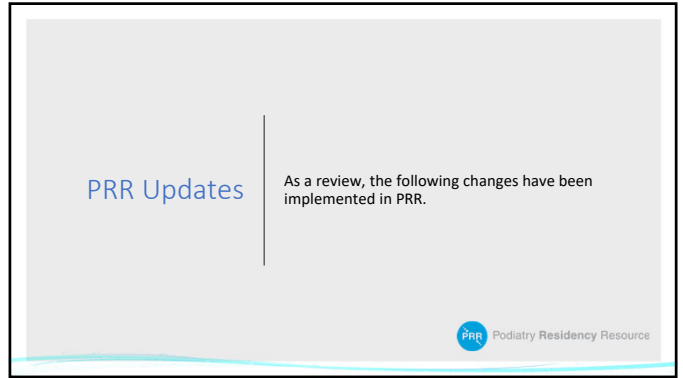
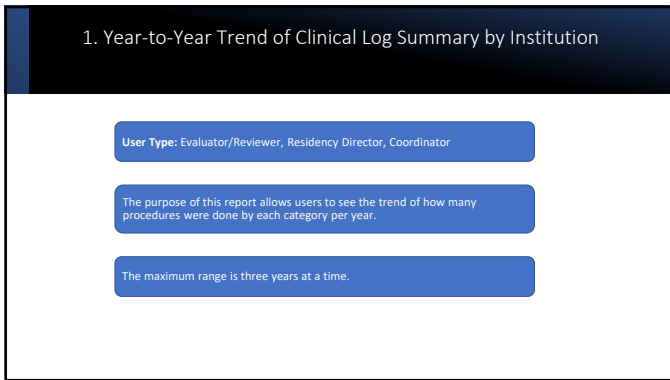




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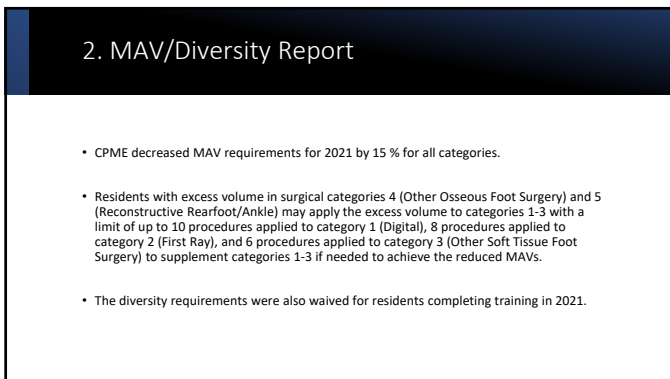


3

Year to Year Trend of Clinical Log Summary by Institution
Year Range: 2019 - 2022

Total Institution	2019	2020	2021	2021 - 2022
Proc Category				
1. Digital Surgery	0	10	0	0
2. First Ray Surgery	10	0	0	0
3. Other Soft Tissue Foot Surgery	10	0	0	0
4. Other Osseous Foot Surgery	10	0	0	0
5. Reconstructive Rearfoot/Ankle Surgery	0	20	0	0
Total Surgery	30	30	0	0
6. Other Podiatric Procedures	200	45	0	0
7. Biomechanics	0	45	0	0
8. History and Physical Examination	0	45	0	0
9. Surgery and Surgical Management	0	0	0	0
10. Medicine and Medical Subspecialty Experiences	0	0	0	0
Total Cases	330	365	0	0
Ability Category				
1. Digital Surgery	0	4	0	0
2. First Ray Surgery	0	0	0	0
21. Hallux Valgus Surgery	0	0	0	0
22. Hallux Limbus Surgery	0	0	0	0
23. Other First Ray Surgery	0	0	0	0
3. Other Soft Tissue Foot Surgery	0	0	0	0
4. Other Osseous Foot Surgery	0	0	0	0
5. Reconstructive Rearfoot/Ankle Surgery	0	0	0	0
6. Elective - Soft Tissue	0	0	0	0
62. Elective - Osseous	0	0	0	0
63. Non-Elective - Soft Tissue	0	0	0	0
64. Non-Elective - Osseous	0	0	0	0
Total	0	4	0	0

4



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Sample MAV/Diversity Report 2021

2nd Assist	1st Assist	Total	1st Level Trauma	Podopediatric
177	177	354	145	42
Total Podiatric Surgical Cases - 528 out of 255				
MAV Category				
You Have	MAV Required	Over(Under)	Meeting MAV	
1. Digital Surgery	100	68	82	Yes
2. First Ray Surgery	111	51	60	Yes
3. Other Soft Tissue Foot Surgery	189	39	150	Yes
4. Other Osseous Foot Surgery	142	34	168	Yes
5. Reconstructive Rearfoot/Ankle Surgery	285	43	242	Yes
7. Biomechanics	81	64	17	Yes
8. Comprehensive H&Ps	112	43	69	Yes
All Trauma Cases (Podiatric and non-Podiatric)	145	43	102	Yes
Podopediatric Cases	42	21	21	Yes
Sum of 4, 5 category (You Have)	77	Sum of required 4, 5 category	Meeting Category 1, 2, 3 Over(Under) Top 2021	Overall Meeting 2021 MAV
			Yes	Yes
Diversity Category				
You Have	Proc Types Required	Over(Under)	Meeting Diversity	
1. Digital Surgery	8	5	3	Waived
2. First Ray Surgery	8	3	5	Waived
21. Hallux Valgus Surgery	5	3	2	Waived
22. Hallux Limbus Surgery	6	4	2	Waived
23. Other First Ray Surgery	12	6	6	Waived
3. Other Soft Tissue Foot Surgery	15	6	9	Waived
4. Other Osseous Foot Surgery	7	3	4	Waived
5. Reconstructive Rearfoot/Ankle Surgery	9	4	5	Waived
51. Elective - Soft Tissue	2	2	0	Waived
52. Elective - Osseous	8	3	5	Waived
53. Non-Elective - Soft Tissue				
54. Non-Elective - Osseous				

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3. Changes- CREC Evaluator Report

Clinical Log for Evaluator

User Type: Evaluator/Reviewer

Purpose:
To add notes to clinical procedures and to easily download selected procedures.
Notes column feature allows the evaluator to add a specific note for a procedure and add/save/edit those notes.

Check box feature allows the user to select multiple rows by clicking individual checkboxes on the left-hand side of that row to download

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Sample Clinical Log for Evaluator

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Upcoming Changes

NEW PRR Ordering Process

Modified to a 2-step process:

- Step 1: Add residents, PRR access fee, and ABFAS/ABPM exams on a single screen
- Step 2: Add payment details and submit order

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Step 1- Add Residents & Exam(s)

Get Organized | Add Residents & Exam(s) | Order Details & Submit

Directions:

1. The POY displayed is POY for the upcoming year
2. Select the Access Fee for the residents who will be using PRR application.
3. Select the ABFAS ITE for the residents taking ABFAS in-training exam.
4. Select the ABPM ITE for the residents taking ABPM in-training exam.
5. To add new resident, please click Add New Residents.
6. To transfer resident, please click Transfer Residents. You will need ID of resident being transferred.
7. The ABFAS and ABPM ITE exams fees are calculated automatically based on the POY.

NAME	EMAIL	PROGRAM TYPE	+RRA	POY	ACCESS FEE	ABFAS ITE	ABFAS FEE	ABPM ITE	ABPM FEE	TOTAL FEE
Test User 1	test@gmail.com	FMSR-RRA	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> \$195	<input checked="" type="checkbox"/>	\$300	<input checked="" type="checkbox"/>	\$200	\$695
Test User 2	test@gmail.com	FMSR-RRA	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> \$195	<input checked="" type="checkbox"/>	\$240	<input checked="" type="checkbox"/>	\$200	\$635
Test User 3	test@gmail.com	FMSR-RRA	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> \$195	<input type="checkbox"/>	\$0	<input checked="" type="checkbox"/>	\$200	\$395
Test User 4	test@gmail.com	FMSR-RRA	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> \$195	<input checked="" type="checkbox"/>	\$240	<input type="checkbox"/>	\$0	\$435
					Total: \$780	Total: \$780	Total: \$600	Grand Total: \$ 2160		

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Step 2- Select Payment Method and Submit Order

Get Organized | Add Residents & Exam(s) | Order Details & Submit

Directions:
Please provide billing information including Purchase Order numbers. Add any email addresses for the contacts that should receive copy of invoice.

Contact Information:
Billing Address: [Field]
City: [Field]
State: [Field]
Zip Code: [Field]
Purchase Order: [Field]

Notes:
Enter any order processing notes or special request below:
Your copy of your order will be sent to the following email address:
Additional copies of your order will be sent to the following addresses (Enter up to three email addresses separated by semicolons):

Order breakdown:
Please review the following table. If you like to make any edits, please click back button. If everything look good, please click on submit button.

Name	Email	Program Type	+RRA	POY	ACCESS FEE	ABFAS ITE	ABFAS FEE	ABPM ITE	ABPM FEE	TOTAL FEE
Test User 1	test@gmail.com	FMSR-RRA	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> \$195	<input checked="" type="checkbox"/>	\$300	<input checked="" type="checkbox"/>	\$200	\$695
Test User 2	test@gmail.com	FMSR-RRA	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> \$195	<input checked="" type="checkbox"/>	\$240	<input checked="" type="checkbox"/>	\$200	\$635
Test User 3	test@gmail.com	FMSR-RRA	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> \$195	<input type="checkbox"/>	\$0	<input checked="" type="checkbox"/>	\$200	\$395
Test User 4	test@gmail.com	FMSR-RRA	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> \$195	<input checked="" type="checkbox"/>	\$240	<input type="checkbox"/>	\$0	\$435
					Total: \$780	Total: \$780	Total: \$600	Grand Total: \$ 2160		

PRR Podiatry Residency Resource

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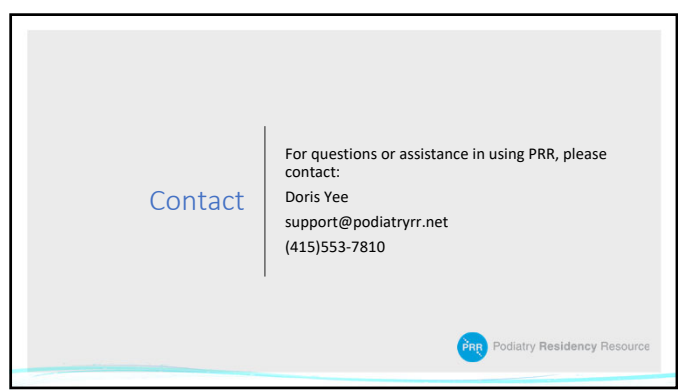
Important Reminders

Programs need to graduate their residents in PRR upon issuance of REC.
It's important that their records are up to date.

For all logging questions, please contact Dr. J.T. Marcoux at jtmarcoux@podiatryresidencyresource.com


At any time of the year, the Director/Coordinator can transfer a resident using the Ordering process. You can transfer residents from another residency program by entering their UserID. If you don't know their UserID, please contact PRR support.

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A rectangular slide with a light gray background and a thin black border. On the left side, the word "Contact" is written in a blue, sans-serif font. To its right, a vertical line separates it from contact information. The contact information includes the text "For questions or assistance in using PRR, please contact:", "Doris Yee", "support@podiatryrr.net", and "(415)553-7810". In the bottom right corner, there is a small circular logo with "PRR" inside, followed by the text "Podiatry Residency Resource". A decorative wavy line in shades of blue and teal runs along the bottom edge of the slide.

Contact

For questions or assistance in using PRR, please contact:
Doris Yee
support@podiatryrr.net
(415)553-7810

 Podiatry Residency Resource

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