



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

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

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

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	
<input type="checkbox"/> PMSR (<i>Podiatric Medicine and Surgery Residency</i>)	<input type="checkbox"/> 36 months		0/0/0	0/0/0	
<input type="checkbox"/> PMSR/RRA (<i>Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery</i>)	<input type="checkbox"/> 36 months	<input type="checkbox"/> 48 months	0/0/0/0	0/0/0/0	
Date approved by RRC to extend to 48 months (if applicable)					
Comments:					

Institution(s) Visited	Sponsor, Co-sponsor, Affiliate

Administrative Staff Interviewed	
Chief Administrative Officer	
Designated Institutional Officer	
Program Director	
Chief of Podiatric Staff	
Director of Medical Education	
Chief of Medical Staff	
Chief of Surgical Staff	

Non-Podiatric Medical Staff Interviewed	
Name	Position and Department

Podiatric Medical Staff Interviewed	
Name	Position

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.

- a. 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).
- 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).
- 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).
- d. Describe the strengths of the program.
- e. Describe the weaknesses of the program.
- f. Describe any other factors that may be important regarding the approval status of this program.

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 2023).

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.

Commendations

Recommendations

ADDITIONAL INFORMATION

For each category below, summarize information obtained through the pre-evaluation materials, review of patient charts and x-rays, review of resident logs, and interviews conducted.

1. Describe the inpatient podiatric experiences provided to the resident.

--

2. Describe the outpatient podiatric experiences provided to the resident.

--

3. Describe the podiatric surgical experiences provided to the resident.

--

4. Describe experiences provided to the resident in wound care, including the location and rotations where these experiences are obtained.

--

5. Describe experiences provided to the resident in biomechanics, including the location and rotations where these experiences are obtained.

--

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, health care system, or CPME-accredited 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 sponsoring 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 sponsoring college of podiatric medicine shall be accredited by the Council on Podiatric Medical Education.

1.3 The sponsoring institution may contract with other health-care facilities to provide resident training. The sponsoring institution shall formalize arrangements with each training site, including private practice offices, by means of a written agreement that clearly defines the roles and responsibilities of each institution and/or facility involved

1. Identify the type(s) of institution(s) that sponsor the residency (1.1). Indicate below with an “X.”	
Sponsor	
	Hospital
	Academic Health Center
	College of Podiatric Medicine
	Health Care System
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.	

2. Affiliated training sites (1.3).	YES	NO
The institution provides training at affiliated training sites.		
Appropriate agreements are in place at all affiliated training sites.		
Site coordinators are designated at each affiliate site.		
Written confirmation of this appointment, either within the affiliation agreement or in a separate document, is in place and includes the signatures of the program director and the site coordinator.		
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.		
<i>If no to any question, please provide an explanation and fill out the chart on page 13.</i>		

3. 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).

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 educational resources, including a diverse collection of current podiatric and non-podiatric medical texts and other pertinent reference resources (i.e., journals and digital materials/instructional media).

2.3 The sponsoring institution shall afford the resident dedicated office and/or study spaces at the institution(s) in which residency training is primarily conducted, including access to electronic resources.

2.4 The sponsoring institution shall provide a designated administrative staff member, frequently referred to as a program coordinator, to ensure efficient administration of the residency program.

1. Physical facilities, equipment, and resources of the primary and affiliated training site(s) are sufficient (2.1).	YES	NO
<i>If no, please provide an explanation.</i>		

2. 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		
<i>If no to any statement, please provide an explanation/clarification.</i>		

3. 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.

4. The sponsoring institution affords the resident ready access to the following resources (2.3 – 2.4):	YES	NO
Adequate information technologies and resources (2.3)		
Adequate office and study spaces at the institution(s) in which residency training is primarily conducted (2.3)		
Designated administrative staff are available to ensure efficient administration of the program, devoting the equivalent of 0.5 FTE to the program (2.4)		
<i>If no to any statement, please provide an explanation/clarification.</i>		

5. 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 2.0).

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 and shall abide by the rules and regulations set forth by the matching service.

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 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 all components of Parts I and II examinations of the National Board of Podiatric Medical Examiners.

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

The institution shall provide the following benefits:

- Health insurance
- Professional, family, and sick leave
- Leave of absence
- Professional liability insurance coverage
- Other benefits if provided

3.7 The sponsoring institution shall provide the resident a written contract or letter of appointment. The contract or letter shall be signed and dated by the chief administrative officer of the institution or designated institutional official (DIO) and the resident.

The contract or letter must state the following:

- whether the program to which the resident is appointed awards the reconstructive rearfoot/ankle credential upon completion of training;
- the amount of the resident stipend;
- duration of the agreement;
- benefits provided; and
- the length of the program, if it is approved by the Council to exceed 36 months.

3.8 The sponsoring institution shall ensure that the resident is not required to sign a non-competition guarantee or restrictive covenant with the institution or any of its affiliated training sites upon graduation.

3.9 The sponsoring institution shall develop the following components compiled into a residency manual (in either written or electronic format) that is distributed to and acknowledged in writing by the resident at the beginning of the program and following any revisions. The manual shall include, but not be limited to, the following:

- The mechanism of appeal
- Performance improvement methods established to address instances of unsatisfactory resident performance
- Resident clinical and educational work hours
- The rules and regulations for the conduct of the resident
- Transition of Care
- Curriculum, including competencies and assessment documents specific to each rotation (refer to requirements 6.1 and 6.4)
- Training schedule (refer to requirement 6.3)
- Schedule of didactic activities and critical analysis of scientific literature (refer to requirements 6.7 and 6.8)
- Policies and programs that encourage optimal resident well-being (refer to requirement 3.13)
- CPME 320 and CPME 330 or links to these documents on the Council’s website

3.10 The sponsoring institution shall provide the resident a certificate verifying satisfactory completion of training requirements.

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

3.12 The sponsoring institution shall ensure that the resident does not assume the responsibility of ancillary medical staff.

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

1. Resident information (3.5).	YES	NO
a. Each applicant is a graduate of an accredited college of podiatric medicine.		
b. Each resident in the PMSR passed Part I of the NBPME exam prior to beginning the residency.		
c. Each resident in the PMSR passed Part II of the NBPME exam prior to beginning the residency.		
<i>If no to any question, please provide an explanation.</i>		

2. Resident compensation (3.6):	YES	NO
Compensated equitably with other residents at the institution and/or in the geographic area.		
Health insurance equivalent to professional employees at the sponsoring institution		
Professional, family, and sick leave equivalent to professional employees at the sponsoring institution		
Leave of absence		
Professional liability insurance coverage		
Other benefits, if provided		
<i>Briefly describe these other benefits.</i>		
<i>If no to any statement, or if the guidelines for requirement 3.6 are not fully met, please provide an explanation/clarification.</i>		

3. Resident agreement (3.7).			
The agreement has been signed and dated by the following individuals:	YES	NO	N/A
Chief administrative officer/appropriate senior administrative officer			
Resident			
Co-sponsored programs: Chief administrative officer/appropriate senior administrative officer of each co-sponsoring institution			
The contract or letter states whether the reconstructive rearfoot/ankle credential is offered.			
<i>If no, please provide an explanation.</i>			

4. Resident agreement (3.7).	YES	NO	N/A
The contract or letter states the resident stipend.			
<i>If the stipend is not indicated in the contract, please provide an explanation.</i>			
Letter of appointment: A written confirmation of acceptance is forwarded to the chief administrative officer(s) or the appropriate senior administrative officer(s).			
Co-sponsored programs: The contract describes the arrangements established for the resident and the program in the event of dissolution of the co-sponsorship.			

5. Non-competition guarantee or restrictive covenant (3.8).	YES	NO
Residents are not required to sign a non-competition guarantee or restrictive covenant with the institution or any of its affiliated training sites upon graduation.		

6. Residency manual (3.9).	YES	NO
Distributed to the residents prior to the start of the training program		
Receipt of the manual by the resident acknowledged in writing		

7. The manual includes the following required components (3.9):	YES	NO
Mechanisms of appeal		
Performance improvement methods established to address instances of unsatisfactory resident performance		
Resident clinical and educational work hours		
Rules and regulations for the conduct of the resident		
Transition of care		
Curriculum, including competencies and assessment documents specific to each rotation (refer to requirements 6.1 and 6.4)		
Training schedule (refer to requirement 6.3)		
Schedule of didactic activities and critical analysis of scientific literature (refer to requirements 6.7 and 6.8)		
Policies and programs that encourage optimal resident well-being (refer to requirement 3.13)		
CPME 320 (or link to www.cpme.org/cpme320)		
CPME 330 (or link to www.cpme.org/cpme330)		
<i>If no to any statement, please provide an explanation/clarification.</i>		

8. Performance improvement methods (3.9):	YES	NO
Performance improvement methods are appropriate		
Have performance improvement methods been utilized		
If performance improvement methods have been utilized, was the length of training extended for the resident?		
<i>If yes, please provide an explanation.</i>		

9. Certificate of completion (3.10):	YES	NO
Provided upon verification of satisfactory completion of the training requirements.		
The certificate includes the following required components.		
<ul style="list-style-type: none"> 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” or “with Reconstructive Rearfoot/Ankle Surgery”		
<i>If no to any statement, please provide an explanation/clarification.</i>		

10. The sponsoring institution ensures that the program is established and conducted in an ethical manner and residents do not assume the responsibility of ancillary medical staff (3.11, 3.12).	YES	NO
<i>If no, please provide an explanation.</i>		

11. The sponsoring institution ensures that policies and programs are in place that encourage optimal resident well-being (3.13)	YES	NO
Residents have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during working hours.		
The institution provides education and resources that support sponsoring institution-employed faculty members and residents in identifying in themselves or others the risk factors of developing or demonstrating symptoms of fatigue, burnout, depression, and substance abuse, or displaying signs of self-harm, suicidal ideation, or potential for violence.		
The institution provides access to confidential and affordable mental health care, necessary for either acute or ongoing mental health issues.		
The institution provides an environment in which the physical and mental well-being of the resident is supported, without the resident fearing retaliation of any kind.		
<i>If no to any question, please provide an explanation.</i>		

12. 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.		
<i>If no to any statement, please provide an explanation.</i>		

2. The program director possess the following qualifications (5.2):	YES	NO
Appropriate clinical qualifications		
Appropriate administrative qualifications		
Appropriate teaching qualifications		
Certified by at least one board recognized by the Specialty Board Recognition Committee (if appointed after July 2023)		
Possesses a minimum of three years of post-residency clinical experience		
<i>If no to any statement, please provide an explanation.</i>		

3. Approximately how many hours per week does the director devote to the residency (5.3)?	Check One
0 - 10	
11 - 20	
21 - 30	
More than 30	

4. 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		
<i>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.</i>		

5. The director participates in faculty development activities at least annually (5.4).	YES	NO
CRIP		
ACFAS		
Hospital-based training		
Other (please describe)		
<i>If NO to any of the above, please provide an explanation.</i>		

6. Non-podiatric faculty (5.5 and 5.6).		
a. Identify the number of <u>active</u> <i>non-podiatric</i> faculty.	Check One	
• 0-5		
• 6-10		
• 11-20		
• 21 or greater		
b. The number is sufficient to:	YES	NO
• Achieve the stated competencies		
• Supervise the resident		
• Evaluate the resident		
c. 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		
d. Non-podiatric medical faculty members are qualified by education, training, experience, and clinical competence (6.6)		
<i>If no to any statement, please provide an explanation/clarification.</i>		

7. Podiatric faculty (5.5 and 5.6).		
a. Identify the number of <u>active</u> podiatric faculty.	Check One	
• 0-5		
• 6-10		
• 11-20		
• 21 or greater		
b. The number is sufficient to:	YES	NO
• Achieve the stated competencies		
• Supervise the resident		
• Evaluate the resident		
c. 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		
d. Podiatric medical faculty members are qualified by education, training, experience, and clinical competence (6.6)		
<i>If no to any statement, please provide an explanation/clarification.</i>		

8. 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	

9. 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 documenting clinical and didactic experiences related to the residency.
- 6.3 The program shall establish a formal schedule for clinical training.
- 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 podiatric medicine and surgery as well as non-podiatric rotations. 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.

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

- Falls prevention.
- Resident well-being (e.g., substance abuse, fatigue mitigation, suicide prevention, self-harm, and physician burnout).
- Pain management (i.e., multi-modal approach to chronic and acute pain) and opioid addiction.
- Cultural humility (e.g., training in implicit bias, diversity, inclusion, and culturally effective components particularly regarding access to care and health outcomes).
- Workplace harassment and discrimination awareness and prevention.
- Foundation of and importance of coding and medical documentation.

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

- 6.8 The curriculum shall afford the resident instruction in the critical analysis of scientific literature.
- 6.9 The residency program shall ensure that the resident is afforded appropriate faculty supervision during all training experiences.

6.10 The residency program shall ensure the resident is afforded appropriate clinical and educational work hours.

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		
<i>If no to any statement, please provide an explanation/clarification.</i>		

2. 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 health-care settings.		
Understand podiatric practice management in a multitude of health-care delivery settings.		
Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and evidence-based practice.		
<i>If no to any statement, please provide an explanation/clarification.</i>		

3. 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.		
The resident performs history and physical examinations in diverse settings, including non-podiatric rotations.		
<i>If no to any statement, please provide an explanation/clarification.</i>		

4. 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.		
Biomechanical cases are performed in a variety of settings (surgical and non-surgical), and include diverse pathology and treatment methods.		
<i>If no to any statement, please provide an explanation/clarification.</i>		

5. 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.		
<i>If no to any statement, please provide an explanation/clarification.</i>		

6. ABFAS representative review of resident logs (6.1, 7.1 and Appendix A).	YES	NO
All residents meet or are projected to meet the MAV requirements in all podiatric surgical categories. <i>If no, please complete the Podiatric Surgical Experiences chart on the following page.</i>		
All residents meet or are projected to meet the diversity requirements without overrepresentation in all podiatric surgical categories. <i>(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).</i> <i>If no, please provide additional information and the names of residents who appear to not be on track to meet MAV or diversity requirements.</i>		

7. 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. <i>If no, please provide additional information and the names of residents who appear to not be on track to meet MAV or diversity requirements..</i>		

8. Logs (6.2).	YES	NO
Web-based logs documenting experiences related to the residency.		
Web-based logs are in a format approved by the RRC.		
The resident web-based logging system is () Podiatry Resource Review () Other (Specify)		
<i>If no to any statement, please provide an explanation/clarification.</i>		

9. 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).		
<i>If no to any statement, please provide an explanation/clarification.</i>		

10. The training schedule identifies the following (6.3):	YES	NO
Rotations		
Dates of each rotation		
Length of each rotation		
Format		
Location of each rotation		
Percentage of the program conducted in a podiatric private office-based setting:		
<i>If the percentage is greater than 20, please provide an explanation.</i>		

11. 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.).		
<i>If no to any statement, please provide an explanation/clarification.</i>		

The program director must submit this chart as part of the pre-evaluation material. Teams must confirm that the information provided in the pre-evaluation material is accurate.

Rotation	Offered (Yes answers only)	Format (block or sequential)	Length	Location
Required Rotations – minimum of two weeks unless otherwise noted				
Anesthesiology				
Behavioral Sciences				
Emergency Medicine (<i>min 4 weeks</i>)				
Medical Imaging				
Medical Specialty Rotations - minimum requirement of 12 cumulative weeks of training in medical specialties				
Internal Medicine/Family Medicine (<i>min 4 weeks</i>)				
Infectious disease				
Medical Subspecialty Rotations (training must include at least <u>two</u>)				
Burn Unit				
Dermatology				
Endocrinology				
Geriatrics				
Intensive/Critical Care				
Neurology				
Pain Management				
Pediatrics				
Physical Medicine and Rehabilitation				
Rheumatology				
Wound Care				
Vascular Medicine				

Rotation	Offered	Format (block or sequential)	Length	Location			
Surgical Specialty Rotations – Minimum requirement of 8 cumulative weeks Training must include at least two of the following rotations							
Endovascular/Vascular (<i>min 2 weeks</i>)							
Cardiothoracic surgery							
General surgery							
Hand surgery							
Orthopedic surgery							
Neurosurgery							
Orthopedic/surgical oncology							
Pediatric orthopedic surgery							
Plastic surgery							
Surgical intensive care unit (SICU)							
Trauma team/surgery							
Other rotations:							
Time spent in the Medical Specialty rotations must equal 12 cumulative weeks of training						YES	NO
Time spent in the Surgical Specialty rotations must equal 8 cumulative weeks of training						YES	NO
<i>Please comment if a rotation is not sufficient length to meet the stated competencies, if supervision is inadequate, or if resident participation is more of an observer than an active participant.</i>							

12. 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):		
<i>If no to any training experience, please provide an explanation/clarification:</i>		

13. Surgical specialty 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):		
<i>If no to any training experience, please provide an explanation/clarification:</i>		

14. 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.		
<i>If no to either statement, please provide an explanation/clarification.</i>		

15. The residency curriculum includes instruction and experience in hospital protocol and medical record-keeping (6.6).	YES	NO
<i>If no, please provide an explanation.</i>		

16. 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.		
<i>If no to either statement, please provide an explanation/clarification.</i>		

17. The following training is provided at least once per year of training (6.7).	YES	NO
Falls prevention		
Resident well-being (e.g., substance abuse, fatigue mitigation, suicide prevention, self-harm, and physician burnout)		
Pain management (i.e., multi-modal approach to chronic and acute pain) and opioid addiction		
Cultural humility (e.g., training in implicit bias, diversity, inclusion, and culturally effective components particularly regarding access to care and health outcomes)		
Workplace harassment and discrimination awareness and prevention		
Foundation of and importance of coding and medical documentation		
<i>If no, please provide an explanation.</i>		

18. The following training is provided at least once during residency training (6.7).	YES	NO
Training in research methodology		
<i>If no, please provide an explanation.</i>		

19. Didactic activities that complement and supplement the curriculum (6.7).	YES	NO
Provided at least weekly		
Provided in a variety of formats		
<i>If no, please provide an explanation.</i>		

20. The following didactic activities are provided (6.7).	YES	How often (weekly, monthly)
Case discussions with attendings		
Resident lectures		
Attending Lectures- podiatry		
Attending Lectures- non podiatry		
Morbidity and mortality conferences		
Sawbones workshops		
Cadaver Workshops		
Online CME lectures		
Grand Rounds		
Other		
Other		

21. The curriculum affords the resident instruction in the critical analysis of scientific literature (6.8).	YES	NO
A journal review session meets at least monthly		
Faculty and residents participate in the journal review session		
Residents present current articles and analyze the content and validity of the research		
<i>If no, please provide an explanation.</i>		

22. The resident is afforded appropriate faculty supervision during all training experiences (6.9).	YES	NO
<i>If no, please provide an explanation.</i>		

23. The residency program ensures the resident is afforded appropriate clinical and educational work hours (6.10).	YES	NO
Clinical and education work hours are limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities and clinical work done from home		
Except as provided in (B, below), clinical and educational work periods for residents do not exceed 24 hours of continuous in-house activity and are followed by at least eight hours free of clinical work and education. (B) The 24-hour work period may be extended up to four hours of additional time for necessary patient safety, effective transitions of care, and/or resident education		
Residents are scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).		
At-home call is not so frequent or taxing as to preclude rest or reasonable personal time for each resident.		
The sponsoring institution prohibits resident participation in any outside activities that could adversely affect the resident's ability to function in the training program.		
<i>If no, please provide an explanation.</i>		

24. 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 shall require that all residents take at least one in-training examination during each academic year, as offered by SBRC-recognized specialty boards.

7.4 The program director, faculty, and resident(s) shall conduct a formal, written 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.		
<i>If no to any statement, please provide an explanation.</i>		

2. Assessment forms include the following required components (7.2 a):	YES	NO
Completed for all rotations.		
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.		
<i>If no to any statement, please provide an explanation. If multiple assessment forms are missing for multiple residents, please submit the Resident Assessment Checklist.</i>		

--

3. The program director conducts a formal meeting, at least semi-annually, with the resident that includes the following (7.2–b).	YES	NO
Review of completed rotation assessments		
In-training examinations		
Projected attainment of MAVs		
Projected attainment of diversity requirements		
<i>If no, please provide an explanation.</i>		

4. The program director conducts a final assessment of the resident that includes the following (7.2–c).	YES	NO
Becomes part of the resident’s permanent record maintained by the institution		
Verifies that the resident has achieved the competencies of the residency program		
Ensures the resident has attained MAVs and diversity in all categories		
<i>If no, please provide an explanation.</i>		

5. In–training exams (7.2–c).	YES	NO
One in–training exam is required to be taken each academic year		
The sponsoring institution pays fees associated with the exams.		
Residents take one exam from each SBRC-recognized specialty board at least once during their time in residency training		
<i>If no to any statement, please provide an explanation.</i>		

6. The program director, faculty, and resident(s) conduct a formal, written annual self-assessment of the program’s resources and curriculum. (7.4).	YES	NO
Identification of individuals involved		
Performance data utilized		
Measures of program outcomes utilized		
Results of the review		
Information resulting from this review is used in improving the program.		
<i>If no, please provide an explanation.</i>		

7. 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).

