



Copy of Confidential Resident Survey - Spring 2024

Anonymous Resident Survey

As you are aware, your residency program is scheduled for an on-site re-evaluation this spring. Prior to the conduct of the on-site evaluation, the team reviews documents and other information provided by the sponsoring institution which they will verify during the visit.

To supplement that documentation, the Council on Podiatric Medical Education is conducting this anonymous survey of all residents in the program. The information obtained by this survey will be forwarded to the team prior to the visit, with the intent that the information will enable the team to obtain specific/more detailed information regarding didactics, rotations, evaluations, and faculty involvement and supervision. The information also may provide the team helpful direction in what should be discussed or considered further during the evaluation.

Thank you for your participation.

1. What aspect of training would you like to see added to your program?

2. Is your schedule of training well defined throughout the year?

Yes

No

Explanation (if needed)

3. Are you removed from other services to cover podiatric surgery or clinic?

Yes

No

Explanation (if needed)

4. Do didactic activities occur at least weekly?

- Yes
- No

5. Does the journal club occur at least monthly?

- Yes
- No

6. Is research methodology part of your curriculum?

- Yes
- No

If yes, when is it provided?

7. Were you provided formal instruction in logging with the web-based system used in your program?

- Yes
- No

Explanation (if needed)

8. If yes to the previous question, who instructed you in the use of web-based logging for your patient contacts?

- Fellow residents
- Chief resident
- Faculty
- Program director

9. Is there a fellow at your institution or affiliate training sites and does their training affect resident training?

- Yes
- No

If 'Yes', please provide more information.

10. Do residents log cases in conjunction with a fellow, with both logging first assist?

- Yes
- No
- Please add any comments you may have.

11. Do you feel you receive adequate supervision from attendings in surgical and/or clinical training experiences?

- Yes
- No

If 'No', please explain why you consider supervision to be inadequate.

12. Is your program director available to discuss resident concerns?

- Yes
- No

Explanation (if needed)

13. Are your clinical and educational work hours limited to no more than 80 hours per week, averaged over a four-week period? This is inclusive of all in-house clinical and educational activities and clinical work done from home.

- Yes
- No

If 'No', please provide more details.

14. Are you treated equitably with other residents in your facility?

- Yes
- No

If 'No', please provide details.

15. Do you have any additional comments? If yes, please provide.