Heart Hospital, Chicago
Weiss Memorial Hospital and Oak Forest Hospital of Cook County, Chicago
Loyola University Medical Center, Maywood

KENTUCKY
Jewish Hospital and St. Mary's Healthcare, Louisville

MASSACHESETTS
Boston University Medical Center, Boston
Saint Vincent Hospital, Worcester

NEW JERSEY
Trinitas Regional Medical Center, Elizabeth

NEW YORK
Catholic Health System-Sisters of Charity Hospital, Buffalo
Jamaica Hospital Medical Center, Jamaica
Mount Vernon Hospital, Mount Vernon
Veterans Affairs New York Harbor Health Care System, New York

OHIO
Mercy St. Vincent Medical Center, Toledo

PENNSYLVANIA
Department of Veterans Affairs Medical Center, Lebanon

TEXAS
University General Hospital, Houston

VIRGINIA
Carilion Clinic, Roanoke

Fellowship

KENTUCKY
Jewish Hospital and St. Mary's Healthcare, Louisville

The time and efforts of many dedicated volunteer leaders are required for the college accreditation and residency and fellowship approval processes. CPME members and staff extend their appreciation and gratitude to all those who reviewed self-studies, interim reports, and evaluation documents and conducted on-site visits. Special thanks are due the individuals who participated in on-site reviews of programs of all types for initial and continuing accreditation and approval during the past academic year. We could not have accomplished our work without them.

Terence A. Alvey, DPM; Evansville, IN
Joseph M. Anain, DPM; Williamsville, NY
Barbara J. Aung, DPM; Tucson, AZ
Wayne Axman, DPM; Astoria, NY
Daniel J. Bareither, PhD; North Chicago, IL
Stuart J. Bass, DPM; West Bloomfield, MI
Michael A. Battey, DPM; Johnston, RI
Sebastian Benenati, DPM; Roseville, MI
Mindy Benton, DPM; Minneapolis, MN
David Bernstein, DPM; Bremerton, WA
Myron Bodman, DPM; Fairview Park, OH
Richard T. Braver, DPM; Englewood, NJ
William E. Chagares, DPM; North Chicago, IL
Sanford M. Chesler, DPM; Avondale, AZ
Stephen Corey, DPM; Kingstree, SC
Anna Czubatyj, PhD; Clinton Township, MI
Lori DeBlasi, DPM; Marysville, OH
Randall L. Dei, DPM; Franklin, WI
Michael P. DellaCorte, DPM; Maspeth, NY
Paul DiLiddo, DPM; St. Clair Shores, MI
Amy Duckworth, DPM; Fair Oaks, CA
Timothy C. Ford, DPM; Louisville, KY
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