



9312 Old Georgetown Road
 Bethesda, Maryland 20814
 301-581-9200

PODIATRIC MEDICINE AND SURGERY RESIDENCY

PRE-EVALUATION REPORT

The Council on Podiatric Medical Education and the Residency Review Committee require an institution seeking continuing approval of an established podiatric residency to submit this form along with supplemental materials regarding the educational program. This information will be reviewed by the evaluation team prior to the on-site visit.

This form and supplemental materials must be submitted in PDF format, as a single, bookmarked, and continuous document. RRC and the Council require that the program’s director is the individual responsible for submitting all materials to Council staff related to all application, on-site evaluation, and approval processes. Information submitted in multiple files will not be accepted and will be returned to the institution for resubmission.

1. Sponsoring Institution Information	
Sponsoring institution	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Website Address	

2. Co-Sponsoring Institution Information (if applicable)	
Co-sponsoring institution	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Website Address	

3. Program Director Information	
Name:	
Office Address 1	
Office Address 2	
City/State/Zip	
Telephone	
Fax	
Mobile Phone	
Email	

4. Administration – Sponsoring Institution (include professional degrees when applicable, e.g., DPM, MD, DO, etc.)	
Chief Administrative Officer	
Designated Institutional Official	
Chief of Podiatric Staff	
Chief of Medical Staff	
Director of Graduate Medical Education	
Chief of Surgical Staff	

5. Administration – Co-sponsoring Institution (if applicable)	
Chief Administrative Officer	
Designated Institutional Official	
Chief of Podiatric Staff	
Chief of Medical Staff	
Director of Graduate Medical Education	
Chief of Surgical Staff	

6. Program Information			
a.	Type of Program(s)	Length of Program(s)	
	<input type="checkbox"/> Podiatric Medicine and Surgery Residency (PMSR)	<input type="checkbox"/> 36 Months	
	<input type="checkbox"/> Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery (PMSR/RRA)	<input type="checkbox"/> 36 Months	<input type="checkbox"/> 48 Months
b.	Number of Approved Positions	PMSR 0/0/0 PMSR/RRA 0/0/0/0	
c.	Program start and end date (e.g. July 1 – June 30)		
d.	Resident Stipend	\$, \$, \$, \$	

7. Residency Policies		YES	NO	N/A
a.	The institution has identified a committee responsible for interviewing and selecting residents. If yes, describe the composition of the committee:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Prospective residents are informed in writing of the selection process and conditions of appointment established for the program. If no, please provide an explanation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	The institution makes available a written copy of the residency curriculum to the prospective resident. If no, please provide an explanation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Is the applicant charged a fee? If yes, what is the amount? To whom is the amount paid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	The sponsoring institution participates in a national resident application matching service. If no, please provide an explanation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	On what date was the interview conducted?			
g.	On what date did the sponsoring institution obtain a binding commitment from the prospective resident(s)?			

Supplemental Materials

The following items must be submitted to CPME as requested in the initial on-site email. **Please refer to the referenced requirements in CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*, for further information specific to each required document.**

A **Pre-Evaluation Report Cover Page** is provided at the end of this document to be submitted with the supplemental materials.

1. Accreditation documents

Provide copies of the accreditation document for the sponsoring institution and co-sponsoring institution (if applicable) (*requirement 1.2*).

2. Affiliated Training Sites

Provide the following information for each affiliated training site (e.g., hospital, surgery center, private practice office). (*requirement 1.3*)

Supplemental material:

For each institution identified below, provide copies of

2a. Executed affiliation agreements between the sponsoring institution and the affiliates, including a separate written confirmation of the appointment of the site coordinator (if this information is not on the agreement)

2b. Accreditation documents (e.g. Joint Commission and AAAHC), if applicable, for affiliated training sites

Name	City, State	Accredited By	Percentage of Training	Date Affiliation Signed/ Effective Date	Coordinator	
					Staff?	Name
		N/A			Yes	
		N/A			Yes	
		N/A			Yes	
		N/A			Yes	
		N/A			Yes	
		N/A			Yes	
		N/A			Yes	
		N/A			Yes	
		N/A			Yes	

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		N/A			Yes	
		N/A			Yes	
		N/A			Yes	
		N/A			Yes	
		N/A			Yes	
		N/A			Yes	
		N/A			Yes	

Standard 3 – Policies Affecting the Resident

3a.	One copy of the resident contract or letter of appointment between the sponsoring institution(s) and residents and signature pages for each current resident in each year of training. (<i>requirements 3.6 and 3.7</i>)
3b.	<p><u>Residency manual</u> that will be distributed at the beginning of the program to residents, faculty, and administrative staff involved in the residency. The manual must include <u>at minimum</u> the following components (<i>requirement 3.9</i>):</p> <ul style="list-style-type: none"> <input type="checkbox"/> The mechanism of appeal <input type="checkbox"/> Performance improvement methods established to address instances of unsatisfactory resident performance <input type="checkbox"/> Resident clinical and educational work hours <input type="checkbox"/> The rules and regulations for the conduct of the resident <input type="checkbox"/> Transition of Care <input type="checkbox"/> Curriculum, including competencies and assessment documents specific to each rotation (<i>refer to requirements 6.1 and 6.4</i>) <input type="checkbox"/> Training schedule (<i>refer to requirement 6.3</i>)

	<input type="checkbox"/> Schedule of didactic activities and critical analysis of scientific literature (<i>refer to requirements 6.7 and 6.8</i>) <input type="checkbox"/> Policies and programs that encourage optimal resident well-being (<i>refer to requirement 3.13</i>) <input type="checkbox"/> CPME 320 and CPME 330 or links to these documents on the Council's website
3c.	Certificate to be awarded the resident upon completion of training. (requirement 3.10)
3d.	Documentation to demonstrate that policies and programs are in place that encourage optimal resident well-being. If this information is in the residency manual, please provide reference to the pages in the manual where this information can be found. (requirement 3.13)

Standard 5 – Program Director and Faculty	
5a.	Curriculum vitae of the program director and a statement providing evidence that the director possesses appropriate clinical, administrative, and teaching qualifications suitable for implementing the residency and is certified by at least one board recognized by the Specialty Board Recognition Committee (if appointed after July 2023) and has a minimum of three years of post-residency clinical experience. (requirement 5.2)
5b.	List of <u>podiatric</u> medical faculty actively involved in the program with educational and professional qualifications of each. For each staff member, list only name, degree, and affiliations with certifying and professional organizations (e.g. ABPM and ABFAS). Additionally, identify which podiatric faculty are <u>affiliated with other CPME–approved residency programs</u> . (requirements 5.5 and 5.6)
5c.	List of <u>non-podiatric</u> medical faculty actively involved in the program with educational and professional qualifications of each. For each staff member, list only name, degree (MD, DO, PhD, RN, etc.), and affiliations with certifying and professional organizations. (requirements 5.5 and 5.6)

Standard 7 – Program and Resident Assessment	
7a.	Copies of completed assessment documents for all rotations for each resident from the start of his/her training. Assessment documents must identify the rotation and duration (e.g. August 1 – August 15, 2015) and include the dates and signatures of the faculty, resident, and program director. (requirement 7.2a)
7b.	Copies of documents demonstrating that the program meets with each resident on a semi-annual basis to review the extent to which the residents are achieving the competencies. (requirement 7.2b)
7c.	Copies of documents demonstrating that the program director conducts a final assessment of the resident prior to completion of the program. (requirement 7.2c)

7d	Description and copy of the most recent completed annual self-assessment of the program's resources and curriculum. <i>(requirement 7.4)</i>
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Miscellaneous Information	
8.	Copy of the ACLS certificate for each resident <i>(requirement 6.5)</i>
9	List with each resident's name, the resident's year of training, residency category (if the program sponsors both a PMSR and PMSR/RRA) and e-mail address.

Because the institution must utilize an electronic logging system, the on-site evaluation team will review resident logs online.

By signing this form, the chief administrative officer(s) and the program director confirm the commitment of the institution(s) in providing podiatric residency training.

Chief administrative officer (or DIO)

Date

Chief administrative officer of co-sponsoring institution (if applicable)

Date

Program director

Date

Chart of Rotations
Requirement 6.4

The program director must submit this rotation chart as part of the pre-evaluation material. The team will confirm this information with the training schedule provided in the resident manual.

Rotation	Offered (Only indicate if YES)	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 (Only indicate if YES)	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
				<input type="checkbox"/>	<input type="checkbox"/>
Time spent in the Surgical Specialty rotations must equal 8 cumulative weeks of training				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>

Pre-Evaluation Report
Supplemental Material Cover Page

Program Name	
Program Director	

Contents of this File:

Item #	Material Requested	Page
1.	Accreditation document for sponsoring institution(s) <i>Requirement 1.2</i>	
2a.	Affiliation agreements and written confirmation of the appointment of a site coordinator <i>Requirement 1.3</i>	
2b.	Accreditation documents of affiliated facilities <i>Requirement t 1.3</i>	
3a.	Resident contracts – Letter of Appointment <i>Requirements 3.8 and 3.9</i>	
3b.	Residency manual <i>Requirement 3.9</i>	
3c.	Certificate of completion of residency <i>Requirement 3.10</i>	
3d.	Documentation to demonstrate that policies and programs are in place that encourage optimal resident well-being <i>Requirement 3.13</i>	
5a.	Curriculum Vitae of program director and statement of qualifications <i>Requirement 5.2</i>	
5b.	List of podiatric faculty <i>Requirements 5.5 and 5.6</i>	
5c.	List of non-podiatry faculty <i>Requirements 5.5 and 5.6</i>	
7a.	Assessment of all Rotations of each Resident <i>Requirement 7.2a</i> These may be uploaded as a separate file if necessary	
7b.	Semi-Annual Resident Assessment <i>Requirement 7.2b</i>	
7c.	Final assessment of the resident <i>Requirement 7.2c</i>	
7d.	Program annual self-assessment <i>Requirement 7.4</i>	
8.	Copies of ACLS Certificates for each resident <i>Requirement 6.5</i>	
9.	List of Residents	

Please bookmark the PDF document and title each section with the labels listed above

