

# Draft II

# Revisions

# CPME 320

*Standards and Requirements for Approval of  
Podiatric Medicine and Surgery Residencies*

*May 2022*

# Background

At the Spring 2021 meeting of CPME, the Council reviewed Draft I of CPME 320. The Council fully approved the modifications of the document for Standards 1-5.

For information on these changes, please see the presentation **[Substantive Changes to CPME 320, Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies, Draft I.](#)**

# Charge for Draft II

The Council recommended the ad hoc continue to work on the 320 and 330 documents, with the following charge based on comments from the community of interest:

- Include mandatory rotations in behavioral medicine and vascular surgery
- Determine a method to ensure residents are getting and can document or demonstrate adequate training in outpatient podiatric experiences (clinic or private practice offices)

The Council also recommended the ad hoc Committee focus on comments from the community of interest and revise the following sections of the document:

- Reviewing wound Care MAVs
- Mandating third-year in-training exams from both boards
- Emphasizing resident well-being
- Possibly adding to requirements for biomechanics

# Blue Ribbon Panel

The Council also recommended the formation of a **Blue Ribbon Panel for Milestone Education in Podiatric Medicine and Surgery Residencies** comprised of experts from various organizations (including academics and non-DPMs) to study clinical competency and milestones and make a recommendation on the best way these could be implemented in PMSR/RRA programs, given the variety of resources available at the sponsoring institutions.



# Standards 1-5

No changes were made to these standards or requirements from the [CPME 320, Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies, Draft I](#), with the exception of the addition of requirement 3.13, which focuses on resident well-being.

# Requirement 3.13

Addition of requirement 3.13: The sponsoring institution shall ensure that policies and programs are in place that encourage optimal resident well-being.

## **3.13 The sponsoring institution shall ensure that policies and programs are in place that encourage optimal resident well-being.**

The institution must provide residents the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during working hours.

The institution must provide education and resources that support faculty members and residents in identifying in themselves or others the risk factors of developing or demonstrating symptoms of fatigue, burnout, depression, and substance abuse or displaying signs of self-harm, suicidal ideation or potential for violence.

The institution must provide access to confidential and affordable mental health care, necessary for either acute or ongoing mental health issues.

The institution must support the physical and mental well-being of the resident without fear of retaliation.

# Standard 6

The podiatric medicine and surgery residency is a resource-based, competency-driven, assessment-validated program that consists of three years of postgraduate training in inpatient and outpatient medical and surgical management. The sponsoring institution provides training resources that facilitate the resident's sequential and progressive achievement of specific competencies.



# Requirements 6.1 – 6.3

No changes were made to requirements 6.1 – 6.3 from the [CPME 320, Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies, Draft I.](#)



# Requirement 6.4

Behavioral science has been reinstated as a required rotation.

There is a minimum requirement of 8 cumulative weeks of training in surgical specialties. Training must include at least two of the following rotations with a minimum of two weeks in vascular/endovascular surgery.

- Endovascular/Vascular surgery (at least two weeks)
- Cardiothoracic surgery, general surgery, hand surgery, orthopedic surgery, neurosurgery, orthopedic/surgical oncology, pediatric orthopedic surgery, plastic surgery, or surgical intensive care unit (SICU), trauma team/surgery

# Requirement 6.7

## 6.7 Didactic activities that complement and supplement the curriculum shall be available.

Residents must be afforded protected time for weekly didactic activities. Didactic activities must be provided in a variety of formats. These formats may include lectures, case discussions, clinical pathology conferences, morbidity and mortality conferences, cadaver dissections, tumor conferences, informal lectures, teaching rounds, and/or continuing education.

Training in the following must be provided to the resident at least once per year of training:

- ~~Research methodology (e.g., web-based training, formal lectures, or a dedicated research rotation).~~
- Falls prevention.
- Resident well-being, (e.g., substance abuse, fatigue mitigation, suicide prevention, and physician burnout).
- Pain management (i.e., multi-modal approach to chronic and acute pain) and opioid addiction.
- Cultural humility, (e.g., training in implicit bias, diversity, inclusion, and culturally effective components particularly regarding access to care and health outcomes).
- Workplace harassment and discrimination awareness and prevention.

Training in research methodology must be provided at least once during residency training (e.g., web-based training, formal lectures, or a dedicated research rotation).

# Standard 7

The residency program conducts self-assessment and assessment of the resident based upon the competencies.



# Requirement 7.2a

- Added that assessment of the resident must be documented at least once for every three months of podiatric medicine and/or podiatric surgery service
- **Added “and must include assessment of resident outpatient podiatric experiences (clinic and/or private practice offices)”**

**7.2 The faculty and program director shall assess and validate, on an ongoing basis, the extent to which the resident has achieved the competencies.**

a. Faculty Assessment of the Resident

Assessment forms must be completed for all rotations identified in the curriculum. The document must specify the dates covered, the name of the resident, and the name of the faculty member. The assessment must be signed and/or electronically acknowledged and dated by the faculty member, the resident, and the program director. The document must assess competencies specific to each rotation including communication skills, professional behavior, attitudes, and initiative. The timing of the assessment for each competency must allow sufficient opportunity for performance improvement.

Assessment must be documented at least once for every three months of uninterrupted training in podiatric medicine and/or podiatric surgery service and must include assessment of resident outpatient podiatric experiences (clinic and/or private practice offices).

***Intent and Background:** Podiatric medicine and surgery assessment forms may be combined or separate documents.*

*Electronic or written acknowledgement of receipt and review of the assessment by the resident and program director is acceptable.*

# Requirement 7.2b

Expanded to include specific components to be included in the resident semi-annual assessment including milestones

## b. Program Director Semi-Annual Assessment of the Resident

The program director must conduct and document a semi-annual meeting with each resident on an individual basis. The semi-annual assessment must be signed and dated by the program director and the resident. This review must include the following:

- Review of milestones as completed by the clinical competency committee (see Appendix C)
- Review of completed rotation assessments (7.2a)
- In-training examinations
- Projected attainment of MAVs

# Requirement 7.3

## Requiring annual in-training exams

**7.3 The program shall require that all residents take an annual in-training examination as offered by SBRC-recognized specialty boards.**

The sponsoring institution must pay any fees associated with the examinations.  
The program must require that residents take one exam from each SBRC-recognized specialty board at least once during their time in residency training.

Examination results are used as a guide for resident performance improvement and as part of the annual self-assessment of the program.

# Appendix A

## Volume and Diversity Requirements

- Eliminated Podiatric clinic/office encounter MAV of 1000 cases, replaced with **other podiatric** procedures (MAV of 100 Also identified as category 6)
- **Lower extremity** wound Care MAV added to require 50 cases (category 6). **Expanded the definition of lower extremity wound care, and included a statement that non-lower extremity wound care should be logged as category 10.20**

<u>A. Patient Care Activity Requirements</u>	<u>MAV</u>
(Abbreviations are defined in section B.)	
<u>Case Activities</u>	
Foot and ankle surgical cases (PMSR/RRA)	300
Foot and ankle surgical cases (PMSR only)	250
Trauma cases	50
Podopediatric cases	25
<del>Practice-based</del> <b>Other podiatric</b> procedures	100
<b>Lower Extremity</b> Wound Care	50
Biomechanical examinations	50
Comprehensive history and physical examinations	50
<u>Procedure Activities</u>	
First and second assistant procedures (total)	400
First assistant procedures, including:	
Digital	80
First Ray	60
Other Soft Tissue Foot Surgery	45
Other Osseous Foot Surgery	40
Reconstructive Rearfoot/Ankle (added credential only)	50

# Appendix C - Milestones

Milestones are a semi-annual assessment tool, completed by a clinical competency committee, that provide a consistent framework for formative assessment of the resident. Milestones demonstrate the resident's progression towards competency throughout residency training.

The program director must appoint a clinical competency committee to complete the milestones for each resident on a semi-annual basis. This committee must include three members and should be comprised of health professionals (faculty members and/or ancillary medical staff) who have extensive experience working with the residents and can comment on the progression of the residents throughout the program and identify gaps in training. While the program director may be a member of this committee, the committee must be chaired by someone other than the program director. The clinical competency committee must meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress on the milestones.





# What are Milestones

Milestones are a semi-annual assessment tool completed by a clinical competency committee. The milestones are designed to be a shared framework to assess all podiatric residents. They are intentionally broad in nature and do not encompass specific medical or surgical procedures. Rather, they assess a resident's progression in growth in practice-based learning and improvement, patient care, systems-based practice, medical knowledge, interpersonal and communication skills, and professionalism.



# Milestones and Rotation Assessments

Milestones and rotation assessments both fall under requirement 7.2:

The faculty and program director shall assess and validate, on an ongoing basis, the extent to which the resident has achieved the competencies.

# Milestones and Rotation Assessments

## MILESTONES

Semi-annual assessment tool for use by committee

Formative assessments, assessing a resident's progression from novice towards expert in their professional development

Identical for each residency program

Broad in nature, focusing on practice-based learning and improvement, patient care, systems-based practice, medical knowledge, interpersonal and communication skills, and professionalism.

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## ROTATION ASSESSMENTS

Completed by individual faculty when rotation is complete

Summative assessments, assessing a resident's knowledge and performance on an individual rotation during the residency

Different for each residency program and each rotation

Specific for each rotation and residency program, based on competencies set by the program director and faculty depending on the institution's resources

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# How to use Milestones

The program director must appoint a clinical competency committee to complete the milestones for each resident on a semi-annual basis. This committee must include at least three members and should be comprised of health professionals (faculty members and/or ancillary medical staff) who have extensive experience working with the residents and can comment on the progression of the residents throughout the program and identify gaps in training. While the program director may be a member of this committee, the committee must be chaired by someone other than the program director. The clinical competency committee must meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress on the milestones.

The program director is expected to review the milestones with each resident during the semi-annual meeting with the resident to review the extent to which the resident is achieving the program competencies. Milestones will not be shared with CPME, the Residency Review Committee, or outside agencies. Milestones will be shared with program directors for residents involved in program transfers or in fellowship training.



# What kind of training will be provided to programs

Once the milestones are approved by the Council on Podiatric Medical Education, the Council will create a **supplemental guide** to provide additional guidance and examples for each specific milestone. The guide will provide insight into what type of procedures or skills might expect to be observed and assessed at each level.



# Blue Ribbon Panel Members

**Michael Trepal, DPM (Chair);** New York, NY – Vice President for Academic Affairs and Dean at the New York College Podiatric Medicine. Program Director for the PMSR/RRA program at SUNY Downstate. Immediate former Chair of CPME.

**Jeffrey M Brewer, PharmD, BCACP;** Albany, NY – Director of Professional Affairs, past residency director, residency preceptor, former Chair, Residency and Fellowship Committee.

**Tim Ford, DPM; Louisville, KY** – Associate Professor, Department of Orthopaedics University of Louisville School of Medicine. Director, University of Louisville PMSR/RRA and Fellowship programs. Former Chair, CPME and RRC. CPME residency and college evaluator. University of Louisville ACGME accreditation subcommittee member. President/Chief of the Medical Staff University of Louisville Health. University of Louisville Leadership and Innovation in Academic Medicine (LIAM) Graduate.

**Charles Hatem, MD; Cambridge, MA** – Retired from adult primary care internal medicine and former Chair, Department of Medical Education/Mount Auburn Hospital. Responsibilities included medical student and resident education; established and directed fellowships in medical education for Harvard faculty (1998 – 2021).

**Neil Kothari, MD, FACP; Newark, NJ** – Associate Dean for Graduate Medical Education, Rutgers New Jersey Medical School; former Internal Medicine Residency Director, Rutgers NJMS, member of ACGME Internal Medicine Milestones 2.0 Workgroup, residency evaluator and clinical competency committee member.

**Tiffany Murano, MD; New York, NY** – Vice Chair of Education, Department of Emergency Medicine, Columbia University. Associate Designated Institutional Official, NY-Presbyterian Hospital. ACGME EM Milestones 2.0 Working Group member, ACGME Emergency Medicine Review Committee, President, Council of Residency Directors in Emergency Medicine.

# Blue Ribbon Panel Members

**Michael E Munson, DPM;** Ann Arbor MI – Fellowship Director- University of Michigan - Research Fellowship in Limb Preservation, Wound Care, and Diabetes related lower extremity complications. University of Michigan Medical Education Scholar.

**Aksone Nouvong, DPM;** Los Angeles, CA – Member of Residency Review Committee (RRC), residency program evaluator, Associate Program Director, PMSR/RRA program at University of California, Los Angeles (UCLA), Chief of Podiatric Surgery Olive View-UCLA, Interim Deputy Chief of Surgery at VA Greater Los Angeles, Member of Board of Trustees at OVMC-UCLA Education and Research Institute.

**Josh Rhodenizer DPM;** Detroit, MI – Program Director, Ascension St. John Hospital, member, CPME Accreditation Committee, residency program evaluator.

**John (J.T.) Marcoux, DPM;** Boston, MA – Ex-officio, incoming CPME vice-chair; Beth Israel Deaconess Medical Center. CPME member, Chair of Residency Review Committee (RRC), residency evaluator.

**Keith Cook, DPM; Newark, NJ** – Director, Podiatry Department University Hospital, CPME member (incoming chair), member of the Residency Review Committee (RRC), Program Director, University Hospital, residency evaluator.



# Next Steps

Upon approval of the revised CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*, the new document will have an implementation date of July 1 in the next training year.

The Council will adopt an implementation plan for programs to transition to the standards and requirements in the new document. This implementation plan will allow the Council to extend a measure of leniency to the first residency programs that are evaluated utilizing the new documents. For on-site evaluations occurring during first two training years, the Council will require that the program document either compliance or evidence that significant progress is being made to come into compliance with new requirements, especially those related to the implementation of milestones. The Council will not penalize a program for being noncompliant so long as the program has a formal plan in place that demonstrates its ability to become compliant within a reasonable time frame. The Council will request progress reports to monitor the progress of the program in achieving compliance with utilizing the milestones.





# Substantive Changes to CPME 330 Draft II

*Procedures for Approval of Podiatric  
Medicine and Surgery Residencies*

# Background

At the Spring 2021 meeting of CPME, the Council reviewed Draft I of CPME 330. The Council fully approved the modifications of the document. For information on these changes, please see the presentation **[Substantive Changes to CPME 330, Standards and Requirements for Procedures for Approval of Podiatric Medicine and Surgery Residencies, Draft I.](#)**

During the April 2022 meeting of CPME, additional changes were added to the document.



# Categories of Approval

Added a new category of approval: **Approval with Report**

Approval with report indicates recognition of an existing residency that is in substantial compliance with the Council's standards and requirements for approval. In granting approval, the Council expresses its confidence in the abilities of the institution to continue providing adequate support and implementing ongoing improvements in the residency.

As a condition of continued approval, the institution may be requested to provide one or more progress reports at specified intervals, as indicated in the approval letter. The progress report(s) is to demonstrate correction of specific areas of noncompliance in meeting one or more requirements or to address concerns identified by the RRC and/or the Council. Failure to meet the requirements as stated by the Council may result in probation.



# Additional Changes

The Council deleted the section on **Inactive Status**.

The Council added two policies related to **resident transfers**:

- Added a section related to Resident Transfer in the Third Year: Residents must spend at least eleven months of training in the program that awards the certificate. This policy will not impact residents who must transfer due to a program that is closing.
- Added that program directors must provide a statement that they have received copies of completed milestones for the transfer resident.
- Added that program directors are required to provide copies of completed assessment forms and all completed milestones to a program director accepting a transfer resident, regardless of the reason the resident has left the previous residency program.

