**Constituents of the Residency Review Committee**

Council on Podiatric Medical Education

American Board of Podiatric Medicine

American Board of Foot and Ankle Surgery

**PMSR EVALUATION TEAM REPORT**

**CONFIDENTIAL**

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

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

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| **Residency Information**  |
| Date(s) of Previous Visit(s) |       |
| **Type of Program(s)** | **Length of Program(s)** | **Number of Approved Positions** | **Number of Residents in the Program** | **Number of Positions****Requested** |
| [ ]  PMSR *(Podiatric Medicine and Surgery Residency*) | [ ]  36 Months | [ ]  48 Months | /// | /// | /// |
| [ ]  PMSR/RRA*(Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery*) | [ ]  36 Months | [ ]  48 Months | /// | /// | /// |
| Date approved by RRC to extend to 48 months (if applicable) |       |
| Comments:       |

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| **Institution(s) Visited**  |
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| **Administrative Staff Interviewed** |
| Chief Administrative Officer |       |
| Designated Institutional Official |       |
| Program Director |       |
| Chief of Podiatric Staff |       |
| Director of Medical Education |       |
| Chief of Medical Staff |       |
| Chief of Surgical Staff |       |
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| **Non-Podiatric Medical Staff Interviewed** |
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| Name | Position and Department |
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| **Podiatric Medical Staff Interviewed**  |
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| **Residents** |
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| **Last Name** | **First Name** | **Category** | **Year** | **Month** | **Interviewed** | **Time Period Logs Reviewed** | **Transfer?** | **Program Completed** | **If Transfer, Institution and Dates Covered by Logs** |
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| 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.**

1. 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).

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b. Describe the administrative structure of the residency 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 resident spends at other sites [if applicable], increases or decreases in positions).

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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 faculty, didactic experiences).

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d. Describe the strengths of the program.

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e. Describe the weaknesses of the program.

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f. Describe any other factors that may be important regardingthe approval status of this program.

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#### **COMMENDATIONS, RECOMMENDATIONS, AND AREAS OF NONCOMPLIANCE**

Based on the on-site evaluation process, the evaluation team may identify areas of potential noncompliance. The sponsoring institution receives a draft copy of the evaluation team report for correction of factual errors. The sponsoring institution is encouraged to respond in writing to areas of potential noncompliance and recommendations identified by the evaluation team, and provide documentation to support the response. The draft copy of the evaluation team report, and any response and documentation submitted by the sponsoring institution, is then considered by the Residency Review Committee. Based upon a recommendation from the Committee, the Council determines the approval status of the program. The sponsoring institution receives a final copy of the evaluation team report and is notified of the approval action of the Council. **Areas of noncompliance determined by the Council may include, but are not limited to, those indicated by the evaluation team.** The institution will be requested to submit documentation of progress made in addressing areas of noncompliance and/or concerns expressed by the Committee or the Council.

Areas of noncompliance are identified within two areas: Institutional Standards and Requirements and Program Standards and Requirements. For further description of the Council’s standards and requirements, please consult CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies* (July 2015).

**INSTRUCTIONS TO EVALUATION TEAM:**

**During the residency on-site evaluation, the evaluation team will gather 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.**

**In responding to the questions/statements, please be aware that if the guidelines in CPME 320 utilize the verbs “must” and “is,” then this is 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 noncompliance. These statements must be consistent with information provided elsewhere in the report. Please keep in mind that 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.**

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| **Institutional Requirements (see pages 9-16, CPME 320)** |
| [ ]  The team did not identify any areas of potential noncompliance. |
| Requirement | Description of Noncompliance Issue |
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| **Program Requirements (see pages 16-31, CPME 320)** |
| [ ]  The team did not identify any areas of potential noncompliance. |
| Requirement | Description of Noncompliance Issue |
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**INSTITUTIONAL STANDARDS AND REQUIREMENTS**

Includes requirements in Standards 1.0 to 3.0. There are no questions related to Standard 4.0, as the standard applies to the sponsoring institution’s responsibility to report to the Council on Podiatric Medical Education regarding the conduct of the residency program.

**STANDARD 1.0**

**The sponsorship of a podiatric medicine and surgery residency is under the specific administrative responsibility of a health-care institution or college of podiatric medicine that develops, implements, and monitors the residency program.**

1.1 The sponsor shall be a hospital, academic health center, or college of podiatric medicine. Hospital facilities shall be provided under the auspices of the sponsoring institution or through an affiliation with an accredited institution(s) where the affiliation is specific to residency training.

1.2 The health-care institution(s) in which residency training is primarily conducted shall be accredited by the Joint Commission, the American Osteopathic Association, or a health-care agency approved by the Centers for Medicare and Medicaid Services. The college of podiatric medicine shall be accredited by the Council on Podiatric Medical Education.

1.3 The sponsoring institution shall formalize arrangements with each training site by means of a written agreement that defines clearly the roles and responsibilities of each institution and/or facility involved.

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| 1. **Identify the type(s) of institution(s) that sponsor the residency (1.1).**
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| Sponsor:  | [ ]  Hospital | [ ]  Academic health center | [ ]  College of Podiatric Medicine |  |
| Co–sponsor: *(if applicable)* | [ ]  Hospital | [ ]  Academic Health Center | [ ]  College of Podiatric Medicine | [ ]  Surgery Center |
| If 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 shared. The document must describe the arrangements established for the program and the resident in the event of dissolution of the co-sponsorship. **This information must be included in an appropriate agreement related to the residency program.**      |

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| 1. **Affiliated training sites (1.3).**
 |
| The institution provides training at an affiliated training site(s)?*If no, proceed to Standard 2.**If yes, please complete the chart on the following page.* | [ ]  Yes | [ ]  No |
| Training experiences located beyond daily commuting distance from the sponsoring institution and/or co-sponsors does not have a detrimental effect upon the educational experience of the resident.*If false, please provide an explanation.*       | [ ]  True | [ ]  False |

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| 1. **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).**
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| **Please provide information related to institutions that are without affiliation agreements or for which existing affiliation agreements do not comply with one or more stipulations identified below. Provide additional information in the comments section.** |
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| **Institution/Private Practice Name** | **No Formal****agreement** | **No delineation of Financial support** | **No delineation of educational contribution** | **Missing CAO/DIO****Signature(s)** | **Missing effective or date signed** | **Is not forwarded to the PD** | **Affiliation expired/not renewed** | **No site****coordinator** | **Has not been reaffirmed every 5 yrs.** |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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| Comments:       |

**STANDARD 2.0**

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

2.1 The sponsoring institution shall ensure that the physical facilities, equipment, and resources of the primary and affiliated training site(s) are sufficient to permit achievement of the stated competencies of the residency program.

2.2 The sponsoring institution shall afford the resident ready access to adequate library resources, including a diverse collection of current podiatric and non-podiatric medical texts and other pertinent reference resources (i.e., journals and audiovisual materials/instructional media).

2.3 The sponsoring institution shall afford the resident ready access to adequate information technologies and resources.

2.4 The sponsoring institution shall afford the resident ready access to adequate office and study spaces at the institution(s) in which residency training is primarily conducted.

2.5 The sponsoring institution shall provide designated support staff to ensure efficient administration of the residency program.

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| 1. **Physical facilities, equipment, and resources of the primary and affiliated training site(s) are sufficient (2.1).**
 |
| [ ]  Yes [ ]  No*If no, please provide an explanation.*       |

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| 1. **The following are available for resident training (2.1):**
 | **YES** | **NO** |
| Adequate patient treatment areas | [ ]  | [ ]  |
| Adequate training resources | [ ]  | [ ]  |
| A health information management system | [ ]  | [ ]  |
| Adequate operating rooms and equipment | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation/clarification.*       |

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| 1. **The sponsoring institution affords the resident ready access to the following educational resources (2.2):**
 | **YES** | **NO** |
| Podiatric texts | [ ]  | [ ]  |
| Medical texts | [ ]  | [ ]  |
| Other reference texts | [ ]  | [ ]  |
| Journals | [ ]  | [ ]  |
| Audiovisual materials | [ ]  | [ ]  |
| Instructional media | [ ]  | [ ]  |
| Electronic retrieval of information from medical databases | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation/clarification.*       |

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| 1. **The sponsoring institution affords the resident ready access to the following resources (2.3 – 2.5):**
 | **YES** | **NO** |
| Adequate information technologies and resources (2.3)*If no, please provide an explanation.*       | [ ]  | [ ]  |
| Adequate office and study spaces at the institution(s) in which residency training is primarily conducted (2.4)*If no, please provide an explanation.*       | [ ]  | [ ]  |
| Designated support staff are available to ensure efficient administration of the program (2.5)*If no, please provide an explanation.*       | [ ]  | [ ]  |

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| 1. **Use the space below to provide an additional information or further clarification for items that have not been addressed in this section of the report (Standard 2).**
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**STANDARD 3.0**

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

*Responses to questions related to requirements 3.1 – 3.5 are provided by the institution in CPME 310, Pre–Evaluation Report. The team should review this information and provide information related to any areas of potential noncompliance in response to question 10 in this section of the report.*

3.1 The sponsoring institution shall utilize a residency selection committee to interview and select prospective resident(s). The committee shall include the program director and individuals who are active in the residency program.

3.2 The sponsoring institution shall conduct its process of interviewing and selecting residents equitably and in an ethical manner.

3.3 The sponsoring institution shall participate in a national resident application matching service. The sponsoring institution shall not obtain a binding commitment from the prospective resident prior to the date established by the national resident matching service in which the institution participates.

3.4 Application fees, if required, shall be paid to the sponsoring institution and shall be used only to recover costs associated with processing the application and conducting the interview process.

3.5 The sponsoring institution shall inform all applicants as to the completeness of the application as well as the final disposition of the application (acceptance or denial).

3.6 The sponsoring institution shall accept only graduates of colleges of podiatric medicine accredited by the Council on Podiatric Medical Education. Prior to beginning the residency, all applicants shall have passed the Parts I and II examinations of the National Board of Podiatric Medical Examiners.

3.7 The sponsoring institution shall ensure that the resident is compensated equitably with and is afforded the same rights and privileges as other residents at the institution.

3.8 The sponsoring institution shall provide the resident a written contract or letter of appointment. The contract or letter shall state whether the reconstructive rearfoot/ankle credential is being offered and the amount of the resident stipend. The contract or letter shall be signed and dated by the chief administrative officer of the institution or designated senior administrative officer, the program director, and the resident.

* 1. The sponsoring institution shall include or reference the following items in the contract or letter of appointment:

a. Resident duties and hours of work

b. Duration of the agreement

c. Health insurance benefits

d. Professional, family, and sick leave benefits

e. Leave of absence

f. Professional liability insurance coverage

g. Other benefits if provided

3.10 The sponsoring institution shall develop a residency manual distributed to and acknowledged in writing by the resident at the beginning of the program and following any revisions.

3.11 The sponsoring institution shall provide the resident a certificate verifying satisfactory completion of training requirements. The certificate shall identify the program as a Podiatric Medicine and Surgery Residency and shall state the date of completion of the resident’s training.

3.12 The sponsoring institution shall ensure that the residency program is established and conducted in an ethical manner.

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| 1. **Resident information (3.6).**
 | **YES** | **NO** |
| * 1. Each applicant is a graduate of an accredited college of podiatric medicine

*If no, please provide an explanation.*       | [ ]  | [ ]  |
| * 1. Each resident in the PMSR passed **Part I** of the NBPME exam prior to beginning the residency

*If no, please provide an explanation.*       | [ ]  | [ ]  |
| * 1. Each resident in the PMSR passed **Part II** of the NBPME exam prior to beginning the residency

*If no, please provide an explanation.*       | [ ]  | [ ]  |

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| 1. **Resident compensation, rights, and privileges (3.7).**
 | **YES** | **NO** |
| 1. Compensated equitably with other residents at the institution and/or in the geographic area

*If no, please provide an explanation.*       | [ ]  | [ ]  |
| 1. Given the same rights and privileges as other residents at the institution and/or in the geographic area

*If no, please provide an explanation.*       | [ ]  | [ ]  |

| 1. **Resident agreement (3.8).**
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| 1. Which type of agreement is utilized by the sponsoring institution(s)

[ ]  Contract [ ]  Letter of appointment |
| The agreement has been signed and dated by the following individuals: | **YES** | **NO** | **N/A** |
| * **Co–sponsored programs:** Chief administrative officer/appropriate senior administrative officer of each co–sponsoring institution
 | [ ]  | [ ]  | [ ]  |
| * Chief administrative officer/appropriate senior administrative officer
 | [ ]  | [ ]  |  |
| * Program director
 | [ ]  | [ ]  |  |
| * Resident
 | [ ]  | [ ]  |  |
| 1. The contract or letter states whether the reconstructive rearfoot/ankle credential is offered

*If no, please provide an explanation*.      | [ ]  | [ ]  | [ ]  |
| 1. The contract or letter states the resident stipend

If yes, state the amount each year $     , $     , $     , $     *If no, please provide an explanation.*       | [ ]  | [ ]  |  |
| 1. **Letter of appointment:** A written confirmation of acceptance is forwarded to the chief administrative officer(s) or the appropriate senior administrative officer(s)
 | [ ]  | [ ]  | [ ]  |
| 1. **Co–sponsored programs:** The contract describes the arrangements established for the resident and the program in the event of dissolution of the co–sponsorship

*If no, please provide an explanation*.       | [ ]  | [ ]  | [ ]  |
| 1. **Co–sponsored programs:** Describe the contractual arrangement between the institutions and the resident

      |

|  |  |  |
| --- | --- | --- |
| 1. **Resident contract or letter of appointment includes the following (3.9):**
 | **YES** | **NO** |
| Duties of the resident and hours of work | [ ]  | [ ]  |
| Duration of the agreement | [ ]  | [ ]  |
| Health insurance benefits | [ ]  | [ ]  |
| Professional, family, and sick leave benefits | [ ]  | [ ]  |
| Leave of absence | [ ]  | [ ]  |
| Professional liability insurance coverage | [ ]  | [ ]  |
| Other benefits, if provided | [ ]  | [ ]  |
| *Briefly describe these other benefits*      *If no to any statement, or if the guidelines for requirement 3.9 are not fully met, please provide an explanation/clarification*       |

| 1. **Residency manual (3.10).**
 | **YES** | **NO** |
| --- | --- | --- |
| Distributed to the residents prior to the start of the training program | [ ]  | [ ]  |
| Receipt of the manual by the resident acknowledged in writing  | [ ]  | [ ]  |

| 1. **The manual includes the following required components (3.10):**
 | **YES** | **NO** |
| --- | --- | --- |
| Mechanisms of appeal/due process policies | [ ]  | [ ]  |
| Remediation methods | [ ]  | [ ]  |
| Rules and regulations for resident conduct | [ ]  | [ ]  |
| Curriculum and competencies specific to each rotation | [ ]  | [ ]  |
| Training schedule | [ ]  | [ ]  |
| Schedule of didactic activities | [ ]  | [ ]  |
| Journal review schedule | [ ]  | [ ]  |
| Assessment documents | [ ]  | [ ]  |
| CPME 320 *(or an appropriate link to the documents on CPME’s website)* | [ ]  | [ ]  |
| CPME 330 *(or an appropriate link to the documents on CPME’s website)* | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation/clarification.*       |

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| --- | --- | --- |
| 1. **Remediation methods (3.10–b).**
 | **YES** | **NO** |
| Remediation methods are appropriate  | [ ]  | [ ]  |
| Have remediation methods been utilized | [ ]  | [ ]  |
| If remediation methods have been utilized, was the length of training extended for the resident?*If yes, please provide an explanation.*       | [ ]  | [ ]  |

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| --- | --- | --- |
| 1. **Certificate of completion (3.11).**
 | **YES** | **NO** |
| Provided upon verification of satisfactory completion of the training requirements | [ ]  | [ ]  |
| **The certificate includes the following required components** |
| * The statement “Approved by the Council on Podiatric Medical Education”
 | [ ]  | [ ]  |
| * Program director signature
 | [ ]  | [ ]  |
| * Chief administrative officer/designated institutional officer signature. If co–sponsored, signatures of CAO/DIO of each institution
 | [ ]  | [ ]  |
| * Date of completion
 | [ ]  | [ ]  |
| * Identification of the program as “Podiatric Medicine and Surgery Residency”
 | [ ]  | [ ]  |
| * Identification of the added credential as “ with the added credential in Reconstructive Rearfoot/Ankle Surgery”
 | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation/clarification.*       |

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| --- |
| 1. **The sponsoring institution ensures that the program is established and conducted in an ethical manner (3.2, 3.12).**
 |
| [ ]  Yes [ ]  No*If no, please provide an explanation.*       |

|  |
| --- |
| 1. **Use the space below to provide an additional information or further clarification for items that have not been addressed in this section of the report (Standard 3).**
 |
|       |

**PROGRAM STANDARDS AND REQUIREMENTS**

Includes requirements in Standards 5.0 to 7.0. There are no questions related to Standard 4.0, as the standard applies to the sponsoring institution’s responsibility to report to the Council on Podiatric Medical Education regarding the conduct of the residency program.

**STANDARD 5.0**

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

5.1 The sponsoring institution shall designate one podiatric physician as program director to serve as administrator of the residency program. The program director shall be provided proper authority by the sponsoring institution to fulfill the responsibilities required of the position.

5.2 The program director shall possess appropriate clinical, administrative, and teaching qualifications suitable for implementing the residency and achieving the stated competencies of the residency.

5.3 The program director shall be responsible for the administration of the residency in all participating institutions. The program director shall be able to devote sufficient time to fulfill the responsibilities required of the position. The program director shall ensure that each resident receives equitable training experiences.

5.4 The program director shall participate at least annually in faculty development activities (i.e., administrative, organizational, teaching, and/or research skills for residency programs).

5.5 The residency program shall have a sufficient complement of podiatric and non-podiatric medical faculty to achieve the stated competencies of the residency and to supervise and evaluate the resident.

5.6 Podiatric and non-podiatric medical faculty members shall be qualified by education, training, experience, and clinical competence in the subject matter for which they are responsible.

|  |  |  |
| --- | --- | --- |
| 1. **The program director (5.1).**
 | **YES** | **NO** |
| The institution has designated one podiatric physician as the program director | [ ]  | [ ]  |
| Is provided proper authority by the sponsoring institution to fulfill the responsibilities of the positions | [ ]  | [ ]  |
| The program director is a member of the medical staff at the institution | [ ]  | [ ]  |
| The program director is a member of the GME Committee or equivalent within the institution | [ ]  | [ ]  |
| The program director attends GME Committee meetings | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation.*       |

|  |  |  |
| --- | --- | --- |
| 1. **The program director possess the following qualifications (5.2):**
 | **YES** | **NO** |
| Appropriate clinical qualifications | [ ]  | [ ]  |
| Appropriate administrative qualifications | [ ]  | [ ]  |
| Appropriate teaching qualifications | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation.*       |

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| 1. **How many hours per week does the director devote to the residency (5.3)?**
 |
|       |

|  |  |  |
| --- | --- | --- |
| 1. **Assess the program director’s administrative coordination and direction for the residency, as evidenced by his/her performance in fulfilling the following responsibilities (5.3).**
 | **Satisfactory** | **Unsatisfactory** |
| Maintenance of records | [ ]  | [ ]  |
| Timely communication with the RRC and CPME | [ ]  | [ ]  |
| Scheduling of training experiences | [ ]  | [ ]  |
| Resident instruction | [ ]  | [ ]  |
| Resident supervision | [ ]  | [ ]  |
| Review and verification of logs | [ ]  | [ ]  |
| Resident evaluation | [ ]  | [ ]  |
| Curriculum review and revision | [ ]  | [ ]  |
| Program self-assessment | [ ]  | [ ]  |
| Resident participation in training resources | [ ]  | [ ]  |
| Resident training in didactic experiences | [ ]  | [ ]  |
| Equitable training of residents | [ ]  | [ ]  |
| Does not delegate his/her administrative duties to the resident | [ ]  | [ ]  |
| *If one or more of the above receives a rating of unacceptable, indicate the reason(s) for this rating, including your assessment of whether the amount of time spent by the director is sufficient to fulfill responsibilities.*       |

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| 1. **The director participates in faculty development activities at least annually (5.4).**
 |
| [ ]  Yes [ ]  No*If yes, please describe.*      *If no, please provide an explanation.*       |

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| --- |
| 1. **Non–podiatric faculty (5.5 and 5.6).**
 |
| 1. Identify the number of active ***non–podiatric*** faculty
 |       |
| 1. The number is sufficient to:
 | **YES** | **NO** |
| * Achieve the stated competencies
 | [ ]  | [ ]  |
| * Supervise the resident
 | [ ]  | [ ]  |
| * Evaluate the resident
 | [ ]  | [ ]  |
| 1. Non–podiatric medical faculty members take an active role in the following:
 |
| * Presenting didactic activities to the resident
 | [ ]  | [ ]  |
| * Discussing patient evaluation and management with the resident
 | [ ]  | [ ]  |
| * Reviewing patient records with the resident to ensure accuracy and completeness
 | [ ]  | [ ]  |
| 1. Non–podiatric medical faculty members are qualified by education, training, experience, and clinical competence (6.6)
 | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation/clarification.*       |

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| --- |
| 1. **Podiatric faculty (5.5 and 5.6).**
 |
| * 1. Identify the number of active podiatric faculty
 |       |
| * 1. The number is sufficient to:
 | **YES** | **NO** |
| * Achieve the stated competencies
 | [ ]  | [ ]  |
| * Supervise the resident
 | [ ]  | [ ]  |
| * Evaluate the resident
 | [ ]  | [ ]  |
| * 1. Podiatric medical faculty members take an active role in the following:
 |
| * Presenting didactic activities to the resident
 | [ ]  | [ ]  |
| * Discussing patient evaluation and management with the resident
 | [ ]  | [ ]  |
| * Reviewing patient records with the resident to ensure accuracy and completeness
 | [ ]  | [ ]  |
| * 1. Podiatric medical faculty members are qualified by education, training, experience, and clinical competence (6.6)
 | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation/clarification.*       |

|  |
| --- |
| 1. **How many *podiatric* faculty members (*excluding the program director*) who participate *actively* in the program are certified by (5.6)?**
 |
| ABFAS |       |
| ABPM |       |
| ABFAS and ABPM  |       |
| Other |       |
| Please provide the names and specialized qualifications of active podiatric faculty not certified by either ABFAS or ABPM.       |

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| --- |
| 1. **Use the space below to provide an additional information or further clarification for items that have not been addressed in this section of the report (Standard 5).**
 |
|       |

**STANDARD 6.0**

**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.**

6.1 The curriculum shall be clearly defined and oriented to assure that the resident achieves the competencies identified by the Council.

6.2 The sponsoring institution shall require that the resident maintain web-based logs in formats approved by RRC documenting all experiences related to the residency.

6.3 The program shall establish a formal schedule for clinical training. The schedule shall be distributed at the beginning of the training year to all individuals involved in the training program including residents, faculty, and administrative staff.

6.4 The residency program shall provide rotations that enable the resident to achieve the competencies identified by the Council and any additional competencies identified by the residency program. These rotations shall include: medical imaging; pathology; behavioral sciences; internal medicine and/or family practice; medical subspecialties; infectious disease; general surgery; surgical subspecialties; anesthesiology; emergency medicine; podiatric surgery; and podiatric medicine. The residency curriculum shall provide the resident patient management experiences in both inpatient and outpatient settings.

6.5 The residency program shall ensure that the resident is certified in advanced cardiac life support for the duration of training.

6.6 The residency curriculum shall afford the resident instruction and experience in hospital protocol and medical record‑keeping.

6.7 Didactic activities that complement and supplement the curriculum shall be available at least weekly.

6.8 A journal review session, consisting of faculty and residents, shall be scheduled at least monthly to facilitate reading, analyzing, and presenting medical and scientific literature.

6.9 The residency program shall ensure that the resident is afforded appropriate faculty supervision during all training experiences.

|  |  |  |
| --- | --- | --- |
| 1. **The curriculum is (6.1):**
 | **YES** | **NO** |
| Clearly defined | [ ]  | [ ]  |
| Distributed at the beginning of the training year to all individuals involved in the program | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation/clarification:*       |

|  |  |  |
| --- | --- | --- |
| 1. **The curriculum provides the resident appropriate and sufficient experiences to perform the following functions (6.1):**
 | **YES** | **NO** |
| Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity | [ ]  | [ ]  |
| Assess and manage the patient’s general medical and surgical status | [ ]  | [ ]  |
| Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion | [ ]  | [ ]  |
| Communicate effectively and function in a multi-disciplinary setting | [ ]  | [ ]  |
| Manage individuals and populations in a variety of socioeconomic and healthcare settings | [ ]  | [ ]  |
| Understand podiatric practice management in a multitude of healthcare delivery settings | [ ]  | [ ]  |
| Be professionally inquisitive, life-long learners, and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation/clarification.*       |

|  |  |  |
| --- | --- | --- |
| 1. **History and physical examinations (6.1).**
 | **YES** | **NO** |
| The resident performs and interprets the findings of comprehensive medical history and physical examinations | [ ]  | [ ]  |
| The resident develops the ability to utilize information obtained from the history and physical examination and ancillary studies to formulate an appropriate diagnosis and plan of management | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation/clarification.*       |

|  |  |  |
| --- | --- | --- |
| 1. **Biomechanical cases include the following components (6.1):**
 | **YES** | **NO** |
| Biomechanical evaluation that includes gait analysis on all ambulatory patients | [ ]  | [ ]  |
| Interpretation of findings of the biomechanical evaluation | [ ]  | [ ]  |
| Formulating a diagnosis and appropriate treatment plan for the biomechanical pathology | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation/clarification.*       |

|  |  |  |
| --- | --- | --- |
| 1. **The resident participates directly in the following (6.1):**
 | **YES** | **NO** |
| Medical evaluation and management of patients from diverse populations. | [ ]  | [ ]  |
| Urgent and emergent evaluation and management of podiatric and non-podiatric patients. | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation/clarification.*       |

|  |  |  |
| --- | --- | --- |
| 1. **ABFAS representative review of resident logs (6.1).**
 | **YES** | **NO** |
| All residents meet or are projected to meet the **MAV** requirements in all podiatric surgical categories*If no, please complete the Podiatric Surgical Experiences chart on the following page.* | [ ]  | [ ]  |
| All residents meet or are projected to meet the **diversity** requirements without **overrepresentation** in all podiatric surgical categories*(Overrepresentation is when one procedure code represents more than 33 percent of the total number of procedures logged in each procedure category and subcategory. For example, the number of partial ostectomies must not exceed 26 when the minimum of 80 required Digital procedures are logged).**If no, please complete the Podiatric Surgical Diversity chart on the following page.* | [ ]  | [ ]  |
| Comment on your review of the resident’s logs regarding surgical procedures (i.e., presence of fragmentation, diversity of procedures, volume of procedures, projections for the entire training year)      |

|  |  |  |
| --- | --- | --- |
| 1. **ABPM representative review of resident logs (6.1).**
 | **YES** | **NO** |
| All residents meet or are projected to meet the MAV requirements in all podiatric medical experiences*If no, please complete the Podiatric Medical Experiences chart on the following page.* | [ ]  | [ ]  |
| Comment on your review of the resident’s logs regarding podiatric medical experiences (i.e., patient records reflect logged resident experiences, volume of procedures, projections for the entire training year)      |

| **Podiatric Surgical Experiences:** Following review of the resident’s logs, **identify which residents are not meeting or are not projected to meet the MAV requirements and identify the volume of the deficient categories** in which each resident took an active part as the first assistant. (First assistant: The resident participates actively in the procedure under direct supervision of the attending.)Numbers must reflect audited statistics for all training completed to date for residents at all sites utilized and the specific period covered by these statistics. Statistics should cover each resident’s entire residency experience. |
| --- |
| **Resident Name** | **Cat 1****Digital** | **Cat 2****First Ray** | **Cat 3****Other Soft Tissue** | **Cat 4, Other Osseous** | **Cat 5****RRA** | **Comments** |
| **Volume****(80)** | **Volume****(60)** | **Volume****(45)** | **Volume****(40)** | **Volume****(50)** |
| **[x]**  | **Sample Resident** |  | **60** |  |  | **35** | **Category 2 marginal. Due to fragmentation of cases, volume of RRA is lower than reflected in PRR.**  |
| [ ]  |       |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |       |
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| **Diversity – Podiatric Surgical Experiences**: Based upon the volume of procedures and cases reported in the previous chart, Podiatric Surgical Experiences, **identify and complete the following chart for residents who do not meet the diversity requirements for categories 1–5.** To assure proper diversity within each procedure category and subcategory, at least 33 percent of the procedure codes within each category and subcategory must be represented with first assistant procedures. For example, in the Other Osseous Foot Surgery category, at least 6 of the 18 different procedure codes must have at least one activity as first assistant.  |
| --- |
| **Resident Name** | **Cat 1****Digital** | **Cat 2****First Ray****Hallux Valgus** | **Cat 2****First Ray****Hallux Limitus** | **Cat 2****Other First Ray** | **Cat 3****Other Soft Tissue** | **Cat 4****Other Osseous** | **Cat 5****Elective Soft Tissue** | **Cat 5****Elective Osseous** | **Cat 5****Non–elective****Soft Tissue**  | **Cat 5****Non–elective Osseous** |
| Need5 of 13 | Need3 of 8 | Need 3 of 9 | Need4 of 10 | Need6 of 19 | Need5 of 14 | Need4 of 10 | Need3 of 8 | Need3 of 8 | Need3 of 8 |
| [ ]  |       |       |       |       |       |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |       |       |       |       |       |
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| Comments:       |

| **Podiatric Medical Experiences:** Following review of the resident’s logs, **identify and complete the following chart for residents who do not** **or are not projected to meet the MAV requirements.** If not, please identify the categories of deficiency in which each resident took an active part Numbers must reflect audited statistics for all training completed to date for residents at all sites utilized and the specific period covered by these statistics. Statistics should cover each resident’s entire residency experience. |
| --- |
| **Resident Name** | **Biomechanics** | **Comp. H&Ps** | **Trauma** | **Podopediatrics** | **Comments** |
|  | **Volume****(75)** | **Volume****(50)** | **Volume****(50)** | **Volume****(25)** |  |
| **[x]**  | **Sample Resident** | **30** | **45** |  |  | **Resident not logging biomechanical experiences. Review of charts demonstrates resident is performing focused rather than comprehensive H&Ps, reducing the reported volume to 45.** |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |
| [ ]  |       |       |       |       |       |       |

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| --- | --- | --- |
| 1. **Logs (6.2).**
 | **YES** | **NO** |
| Web-based logs documenting all experiences related to the residency | [ ]  | [ ]  |
| Web-based logs are in a format approved by the RRC | [ ]  | [ ]  |
| The resident web-based logging system is [ ]  Podiatry Residency Resource [ ]  Other (Specify)       |
| *If no to any statement, please provide an explanation/clarification.*       |

|  |  |  |
| --- | --- | --- |
| 1. **Training schedule (6.3).**
 | **YES** | **NO** |
| The institution has established a formal schedule for clinical training | [ ]  | [ ]  |
| The schedule is distributed to all individuals involved in the training program (faculty, residents, and administrative staff) | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation/clarification.*       |

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| --- | --- | --- |
| 1. **The training schedule identifies the following (6.3):**
 | **YES** | **NO** |
| Rotations | [ ]  | [ ]  |
| Dates of each rotation | [ ]  | [ ]  |
| Length of each rotation | [ ]  | [ ]  |
| Format (e.g., block, sequential, case–by–case, etc.) | [ ]  | [ ]  |
| Location of each rotation | [ ]  | [ ]  |
| Percentage of the program conducted in a podiatric private office based setting:      *If the percentage if greater than 20, please provide an explanation.*       |

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| --- | --- | --- |
| 1. **The curriculum (6.4).**
 | **YES** | **NO** |
| Provides the resident experience in patient management in both inpatient and outpatient settings rotations | [ ]  | [ ]  |
| Developed in collaboration with appropriate faculty (e.g. program director, chief of surgery, etc.) | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation/clarification:*       |

| ***Complete the following chart to provide the requested information about the rotations provided. Additional information may be provided in “Comments.”*** |
| --- |
| **Rotation** | **Offered** | **Adequate** | **Format** | **Length** | **Supervision** | **Participation** | **Location** |
|  | **Yes** | **No** | **Yes** | **No** |  |  | **Adequate** | **Inadequate** | **Active** | **Observation** |  |
| **Required Rotations:** |
| Anesthesiology | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Behavioral Sciences | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Emergency Medicine | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Family Practice | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Infectious Disease | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Internal Medicine | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Medical Imaging | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Pathology | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| General Surgery *(competencies & assessments separate from vascular surgery)* | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Podiatric Medicine | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Podiatric Surgery | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| **Medical subspecialty rotations (include training in at least *two* of the following)** |
| Burn Unit | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Dermatology | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Endocrinology | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Geriatrics | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Intensive/Critical Care | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Neurology | [ ]  | **[ ]**  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Pain Management | [ ]  | [ ]  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Pediatrics | [ ]  | [ ]  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Physical Medicine and Rehabilitation | [ ]  | [ ]  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Rheumatology | [ ]  | [ ]  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Wound Care | [ ]  | [ ]  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| **Time spent in the Infectious Disease rotation + time spent in the Internal Medicine and/or Family Practice rotation + time spent in the two Medical Subspecialty rotation = at least three full-time months of training: [ ]  Yes [ ]  No. If no, please provide an explanation:** |
| **Surgical subspecialty rotation includes training in at least *one* of the following** |
| Orthopedic Surgery | [ ]  | [ ]  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Plastic Surgery | [ ]  | [ ]  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| Vascular Surgery | [ ]  | [ ]  | [ ]  | **[ ]**  |  |  |  | [ ]  | **[ ]**  | [ ]  | [ ]  |       |
| **Other rotations** |
| Other       | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Other       | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Other       | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Other       | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Other       | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Comments:       |

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| 1. **The resident performs (and/or orders) and interprets appropriate diagnostic studies, including the following (6.1, 6.4):**
 | **YES** | **NO** |
| Laboratory tests (e.g., hematology, serology/immunology, toxicology, and microbiology. | [ ]  | [ ]  |
| Other diagnostic studies (e.g., electrodiagnostic, non-invasive vascular, bone mineral densitometry, compartment pressure.  | [ ]  | [ ]  |
| EKG. | [ ]  | [ ]  |
| Other (please specify):       |
| *If no to any training experience, please provide an explanation/clarification:*       |

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| --- |
| 1. **Describe the qualifications (including education, training, and experience) of the medical faculty member(s) who provides training in infectious disease. (5.6, 6.1, 6.4)**
 |
|       |

|  |  |  |
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| 1. **The general surgery and surgical subspecialties rotations include the following required components (6.1, 6.4):**
 | **YES** | **NO** |
| Understanding management of preoperative and postoperative surgical patients with emphasis on complications. | [ ]  | [ ]  |
| Enhancing surgical skills. | [ ]  | [ ]  |
| Understanding surgical procedures and principles applicable to non-podiatric surgical specialties. | [ ]  | [ ]  |
| Other (please specify):       |
| *If no to any training experience, please provide an explanation/clarification.*       |

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| --- | --- | --- |
| 1. **Advanced Cardiac Life Support Certification (6.5).**
 | **YES** | **NO** |
| The resident is ACLS certified for the duration of training | [ ]  | [ ]  |
| ACLS certification was obtained within six months of the resident’s start date. | [ ]  | [ ]  |
| *If no to either statement, please provide an explanation/clarification.*      |

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| --- |
| 1. **The residency curriculum includes instruction and experience in hospital protocol and medical record-keeping (6.6).**
 |
| [ ]  Yes [ ]  No*If no, please provide an explanation*.      |

|  |  |  |
| --- | --- | --- |
| 1. **The program director assures that patient records document accurately the resident’s participation in the following (6.6):**
 | **YES** | **NO** |
| Performing history and physical examinations. | [ ]  | [ ]  |
| Recording operative reports, discharge summaries, and progress notes. | [ ]  | [ ]  |
| *If no to either statement, please provide an explanation/clarification.*       |

|  |  |  |
| --- | --- | --- |
| 1. **Didactic activities that complement and supplement the curriculum (6.7).**
 | **YES** | **NO** |
| Provided at least weekly | [ ]  | [ ]  |
| Provided in a variety of formats | [ ]  | [ ]  |
| *If no, please provide an explanation*.       |

|  |
| --- |
| 1. **Complete the following chart to provide the requested information about the didactic activities provided. Additional information may be provided in “Comments” (6.7).**
 |
| **Didactic Activities** | **Frequency** | **Provided by** | **Comments** |
| [ ]  | Cadaver dissections |  |  |       |
| [ ]  | Case discussions |  |  |       |
| [ ]  | Clinical pathology conferences |  |  |       |
| [ ]  | Continuing education |  |  |       |
| [ ]  | Informal lectures |  |  |       |
| [ ]  | Lectures |  |  |       |
| [ ]  | Morbidity and mortality conferences |  |  |       |
| [ ]  | PRESENT lectures |  |  |       |
| [ ]  | REDrC |  |  |       |
| [ ]  | Research methodology (required) |  |  |       |
| [ ]  | Teaching rounds |  |  |       |
| [ ]  | Tumor conferences |  |  |       |
| [ ]  | Other (identify) |       |
| [ ]  | Other (identify) |       |
| [ ]  | Other (identify) |       |
| [ ]  | Other (identify) |       |

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| --- |
| 1. **There is a journal review session to facilitate the resident’s reading, analyzing, and presenting medical and scientific literature (6.8).**
 |
| * [ ]  Yes [ ]  No
* How often does it meet?
* Who participates?

*If no, please provide an explanation*.       |

|  |
| --- |
| 1. **The resident is afforded appropriate faculty supervision during all training experiences (6.9).**
 |
| [ ]  Yes [ ]  No*If no, please provide an explanation*.       |

|  |
| --- |
| 1. **Use the space below to provide an additional information or further clarification for items that have not been addressed in this section of the report (Standard 6).**
 |
|       |

**STANDARD 7.0**

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

7.1 The program director shall review, evaluate, and verify resident logs on a monthly basis.

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.

7.3 The program director, faculty, and resident(s) shall conduct an annual self-assessment of the program’s resources and curriculum. Information resulting from this review shall be used in improving the program.

|  |  |  |
| --- | --- | --- |
| 1. **Program director review of resident logs (7.1).**
 | **YES** | **NO** |
| Reviewed and verified on a monthly basis | [ ]  | [ ]  |
| Logs do not include fragmentation of procedures | [ ]  | [ ]  |
| Logs do not include miscategorization of procedures | [ ]  | [ ]  |
| Logs do not include duplication of procedures | [ ]  | [ ]  |
| Procedure notes support the selected experiences | [ ]  | [ ]  |
| Residents are meeting the MAVs prior to completion of training | [ ]  | [ ]  |
| Residents are meeting the diversity requirements prior to completion of training | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation.*       |

|  |  |  |
| --- | --- | --- |
| 1. **Assessment forms include the following required components (7.2 a):**
 | **YES** | **NO** |
| Completed for all rotations*If no, please identify the rotations with missing/incomplete assessments.*       | [ ]  | [ ]  |
| Dates covered | [ ]  | [ ]  |
| Name and signature of and date signed by the **faculty** member | [ ]  | [ ]  |
| Name and signature of and date signed by the **resident** | [ ]  | [ ]  |
| Name and signature of and date signed by the **director** | [ ]  | [ ]  |
| Assess competencies specific to each rotation | [ ]  | [ ]  |
| Assess communication skills, professional behavior, attitudes, and initiative | [ ]  | [ ]  |
| The timing of the assessment allows sufficient opportunity for remediation | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation.*       |

|  |
| --- |
| 1. **The program director conducts a formal meeting, at least semi-annually, with the resident (7.2–b).**
 |
| [ ]  Yes [ ]  No*If no, please provide an explanation*.       |

|  |  |  |
| --- | --- | --- |
| 1. **In–training exams (7.2–c).**
 | **YES** | **NO** |
| In–training exams are required. | [ ]  | [ ]  |
| If required, the sponsoring institution pays fees associated with the exams. | [ ]  | [ ]  |
| *If no to any statement, please provide an explanation.*       |

|  |
| --- |
| 1. **A formal process exists for annual self-assessment of the program’s resources and curriculum (7.3).**
 |
| [ ]  Yes [ ]  No*If no, please provide an explanation.*      *If yes, describe the process including the following aspects:***Identification of individuals involved (**e.g. program director, faculty, and the residents**)**:     **Performance data utilized** (i.e., evaluation of the program’s compliance with the standards and requirements of the Council, the resident’s formal evaluation of the program, the director’s formal evaluation of the faculty, and the extent to which the didactic activities complement and supplement the curriculum):     **Measures of program outcomes utilized** (i.e., success of previous residents in private practice and teaching environments, board certification pass rates, hospital appointments, and publications):     **Results of the review** (i.e., whether the curriculum is relevant to the competencies, the extent to which the competencies are being achieved, whether all those involved understand the competencies, and whether the resources need to be enhanced, modified, or reallocated to assure that the competencies can be achieved):      |

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| --- |
| 1. **Use the space below to provide an additional information or further clarification for items that have not been addressed in this section of the report (Standard 7).**
 |
|       |

#### **ADDITIONAL INFORMATION**

**EACH EVALUATOR: Please write a concise and relevant narrative statement in response to each of the questions below. Your comments should be specific to each question, 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 previously in the report and must address the training provided in both podiatric medicine and podiatric surgery.**

|  |
| --- |
| 1. **Describe the types of inpatient podiatric management experiences afforded the resident.**
 |
|       |

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| --- |
| 1. **Comment on your overall impression of resident training evident through your review of patient charts and x-rays.**
 |
|       |

|  |
| --- |
| 1. **Comment on the diversity of the podiatric patient population available for residency training.**
 |
|       |

|  |
| --- |
| 1. **Describe the methods by which the curriculum includes the development of patient-physician communication skills.**
 |
|       |

|  |
| --- |
| 1. **Provide a brief summary to describe the training provided in podiatric medicine. This summary should be a compilation of the information obtained through the pre-evaluation materials, review of patient charts and x-rays, review of resident logs, and interviews conducted. *This brief summary will be included in the overall summary of findings provided the program***
 |
|       |

|  |
| --- |
| 1. **Provide a brief summary to describe the training provided in podiatric surgery. This summary should be a compilation of the information obtained through the pre-evaluation materials, review of patient charts and x-rays, review of resident logs, and interviews conducted. *This brief summary will be included in the overall summary of findings provided the program.***
 |
|       |