



**Constituents of the Residency Review Committee**  
 Council on Podiatric Medical Education  
 American Board of Podiatric Medicine  
 American Board of Foot and Ankle Surgery

## EVALUATION TEAM REPORT FOR PROVISIONAL APPROVAL OF PMSR

### CONFIDENTIAL

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

Team Information	
Chair	
Team Member	
CPME Liaison	
Visit Date	

Residency Information			
Type of Program(s)	Length of Program(s)		Number of Requested Positions
<input type="checkbox"/> PMSR ( <i>Podiatric Medicine and Surgery Residency</i> )	<input type="checkbox"/> 36 Months	<input type="checkbox"/> 48 Months	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
Comments:			

**NOTE:** The Residency Review Committee has determined that the residency program(s) described in this evaluation team report is eligible for on-site evaluation. This status indicates that the institution appears to be developing a residency that has the potential for meeting the standards and requirements for approval established by the Council on Podiatric Medical Education. Neither eligibility for on-site evaluation nor the conduct of an initial on-site evaluation ensures eventual approval. The Council will consider this team report in determining whether to grant or withhold provisional approval. When the Council grants provisional approval, this status is effective on the date the action is taken by the Council. The effective date of provisional approval is the date on which a resident may become active in the residency program(s). Provisional approval will not be considered for any training year or portion of a training year prior to the effective date of granting of provisional approval.

Institution(s) Visited	
	Sponsor
	Sponsor
	Sponsor

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	

Non-Podiatric Medical Staff Interviewed	
Name	Position and Department

### Podiatric Medical Staff Interviewed

## 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).
  
- 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 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.**

**Institutional Requirements (see pages 9-16, CPME 320)**☐ The team did not identify any areas of potential noncompliance.

Requirement	Description of Noncompliance Issue
1.1	
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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
5.1	
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5.1	

Commendations

**INSTRUCTIONS TO EVALUATION TEAM:**

To assist the institution in developing and activating its proposed residency program(s), the evaluation team is urged to provide substantive recommendations. Recommendations may address areas such as weaknesses, effective use of institutional resources, involvement of podiatric and non-podiatric medical staffs, and training progression in light of program resources

Recommendations



## 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.

<b>1. Identify the type(s) of institution(s) that sponsor the residency (1.1).</b>				
Sponsor:	<input type="checkbox"/> Hospital	<input type="checkbox"/> Academic health center	<input type="checkbox"/> College of Podiatric Medicine	
Co-sponsor: (if applicable)	<input type="checkbox"/> Hospital	<input type="checkbox"/> Academic health center	<input type="checkbox"/> College of Podiatric Medicine	<input type="checkbox"/> 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. <b>This information must be included in an appropriate agreement related to the residency program.</b>				

**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).**

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.

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	No site coordinator
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>					

## **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.

<b>1. Physical facilities, equipment, and resources of the primary and affiliated training site(s) are sufficient (2.1).</b>
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☐ Yes   ☐ No

*If no, please provide an explanation.*

2. The following are available for resident training (2.1):	YES	NO
Adequate patient treatment areas	<input type="checkbox"/>	<input type="checkbox"/>
Adequate training resources	<input type="checkbox"/>	<input type="checkbox"/>
A health information management system	<input type="checkbox"/>	<input type="checkbox"/>
Adequate operating rooms and equipment	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation/clarification.</i>		

3. The sponsoring institution will afford the resident ready access to the following educational resources (2.2):	YES	NO
Podiatric texts	<input type="checkbox"/>	<input type="checkbox"/>
Medical texts	<input type="checkbox"/>	<input type="checkbox"/>
Other reference texts	<input type="checkbox"/>	<input type="checkbox"/>
Journals	<input type="checkbox"/>	<input type="checkbox"/>
Audiovisual materials	<input type="checkbox"/>	<input type="checkbox"/>
Instructional media	<input type="checkbox"/>	<input type="checkbox"/>
Electronic retrieval of information from medical databases	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation/clarification.</i>		

4. The sponsoring institution will afford the resident ready access to the following resources (2.3 – 2.5):	YES	NO
Adequate information technologies and resources (2.3) <i>If no, please provide an explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate office and study spaces at the institution(s) in which residency training is primarily conducted (2.4) <i>If no, please provide an explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Designated support staff are available to ensure efficient administration of the program (2.5) <i>If no, please provide an explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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).</b>

## **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.
- 3.9 The sponsoring institution shall include or reference the following items in the contract or letter of appointment:
- 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. The manual shall include, but not be limited to, the following:
- 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.

1. Resident information (3.6).	YES	NO
a. Each applicant will be required to be a graduate of an accredited college of podiatric medicine  <i>If no, please provide an explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Each resident in the PMSR will be required to pass <b>Part I</b> of the NBPME exam prior to beginning the residency  <i>If no, please provide an explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Each resident in the PMSR will be required to pass <b>Part II</b> of the NBPME exam prior to beginning the residency  <i>If no, please provide an explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>

2. Resident compensation, rights, and privileges (3.7).	YES	NO	N/A
a. The resident(s) will be compensated equitably with other residents at the institution and/or in the geographic area  <i>If no, please provide an explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
b. The resident(s) will be given the same rights and privileges as other residents at the institution and/or in the geographic area  <i>If no, please provide an explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Resident agreement (3.8).	YES	NO	N/A
c. Which type of agreement will be utilized by the sponsoring institution(s)  <input type="checkbox"/> Contract <input type="checkbox"/> Letter of appointment			
The agreement will be signed and dated by the following individuals:			
• <b>Co-sponsored programs:</b> Chief administrative officer/appropriate senior administrative officer of each co-sponsoring institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Chief administrative officer/appropriate senior administrative officer	<input type="checkbox"/>	<input type="checkbox"/>	
• Program director	<input type="checkbox"/>	<input type="checkbox"/>	
• Resident	<input type="checkbox"/>	<input type="checkbox"/>	
d. The contract or letter states whether the reconstructive rearfoot/ankle credential is offered  <i>If no, please provide an explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The contract or letter states the resident stipend  If yes, state the amount each year \$      , \$      , \$      , \$  <i>If no, please provide an explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Resident agreement (3.8).	YES	NO	N/A
f. <b>Letter of appointment:</b> A written confirmation of acceptance will be forwarded to the chief administrative officer(s) or the appropriate senior administrative officer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <b>Co-sponsored programs:</b> The contract describes the arrangements established for the resident and the program in the event of dissolution of the co-sponsorship  <i>If no, please provide an explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <b>Co-sponsored programs:</b> Describe the contractual arrangement between the institutions and the resident			

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

5. Residency manual (3.10).	YES	NO
Will be distributed to the residents prior to the start of the training program	<input type="checkbox"/>	<input type="checkbox"/>
Receipt of the manual by the resident will be acknowledged in writing	<input type="checkbox"/>	<input type="checkbox"/>



<b>6. The manual includes the following required components (3.10):</b>	<b>YES</b>	<b>NO</b>
Mechanisms of appeal/due process policies	<input type="checkbox"/>	<input type="checkbox"/>
Remediation methods	<input type="checkbox"/>	<input type="checkbox"/>
Rules and regulations for resident conduct	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum and competencies specific to each rotation	<input type="checkbox"/>	<input type="checkbox"/>
Training schedule	<input type="checkbox"/>	<input type="checkbox"/>
Schedule of didactic activities	<input type="checkbox"/>	<input type="checkbox"/>
Journal review schedule	<input type="checkbox"/>	<input type="checkbox"/>
Assessment documents	<input type="checkbox"/>	<input type="checkbox"/>
CPME 320 (or an appropriate link to the documents on CPME's website)	<input type="checkbox"/>	<input type="checkbox"/>
CPME 330 (or an appropriate link to the documents on CPME's website)	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation/clarification.</i>		

<b>7. Remediation methods (3.10–b).</b>	<b>YES</b>	<b>NO</b>
Remediation methods are appropriate	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no, please provide an explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>8. Certificate of completion (3.11).</b>	<b>YES</b>	<b>NO</b>
The institution(s) will provide a certificate verifying satisfactory completion of the training requirements	<input type="checkbox"/>	<input type="checkbox"/>
<b>The certificate includes the following required components</b>		
• The statement “Approved by the Council on Podiatric Medical Education”	<input type="checkbox"/>	<input type="checkbox"/>
• Program director signature	<input type="checkbox"/>	<input type="checkbox"/>
• Chief administrative officer/designated institutional officer signature. If co-sponsored, signatures of CAO/DIO of each institution	<input type="checkbox"/>	<input type="checkbox"/>
• Date of completion	<input type="checkbox"/>	<input type="checkbox"/>
• Identification of the program as “Podiatric Medicine and Surgery Residency”	<input type="checkbox"/>	<input type="checkbox"/>
• Identification of the added credential as “with the added credential in Reconstructive Rearfoot/Ankle Surgery”	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation/clarification.</i>		

**9. The sponsoring institution ensures that the program is established and conducted in an ethical manner (3.2 and 3.12).**

Yes

*If no, please provide an explanation.*

**10. 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 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	<input type="checkbox"/>	<input type="checkbox"/>
Is provided proper authority by the sponsoring institution to fulfill the responsibilities of the positions	<input type="checkbox"/>	<input type="checkbox"/>
The program director is a member of the medical staff at the institution	<input type="checkbox"/>	<input type="checkbox"/>
The program director is a member of the GME committee or equivalent within the institution	<input type="checkbox"/>	<input type="checkbox"/>
The program director will attend GME committee meetings	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation.</i>		

2. The program director possesses the following qualifications (5.2):	YES	NO
Appropriate clinical qualifications	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate administrative qualifications	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate teaching qualifications	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation.</i>		

3. How many hours per week will the director devote to the residency (5.3)?

4. Assess the extent to which the director has planned and/or implemented the following administrative structural elements for coordination and direction of the residency program in all participating institutions (5.3).	Satisfactory	Unsatisfactory
Maintenance of records	<input type="checkbox"/>	<input type="checkbox"/>
Timely communication with RRC and CPME	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling of training experiences	<input type="checkbox"/>	<input type="checkbox"/>
Resident instruction	<input type="checkbox"/>	<input type="checkbox"/>
Resident supervision	<input type="checkbox"/>	<input type="checkbox"/>
Review and verification of logs	<input type="checkbox"/>	<input type="checkbox"/>
Resident evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum review and revision	<input type="checkbox"/>	<input type="checkbox"/>
Program self-assessment	<input type="checkbox"/>	<input type="checkbox"/>
Resident participation in training resources	<input type="checkbox"/>	<input type="checkbox"/>
Resident training in didactic experiences	<input type="checkbox"/>	<input type="checkbox"/>
Equitable training of residents	<input type="checkbox"/>	<input type="checkbox"/>
Does not delegate his/her administrative duties to the resident	<input type="checkbox"/>	<input type="checkbox"/>
<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 will participate in faculty development activities at least annually (5.4).**

☐ Yes ☐ No

*If yes, please describe.*

*If no, please provide an explanation.*

**6. Non-podiatric faculty (5.5 and 5.6).**

a. Identify the number of <u>active</u> <i>non-podiatric</i> faculty		
b. The number is sufficient to:	<b>YES</b>	<b>NO</b>
• Achieve the stated competencies	<input type="checkbox"/>	<input type="checkbox"/>
• Supervise the resident	<input type="checkbox"/>	<input type="checkbox"/>
• Evaluate the resident	<input type="checkbox"/>	<input type="checkbox"/>
c. Non-podiatric medical faculty members will take an active role in the following:		
• Presenting didactic activities to the resident	<input type="checkbox"/>	<input type="checkbox"/>
• Discussing patient evaluation and management with the resident	<input type="checkbox"/>	<input type="checkbox"/>
• Reviewing patient records with the resident to ensure accuracy and completeness	<input type="checkbox"/>	<input type="checkbox"/>
d. Non-podiatric medical faculty members are qualified by education, training, experience, and clinical competence (6.6)	<input type="checkbox"/>	<input type="checkbox"/>

*If no to any statement, please provide an explanation/clarification.*

**7. Podiatric faculty (5.5 and 5.6).**

a. Identify the number of <u>active</u> podiatric faculty		
b. The number is sufficient to:	<b>YES</b>	<b>NO</b>
• Achieve the stated competencies	<input type="checkbox"/>	<input type="checkbox"/>
• Supervise the resident	<input type="checkbox"/>	<input type="checkbox"/>
• Evaluate the resident	<input type="checkbox"/>	<input type="checkbox"/>
c. Podiatric medical faculty members will take an active role in the following:		
• Presenting didactic activities to the resident	<input type="checkbox"/>	<input type="checkbox"/>
• Discussing patient evaluation and management with the resident	<input type="checkbox"/>	<input type="checkbox"/>
• Reviewing patient records with the resident to ensure accuracy and completeness	<input type="checkbox"/>	<input type="checkbox"/>
d. Podiatric medical faculty members are qualified by education, training, experience, and clinical competence (6.6)	<input type="checkbox"/>	<input type="checkbox"/>

*If no to any statement, please provide an explanation/clarification.*

**8. How many podiatric faculty members (excluding the program director) who will 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.

**9. 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 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.

<b>1. The curriculum is (6.1):</b>	<b>YES</b>	<b>NO</b>
Clearly defined	<input type="checkbox"/>	<input type="checkbox"/>
Will be distributed at the beginning of the training year to all individuals involved in the program	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation/clarification:</i>		

<b>2. The curriculum provides the resident appropriate and sufficient experiences to perform the following functions (6.1):</b>	<b>YES</b>	<b>NO</b>
Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity	<input type="checkbox"/>	<input type="checkbox"/>
Assess and manage the patient's general medical and surgical status	<input type="checkbox"/>	<input type="checkbox"/>
Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion	<input type="checkbox"/>	<input type="checkbox"/>
Communicate effectively and function in a multi-disciplinary setting	<input type="checkbox"/>	<input type="checkbox"/>
Manage individuals and populations in a variety of socioeconomic and healthcare settings	<input type="checkbox"/>	<input type="checkbox"/>
Understand podiatric practice management in a multitude of healthcare delivery settings	<input type="checkbox"/>	<input type="checkbox"/>
Be professionally inquisitive, life-long learners, and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation/clarification.</i>		

<b>3. History and physical examinations (6.1).</b>	<b>YES</b>	<b>NO</b>
The resident will perform and interpret the findings of comprehensive medical history and physical examinations	<input type="checkbox"/>	<input type="checkbox"/>
The resident will develop the ability to utilize information obtained from the history and physical examination and ancillary studies to formulate an appropriate diagnosis and plan of management	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation/clarification.</i>		

<b>4. Biomechanical cases will include the following components (6.1):</b>	<b>YES</b>	<b>NO</b>
Biomechanical evaluation that includes gait analysis on all ambulatory patients	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation of findings of the biomechanical evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Formulating a diagnosis and appropriate treatment plan for the biomechanical pathology	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation/clarification.</i>		

<b>5. The resident will participate directly in the following (6.1):</b>	<b>YES</b>	<b>NO</b>
Medical evaluation and management of patients from diverse populations.	<input type="checkbox"/>	<input type="checkbox"/>
Urgent and emergent evaluation and management of podiatric and non-podiatric patients.	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation/clarification.</i>		



6. Logs (6.2).	YES	NO
Web-based logs will be required to document all experiences related to the residency	<input type="checkbox"/>	<input type="checkbox"/>
Web-based logs are in a format approved by RRC	<input type="checkbox"/>	<input type="checkbox"/>
The resident web-based logging system is <input type="checkbox"/> Podiatry Residency Resource <input type="checkbox"/> Other (Specify)		
<i>If no to any statement, please provide an explanation/clarification.</i>		

7. Training schedule (6.3).	YES	NO
The institution has established a <u>formal</u> schedule for clinical training	<input type="checkbox"/>	<input type="checkbox"/>
The schedule will be distributed to all individuals involved in the training program (faculty, residents, and administrative staff)	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation/clarification.</i>		

8. The training schedule identifies the following (6.3):	YES	NO
Rotations	<input type="checkbox"/>	<input type="checkbox"/>
Dates of each rotation	<input type="checkbox"/>	<input type="checkbox"/>
Length of each rotation	<input type="checkbox"/>	<input type="checkbox"/>
Format (e.g., block, sequential, case-by-case, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Location of each rotation	<input type="checkbox"/>	<input type="checkbox"/>
Percentage of the program to be conducted in a podiatric private office based setting:		
<i>If the percentage is greater than 20, please provide an explanation.</i>		

9. The curriculum (6.4).	YES	NO
Provides the resident experience in patient management in both inpatient and outpatient settings rotations	<input type="checkbox"/>	<input type="checkbox"/>
Developed in collaboration with appropriate faculty (e.g. program director, chief of surgery, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation/clarification:</i>		

**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		Location
	Yes	No	Yes	No				
<b>Required Rotations:</b>								
Anesthesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Behavioral Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Family Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Internal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Medical Imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
General surgery (competencies & assessments separate from vascular surgery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Podiatric Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Podiatric Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
<b>Medical subspecialty rotations (include training in at least <u>two</u> of the following)</b>								
Burn Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Geriatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Intensive/Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Pain Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Physical Medicine and Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	
Wound Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A	

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	Location			
	Yes	No	Yes	No						
<b>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:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No. <b>If no, please provide an explanation:</b>										
<b>Surgical subspecialty rotation includes training in at least <u>one</u> of the following</b>										
Orthopedic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A			
Plastic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A			
Vascular Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A			
<b>Other rotations</b>										
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A			
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A			
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A			
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A			
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select	N/A	N/A			

10. The resident will perform (and/or order) and interpret appropriate diagnostic studies, including the following (6.1, 6.4):	YES	NO
Laboratory tests (e.g., hematology, serology/immunology, toxicology, and microbiology)	<input type="checkbox"/>	<input type="checkbox"/>
Other diagnostic studies (e.g., electrodiagnostic, non-invasive vascular, bone mineral densitometry, compartment pressure)	<input type="checkbox"/>	<input type="checkbox"/>
EKG	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):		
<i>If no to any training experience, please provide an explanation/clarification:</i>		

11. Describe the qualifications (including education, training, and experience) of the medical faculty member(s) who will provide training in infectious disease. (5.6, 6.1, 6.4)

12. 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	<input type="checkbox"/>	<input type="checkbox"/>
Enhancing surgical skills	<input type="checkbox"/>	<input type="checkbox"/>
Understanding surgical procedures and principles applicable to non-podiatric surgical specialties	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):		
<i>If no to any training experience, please provide an explanation/clarification.</i>		

13. Advanced Cardiac Life Support Certification (6.5).	YES	NO
ACLS certification will be obtained within six months of the resident's start date	<input type="checkbox"/>	<input type="checkbox"/>
The resident will be ACLS certified for the duration of training	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to either statement, please provide an explanation/clarification.</i>		

14. The residency curriculum includes instruction and experience in hospital protocol and medical record-keeping (6.6).
<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, please provide an explanation.</i>

<b>15. The program director will assure that patient records document accurately the resident's participation in the following (6.6):</b>	<b>YES</b>	<b>NO</b>
Performing history and physical examinations	<input type="checkbox"/>	<input type="checkbox"/>
Recording operative reports, discharge summaries, and progress notes	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to either statement, please provide an explanation/clarification.</i>		

<b>16. Didactic activities that complement and supplement the curriculum will be: (6.7).</b>	<b>YES</b>	<b>NO</b>
Provided at least weekly	<input type="checkbox"/>	<input type="checkbox"/>
Provided in a variety of formats	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no, please provide an explanation.</i>		

<b>17. Complete the following chart to provide the requested information about the didactic activities provided. Additional information may be provided in "Comments" (6.7).</b>		
<b>Didactic Activities</b>	<b>Frequency</b>	<b>Comments</b>
<input type="checkbox"/> Cadaver Dissections	Select	
<input type="checkbox"/> Case Discussions	Select	
<input type="checkbox"/> Clinical Pathology Conferences	Select	
<input type="checkbox"/> Continuing education	Select	
<input type="checkbox"/> Informal lectures	Select	
<input type="checkbox"/> Lectures	Select	
<input type="checkbox"/> Morbidity and mortality Conferences	Select	
<input type="checkbox"/> PRESENT Lectures	Select	
<input type="checkbox"/> REDrC	Select	
<input type="checkbox"/> Research methodology (Required)	Select	
<input type="checkbox"/> Teaching rounds	Select	
<input type="checkbox"/> Tumor conferences	Select	
<input type="checkbox"/> Other (Identify)		
<input type="checkbox"/> Other (Identify)		
<input type="checkbox"/> Other (Identify)		
<input type="checkbox"/> Other (Identify)		

**18. Didactic activities will include journal review session(s) to facilitate the resident's reading, analyzing, and presenting medical and scientific literature (6.8).**

- ☐ Yes ☐ No
- How often will it meet?
- Who will participate?

*If no, please provide an explanation.*

**19. The resident is afforded appropriate faculty supervision during all training experiences (6.9).**

☐ Yes ☐ No

*If no, please provide an explanation.*

**20. 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 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.

<b>1. Program director will review resident logs and ensure the following (7.1):</b>	<b>YES</b>	<b>NO</b>
Review and verified on a monthly basis	<input type="checkbox"/>	<input type="checkbox"/>
Logs do not include fragmentation of procedures	<input type="checkbox"/>	<input type="checkbox"/>
Logs do not include miscategorization of procedures	<input type="checkbox"/>	<input type="checkbox"/>
Logs do not include duplication of procedures	<input type="checkbox"/>	<input type="checkbox"/>
Procedure notes support the selected experiences	<input type="checkbox"/>	<input type="checkbox"/>
Residents are meeting the MAVs prior to completion of training	<input type="checkbox"/>	<input type="checkbox"/>
Residents are meeting the diversity requirements prior to completion of training	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation.</i>		

<b>2. Assessment forms include the following required components (7.2 a):</b>	<b>YES</b>	<b>NO</b>
Provided for all rotations	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no, please identify the rotations with missing assessments.</i>		
Dates covered	<input type="checkbox"/>	<input type="checkbox"/>
Name and signature of and date signed by the <b>faculty</b> member	<input type="checkbox"/>	<input type="checkbox"/>
Name and signature of and date signed by the <b>resident</b>	<input type="checkbox"/>	<input type="checkbox"/>
Name and signature of and date signed by the <b>director</b>	<input type="checkbox"/>	<input type="checkbox"/>
Assess competencies specific to each rotation	<input type="checkbox"/>	<input type="checkbox"/>
Assess communication skills, professional behavior, attitudes, and initiative	<input type="checkbox"/>	<input type="checkbox"/>
The timing of the assessment will allow sufficient opportunity for remediation	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no to any statement, please provide an explanation.</i>		

**3. The program director will conduct a formal meeting, at least semi-annually, with the resident (7.2–b).**

☐ Yes ☐ No

*If no, please provide an explanation.*

**4. In-training exams (7.2–c).**

**YES**

**NO**

In-training exams will be required

☐☐

If required, the sponsoring institution will pay fees associated with the exams

☐☐

*If no to any statement, please provide an explanation.*

**5. A formal process will be developed 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 that will be used 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):

**6. 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 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 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 that will be afforded the resident.

2. Comment on the diversity of the podiatric patient population available for residency training.

3. Describe the methods by which the curriculum will include the development of patient-physician communication skills.

4. Provide a summary statement to describe the training provided in podiatric medicine. *This brief summary will be included in the overall summary of findings provided the program*

5. Provide a summary statement to describe the training provided in podiatric surgery. *This brief summary will be included in the overall summary of findings provided the program*