Understanding the new CPME documents

CPME 320, Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies
CPME 330, Procedures for Approval of Podiatric Medicine and Surgery Residencies

1

Training Format

- Two-hour presentation for program directors. Many of this information was presented at CRIP, but we are going to go into more detail and take as many questions as we can.
- One hour for residency on-site evaluators. We encourage program directors to stay for this portion, even if you are not serving as an on-site evaluator.
- Want to follow along? Open the documents and review during the presentation.
- All training materials and slides will be posted to www.cpme.org

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Presentation Overview

- History of the revision process
- Understanding the structure of the CPME 320
- Review of changes within each standard
- Explanation of the Implementation Plan
- Brief review of CPME 330
- Review of other key CPME residency documents

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Council on Podiatric Medical Education

- The Council on Podiatric Medical Education (CPME) is an autonomous, professional accrediting agency designated by the American Podiatric Medical Association (APMA) to serve as the accrediting agency in the profession of podiatric medicine
- CPME accredits, approves, and recognizes educational institutions and programs

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Residency Review Committee

REPRESENTATION

- At least two CPME members
- Two ABFAS members*
- Two ABPM members*
- Two at large members*
- Two COTH members*

** Non-CPME members may serve two 3-year terms*

RESPONSIBILITIES

- Provisional approval
- Increases in positions
- Reclassification requests
- Review of team reports, progress reports
- Requests for reconsideration
- Approval recommendations
- Program transfer
- One-time certificate requests

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History of the Revision Process

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CPME Document Revision

- Every six years, CPME conducts a comprehensive review of its standards, requirements, and procedures
- Council appoints an ad hoc advisory committee for the review
  - A residency ad hoc committee was appointed in 2018
- The Residency Ad Hoc Advisory Committee members broadly represented the communities of interest

CPME	Young Physicians
ABFAS and ABPM	Veterans Affairs
COTH	Practitioner
APMA BOT	Program Director/Evaluator

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CPME 320 and 330 Revision Timeline

2018
- Council appoints Ad Hoc Advisory Committee members
- Ad Hoc Committee starts meeting

2020
- At its October meeting Council approves Draft I of documents, including Appendix C, optional milestones
- Draft I is widely disseminated to the community of interest for feedback

2021
- Council hosts a series of town hall meetings
- At its April meeting Council considers the feedback on Draft I and asks the Ad Hoc Committee to continue its work

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CPME 320 and 330 Revision Timeline

2021
- At its October meeting Council establishes a Blue Ribbon Panel for Milestone Education in Podiatric Medicine and Surgery Residencies
- The Blue Ribbon Panel starts its work

2022
- At its April meeting Council approves Draft II of documents, including an updated Appendix C – Milestones proposed by the Blue Ribbon Panel
- Draft II is widely disseminated to the community of interest for feedback

2022
- At its October meeting Council adopts Draft II of CPME 320 and 330 with the exception of Appendix C, Milestones
- The newly adopted documents will have an implementation date of July 2023

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CPME Council on Podiatric Medical Education

Understanding the CPME 320

Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies

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Podiatric Residencies

Podiatric residency programs are based on the resource-based, competency-driven, assessment-validated model of training:

- Resource-based
- Competency-driven
- Assessment-validated

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Resource-based

Podiatric residency programs are based on the resource-based, competency-driven, assessment-validated model of training:

- **Resource-based** implies that the program director constructs the residency program based upon the resources available. While the Council recognizes that available resources may differ among institutions, the program director is responsible for determining how the unique resources of the particular residency program will be organized to assure the resident opportunity to achieve the competencies identified by the Council.

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Competency-driven

Podiatric residency programs are based on the resource-based, competency-driven, assessment-validated model of training:

- **Competency-driven** implies the program director assures that the resident achieves the competencies identified by the Council for successful completion of the residency. Each of these specific competencies must be achieved by every resident identified by the sponsoring institution as having successfully completed the residency program.

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Assessment Validated

Podiatric residency programs are based on the resource-based, competency-driven, assessment-validated model of training:

- **Assessment-validated** implies the serial acquisition and final achievement of the competencies are validated by assessments of the resident's knowledge, attitudes, and skills. To provide the most effective validation, assessment is conducted both internally (within the program) and externally (by outside organizations).

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Document Organization

STANDARDS – broad statements that embrace areas of expected performance on the part of the sponsoring institution and the residency program

REQUIREMENTS - provide an indication of whether the broader standard has been satisfied

GUIDELINES - Explanatory materials for the requirements. used to indicate how the requirements either must be interpreted or may be interpreted to allow for flexibility, yet remain within a consistent framework

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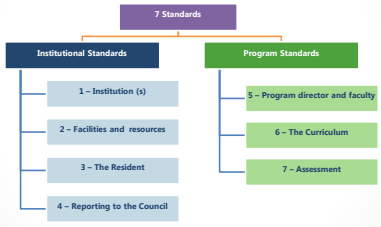
Institutional and Program Standards



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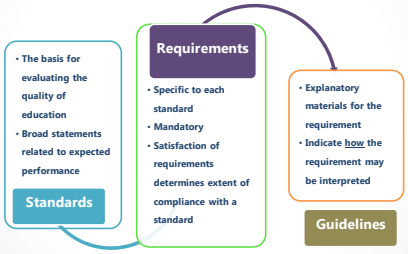
Standards, Requirements, and Guidelines



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INSTITUTIONAL STANDARDS AND REQUIREMENTS

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.

A surgery center may co-sponsor a residency with a hospital, academic health center, health-care system, and/or college of podiatric medicine but cannot be the sole sponsor of the program.

Institutions that co-sponsor a residency program must define their relationship to each other to delineate the extent to which financial, administrative, and teaching resources are to be shared. The document defining the relationship between the co-sponsoring institutions must describe arrangements established for the residency program and the resident in the event of dissolution of the co-sponsorship.

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.

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Verbs

The verbs "must" and "is" indicate 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.

The verb "should" indicates a recommended, but not mandatory, condition.

The verb "may" is used to express freedom or liberty to follow an alternative.

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Revisions to CPME 320

Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies

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High-level Changes

No changes to the standards, only to requirements and guidelines

- Intent and Background statements were added to some requirements to further clarify guidelines
- Addition of curricular guidelines for all mandated rotations
- New mandated rotation lengths and categories
- Changes to Minimum Activity Volume (MAVs) of procedures

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High-level Changes

- Requirement of minimum 0.5 FTE Residency Coordinator (20 hours/week)
- Requirement ensuring that policies and programs are in place to encourage optimal resident well-being
- New/additional requirements for yearly didactics
- New requirement for final assessment of the resident
- New requirement for annual in-training exams

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Standard 1 - sponsorship

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 Revised to include sponsorship by health care systems

1.3 Affiliation agreement reaffirmation increased to every 10 years (up from 5)

CPME 320, Page 5

23

Standard 2 - facilities

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

2.2 Requirements updated to reflect digital/electronic educational resources

2.4 Requirement for a program coordinator – 0.5 FTE

CPME 320, Pages 6-7

24

Requirement 2.4 – program coordinator

Requirement of a program coordinator

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.

The program coordinator must dedicate sufficient time to the administration of the program and must devote the equivalent of 0.5 FTE to the program.

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Standard 3 - policies

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

3.3 Revised to require abiding by the rules and regulations of the matching service

3.6 Identifies specific benefits to be provided the residents

3.7 Outlines requirements in the resident contract and clarifies that the program director has final authority to oversee residents at all training sites

CPME 320, Pages 7-12

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Requirement 3.6 – resident benefits

Identifies specific benefits to be provided the residents

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

CPME 320, Pages 8-9

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Requirement 3.7 – resident contract

Outlines requirements in the resident contract and clarifies that the program director has final authority over resident training at all training sites

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.

For programs in which residents sign contracts with multiple institutions, a letter of understanding between those institutions must be in place, identifying the program director as the final authority to oversee resident training at all sites.

CPME 320, Pages 9-10

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Standard 3 - policies (cont.)

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

3.8 Ensure that residents not sign a non-competition guarantee or restrictive covenant with institution or any affiliated training sites

3.9 Outlines required components that must be developed and compiled into a residency manual

3.11 Ethical conduct is further defined

3.12 Added that residents may not assume the responsibility of ancillary medical staff

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Requirement 3.9 – residency manual

Outlines required components that must be developed and compiled into a residency manual:

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
- Information related to 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

Assessment documents and competencies must correlate. They may be included in a single document.

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Requirement 3.13 – resident well-being

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

3.13 Added resident well being

- Ability to attend medical, mental health, and dental care appointments, including those scheduled during working hours
- Provide education and resources that support 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.
- Access to confidential and affordable mental health care, necessary for either acute or ongoing mental health issues
- Provide an environment in which the physical and mental well-being of the resident is supported, without the resident fearing retaliation

CPME 320, Page 12

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Standard 4 – reporting to CPME

The sponsoring institution reports to the Council on Podiatric Medical Education regarding the conduct of the residency program in a timely manner and at least annually.

Expanded to include changes that require reporting to the council within 30 days:

- Change in sponsorship
- Change in the chief administrative officer, DIO, or designee
- Resignation or termination of the PD and/or appointment of a new PD
- Resident resignation, termination, or transfer
- Delay in resident starting date
- Resident extended leave of absence
- Resident extension of training

CPME serves as a primary source for residency verification, so it is important that we maintain accurate records for all residents and their time in residency.

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Standard 5 - administration

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

5.2 The program director must be certified by ABPM and/or ABFAS, and must possess a minimum of three years of post-residency clinical experiences.

Applicable to program directors appointed *after* adoption of the revised documents.

CPME 320, Pages 14-15

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Requirement 5.5 – program director authority

The program director has the authority to approve/remove program faculty members from participation in the residency program at all training sites

CPME 320, Pages 14-15

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Standard 6 – the curriculum

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.

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Standard 6 – curriculum and rotations

6.1 Core competencies updated to include additional components and now includes:

- Direct participation in the management and evaluation of patients with a variety of diseases, disorders and injuries
- Added core competencies for all required rotations

6.3 Provides clarification concerning the rotation schedule

6.4 In addition to podiatric medicine and surgery, all required rotations must be a minimum of two weeks of training, unless otherwise specified, and must be provided in block or sequential format.

- Anesthesiology
- Behavioral medicine
- Emergency medicine (minimum of four weeks of training)
- Medical imaging

While a typical training week involves five working days, CPME recognizes that holidays may shorten a work week.

CPME 320, Pages 16-24

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Requirement 6.4 – required rotations

6.4 Medical specialties: a minimum of 12 cumulative weeks of training

- Training must include rotations in:
- Internal medicine/Family medicine (minimum 4 weeks).
- Infectious disease.

- Training must also include at least two of the following rotations:
- Burn unit, dermatology, endocrinology, geriatrics, intensive/critical care unit, neurology, pain management, pediatrics, physical medicine and rehabilitation, rheumatology, wound care, and vascular medicine.

CPME 320, Pages 22-24

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Requirement 6.4 (cont.)

6.4 Surgical specialties: a minimum of 8 cumulative weeks of training

Training must include at least two of the following rotations, with a minimum of two weeks in endovascular/vascular surgery:

- Endovascular/vascular surgery (at least two weeks).
- Cardiothoracic surgery, general surgery, hand surgery, orthopedic surgery, neurosurgery, orthopedic/surgical oncology, pediatric orthopedic surgery, plastic surgery, or surgical intensive care unit (SICU), trauma team/surgery.

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Requirement 6.7 - didactics

6.7 Residents must have protected time for weekly didactic activities, including required activities

Training must be provided at least once per year in:

- Falls prevention
- Resident well-being
- Pain management and opioid addiction
- Cultural humility
- 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

CPME 320, Pages 24-25

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NEW - Requirement 6.10 work hours

6.10 Residents are afforded appropriate clinical and educational work hours

- Work hours
- Work periods
- In-house call
- Outside activities

CPME 320, Pages 25-26

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Requirement 6.10 - work hours

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

Work Hours: Clinical and education work hours must be 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.

Work Periods: (A) Except as provided in (B, below), clinical and educational work periods for residents must not exceed 24 hours of continuous in-house activity and must be 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.

In-house Call: Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Outside Activities: The sponsoring institution must prohibit resident participation in any outside activities that could adversely affect the resident's ability to function in the training program.

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Standard 7 - assessment

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

CPME Council on Podiatric Medical Education

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Requirement 7.1 - logs

Resident logs should be validated monthly and should be free from errors.

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

The program director must review the logs for accuracy to ensure that there is no duplication, miscategorization, and/or fragmentation of procedures into their component parts. Procedure notes must support the selected experience.

The program director must monitor resident logs to ensure resident attainment of the Minimum Activity Volume (MAV) and diversity requirements prior to completion of training.

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Resident Logs

Resident logs should be an accurate representation of the resident's medical and surgical training.

Even when residents document the minimum number of required activities to successfully fulfill CPME requirements, they still need to log clinical and surgical experiences, including cases on medical and non-podiatric surgical rotations, for the entire duration of their residency training.

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Standard 7 - assessment

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

7.2a Added that assessment of the resident must be documented at least once for every three months of podiatric medicine and/or podiatric surgery service
7.2b Expanded to include specific components to be included in the resident semi-annual assessment
7.2c New requirement for a Final Assessment of the resident

7.3 New requirement for an annual in-training exams

CPME 320, Pages 26-28

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Requirement 7.2a – rotation assessments

Added that assessment of the resident must be documented at least once for every three months of podiatric medicine and/or podiatric surgery service

Assessment forms must be completed for all rotations identified in the curriculum. The document must specify the dates covered, the name of the resident, and the name of the faculty member. The assessment must be signed and/or electronically acknowledged and dated by the faculty member, the resident, and the program director. The document must assess competencies specific to each rotation including communication skills, professional behavior, attitudes, and initiative. The timing of the assessment for each competency must allow sufficient opportunity for performance improvement.

Assessment must be documented at least once for every three months of uninterrupted training in podiatric medicine and/or podiatric surgery service and must include assessment of resident outpatient podiatric experiences (clinic and/or private practice offices).

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Requirement 7.2b resident semi-annual assessment

Expanded to include specific components to be included in the resident semi-annual assessment

The program director must conduct and document a semi-annual meeting with each resident on an individual basis. The semi-annual assessment must be signed and dated by the program director and the resident. This review must include the following:

- Review of completed rotation assessments (see requirement 7.2a)
- In-training examinations
- Projected attainment of MAVs

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Requirement 7.2c Final assessment of the resident

New - Final assessment of the resident

The program director must conduct a final meeting with each resident upon completion of the program. A final assessment must be provided in a written format and include the date and signatures of the program director and the resident. The final assessment must:

- become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy, and
- verify that the resident has achieved the competencies of the residency program and ensure attainment of MAVs in all categories.

This assessment must be conducted within the resident's final two months of training.

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Requirement 7.3 – in-training exams

New – Residents must take an in-training exam during each academic year.

7.3 The program shall require that all residents take an annual in-training examination as offered by SBRC-recognized specialty boards.

The sponsoring institution must pay any fees associated with the examinations. The program must require that residents take one exam from each SBRC-recognized specialty board at least once during their time in residency training.

Examination results are used as a guide for resident performance improvement and as part of the annual self-assessment of the program.

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Appendix A – Volume and Diversity Requirements

A. Patient Care Activity Requirements (Abbreviations are defined in section B.)	MAV
Case Activities	
Foot and ankle surgical cases (PMSR/RRA)	300
Foot and ankle surgical cases (PMSR only)	250
Trauma cases	50
Podopediatric cases	25
Other podiatric procedures	100
Lower extremity wound care	50
Biomechanical examinations	50
Comprehensive history and physical examinations	50
Procedure Activities	
First and second assistant procedures (total)	400
First assistant procedures, including:	
Digital	80
First Ray	60
Other Soft Tissue Foot Surgery	45
Other Osseous Foot Surgery	40
Reconstructive Rearfoot/Ankle (added credential only)	50

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Appendix A – Volume and Diversity Requirements

- Added definition for Lower Extremity Wound Care
- Added intent and background for biomechanical cases

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Appendix B - Surgical Procedure Categories and Code Numbers

- Category 6 – updated and expanded to include practice-based procedures that may be applied to meet the 100 MAV requirement
- Added Wound Care as Category 11

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Proper Logging Guide

CPME has updated the Proper Logging of Podiatric Medical/Surgical Residency Experiences guide and slides to reflect the new standards and requirements. This presentation will be available on www.cpme.org.

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Proper Logging of Podiatric Medical / Surgical Residency Experiences

Revisions effective July 1, 2023

John T. Marcoux, DPM, FACFAS

CPME Council on Podiatric Medical Education

AMERICAN BOARD OF FOOT AND ANKLE SURGERY

ABPM The American Board of Podiatric Medicine

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Implementation Plan

CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*

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Implementation - MAVs

There will be parallel MAV requirements depending on when a resident entered their residency:

Residents who started training prior to the 2023-2024 academic year:

- Must meet MAVs outlined in the CPME 320 in effect at the start of their training (*version effective July 2015, and subsequent amendments*)

Residents who enter residency during the 2023-2024 academic year:

- Must meet MAVs outlined in CPME 320 (*version effective July 2023*)

PRR will have parallel MAV reports based on the start date of residency

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Note: This MAV report is for residents with the entry years 2019 (PGY 4 program), 2020, 2021, and 2022.

Podiatry **Residency** Resource

MAV/Diversity Report

Test Resident (PGY-3)	
ABFAS ID :	11111
ABPM ID :	22222
Residency Program Attended :	50011 - Test Residency Program
Date Range :	07/01/2020 - 07/01/2023

Total Podiatric Surgical Procedures

2nd Assist	1st Assist	Total	1st Level Trauma	Podopediatric
4	1667	1671	136	62

Total Podiatric Surgical Cases : 1105 out of 300

MAV Category	You Have	MAV Required	Over/(Under)	Meeting MAV
1. Digital Surgery	380	80	300	Yes
2. First Ray Surgery	250	60	190	Yes
3. Other Soft Tissue Foot Surgery	410	45	365	Yes
4. Other Osseous Foot Surgery	265	40	225	Yes
5. Reconstructive Rearfoot/Ankle Surgery	362	50	312	Yes
7. Biomechanics	85	75	10	Yes
8. Comprehensive H&Ps	52	50	2	Yes
All Trauma Cases (Podiatric and non-Podiatric)	136	50	86	Yes
Podopediatric Cases	62	25	37	Yes

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Note: This MAV report is for residents with the entry year 2023 and after.

Podiatry **Residency** Resource

MAV/Diversity Report

Test, Resident (PGY-1)	
ABFAS ID :	11111
ABPM ID :	22222
Residency Program Attended :	50001 - Test Residency Program
Date Range :	07/01/2023 - 07/01/2024

Total Podiatric Surgical Procedures

2nd Assist	1st Assist	Total	1st Level Trauma	Podopediatric
0	68	68	1	1

Total Podiatric Surgical Cases : 67 out of 300

MAV Category	You Have	MAV Required	Over/(Under)	Meeting MAV
1. Digital Surgery	18	80	(62)	No
2. First Ray Surgery	5	60	(55)	No
3. Other Soft Tissue Foot Surgery	27	45	(18)	No
4. Other Osseous Foot Surgery	16	40	(24)	No
5. Reconstructive Rearfoot/Ankle Surgery	2	50	(48)	No
6. Other Podiatric Procedures	20	100	(80)	No
7. Biomechanics	30	50	(20)	No
8. Comprehensive H&Ps	10	50	(40)	No
11. Lower Extremity Wound Care	52	50	2	Yes
All Trauma Cases (Podiatric and non-Podiatric)	1	50	(49)	No
Podopediatric Cases	1	25	(24)	No

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Comparison of MAV Requirements

Minimum Activity Volume	CPME 320 – *2015*	CPME 320 – *July 2023 forward*
Foot and ankle surgical cases		
PMSR/RRA	300	300
PMSR only	300	250
Trauma cases	50	50
Podopediatric cases	25	25
Other podiatric procedures	N/A	100
Lower extremity wound care	N/A	50
Biomechanical examinations	75	50
Comprehensive history and physical examinations	50	50

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Comparison of MAV Requirements

Minimum Activity Volume	CPME 320 - *2015*	CPME 320 – *July 2023 forward*
First and second assistant procedures (total)	400	400
Category 1, Digital Surgery	80	80
Category 2, First Ray Surgery	60	60
Category 3, Other Soft Tissue Foot Surgery	45	45
Category 4, Other Osseous Foot Surgery	40	40
Category 5, Reconstructive Rearfoot/Ankle Surgery	50	50

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Implementation - Rotations

Residents who entered residency prior to the 2023-2024 academic year:

- Must complete required rotations outlined in the CPME 320 in effect at the start of their training (*version effective July 2015, and subsequent amendments*), except for pathology, which may be waived

Residents who enter residency during the 2023-2024 academic year:

- Must complete required rotations, in block or sequential format only, with the minimum rotation length as outlined in CPME 320 version effective July 2023

Intent: CPME recognizes that rotation competencies and training schedules may have already been set, and it may create an administrative burden to significantly adjust these schedules. Additionally, increasing the rotation lengths in existing training schedules set before June 2023 may pull residents from planned surgical time and may prevent residents from attaining surgical MAVs.

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Comparison of Required Rotations

Required Rotations	CPME 320 - *2015* (no set length and format)	CPME 320 – *July 2023* (minimum length and format, must be block or sequential)
Anesthesiology	N/A	2 weeks
Behavioral medicine	N/A	2 weeks
Emergency medicine	N/A	4 weeks
Medical imaging	N/A	2 weeks
Medical specialties:		12 cumulative weeks
Internal medicine / Family medicine		4 weeks
Infectious disease		2 weeks
Two of the following: Burn unit, dermatology, endocrinology, geriatrics, intensive/critical care unit, neurology, pain management, pediatrics, physical medicine and rehabilitation, rheumatology, wound care, and vascular medicine	The time spent in infectious disease, internal medicine and/or family practice, and medical subspecialties must be equivalent to a minimum of 3 full-time months of training	Combined with internal medicine and infectious disease, must be 12 cumulative weeks

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Comparison of Required Rotations

Required Rotations	CPME 320 - *2015* (no set length and format)	CPME 320 – *July* (minimum length and format)
Surgical specialties (**must include two** of the following):	General surgery and 1 required surgical subspecialty	8 cumulative weeks
Endovascular/vascular surgery	N/A	2 weeks
Cardiothoracic surgery, general surgery, hand surgery, orthopedic surgery, neurosurgery, orthopedic/surgical oncology, pediatric orthopedic surgery, plastic surgery, or surgical intensive care unit (SICU), trauma team/surgery	N/A	Along with Endovascular / vascular surgery, this must total 8 weeks

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CPME Council on Podiatric Medical Education

CPME 330

Procedures for Approval of
Podiatric Medicine and Surgery Residencies

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What is CPME 330?

CPME 330 outlines important procedures related to the following (and more) responsibilities of the RRC and Council:

- Application for Provisional Approval of a New Residency Program
- Re-Evaluation and Continuing Approval of an Existing Residency Program
- On-site Evaluation
- Consideration by the RRC and the Council
- Categories of Approval and Approval Period
- Authorization of Increases in/reclassification of Residency Positions
- Resident Transfer
- Program Transfer/Change in Sponsorship

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Changes to CPME 330

Added new policies for residents transferring at different times during their residency:

- Re-entering a training program
- Repeating first year of training
- Repeating second year of training
- Transfers in the third year of training

Added an approval category and updated the rest:

- Removed Administrative Probation
- Added Approval with Report category
- Updated criteria for Approval category (no areas of non-compliance)

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Categories of Approval

Added an approval category "Approval with Report"

Approval with Report

Approval indicates recognition of an existing residency that is in substantial compliance with the Council's standards and requirements for approval. In granting approval, the Council expresses its confidence in the abilities of the institution to continue providing adequate support and implementing ongoing improvements in the residency.

As a condition of continued approval, the institution may be requested to provide one or more progress reports at specified intervals, as indicated in the approval letter. The progress report(s) is to demonstrate correction of specific areas of noncompliance in meeting one or more requirements or to address concerns identified by the RRC and/or the Council. Failure to meet the requirements as stated by the Council may result in probation.

The approval letter includes the date by which the next scheduled on-site evaluation will occur. Re-evaluation of an existing program is scheduled approximately six years from the date of its previous evaluation. The RRC and/or the Council may schedule an earlier on-site re-evaluation should significant concerns become evident from review of the program's progress report(s).

The RRC may request that the institution submit additional progress reports to allow for further monitoring of issues of concern and/or to answer questions arising from review of the progress report.

67

Resident Transfers

Added new policies for residents transferring at different times during their residency.

Residents Re-entering Training Programs

Residents who possess a certificate in any category and wish to re-enter residency training must begin as a first-year resident and complete three full years of training.

Residents Repeating First Year of Training

A resident who has completed one or more years of training and wishes to restart training in a different residency program as a first-year resident is not considered a resident transfer. As such, logs and completed rotations will not transfer into meeting the requirements of the new program.

Residents Repeating Second Year of Training

A resident who has completed two years of training and wishes to repeat the second year of training as a transfer resident must also complete the third year of training, regardless of the overall length of training completed. The program may not request early graduation of the resident, even if the resident meets all the training requirements.

Resident Transfer in the Third Year of Training

Residents must spend at least 11 months of training in the program that awards the certificate.
This policy will not impact residents who must transfer due to program closure.

68

Council on Podiatric Medical Education

Review of Other Residency Documents

69

Important Documents

Please note that the following updated documents are available on the CPME website:

Approval Documents
- CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies* - July 2023
- CPME 330, *Procedures for Approval of Podiatric Medicine and Surgery Residencies* - July 2023
- Substantive Changes to CPME 320, approved October 2022
- Substantive Changes to CPME 330, approved October 2022

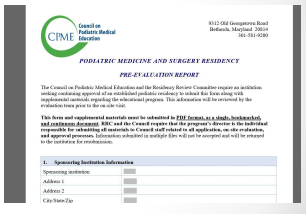
Approved Program Forms and Documents
- CPME 310, Pre-Evaluation Report - July 2023
- CPME 370, Team Report - July 2023

Residency Application Forms and Documents
- CPME 309, Application for Provisional Approval - July 2023
- CPME 380, Team Report for Provisional Approval - July 2023

70

CPME 310 – Pre-evaluation Report

This is the document that must be submitted by all programs prior to the on-site evaluation. The form requires submission of supplemental material that demonstrate the Institution's compliance with all CPME standards and requirements.



Council on Podiatric Medical Education

8112 Old Georgetown Road
Bethesda, Maryland 20814
301-571-9200

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 as 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	

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

Pre-evaluation Submission

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CPME 310 – Required Documentation

- Accreditation document for sponsoring institution(s)
- Affiliation agreements and written confirmation of the appointment of a site coordinator
- Resident contracts – Letter of Appointment
- Residency Manual
- Certificate of completion of residency
- Documentation to demonstrate that policies and programs are in place that encourage optimal resident well-being

73

CPME 310 – Required Documentation

- Curriculum Vitae of program director and statement of qualifications
- List of podiatric faculty
- List of non-podiatric faculty
- Assessment of all rotations of each resident
- Semi-annual resident assessment
- Final assessment of the resident
- Program annual self-assessment
- Copies of ACLS certificates for each resident
- List of residents and resident emails

74

Chart of Rotations

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 (*min 4 weeks)*				
Medical Imaging				
Medical Specialty Rotations - minimum requirement of 12 cumulative weeks of training in medical specialties				
Internal Medicine/Family Practice (*min 4 weeks*)				
Infectious disease				
Medical Subspecialty Rotations (training must include at least two)				
Burn Unit				
Dermatology				
Endocrinology				
Geriatrics				
Intensive/Critical Care				
Neurology				
Pain Management				
Pediatrics				
Physical Medicine and Rehabilitation				
Rheumatology				
Wound Care				
Vascular Medicine				

75

Chart of Rotations

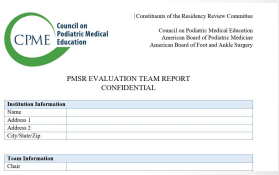
Rotation	Offered (Only indicate if YES)	Format (block or sequential)	Length	
Surgical Specialty Rotations – Minimum requirement of 8 cumulative weeks Training must include at least two of the following rotations				
Endovascular/Vascular *(min 2 weeks)*				
Cardiothoracic surgery				
General surgery				
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				
Time spent in the Surgical Specialty rotations must equal 8 cumulative weeks of training				

76

CPME 370 – Evaluation Team Report

The CPME 370, Evaluation Team Report for Podiatric Medicine and Surgery Residencies, is the evaluation team report completed by the on-site evaluation team.

Program directors should familiarize themselves with this document, as it outlines every requirement in CPME 320 and documents a program's compliance with each item.


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	

77

Summary of Findings

The Team Chair will complete a narrative section related to the summary of findings. This section includes information about the sponsoring institution, the administrative structure of the residency program, the program curriculum, strengths of the program, and program weaknesses.

78

Narrative Questions

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.

79

Checklists for each requirement

The 370 has a checklist for every requirement in the CPME 320.

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

80

Review of Logs and Charts

In addition to reviewing the requested pre-evaluation material for compliance with CPME standards and requirements, the on-site evaluation team will review resident logs in Podiatry Residency Resource (PRR) and will request charts to review.

81

Confidential Resident Surveys

CPME will send a confidential resident survey to all residents to complete prior to the on-site evaluation.

Based on responses to these surveys and other interviews conducted by the on-site team, the team chair may request additional information from a program prior to or during the on-site evaluation.

82

CPME Council on Podiatric Medical Education

Q and A

83

Interested in Becoming an Evaluator?

CPME residency evaluators must be certified by one or both of the specialty boards recognized by the Specialty Board Recognition Committee (SBRC) and must be either a program director or active faculty member of a CPME-approved residency programs.

Individuals certified by ABFAS:
Submit your CV along with a letter of interest to Kathy Kreiter, executive director, at kkreiter@abfas.org.

Individuals certified by ABPM:
Submit your CV along with a letter of interest to admin@ABPMmed.org.

Please see the evaluator criteria for each board on cpme.org

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CONCLUSION

Please feel free to stay for the final hour, where we will be going more in-depth for residency on-site evaluators

85

Training for On-Site Evaluators

86

Sign-in for Reimbursement

CPME will send you the expense form for you to submit. Please make sure to sign in either by scanning the QR code or by visiting the link below. You must be signed in to receive a reimbursement form for this training.

https://www.surveymonkey.com/r/CRECLA

87

Residency Evaluators

Thank you for your hard work and service as a volunteer!

Do you have questions on the CPME 320 revisions?

88

Understanding Compliance

Some of this information is repetitive; we want to make sure you fully understand the changes and how these apply to programs.

While programs must demonstrate compliance in all areas of the CPME 320 – *July 2023*, individual residents may complete the curricular requirements outlined in the document that was in effect when they started their residency. **Evaluators must distinguish between program compliance and individual resident's meeting the competencies based on the year they entered residency.**

Please refer to your team chair or to CPME staff if you have specific questions as you evaluate your first few programs under the new standards and requirements.

89

Implementation

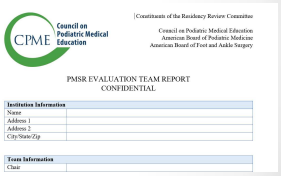
Programs have the responsibility to ensure that residents who complete the program meet the MAVs and the rotations/curriculum structure set in the CPME 320 document that was in effect when the residents started their training, with the exception of the pathology rotation, which may be waived for residents entering training prior to June 2023.

90

CPME 370 – Evaluation Team Report

The CPME 370, Evaluation Team Report for Podiatric Medicine and Surgery Residencies, is the evaluation team report completed by the on-site evaluation team.

We will be reviewing changes to the report for the revised CPME 320. Please open the CPME 370 on www.cpme.org to follow along during the presentation.


Council on Podiatric Medical Education

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	

91

New Features

- The ENTIRE TEAM REPORT will be shared with programs.
- More accurate, thorough checklists provided for each standard.
- Narrative questions shortened and moved from the end of the report to page 10.

The only narrative questions are those listed on page 10 of the report. The rest of the report is comprised of simple checklists and comment boxes.

92

Pre-evaluation Material, CPME 310

- We urge all evaluators to familiarize themselves with the documentation Institutions must submit prior to the on-site evaluation as part of the CPME 310, Pre-evaluation Report.
- We are asking program directors to complete the chart of rotations as part of the 310 submission. This will assist the team/team chair in filling out this chart as part of the CPME 370, Team Report.

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3b.	Residency manual *Requirement 3.9*	
3c.	Certificate of completion of residency *Requirement 3.10*	
3d.	Documentation to demonstrate that policies and programs are in place that encourage optimal resident well-being *Requirement 3.13*	
5a.	Curriculum Vitae of program director and statement of qualifications *Requirement 5.2*	
5b.	List of podiatric faculty *Requirements 5.5 and 5.6*	
5c.	List of non-podiatry faculty *Requirements 5.5 and 5.6*	
7a.	Assessment of all Rotations of each Resident *Requirement 7.2a* These may be uploaded as a separate file if necessary	
7b.	Semi-Annual Resident Assessment *Requirement 7.2b*	
7c.	Final assessment of the resident *Requirement 7.2c*	
7d.	Program annual self-assessment *Requirement 7.4*	
8.	Copies of ACLS Certificates for each resident *Requirement 6.5*	
9.	List of Residents	

Pre-evaluation Submission

94

NEW - Chart of Rotations submitted by program directors

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 *(min 4 weeks)*				
Medical Imaging				
Medical Specialty Rotations - minimum requirement of 12 cumulative weeks of training in medical specialties				
Internal Medicine/Family Practice *(min 4 weeks)*				
Infectious disease				
Medical Subspecialty Rotations (training must include at least two)				
Burn Unit				
Dermatology				
Endocrinology				
Geriatrics				
Intensive/Critical Care				
Neurology				
Pain Management				
Pediatrics				
Physical Medicine and Rehabilitation				
Rheumatology				
Wound Care				
Vascular Medicine				

95

Chart of Rotations

Rotation	Offered (Only indicate if YES)	Format (block or sequential)	Length	
Surgical Specialty Rotations – Minimum requirement of 8 cumulative weeks Training must include at least two of the following rotations				
Endovascular/Vascular *(min 2 weeks)*				
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				
Time spent in the Surgical Specialty rotations must equal 8 cumulative weeks of training				

96

New, shorter narrative questions

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.

97

Charts with checklists for every requirement

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

98

Resident Well-Being

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.		
If no to any question, please provide an explanation.		

99

Training Schedule

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:		
If the percentage if greater than 20, please provide an explanation.		

100

Annual Didactic Activities

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		
If no, please provide an explanation.		

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

101

New - Simpler Reporting for Didactics

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		

102

Work Hours

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.		
If no, please provide an explanation.		

103

Tracking Work Hours

How will programs be required to monitor and report work hours (requirement 6.10)?

Programs will track work hours based on resources available at the sponsoring Institution. This information will be monitored internally and made available to the on-site team and/or RRC upon request.

Teams may ask for documentation related to resident work hours if they believe the program may not be in compliance with this requirement due to information from the confidential resident surveys or interviews with residents or faculty.

104

Simpler Reporting for Annual Program Self-Assessment

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.		
If no, please provide an explanation.		

105

New! Report Available in PRR

- PRR has a new report called the Clinical Log for Evaluators
- This report is only available when you are logged on as a residency on-site evaluator
- The report was designed to assist on-site evaluators in choosing cases when reviewing logs for on-site evaluations
- The report allows evaluators to identify and export cases in an easy-to-read format

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Clinical Log Report for Evaluators

Clinical Log Report for Evaluator

User Type: Evaluator/Reviewer, Residency Director

Purpose:
To add notes to logged procedures during review and to easily download selected procedures.

Features:
- The Notes column allows the user to add a specific note for a procedure and add/save/edit those notes.
- The Select checkbox column on the left-hand side allows the user to select the procedure rows in the report to download into Excel or PDF format.
- The notes are only viewable to the individual Evaluator/Reviewer or Residency Director who entered them in PRR. These notes do not appear in the resident's case logs.

107

Evaluator's view:

108

Evaluator View

Clinical Log Report for Evaluator – Evaluator's view (example of Excel download)

Verified D	Verified B	Case Date	Case	Institution	Patient Id	Age	Gender	Trauma	Role	Categ	Proce	Procedure	Proced	Side/Digit	Faculty	Faculty	Notes	Resident
12/06/201	Director, T	07/06/20163		Family Pox	1231	5	Female	No	1	5	511	Plastic Sur	bnknjk	Left 1	Murton, J	DPM	note added by evaluator	Lee, Andr
12/06/201	Director, T	07/18/20164		Bay Area F	343	3	Female	Yes	1	1	16	Phalangea	we	Left 1	Director, T	DPM	note added by evaluator	Lee, Andr
12/06/201	Director, T	07/18/20164		Bay Area F	343	3	Female	Yes	1	2	218	MPJ Impla	we	Left 2	Director, T	DPM	note added by evaluator	Lee, Andr
07/26/201	Director, T	11/07/20166		Bay Area F	23424	2	Male	No	1	3	34	Plantar Fa	sfdsf	Left 1	Jones, Sta	MD	note added by evaluator	Lee, Andr

109

Program Director's view:

Clinical Log For Evaluator

110

Program Director's View

Clinical Log Report for Evaluator – Program Director's view: (example of Excel download)

Verified D	Verified B	Case Date	Case N	Institution	Patient Id	Age	Gender	Trauma	Role	Category	Procedure	Procedure	Procedure	Side/Digit	Faculty	Facult	Notes	Resident
12/06/201	Director, T	07/06/20163		Family Podiatr	1231	5	Female	No	1	5	511	Plastic Sur	bnknjk	Left 1	Murton, J	DPM	director's notes	Lee, Andrea (PGY-
12/06/201	Director, T	07/18/20164		Bay Area Foot	343	3	Female	Yes	1	1	16	Phalangea	we	Left 1	Director, T	DPM	director's notes	Lee, Andrea (PGY-
12/06/201	Director, T	07/18/20164		Bay Area Foot	343	3	Female	Yes	1	2	218	MPJ Impla	we	Left 2	Director, T	DPM	director's notes	Lee, Andrea (PGY-

111

Audit Log for Evaluators

Audit Log Report for Evaluator

User Type: Evaluator/Reviewer, Residency Director

Purpose:
To view cases that had possible errors and were cleared by the Program Director, add review notes to those procedures, and easily download selected procedures.

Features:
- The Notes column allows the user to add a specific note for a procedure and add/save/edit those notes.
- The Select checkbox column on the left-hand side allows the user to select the procedure rows in the report to download into Excel or PDF format.
- The notes are only viewable to the individual Evaluator/Reviewer or Residency Director who entered them in PRR. These notes do not appear in the resident's case logs.

112

Evaluator View

Evaluator's view:

Audit Log For Evaluator

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New Administrative Process

CPME is piloting using Microsoft OneDrive to share all pre-evaluation material and Team Reports. This allows for quicker, easier access by teams and easier shared editing of the team report. Please reach out to CPME staff if you prefer to receive this material in the CPME portal.

CPME Council on Podiatric Medical Education

114

New Procedures Related to Team Member Feedback

CREC is exploring ways that teams can provide feedback to one another related to evaluator performance. While we expect to continue to utilize a shortened version of the Post-Evaluation Questionnaire (PEQ), we also hope to institute some new practices related to feedback. We will be providing additional information related to this new procedure in August, prior to the beginning of the Fall 2023 residency on-site evaluation cycle.

115

Chair Best Practices Workshop

CREC will schedule another Chair Best Practices Workshop in August to review the new procedure for providing feedback to teams.

116

Q and A

All of these slides will be posted on the CPME website by mid-February

www.CPME.org

117

Sign-in for Reimbursement

CPME will send you the expense form for you to submit. Please make sure to sign in either by scanning the QR code or by visiting the link below. You must be signed in to receive a reimbursement form for this training.

https://www.surveymonkey.com/r/CRECLA

118

CONCLUSION

THANK YOU FOR YOUR VOLUNTEER WORK AS A RESIDENCY ON-SITE EVALUATOR

119