

# ANNUAL SELF ASSESSMENT

**1) Evaluation of the program’s compliance with the CPME standards:**

A thorough review (see appendix A) shows the program meeting CPME standards in all areas.

**2) Residency Selection Committee:** For the past two years the Residency Selection Committee included: Drs.....

In 2011, the program set a minimum GPA of 3.0 as criteria for its applicants. The following is a summary of applicant’s data such as GPA and school of podiatry.

	2010	2011	2012	2013	2014
Total # of applicants	48	59			
Total interviews granted	29	26			
Total showed to interview	25	26			
Average GPA	3.22	3.43			
Range of GPA	2.60 →3.81	2.94→3.82			
# of applicants 2.50-2.90	5	0			
# of applicants 2.91-3.40	17	14			
# of applicants 3.41-4.0	7	12			
<b>Name of the school</b>	<b>Number of Students in 2010</b>	<b>Number of Students in 2011</b>			
AZ school	4	4			
CA school	5	8			
IL School	8	3			
IA School	3	4			
FL school	3	3			
NY school	1	0			
OH school	6	3			
PA school	1	1			

Residents selected for 2011-2014 class had a GPA of 3.7, 3.6, 3.3  
 Residents selected for 2012-2015 class have a GPA of (pending match result)

**3) The resident’s formal evaluation of the program, and the faculty**

At the end of each rotation, the residents were asked to complete an assessment form. The comments obtained are attached. (Appendix B)

**4) Assessment of the curriculum to determine its relevance to the competencies.**

A copy of the curriculum and competencies were emailed to all faculty members in the fall of 2011. The faculty members were invited to change, and modify the existing competencies and assessment forms for the 2012-2013 academic year. Changes were made to the competencies and assessment forms for Laboratory Medicine/Pathology, Vascular Surgery, and Behavioral Medicine. It was determined that no changes or updates were needed for other rotations.

**5) Whether resources need to be enhanced, modified, or reallocated to assure that the competencies can be achieved.**

After consulting with all rotation chairs, it was determined that no changes were needed to be made to the current competencies except for Laboratory Medicine/Pathology, Vascular Surgery, Behavioral Medicine. The 2012-2013 Residency Manual has been updated to meet the new changes for these three rotations. In order to enhance the training and exposure to pediatric cases, a new affiliation was signed in January of 2012 with private office of Foot and Ankle Associates. The PGY-3 resident will spend 4 hours per week rotating for 6 months each in the office of Dr. ...to learn about clubfoot casting and pediatric foot and ankle care.

**6) Determine the extent to which didactic activities complement and supplement the curriculum.**

The didactic activities include Journal club (1<sup>st</sup> Wed of each month), X-ray Grand Rounds (2<sup>nd</sup> Wed of each month), skills workshop (3<sup>rd</sup> Wed of each month) and student presentation (4<sup>th</sup> Wed of each month). In addition, the following lectures were added to the didactics:

Treatment of osteomyelitis (guest speaker: Dr. X from San Diego, CA);  
Treatment of HAV (guest speaker: Dr. Y, private practice);  
Compartment Syndrome (guest speaker: Dr. Z, private practice);  
Ankle Arthritis (guest speaker: Dr. S, private practice)  
Practice Management (guest speaker: Dr. K, private practice)  
Billing and Coding (guest speaker: Dr. S, private practice);  
Club foot (guest speaker: Dr. C, private practice)

The residents are scheduled to attend a “Basic Foot Course” in September of 2012, organized by AO of North America through an education grant from Synthes.

**7) Discuss performance data such as resident performance on in-training exams**

All residents took part in the national ABPS in-training examination. For most part, there was improvement in the scores from prior years. A couple of residents showed no improvement in scores (but not lower). For all of our residents, the obtained average scores were higher than the national average. Discussion was performed with each resident with regard to their in-training examination. The areas of weakness for each resident were addressed. Each resident with a score lower than 450 in any category was given additional chapters/assignments to read and present at the weekly didactic meetings.

### 8) Discuss residents' attainment of board certification

Resident's Name	Year	Board status	Employment	State of licensure
	2008-2011	BQ- F & A	Orthopedic group	MO
	2008-2011	BQ- F & A	Hospital employee	SC
	2008-2011	BQ- F & A	Self employed	MI
	2007-2010	BQ- F & A	Hospital employee	OH
	2007-2010	BQ- F & A	Group practice	FL
	2006-2009	BQ- F & A	Self employed	PA
	2006-2008	BQ- F	Self employed	OR
	2005-2008	BQ- F & A	Orthopedic group	CA
	2005-2008	BC- F & A	Self employed	CA
	2004-2007	BC- F & A	Hospital employee	AZ
	2004-2007	C- F & A	Group practice	FL
	2003-2006	C- F & A	Self employed	IA
	2003-2006 (transferred out)	Not known	Not known	NY
	2002-2005	C- F & A	Orthopedic group	FL
	2002-2005	C- F & A	Hospital employed	PA
	2001-2004	C- F & A	Self employed	OR
	2001-2004	C- F & A	Hospital employed	CA
	2000-2003	C- F & A	Hospital employee	CA
	2000-2003	C- F	Self employed	AZ
	1999-2002	C- F & A	Hospital employee	FL
	1999-2002	C- F & A	Group practice	IA
	1998-2001	C- F & A	Self employed	NY
	1998-2001	C- F & A	Self employed	MI
	1997-2000	C- F & A	Orthopedic group	FL
	1997-2000	C- F	Hospital employed	OR

### 9) Discuss residents' attainment of state licensure

All residents have been able to attain state licensure. See above for a list of the residents and their State of licensure.

### 10) Discuss success of graduated residents

See above table. All residents have been able to successfully pass their Board examination post-graduation. They have been able to attain licensure and are in good standing with their respective State Board of Podiatry.

## APPENDIX A. ANNUAL PROGRAM ASSESSMENT

CPME STANDARD	Met??	COMMENTS
<b>1.1 The sponsor shall be a hospital or academic health center</b> 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 must describe arrangements established for the residency program and the resident in the event of dissolution of the co-sponsorship.	Met	The program is a cosponsorship with Hospital A.
<b>1.2 The healthcare institution(s) shall be accredited by the Joint Commission, or a healthcare agency approved by the Centers for Medicare and Medicaid Services.</b>	Met	The program has an agreement with Hospital A that meets these requirements. Agreement need to be renewed in 2015.
<b>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.</b> * should be renewed every 5 years * should delineate financial support *Be signed by CAO/Director	Met	The dissolution policy is noted in the resident letter of appointment, agreement paperwork with Hospital A and the resident manual.
If the program director does not participate actively at the affiliated institution, a site coordinator must be designated formally to ensure appropriate conduct of the program at this training site.	Met	Facility A was recently re-accredited with TJC in 2011. Facility B was re-accredited with TJC in 2010.
<b>2.1 The sponsoring institution ensures the availability of appropriate facilities and resources for residency training.</b>	Met	The program is affiliated with Hospital A (to renew in 2014); Hospital B (to renew in 2015); Hospital C (to renew in 2015). The program recently signed an agreement with a private office of Dr. J. The program is in process of negotiating an affiliation with Hospital D.
<b>2.2 The sponsoring institution shall afford the resident ready access to adequate library resources.</b>	Met	Dr. S is the assigned Site Coordinator for Hospitals A & B. Dr. H is the Site Coordinator for Hospital C. Dr. N is the site Coordinator for APA (private office).
<b>2.3 The sponsoring institution shall afford the resident ready access to adequate information technologies and resources.</b>	Met	The residents are provided resources for their training including in and outpatient care, VA and non-VA, and a strong faculty resource rotations
	Met	Both institutions have their own physical library as well as a virtual library.
	Met	The residents each have their own cubicles with a phone and its own computer pc.

<b>2.4 The sponsoring institution shall afford the resident ready access to adequate office and study spaces.</b>	Met	The residents have their own study room and each have their own cubicles with a phone and its own computer desk top.
<b>2.5 The sponsoring institution shall provide designated support staff to ensure efficient administration of the residency program.</b>	Met	The program has a part-time support staff at Facility A. The Podiatry program shares a full time support staff at Facility B. This support staff also assists the other residency programs at Facility B.
The institution must ensure that neither the program director nor the resident assumes the responsibility of clerical personnel.	Met	All clerical responsibilities are handled and transferred to the designated support staff at each cosponsoring institution.
<b>3.0 The sponsoring institution formulates, publishes, and implements policies affecting the resident.</b>	Met	The program has a resident manual that includes all policies. Resident participation in rotations and leave time policies have been enforced as per the manual.
<b>3.1 The sponsoring institution shall utilize a residency selection committee.</b>	Met	The 2011 Residency Selection Committee included: Drs. M, O, and all of the residents. Four residents and two attending were involved in the interview process.
<b>3.2 The sponsoring institution shall conduct its process of interviewing &amp; selecting residents equitably and in an ethical manner</b>	Met	The program is a member of COTH/ CASPR and is in good standing with their standards/policies.
<b>3.3 The sponsoring institution shall participate in a national resident application matching service &amp; shall not obtain a binding commitment from the prospective resident prior to match date.</b>	Met	The program is a member of COTH and does participate in CASPR/CRIPS interview process.
<b>3.4 Application fees, if required, shall be paid to the sponsoring institution.</b>	N/A	The program does not charge an application fee.
<b>3.5 The sponsoring institution shall inform all applicants as the final disposition of the application (acceptance or denial).</b>	Met	This is done through CASPR/CRIPS.

<p><b>3.6 The sponsoring institution shall accept only graduates of colleges of podiatric medicine accredited by CPME. Applicants shall have passed the Parts I and II examinations of the National Board of Podiatric Medical Examiners.</b></p>	Met	In addition, the program has set a minimum GPA of 3.0 as criteria for its applicants.
<p><b>3.7 The sponsoring institution shall ensure that the resident is compensated equitably with other residents at the institution.</b></p>	Met	The Podiatry resident salary is equitable with the Family practice resident salaries.
<p>The sponsoring institution should disclose annually to the program director the current amounts of direct and indirect graduate medical education reimbursement received by the sponsoring institution.</p>	N/A	The program is federally funded.
<p><b>3.8 The sponsoring institution shall provide the resident a written contract or letter of appointment.</b></p>	Met	The resident contract was updated as per legal for the academic year of 2012. The new changes/modifications were in respect to the new category of the program being PMSR with RRA. The contract is offered annually with extension/renewal pending residents' performance.
<p>When a letter of appointment is utilized, a written confirmation of acceptance must be executed by the prospective resident and forwarded to the chief administrative officer.</p>	Met	The resident contract has signature lines for the resident and the administration staff for both co-sponsoring institutions.
<p>In the case of a co-sponsored program, the contract or letter of appointment must be signed and dated by the chief administrative officer of each co-sponsoring institution, the program director, and the resident.</p>	Met	The resident contract has signature lines for the resident and the administration staff for both co-sponsoring institutions.
<p><b>3.9 The sponsoring institution shall include or reference the following items in the contract or letter of appointment:</b></p> <ul style="list-style-type: none"> <li><b>a) resident duties and hours of work</b></li> <li><b>b) duration of the agreement.</b></li> <li><b>c) health insurance benefits.</b></li> <li><b>d) professional, family, and sick leave benefits.</b></li> <li><b>e) leave of absence.</b></li> <li><b>f) professional liability insurance coverage.</b> This insurance must cover all rotations at all training sites and must provide protection against awards from claims reported or filed after the completion of training if the alleged acts or omissions of the resident were within the scope of the residency program.</li> <li><b>g) other benefits if provided (e.g., meals, uniforms, vacation policy, housing provisions, payment of dues for membership in national, state, and local professional organizations, and disability insurance benefits).</b></li> </ul>	Met	The resident contract does reference the above. The program does not offer benefits such as meals, uniforms, housing provision, and payment of dues. The benefits are described in the resident manual as well as the HR employee manual.

<p><b>3.10 The sponsoring institution shall develop a residency manual to include policies, rules and regulations, curriculum, training schedule, assessments, didactic activities schedule, and journal review schedule</b></p>	<p>Met</p>	<p>A resident manual is available that includes all of the required standards. The manual is updated annually with the last update completed in February 2012. A copy was provided last year to all rotation chairs and the residents at the beginning of the academic year.</p>
<p><b>3.11 The sponsoring institution shall provide the resident a certificate verifying satisfactory completion of training requirements.</b></p>	<p>Met</p>	<p>The residents are provided a certificate in PMSR with added RRA that includes name and signature lines for both cosponsoring institutions.</p>
<p>In the case of a co-sponsored program, the certificate must be signed and dated by the chief administrative officer of each co-sponsoring institution and the program director.</p>	<p>Met</p>	<p>The certificate includes names and signature lines for both co-sponsorship administrative staff.</p>
<p><b>3.12 The sponsoring institution shall ensure that the residency program is established and conducted in an ethical manner.</b></p>	<p>Met</p>	<p>The DPME is in regular contact with the residents, the administration and the GME office to assure that the program is conducted in an ethical manner.</p>
<p><b>3.13 The sponsoring institution shall ensure that the following written policies are included in the residency manual:</b>  <b>a. the mechanism of appeal.</b>  <b>b. the remediation methods.</b>  <b>c. the rules and regulations for the conduct of the resident.</b></p>	<p>Met</p>	<p>The residency manual includes policies on appeal, remediation and rules for resident conduct. Such policies are also available in the human resources employee handbook and on the hospital's website.</p>
<p><b>4.1 The sponsoring institution shall report annually to the Council office on institutional data, residents completing training, residents selected for training, changes in the curriculum, and other information requested by the Council.</b></p>	<p>Met</p>	<p>An annual report is completed on-line with CPME annually. (usual annual deadline of 9/15)</p>
<p><b>4.2 The sponsoring institution shall inform the Council office in writing within 30 calendar days of substantive changes in the program. i.e.: any new affiliated training sites, appointment of a new program director, curriculum, a significant increase or decrease in faculty, and resident transfer.</b></p>	<p>Met</p>	<p>The only major change within the program for the last year was addition of a private office based rotation. CPME was notified within two weeks from the date of the last signature obtained on the affiliation agreement.</p>
<p><b>4.3 The sponsoring institution shall provide the Council office copies of its correspondence to program applicants, and current and incoming residents informing them of adverse actions or voluntary termination of the program. Program applicants shall be notified prior to the interview.</b></p>	<p>N/A</p>	<p>The program is in good standing with CPME. There have not been any adverse actions or voluntary termination of the program or its affiliated sites.</p>

## PROGRAM STANDARDS AND REQUIREMENTS

CPME STANDARD	Met??	COMMENTS
<b>5.1 The sponsoring institution shall designate one podiatric physician as program director. The program director shall be provided proper authority to fulfill the responsibilities required of the position.</b>	Met	There is one physician assigned as DPME. Dr. V is the Site Coordinator for the co-sponsored site.
The sponsoring institution must provide compensation to the program director. This compensation must be commensurate with that provided other residency directors at the institution.	Met	Additional compensation was made for the residency director as part of her base salary.
The program director must be a member of the medical staff of the sponsoring institution	Met	The Program Director is a member of medical staff in good standing. She recently completed her biannual credentialing process.
The program director must be a member of the graduate medical education committee or equivalent within the institution.	Met	The Program Director attends the GME committee meetings on regular basis.
The program director should be a member of national, state and/or local professional organization(s).	Met	The program director is a member of APMA, ASPS and ACFAS.
A residency training committee also may be established to assist the program director in the administration of the residency program.	Met	The program established a Podiatric Residency Training Committee in August of 2011. This Committee includes all rotation chairs, the GME Director, Podiatry attending and the Chief of Surgery. The Committee is scheduled to meet each spring and fall.
<b>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.</b>	Met	The program Director is board certified by ABPS. She has published 10 articles in peer reviewed journals and has had more than 40 hours of CME annually.
<b>5.3 The program director shall be responsible for the administration of the residency in all participating institutions.</b>	Met	The program director is in regular contact with the cosponsored hospital's GME office, and Site Coordinator. In addition, the program director is also in regular contact with the office of medical staff and the office of education at Hospitals A, B and C.
<b>5.3 The program director shall be able to devote sufficient time to fulfill the responsibilities required of the position.</b>	Met	The program director spends 15 hours per week toward administration of the residency program.
<b>5.3 The program director shall ensure that each resident receives equitable training experiences.</b>	Met	The program director has been carefully monitoring the resident schedule and surgical log activities to assure that the resident are receiving equitable training experiences and equivalent exposure to surgical cases.



The director must ensure resident participation in training resources and didactic experiences (e.g., lectures, journal review sessions, and seminars).	Met	The didactic experiences are held after hours. Attendance is mandatory. The director does keep track of a signing sheet for each and all didactic meetings.
<b>5.4 The program director shall participate at least annually in faculty development activities</b>	Met	The director attended a COTH faculty development meeting in May of 2011. She is planning to attend a faculty development meeting in July of 2012.
<b>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.</b>	Met	The program enjoys a nice complement of podiatric and non-podiatric board certified faculty. All faculties have been strong supporters of the podiatry residency program.
Faculty members must take an active role in the presentation of lectures, conferences, journal review sessions, and other didactic activities.	Met	Since July 2011, the program has enjoyed of active involvement of community podiatrists at the didactic meetings including x-ray grand rounds, skills workshop, and journal club.
<b>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.</b>	Met	The program enjoys a nice complement of podiatric and non-podiatric board certified faculty. All faculties have been strong supporters of the podiatry residency program.
<i>6.0 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.</i>	Met	
<b>6.1 The curriculum shall be clearly defined and oriented to assure that the resident achieves the competencies identified by the Council.</b>	Met	The competencies and assessments were recently reviewed and revised as needed by the faculty. Changes were made to the competencies and assessment forms for Pathology/Lab, Vascular surgery and Behavioral Medicine.
<b>6.2 The sponsoring institution shall require that the resident maintain web-based logs</b>	Met	The program has PRR as the web based logging. The cost of PRR is covered by the Hospital.
<b>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.</b>	Met	The program is distributed to the residents before the start of the academic year and again at the time of orientation. The program is available in the resident's manual. The program is distributed to all rotation chairs at the start of the year.

<p><b>6.4 The residency program shall provide rotations in:</b></p> <ol style="list-style-type: none"> <li><b>1) Emergency Medicine</b></li> <li><b>2) medical imaging;</b></li> <li><b>3) pathology;</b></li> <li><b>4) behavioral sciences;</b></li> <li><b>5) internal medicine and/or family practice;</b></li> <li><b>6) medical subspecialties</b> (Medical subspecialties. Rotations that satisfy the medical subspecialty requirement include at least <u>two</u> of the following: dermatology, endocrinology, neurology, pain management, physical medicine and rehabilitation, rheumatology, or wound care)</li> <li><b>7) infectious disease;</b></li> <li><b>8) general surgery;</b></li> <li><b>9) surgical subspecialties</b> (Training resources that satisfy the surgical subspecialty requirement must include at least <u>one</u> of the following: orthopedic, plastic, or vascular surgery)</li> <li><b>10) anesthesiology;</b></li> <li><b>11) emergency medicine;</b></li> <li><b>12) podiatric surgery; and</b></li> <li><b>13) podiatric medicine.</b></li> </ol>	Met	The program has all of the required rotations. Medical Subspecialties include: Pain management, and dermatology. The Surgical Subspecialties include: Orthopedics, Vascular Surgery and Plastic Surgery.
<p>The time spent in infectious disease plus the time spent in internal medicine and/or family practice plus the time spent in medical subspecialties must be equivalent to a minimum of three full-time months of training.</p>	Met	The resident each spend 2 months in internal medicine (PGY-1), one month in Infectious Disease (PGY-1), 12 days (3 days per week X 4 weeks) in Pain Management (PGY-1), and two weeks in Dermatology (PGY-2)
<p><b>6.5 The residency program shall ensure that the resident is certified in advanced cardiac life support for the duration of training.</b></p>	Met	All residents are ACLS certified.
<p><b>6.6 The residency curriculum shall afford the resident instruction and experience in hospital protocol and medical record-keeping.</b></p>	Met	There is on-going instruction in hospital protocol and medical record keeping. In addition, each resident spends one week in orientation with HR.
<p>The majority of didactic activities must include faculty participation.</p>	Met	Since July 2011, the program has enjoyed of active involvement of community podiatrists at the didactic meetings including x-ray grand rounds, skills workshop, and journal club.

The residency curriculum must include instruction in research methodology. The resident should participate in research activities to broaden the scope of training.	Met	The residents are assigned topics for research. In addition, the residents are required to take the research education course on-line and obtain a certificate in Human Research.
The program director may appoint a faculty member to coordinate didactic activities.	Met	Dr. O is assigned to coordinate didactic activities. A monthly schedule of event is printed and distributed to all residents (in writing) and community podiatrists (on-line via email)
<b>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.</b>	Met	There is a journal club the first Wednesday of each month. A general topic is presented and discussed using several (3-4) peer reviewed articles.
<b>6.9 The residency program shall ensure that the resident is afforded appropriate faculty supervision during all training experiences.</b>	Met	The residents work one-one with each attending. Each patient care is directly supervised and discussed with each attending.
<b>7.1 The program director shall review, evaluate, and verify resident logs on a monthly basis.</b>	Met	The Director reviews, evaluates and verifies the logs on a weekly basis. An audit of any logging errors are printed and discussed with the residents on a monthly basis.
<b>7.2 The faculty and program director must conduct a formal semi-annual meeting with the resident to assess and validate the extent to which the resident has achieved the competencies.</b>	Met	The director has met on a quarterly basis with each resident to go over their logs, and their completed or missing assessment forms or rotations. A memo was given to each of the PGY-3 residents in January (6 months prior to their graduation date) reminding them of their level of meeting CPME standards and achievement of their MAV's for all activities (surgical and non-surgical). See Appendix C.
The program should require that the resident take in-training examinations	Met	All residents participated in the ABPS in-training examination in 2011.
The sponsoring institution must pay any fees associated with the examinations.	Met	The institution covers the cost associated with the ABPS in-training examination.
<b>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.</b>	Met	An annual meeting is setup for each spring and fall to discuss and review the program with the Podiatry Residency Committee.

<p>The review must include:</p> <ol style="list-style-type: none"> <li>1) evaluation of the program's compliance with the CPME standards</li> <li>2) The resident's formal evaluation of the program, and the faculty</li> <li>3) Assessment of the curriculum to determine its relevance to the competencies.</li> <li>4) Whether resources need to be enhanced, modified, or reallocated to assure that the competencies can be achieved.</li> <li>5) Determine the extent to which didactic activities complement and supplement the curriculum.</li> <li>6) Discuss performance data such as resident performance on in-training exams</li> <li>7) Discuss residents' attainment of board certification</li> <li>8) Discuss residents' attainment of state licensure</li> <li>9) Discuss success of graduated residents</li> </ol>	<p>Met</p>	<p>See attached</p>
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