Git 'R Done: CPME and Compliance

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Disclosures

Cook:

CPME, Vice Chair
CPME Site Visit Chair
RRC Member
CREC Member

Violand:

CPME, Member
CPME Site Visit Chair
Arizona School of Podiatric Medicine, Clinical Educ Director

Mirmiran:

CPME Site Visit Chair
Previous RRC member
PICA Advisory Committee
ACFAS, ABFAS and NBPME committee members

Disclaimer

- We do not represent CPME
- The information presented does not represent CPME
- We are sharing our own personal views
- Will not discuss the entire process of site visit
- Focus is to share common findings & noted deficiencies
- It is a guide, rather than rules/regulations

How often is a site visit done?

- Every 6 years
- A focused/comprehensive site visit may get scheduled sooner
- Your last approval letter includes the estimated year your program will be re-reviewed again

How is a team selected

- Two – Four Member Team
  - ABFAS
  - ABPM
  - Team Chair
  - Observer

Notice Letter from CPME

- Agenda
- Pre-visit documentation
- Consent to access PRR
- Disclosing names of the site visit reps and chair

AGENDA-Who to interview

- Chief Administrative Officer
- Designated Institutional Official
- Program Director
- Chief of Podiatric Staff
- Chief of Medical Staff
- Chief of Surgical Staff
- Non-Podiatric Medical Staff (mandated vs elective rotations)
- Podiatric Medical Staff
- Residents

SAMPLE AGENDA

8:00 Program director
9:00 CAO/DIO/Chief Med Staff
9:20 Chief of Sx/ OR Director
9:40 Chief of pod/Clinic mgr
10:00 ID & Medicine
10:20 Vasc sx & Gen sx
10:40 BM & Plastics
11:00 Path and Radiology
11:20 Ortho & ED
11:40 Anesthesia & PM&R

1:00 Podiatry attendings (3-4)
1:30 PGY-1
2:00 PGY-2
2:30 PGY-3
3:00 Walking tour
3:30 Team executive session
4:00 Program summation

Pre visit documentation

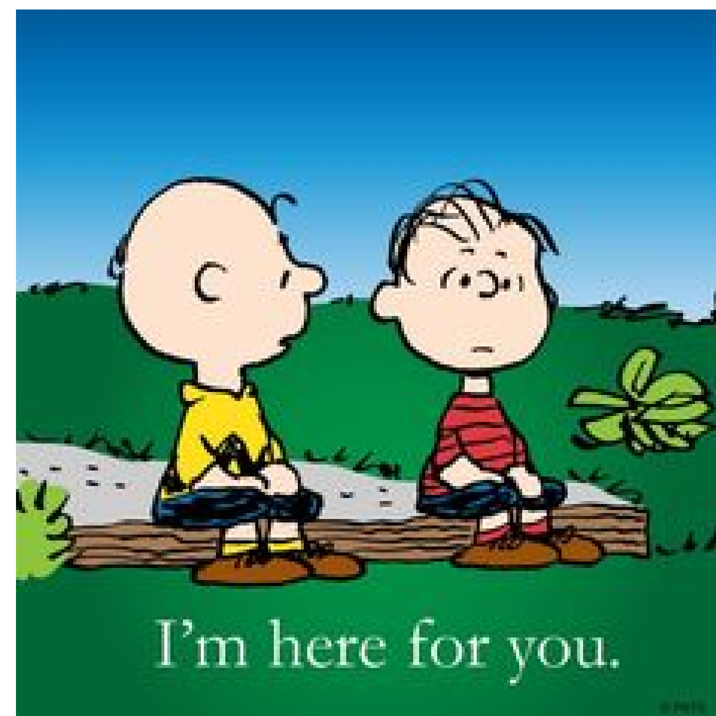
- Pre-evaluation report form (CPME 310)
- Copies of accreditation certificates (ie: CMS, AAAHC): affiliated & program
- Copies of all signed and up to date affiliation agreements
- Copies of signed resident contracts or Letters of appointment
- Residency manual, in addition to hospital employee manual
- Residency certificate (s)
- List of all podiatric (include board status) and non podiatric faculty
- Program director CV and statement of qualifications
- Assessment documents (rotations, faculty, program director, residents)
- Self assessment documents (annual)
- Semi-annual resident assessment (formalized)
- Copy of ACLS certificates

An Opportunity

- Edit, verify and sign your PRR logs
- Check your affiliation agreements
- Confirm you have all resident/faculty/director assessment forms
- Verify ACLS certificates dates

Key to successful visit

- Timely reply to the emails from CPME or Site visit chair
- Communicate
- Correct, clarify and ask questions
- CPME is here for you



WHAT IS MISSED COMMONLY?

STANDARDS 1- 3
INSTITUTIONAL STANDARDS AND REQUIREMENTS

Standard 1.0

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.

Affiliation Agreement

- Formal agreement
- Renewed every 5 years
- Delineate financial support (who pays the resident, who covers health and malpractice insurance)
- Delineate educational contribution of each organization
- Signed by CAO/DIO
- Needs to include effective date or signature date
- Must be forwarded to PD
- “Training experiences located beyond daily commuting distance from the sponsoring institution and/or co-sponsors does not have a detrimental effect upon the educational experience of the resident.”
- Missing affiliation agreements, most commonly from office rotations

Standard 2.0

- 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.**

Residency coordinator

2.5 The sponsoring institution shall provide designated support staff to ensure efficient administration of the residency program.

Standard 3.0

- 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.

Standard 3.8

- Contract must include:
  - whether RRA credential is being offered
  - the amount of the resident stipend for each year
  - signed and dated by three people:
    - the CAO or designated senior administrative officer,
    - the program director,
    - and the resident.

Standard 3.9

The sponsoring institution shall **include or reference** the following items in the contract or letter of appointment:

a. Resident duties and hours of work

b. Duration of the agreement

c. Health insurance benefits

d. Professional, family, and sick leave benefits

e. Leave of absence

f. Professional liability insurance coverage

g. Other benefits if provided

Standard 3.10

The sponsoring institution shall

a. develop a **residency manual**

b. distributed PRIOR to the start of the academic year

c. **signed receipt** in writing by the resident

c. **acknowledged in writing** by resident if any modifications made to the manual

Residency Manual (3.10)

- Mechanisms of Appeal/due process policies
- Remediation methods
- Rules and regulations for resident conduct
- Curriculum
- Competencies specific to each rotation
- Assessment documents specific to each rotation
- Training schedule
- Schedule of didactic activities
- Journal review schedule
- CPME 320/ CPME 330 (or a link)

Standard 3.11

- 3.11 The sponsoring institution shall provide the resident a certificate verifying satisfactory completion of training requirements.
  - Identify the program as a **Podiatric Medicine and Surgery Residency**
  - Include added credential if offered “**With the added credential in Reconstructive Rearfoot/Ankle Surgery**”
  - State program is “Approved by the Council **on** Podiatric Medical Education”
  - Include **the date of completion of the resident’s training**
  - **Signature lines**
    - Program director
    - CAO/DIO

Standard 3.12

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

WHAT IS MISSED COMMONLY?

STANDARDS 5-7
PROGRAM STANDARDS AND REQUIREMENTS

Standard 5.0

- 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.
  - The program director is a member of the medical staff **and GME**
  - If the institution has a GMEC the podiatric PD must be a participating member
- 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.**

5.3 The program director shall be responsible for the administration of the residency in all participating institutions.

- Maintenance of records
- Timely communication with the RRC and CPME
- Scheduling of training experiences
- Resident instruction
- Resident supervision
- Review and verification of logs
- Resident evaluation
- Curriculum review and revision
- Program self assessment
- Resident participation in training resources
- Resident training in didactic experiences
- Equitable training of residents
- Does not delegate administrative duties to the resident

- 5.4 The program director shall participate at least annually in faculty development activities
  - ACFAS/ COTH Residency Director Forum
  - Faculty Development at Teaching Hospital

- 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.
  - Sufficient representation by individuals certified by each board recognized by JCRSB

Standard 6.0

- 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.

6.3 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.

- The schedule should identify
  - Name of rotations
  - Date of each rotation
  - Length of each rotation
  - Format (e.g. block, sequential, case by case)
  - Location of each rotation
  - **Reflect the number of residents in the training program**

The amount of training in podiatric private practice offices shall not exceed 20% of training

STANDARD 6.0

- 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. The residency curriculum shall provide the resident **patient management experiences in both inpatient and outpatient settings.**

6.4 Mandatory rotations, in addition to Podiatric Medicine and Podiatric Surgery

- medical imaging;
- pathology;
- behavioral sciences; (it is separate than social work)
- internal medicine and/or family practice;
- infectious disease; (must work with fellowship trained ID)
- general surgery; (it is separate than Vascular surgery)
- anesthesiology;
- emergency medicine; (it is separate than ICU/CCU)
- podiatric surgery and podiatric medicine
- TWO recognized medical subspecialties
- ONE recognized surgical subspecialty

6.4 Mandatory rotations

- Vascular surgery rotation is not considered as General surgery
- Wound care clinic is not the same as plastic surgery rotation
- PM&R is not the same as PT/OT rotation (PT does not fulfill the requirement of a medical subspecialty)
- Rotation in ICU/CCU is not the same as ED rotation
- Three FULL months of Internal Medicine/Family Medicine + Infectious Disease + **Two** Medical Subspecialties

STANDARD 6.0

- 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. (verify via logging didactics in PRR or sign in sheet, need to see a schedule with dates and topics)

Sample Didactic Schedule

November 2019 Topic: **Ankle Trauma**

November: 4th : Boards questions on trauma management / ankles
November 11th : Journal club on ankle trauma / open fracture management (**Literature Reviews Due)
November 18th : First year ppt on Ch: 110 Pilon fx's
November 25th : Student ppt on Ch: 96 Open fractures, Ch: 109 Ankle fractures / trauma

December 2019 Topic: **Cavus foot / Tarsal tunnel**

December 2nd: Boards questions on cavus foot, tarsal tunnel surgery
December 9th: Journal club on Cavus foot surgery or tarsal tunnel surgery
December 16th: First year ppt on Ch: 25 Pes cavus surgery, and Ch: 39 Plantar heel December 23rd : Student ppt on Ch: 67 Tarsal tunnel syndrome, Ch: 68 Complex regional pain syndrome / related disorders
December 30th : Free night for rep dinner or sawbones

January 2020 Topic: **Midfoot conditions**

January 6th : Board review
January 13th : Journal Club on Lisfranc and midfoot conditions
January 20th : First year ppt Ch: 106 Lisfranc conditions
January 27th : Student ppt on Ch: 58 Triple Arthrodesis, Ch: 59 STJ Arthrodesis

February 2020 Topic: **Flatfoot / Equinus**

February 3rd : Boards questions on flat foot / equinus
February 10th : Journal club on current surgical techniques for flatfoot
February 17th : First year ppt on Ch: 46 Posterior Tibial Tendon Dysfunction
February 24th : Student ppt on Ch: 45 tarsal coalition and Ch: 48 Arthroeresis

STANDARD 6.0

- 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.

Standard 7.0

STANDARD 7.0

- 7.1 The program director shall review, evaluate, and verify resident logs on a **<u>monthly basis.</u>**
  - Done on a monthly basis
  - Logs do not include fragmentation/miscategorization/duplication
  - Procedure notes are included and support the logged case
  - Residents are meeting MAV's
  - Diversity requirements are met

Correct logs **<u>prior</u>** to team review using CLAD report, clear CLAD report prior to review

Verify Date	Case	Date	Comment	Comment By	Error(s) Information	Procedure and Description	Procedure Notes	Side/Digit	Patient ID	Age	Institution
05/15/2018	100	11/02/2017			Full documentation in the 'Procedure Note' to justify use of procedure 2.3.6, 2.3.9, 3.8, 4.11, or 4.17, with another procedure is required.	38 - Incision and Drainage/Wide Debridement of Soft Tissue Infection (including plan)	Plantar 1st met head wound	Left		60	
05/15/2018	100	11/02/2017			Full documentation in the 'Procedure Note' to justify use of procedure 2.3.6, 2.3.9, 3.8, 4.11, or 4.17, with another procedure is required.	223 - Joint Salvage with Distal Metatarsal Osteotomy	Decompression osteotomy with internal fixation and cleaning of joint	Left		60	
01/05/2019	117	07/12/2018			Full documentation in the 'Procedure Note' to justify use of procedure 2.3.6, 2.3.9, 3.8, 4.11, or 4.17, with another procedure is required.	38 - Incision and drainage/wide debridement of soft tissue infection(includes foot, ankle or leg)	I&D	Right	1000705776	63	
01/05/2019	117	07/12/2018			Full documentation in the 'Procedure Note' to justify use of procedure 2.3.6, 2.3.9, 3.8, 4.11, or 4.17, with another procedure is required.	41 - Partial Ostectomy (includes foot, ankle or leg)	partial calc ostectomy	Right	1000705776	63	
01/05/2019	146	07/27/2018			Full documentation in the 'Procedure Note' to justify use of procedure 2.3.6, 2.3.9, 3.8, 4.11, or 4.17, with another procedure is required.	38 - Incision and drainage/wide debridement of soft tissue infection(includes foot, ankle or leg)	I&D	Left	398355627528	58	
01/05/2019	146	07/27/2018			Full documentation in the 'Procedure Note' to justify use of procedure 2.3.6, 2.3.9, 3.8, 4.11, or 4.17, with another procedure is required.	513 - Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, or Leg	TAL	Left	398355627528	58	
01/05/2019	199	12/19/2018			3.4 Plantar Fasciotomy may not be used with 3.16	34 - Plantar Fasciotomy	with spur	Right	6021654	56	
01/05/2019	199	12/19/2018			3.4 Plantar Fasciotomy may not be used with 3.16	316 - External neurolysis/decompression(including tarsal tunnel)	tarsal tunnel	Right	6021654	56	
05/20/2019	249	01/10/2019			Excludes simple tenotomy/capsulotomy (i.e. percutaneous). May not be used if percutaneous.	35 - Lesser MPJ Capsulotendon Balancing	plantar plate repair	Left	120296	36	
06/18/2019	271	06/03/2019			Full documentation in the 'Procedure Note' to justify use of procedure 2.3.6, 2.3.9, 3.8, 4.11, or 4.17, with another procedure is required.	38 - Incision and drainage/wide debridement of soft tissue infection(includes foot, ankle or leg)	left wound debridement	Left	162300	28	
06/18/2019	271	06/03/2019			Full documentation in the 'Procedure Note' to justify use of procedure 2.3.6, 2.3.9, 3.8, 4.11, or 4.17, with another procedure is required.	513 - Tendon Lengthening Involving The Midfoot, Rearfoot, Ankle, or Leg	GSW patient, contracted LLE	Left	162300	28	
08/08/2019	275	06/04/2019			Other procedures may only be used if a more appropriate procedure does not exist.	548 - Other Non-elective Rearfoot Reconstructive/Ankle Osseous Surgery not Listed Above	Resection of calcanea fragment and spur	Left	6036737	27	
08/01/2019	325	07/03/2019			Full documentation in the 'Procedure Note' to justify use of procedure 5.4.6 with another procedure in categories 1-4 is required.	546 - Management of Bone/Joint Infection (With or Without Bone Graft)	partial calc resection due to osteo	Right	341875537504	80	

STANDARD 7.0

- 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.
  - All completed rotations have a completed assessment form
  - Must include dates of rotation
  - Includes name **and** date signed by
    - Faculty
    - Resident
    - Program director
  - The noted competencies are specific to the rotation
  - It is reviewed with the resident by the director quarterly (to allow time for remediation if needed)

Common error- assessment forms are not signed/dated in a timely manner in close proximity to completion of rotation

STANDARD 7.0

- 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.
  - Director must conduct and **document** a semi-annual meeting with each resident to review the extent to which the resident is achieving the competencies
  - In- training exam requirements

Resident:
Semiannual review

Program Name:
Program Type: Podiatric Medicine and Surgery with added RRA

0	1	2	3	4	5	6
N/A	Unsatisfactory	Marginal	Satisfactory3	Satisfactory4	Satisfactory5	Superior

Ability

1. Knowledge N/A 1 2 3 4 5 6
2. Clinical Skills N/A 1 2 3 4 5 6
3. Professional Judgment N/A 1 2 3 4 5 6
4. Technical Skills N/A 1 2 3 4 5 6

Interpersonal Relationships

5. With Staff N/A 1 2 3 4 5 6
6. With Peers N/A 1 2 3 4 5 6
7. With Allied Health Professionals N/A 1 2 3 4 5 6
8. With Patients and Family N/A 1 2 3 4 5 6

Personal Traits

9. Integrity N/A 1 2 3 4 5 6
10. Dependability N/A 1 2 3 4 5 6

Communication Skills

11. Patient Write-ups N/A 1 2 3 4 5 6
12. Progress Notes N/A 1 2 3 4 5 6
13. Written Reports N/A 1 2 3 4 5 6
14. Case Presentations N/A 1 2 3 4 5 6

Interest/Motivation

15. Active Participation N/A 1 2 3 4 5 6
16. Conference Attendance N/A 1 2 3 4 5 6
17. Medical Reading N/A 1 2 3 4 5 6
18. Promptness N/A 1 2 3 4 5 6

Leadership Abilities

19. Teaching N/A 1 2 3 4 5 6
20. Supervisory Skills N/A 1 2 3 4 5 6
21. Administrative Function N/A 1 2 3 4 5 6

Specific Explanation of any Unsatisfactory/Marginal Ratings:

Specific goals for next 6 months:

1.
2.
3.

Evaluations up-to-date, signed and dated by all parties	Yes	No
Logs up-to-date, done in a timely manner	Yes	No
Meeting MAV, including H&P and biomechanicals	Yes	No

Program Director Signature_______________________ Date___________

Resident Signature_______________________ Date___________

STANDARD 7.0

- 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.

ANNUAL SELF ASSESSMENT

- Name who was involved
- Assess program performance
  - Program's level of compliance with CMPE standards (***were there any changes in the last academic year and are new changes needed***)
  - Completed resident evaluation of the program
  - Completed and signed PD evaluation of residents
  - Completed and signed faculty evaluation of residents
  - Completed resident evaluation of faculty
  - What didactic activities were completed **(have a list)**
- Assess program outcome
  - Update on past residents : Achieving licensure & Board certification
  - Publications, if any

ANNUAL SELF ASSESSMENT

- Result of the review
  - 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

Common Areas of Noncompliance

- Incorrect wording or omission of the following on the certificate of completion:
  - The statement “Approved by the Council on Podiatric Medical Education”
  - Identification of the program as “Podiatric Medicine and Surgery Residency”
  - Identification of the added credential “ with the added credential in Reconstructive Rearfoot/Ankle Surgery”
- Absence or shortage of ABPM certified faculty who participate actively in the program

Common Areas of Noncompliance

- Residents are not afforded a minimum of three months of training in internal/family medicine + infectious disease + two approved medical subspecialty rotations
- The amount of training in podiatric private practice offices exceeds the maximum 20% of training
- Curriculum, competencies, and resident assessment forms do not correlate
- Residency manual: missing required components
- Missing or incomplete assessment forms
- Absence of the annual program self-assessment

Common Areas of Noncompliance

- Logs not verified by program director on a monthly basis
- Fragmentation, Miscategorization, and Duplication of logs
- Biomechanical Cases
  - Unacceptable due to missing required components:
    - Gait analysis on all ambulatory patients
    - Interpretation of findings of the biomechanical evaluation
    - Formulating a diagnosis and appropriate treatment plan for the biomechanical pathology
  - Not achieving the Biomechanical Case MAVs
- H&Ps: problem-focused rather than comprehensive
  - H&Ps with DPM faculty only

And remember

- CPME is here for you
- Your COTH representatives are here for you
- Your ACFAS Regional mentors are here for you

WISHING YOU A SUCCESSFUL SITE VISIT

Roya Mirmiran, DPM, FACFAS

Keith Cook, DPM, FACFAS

Melanie Violand, DPM, FACFAS