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## Bethesda, Maryland 20814-1621

## 301-581-9200

**PODIATRIC MEDICINE AND SURGERY RESIDENCY**

**2021**

***Petition to the Residency Review Committee for Alternative Clinical Experiences***

Recognizing the impact COVID-19 is having on residency training programs, including cancelled rotations, decreased office visits, postponed elective surgeries, and temporary closures in affiliate surgery centers, CPME decided that immediate action should be taken to address the challenges facing graduating residents. This action includes notice of the temporary decrease of the required MAVs (minimum activity volume) by 15% for all categories, allowing substitution of excess volume in some surgical categories to be utilized to supplement lower volume in categories 1-3, and waive the diversity requirements for residents completing training in 2021. Residents must meet the reduced MAVs in all categories in order to receive a certificate of completion. Programs that need to extend a resident’s training in order for a resident to attain the reduced MAVs should contact CPME no later than May 31.

This petition allows program directors to demonstrate to the Residency Review Committee (RRC) that clinical experiences afforded residents in lieu of required rotations maintain the same standards and requirements set forth in CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies.*

The RRC takes the following position on clinical experiences:

* Alternative experiences should remain competency- and resource-based
* Alternative experiences should result in the completion of a competency-based assessment
* Alternative experiences should involve a comparable period of time to the originally scheduled experience
* Alternative experiences should involve, at least in part, exposure to non-podiatric faculty

This form and supporting documentation must be submitted prior to completion of the resident’s training and **no later than May 31, 2021**. The RRC and the Council require that the program director is the individual responsible for submitting all materials to Council staff related to this petition.

Please submit this form and the supporting documentation required **in PDF format, as a single bookmarked continuous document** **via the CPME portal**. Instructions for uploading material via the portal are available on the Council’s website at www.cpme.org under “Approval Information for Residencies.”

|  |  |
| --- | --- |
| 1. **Program Information** | |
| Program Name |  |
| Program Director |  |
| Address 1 |  |
| Address 2 |  |
| City/State/Zip |  |
| Telephone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Program Information** | | | |
| **Type of Program(s)** | **Length of Program(s)** | | Number of positions |
| Podiatric Medicine and Surgery Residency (PMSR) | 36 Months | 48 Months | /// |
| Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery (PMSR/RRA) | 36 Months | 48 Months | /// |

|  |  |
| --- | --- |
| 1. **Affected Clinical Rotation. Please complete and submit required documentation for every rotation affected.** | |
| Name of clinical rotation |  |
| Duration of original clinical rotation |  |
| Duration of alternative experience |  |
| Name and training year of residents participating in alternative clinical experience |  |

**Supplemental Materials**

The following items must be submitted via the CPME portal as a single, continuous PDF document. Please submit required documentationfor **each rotation** provided as an alternative experience**.**

| 1. **Additional Required Documentation** | |
| --- | --- |
|  | Competencies for the original clinical rotation |
|  | Competencies for the alternative experience |
|  | Detailed schedule of activities for the alternative experience |
|  | A brief rationale explaining how the alternative experience provided residents to achieve acceptable competencies in lieu of a clinical rotation |
|  | Documentation of the involvement of non-podiatric faculty in alternative training experience |
|  | A completed, competency-based assessment form for each resident participating in the alternative experience signed and dated by the program director and resident (and preferably also the rotation director for the original clinical rotation). |

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

Chief administrative officer (or DIO) Date

Program director Date