

Council on Podiatric Medical Education  
American Board of Podiatric Orthopedics  
and Primary Podiatric Medicine  
American Board of Podiatric Surgery  
constituents of the  
Residency Review Committee

**EVALUATION TEAM REPORT FOR PODIATRIC FELLOWSHIP**

CONFIDENTIAL

INSTITUTION:

ADDRESS:

CITY-STATE-ZIP:

EVALUATION TEAM CHAIR:

EVALUATION TEAM MEMBER(S):

DATE(S) OF EVALUATION:

CPME STAFF LIAISON:

NAME OF FELLOWSHIP:

FELLOWSHIP BEGAN:

DATE(S) OF PREVIOUS EVALUATION(S):

CURRENT NUMBER OF FELLOWS PER YEAR:

NUMBER OF FELLOWS PLANNED PER YEAR:

IF THE INSTITUTION SPONSORS A CPME-APPROVED RESIDENCY, THE CATEGORY OF  
THE RESIDENCY:

**INSTITUTIONS VISITED** (Name, Location, Relationship [Co-sponsor or Affiliate])

**STAFF INTERVIEWED**

Chief Administrative Officer:

Program Director:

Chief of Podiatric Staff:

Director of Medical Education:

Chief of Medical Staff:

Chief of Surgical Staff:

Podiatric Staff (must represent the majority of those involved in the training experiences afforded the fellow[s]):

Medical/Other Staff:

**FELLOW(S) INTERVIEWED**

**NOTE: If individuals listed on the agenda were unavailable for interview, please indicate who was unavailable and why as well as any other pertinent comments regarding the institution's efforts in preparing for the on-site evaluation.**

## SUMMARY OF FINDINGS

### **INSTRUCTIONS TO EVALUATION TEAM:**

**In response to each of the questions below, please write a concise and relevant narrative statement on the following page. Your comments should be specific to each statement, include sufficient detail to describe all areas of activity, and be supported with factual data. The information that you provide must be consistent with information provided elsewhere in the report.**

**Your response will be edited by staff into a summary of findings that includes the narrative statement provided by the other evaluator(s), as well as information provided in the narrative responses related to each standard. The questions will not appear in the summary of findings presented to the sponsoring institution.**

- a. Describe the sponsoring institution. (Responses should address, but not be limited to, the following areas: accreditation, number of beds, information on co-sponsorship [if applicable], other fellowship programs sponsored, residency programs sponsored.)**
- b. Describe the administrative structure of the fellowship program and any potential changes under consideration by the program (e.g., institutional affiliations and training provided, who is responsible for coordinating the program's activities at the sponsoring institution and the affiliated institution [if applicable], time fellow spends at other sites [if applicable], increases or decreases in positions).**
- c. Describe the curricular structure of the fellowship program and any potential changes under consideration by the program (e.g., medical educational experiences, accuracy of objectives in view of training provided, extent of office experiences, involvement of non-podiatric medical and podiatric staff, didactic experiences).**
- d. Describe the strengths of the program.**
- e. Describe the weaknesses of the program.**
- f. Describe any other factors that may be important regarding the approval status of this program.**

**SUMMARY OF FINDINGS - continued**

## CPME REQUIREMENTS

Based on the on-site evaluation process, the evaluation team may identify areas of potential noncompliance. The sponsoring institution receives a draft copy of the evaluation team report for correction of factual errors. The sponsoring institution is encouraged to respond in writing to areas of potential noncompliance and recommendations identified by the evaluation team, and provide documentation to support the response. The draft copy of the evaluation team report, and any response and documentation submitted by the sponsoring institution, is then considered by the Residency Review Committee. Based upon a recommendation from the Committee, the Council determines the approval status of the program. The sponsoring institution receives a final copy of the evaluation team report and is notified of the approval action of the Council. **Areas of noncompliance determined by the Council may include, but are not limited to, those indicated by the evaluation team.** The institution will be requested to submit documentation of progress made in addressing areas of noncompliance and/or concerns expressed by the Committee or the Council.

Areas of noncompliance are identified within two areas: Institutional Standards and Requirements and Program Standards and Requirements. For further description of the Council's standards and requirements, please consult CPME 820, *Standards and Requirements for Approval of Podiatric Fellowships* (July 2007).

### INSTRUCTIONS TO EVALUATION TEAM:

During the on-site evaluation of a fellowship program, the evaluation team will gather detailed information as to whether the requirements of the fellowship have been met. Compliance with the requirements provides an indication of whether the broader educational standard has been met. In the requirements, the verb "shall" is used to indicate conditions that are imperative to demonstrate compliance.

In responding to the questions/statements, please be aware that if the guidelines in the 820 document utilize the verbs "must" and "is," then this is how a requirement is to be interpreted, without fail. The approval status of a fellowship is at risk if noncompliance with a "must" or an "is" is identified.

Indicate each area of potential noncompliance and identify by number the specific requirement. Each area identified must be supported by descriptive statements that provide reasons for the assessment by the evaluation team that the program is in noncompliance. These statements must be consistent with information provided elsewhere in the report. Please keep in mind that the nature and seriousness of each area of potential noncompliance are considered in determining compliance with the related standard and ultimately in determining the approval status of the program.

#### I. Institutional Requirements (see pages 4-9, CPME 820)

II. Program Requirements (see pages 10-16, CPME 820)

## **RECOMMENDATIONS**

# INSTITUTIONAL STANDARDS AND REQUIREMENTS

## STANDARD 1.0

**The sponsorship and control of a podiatric fellowship program are under the specific administrative responsibility of a healthcare institution that develops, implements, and monitors the fellowship program.**

1. Identify the type(s) of institution(s) that sponsors the fellowship program (Requirement 1.1):
  - Hospital.
  - Academic health center.
  - Co-sponsorship. (Describe the arrangement. The institutions must define their relationship to each other, with specific information related to the delineation of the extent to which financial, administrative, and teaching resources are to be shared. The document must describe the arrangements established for the program and the fellow in the event of dissolution of the co-sponsorship. **This information must be included in an appropriate agreement related to the residency program.**):
  
2. For each institution, **including the sponsor and co-sponsor (if applicable)**, provide the name and location, the accrediting agency, the length of accreditation granted and, for affiliates, whether appropriate documentation exists of the relationship to the sponsor (including the date the document was signed) and the name of the on-site coordinator (1.2 and 1.3):

Name	City, State	Accred/ throughYear	Affil (y/n)/ Date	Name of On-Site Coordinator

Comments:

3. When the institution provides training at secondary institution(s) or facility(ies), the affiliation agreement (1.3):

Acknowledges the affiliation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delineates financial support (including fellow liability) of each training site.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delineates educational contributions of each training site.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is signed and dated by the chief administrative officer of each training site.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is forwarded to the program director.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is reaffirmed at least once every five years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If no to any statement, please provide an explanation/clarification.*

4. Use the space below to provide any additional information or further clarification for items that have not been addressed in this section of the report (Standard 1.0):



## **STANDARD 2.0**

### **The sponsoring institution ensures the availability of appropriate facilities and resources for fellowship training.**

5. The sponsoring institution ensures that the physical facilities, equipment, and resources of the primary and affiliated training site(s) are sufficient (i.e., well maintained and properly equipped) to permit achievement of the stated goals and objectives of the fellowship program (2.1).  Yes  No

*If no, please provide an explanation.*

6. The following are available for fellow training (2.1):

Adequate patient treatment areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adequate training resources.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A health information management system.	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If no to any statement, please provide an explanation/clarification.*

7. The sponsoring institution affords the fellow ready access to the following resources (2.2).

Podiatric texts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical texts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other reference texts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Journals.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audiovisual materials.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instructional media.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic retrieval of information from medical databases.	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If no to any statement, please provide an explanation/clarification.*

8. The sponsoring institution affords the fellow ready access to adequate information technologies and resources (e.g., computer hardware, software, and related resources) (2.3).  Yes  No

*If no, please provide an explanation.*

9. The sponsoring institution affords the fellow ready access to adequate office and study spaces (2.4).  Yes  No

*If no, please provide an explanation.*

10. Adequate support staff are available to ensure efficient administration of the program (2.5).  Yes  No

*If no, please provide an explanation.*

11. Use the space below to provide any additional information or further clarification for items that have not been addressed in this section of the report (Standard 2.0):

### **STANDARD 3.0**

#### **The sponsoring institution formulates, publishes, and implements policies affecting the fellow.**

12. The sponsoring institution has identified a committee that is responsible for interviewing and selecting the fellow (3.1).  Yes  No

*If no, please provide an explanation.*

Briefly describe the composition of the committee and the interview/selection process:

13. The sponsoring institution publishes a mechanism for the resolution of allegations of sexual harassment from program candidates and fellows (3.2).  Yes  No

*If no, please provide an explanation.*

14. The mechanism ensures due process to all individuals involved (3.2).  Yes  No

*If no, please provide an explanation.*

15. The mechanism is distributed to and acknowledged in writing by the fellow prior to the start of the training year (3.2).  Yes  No

*If no, please provide an explanation.*

16. Prospective fellows are informed in writing of the selection process and conditions of appointment established for the program (3.3).  Yes  No

*If no, please provide an explanation.*

17. The institution makes available a written copy of the fellowship curriculum to the prospective fellow (3.3).  Yes  No

*If no, please provide an explanation.*

18. What was the total number of applicants for the current or immediately forthcoming training year (3.3)?

19. Of this total, how many were given a final interview (3.3)?

20. Is the applicant charged a fee (3.4)?  Yes  No

If yes, what is the amount and to whom is it paid?

21. If the applicant is charged a fee, does the fee include (3.4):

Processing of the application?  Yes  No

Conducting the interview?  Yes  No

Other? (specify)  Yes  No

22. Are the policies regarding application fees published (3.4)?  Yes  No

*If yes, where?*

*If no, please provide an explanation.*

23. Each program applicant is notified as to (3.5):

The completeness of his/her application.  Yes  No

The final disposition (acceptance or denial) of his/her application.  Yes  No

*If no to either statement, please provide an explanation.*

24. Each fellow is a graduate of a residency approved by the Council on Podiatric Medicine (3.6).  Yes  No

*If no, please provide an explanation.*

25. What form of written agreement exists between the sponsoring institution and the fellow (3.7)?

Contract

Letter of Appointment

26. The contract or letter states the fellow stipend (3.7).  Yes  No

*If yes, state the amount. \$\_\_\_\_\_ , \$\_\_\_\_\_*

*If no, please provide an explanation.*

27. The agreement has been signed and dated by the (3.7):

Chief administrative officer/Appropriate senior administrative officer.  Yes  No  
Fellow.  Yes  No

*If no to any statement, please provide an explanation.*

28. If a letter of appointment is used, the fellow is provided with a written confirmation of acceptance, which was forwarded to the chief administrative officer or the appropriate senior administrative officer (3.7).  Yes  No

*If no, please provide an explanation.*

29. In a co-sponsored program, describe the contractual arrangement between the institutions and the resident. Include whether it is signed and dated by the chief administrative officer of each co-sponsoring institution and the fellow (3.7).

30. The contract describes the arrangements established for the fellow and the program in the event of dissolution of the co-sponsorship (1.1, 3.7).  Yes  No

*If no, please provide an explanation.*

31. The agreement includes or references the following (3.8):

Duties of the fellow and hours of work.  Yes  No  
Duration of the agreement.  Yes  No  
Health insurance benefits.  Yes  No  
Professional, family, and sick leave benefits.  Yes  No  
Leave of absence.  Yes  No  
Professional liability insurance coverage.  Yes  No  
Other benefits, if provided.  Yes  No

Briefly describe these other benefits:

*If no to any statement, or if the guidelines for requirement 3.8 are not fully met, please provide an explanation/clarification.*

32. The sponsoring institution ensures that the following written policies and mechanisms are distributed to and acknowledged in writing by the fellow prior to the start of the training program (3.9):

Mechanism of appeal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remediation methods established to address instances of unsatisfactory fellow performance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rules and regulations for fellow conduct.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If no to any statement, please provide an explanation/clarification.*

33. The sponsoring institution ensures that any revisions to the following written policies and mechanisms are distributed to and acknowledged in writing by the fellow (3.9):

Mechanism of appeal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remediation methods established to address instances of unsatisfactory fellow performance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rules and regulations for fellow conduct.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If no to any statement, please provide an explanation/clarification.*

34. Describe the remediation methods available and whether they have been utilized (3.9).

35. The institution(s) provides an appropriate certificate verifying satisfactory completion of training requirements to each graduating fellow (3.10).  Yes  No

*If no, please provide an explanation.*

36. The certificate states the following (3.10):

Category of the training program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approval by the Council on Podiatric Medical Education.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If no to any statement, please provide an explanation.*

37. The sponsoring institution ensures that the program is established and conducted in an ethical manner (3.11).  Yes  No

*If no, please describe.*

38. Use the space below to provide any additional information or further clarification for items that have not been addressed in this section of the report (Standard 3.0):

## PROGRAM STANDARDS AND REQUIREMENTS

### STANDARD 5.0

**The program has a well-defined administrative organization with clear lines of authority and a qualified faculty.**

39. The sponsoring institution has designated one individual as director of the fellowship program (5.1).  Yes  No

*If no, please provide an explanation.*

40. The program director is provided proper authority by the sponsoring institution to fulfill the responsibilities of the position (5.1).  Yes  No

*If no, please provide an explanation.*

Additional comments:

41. The director possesses (5.2):

Appropriate clinical qualifications.  Yes  No

Appropriate administrative qualifications.  Yes  No

Appropriate teaching qualifications.  Yes  No

Board certification.  Yes  No

Please indicate which board(s): \_\_\_\_\_

*If no to any item above, please provide an explanation.*

42. Assess the extent to which the director provides administrative coordination and direction for the fellowship, as evidenced by his/her performance in fulfilling the following responsibilities in all participating institutions (5.3):

Rating Scale: 1-Good; 2-Fair; 3-Poor

	1	2	3
Maintenance of records.	( )	( )	( )
Communication with the JRRC and CPME.	( )	( )	( )
Scheduling of training experiences.	( )	( )	( )
Fellow instruction.	( )	( )	( )
Fellow supervision .	( )	( )	( )
Fellow evaluation.	( )	( )	( )
Curriculum review and revision.	( )	( )	( )
Program self-assessment.	( )	( )	( )
Fellow participation in educational experiences.	( )	( )	( )
Fellow training in didactic experiences.	( )	( )	( )

If any of the above receive(s) a rating of fair or poor, indicate the reason(s) for this rating, including your assessment of whether the amount of time spent by the director is sufficient to fulfill each of the above responsibilities.

43. If the program trains more than one fellow, does the director ensure the fellows receive equitable training experiences (5.3)? \_\_Yes \_\_No

*If no, please provide an explanation.*

44. How many hours per week does the director devote to the fellowship program (5.3)?

45. The director participates in faculty development activities at least annually (5.4). \_\_Yes \_\_No

*If yes, please describe.*

*If no, please provide an explanation.*

46. How many podiatric faculty members are involved in the training program (5.5)?



47. Is this number sufficient to:

Implement program objectives?

Yes  No

Supervise the fellow?

Yes  No

Evaluate the fellow?

Yes  No

Comments:

48. How many non-podiatric medical faculty members are involved in the training program (5.5)?

49. Is this number sufficient to:

Implement program objectives?

Yes  No

Supervise the fellow?

Yes  No

Evaluate the fellow?

Yes  No

Comments:

50. Are faculty members qualified by education, training, experience, and current clinical competence (5.6)?

Yes  No

Comments:

51. Are faculty members fully aware of program goals and objectives (5.7)?

Yes  No

*If no, please provide an explanation.*

52. Are faculty members willing to contribute the necessary time and effort to the program (5.7)?

Yes  No

*If no, please provide an explanation.*

53. Use the space below to provide any additional information or further clarification for items that have not been addressed in this section of the report (Standard 5.0):

## **STANDARD 6.0**

**The program has appropriate goals and objectives that are comprehensive in addressing the body of scientific knowledge underlying the fellowship and from which a curriculum of at least 12 months duration is derived and implemented. Curricular components of the program demonstrate consistency with the stated goals and objectives to impart specific knowledge and values and develop specific skills to produce highly trained professionals to continue the search for innovative and improved methods to prevent disease, promote health, and more effectively manage foot and ankle pathology.**

54. Describe how the fellowship program provides advanced education that allows the fellow to acquire special expertise related to the field of podiatric medicine beyond the level of training in the applicable approved prerequisite podiatric residency (6.1).
55. If the institution also sponsors an approved podiatric residency, describe the ways in which the fellowship and residency curricula benefit or adversely affect each other (6.2).
56. The following individuals (e.g., program director, chief of surgery, members of the office of medical education) were involved in the preparation of the goals and objectives for the fellowship (6.3):
57. The program has clearly stated goals that are appropriate for the fellowship (4.4)?  Yes  No
- If no, please provide an explanation.*
58. Clearly stated learning objectives exist for each educational experience (6.5).  Yes  No
- If no, please provide an explanation.*

59. The objectives for the fellow's educational experiences describe the knowledge, skills and attitudes that the fellow is expected to acquire during training (6.5). \_\_Yes \_\_No

*If no, please provide an explanation.*

Comments:

60. The goals and objectives focus upon the educational development of the fellow and do not place undue emphasis on service responsibility to individual faculty members (6.6). \_\_Yes \_\_No

*If no, please provide an explanation.*

Comments:

61. The following individuals (fellow, teaching staff, administrative staff, etc.) were provided a copy of the goals and objectives at the beginning of the training year (6.7):

62. At the beginning of the training year, the program publishes a formal schedule of educational experiences to be afforded the fellow (6.8). \_\_Yes \_\_No

*If no, please provide an explanation.*

65. At the beginning of the training year, the schedule is distributed to (6.8):

Fellow(s). \_\_Yes \_\_No  
Faculty. \_\_Yes \_\_No  
Administrative staff. \_\_Yes \_\_No

*If no to any statement, please provide an explanation.*

66. Didactic activities that complement and supplement the curriculum are available at least weekly (6.9).  Yes  No

*If no, please provide an explanation.*

67. Describe the format(s) in which the didactic activities occur and how often each activity occurs (6.9).

68. There is a journal club and/or research seminars to facilitate the fellow's interpretation of research studies (6.10).  Yes  No

If yes, how often does it meet? Who participates?

*If no, please provide an explanation.*

69. Describe the research or other scholarly activity required of the fellow (6.11).

70. The sponsoring institution requires the fellow maintain an activity log that documents educational experiences (6.12).  Yes  No

Comments:

71. The fellow's activity logs are reviewed, evaluated, and verified by the program director at least quarterly (6.12).  Yes  No

*If no, please provide an explanation.*

72. Use the space below to provide any additional information or further clarification for items that have not been addressed in this section of the report (Standard 6.0):

**STANDARD 7.0**

**The fellowship program conducts appropriate evaluation, remediation, and self-assessment processes.**

73. Upon completion of each training experience, the fellow's attainment of the stated objectives of each educational experience and completion of the research project are evaluated in writing (7.1). \_\_Yes \_\_No

Describe the evaluation form(s).

*If no, please provide an explanation.*

74. Evaluation of the fellow's performance in ongoing experiences is conducted at least quarterly (7.1). \_\_Yes \_\_No

*If no, please provide an explanation.*

75. The completed evaluation documents include the following (7.1)?

Dates of the educational experiences \_\_Yes \_\_No

Signature of instructor and date of completion \_\_Yes \_\_No

Signature of fellow and date of completion \_\_Yes \_\_No

Signature of director and date of completion \_\_Yes \_\_No

Comments:

76. Are remediation methods available to address instances of unsatisfactory fellow performance (7.1)? \_\_Yes \_\_No

If yes, describe the methods available and whether they are utilized:

77. Have the remediation methods been distributed to and acknowledged in writing by the fellow prior to the start of the training year? \_\_Yes \_\_No

78. A formal process exists for annual self-assessment of the program's resources and curriculum (7.2).  Yes  No

If yes, describe the process including the following aspects:

**Identification of individuals involved:**

**Performance data utilized** (i.e., evaluation of the program's compliance with the current standards and requirements of the Council, the fellow's formal evaluation of the program, the director's formal evaluation of the faculty, the extent to which the didactic activities complement and supplement the curriculum, and the relationship between the fellowship and any podiatric residency program sponsored by the institution to assure the integrity of each):

**Measures of program outcomes utilized** (i.e., success of previous fellows in private practice and teaching environments, podiatric administrative activities, attainment of board certification, state licensure, hospital appointments, and publications):

**Results of the review** (i.e., whether the objectives are being achieved, whether all those involved understand the objectives, and whether the resources need to be enhanced, modified, or reallocated to assure that the competencies can be achieved):

*If no, please provide an explanation.*

79. Use the space below to provide any additional information or further clarification for items that have not been addressed in this section of the report (Standard 7.0):

80. Complete the following chart to provide the requested information about educational experiences afforded the fellow:

Format - block (B), sequential (S), or case-by-case (C)

Supervision - adequate (A) or inadequate (I)

Level of fellow participation - active (A); observation (O)

Overall training afforded – good (A), fair (B), poor (C), or not observed (D)

Educational Experience	Location	Format/Length	Supervision	Participation	Overall Training

Comments:

## NOTES