

# **PROTOCOL FOR CPME RESIDENCY EVALUATION TEAMS**

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## **INTRODUCTION**

The *Protocol for CPME Residency Evaluation Teams* has been designed to complement the information that you receive during the evaluator training conference. Please review this publication prior to your participation in all on-site evaluations. Particular attention should be paid to the appendices to this publication, particularly Appendix C, RRC and CPME Residency Policies; to eliminate redundancy, numerous policies that appear in the Appendix have not been included in the text of the *Protocol* itself. Updated information regarding residency policies and memoranda from the Council on Podiatric Medical Education (CPME) to residency program directors appears periodically on the Council's website, [www.cpme.org](http://www.cpme.org).

When you participate in an on-site evaluation, you must take the *Protocol* with you, as well as CPME publications 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies* (July 2011), CPME 330, *Procedures for Approval of Podiatric Medicine and Surgery Residencies* (July 2011), and any updated residency policies and/or newsletters to residency program directors that appear on the Council's website. Information about the conduct of on-site evaluations appears in CPME 330.

The *Protocol* is directed toward on-site evaluation of residency programs in the categories that appear in the July 2011 edition of CPME 320 (i.e., Podiatric Medicine and Surgery Residency [PMSR]).

This document is written, for the most part, with the assumption that you are assigned to participate in an on-site evaluation of a residency that has a resident in place (as opposed to a new program that has been designated as being eligible for on-site evaluation prior to beginning a resident). For a new program, you will note that the agenda guide and evaluation team report form are slightly different. Also different are the nature of the interviews that you conduct and information that you review, since a resident is not yet active in the program.

On behalf of the Council, the Residency Review Committee (RRC), and the Collaborative Residency Evaluator Committee (CREC), the Council staff expresses sincere appreciation for your participation as a residency evaluator. The successful completion of the on-site evaluation process depends upon your invaluable contributions of time, effort, and professional expertise. We thank you in advance for your assistance and cooperation in fulfilling your evaluation responsibilities.

## **PHILOSOPHY OF ACCREDITATION**

Accreditation (program approval) is a system that provides opportunity for assessing and recognizing institutional or programmatic compliance with formally established standards. The accreditation process helps new institutions establish themselves and helps established institutions improve. Accreditation serves the interest of the consumer, including students and the general public. An accrediting agency does not create quality but rather assesses and

enhances quality. In this role, accrediting agencies adopt standards that monitor the progress of an institution in meeting its own objectives.

Accreditation is institution-specific (institutional accreditation) or program-specific (professional or specialized accreditation). Institutional accreditation is concerned with the quality and integrity of the total institution as based upon institutional achievement of objectives established by the college or university. Specialized accreditation relates to evaluation of the effectiveness of professional education programs in meeting a set of specific standards established by a particular profession.

Corrine W. Larson (1983) indicated that the ties between specialized accreditation, credentialing systems, and professional practice are often intricate and reinforcing. A prerequisite to licensure or certification may be graduation from an accredited program. In certain professional fields, specialized accreditation interacts with licensure and voluntary certification to provide an extra measure of protection for the public by providing assurances about the adequacy of educational preparation and therefore presumably about the competence of the practitioners (*Understanding Accreditation*, pp. 321-322).

Further information about accreditation appears in Appendix A, *Accreditation in the United States*, a publication of the Association of Specialized and Professional Accreditors (reprinted with permission). Another useful source of information about accreditation, *The Fundamentals of Accreditation*, is available on the website of the Council for Higher Education Accreditation ([www.chea.org](http://www.chea.org)).

## **RESPONSIBILITIES OF THE COUNCIL ON PODIATRIC MEDICAL EDUCATION**

### **AND THE RESIDENCY REVIEW COMMITTEE**

The Council on Podiatric Medical Education is an autonomous, professional accrediting agency designated by the American Podiatric Medical Association (APMA) to serve as the accrediting agency in the profession of podiatric medicine. The Council is responsible for the evaluation and accreditation of colleges and schools of podiatric medicine, as well as evaluation and approval of postgraduate residency and fellowship training programs and sponsors of continuing education in podiatric medicine. Through the Joint Committee on the Recognition of Specialty Boards, the Council is responsible for the recognition of specialty boards for podiatric medical practice. The scope of the Council's approval activities extends to institutions throughout the United States and its territories and Canada.

The Council is itself assessed and recognized as the accrediting agency for professional degree programs in podiatric medicine by the U. S. Department of Education and by the Council for Higher Education Accreditation. The Council is a charter member of the Association of Specialized and Professional Accreditors.

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. As an accrediting agency, the Council evaluates institutions and programs; its function is not to credential individuals. The limitations associated with the accrediting process require the Council to rely more upon qualitative than quantitative measures in fulfilling its responsibilities.

The Council has been authorized by the APMA to approve institutions that sponsor residency training programs that demonstrate and maintain compliance with the standards and requirements published in CPME 320. Podiatric residency approval is based on programmatic evaluation and periodic review by the RRC and the Council.

In 1983, Residency Review Committees for Podiatric Orthopedics and Podiatric Surgery were established in order to evaluate and recommend approval of specialty-oriented training programs to the Council's Committee on Residency Training. The RRC was formed in 1989 as a merger of three committees: the Committee on Residency Training, the Residency Review Committee for Podiatric Orthopedics, and the Residency Review Committee for Podiatric Surgery. The RRC is a collaborative effort of the Council on Podiatric Medical Education, American Board of Podiatric Medicine (ABPM), and American Board of Podiatric Surgery (ABPS). Composition of the RRC includes two representatives from each specialty area in which residency training occurs, one representative from the Council of Teaching Hospitals of the American Association of Colleges of Podiatric Medicine, one representative from residency programs at large (selected by the Council), and at least two Council members.

The RRC functions as the body that reviews, makes recommendations, and takes actions concerning podiatric residency programs in accordance with requirements and procedures set forth by the Council in its documents CPME 320 and CPME 330.

ABPM and ABPS participate in the review process for podiatric residency training by forwarding the names of the individuals appointed to represent the respective organization to the Collaborative Residency Evaluator Committee (CREC). These individuals have demonstrated leadership and/or experience in the podiatric medical profession or in the affairs of postsecondary education in general and have often served as program directors or are faculty and/or staff members in residency programs. The Committee reviews the names and appoints individuals to serve as evaluators for a three-year period. Individuals who are nominated by the specialty boards normally represent the RRC when serving on CPME-appointed evaluation teams, but also may serve as evaluation team chairs representing the Council.

For more detailed information regarding the role of the RRC and the Council's procedures related to residency evaluation and approval, consult CPME 330.

## **EVALUATION TEAM ASSIGNMENTS**

Evaluation teams are appointed by the Council chair prior to the spring and fall residency evaluation cycles. Evaluators are notified of their assignments by correspondence from Council staff. This correspondence also includes the name(s), telephone number(s), and e-mail address(es) of the program director(s) for the program(s) to be reviewed and identifies the Council staff member who is to be contacted regarding the on-site evaluations. The staff member serves as both a resource to the team and a liaison between the RRC/evaluation team and the sponsoring institution.

The Council will not appoint members to the evaluation team who have any known conflict of interest with the institution. If a possible conflict of interest exists related to evaluation team assignments, the team member who is affected must contact Council staff immediately in order that a replacement evaluator may be selected. Examples of conflict of interest include having been a student or resident at the institution scheduled for evaluation, being a current or former faculty member or administrator of the institution, or having any personal or business relationship with and/or bias toward or against a particular residency program, program director, or any individual associated with the residency. The institution to be evaluated has the prerogative of rejecting any member of the proposed evaluation team when an appropriate cause related to conflict of interest can be clearly identified.

If an emergency situation should arise and an evaluator is unable to participate in a scheduled on-site evaluation, he or she must contact the Council office immediately. Council staff may either recommend rescheduling the on-site evaluation or attempt to identify a replacement evaluator.

## **PUBLIC COMMENT**

The Council provides the opportunity for third-party comment regarding the programs scheduled for on-site evaluation. The comments must address substantive matters relating to the quality of the program and the CPME standards and requirements. Comments must be received 30 days prior to the program's scheduled site visit date. All third-party comments must be signed, but the individual(s) submitting the comments may request anonymity.

A list of each institution to be evaluated with the date(s) of the scheduled on-site visit(s) is maintained on the Council's website. Any comments received in advance of the site visit are forwarded to the evaluation team and to the program director for response, if appropriate, during the evaluation visit process. The comments are incorporated and addressed in the team report.

## **SCHEDULING OF ON-SITE EVALUATIONS**

Evaluation team chairs are expected to determine mutually-acceptable dates of on-site evaluations in consultation with the other member(s) of the evaluation team and the program director(s). Unless other arrangements are stated in the appointment letter, evaluation teams should plan a full day for each site visit. If assigned more than one institution to review, the visits must be scheduled on consecutive mornings. As indicated in CPME 330, sponsoring institutions must be given approximately 45 calendar days notice prior to on-site evaluation. The notice period may be waived with the consent of each member of the evaluation team and the program director(s).

**Evaluation teams are urged to complete on-site visits either by late June during the spring cycle or late December during the fall cycle.** Scheduling visits early in the evaluation cycle affords adequate time for staff to edit the report, the evaluation team to review the edited report, and the sponsoring institution to respond to factual errors and areas of potential noncompliance before the report is forwarded to the RRC and the Council.

Evaluation team chairs are requested to contact the Council staff as soon as evaluation dates have been agreed to by the team and the institution. Council staff corresponds with the program director(s) to confirm the date(s) of the on-site evaluation(s) and arrangements for the visit(s). The evaluation team is always copied on this correspondence. If team members do **not** receive a copy of this letter within a reasonable period, the Council office should be contacted.

## **RESPONSIBILITIES OF THE EVALUATION TEAM**

Evaluation teams are reminded that all program materials and information obtained during the evaluation process are absolutely confidential.

Evaluation team members are strongly urged to review the *Protocol*, CPME 320 and CPME 330, and the Council's residency policies (see Appendix C) prior to the on-site visit. It is required that each evaluator bring his or her copies of CPME 320, CPME 330, and the *Protocol* to the institution to be evaluated.

Evaluation team members must become familiar with the application and/or pre-evaluation materials provided by the institution. Each team member should read the application and/or pre-evaluation and agenda thoroughly and carefully soon after the materials arrive. This allows time for team members to take note of inconsistencies or missing information and seek answers to their questions prior to the visit. If any information is missing or requires clarification, evaluation team members should contact the Council staff liaison and the team chair with any requests for the institution to provide additional information and/or materials prior to the visit.

The application and/or pre-evaluation materials are not documents that are read for the first time while traveling to the institution. Requests for information or clarification of information in the

application and/or pre-evaluation are proper, but if a team member asks questions that were answered in the materials, it is evident to the institution that the evaluation team member did not prepare thoroughly.

The Council expects the evaluation team to meet either the evening before or the morning of the evaluation not only to discuss the application and/or pre-evaluation material but also to determine the completeness of the institution's prepared agenda, share strategies, formulate questions, and determine whether additional materials must be requested at the time of the evaluation.

Evaluation team members are peers and are expected to work as a cohesive unit to validate the materials that have been presented prior to the on-site evaluation, to assess compliance with the requirements, and to identify areas of needed improvement and areas to be commended.

Appropriate communication between evaluation team members throughout the on-site evaluation process is extremely important - from scheduling the visit through completion of a thorough and accurate report that provides consistent information regarding the institution that was evaluated.

In conclusion, team members should be constructive and objective evaluators. Team members should ask questions and be good listeners. Evaluation team members and program directors are all working for the same goal: the improvement of education for the benefit of the resident and the best interest of the public.

### **RESPONSIBILITIES OF THE EVALUATION TEAM CHAIR**

The evaluation team chair coordinates the on-site evaluation process. The chair of the evaluation team must contact the other member(s) of the team and the program director to determine the date of the on-site evaluation and to discuss the agenda for the evaluation and other related scheduling arrangements. The team chair is responsible for coordinating with the other team member(s), including the trainee (if applicable), all logistical matters including hotel accommodations, automobile rental, and meetings. The team chair is responsible for communicating with the program director regarding any necessary changes in the agenda, access to program materials, and logistical considerations.

The responsibilities of the team chair prior to the on-site evaluation include the following:

- Confirming with the program director the availability of an appropriate meeting room, such as a board room, for interviews conducted by the team
- Ensuring that the team will have access to a computer with internet capability (see Appendix B)
- Ensuring that the appropriate team member(s) reviews the program's clinical logs in advance of the visit
- Coordinating the trainee's responsibilities as a member of the team and ensuring that the

- trainee has a thorough understanding of the review process (if a trainee is on the team)
- Forwarding to the program director a list of requested podiatric surgical and podiatric medical patient charts and imaging studies to be reviewed during the on-site evaluation (as selected by the appropriate RRC representative). When the team is assigned to visit a residency program that is co-sponsored or that utilizes affiliated institutions, the chair is strongly encouraged to forward the list of charts and imaging studies to the director as early as possible to allow the institutions sufficient time to obtain the requested information
  - Scheduling a meeting of the on-site team either the evening before or the morning of the evaluation to discuss the application and/or pre-evaluation material, determine the completeness of the institution's prepared agenda, share strategies, formulate questions, and determine whether additional materials must be requested at the time of the evaluation

During and after the on-site evaluation, the team chair is responsible for:

- keeping the evaluation team on schedule and emphasizing teamwork. In cases of disagreement between team members pertaining to identification of areas of potential noncompliance, the chair is provided the authority to make a preliminary judgment until final determination is made by the RRC and the Council;
- ensuring completion of all items on the evaluation team report, consolidating and organizing the team's findings into a single report, and consistency in what is reported; and
- submitting a **complete** draft report to the Council office in a timely manner (preferably within two weeks of the visit) to allow time for staff review and distribution to the residency program (see Procedures for Report Preparation). The team report must be fair, accurate, and thorough. It must not include unverified information, assumptions, or unsupported generalizations.

### **MATERIALS PROVIDED THE EVALUATION TEAM**

#### Program "Kits"

Prior to the on-site evaluation, the evaluation team receives program "kits" from the Council office uploaded to Dropbox. Each "kit" includes the application and/or pre-evaluation materials for the institution, the most recent approval letter and, for existing programs, on-site evaluation report from the previous evaluation and annual reports submitted by the sponsoring institution for the last three years. The agenda prepared by the sponsoring institution is forwarded to the team via hard copy or e-mail. The Council makes available on its website a copy of the evaluation team report form to institutions, hoping that programs will be able to use the form in its entirety as a checklist to determine potential compliance with standards and requirements prior to on-site evaluations.



The “kits” include a memorandum from the RRC and Council staff providing evaluators the dates of the upcoming RRC and Council meetings and pertinent reminders about the conduct of the visit and completion of the team report. Login and passwords for the residents’ logs are team-member specific and sent by e-mail to each team member.

The *CPME Affirmation of Professionalism and Confidentiality* is included in the “kits.” Each evaluator must complete this form for each on-site visit conducted. These forms are to be returned to the Council office within two weeks following completion of the on-site evaluation with the expense voucher.

Evaluation team members should contact Council staff if the evaluation information is not received at least six weeks prior to the date of the visit or if it appears that the materials are incomplete.

Council staff will contact the evaluation team chair prior to the on-site evaluation should any additional background information become available that was not included in the materials. In addition, staff may contact the evaluation team chair to provide specific insight into a particular problem area or provide a general historical overview of the institution and its residency program.

#### Access to Resident Clinical Logs

The evaluation team must review the program’s clinical logs in advance of the visit in order for the team chair to forward to the program director a list of requested podiatric surgical and podiatric medical patient charts and imaging studies to be available on the day of the on-site evaluation.

The sponsoring institution has the option of granting permission for the evaluation team to review resident logs online through a web-based logging system (the institution provides this indication in the annual report, application, and/or direct correspondence). If resident logs are available online through Podiatry Residency Resource (PRR), team members will receive the logins and passwords for the programs that they are assigned to evaluate in an e-mail prior to the visit. Any questions or problems relative to PRR logs should be handled through the PRR website ([www.podiatryrr.net](http://www.podiatryrr.net)) or by telephone at 415-826-3200.

#### Information to be Available During the On-site Evaluation

The sponsoring institution is instructed to make available to the evaluation team the patient charts and imaging studies requested by the team in advance of the visit (existing programs only). Program directors of residency programs that are eligible for on-site evaluation are informed that the evaluation team must be afforded access to operating room logs or other documentation to support the number of available cases and procedures as reported on the application, as well as the number of podiatric surgical cases for each attending participating in the program at each institution affiliated with the sponsoring institution (see Appendix B).

Program directors of existing programs are informed that copies of the following information must be available during the visit (see Appendix B):

- On-site access to web-based resident logs (requirements 6.2 and 7.1)
- Collective bargaining agreement, if applicable
- Employee handbook, if applicable

### **CONDUCT OF THE ON-SITE EVALUATION**

Evaluation team members must be aware that representatives of the institution gain an impression of the Council and the podiatric profession through contact with the evaluators. Every effort must be made to ensure that this impression is positive.

The demeanor of the evaluation team should allow for establishing an atmosphere of cooperation and openness with the program director and other representatives of the institution. Program faculty should be considered colleagues; evaluation and approval are processes of peer review.

The evaluation team does not conduct any interviews related to the on-site evaluation prior to the actual scheduled date and time of the visit. All interviews occur at the institution(s) being visited and occur on the scheduled day of the evaluation.

The evaluation team is expected to meet either the evening before or the morning of the on-site evaluation to discuss the application and/or pre-evaluation material, share strategies for carrying out interviews, formulate specific questions for each interview, and determine whether additional materials must be requested at the time of the evaluation.

On-site evaluations should begin as early in the day as possible to enable thorough review of the program, allow flexibility in the scheduling of required components of the evaluation, and avoid transportation conflicts. Sponsoring institutions are informed that an appropriate meeting room must be arranged for the evaluation team to conduct its interviews and a computer with internet access must be available. The program director must be available for the entire evaluation but must not be present during confidential interviews with the administrative and teaching staffs or the resident(s) (see Appendix B).

The evaluation team's first order of business is to review the agenda with the program director. At this time the agenda can be modified to include other interviews that may not have been scheduled. Interviews must be conducted in person; no telephone interviews are permitted. Although the team may modify the agenda in conjunction with the director, the team should be aware that individuals listed on the agenda have taken time out of their professional schedules to participate in the on-site evaluation.

At the beginning of each interview, the evaluation team chair must:

- introduce the members of the team;
- identify the organization(s) represented by each member of the team (i.e., the Council and/or Residency Review Committee on behalf of ABPS and/or ABPM);
- explain the purpose of the on-site evaluation; and
- assure the individual(s) that the interview is confidential and explain the Council's confidentiality policy.

Time allocated for interviews, a tour of the facility(ies), and chart review must be balanced to take into account the needs of the team and the desires of the program. The institution should be given sufficient opportunity to highlight its strengths, but the team must spend time on all aspects of the program to meet the objectives of the on-site evaluation. As a courtesy to residency program representatives, evaluation teams should not leave earlier than is necessary to complete the evaluative process, including interviewing all representatives who have been scheduled to meet with the team.

The following guidelines are offered to assist evaluation teams in conducting interviews during the on-site evaluation:

1. Meet with the chief executive officer of the sponsoring institution
  - a. Determine institutional support for the program (e.g., administrative, financial).
  - b. Inquire about the perception of service, teaching, students, and how the program compares with other residency programs sponsored by the institution (if applicable).
2. Meet with the program director
  - a. Obtain information to complete the evaluation team report form (development of curriculum and training resources, role and responsibilities of podiatric and non-podiatric medical faculty, role of administrative staff, resident scheduling, resident assessment, clinical log review, annual programmatic assessment, etc.).
  - b. Inquire about future plans for the residency program, including increases in positions, additional affiliations, and/or major changes in the program curriculum.
3. Meet with the director of medical education
  - a. Determine institutional support for the program (e.g., clinical, didactic, administrative, and financial support).
  - b. Determine the extent to which the podiatric residency is integrated with other residency training programs at the institution.

c. Inquire about the leadership of the program director.

4. Meet with podiatric and medical/osteopathic staff

The sponsoring institution is informed that interviews with members of the podiatric and medical/osteopathic staffs should be conducted individually. Group interviews may be appropriate if approved in advance by the team chair.

- a. Determine if each rotation has an organized curriculum including the required competencies. Determine if appropriate staff were included and what process was involved in constructing the curriculum.
- b. Determine the extent to which the resident participates actively in each rotation.
- c. Determine whether the attending staff participate in an annual self-assessment of the program's resources and curriculum. Determine if the appropriate staff assess the resident's achievement of the competencies and if the resident does not achieve the competencies, what the remediation process is, and whether it has been utilized.
- d. Determine the involvement of the attending staff in providing didactic activities for the resident.
- e. Determine whether each rotation is of appropriate length to allow the resident to achieve the identified competencies and whether staff members have suggestions for improving training experiences. Determine if faculty were provided a copy of the resident's clinical training schedule at the beginning of the training year.
- f. Determine how often the podiatric staff is in contact with the resident, in what capacity, and in what setting (e.g., hospital, surgery center, clinic, office).
- g. Determine if the podiatric staff perform regular audits to evaluate surgical criteria and quality of care. Inquire whether the resident is involved in these audits.
- h. Question how problems between the resident and attending staff are handled when there is disagreement on the appropriate procedure or treatment to be performed.
- i. Make no comments to any individual associated with the program about the observations or conclusions of the evaluation team concerning the program.

5. Review resident schedules

- a. Review the resident schedule in order to be sure that all rotations are being provided and that opportunities exist for the resident to achieve all required competencies.

- b. Ensure that the proportion of podiatric private practice, office-based time does not exceed 20 percent.

6. Meet with the resident(s)

- a. Assure the resident that the interview is confidential and that the purpose of the visit is to evaluate the program rather than the resident.
- b. Question the resident on positive and negative aspects of the program.
- c. Inquire about any problems with or questions about the program that may have been identified prior to the meeting with the resident.
- d. Review the adequacy of library and/or reference resources.
- e. Inquire about the working relationship between the resident and the attending staff (e.g., work-ups, problem patients, complications, etc.).
- f. Ask how and when the resident is assessed and whether the resident has seen and signed his or her assessments.
- g. Ask how often and under what circumstances the resident is removed from a scheduled non-podiatric rotation to participate in a podiatric training experience (surgery, clinic, or office).
- h. Make no comments to the resident about the observations or conclusions of the evaluation team concerning the program.
- i. Never quote a specific resident's comments, verbally or in writing, to the program director, administrator, or faculty member.
- j. Determine whether the rotations are of appropriate length and whether the resident has suggestions for improvement of particular training experiences or other aspects of the residency program.

7. Meet with the nursing staff

An important but often overlooked source of information regarding the residency program is the operating room supervisor, clinic supervisor, and/or chief of nursing.

- a. Question these individuals about the working relationships among the resident, attending physician staff, and nursing staff.

- b. Find out how the resident functions in the clinic and inpatient areas, and operating room and recovery room, as well as his or her responsibilities.
- c. Ask whether there are any problem areas or possible suggestions for improvement in the program.
- d. Meet with the nursing staff alone (without attending staff) and include any pertinent comments in the evaluation team report while maintaining the confidentiality of the source and the content of the meeting.

### **RESPONSIBILITIES OF ALL RRC REPRESENTATIVES**

**NOTE:** This section of the *Protocol* relies heavily upon information provided in Standard 6.0 of CPME 320 and Appendix C, CPME and RRC Residency Policies, but is **not** to be considered a substitute for review of CPME 320 and Appendix C.

1. Procedures for access to resident clinical logs (prior to visit)
  - a. Review the previous section of the *Protocol* entitled Materials Provided the Evaluation Team/Access to Resident Clinical Logs. Logs for all residents for the entirety of the training program(s) completed to date must be reviewed. Web-based logs must be maintained in formats approved by the RRC.
  - b. If all columns in the logs are not complete, contact either the team chair or Council staff so that the program director may be reminded about the logs. If problems exist with accessing logs online, contact Council and/or PRR staff.
  - c. Monthly validation by the program director (with an identified date of validation) **is** acceptable. If the logs have been electronically verified, the logs **do not** have to be signed and dated by the director if printed.
  - d. If appropriately-completed clinical logs are not made available to the RRC representative(s) before the on-site evaluation, the evaluation team report will identify all requirements related to podiatric medicine and/or surgery as areas of potential noncompliance. The program may not provide logs subsequently to team member(s). After the on-site visit, all information must be forwarded to the Council office for consideration at the next meeting of the RRC.
2. Procedures for identification of medical records for review (prior to visit)
  - a. Based on review of the clinical logs, the RRC representative(s) develops a list of at least 15-20 podiatric medical and podiatric surgical cases for which the complete chart and pre- and post-operative imaging studies are requested to be available the morning of the

on-site evaluation. The team is reminded that the individual representing the RRC/ABPS requests charts in reference to surgical procedures (in Appendix B in CPME 320, categories 1-4 for PMSR programs and categories 1-5 for PMSR/RRA programs) and the individual representing the RRC/ABPM requests charts in reference to clinic encounters (categories 6-8).

The RRC representative(s) must forward to the team chair a list of medical records to be reviewed. The team chair must contact the program director by telephone, fax, or e-mail with the list of medical records at least **four weeks** in advance of the visit, to assure that the requested medical records and imaging studies are available on the day of the on-site evaluation. As mentioned previously, when the team is assigned to visit a residency program that is co-sponsored or that utilizes affiliated institutions, the chair is strongly encouraged to forward the list of charts and imaging studies to the program director as early as possible to allow the institutions sufficient time to obtain the requested information.

- b. Keep a copy of the list of requested charts with notes as to why they were selected.
- c. The RRC representative retains the prerogative of requesting additional charts on the day of the visit if warranted.

## **PODIATRIC MEDICINE**

### 1. Review of resident logs

- a. Be familiar with the acceptable numbers and types of required podiatric medical cases for the PMSR program, as described in Appendix A in CPME 320. Be aware of the podiatric medical categories in the PMSR program by referring to Appendix B in CPME 320 for procedural categories and code numbers (categories 6-8).
- b. Review logs for accuracy, resident involvement on cases, progressive training, and timely review and validation by the program director.
- c. If there is more than one resident, perform a cross-check of the logs (use dates and patient identifiers) to ensure that residents are not inappropriately double-counting podiatric medical activities.
- d. If the case volume is low, identify requirements 6.1A and 7.1 and Appendix A from CPME 320 as areas of potential noncompliance, including a full description of the team's concerns related to the volume of case activities.
- e. When compiling the statistics in the evaluation team report, remember to include statistics for each resident for the **duration** of the resident's training, not just for the training year in which the on-site evaluation occurs.

2. Review of charts and imaging studies

- a. Complications may be found during review of more complex cases. Inquire about the resident's involvement in follow-up pertaining to these complications.
- b. Review charts for proper format and documentation of resident participation in the following activities:
  - Performing problem-focused histories and physical examinations
  - Performing biomechanical evaluations and managing patients with lower extremity disorders utilizing a variety of prosthetics, orthotics, and footwear
  - Interpreting diagnostic studies, including imaging, laboratory tests, pathology, or other diagnostic studies
  - Formulating appropriate differential diagnoses
  - Formulating and implementing appropriate plans of management
  - Assessing treatment plans and revising them as necessary
  - Providing podiatric services in community and/or other health-care settings
- c. In cases in which medical and/or surgical complications have occurred, review the charts to determine whether proper notations have been made, consultations have been obtained when indicated, and follow-up care has been provided.

3. Assess resident training in performing comprehensive medical history and physical examinations

- a. All residents must be provided training in performing comprehensive history and physical examinations. This training is described in requirement 6.1 of CPME 320.

4. Assess resident training in trauma

- a. At least 25 of the required 50 cases must be foot and/or ankle trauma.

5. Assess resident training in podopediatrics

- a. All residents must participate in the evaluation and/or management of patients who are less than 18 years of age. The 25 required cases may be generated while on the following services: podiatric, pediatric, family practice, emergency medicine, or other clinical services that provide pediatric encounters.



## PODIATRIC SURGERY

### 1. Review of resident logs

- a. Be familiar with the acceptable numbers and types of required podiatric surgical cases and procedures for both the PMSR and the PMSR/RRA, as described in Appendix A and B in CPME 320. Be aware of the surgical categories, the numbers of procedures required in each category, and the minimum activity volume (MAV) of podiatric surgery to be performed as a first assistant. Refer to the Appendices in CPME 320 for procedural category and code numbers (categories 1-5).
- b. Be familiar with the memo regarding proper logging of surgical procedures. The memo depicts examples of valid procedures that are not divided into their component parts (“fragmented”). The memo also assigns procedures to their proper categories.
- c. Review logs for accuracy, appropriate logging without division of valid procedures into component parts, resident involvement on cases, progressive training, diversity of cases, and timely review and validation by the program director.
- d. If there is more than one resident, perform a cross-check of the logs (use dates and patient identifiers) to ensure that residents are not inappropriately double-counting procedures, which would result in inaccurate numbers in counting cases and procedures for each resident.
- e. Cross-check the logs with the numbers provided by the program director on summary sheets for total numbers of:
  - Podiatric cases
  - Podiatric procedures
  - Cases per resident
  - Procedures per resident
- f. Take note of how many of the cases are performed on an outpatient versus inpatient basis.
- g. If the surgical volume is low, identify requirements 6.1A and 7.1 and Appendix A from CPME 320 as areas of potential noncompliance, including a full description of the team’s concerns related to the surgical volume.
- h. When compiling the surgical statistics in the evaluation team report, remember to include statistics for each resident for the **duration** of the resident’s training, not just for the training year in which the on-site evaluation occurs.

2. Review of charts and imaging studies

- a. Programs often incorporate surgical rotations in outpatient surgery centers in addition to hospital-based surgery. Documented clinical experiences do not have to be performed by the resident on all patients. Determine whether an adequate amount of perioperative management for the educational experience is provided the resident during the course of the entire training. A high percentage of cases which do not reveal resident participation in perioperative management should indicate to the team that an area of potential noncompliance may exist.
- b. Review complicated forefoot, rearfoot, and ankle cases (i.e., osteotomy, arthrodesis, etc.) so that the quality of work can be determined.
- c. Complications may be found during review of more complex cases. Inquire about the resident's involvement in follow-up pertaining to these complications.
- d. Review charts for proper format and documentation of resident participation in the following activities:
  - Performing problem-focused histories and physical examinations
  - Performing biomechanical evaluations and managing patients with lower extremity disorders utilizing a variety of prosthetics, orthotics, and footwear
  - Interpreting diagnostic studies, including imaging, laboratory tests, pathology, or other diagnostic studies
  - Formulating appropriate differential diagnoses
  - Formulating and implementing appropriate plans of management
  - Assessing treatment plans and revising them as necessary
  - Providing podiatric services in community and/or other health-care settings
- e. In cases in which medical and/or surgical complications have occurred, review the charts to determine whether proper notations have been made, consultations have been obtained when indicated, and follow-up care has been provided.

3. Assess resident training in performing comprehensive medical history and physical examinations

- a. All residents must be provided training in performing comprehensive history and physical examinations. This training is described in requirement 6.1 of CPME 320.

4. Assess resident training in trauma

- a. At least 25 of the required 50 cases must be foot and/or ankle trauma.

5. Assess resident training in podopediatrics

- a. All residents must participate in the evaluation and/or management of patients who are less than 18 years of age. The 25 required cases may be generated while on the following services: podiatric, pediatric, family practice, emergency medicine, or other clinical services that provide pediatric encounters.

**TRAINEE**

1. Understand that all materials pertaining to the institution are confidential. The *CPME Affirmation of Professionalism and Confidentiality* must be completed for each on-site evaluation conducted. The form is to be returned to the Council office within two weeks following completion of the visit.
2. The team chair will coordinate the trainee's responsibilities as a member of the on-site evaluation team and assure a thorough understanding of the review process.
3. The trainee will:
  - a. Review the CPME 320 and 330 prior to the on-site evaluation.
  - b. Become familiar with the application and/or pre-evaluation material and agenda submitted by the institution and contact the team chair if there are any questions.
  - c. Be in direct contact with the appropriate Board representative (ABPM or ABPS) to assure a thorough understanding of the individual's role in the process.
  - d. Meet with the team either the evening before or the morning of the on-site evaluation to discuss the application and/or pre-evaluation material, share strategies for carrying out interviews, formulate specific questions for each interview, and determine whether additional materials must be requested at the time of the evaluation.
4. Every effort must be made to ensure a professional and cordial atmosphere with the institution. Business attire is mandated during all on-site evaluations.
5. The trainee, under the guidance of the appropriate Board representative and CPME team chair, will help prepare the report of the team for the institution(s) visited.

**PROBLEM SOLVING**

When a situation arises that may be open to interpretation and may not be described in CPME 320 or CPME 330, the evaluation team has the following options:

- Defer action to the RRC, identifying no areas of potential noncompliance and making no recommendations to the program, either verbally or in the evaluation team report.
- Contact Council staff for clarification prior to or during the on-site evaluation (the toll-free telephone number is 800-377-3654).
- Offer a suggestion or identify an area of potential noncompliance, but indicate both verbally and in the actual report that the interpretation of the evaluation team may be modified by the RRC and/or the Council. (In this situation, any suggestions should be based on previous experience in similar situations.)

Evaluation teams are reminded of the following matters pertaining to the Council and RRC:

- The Council’s recognition by the U.S. Department of Education and the Council for Higher Education Accreditation pertains **only** to its accreditation of colleges of podiatric medicine. The Council’s process for approval of residency programs is not within the purview of either of these external entities.
- The Council does not conduct residency on-site evaluations outside of the United States and Canada.
- The Council does not require that programs or residents use Podiatry Residency Resource.

It is possible that an adversarial situation may arise during the on-site evaluation. Evaluation team members should use their best judgment as to the extent to which they must tolerate abusive and adversarial behaviors exhibited by program directors or other individuals associated with the program. Accreditation/approval is viewed to be a voluntary process; evaluation teams would be well advised to remove themselves from environments where they are unwanted.

Evaluation teams have been confronted occasionally with situations in which the majority of the individuals scheduled for interviews have been unavailable. In some of these situations, the program director also has been unavailable and was therefore unaware that the team was unable to conduct scheduled interviews. Evaluation teams should use their best judgment regarding such a situation in terms of attempting to contact the program director and/or the administrator of the sponsoring institution to notify them of the problem, attempting to have interviews rescheduled by the director, or giving consideration to concluding the on-site evaluation.

### **VERBAL SUMMATION OF EVALUATION TEAM FINDINGS**

As a courtesy to the institution, an exit interview is absolutely essential upon the conclusion of the evaluation. Without conducting such a session, the institution has no opportunity other than the evaluation report to learn of the findings and observations of the evaluation team.

The evaluation team chair and other team member(s) meet privately prior to the exit interview to discuss and agree upon findings. At a minimum, team members should agree completely on areas of potential noncompliance and recommendations before the exit interview with the program director and administrator of the sponsoring institution. Evaluation team members should review and complete the report together to increase the likelihood of accurate findings. CPME 320 must be used by the evaluation team in determining areas of potential noncompliance.

A meeting with the director before the final exit interview may also be appropriate. The evaluation team may need to obtain further information or clarify issues raised during the evaluation or may wish to advise the program director if one or more serious areas of potential noncompliance have been identified.

The evaluation team may not make any recommendations, either at the exit interview or in writing, to the program related to its ability to increase positions or add the RRA credential. If the program intends to increase its positions, the team chair must remind the program director that the institution must submit an application to the Council for this increase; it is not “automatic” because it appears on the team report form. On occasion, review of a team report by the RRC has revealed a concern that was not identified by the evaluation team. If this concern is sufficient to warrant probationary approval and if the program has selected an additional resident(s) in response to the team’s encouragement, considerable problems ensue.

An exit interview should not be an abrupt announcement of the deficits of the institution and its residency program. Although it is important to identify the team’s tentative findings and concerns at the time of the exit interview, especially when these concerns relate to areas of potential noncompliance with the Council’s requirements, it is equally important to highlight the strengths of the facility, curriculum, and teaching staff.

During the exit interview, the evaluation team chair explains the Council’s procedures for approval of residencies (specifically, the sequence of events that will follow the visit in processing the report and determining the approval status of the program) to representatives of the institution. The evaluation team chair should not state when the institution may expect to receive a draft copy of the report. The evaluation team reminds the program director of the following information:

- The dates of the RRC and Council meetings when the report of the institution’s on-site evaluation will be considered (this information is in each evaluation team “kit” in the memorandum from the RRC and Council staff).
- Any substantive response to the team report that the director may wish to provide must be received in the Council office prior to the Committee meeting. No information can be forwarded to the evaluation team after completion of the on-site evaluation. The report of

the on-site evaluation cannot be modified based on the response because the report is based on observations obtained at the time of the visit.

- The program director will receive instructions on how to access a post evaluation questionnaire from the Council office to evaluate the performance of the team. The post evaluation questionnaire is considered only by the Collaborative Residency Evaluator Committee. It has no bearing on any approval action recommended by the RRC or taken by the Council.
- The RRC makes a confidential recommendation to the Council regarding the approval status of the program, and the approval action is taken at the Council meeting.

Although the exit interview is usually regarded as the responsibility of the evaluation team chair, he or she has the prerogative of delegating this duty to another team member.

### **PROCEDURES FOR REPORT PREPARATION**

Evaluation team reports must be completed in a manner that provides substantive and critical analysis of the residency program and its sponsoring and affiliated institutions. All questions must be answered, areas of potential noncompliance must be referenced by number to the requirements in CPME 320, recommendations must be stated clearly, and a summary of findings must be written that addresses all principal aspects of the training program (both positive and negative).

The evaluation team must ensure that information provided in the institutional and program standards sections of the report is reflected thoroughly and accurately in the summary of findings and in the listing of any areas of potential noncompliance.

The evaluation team chair is responsible for ensuring that the correct member(s) of the team completes the podiatric surgical and podiatric medical portions of the report. If team members are unsure of their assignments for a particular program, contact the Council staff liaison prior to the visit.

Factual information about the program indicated in the evaluation report is more likely to be accurate if the report is completed immediately following the evaluation, when impressions of the training program will be fresher. A report that is completed on the day of the on-site evaluation is more likely to reflect findings that are consistent throughout the report.

The evaluation team report is provided to the team chair and team members. The information in the report must be factual and based on the application and/or pre-evaluation materials, interviews conducted, and materials reviewed on-site. When the report is complete, the team chair should notify the Council staff liaison. Do not use any medical symbols and/or abbreviations.

The evaluation report should be finished within two weeks after completion of the visit. The team chair is responsible for ensuring completion of all items on the report, consolidation and organization of the team's findings into a single report, and elimination of all inconsistencies in the report (e.g., if the residents' statistical data in the report indicate an apparent inequity in training, the report must include a statement to explain the reason for this discrepancy, such as a resident having been assigned to non-podiatric training resources for the period for which logs were requested).

Council staff edits the draft report and returns it to the team for review. The cover memorandum from staff will indicate any concerns related to appropriate completion of the report (e.g., items to be answered, correction of inconsistent information) and the date by which the team is requested to respond.

Evaluation team members are strongly encouraged to retain all pre-evaluation information, any notes taken on the program, and a copy of the completed evaluation team report as submitted to the Council office in the event that questions are raised or the draft of the completed report is lost. This information should be used to verify the accuracy of the draft copy of the report that evaluation team members receive from Council staff.

Timely completion of the report enables Council staff to forward a copy of the report to the sponsoring institution within a reasonable period after the visit and provides the sponsoring institution the opportunity to provide a substantive response to the report before the RRC meeting.

### **GUIDELINES FOR COMPLETION OF EVALUATION TEAM REPORTS**

The team should keep in mind that the on-site evaluation may be an institution's initial visit or the first visit to the institution in a number of years. Because the evaluation team report represents the most significant contact between the Council and the institution, every effort should be made to provide a detailed report that is as complete as possible. Institutions devote considerable effort to preparing for the on-site evaluation; the report should reflect the information obtained by the team prior to and during the visit.

If the team has conducted evaluation of a co-sponsored program and has visited two or more sponsoring institutions, one evaluation team report is completed for the co-sponsored program.

#### 1. Summary of Findings

The report form provided the evaluation team identifies specific areas to be addressed in the summary of findings. In response to each of the items (see below), the evaluation team is requested to write a concise and relevant narrative statement. Comments are to be specific to each statement, include sufficient detail to describe all areas of activity and be supported with factual data. The information provided in the summary must be based on and consistent with

information provided elsewhere in the report. The summary of findings will be edited by Council staff.

- 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 staff, 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.

If individuals listed on the agenda were unavailable for interview, the evaluation team should 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.

## 2. CPME Requirements/Areas of Potential Noncompliance

During the on-site evaluation of a residency program, the evaluation team gathers 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. If the guidelines in CPME 320 utilize the verbs "must" and "is," the guideline indicates 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 potential noncompliance. These statements must be consistent with information provided elsewhere in



the report. 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.

### 3. Podiatric Medical and Podiatric Surgical Summaries

The evaluators(s) representing the RRC on behalf of ABPM and/or ABPS must write a summary statement to describe the specialty training provided at each institution evaluated. This statement should not be limited to one or two sentences, yet it should not duplicate information requested in the overall summary of findings (see item 1, above). Evaluators are reminded that institutions receive only the first section of the report (concluding with the page of recommendations); therefore, this summary should reflect findings and impressions that are documented throughout the RRC representative's portion of the report.

### 4. Narrative Statements Related to Standards

The evaluation team is responsible for fact-finding regarding the compliance of the institution with the requirements identified in CPME 320. Following review of the team report and any information submitted by the program subsequent to the on-site evaluation, the RRC and the Council will determine the extent to which the institution complies with the standards for approval of residency programs.

At the conclusion of each section of the report (each of which relates to a standard in CPME 320), the evaluation team is requested to provide any additional information that has not been addressed by the questions in that section of the report.

The statement(s) should not consist only of identification of areas of potential noncompliance. Instead, the team is requested to provide information that may be utilized by the RRC, the Council, and the institution in assessing compliance with CPME 320.

In completing this item, the evaluation team should refer to the guidelines in CPME 320. The guidelines are used to indicate how the requirements either must be interpreted or may be interpreted to allow for flexibility, yet remain within a consistent framework.

## **EVALUATION TEAM CAVEATS**

- Use the CPME standards and requirements as your guide. Do not rely upon your own beliefs or those of others regarding what is acceptable for residency training. Leave personal theories, philosophies, and proposals at home. Never espouse your personal opinions under the pretense that they are CPME policies. The evaluation team is present to conduct an objective evaluation of the program, not to make the program just like their programs or their concept of the ideal program.

- Be prompt for the evaluation. If you expect to be late, call the institution and inform the program director of your delay. Most importantly, complete the evaluation. Program directors and institutions go through great pains to prepare for the site visit. Do not be in a hurry to catch a plane.
- Respect the confidentiality of the information that comes your way during an evaluation visit. Strengths, and especially weaknesses, of specific training programs are the concern of no one except the evaluation team, RRC, and Council.
- Subjective comments or criticisms are not appropriate; objective ones are appropriate.
- Stay out of institutional conflicts and remain detached.
- Avoid being caught up in superficial, minor considerations. Look at the big picture.
- Power madness will ruin your credibility. The evaluation team's function is to assess compliance with Council requirements with a view toward improving program effectiveness, not to intimidate individuals involved with the program.
- Report on the institution as a whole. Individual personalities are not your concern.
- Large, well-established institutions with highly regarded training programs must be treated and viewed on the same level as any other. Do not overlook weaknesses because the institution has a prominent reputation.
- Your responsibility is to identify a problem, along with recommending that the problem be corrected. Never demand a specific solution. Should advice on correcting areas of potential noncompliance be requested, use your best judgment in making general recommendations based upon knowledge of other residencies.
- Evaluations are apolitical. Discussion of issues in the podiatric profession and of the political atmosphere within the sponsoring institution should be avoided.
- An evaluation team member may be blinded by good intentions and try to play the role of savior for an institution that may not deserve to be saved. Do not compound weaknesses by sentimental generosity in the hope that problems will go away if ignored or treated with unwarranted optimism.
- Approval status of residency programs is determined only by the Council as based on recommendations from the RRC.
- Individuals having any relationship with and/or bias toward a particular residency must remove themselves from participation in an evaluation. It is the responsibility of each

team member to inform Council staff of these possible conflicts of interest well in advance of the evaluation.

### **ASSESSMENT OF EVALUATOR EFFECTIVENESS**

The effectiveness of the on-site evaluation process is assessed formally by the institution, the evaluation team, and Council staff. Evaluator performance is reviewed by the CREC with recommendations forwarded to the Executive Committee of the Council.

Members of CREC monitor the effectiveness of on-site evaluators by reviewing evaluation questionnaires completed online by institutions regarding the performance of on-site visitors, as well as questionnaires about evaluator performance completed online by the team chair and each team member. The Committee forwards a report of its review, identifying areas requiring follow-up and evaluators who might require remediation or dismissal, to the Executive Committee of the Council for its review.

In reviewing evaluation team reports, the RRC may forward comments about individual evaluators to CREC. To assure objectivity in its approval recommendations, the RRC is never provided the post evaluation questionnaires completed by the sponsoring institution and evaluation team members.

The information obtained from these sources allows the Executive Committee and CREC to identify weaknesses in individuals as well as weaknesses in the evaluation and training processes. Although specific weaknesses may be discussed with individual evaluators, the feedback received on the post evaluation questionnaires is most useful in designing future training workshops.

The Council realizes that critical feedback about the on-site evaluation and the on-site evaluators allows important information to be reviewed about the effectiveness of individuals who serve in the evaluation process. Evaluator performance that is less than acceptable is considered by the Council and CREC to be a serious matter. The evaluator in question will be counseled and/or provided remediation. In instances where remediation fails, the evaluator will be sent a letter detailing the concerns of the Committee, the counseling and/or remediation provided, and the reasons for dismissal. The letter shall be sent under the signatures of the Council chair and CREC members. The Executive Committee and/or CREC may suggest that evaluators who demonstrate repeated ineffectiveness be removed from the list of residency evaluators.

Periodically, letters are sent to individuals who conducted themselves in an appropriate and proper manner as evaluators and who are worthy of special praise and recognition. The letters to these individuals also are sent under the signatures of the Council chair and CREC members.

## REIMBURSEMENT OF EXPENSES

All expenses related to the on-site evaluation process are reimbursable through the Council. The following general rules apply to reimbursement of expenses:

- Airline, train and/or bus transportation, to and from the city in which the residency evaluation is conducted, is reimbursable. Evaluation teams are requested to book their airline reservations as early as possible in order to reduce costs associated with the on-site evaluation process.
- Taxi fare is reimbursable only when it pertains to transport to and from airports, train or bus stations; and to and from the institution to be evaluated. Taxi fares related to meal functions and other social activities cannot be reimbursed.
- Personal automobile expenses are reimbursed at 55.5 cents per mile, effective June 1, 2012. This expense includes transportation to and from airports, train or bus stations, and to and from the institution to be evaluated.
- Automobile rental (including gasoline) is reimbursable. It is expected that evaluation team members will exercise a degree of frugality in relying on automobile rentals. APMA has established a corporate agreement with Hertz Corporation, which should be used. The Hertz #1 APMA account number is 290783.
- Additional transportation expenses, such as parking and tolls, are reimbursable.
- Hotel accommodations are reimbursable. Personal hotel expenses, such as meals, tips, telephone, and laundry are not reimbursable. (Telephone expenses related to communication with the institution to be evaluated or with Council staff at headquarters are reimbursable.) When checking in to the hotel, evaluators should ask for a corporate rate or other discount rate. Most hotels offer various unadvertised discount rates, of which the lowest may not be the corporate rate.
- A \$175 per diem allowance is authorized for any portion of a day in which travel or business is conducted. This per diem allowance is expected to cover all incidentals, including food, tips and ground transportation to and from social activities.

In order for an expense voucher to be processed, all original receipts must be attached. An expense voucher is included in the on-site evaluation “kit” pertaining to the institution(s) evaluated.

## APPENDIX A

### ACCREDITATION IN THE UNITED STATES

The following information is excerpted from *Accreditation in the United States*, a publication of the Association of Specialized and Professional Accreditors (ASPA), and is reprinted with permission. Further information is available at [www.aspa-usa.org](http://www.aspa-usa.org). Another useful source of information about accreditation, *The Fundamentals of Accreditation*, is available on the website of the Council for Higher Education Accreditation ([www.chea.org](http://www.chea.org)).

#### **Accreditation in the United States**

Higher education in America is unique in the world because of its reliance on accreditation to ensure quality and to foster a culture of continued improvement. The United States has no Federal Ministry of Education or other centralized authority exercising single national control over postsecondary educational institutions in this country. The States assume varying degrees of control over education, but, in general, institutions of higher education are permitted to operate with considerable independence and autonomy.

The goal of accreditation is to ensure that education provided by programs and institutions of higher education meets acceptable levels of quality. Accrediting agencies develop evaluation criteria and conduct evaluations to assess whether or not those criteria are met. Institutions and/or programs that request an agency's evaluation and that meet an agency's criteria are then "accredited" by that agency.

#### **Specialized Accreditation**

The Association of Specialized and Professional Accreditors - ASPA - is the only voice that solely represents specialized accrediting bodies in the United States. These accrediting bodies operate to ensure that students in educational programs receive an education consistent with standards for entry into practice or advanced practice in each of their respective fields or disciplines. With approximately 50 member agencies, the ASPA contributes to a unified, national voice for, and supports the importance of, specialized accreditation. All accrediting agencies holding membership in the ASPA abide by the ASPA-Member Code of Good Practice.

#### **The Value of Accreditation to Stakeholders**

**Students** - accreditation provides a measure of educational quality and in many cases, helps facilitate a student's academic progression, including transfer credit from one institution to another.

**Lawmakers** - accreditation provides assurance that education programs are evaluated against nationally accepted standards and that program graduates are competent for entry into the workplace or for advanced practice.

**Educators and Practitioners** - accreditation provides validation of the education program, as well as the opportunity for academic administrators, faculty and practitioners to build consensus on expected learning outcomes and graduate competencies.

**Employers** - accreditation assures prospective employers that graduates come from a program or school where the content and quality satisfy established standards.

### **Functions of Accreditation**

1. Verifies that an institution or program meets established standards;
2. Assists prospective students in identifying acceptable institutions;
3. Assists institutions in determining the acceptability of transfer credits;
4. Helps to identify institutions and programs for the investment of public and private funds;
5. Protects an institution against harmful internal and external pressure;
6. Fosters continuous improvement by measuring programs against national standards and their own stated missions and goals;
7. Involves the institution's stakeholders or communities of interest in institutional evaluation and planning;
8. Sets a competency threshold for regulators to use when establishing criteria for entry into practice, including eligibility for professional certification and/or licensure; and
9. Provides a sound basis for determining eligibility for Federal assistance.

### **The Accrediting Procedure**

1. Standards: The accrediting agency, in collaboration with educational institutions, licensing agencies, practitioners, and the public establishes standards.
2. Self-study: The institution or program seeking accreditation prepares an in-depth self-evaluation study that measures its performance against the standards established by the accrediting agency.

3. **On-site Evaluation:** A team selected by the accrediting agency visits the institution or program to determine first-hand if the applicant meets the established standards.
4. **Publication:** Upon being satisfied that the applicant meets its standards, the accrediting agency grants accreditation or preaccreditation status and lists the institution or program in an official publication with other similarly accredited or preaccredited institutions or programs. Many accrediting agencies include their lists on their websites.
5. **Monitoring:** The accrediting agency monitors each accredited institution or program throughout the period of accreditation granted to verify that it continues to meet the agency's standards.
6. **Reevaluation:** The accrediting agency periodically reevaluates each institution or program that it lists to ascertain whether continuation of its accredited or preaccredited status is warranted.

## APPENDIX B

### COUNCIL ON PODIATRIC MEDICAL EDUCATION

#### AGENDA GUIDE

A schedule that identifies individuals to be interviewed by the evaluation team must be prepared by the sponsoring institution(s) and forwarded to the Council office at least four weeks prior to the on-site visit. Council staff will then forward the agenda to the evaluation team. The following guidelines are to be used in preparing the agenda.

- Depending on the number of residents participating in the program(s) and the number of facilities involved, a minimum of six-eight hours is required to evaluate a podiatric residency program. When multiple institutions are involved in providing residency training, the evaluation team may need to meet with personnel involved at multiple sites. Contact the Council office for further details regarding programs sponsored by multiple institutions.
- The evaluation team does not conduct any meetings related to the on-site evaluation prior to the actual scheduled date and time of the visit. All meetings occur at the institution(s) being visited and occur on the scheduled day of the evaluation.
- The on-site evaluation should begin as early in the day as possible to enable thorough review of the program and allow flexibility in scheduling required components of the evaluation. An appropriate meeting room must be arranged for the evaluation team to conduct its interviews; this is usually best provided through the sponsor's administrative office (e.g., board room, conference room). The room provided must be private and secure. The evaluation team must have access to a computer with internet capability during the on-site evaluation. The preferred location is in the meeting room dedicated to the team's use.
- In order that the evaluation team may assess the extent to which curriculum content meets standards established by the profession as well as the competencies utilized by the sponsoring institution, the agenda for the on-site evaluation requires that key participants in the training program be interviewed (these individuals are identified below in boldface print). Interviews must be conducted in person; **the Council does not permit telephone interviews**. Further, failure to provide the appropriate representatives may cause cancellation of the visit and may jeopardize approval of the program.

The following guidelines are provided in determining order and lengths of interviews (all items in bold are required; the time listed for interviews is approximate):

1. **Program director**: One-hour interview to be scheduled at the beginning of the evaluation.



The program director must be available to the team throughout the entire evaluation.

2. Confidential interviews with administrative and teaching staffs. The program director must not be present for these interviews. The following are not in a specific order:
  - a. **Chief executive officer(s) of the sponsoring/co-sponsoring institution(s) or designated representative(s):** 10-20 minutes.
  - b. **Director of medical education (if the sponsoring/co-sponsoring institution(s) has(ve) such a position) or a designated representative:** 10-20 minutes.
  - c. **Site coordinators (if secondary institutions or facilities are utilized in the program and the program director does not participate actively at the affiliated institutions):** 10-20 minutes for each individual.
  - d. **Chiefs of medical and/or surgical staffs:** 15 minutes for each individual.
  - e. **Podiatric and medical/osteopathic staffs:** 10 minutes for each individual.  
Interviews should be conducted individually; group interviews may be appropriate if approved in advance by the chair of the team. Podiatric staff should include the individuals most active in the training experiences afforded the residents.  
**Medical/osteopathic staff must represent each training resource provided.**
3. **Podiatric residents** (confidential interview): Unspecified length of time. Either individual or group interviews may be conducted depending on the number of residents and at the discretion of the team chair.
4. Interview(s) with representative(s) of the nursing and/or ancillary staffs: 10-20 minutes. An interview with the operating room supervisor and clinic supervisor is required.
5. Tour of the physical facilities, including the operating room(s) and clinic(s): 20-30 minutes.
6. Review of medical records including appropriate imaging studies to be selected by the evaluation team in advance of the visit: Unspecified length of time; records should be available in the meeting room at the beginning of the day.
7. Executive session of evaluation team to prepare for summation review: 20 minutes.
8. Summation review of evaluation team findings with the program director and the chief administrative officer(s) of the institution(s): 15-30 minutes.

**NOTE:** The following information must be available for the evaluation team during the visit (these items are referenced to the applicable requirements in CPME publication 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*):

- a. On-site access to web-based resident logs. (requirements 6.2 and 7.1)
- b. Collective bargaining agreement, if applicable.
- c. Employee handbook, if applicable.

The following documents are required only if different than previously submitted with the pre-evaluation materials:

- d. Each resident's signed contract. (requirements 3.8 and 3.9)
- e. Residency manual. (requirement 3.10)
- f. Resident assessment forms completed by podiatric and non-podiatric medical staff members. (requirement 7.2)

## SAMPLE AGENDA I

### St. Servatus Hospital

Evaluation of Podiatric Medicine and Surgery Residency (PMSR)

Monday, November 7, 2011

### Conference Room, 5th Floor

Evaluation Team: Rona Norwood, DPM (CPME)  
Michael Kildare, DPM (ABPM)  
Kim Welby, DPM (ABPS)

8:00 a.m. Mary Ann Gray, DPM, Program Director  
9:00 a.m. James Purnell, Chief Administrative Officer (CAO)  
9:20 a.m. Lawrence Byrne, RN, Operating Room Supervisor  
9:40 a.m. Raul Casey, DPM, Clinic Supervisor  
10:00 a.m. Martin Levine, MD, Director of Medical Education  
10:20 a.m. Amy Gunther, MD, Chief of Medical Staff  
10:40 a.m. Carl Crawford, MD, Chief of Surgery  
11:00 a.m. Ann Kellogg, DPM, Assistant Program Director  
11:10 a.m. Alex Valdes, DPM  
11:20 a.m. Karen Calden, DPM  
11:30 a.m. Fred Willmer, DPM  
11:40 a.m. Lucinda Mills, DPM  
11:50 a.m. Robert Auerbach, MD, Medical Imaging  
12:05 p.m. Lunch (may be a working lunch, as per team chair)  
12:35 p.m. Tour of the facility  
12:55 p.m. Timothy Woods, MD, Pathology  
1:05 p.m. William McGuire, MD, Orthopedic Surgery  
1:20 p.m. David Strobl, MD, Anesthesiology  
1:30 p.m. Stephen Greene, MA, Behavioral Science  
1:45 p.m. Ramesh Dalal, DPM, Resident  
2:05 p.m. Katherine Galli, DPM, Resident

2:20 p.m. Kareem Rahn, DPM, Resident  
2:35 p.m. June D'Amico, MD, Emergency Medicine  
2:45 p.m. Rhee Howard, MD, Internal Medicine  
3:00 p.m. Janis Ulmanis, MD, General Surgery  
3:10 p.m. Paul Waters, MD, Rheumatology  
3:20 p.m. Natalie MacEvoy, MD, Infectious Disease  
3:30 p.m. Mike Regler, MD, Dermatology  
3:40 p.m. Executive Session of Evaluation Team  
4:00 p.m. Summation Review with Program Director and CAO

Please note that Review of Medical Records will be performed by the team as time allows during the day.

## SAMPLE AGENDA II

### St. Servatus Hospital

Evaluation of Podiatric Medicine and Surgery Residency (PMSR)

Monday, November 7, 2011

### Conference Room, 5th Floor

- Evaluation Team: Rona Norwood, DPM (CPME)  
Michael Kildare, DPM (ABPM)  
Kim Welby, DPM (ABPS)
- 8:00 a.m. Mary Ann Gray, DPM, Program Director
- 9:00 a.m. James Purnell, Chief Administrative Officer  
Martin Levine, MD, Director of Medical Education
- 9:30 a.m. Amy Gunther, MD, Chief of Medical Staff  
Carl Crawford, MD, Chief of Surgery
- 9:50 a.m. Ann Kellogg, DPM, Assistant Program Director
- 10:10 a.m. Ramiro Valdes, DPM  
Karen Calden, DPM  
Raul Casey, DPM, Clinic Supervisor
- 10:35 a.m. Robert Auerbach, MD, Medical Imaging  
Timothy Woods, MD, Pathology  
Stephen Greene, MA, Behavioral Science
- 11:00 a.m. Tour of Hospital
- 11:30 a.m. Rhee Howard, MD, Internal Medicine  
Paul Waters, MD, Rheumatology  
Natalie MacEvoy, MD, Infectious Disease
- 11:50 a.m. Interview with Lawrence Byrne, RN, Operating Room Supervisor
- 12:00 a.m. Lunch (may be a working lunch, as per team chair)
- 12:40 p.m. William McGuire, MD, Orthopedic Surgery  
Janis Ulmanis, MD, General Surgery
- 12:55 p.m. David Strobl, MD, Anesthesiology

June D'Amico, MD, Emergency Medicine  
Mike Regler, MD, Dermatology

1:15 p.m. First-year residents  
1:35 p.m. Second-year residents  
  
2:00 p.m. Third-year residents  
  
2:25p.m. James Thomas, MD Pediatrics  
  
2:35 p.m. Executive Session of Evaluation Team  
  
3:20 p.m. Summation Review with Program Director and CAO

Please note that Review of Medical Records will be performed by the team as time allows during the day.

# COUNCIL ON PODIATRIC MEDICAL EDUCATION

## AGENDA GUIDE FOR INSTITUTION ELIGIBLE FOR ON-SITE EVALUATION

A schedule that identifies individuals to be interviewed by the evaluation team must be prepared by the sponsoring institution(s) and forwarded to the Council office at least four weeks prior to the on-site visit. Council staff will then forward the agenda to the evaluation team. The following guidelines are to be used in preparing the agenda.

- Depending on the number of facilities involved, a minimum of six-eight hours is required to evaluate a podiatric residency program. When multiple institutions are involved in providing residency training, the evaluation team may need to meet with personnel involved at multiple sites. Contact the Council office for further details regarding programs sponsored by multiple institutions.
- The evaluation team does not conduct any meetings related to the on-site evaluation prior to the actual scheduled date and time of the visit. All meetings occur at the institution(s) being visited and occur on the scheduled day of the evaluation.
- The on-site evaluation should begin as early in the day as possible to enable thorough review of the program and allow flexibility in scheduling required components of the evaluation. An appropriate meeting room must be arranged for the evaluation team to conduct its interviews; this is usually best provided through the sponsor's administrative office (e.g., board room, conference room). The room provided must be private and secure.
- The institution must provide the team access to operating room logs or other documentation to support the number of available cases and procedures as reported on the application, as well as the number of podiatric surgical cases for each attending participating in the program at each institution affiliated with the sponsoring institution.
- In order that the evaluation team may assess the extent to which curriculum content meets standards established by the profession as well as the competencies utilized by the sponsoring institution, the agenda for the on-site evaluation requires that key participants in the training program be interviewed (these individuals are identified below in boldface print). Interviews must be conducted in person; the Council does not permit telephone interviews. Further, failure to provide the appropriate representatives may cause cancellation of the visit and may jeopardize approval of the program.

The following guidelines are provided in determining order and lengths of interviews (all items in bold are required; the time listed for interviews is approximate):

1. **Program director:** One-hour interview to be scheduled at the beginning of the evaluation.

The program director must be available to the team throughout the entire evaluation.

2. Confidential interviews with administrative and teaching staffs. The program director must not be present for these interviews. The following are not in a specific order:
  - a. **Chief executive officer(s) of the sponsoring/co-sponsoring institution(s) or designated representative(s):** 10-20 minutes.
  - d. **Director of medical education (if the sponsoring/co-sponsoring institution(s) has(ve) such a position) or a designated representative:** 15-20 minutes.
  - e. **Site coordinators (if secondary institutions or facilities are utilized in the program and the program director does not participate actively at the affiliated institutions):** 20-30 minutes for each individual.
  - d. **Chiefs of medical and/or surgical staffs:** 15-25 minutes for each individual.
  - e. **Podiatric and medical/osteopathic staffs:** 10-20 minutes for each individual.Interviews should be conducted individually; group interviews may be appropriate if approved in advance by the chair of the team. Podiatric staff should include representative members who will be involved in the training program.  
**Medical/osteopathic staff must represent each training resource to be provided.**
3. Tour of the physical facilities, including the operating room(s) and clinic(s): 20-30 minutes.
4. Executive session of evaluation team to prepare for summation review: 30-45 minutes.
5. Summation review of evaluation team findings with the program director and the chief administrative officer(s) of the institution(s): 15-30 minutes.

NOTE: The sponsoring institution(s) should provide the team copies of any information updated since submission of the application for provisional approval.



## **SAMPLE AGENDA FOR INSTITUTION ELIGIBLE FOR ON-SITE EVALUATION**

### **St. Servatus Hospital**

Evaluation of Podiatric Medicine and Surgery Residency (PMSR)

Monday, November 7, 2011

Conference Room, 5th Floor

Evaluation Team: Michael Kildare, DPM (ABPM)  
Kim Welby, DPM (ABPS)

8:00 a.m. Mary Ann Gray, DPM, Program Director  
9:00 a.m. James Purnell, Chief Administrative Officer  
9:20 a.m. Tour of Hospital  
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10:35 a.m. Carl Crawford, MD, Chief of Surgery  
11:00 a.m. Ann Kellogg, DPM, Assistant Program Director  
11:20 a.m. Ramiro Valdes, DPM  
11:35 a.m. Karen Calden, DPM  
11:50 a.m. Robert Auerbach, MD, Medical Imaging  
12:00 a.m. Rhee Howard, MD, Internal Medicine  
12:15 p.m. Timothy Woods, MD, Pathology  
12:30 p.m. Lunch (may be a working lunch, as per team chair)  
1:30 p.m. William McGuire, MD, Orthopedic Surgery  
1:40 p.m. Interview with Raul Casey, DPM, Clinic Supervisor  
1:50 p.m. David Strobl, MD, Anesthesiology  
2:00 p.m. Stephen Greene, MA, Behavioral Science  
2:10 p.m. June D'Amico, MD, Emergency Medicine  
2:20 p.m. Janis Ulmanis, MD, General Surgery  
2:30 p.m. Paul Waters, MD, Rheumatology  
2:40 p.m. Mike Regler, MD, Dermatology

2:50 p.m. Natalie MacEvoy, MD, Infectious Disease  
3:00 p.m. Rhee Howard, MD, Internal Medicine  
3:10 p.m. Interview with Lawrence Byrne, RN, Operating Room Supervisor  
3:25 p.m. Executive Session of Evaluation Team  
4:00 p.m. Summation Review with Program Director and CAO

# APPENDIX C

## RRC AND CPME RESIDENCY POLICIES

The following are policies of the Residency Review Committee (RRC) and/or the Council on Podiatric Medical Education (CPME), effective January 2009.

### POLICIES APPLICABLE TO ALL PROGRAMS

- A resident who completed one or more programs approved under the former residency categories (CPME 320, dated April 2000) may receive a maximum of one year of credit from an approved non-surgical residency program, and a maximum of one year of credit from an approved PSR-12 program towards a program in the new residency categories (CPME 320, dated July 2007), regardless of how long ago the training was completed and regardless if the program(s) was (were) sponsored by a different institution. The volume of trauma cases, podopediatric cases, biomechanical evaluations, histories and physical examinations, and surgical encounters from previous training year(s) are acceptable in contributing to and/or fulfilling the minimum activity volume requirements of the PM&S-24 and PM&S-36. Surgical procedures from the resident's previous training year must be documented fully on the appropriate log forms in order for the director of podiatric medical education to determine if the surgical procedures are acceptable in contributing to and/or fulfilling the requirements of the PM&S-24 or PM&S-36.
- Surgical procedures from a PSR-12 or PSR-24 and a PM&S-24 or PM&S-36 cannot be added by categorical numbers.

#### PSR-12 or PSR-24

Category 1 Soft tissue  
Category 2 Digital  
Category 3 Lesser metatarsal  
Category 4 First metatarsal  
Category 5 Rearfoot-ankle

#### PM&S-24 or PM&S-36

Category 1 Digital Surgery  
Category 2 First Ray Surgery  
Category 3 Other Soft Tissue Foot Surgery  
Category 4 Other Osseous Foot Surgery  
Category 5 Reconstructive Rearfoot and Ankle Surgery

The director of podiatric medical education and the on-site evaluation team must carefully review which category numbers the program assigns to procedures during the next few years to avoid confusion. For example, for an on-site evaluation of a PM&S-36 that instituted Podiatry Residency Resource PM&S-36 logs as of July 1, 2006, if the first two years of the year-three resident were logged in a PSR-24 Podiatry Residency Resource program, Digital Surgery would be the sum of category 2 in the PSR-24 and category 1 in the PM&S-36 Residency Resource program. If the residency is using the Residency Resource PSR-24 logs, category 2 must be entered in the summary sheet of the PM&S-36 into category 1. (10/03)

## Appropriate Completion of Residency Applications and Resident Logs

The RRC and residency evaluation teams will not consider residency applications and/or resident logs that are handwritten; applications and logs must be typewritten or generated by computer. The RRC and residency evaluation teams also will not consider resident logs that are not signed and dated by the director of podiatric medical education. If appropriately-completed logs are not made available to the evaluation team before or at the time of the on-site evaluation, the evaluation team report will identify all requirements related to the specialty area(s) as areas of potential noncompliance. The program may not provide logs subsequently to the evaluator. After the on-site visit, all information must be forwarded to the Council office for consideration at the next JRRC meeting. (4/04)

All columns in Podiatry Residency Resource must be completed. (10/06)

For procedures from a PSR-12 or PSR-24 to be considered “documented fully” the PM&S or surgical log form for logged surgical activities must include information in all required columns (including resident activity level) and be verified appropriately by the director of podiatric medical education of the program in which training was completed. (7/07)

For procedures from a POR, RPR, or PPMR to be considered “documented fully” the PM&S or medicine log form for logged medicine activities must include information in all required columns and be verified appropriately by the director of podiatric medical education of the program in which training was completed. (7/07)

## Co-sponsored Programs

Co-sponsoring institutions must designate one director of podiatric medical education at one site who is responsible for the entire co-sponsored residency program. This individual must be provided the authority and have the ability to oversee resident training at all sites (the Council permits appointment of on-site coordinators under specified conditions). The director is responsible for ensuring that the Council is provided requested information for all residents at all training sites, not just at one of the co-sponsoring sites (e.g., the institution at which the director is based).

The co-sponsoring institutions must submit a single copy of CPME 340, *Annual Report for Residencies in Podiatric Medicine*, that provides information about the program as a whole, rather than each individual co-sponsor submitting its own annual report. The annual report for the co-sponsored program is to include the signature of the director of podiatric medical education and the signatures of the chief executive officers of each of the co-sponsoring institutions. (If an institution is involved in a co-sponsorship and also sponsors a separate residency program, the institution is required to participate in preparation of the annual report for the co-sponsored program and to submit a separate annual report for the residency program for which it is the sole sponsor.)

The resident(s) is to be provided one contract that includes the names of each of the co-sponsoring institutions. The contract must be signed and dated by the chief administrative officer of each co-sponsoring institution, the director of podiatric medical education, and the resident.

The resident(s) is to be provided one certificate upon completion of the entire residency program. The certificate must include the names of each of the co-sponsoring institutions and be signed by the chief administrative officers of each of the co-sponsoring institutions.

The Council has revised the format of CPME publication 300, *Approved Residencies in Podiatric Medicine*, to include the names of the co-sponsoring institutions, the addresses of each of the institutions that co-sponsor the program, and the name of the single director of podiatric medical education. The mailing address of the co-sponsored residency program is that of the institution at which the director is based (although administrators of all co-sponsoring institutions will continue to receive copies of correspondence from the Council). The institution at which the director is based is identified as such in CPME 300. (4/04)

#### Extensions of Approval

The RRC will consider extensions of approval on a case-by-case basis. A six-month extension may be granted with an additional extension possible depending on the approval status of the program and the documentation provided by sponsoring institution. (2/05)

#### Inactive Programs

The RRC will not consider extensions of approval for inactive programs that have reached the end of their approval period. (2/05)

#### Inactive Positions

Position(s) in an approved residency that are temporarily inactive will be considered eligible for continued approval for a period not to exceed four years immediately following completion of the last full year of training. If a residency position(s) is not reactivated within four years, the sponsoring institution must submit RRC form 345, *Application for Increase in Positions*, and the application fee if and when the position(s) are to be reactivated. (2/05)

#### Transfer Policy Related to Institutions

When sponsorship of a training program is transferred from one institution to another, a confirming letter from the former sponsoring institution is required documentation for Committee consideration of a program transfer. (2/05)

### Intra VA Affiliation Agreements

The RRC determined that a Memorandum of Understanding (MoU) should exist between two Veterans Administration facilities. The only difference between the requirements of the VA for a MoU and the CPME's requirements for an affiliation agreement is the MoU does not delineate financial support. (2/05)

### Resident Certificates

A resident may retain a certificate issued for training completed (e.g., RPR, POR, PPMR, PSR-12, and/or PSR-24) when this training is counted towards the requirements of a new program into which the resident has transferred. (10/06)

### Inter-institutional Affiliation Agreements

If the institution that sponsors a residency program is part of a health system with one board of directors and one chief executive officer, then affiliation agreements between the sponsoring institution and the other institutions within the system are not required. (7/07)

### Appropriate Completion of Resident Logs

Post-operative patient rounds cannot be counted as patient encounters in resident logs. (9/03)

### Role of the Director of Podiatric Medical Education during On-Site Evaluations

The director of podiatric medical education must be available to the team at all sites during on-site evaluations to programs co-sponsored by two or more institutions. (9/05)

### One-Time Certificate for Podiatric Medicine and Surgery (PM&S) Programs

Institutions that sponsor podiatric residency programs may request a one-time certificate for a resident in a residency in Podiatric Medicine and Surgery (PM&S) in the following circumstances:

- A resident in a Podiatric Medicine and Surgery-36 (PM&S-36) who cannot complete the full 36 months.
- A resident in a Podiatric Medicine and Surgery-24 (PM&S-24) that requires 36 months to complete who only completes 24 months.
- A resident in a PM&S-36 that requires 48 months to complete who only completes 36 months. (9/05)

### Credit for Completion of Prior Training

A resident may receive up to one year of credit for training completed in an approved non-surgical program (RPR, POR, or PPMR) and one year of credit for training completed in an approved PSR-12 program upon review of appropriate documentation (verified logs) by the director of podiatric medical education. (3/04)

A resident may receive up to two years of credit for training completed in an approved PSR-24 program upon review of appropriate documentation (verified logs) by the director of podiatric medical education. (9/05)

### Review of Resident Logs

Members of the RRC review the clinical logs of residents for various reasons (concerns identified in team reports from on-site evaluations and in annual reports, progress reports, applications for an increase in positions, etc.). The Committee established the following policies related to resident logs:

- Upon team review of resident logs prior to conducting the on-site evaluation visit, if it is determined the logs are grossly inaccurate, the team is to cite all requirements related to logs in the team report and request that the logs be revised and submitted to the Committee for review at its next meeting.
- Upon Committee members' review of resident logs prior to its meeting, if it is determined the logs are grossly inaccurate, the Committee will contact the program's staff liaison in the Council office to request from the program's director of podiatric medical education revised logs. If revised logs are submitted, they will be reviewed at the Committee's meeting. If revised logs are not submitted, the Committee will cite the program for all requirements related to logs. (9/05)

### Trauma Cases

- Surgical management of foot and ankle trauma may count towards requirement 6.11 related to 25 of the 50 trauma cases even if the resident is only active in the immediate perioperative care of the patient.
- This data may be counted as both a surgical case and a trauma case by one resident or one resident may log the surgery and one resident may log the trauma.
- Trauma cases may be related to any procedure. Only one resident may take credit for the encounter.
- The resident must participate at a C-level for the surgery to count towards the requirement. (2/05)

- Medical histories and physical examinations are components of trauma cases and can be counted towards the volume of required cases.
- The resident may treat and/or operate on the patient to count it as a trauma case. (7/07)

#### Category 6 Procedures

Surgical cases performed outside of the United States may be logged as category 6, other procedures. These procedures cannot be counted toward the minimum procedure requirements, but will allow residents to have these procedures in their logs for possible future reference. (12/08)