

# **2017 SELF-STUDY REPORT**

## **Council on Podiatric Medical Education**

### **Introduction**

The merits of self-study have long been recognized in the fields of education and business to provide direction in managing and improving complex organizational systems. The Council is a strong proponent of the self-study process, requiring colleges of podiatric medicine to conduct self-studies prior to each comprehensive accreditation review. Although not as rigorous as self-study, a self-assessment process also is advocated by the Council in the review and evaluation of residency and fellowship programs and providers of continuing education.

In view of the significant ways that self-study contributes to identifying problem areas, establishing new goals and objectives, and directing the pursuit of improved methods for achieving these goals and objectives, the Council has elected to engage in periodic self-study as a formal means to obtain input from its community of interest and to enable strategic planning to occur in a way that suits the needs of CPME.

This report describes the process and results of the Council's sixth self-study. Prior self-studies completed in 1987, 1991, 1996, 2004, and 2011 provided CPME members and staff important information about the strengths and weaknesses associated with the Council's accreditation, approval, and recognition processes, and helped bring about changes that improved the operations of the Council to better serve the profession, educational community, students, and public.

### **Previous Self-Studies**

#### 1987

The 1987 self-study was conducted as an internal management device to address concerns of the U.S. Department of Education (USDE) about the operational authority and structure of the Council. As a result of the 1987 process, the Council elected to revise its committee purposes and structure. Consequently, representation on the Council and its committees was expanded to enable greater opportunities for representatives of the CPME community of interest to participate in the Council's accreditation, approval, and recognition processes. This expansion also facilitated increased diversity within the membership of the Council and its committees, an issue that was of serious concern to USDE. The organizational changes instituted in 1989, which were a result of the 1987 self-study, continue to be reflected in the operations of the Council today.

Also, as a result of the 1987 self-study, the Council determined that it should conduct a formal self-study process to include the collection of survey data from its external publics on a periodic basis, approximately every five years.

## 1991

The 1991 self-study focused partially on the views and perspectives garnered from the Council's community of interest about the effectiveness of the Council, the relevance of CPME processes, and the importance of recognition of CPME by external agencies. The self-study also focused significant attention on CPME compliance with the provisions for continuing recognition established by the Council on Postsecondary Accreditation (COPA), with particular interest in whether the Council should seek an expansion of its scope of COPA recognition to include its evaluation and approval of postdoctoral residency programs. Based upon data collected from its community of interest, the Council determined that it had strong support from those directly and indirectly affected by CPME accreditation, approval, and recognition processes. Respondents to a detailed questionnaire provided confirmation of the importance of the Council's evaluation, accreditation, approval, and recognition processes and noted support for maintaining and expanding the recognition of the Council from external agencies.

With respect to matters involving COPA, the Council determined that it was confident in its perceived level of compliance with COPA provisions, but it did not believe that seeking a change of scope to include recognition of the evaluative process associated with the approval of residency programs was warranted. The Council reasoned that postdoctoral residency training does not fall within its own definition of postsecondary education, viewing postsecondary education as ending with the first professional degree in podiatric medical education.

## 1996

As part of the 1996 self-study process, the Council identified 18 objectives and various correlated strategies to be pursued over the course of the next five years. In general, the objectives related to such matters as the following:

- Ensuring good communication with the Council's community of interest
- Continuing to provide a confidential environment for institutions and organizations accredited, approved, or recognized by the Council
- Encouraging colleges and residencies to demonstrate and expand upon measures of student academic success
- Ensuring the continued effectiveness of the on-site evaluation process
- Defining and enunciating a clear policy regarding the appropriate role of CPME representatives on APMA committees concerned with the creation of educational policy
- Expanding the autonomy of the Joint Residency Review Committee
- Continuing to evaluate the composition and structure of the Council
- Clarifying further the role of accreditation in assuring successful achievement of appropriate educational outcomes
- Analyzing and developing alternative revenue sources external to APMA

The results of a 1995 survey of the community of interest guided the self-study as well as the work of the college ad hoc advisory committee. The accreditation standards developed by the 1995-1997 CPME college ad hoc advisory committee were circulated broadly for comment to

the community of interest and a public forum was conducted during the 1997 APMA annual meeting to receive comments. The Accreditation Committee and the Council completed final consideration of the documents in October 1997, and the documents were implemented in January 1998.

## 2004

The Council reviewed the results of a survey of the community of interest prior to its April 2004 meeting, when a significant portion of the agenda included analyzing the survey data, offering recommendations, and identifying objectives and various correlated strategies to be pursued over the course of the next five to six years.

At its October 2004 meeting, the Council ranked the previously identified objectives in order of priority including strategies to be pursued. The objectives generally related to such matters as training CPME and committee members; the CPME election process; further development of the Council's database and website; ensuring good communication with the Council's community of interest; continuing to provide a confidential environment for institutions and organizations accredited, approved, or recognized by the Council; encouraging colleges and residency programs to demonstrate and expand on measures of student academic success; ensuring the continued effectiveness of the on-site evaluation process; continuing to evaluate the composition and structure of the Council; and further clarifying the role of accreditation in ensuring successful achievement of appropriate educational outcomes.

## 2011

The Council again reviewed the results of a survey of the community of interest prior to its April 2011 meeting, when a significant portion of the agenda included analyzing the survey data, offering recommendations, and identifying objectives and various correlated strategies to be pursued over the course of the next five to six years.

At its October 2011 meeting, the Council ranked the previously identified objectives in order of priority including strategies to be pursued. The objectives generally related to such matters as training and evaluation of CPME and committee members; further development of the Council's database and website; ensuring good communication with the Council's community of interest; continuing to provide a confidential environment for institutions and organizations accredited, approved, or recognized by the Council; ensuring the continued effectiveness of the on-site evaluation process; and continuing to evaluate the composition, structure and financing of the Council.

## **2017 Self-Study Methodology**

The Council believes that the beginning of a good self-study calls for the collection of information (research data) from representative populations within the profession concerning the effectiveness of Council processes and the relevance of standards and requirements used in evaluating educational programs. In March 2017, self-study survey links were emailed to 13 groups encompassing a potential respondent population of 703 individuals. The groups identified

were administrators and faculty of the colleges of podiatric medicine, specialty board governing boards, directors of continuing education providers, fellowships, and residencies, CPME volunteers (i.e., CPME members, committee members, and evaluators), students, young members, and members of the APMA House of Delegates and Board of Trustees.

The attached data collected as part of the survey of the community of interest offers points-of-view regarding many of the issues for discussion of the Council. The Council reviewed these data in detail in consideration of the issues.

At its October 2015 meeting, the Council approved the following self-study issues. At its April 2017 meeting, Council members and staff discussed each issue, agreed on strengths and weaknesses, and determined whether an objective(s) and strategies for the achievement of the objective(s) should be established. If so, formal consideration should be given to additional resources that may be needed to achieve each objective, including staff time, Council/committee time, and cost.)

1. Internal Communications
2. Evaluator Selection, Training, Performance, and Remediation\*
3. CPME and Committee Member Orientation and Training\*
4. Staff and CPME and Committee Member Performance and Evaluation\*
5. External Communications
6. CPME Participation in the Educational Efforts of External Organizations
7. CPME and Committee Deliberations
8. Document Review Process\*
9. Public Dissemination of CPME Actions
10. CPME Committee Structure
11. CPME Mission Statement and Goals and Implementation of the Goals\*
12. Financing of the Council\*
13. Council Composition and Size\*
14. CPME Election Process\*
15. Confidentiality/Conflict of Interest/Integrity
16. Use of Technology

\* Required by CPME Bylaws

The following reminders, provided in the April 2017 agenda material, were noted again about the purpose of completing the self-study:

- The study is conducted every five years by the Council as an effort to engage in ongoing improvement. Emphasis should be placed on problem solving and the management of the accreditation, approval, and recognition processes and upon problem solving.
- Data collection and analysis should enable the CPME community of interest to contribute to the process in useful ways.

- The process should include informed attempts to clarify CPME goals and objectives and to study the relevance and achievement of these goals and objectives.
- The process should focus on strengths and weaknesses and the identification of strategies for improvement.
- The key questions to be addressed are: What are we trying to achieve? Are we achieving it? If not, why not? What can we do about it?

The process followed six basic steps. These steps and the responsible parties were:

1. Preparation and Design - CPME members
2. Organizing the Process - CPME chair and staff
3. Data Collection - staff and constituent groups
4. Analysis and Discussion - CPME members and staff
5. Report Development - staff
6. Using the Results - CPME members and staff

At the plenary session, CPME members, staff, and guest discussed the aforementioned issues. Staff prepared a draft report following the April 2017 meeting. (The draft was reviewed by the CPME chair and disseminated to CPME members as part of the meeting materials included for the October 2017 CPME meeting. The Council reviewed the draft and made decisions about prioritizing the objectives, and confirmed strategies to be pursued over the forthcoming five-year period. This final report was compiled and placed on the Council’s website.

### Results of the National Survey

The data collected with respect to the survey conducted of groups representing various aspects of the podiatric medical profession are included in the Appendix. The response rate by group is noted below.

<u>GROUP</u>	<u>NUMBER</u>	<u>SURVEYS</u>
	<u>SURVEYED</u>	<u>COMPLETED</u>
College Deans	9	6 (67%)
College Faculty	135	61 (45%)
CPME	11	11 (100%)
House of Delegates	158	53 (36%)
Program Directors	206	83 (40%)
CE Providers	41	27 (66%)
Evaluators	55	15 (27%)
Specialty Boards	21	3 (14%)
Board of Trustees	15	3 (20%)
Students	5	2 (40%)
Young Members	34	5 (15%)
NBPME	13	2 (15%)
Totals	703	271 (39%)

## 2017 CPME SELF-STUDY

Areas of Focus	Strengths	Weaknesses	Objectives	Strategies
Internal Communication	<ul style="list-style-type: none"> <li>➤ Director’s Reports</li> <li>➤ Meeting preparation – documents are shared in a timely manner and are appropriate for the work of the Council/committees</li> <li>➤ Timely responses to calls and emails</li> <li>➤ Staff accessibility</li> <li>➤ General use of email</li> </ul>	<ul style="list-style-type: none"> <li>➤ Rationale for Council/committee decisions</li> <li>➤ Lack of knowledge management</li> <li>➤ Most communication is one way – from staff to the Council/committees</li> </ul>	<p>Ensure that adequate and timely information is provided Council and committee members, evaluators, and staff to facilitate responsive and informed decisions</p> <p>Develop a dashboard of institutional memory</p>	Use portal/file sharing site for sharing CPME decisions
				Create an annual index in conjunction with Director’s Report, program director email, provider email, dean email, etc. for major policy issues
				Use push notifications for new information
Evaluator Selection, Training, Performance, and Remediation	<ul style="list-style-type: none"> <li>➤ Peer review process</li> <li>➤ Quality of team reports</li> <li>➤ Service to the profession</li> <li>➤ Being an evaluator provides learning opportunities</li> <li>➤ CREC self-study</li> <li>➤ Fellowship, residency, and continuing education worksheets, college profiles</li> </ul>	<ul style="list-style-type: none"> <li>➤ Evaluator performance feedback</li> <li>➤ No CREC term limits</li> <li>➤ Size of evaluator pool</li> <li>➤ Retraining evaluators</li> <li>➤ Evaluator availability</li> <li>➤ Training college evaluators</li> <li>➤ Direction and leadership of residency team chairs</li> </ul>	<p>Ensure that the evaluation of evaluator performance continues to be premised upon improving the overall quality of the CPME on-site evaluation process, establishing and following a consistent evaluation process, and seeking to achieve satisfaction with the evaluation process by educational institutions seeking CPME accreditation or approval</p>	A formal process should be established to afford RRC members and staff the opportunity to evaluate the evaluators.
				Efforts should be made to increase the participation of program directors as evaluators.
				Formal college evaluator training should be considered in addition to or in place of the current training provided on an as needed basis the day before the visit.
				A method(s) should be developed to recognize the service of residency and college evaluators.

## 2017 CPME SELF-STUDY

Areas of Focus	Strengths	Weaknesses	Objectives	Strategies
			<p>Continue to ensure the improvement of the residency on-site evaluation process by expanding the pool of and improving the training of qualified evaluators</p> <p>Ensure to the extent possible the efficacy of the CREC Self-study</p>	<p>Webinars for residency evaluators should be developed as soon as possible.</p> <p>The Council should investigate the possibility of using paid residency evaluators.</p> <p>CREC is encouraged to continue its consideration to increase utilization of web-based training without minimizing the frequency/benefits of face-to-face conferences.</p> <p>The college evaluator pool should be increased in 2019/2020 to accommodate an increase in the number of visits.</p>
CPME and Committee Member Orientation and Training	<ul style="list-style-type: none"> <li>➤ CPME and committee members are afforded good orientations</li> <li>➤ The last CPME orientation was provided using Zoom</li> <li>➤ CPME members attending committee meetings</li> </ul>	None identified.	Provide Council and committee members the means to become as effective as possible as soon as possible	<p>A formal “post-training” session provided by the Council/committee chair and staff should be provided soon after the new member’s first Council/committee meeting.</p> <p>The “post-training” should be tailored to the needs of the person, including opportunities for professional growth</p>

## 2017 CPME SELF-STUDY

Areas of Focus	Strengths	Weaknesses	Objectives	Strategies
	<ul style="list-style-type: none"> <li>➤ The official and unofficial guides</li> </ul>			<p>(i.e., learning about the other committee functions, planning future role(s) with CPME) and provide opportunities for feedback from the individual.</p> <p>Additional information of a more personal nature (i.e., bios and pictures) should be provided before the new member's first Council meeting.</p> <p>There should be an increase in communication between staff and each Council member.</p> <p>Any process(es) established should include a formal set of criteria, including preparedness and contribution.</p>
External Communication	<ul style="list-style-type: none"> <li>➤ CPME presence at ACFAS and participation in the Program Director's forum</li> <li>➤ Consultative nature of the relationship with the community of interest</li> </ul>	<ul style="list-style-type: none"> <li>➤ Resource sharing</li> <li>➤ Resource availability</li> </ul>	Ensure that the Council provides access to and disseminates all appropriate	<p>The residency Program Director newsletter should be revived immediately.</p> <p>FAQs should be developed for each of the Council's activities.</p>



## 2017 CPME SELF-STUDY

Areas of Focus	Strengths	Weaknesses	Objectives	Strategies
	<p>(also should be considered as an area always in need of improvement)</p> <ul style="list-style-type: none"> <li>➤ College annual reports</li> <li>➤ CPME documents</li> </ul>		<p>information to the community of interest to the extent possible, utilizing the technology available</p> <p>Be proactive in providing information and resources to the community of interest</p>	<p>Webinars should be utilized to disseminate timely information to the Council's various communities of interest.</p> <p>The CPME website should include an "Ask the Council" section.</p> <p>A CPME college liaison should be identified.</p>
CPME Participation in the Education Efforts of External Organizations	<ul style="list-style-type: none"> <li>➤ Participation in HOD, ACFAS, BOT, etc.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Inadequate information from other organizations</li> <li>➤ Infrequent participation in ASPA</li> </ul>	<p>The Council should continue to offer its expertise to other organizations within the podiatric medical profession related to CPME processes.</p>	<p>None identified.</p>
CPME and Committee Deliberations	<ul style="list-style-type: none"> <li>➤ CPME and committee policy deliberations are open to the public</li> <li>➤ The continued improvement in the community of interest's awareness of the integrity of CPME's accreditation processes.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Some concern about observers during approval/accreditation deliberations</li> <li>➤ Perceived bureaucratic nature of deliberations</li> <li>➤ Deliberations at the committee level may be inhibited by observers</li> </ul>	<p>Maintain the Council's current procedures related to documentation of all deliberations</p> <p>Endeavor to ensure the community of interest is aware of the integrity of CPME's processes</p>	<p>The Council should consider revising its guest policy so that no observers are present at committees meetings during approval/accreditation/recognition deliberations. (Staff will review the strategies utilized by other accrediting agencies.)</p>

## 2017 CPME SELF-STUDY

Areas of Focus	Strengths	Weaknesses	Objectives	Strategies
	<ul style="list-style-type: none"> <li>➤ The extent to which the Council stresses the confidentiality of all deliberations</li> </ul>			
<p>Opportunity of the Community of Interest to Comment on Document Revisions</p>	<ul style="list-style-type: none"> <li>➤ Robustness of comments from the community of interest related to proposed document and policy revisions</li> <li>➤ Review of other agencies prior to revising documents and policies</li> <li>➤ Diversity of comments from the community of interest</li> <li>➤ Few issues are raised by the communities of interest between document reviews</li> <li>➤ Serious consideration by the Council of all comments</li> <li>➤ Planning for the next comprehensive review begins soon after the interim review is completed</li> </ul>	<ul style="list-style-type: none"> <li>➤ Some uncertainty by the communities of interest related to the time frame for document review and comments</li> </ul>	<p>Continue to ensure the community of interest is solicited to review and comment on all CPME documents subject to revision and to enhance the breadth and quality of the commentary solicited of and received from the community of interest</p>	<p>A formal protocol should be developed for the conduct of ad hoc committee meetings.</p> <p>The Council should set as priority for the upcoming residency ad hoc process – section the document vs. attacking it as a whole.</p> <p>The Council should solicit input from non-podiatric accrediting agencies.</p>

## 2017 CPME SELF-STUDY

Areas of Focus	Strengths	Weaknesses	Objectives	Strategies
Public Dissemination of CPME actions	None identified	None identified	Ensure the timely reporting of Council accreditation, approval and recognition actions	None identified
CPME Committee Structure	<ul style="list-style-type: none"> <li>➤ The Council’s standing and other committee structure continues to function well, covering all key areas of the Council’s mission and responsibilities</li> <li>➤ The Council relies on its Committees to perform thorough and accurate reviews</li> <li>➤ The Council affords each chair significant latitude in leading the respective committees</li> </ul>	<ul style="list-style-type: none"> <li>➤ Do not always get adequate list of potential committee members from participating organizations when an opening occurs</li> <li>➤ Workload can be high for Residency Review Committee members</li> </ul>	None identified	The CPME Bylaws should be changed to reflect the Council’s needs. (Staff will draft a revision to bring back to the Council.)
CPME Mission Statement and Goals and Implementation of the Goals	<ul style="list-style-type: none"> <li>➤ CPME is in alignment with the constituency</li> </ul>	<ul style="list-style-type: none"> <li>➤ Publicizing the mission statement and goals</li> </ul>	Continue to strive to improve the awareness within the community of interests of the goals of the Council	The nine goals should be re-ordered based on the survey results. (Please refer to the reordered list of goals at the end of the table.)

## 2017 CPME SELF-STUDY

Areas of Focus	Strengths	Weaknesses	Objectives	Strategies
Financing the Council	<ul style="list-style-type: none"> <li>➤ Fiscal responsibility</li> </ul>	<ul style="list-style-type: none"> <li>➤ Dependent on conditional sources of revenue from companies, programs, and institutions</li> </ul>	<p style="text-align: center;">Ensure the financial viability and stability of the Council</p>	The Council should continue to evaluate all fees assessed.
				Discuss with APMA’s development office the possibility of advertising on the website (e.g., on the list of approved residencies.)
				The Council should investigate and examine the desirability and feasibility of hiring an additional staff member.
				Council staff should discuss with APMA’s finance department the possibility of establishing an escrow account.
				The Council should conduct a financial feasibility study/analysis prior to reaffirming the agreement with APMA in 2021.
Council Composition and Size	<ul style="list-style-type: none"> <li>➤ Good representation exists across disciplines and educational entities</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ethnic diversity and geographic distribution</li> </ul>	<p style="text-align: center;">Continue to evaluate the Council’s composition and</p>	<p>The Council should explore methods to increase the ethnic diversity of its members.</p>

## 2017 CPME SELF-STUDY

Areas of Focus	Strengths	Weaknesses	Objectives	Strategies
	<p>throughout the profession.</p> <ul style="list-style-type: none"> <li>➤ The Council is at a good size related to its activities and the number of CPME staff.</li> </ul>	<p>of Council members could be improved</p>	<p>structure, and make the best possible use of expertise available within its current and former membership.</p>	<p>The Council should explore methods to increase the geographic distribution of its members.</p>
CPME Election Process	<ul style="list-style-type: none"> <li>➤ Contested Council elections each year.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Lack of familiarity with some individuals who apply for election to the Council</li> </ul>	<p>Ensure that the nomination and election processes result in CPME having the best qualified members</p>	<p>The Council should continue to discuss the possibility of having some interaction with candidates (e.g., using Skype/Zoom for interview by the Council, submission of videos, a two-tiered process with finalists interviewed prior to or at Council meetings.)</p>
Confidentiality and Conflict of Interest	<ul style="list-style-type: none"> <li>➤ The results of the national survey indicated that staff, evaluators, and Council and committee members effectively maintain confidentiality.</li> </ul>	<ul style="list-style-type: none"> <li>➤ None identified</li> </ul>	<p>Continue to assure a confidential environment for the institutions and organizations it accredits, approves, or recognizes in order to foster improvement and to enable the achievement of CPME standards, requirements, and criteria.</p> <p>Ensure that CPME members, evaluators, and staff continue to maintain strict adherence to rules of confidentiality.</p>	<p>The issue of confidentiality should continue to be stressed to experienced CPME and committee members and to new CPME and committee members during orientations.</p> <p>The Council should consider developing a process for reviewing stated conflicts of interest and evaluating the validity of concerns.</p>

## 2017 CPME SELF-STUDY

Areas of Focus	Strengths	Weaknesses	Objectives	Strategies
<p><b><u>Reordered CPME Goals</u></b></p> <ol style="list-style-type: none"><li>1. Encourage, enhance, and assure the quality of the educational outcome at all levels in podiatric medicine.</li><li>2. Encourage, enhance, and assure the quality of the educational process at all levels in podiatric medicine.</li><li>3. Maintain compliance with the criteria for recognition established by the U. S. Secretary of Education and Council for Higher Education Accreditation.</li><li>4. Regulate compliance with standards, requirements, and criteria established by CPME.</li><li>5. Establish and maintain good lines of communication between CPME and its community of interest.</li><li>6. Be responsive to innovative concepts in podiatric medical education.</li><li>7. <i>Review and resolve complaints received about colleges, sponsors of continuing education, residency program sponsors, and specialty boards.(was 8)</i></li><li>8. <i>Seek out ways to improve upon the quality and methods of the CPME evaluation process. (was 7)</i></li><li>9. Participate in the national discussion on issues concerning accreditation, including, but not limited to, maintaining membership in the Association of Specialized and Professional Accreditors.</li></ol>				

- 1. How should the goals of the Council be prioritized?** Respondents were asked to prioritize the goals from 1-9 (one being high priority and nine being low priority). The top rating listed for each group is the mean response. The priority rank is listed beneath the mean.

	PD	CE	Fac	HOD	Eval	CPME	Dean	Misc	Totals
Be responsive to innovative concepts in podiatric medicine	4.58 5	4.58 6	4.92 6	5.12 6	5.57 5	7.00 8	5.20 4	5.94 8	5.03 6
Encourage, enhance, and assure the quality of the educational outcome at all levels in podiatric medicine.	3.28 2	2.95 1	2.48 1	3.16 2	3.47 4	2.27 1	2.20 1	3.00 2	2.97 1
Encourage, enhance, and assure the quality of the educational process at all levels in podiatric medicine.	3.01 1	3.28 2	3.35 2	3.45 3	3.40 3	2.64 2	3.60 3	2.69 1	3.20 2
Establish and maintain good lines of communication between CPME and its community of interest (e.g., HOD, BOT, colleges, residencies, fellowships, CE providers, boards, and students).	4.90 6	4.12 3	4.85 5	4.33 4	5.93 8	5.45 5	6.80 8	5.13 4	4.84 5
Maintain compliance with the criteria for recognition established by the US Secretary of Education and Council for Higher Education Accreditation.	4.35 3	4.48 4	3.56 3	2.88 1	3.13 2	4.18 4	2.20 1	4.81 3	3.80 3
Participate in the national discussion on issues concerning accreditation, including, but not limited to, maintaining membership in ASPA.	6.23 9	6.28 9	6.02 7	5.40 7	6.21 9	8.09 9	6.00 7	5.44 6	6.05 9
Regulate compliance with standards, requirements, and criteria established by the CPME.	4.53 4	4.52 5	4.61 4	4.70 5	2.53 1	2.91 3	5.60 6	5.19 5	4.46 4
Review and resolve complaints received about colleges, continuing education providers, fellowships, residencies, and specialty boards.	5.74 7	5.56 7	6.03 9	5.50 8	5.60 6	5.82 6	8.20 9	5.56 7	5.78 7
Seek out ways to improve upon the quality and methods of the Council's evaluation process.	5.74 7	5.75 8	6.02 7	5.98 9	5.60 6	6.09 7	5.20 4	6.63 9	5.90 8

2. **Are members of Council on-site evaluation teams competent? Based upon your most recent experience in which a Council evaluation team visited your institution, read the following statements and check all that you believe to be accurate.**

	PD	CE	Fac	HOD	Eval	CPME	Dean	Misc	Totals
Evaluators representing the Council are courteous and conduct themselves in a professional manner during on-site evaluations.	70 85%	6 75%	49 82%	21 96%	13 93%	10 91%	4 100%	11 65%	184 93%
Evaluators representing the Council are well prepared, having a reasonably good understanding of information my institution provided in advance concerning my program.	59 72%	5 63%	45 75%	16 73%	13 93%	9 82%	4 100%	10 59%	161 82%
Evaluators representing the Council have a thorough understanding of the standards, requirements, and procedures set forth by the Council.	62 76%	6 75%	43 72%	18 82%	13 93%	9 82%	4 100%	10 59%	165 84%
I am generally impressed with the competency of evaluators representing the Council.	51 62%	4 50%	37 62%	17 77%	13 93%	9 82%	4 100%	10 59%	145 74%
The Council should employ paid professional evaluators to conduct some or all evaluations.	12 15%	4 50%	14 23%	8 36%	4 29%	0	0	3 19%	45 23%

3. **How can residency evaluator performance be improved?** The Council recognizes that the individuals who serve on residency evaluation teams are the Council's eyes and ears. These individuals volunteer countless hours to the Council's evaluation processes. While the Council appreciates these volunteers and their efforts on its behalf, the Council also recognizes that a poorly prepared evaluator or one who does not conduct him/herself appropriately during on-site evaluations may create a negative impression for not only the Council but for the entire profession. Consequently, with ABFAS and ABPM, the Council established the Collaborative Residency Evaluator Committee (CREC) for the purpose of providing more in-depth training of new evaluators and expanding upon the skills of experienced evaluators during yearly training workshops conducted just prior to the APMA Annual Meeting. Along with CREC, the Council's Executive Committee is charged with reviewing individual evaluator performance and determining continued acceptability. When possible, the Council attempts to provide remediation for evaluators who have not performed adequately. **With respect to the following efforts to ensure internal quality control within the evaluation process, check all statements you believe are accurate.**



	PD	CE	Fac	HOD	Eval	CPME	Dean	Misc	Totals
Evaluator training programs provided new evaluators are important in preparing individuals for their evaluation responsibilities.	57 74%	11 52%	46 79%	39 77%	12 92%	10 100%	3 60%	12 80%	190 76%
Team chairs provide appropriate direction and leadership.	49 64%	10 48%	33 57%	19 37%	11 85%	6 60%	2 40%	8 53%	138 55%
Irrespective of performance, the pool of evaluators should change periodically.	26 34%	5 24%	29 50%	24 47%	2 15%	1 10%	0	7 47%	94 38%
Experienced evaluators should participate in refresher workshops.	48 62%	10 48%	39 67%	36 71%	12 92%	9 90%	3 60%	12 80%	169 68%
Evaluators should be provided copies of all of their performance evaluations.	54 70%	9 43%	38 66%	35 69%	10 77%	5 50%	0	11 73%	165 66%
Evaluators should be provided copies of their performance evaluations only at their request.	7 9%	2 10%	4 7%	3 6%	1 8%	2 20%	2 40%	2 13%	21 8%
Feedback about evaluator performance from program directors and college administrators should play a significant role in determining whether evaluators are given future assignments.	49 64%	7 33%	30 52%	29 57%	7 54%	5 50%	3 60%	10 67%	142 57%
Negative evaluations should be discussed privately with the individual and efforts should be made to provide remediation to improve the effectiveness of the individual evaluator.	46 60%	10 48%	38 66%	37 73%	11 85%	10 100%	2 40%	12 80%	167 67%
Individuals who receive consistently positive evaluations should be praised or rewarded.	41 53%	6 29%	23 40%	26 51%	4 31%	8 80%	2 40%	7 47%	117 47%
The evaluation of team member effectiveness by other team members provides meaningful information for the Council to determine future assignments.	43 56%	9 43%	34 59%	32 63%	10 77%	8 80%	2 40%	9 60%	147 59%

- 4. Does the Council request sufficient information from institutions concerning the effectiveness of the evaluation process?** The Council utilizes several assessment instruments to evaluate the effectiveness and competency of evaluators and the evaluation process for residency programs and colleges. Based upon your knowledge of the survey instrument provided to you following the most recent evaluation of your institution/program, do you believe the questions asked on that form adequately evaluated the effectiveness of the evaluation process?

	PD	CE	Fac	HOD	Eval	CPME	Dean	Misc	Totals
Yes	47 68%	8 35%	26 50%	14 28%	9 67%	4 57%	5 100%	9 60%	122 52%
No	6 9%	0	4 8%	1 2%	1 8%	0	0	1 7%	13 6%
I have insufficient experience to provide an opinion on the effectiveness of the evaluation process.	16 23%	15 65%	22 42%	35 70%	2 17%	3 43%	0	5 33%	98 42%

- 5. Do Council staff members conduct themselves in a professional manner? Indicate whether or not you believe that each statement is accurate.**

	PD	CE	Fac	HOD	Eval	CPME	Dean	Misc	Totals
The staff of the Council is courteous and conducts itself in a professional responsible manner.	73 97%	15 88%	51 100%	32 100%	13 100%	10 100%	5 100%	13 93%	212 98%
The staff of the Council is knowledgeable about Council policies and procedures and provides helpful, clear, and consistent responses to questions.	68 93%	16 94%	46 98%	30 94%	13 100%	10 100%	5 100%	13 93%	201 95%
Council staff tends to be bureaucratic and is not helpful in providing direction or responding to concerns.	16 25%	2 13%	10 23%	11 38%	0	1 10%	1 20%	6 55%	47 25%

**6. Do Council and committee members conduct themselves in a professional manner? Indicate whether or not you believe that each statement is accurate.**

	PD	CE	Fac	HOD	Eval	CPME	Dean	Misc	Totals
Council and committee members are courteous and conduct themselves in a professional responsible manner.	68 96%	14 93%	47 100%	33 100%	13 100%	10 100%	5 100%	13 100%	210 98%
Council and committee members are knowledgeable about Council policies and procedures and provide helpful, clear, and consistent responses to questions.	64 91%	13 87%	46 100%	29 88%	13 100%	10 100%	5 100%	14 100%	199 95%
Council and committee members tend to be bureaucratic and are not helpful in providing direction or responding to concerns.	14 23%	3 21%	5 14%	10 35%	0	1 10%	1 20%	3 30%	47 25%

**7. Do CPME evaluators conduct themselves in a professional manner? Indicate whether or not you believe that each statement is accurate.**

	PD	CE	Fac	HOD	Eval	CPME	Dean	Misc	Totals
CPME evaluators are courteous and conducts itself in a professional responsible manner.	68 96%	14 93%	47 100%	33 100%	13 100%	10 100%	5 100%	13 100%	210 98%
CPME evaluators are knowledgeable about Council policies and procedures and provide helpful, clear, and consistent responses to questions.	64 91%	13 87%	46 100%	29 88%	13 100%	10 100%	5 100%	14 100%	199 95%
CPME evaluators tend to be bureaucratic and are not helpful in providing direction or responding to concerns.	14 23%	3 21%	5 14%	10 35%	0	1 10%	1 20%	3 30%	47 25%

**8. Does the Council ensure confidentiality of its actions? On a scale of one to four, with one being low and four being high, indicate the level to which Council staff, Council evaluators, and the Council itself maintain the confidentiality of the accrediting process.**

	PD	CE	Fac	HOD	Eval	CPME	Dean	Misc	Totals
Council staff	3.93	3.75	3.85	3.50	3.89	4.00	4.00	3.78	3.83
Council evaluators	3.83	3.43	3.75	3.47	3.91	3.71	4.00	3.56	3.73
Council members	3.80	3.40	3.74	3.59	3.90	4.00	4.00	3.67	3.75
Committee members	3.86	3.33	3.70	3.47	3.90	3.70	4.00	3.67	3.72

**9. Should there be a relationship between residency availability and college enrollment?**

The matter of college enrollment and the availability of residency positions continues to be of great importance to the future of the profession. While CPME, AACPM, and APMA have each made significant efforts to increase the number of residency positions, the fact remains that the number of graduates fluctuates widely over the course of just a few years. As few as 50 additional graduates may mean that the graduating class has increased 10 to 15 percent. It is difficult for graduate medical education to respond quickly to such fluctuations, but the need remains, however, to establish and maintain a stable number of residency positions so that each graduate has the access to a position. **Along with the accreditation status, the Council determines the maximum enrollment for each college of podiatric medicine. Check only one of the following.**

	PD	CE	Fac	HOD	Eval	CPME	Dean	Misc	Totals
When it appears that the number of graduates will exceed the number of residency positions, the colleges should voluntarily agree to lower their enrollments until a mutually agreed upon number of graduates is reached.	56 76%	12 69%	22 43%	35 80%	11 92%	7 70%	1 20%	11 73%	155 68%
The Council should never mandate a reduction in college enrollment based on the lack of an adequate number of residency positions.	24 34%	8 44%	17 33%	21 50%	4 33%	1 10%	3 60%	2 13%	80 36%
When it appears that the number of graduates will exceed the number of residency positions, funding should be generated (e.g., by the colleges and APMA) to support a centrally-managed fund that would invest in new residency opportunities.	49 69%	15 79%	40 75%	34 81%	9 75%	6 60%	2 40%	10 67%	165 73%
When it appears that the number of graduates will exceed the number of residency positions, the Council should mandate that each college temporarily reduce its enrollment by a specific number.	48 67%	8 44%	23 47%	16 37%	8 67%	9 90%	1 20%	7 47%	120 54%

**10. How can members of the Council, Council committees, and CPME staff best make themselves available to the various communities of interest (e.g., colleges, residencies, fellowships, continuing education providers, specialty boards, students, APMA House of Delegates and Board of Trustees.)** As a result of suggestions made in previous self-study surveys, over the last few years, the Council has conducted formal question and answer sessions at various venues, such as the New York Clinical Conference, House of Delegates, COTH Conference, and APMA Annual Meeting. The Council has staffed a portion of the APMA booth on the exhibit floor at APMA annual meetings. While these efforts seem to be appreciated by the individuals who attend, the Council continues to search for ways to increase the availability of the individuals who volunteer and work for Council and its committees. **In reviewing the alternatives listed below, check all that you believe may be valuable in making the Council more accessible.**

	PD	CE	Fac	HOD	Eval	CPME	Dean	Misc	Totals
Conduct formal question and answer sessions	60 80%	14 64%	38 72%	37 84%	9 69%	6 60%	4 80%	14 93%	181 77%
Staffing a booth at the APMA Annual Meeting	38 52%	14 64%	28 53%	30 70%	9 75%	5 50%	2 40%	9 64%	134 58%
Conduct webinars related to specific issues (e.g., completing resident clinical logs, assessment, and continuing education corporate agreements)	68 91%	19 86%	45 85%	39 89%	12 92%	9 90%	5 100%	14 93%	210 89%
Conduct evening or lunch time audio conferences	33 47%	10 46%	25 47%	27 61%	8 62%	0	3 60%	7 50%	113 49%
Expand use of the Council's website	47 64%	13 59%	27 51%	28 64%	5 39%	8 80%	3 60%	8 53%	139 59%

**11. Should the Council establish a continuing education on-site evaluation process?** The approval process for providers of continuing education in podiatric medicine involves: (1) development and submission of application or petition materials documenting the ability to comply with the Council’s standards and requirements; (2) review of the application or petition by the Continuing Education Committee; (3) forwarding of an approval recommendation from CEC to the Council; (4) determination by the Council of initial or continued approval; (5) procedural reconsideration, reconsideration, and appeal of a proposed adverse approval action; and (6) annual follow up of progress in improving the quality of the activities provided. The Council is considering revising the approval process so that it is comparable to the residency approval process. **Check only one of the following.**

	PD	CE	Fac	HOD	Eval	CPME	Dean	Misc	Totals
No changes should be made to the overall process for approving providers of continuing education.	36 77%	12 80%	20 74%	12 71%	2 67%	6 67%	2 67%	7 70%	98 74%
The Council should replace the current petition review process with an on-site evaluation process for approving providers of continuing education in podiatric medicine.	11 23%	3 20%	7 26%	5 29%	1 33%	3 33%	1 33%	3 30%	34 26%

12. On a scale of one to four, with **one being low and four being high**, indicate the extent to which you agree with the following statements about the Council and the Council’s approval processes.

	PD	CE	Fac	HOD	Eval	CPME	Dean	Misc	Totals
Documents are clear and concise	3.22	2.86	3.36	3.08	3.33	3.33	2.75	2.92	3.18
Approval process helps those being evaluated to become more aware of their strengths and opportunity for improvement	3.35	3.32	3.50	3.33	3.67	3.50	3.40	3.00	3.38
Approval process enhances patient care competencies	2.84	3.07	2.87	2.87	2.89	2.63	2.50	2.92	2.86
CPME is open to feedback for improving its services and processes	3.02	2.94	2.94	2.81	3.50	3.30	2.80	2.69	2.97
Approval process helps institutions achieve their mission/goals/competencies, etc.	3.19	3.11	3.52	3.18	3.73	3.50	3.20	2.83	3.28
CPME uses technology in an effective manner	2.93	3.06	2.85	2.70	2.91	2.80	2.40	2.83	2.87
Approval process helps to assure quality	3.21	3.28	3.36	3.09	3.67	3.30	3.20	3.25	3.26
CPME changes and adapts to improve its services and processes	2.98	2.88	2.91	2.72	3.30	3.30	3.00	2.83	2.95
CPME on-site evaluations are accurate and complete	3.24	2.67	3.21	3.19	3.64	3.20	3.20	3.18	3.23
CPME effectively establishes standards for podiatric education	3.24	3.39	3.30	3.31	3.75	3.56	3.60	3.42	3.34
CPME builds and maintains excellent working relationships with its community of interest	3.00	2.89	2.84	2.85	3.18	3.11	3.20	2.62	2.93
Team reports are prepared and distributed in a timely manner	3.24	3.00	3.20	3.26	3.45	3.20	3.60	3.13	3.24
Website provides valuable and complete information about CPME services and activities	3.10	3.24	2.91	2.92	3.40	3.00	3.00	2.92	3.05
CPME assures that standards for podiatric education are met	3.38	3.33	3.34	3.38	3.92	3.40	3.20	3.25	3.39