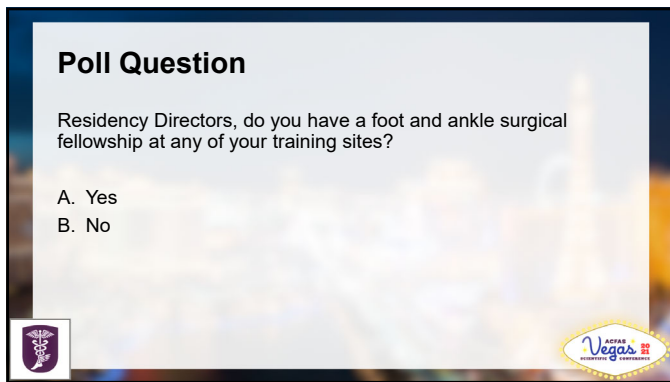




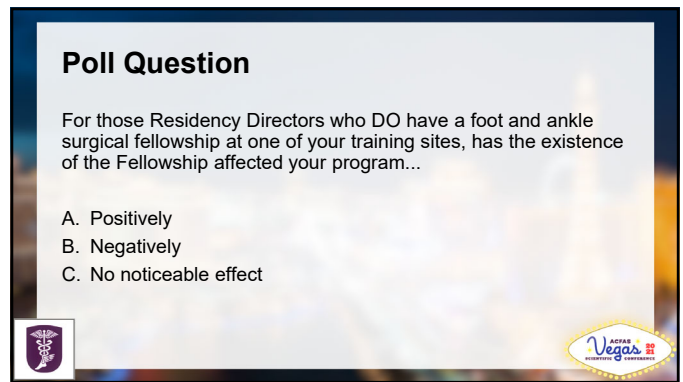
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Why Does ACFAS Recognize Fellowships?

- Prior to the initiative, there was no common location or process to find information regarding foot and ankle surgical fellowships
- There was also no place to vet programs and require a baseline of quality and educational experience
- CPME's accredited program listing is not specific to the surgical specialty

The College wanted to fill this void and create a space to list programs that meet a minimal standard of education.

CPME approval sought and received.



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Current Fellowship Listing

- There are 51 programs that hold status with ACFAS today:
 - 45 are fully Recognized
 - Six are Conditional – in their first year of fellow matriculation
- Deadline to apply for status with ACFAS is May 1
 - One application submitted for 2021 so far
 - Seven applications provided to interested parties; only 2-3 expected



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Application Process

- May 1: Deadline to apply for ACFAS Status
 - 1 application submitted; 7 applications provided to interested parties; only 2-3 expected
 - Submit completed application; fellowship manual; fellowship benefits package; co-signed educational agreement with any local residency programs that overlap; and other applicable documentation
- May/June: Fellowship Committee conducts interviews
- July: Fellowship Committee meets and reviews applications; makes determinations on status grants
- August: New programs announced to the membership



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Fellowship Funding Options

- Self-funded
- Institutional
- Unrestricted Educational Grants
- **ACFAS has NO position on how programs should be funded**



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Why Do Residents Consider Fellowship?

- To supplement/further advance well-rounded residency education: fellowship is an add-on, not a replacement
- Obtaining an ACFAS fellowship position is competitive: they are not intended for residents lacking training
- To be more competitive in their career search
- Some employers in orthopaedic settings require fellowship-trained DPMS and MDs/DOs for employment



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Pros and Cons of Achieving Fellowship

- Pros:
 - Supplemental, higher-level specialty education
 - Additional research opportunities
 - Ability to see and learn from alternative surgical perspectives
- Cons:
 - An additional year of training before starting career
 - Intensive experience – requires the right type of mindset and desire
 - It's highly competitive – you may not get a fellow position if you apply



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Process to Apply to Fellowships

- Complete the College's standard fellow application on the website ACFAS.org. It's linked to every fellowship page.
- Check the fellowship webpages for individual application deadlines. They vary; the College is unable to standardize but has recommended windows of time for processes.
- Programs may require a stage two application.
- Programs will set interviews.
- Programs have standard dates where they select fellows.



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Recommended Annual Calendar

- Application submission period: June – September
- Interviews conducted: June – September
- Fellow Selection: October
- Programs Begin: July or August
- Fellowship Committee does NOT mandate a calendar, only makes recommendations



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Go to [acfas.org/fellowshipinitiative](https://www.acfas.org/fellowshipinitiative) for:

- Considering a Fellowship: Information for prospective fellows
- Fellowship Processes: describing the College's timelines and processes
- Fellowship Documents and Templates: for prospective and current programs
- Fellowship Listing: portal listing webpages for the 51 programs with status



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Current Fellowship Committee Work

- Getting ready for the annual application deadline
- Preparing for the annual program review – every summer
- Creating a virtual Fellowship Fair for ACFAS 2021
- Working on podcasts and webinars for 2021-22
- Responding to special needs of programs due to the pandemic

FEL/PGA Task Force Created



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FEL/PGA Task Force

- Fellowship Committee:
 - Mark Prissel, DPM - Lead
 - Mike Bowen, DPM
 - Larry DiDomenico, DPM
 - Mark Solomon, DPM
- Post Graduate Affairs Committee:
 - Randy Dei, DPM – Lead
 - Keith Cook, DPM
 - Patrick McKee, DPM
 - Jason Piraino, DPM



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FEL/PGA Task Force

- Collaboration between the two College committees; began in 2020
- Working on issues of concern to both residencies and fellowships
- Transparency for challenges when programs overlap; working to better understand when there is a problem and how to remedy

Conversation has just begun and will continue



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Approval

1. Application submission, 12-15 months before anticipated start date
2. RRC provisional approval, determine eligibility for on-site
3. Subsequent RRC review
4. Approval recommendation by RRC to CPME
5. Determination of approval status by CPME (provisional approval)
6. (Reconsideration or appeal)
7. Periodic follow up



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Continued Approval

- On-site evaluation every 6 years
- CPME 810, Pre-evaluation report
- On-site
- RRC review and recommendation to CPME



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CPME 820 Standards & Requirements

- 1.0 Sponsorship : Hospital or Academic Health Center
- 2.0 Appropriate Facilities & Resources
 - Library, IT, office, support staff
- 3.0 Policies
 - Selection committee, selection process, contract/letter of appointment, remediation, certificate
- 4.0 Reporting to CPME
- 5.0 Administration
 - Fellowship director, podiatric and non-podiatric faculty



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CPME 820 Standards & Requirements

- 6.0 Goals & Objective, Curriculum
 - Formal schedule, weekly didactic activities, journal club, research/scholarly activities, maintain logs
 - 6.2 Written agreement specifying the educational relationship between the residency and fellowship programs
- 7.0 Evaluation, Remediation, self-Assessment
 - Completed assessments at completion of each training experience
 - Annual program self-assessment



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www.cpme.org



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Residency/Fellowship Program Collaboration

Jason Miller, DPM, FACFAS
Malvern, PA



Residency Program Director - Phoenixville Hospital
Fellowship Program Director - PA Intensive Lower Extremity Fellowship



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PILEF: PA Intensive Lower Extremity Fellowship Program



- 1 or 2 fellows can be taken per year
- 1 or 2 year approved
- Strong referral-based sports med practice, level 2 trauma, reconstructive surgery (-Charcot), primary foot recon, moderate amount of pediatric deformity and sports injuries
- Ongoing clinical trials
- Opportunities for industry contracts

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Phoenixville Hospital/Tower Health PMSR/RRA and Bryn Mawr Hospital




- 18 residents between both programs
- Fellow acts as attending
- Director takes observatory role in procedures and allows fellow to direct case and 'hand off the knife' based on resident preparation.
- This promotes a sense of camaraderie between the fellow and resident.
- Resident discusses the cases week of procedure after fellow and I have determined procedure choices/approaches.

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Research



Fellow stimulates discussion of interesting cases and encourages residents to write up case or expound upon ideas for study. Fellow will direct posters for scientific meetings, Podiatry Today monthly blogs, etc. Participate in case.

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Fellow/Resident Interaction

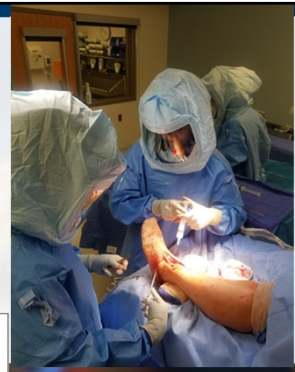


- Despite the initial concept that this would detract from the residents experience, it has actually HELPED the programs realize more potential.
- Having a fellow allows the attending more ability to focus on teaching while the case proceeds rather than focus being on procedure.
- Having another person to assist with education and research is a huge positive.

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Synergy

- Resident-Fellow-Attending-
- Director interaction has been a synergistic and harmonious relationship.
- Don't fear the unknown, the collegiality works itself out.

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Fellowship/Residency Program Overlap

Daniel Logan, DPM, FACFAS
Newark, OH

Fellowship Program Director - FASCO Reconstructive Foot & Ankle Surgery Fellowship




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FASCO Reconstructive Foot & Ankle Fellowship

- 1-year program
- 2 fellows/year
- Minimally invasive surgery, orthoplastic surgery, ankle replacement, arthroscopy, deformity correction
- Clinical research



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Grant Medical Center Residency

- 3-year residency
- Now 3 residents/year
- FASCO fellows manage inpatients at GMC – supervising residents.
- Fellows have independent surgeries where they supervise and teach residents.
- Fellows teach cadaver labs and attend didactic conference.



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Negatives

- Fellow often serves as first assistant during surgery



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Positives

- *Ability to participate in advanced surgeries
- *Ability to participate in clinical research
- *Mentorship from Fellows
- *Awareness of Job opportunities
- *Access to fellowship academic activities



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FASCO Reconstructive Foot & Ankle Fellowship

- *Fellows each have 2 half days of clinic per week
- *Learn to manage a clinic with their own staff as well as coding and billing
- *Residents are not assigned to the fellows clinic (at discretion of GMC)

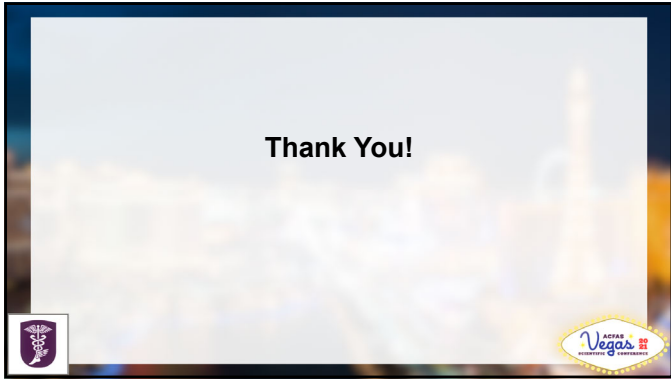


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Questions?



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