



**Constituents of the Residency Review Committee**

Council on Podiatric Medical Education  
American Board of Podiatric Medicine  
American Board of Foot and Ankle Surgery

***EVALUATION TEAM REPORT  
FOR PODIATRIC FELLOWSHIP  
CONFIDENTIAL***

Institution Information	
Name	
Address 1	
Address 2	
City/State/Zip	

Team Information	
Chair	
ABFAS Member	
ABPM Member	
Member/Observer	
CPME Liaison	
Visit Date	

Fellowship Information					
Type of Fellowship					
Date Fellowship Began					
Date(s) of Previous Visit(s)					
Type of Program	Length of Program(s)		Number of Approved Positions	Number of Fellows in the Program	Number of Positions Requested
	<input type="checkbox"/> 12 Months	<input type="checkbox"/> 24 Months	0/0	0/0	0/0
Comments:					





## SUMMARY OF FINDINGS

### INSTRUCTIONS TO EVALUATION TEAM:

In response to each question below, please write concise and relevant narrative statements. Your comments should be specific to each statement, include sufficient detail to describe all areas of activity, and be supported with factual data. The information that you provide must be consistent with information provided elsewhere in the report. **The questions will not appear in the summary of findings presented to the sponsoring institution.**

- a. Describe the sponsoring institution. (Responses should address, but not be limited to, the following areas: accreditation, number of beds, information on co-sponsorship [if applicable], other fellowship programs provided).
  
- b. Describe the administrative structure of the fellowship and any potential changes under consideration (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 fellow spends at other sites [if applicable], increases or decreases in positions).
  
- c. Describe the curricular structure of the fellowship program and any potential changes under consideration by the program (e.g., medical educational experiences, accuracy of objectives in view of training provided, extent of office experiences, involvement of podiatric and non-podiatric medical faculty, didactic experiences).
  
- d. Describe the strengths of the program.
  
- e. Describe the weaknesses of the program.
  
- f. Describe any other factors that may be important regarding the approval status of this program.







## INSTITUTIONAL STANDARDS AND REQUIREMENTS

### STANDARD 1.0

**The sponsorship and control of a podiatric fellowship program are under the specific administrative responsibility of a healthcare institution that develops, implements, and monitors the fellowship program.**

1. Identify the type(s) of institution(s) that sponsors the fellowship program (Requirement 1.1):

Hospital.

Academic health center.

Co-sponsorship. (Describe the arrangement. The institutions must define their relationship to each other, with specific information related to the delineation of the extent to which financial, administrative, and teaching resources are to be shared. The document must describe the arrangements established for the program and the fellow in the event of dissolution of the co-sponsorship. **This information must be included in an appropriate agreement related to the fellowship program.:**)





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

**STANDARD 2.0**

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

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

*If no, please provide an explanation.*

2. The following are available for fellow training (2.1):

- Adequate patient treatment areas.  Yes  No  
Adequate training resources.  Yes  No  
A health information management system.  Yes  No

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

3. The sponsoring institution affords the fellow ready access to the following resources (2.2).

- Podiatric texts.  Yes  No  
Medical texts.  Yes  No  
Other reference texts.  Yes  No  
Journals.  Yes  No  
Audiovisual materials.  Yes  No  
Instructional media.  Yes  No  
Electronic retrieval of information from medical databases.  Yes  No

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

4. The sponsoring institution affords the fellow ready access to adequate information technologies and resources (e.g., computer hardware, software, and related resources) (2.3).  Yes  No

*If no, please provide an explanation.*

5. The sponsoring institution affords the fellow ready access to adequate office and study spaces (2.4).

Yes  No

*If no, please provide an explanation.*

6. Adequate support staff are available to ensure efficient administration of the program (2.5).

Yes  No

*If no, please provide an explanation.*

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

### **STANDARD 3.0**

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

1. The sponsoring institution has identified a committee that is responsible for interviewing and selecting the fellow (3.1).  Yes  No

*If no, please provide an explanation.*

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

2. The sponsoring institution publishes a mechanism for the resolution of allegations of sexual harassment from program candidates and fellows (3.2).  Yes  No

*If no, please provide an explanation.*

3. The mechanism ensures due process to all individuals involved (3.2).  Yes  No

*If no, please provide an explanation.*

4. The mechanism is distributed to and acknowledged in writing by the fellow prior to the start of the training year (3.2).  Yes  No

*If no, please provide an explanation.*

5. Prospective fellows are informed in writing of the selection process and conditions of appointment established for the program (3.3).  Yes  No

*If no, please provide an explanation.*

6. The institution makes available a written copy of the fellowship curriculum  Yes  No

*If no, please provide an explanation.*

7. What was the total number of applicants for the current or immediately forthcoming training year (3.3)?

8. Of this total, how many were given a final interview (3.3)?

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

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

10. If the applicant is charged a fee, does the fee include (3.4):

Processing of the application?

Yes  No

Conducting the interview?

Yes  No

Other? (specify)

11. Are the policies regarding application fees published (3.4)?  Yes  No

*If yes, where?*

*If no, please provide an explanation.*

12. Each program applicant is notified as to (3.5):

The completeness of his/her application.

Yes  No

The final disposition (acceptance or denial) of his/her application.

Yes  No

*If no to either statement, please provide an explanation.*

13. Each fellow is a graduate of a residency approved by the Council on Podiatric Medicine (3.6).  Yes  No

*If no, please provide an explanation.*

14. What form of written agreement exists between the sponsoring institution and the fellow (3.7)?

- Contract  
 Letter of Appointment

15. The contract or letter states the fellow stipend (3.7).  Yes  No

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

*If no, please provide an explanation.*

16. The agreement has been signed and dated by the (3.7):

- Chief administrative officer/Appropriate senior administrative officer.  Yes  No  
Fellow.  Yes  No

*If no to any statement, please provide an explanation.*

17. If a letter of appointment is used, the fellow is provided with a written confirmation of acceptance, which was forwarded to the chief administrative officer or the appropriate senior administrative officer (3.7).  Yes  No

*If no, please provide an explanation.*

18. In a co-sponsored program, describe the contractual arrangement between the institutions and the fellow. Include whether it is signed and dated by the chief administrative officer of each co-

sponsoring institution and the fellow (3.7).

19. The contract describes the arrangements established for the fellow and the program in the event of dissolution of the co-sponsorship (1.1, 3.7).  Yes  No

*If no, please provide an explanation.*

20. The agreement includes or references the following (3.8):

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

Briefly describe these other benefits:

*If no to any statement, or if the guidelines for requirement 3.8 are not fully met, please provide an explanation/clarification.*

21. The sponsoring institution ensures that the following written policies and mechanisms are distributed to and acknowledged in writing by the fellow prior to the start of the training program (3.9):

- |  |  |
|--|--|
| Mechanism of appeal.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Remediation methods established to address instances of unsatisfactory fellow performance. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rules and regulations for fellow conduct.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

22. The sponsoring institution ensures that any revisions to the following written policies and



mechanisms are distributed to and acknowledged in writing by the fellow (3.9):

- |   |  |
|---|--|
| Mechanism of appeal.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Remediation methods established to address instances<br>of unsatisfactory fellow performance. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rules and regulations for fellow conduct.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

23. Describe the remediation methods available and whether they have been utilized (3.9).

24. The institution(s) provides an appropriate certificate verifying satisfactory completion of training requirements to each graduating fellow (3.10).  Yes  No

*If no, please provide an explanation.*

25. The certificate states the following (3.10):

- |   |  |
|---|--|
| Category of the training program.                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Approval by the Council on Podiatric Medical Education. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*If no to any statement, please provide an explanation.*

26. The sponsoring institution ensures that the program is established and conducted in an ethical manner (3.11).  Yes  No

*If no, please describe.*

27. Use the space below to provide any additional information or further clarification for items that have not been addressed in this section of the report (Standard 3.0):

## PROGRAM STANDARDS AND REQUIREMENTS

### STANDARD 5.0

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

1. The sponsoring institution has designated one individual as director of the fellowship program (5.1).  Yes  No

*If no, please provide an explanation.*

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

*If no, please provide an explanation.*

Additional comments:

3. The director possesses (5.2):

Appropriate clinical qualifications.  
Appropriate administrative qualifications.  
Appropriate teaching qualifications.  
Board certification.  
Please indicate which board(s):

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

*If no to any item above, please provide an explanation.*

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

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

	1	2	3
Maintenance of records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with the JRRC and CPME.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling of training experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fellow instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fellow supervision .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fellow evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum review and revision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program self-assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fellow participation in educational experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fellow training in didactic experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

5. If the program trains more than one fellow, does the director ensure the fellows receive equitable training experiences (5.3)? Yes No

*If no, please provide an explanation.*

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

7. The director participates in faculty development activities at least annually (5.4). Yes No

*If yes, please describe.*

*If no, please provide an explanation.*

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

9. Is this number sufficient to:

Implement program objectives?  
Supervise the fellow?  
Evaluate the fellow?

Yes  No  
 Yes  No  
 Yes  No

Comments:

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

11. Is this number sufficient to:

Implement program objectives?  
Supervise the fellow?  
Evaluate the fellow?

Yes  No  
 Yes  No  
 Yes  No

Comments:

12. Are faculty members qualified by education, training, experience, and current clinical competence (5.6)?

Yes  No

Comments:

13. Are faculty members fully aware of program goals and objectives (5.7)?

Yes  No

*If no, please provide an explanation.*

14. Are faculty members willing to contribute the necessary time and effort to the program (5.7)?

Yes  No

*If no, please provide an explanation.*

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



5. Clearly stated learning objectives exist for each educational experience (6.5). Yes No

*If no, please provide an explanation.*

6. The objectives for the fellow's educational experiences describe the knowledge, skills and attitudes that the fellow is expected to acquire during training (6.5). Yes No

*If no, please provide an explanation.*

Comments:

7. The goals and objectives focus upon the educational development of the fellow and do not place undue emphasis on service responsibility to individual faculty members (6.6). Yes No

*If no, please provide an explanation.*

Comments:

8. The following individuals (fellow, teaching staff, administrative staff, etc.) were provided d a copy of the goals and objectives at the beginning of the training year (6.7):

9. At the beginning of the training year, the program publishes a formal schedule of educational experiences to be afforded the fellow (6.8). Yes No

*If no, please provide an explanation.*

10. At the beginning of the training year, the schedule is distributed to (6.8):

Fellow(s).

Yes  No

Faculty.

Yes  No

Administrative staff.

Yes  No

*If no to any statement, please provide an explanation.*

11. Didactic activities that complement and supplement the curriculum are available at least weekly (6.9).

Yes  No

*If no, please provide an explanation.*

12. Describe the format(s) in which the didactic activities occur and how often each activity occurs (6.9).

13. There is a journal club and/or research seminars to facilitate the fellow's interpretation of research studies (6.10).

Yes  No

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

*If no, please provide an explanation.*

14. Describe the research or other scholarly activity required of the fellow (6.11).

15. The sponsoring institution requires the fellow maintain an activity log that documents educational experiences (6.12).

Yes  No



Comments:

16. The fellow's activity logs are reviewed, evaluated, and verified by the program director at least quarterly (6.12).

Yes  No

*If no, please provide an explanation.*

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

**STANDARD 7.0**

**The fellowship program conducts appropriate evaluation, remediation, and self-assessment processes.**

1. Upon completion of each training experience, the fellow's attainment of the stated objectives of each educational experience and completion of the research project are evaluated in writing (7.1).  Yes  No

Describe the evaluation form(s).

*If no, please provide an explanation.*

2. Evaluation of the fellow's performance in ongoing experiences is conducted at least quarterly (7.1).  Yes  No

*If no, please provide an explanation.*

3. The completed evaluation documents include the following (7.1)?

- |  |  |
|--|--|
| Dates of the educational experiences           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature of instructor and date of completion | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature of fellow and date of completion     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature of director and date of completion   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments:

4. Are remediation methods available to address instances of unsatisfactory fellow performance (7.1)?  Yes  No

If yes, describe the methods available and whether they are utilized:

5. Have the remediation methods been distributed to and acknowledged in writing by the fellow prior to the start of the training year? Yes No

6. A formal process exists for annual self-assessment of the program's resources and curriculum (7.2). Yes No

If yes, describe the process including the following aspects:

**Identification of individuals involved:**

**Performance data utilized** (i.e., evaluation of the program's compliance with the current standards and requirements of the Council, the fellow's formal evaluation of the program, the director's formal evaluation of the faculty, the extent to which the didactic activities complement and supplement the curriculum, and the relationship between the fellowship and any podiatric residency program sponsored by the institution to assure the integrity of each):

**Measures of program outcomes utilized** (i.e., success of previous fellows in private practice and teaching environments, podiatric administrative activities, attainment of board certification, state licensure, hospital appointments, and publications):

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

*If no, please provide an explanation.*



Additional Comments: