

CPME: Best Practices in Resident Education

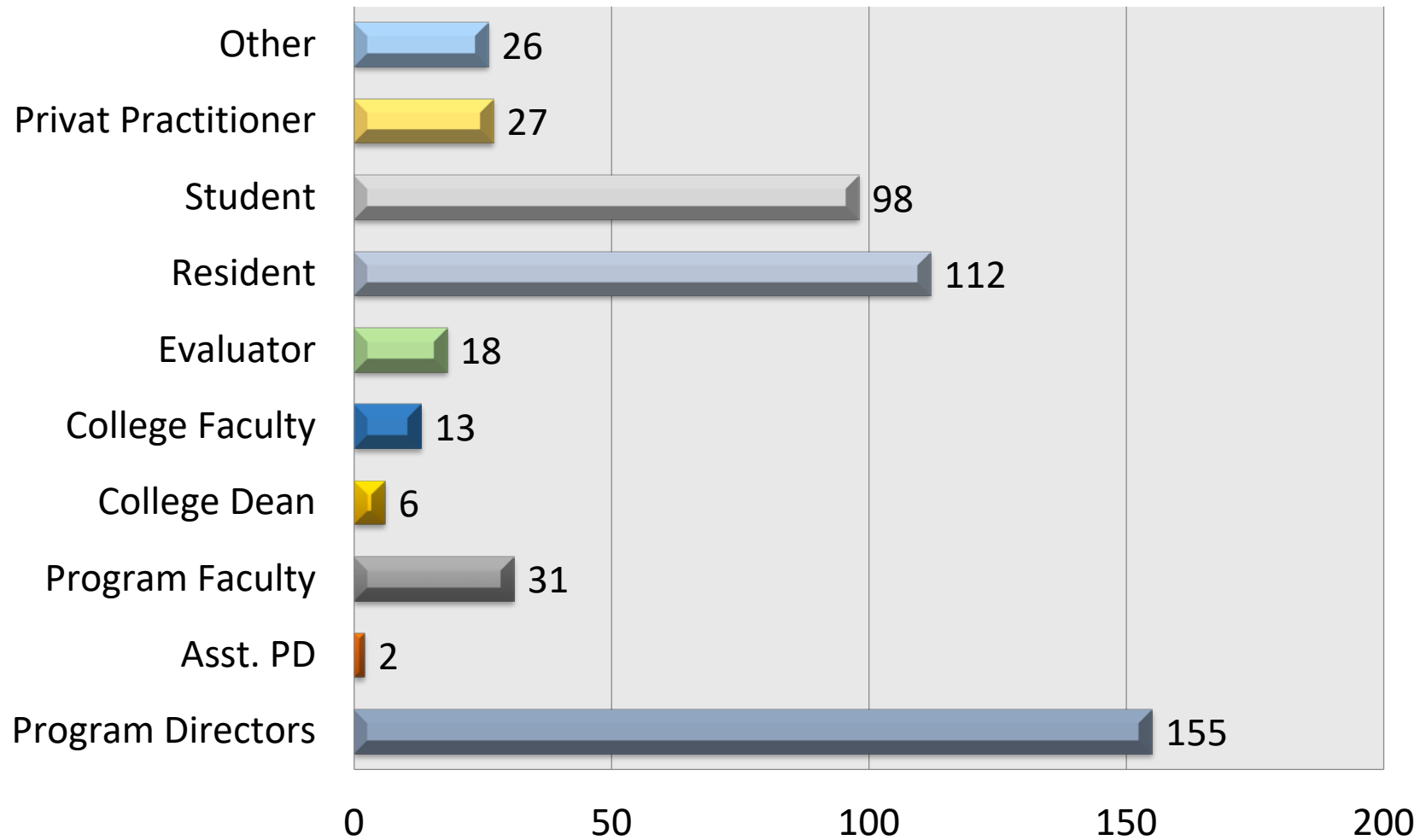
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CPME Residency *ad hoc* Committee

- Includes broad representation of the podiatric Community of Interest, including ABPM, ABFAS, COTH, the APMA Board of Trustees, Young Physicians, program directors (including VAs), evaluators, RRC Chair, and the Council Chair.
- First meeting on October 2018. Reviewed survey results of the Community of Interest and residency documents from related fields, including ACGME and AOA accredited programs, Occupational Therapy, and Dentistry.
- Began work on CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*.
- *All information related to the 320 ad hoc committee survey shared today was created and provided by CPME.*

Number of Responses: 388



388 responses were obtained
98 were students
290 DPMS answered

Determine Sample Size

Confidence Level: 95% 99%

Confidence Interval:

Population:

Sample size needed:

- The # of respondents gives a 95% Confidence Interval based on a total DPM population of 16,000 (in US) with a margin of error $\pm 5.70\%$
- So, the survey **is a valid survey** of the DPM population with an 11% total margin of error

Only 155 /232 (67%) PDs answered the CPME survey

The Match and Institutional Compliance

- Each year there are complaints about programs violating Match guidelines.
- ***CPME 320: 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.***
- CPME 320 requires :
 - participation in a national matching service
 - that no binding Commitment is obtained prior to Match Date

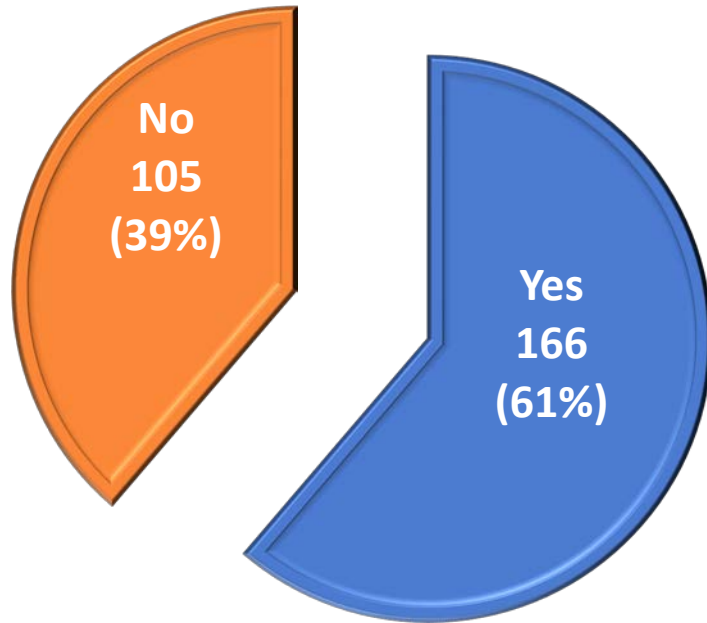
The Match and Institutional Compliance

- CASPR agreement requires programs:
 - Not demand or require that an applicant state how he/she will or did rank this institution/program on any program selection form.
 - Offer all approved, available podiatric residency positions **only through CASPR.**
 - Make all residency offers and require all residency commitments **only after the CASPR match is complete.**
- **But:**
 - No penalties are set for violators in CPME 320
 - Weak penalties in COTH document that equate to “double secret probation”
 -
- **NRMP sets stiffer penalties, including being kicked out of “The Match.”**

The Match and Institutional Compliance

- Should 320 address this, or can CPME even police this?
- Should COTH develop additional violation policies in CASPR agreement?
- If so, what would penalties be for violators? What does a program do if COTH holds them out of the match (and they thus violate CPME 3.3)?

Should the Council/Boards Develop Podiatry-Specific Milestone-Based Assessments



Answered: 270 Skipped: 124

Ad Hoc Committee Action

- ❖ A subcommittee of the Ad Hoc was formed and tasked with developing milestones
- ❖ Includes representatives from ABPM, ABFAS, and Council
- ❖ The Committee is developing methodology and approach for implementing milestone-based assessments
- ❖ Presented to the Ad Hoc for review during the March 2019 meeting

Milestones

- Semi-annual review of resident performance
- Assess knowledge, skills, attitudes and other attributes for each of the competencies
- Descriptors and targets for resident performance as a resident moves from entry into residency through graduation
- Not meant as stepping stones for a resident to advance to the next level of training
- Milestones 2.0?
- Pros/Cons?

Milestones

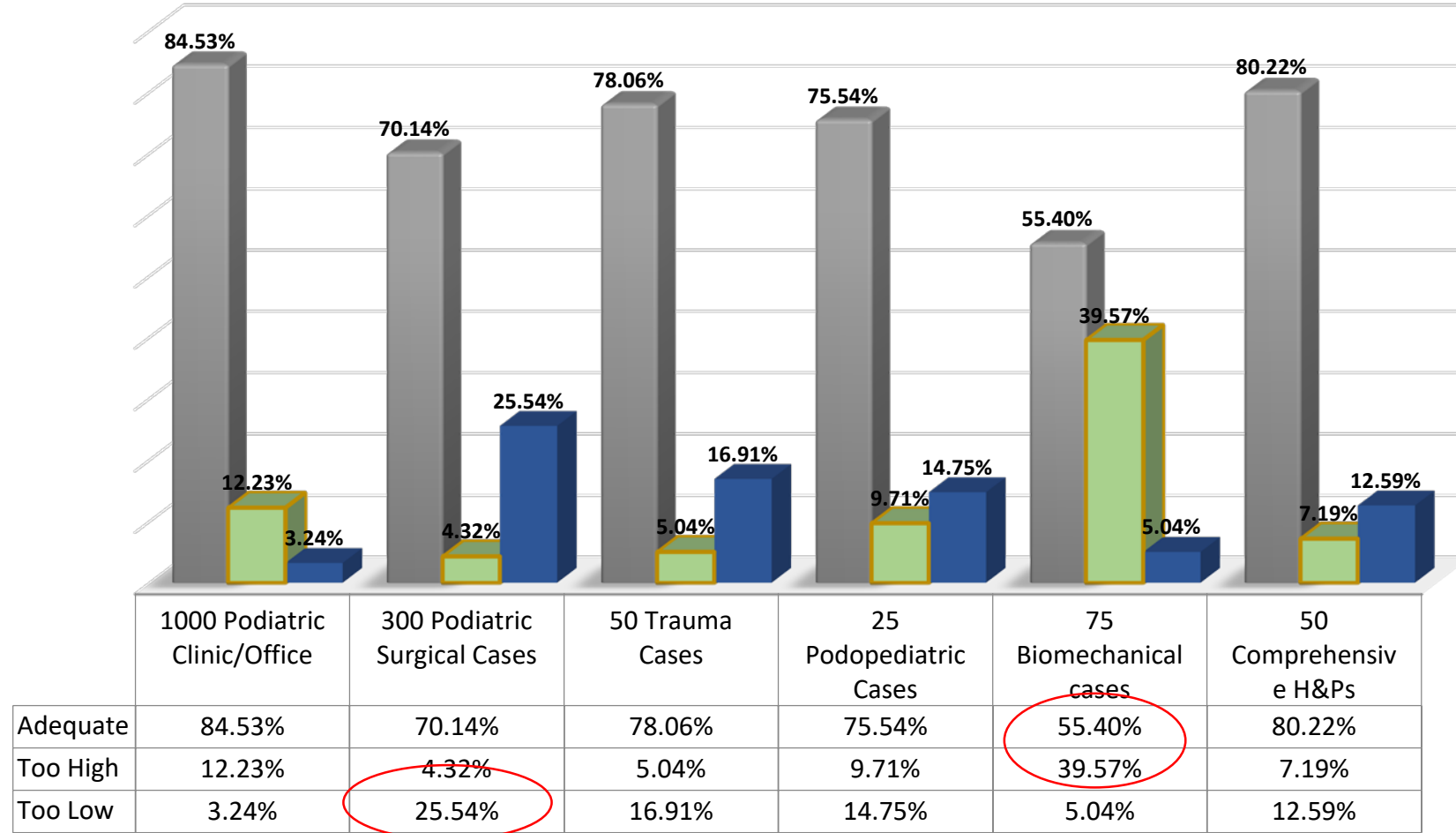
For each pathology or learning objective, specific text must be developed for each level

- **Level 1:** The resident demonstrates milestones expected of an incoming resident.
- **Level 2:** The resident is advancing and demonstrates additional milestones, but is not yet performing at a mid-residency level.
- **Level 3:** The resident continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for residency.
- **Level 4:** The resident has advanced so that he or she now substantially demonstrates the milestones targeted for residency.

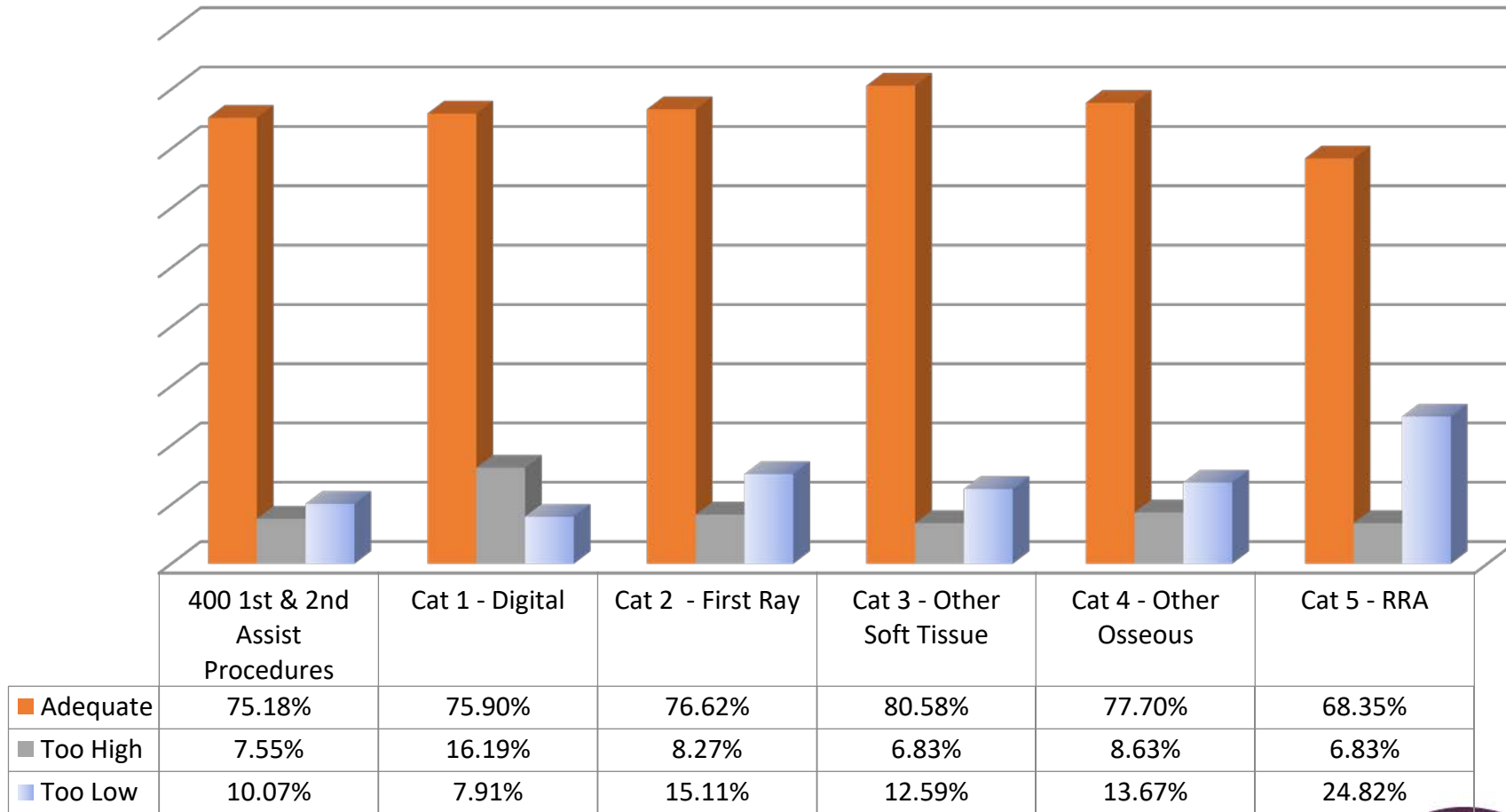
This level is designed as the graduation target, but it is not necessary to achieve for graduation.

- **Level 5:** The resident has advanced beyond performance targets set for residency and is demonstrating “aspirational” goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level

CPME SURVEY RESULTS: Minimum Requirements for Case activities



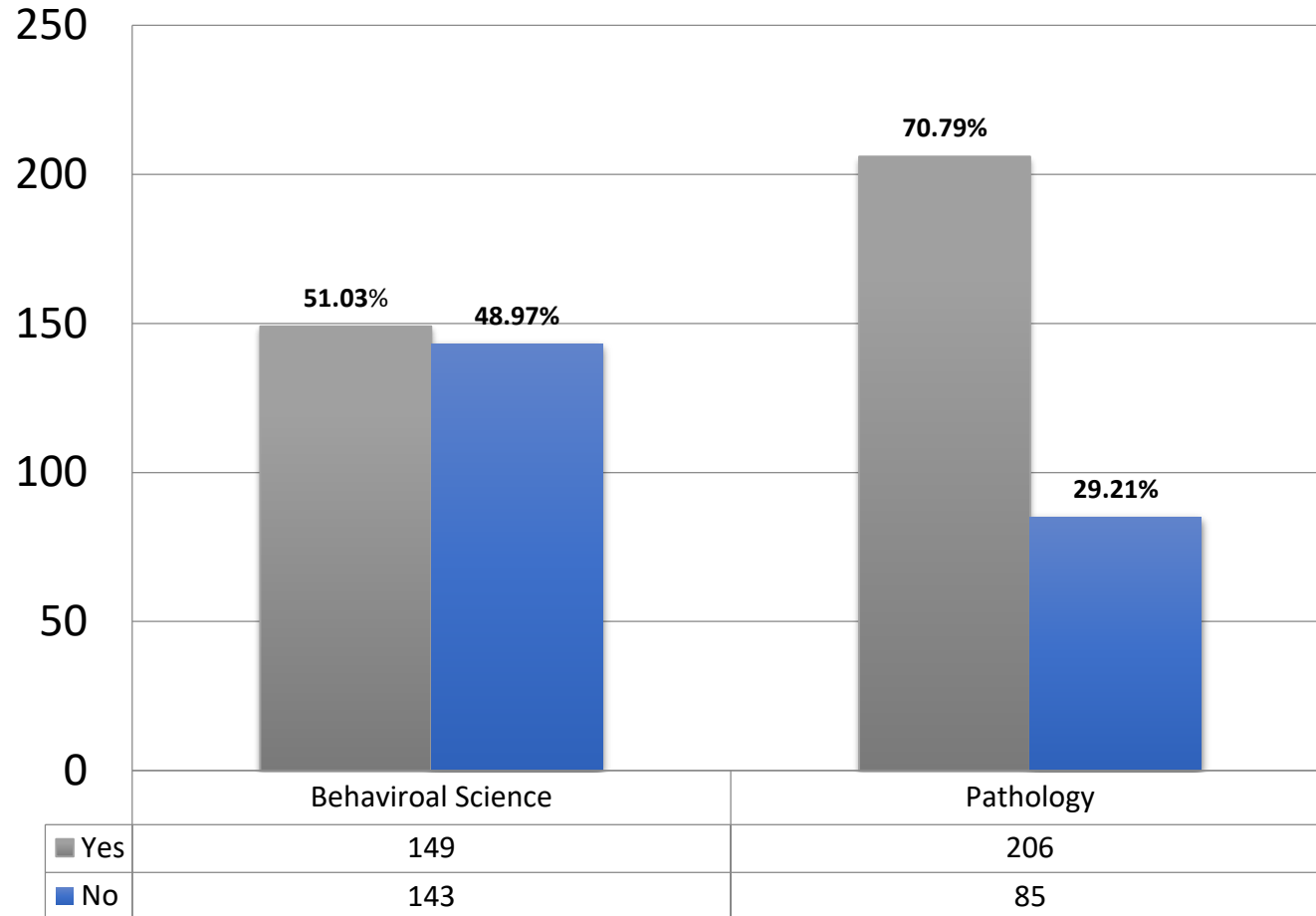
CPME Survey Results: Minimum Requirements for Surgical Procedure Activities



■ Adequate ■ Too High ■ Too Low

Answered: 278 - Skipped: 116

Should the Council Continue to Require the Following Rotations

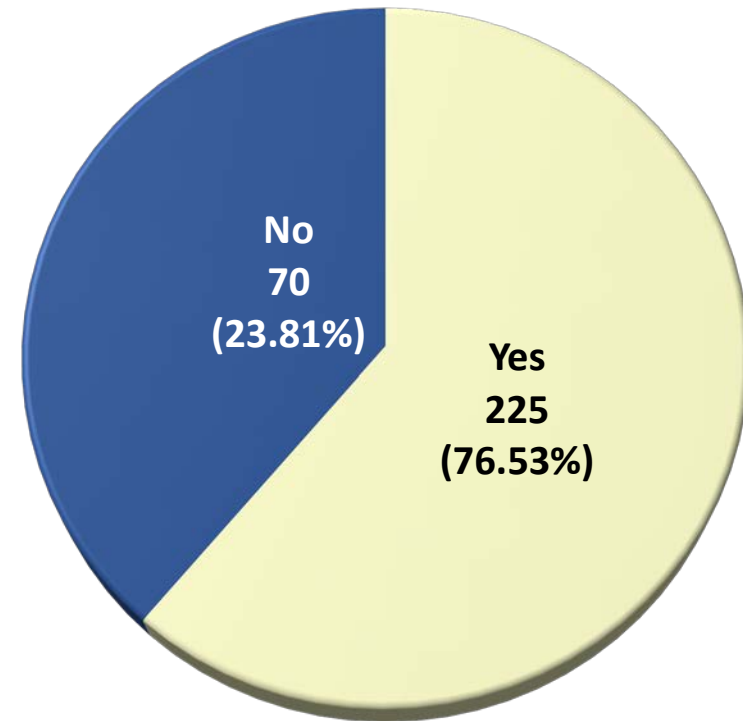


The Committee is considering options for the revision that would still include behavioral science and pathology training, without mandated rotations.

General Surgery Rotation

Ad Hoc Committee Action

- ❖ While the majority of responses indicated training should continue, the Committee is considering a modification of the requirement.



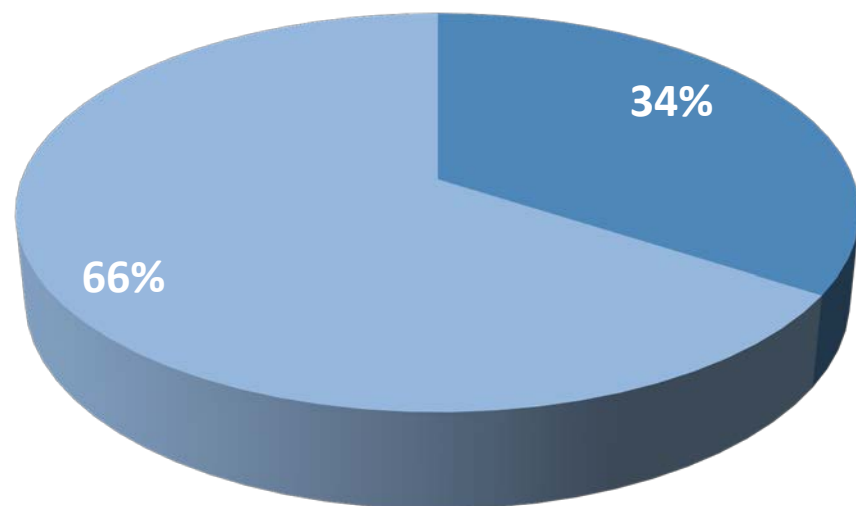
Answered: 294 Skipped: 100

Minimum Training/Format

Require Format?

Answered: 290, Skipped: 104

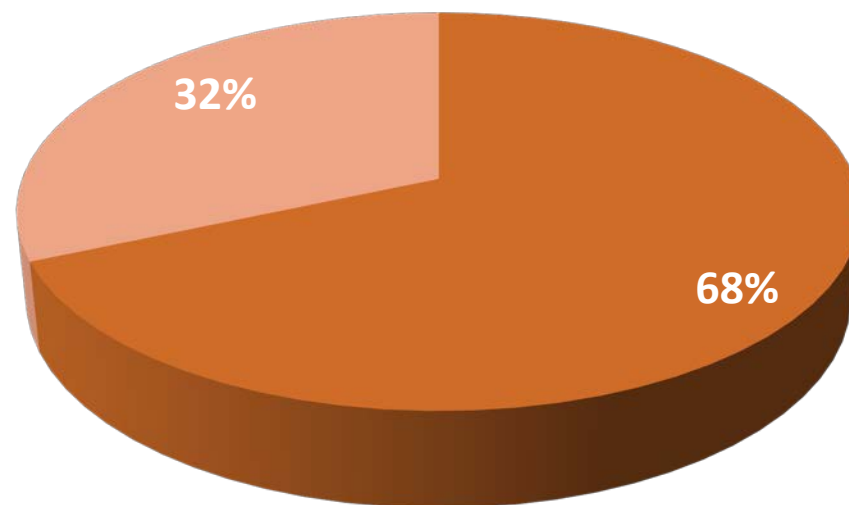
■ Yes (99) ■ No (191)



Require Minimum Length?

Answered: 293, Skipped: 101

■ Yes (204) ■ No (94)

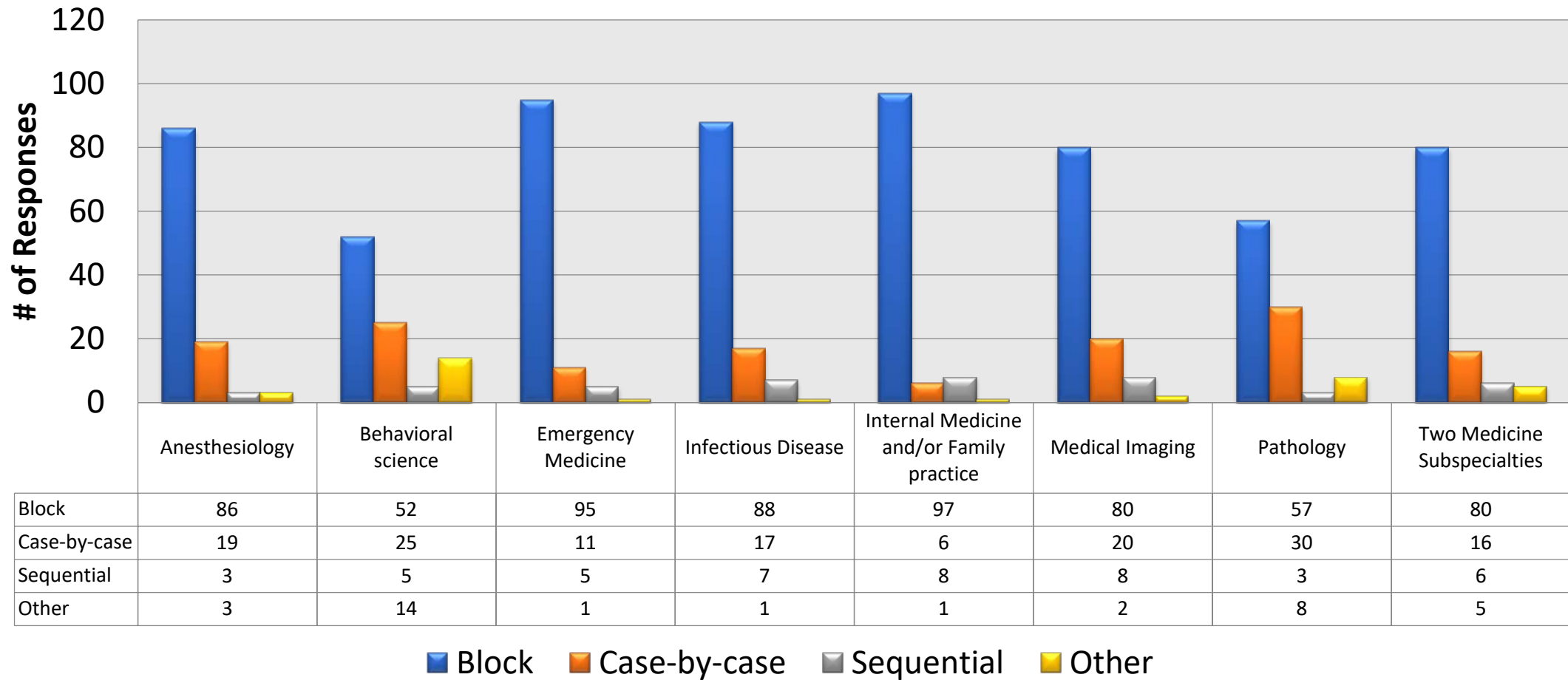


Minimum Training/Format

- No minimums makes it difficult for site evaluators to determine adequacy of rotations.
- Standardizes training across programs?

Format Requirements

Answered: 114 Skipped: 280



What's Next

- Continue the process of revising the residency approval documents
- Review and acceptance of the draft documents by Council
- Opportunity for written comments and public sessions in response to the proposed draft documents
- Comments considered by Council
- Documents may require further review by the Committee and additional opportunity for comment
- Final documents adopted by Council
- Implementation plan

THANK YOU