## cid:48F8347D-90B0-4A99-B79D-DE332E9CE8DD@home9312 Old Georgetown Road

## Bethesda, Maryland 20814-1621

## 301-581-9200

**PODIATRIC FELLOWSHIP**

***PRE-EVALUATION REPORT***

The Council on Podiatric Medical Education and the Residency Review Committee (RRC) require an institution seeking continuing approval of an established podiatric fellowship to submit this form along with supplemental materials regarding the educational program. This information will be reviewed by the evaluation team prior to the on-site visit.

**This form and supplemental materials must be submitted in PDF format, as a single *bookmarked* continuous document**. **The RRC and the Council require that the program’s director is the individual responsible for submitting all materials to Council staff related to all application, on-site evaluation, and approval processes.** Information submitted in multiple files will not be accepted and will be returned to the institution for re-submission. Hand-written responses and hard copy documentation will not be accepted.

|  |  |
| --- | --- |
| 1. **Sponsoring Institution Information** | |
| Sponsoring institution |  |
| Address 1 |  |
| Address 2 |  |
| City/State/Zip |  |
| Telephone |  |
| Website Address |  |
| Institution accredited/licensed by: |  |

|  |  |
| --- | --- |
| 1. **Co-Sponsoring Institution Information (if applicable)** | |
| Co-sponsoring institution |  |
| Address 1 |  |
| Address 2 |  |
| City/State/Zip |  |
| Telephone |  |
| Website Address |  |
| Institution accredited/licensed by: |  |

|  |  |
| --- | --- |
| 1. **Program Director Information** | |
| Name: |  |
| Office Address 1 |  |
| Office Address 2 |  |
| City/State/Zip |  |
| Telephone |  |
| Mobile Phone |  |
| Email |  |

|  |  |
| --- | --- |
| 1. **Administration – Sponsoring Institution (include professional degrees when applicable, e.g., DPM, MD, DO, etc.)** | |
| Chief Administrative Officer |  |
| Designated Institutional Official |  |
| Chief of Podiatric Staff |  |
| Chief of Medical Staff |  |
| Director of Graduate Medical Education |  |
| Chief of Surgical Staff |  |

|  |  |
| --- | --- |
| 1. **Administration – Co-sponsoring Institution (if applicable)** | |
| Chief Administrative Officer |  |
| Designated Institutional Official |  |
| Chief of Podiatric Staff |  |
| Chief of Medical Staff |  |
| Director of Graduate Medical Education |  |
| Chief of Surgical Staff |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Program Information** (as defined in CPME 820) | | | | | | | |
|  | Name of fellowship program | |  | | | | |
|  | Number of podiatrists active as teaching staff | | |  | | | |
|  | Number of approved fellowship positions | | | / | | | |
|  | Length of program | | | 12 months | | | 24 months |
|  | Program start and end dates (*e.g. July 1 – June 30*) | | |  | | | |
|  | Fellow stipend in each year of training | | | $     , $ | | | |
|  | List the approximate percentage of the training time spent at the following locations: | | | | | | |
| Sponsoring  Institution | Affiliated  Hospitals | | Podiatric  Offices | | Other  (Specify below) | |
| List other locations and time spend: | | | | | | |
|  | Does the institution sponsor an approved podiatric residency program(s)? | | | Yes | No | | Approved reisdency positions: /// |
| If yes, list the program(s) and program director (if the program director is not the fellowship program director): | | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7. Standard 3 – Fellow selection Process (*requirements 3.1 – 3.6*)** | | YES | **NO** | **N/A** |
|  | The institution has identified a committee responsible for interviewing and selecting fellows.  If yes, describe the composition of the committee: |  |  |  |
|  | Prospective fellows are informed in writing of the selection process and conditions of appointment established for the program that assure nondiscriminatory treatment of all applicants.  If no, please provide an explanation: |  |  |  |
|  | The institution informs all applicants as to the completeness of the application as well as the final disposition of the application (acceptance or denial). |  |  |  |
|  | The institution makes available a written copy of the fellowship curriculum to prospective fellows.  If no, please provide an explanation: |  |  |  |
|  | Is the applicant charged a fee?  If yes, what is the amount?  To whom is the amount paid? |  |  |  |
|  | The institution accepts only graduates of residency programs approved by the Council on Podiatric Medical Education who demonstrate the levels of knowledge, skills, and attitudes requisite for advanced training. |  |  |  |

**Supplemental Materials**

The following items must be submitted with this completed form. Please refer to the referenced requirements in CPME 820, *Standards and Requirements for Approval of Podiatric Fellowships,* for further information specific to each required document.

A **Pre-Evaluation Report Cover Page** is provided at the end of this document to be submitted with the supplemental materials.

|  |
| --- |
| **1. Accreditation documents** |
| Provide copies of the accreditation document for the sponsoring institution and co-sponsoring institution (if applicable) ***(requirement 1.2)****.* |

| **2. Affiliated Training Sites**  Provide the following information for each affiliated training site (e.g., hospital, surgery center, private practice office). ***(requirement 1.3)***  **Supplemental material:**  For each institution identified below, provide copies of **executed affiliation agreements** between the sponsoring institution and the affiliates, including a separate written confirmation of the appointment of the site coordinator (if this information is not on the agreement)  ***Please provide a labelled bookmark for each affiliation agreement.*** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Name** | **City, State** | **Accredited**  **By (if applicable)** | **Date Affiliation Signed/**  **Effective Date** | **Coordinator** | |
| **Staff?** | **Name** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **3. Standard 3 – Polices Affecting the Fellow** | |
|  | One copy of the fellow contract or letter of appointment between the sponsoring institution(s) and fellows and signature pages for each current fellow in each year of training. ***(requirements 3.7 and 3.8)***  ***Please provide a labelled bookmark for each contract if more than one fellow is in the program.*** |
|  | Fellowship manual which will be distributed at the beginning of each program year to fellows, faculty, and administrative staff involved in the fellowship. The manual must include at minimum the following components ***(requirement 3.10)***:  The mechanism of appeal  Performance improvement methods established to address instances of unsatisfactory fellow performance  Fellow clinical and educational work hours  The rules and regulations for the conduct of the fellow  Transition of Care  Curriculum, including competencies and assessment documents specific to each rotation *(refer to requirements 6.1 and 6.4)*  Training schedule (*refer to requirement 6.8)*  Schedule of educational experiences, didactic activities and critical analysis of scientific literature *(refer to requirements 6.8, 6.9 and 6.10)*  Scholarly activity/research requirements (*refer to requirement 6.11)*  Policies and programs that encourage optimal resident well-being *(refer to requirement 3.13)*  CPME 820 and CPME 830 or links to these documents on the Council’s website |
|  | Certificate to be awarded the resident upon completion of training. ***(requirement 3.11)*** |

| **4. Standard 5 – Program Director and Faculty** | |
| --- | --- |
|  | Curriculum vitae of the program director and a statement providing evidence that the director possesses appropriate clinical, administrative, and teaching qualifications suitable for implementing the fellowship and is certified by at least one board recognized by the Specialty Board Recognition Committee (if appointed after July 2023) and has a minimum of three years of post-residency clinical experience. ***(requirement 5.2)*** |
|  | List of podiatric medical faculty actively involved in the program with educational and professional qualifications of each. For each staff member, list only their name, degree, and affiliations with certifying and professional organizations (e.g. ABPM and ABFAS). Additionally, identify which podiatric faculty are affiliated with other CPME–approved fellowship or residency programs. ***(requirements 5.5 and 5.6)*** |
|  | List of non-podiatric medical faculty actively involved in the program with educational and professional qualifications of each. For each staff member, list only name, degree (MD, DO, PhD, RN, etc.), and affiliations with certifying and professional organizations. ***(requirements 5.5 and 5.6)*** |

| **5. Standard 6 – Curriculum, Competencies, and Assessment** | |
| --- | --- |
|  | Where a podiatric residency is present at the same institution, provide a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in developing analytic skills and surgical/medical treatment judgment. ***(requirement 6.2)*** |
|  | **The fellowship curriculum** which provides the direction and philosophy for the program.  The curriculum defines the end results or outcomes to be achieved based on available resources and taken collectively, constitutes a realistic overall mission for the fellowship, consistent with the expectations of the profession and the public. ***(requirement 6.4)*** |
|  | **Competencies** which describe the knowledge, skills, and attitudes that the fellow is expected to acquire during training and include a set of clinical and/or didactic learning activities or tasks. ***(requirement 6.5)*** |
|  | **Activity logs** (if not using an electronic system) which can be reviewed by the on-site evaluation team. ***(requirement 6.12)*** |

|  |  |
| --- | --- |
| **6. Standard 7 – Program and Resident Assessment** | |
|  | Copies of completed assessment documents for all training experiences (educational, clinical, and research) for each fellow from the start of their training. Assessment documents must identify the activity, duration (e.g. August 1 – August 15, 2015), and include the dates and signatures of the faculty, fellow, and program director. ***(requirement 7.1)***  ***Please submit assessments grouped by fellow with a labelled bookmark for each assessment.*** |
|  | Copy of the annual self-assessment of the program’s resources and curriculum. ***(requirement 7.2)*** |

|  |
| --- |
| **7. Miscellaneous Information** |
| List with each fellow’s name, year of training, and e-mail address. | |

**NOTE: On-site evaluations may be canceled if the necessary supplemental materials are not submitted.**

**CPME Statement on Virtual Interviews:**

CPME 830, *Procedures for Approval of Podiatric Fellowships* states:

Interviews must be conducted with active faculty directly involved in the fellows’ training and for all rotations provided by the program. Video interviews may be acceptable for rotation faculty only if a rationale is provided. Video interviews must be approved by the team chair in conjunction with CPME staff on a CPME-approved platform determined ahead of time and provided by the institution.

In special circumstances, if a team member is unable to physically attend the on-site evaluation due to emergency circumstances, a team member may participate virtually in the site visit.

CPME’s policy is to allow virtual interviews during on-sites at the discretion of the team chair. If the Institution wishes to conduct interviews virtually, the following requirements must be met:

1. The program director will communicate with the team chair to identify which individuals will be interviewed virtually and why.
2. The on-site evaluation agenda must clearly identify which interviews will take place virtually.
3. The sponsoring Institution must manage all aspects of creating the virtual interviews, including providing the virtual platform for the on-site, providing the link to the virtual meeting to all interviewees, and providing a computer or screen that the on-site team can use to conduct these virtual interviews.
4. While a member of the fellowship program may need to enter the interview room to begin the interviews (logging on and starting the meeting), once the interview process begins, only the on-site team can be present in the room during the interviews.
5. The sponsoring Institution and interviewee must not record the interview.
6. The interviewee must conduct the interview in a private space to ensure confidentiality.

If an on-site evaluation team member is unable to participate in-person for an on-site evaluation and must participate virtually, CPME will provide and host the remote platform for this team member.

**Pre-Evaluation Report**

**Required Documents Cover Page**

|  |  |
| --- | --- |
| **Program Name** |  |
| **Program Director** |  |

**Contents of this File:**

|  |  |  |
| --- | --- | --- |
| **Item #** | **Material Requested** | **Page** |
| Completed CPME 810, including signature page | |  |
| 1. | Accreditation document for sponsoring institution(s)  *Requirement 1.2* |  |
| 2. | Affiliation agreements and written confirmation of the appointment of a site coordinator  *Requirement 1.3* |  |
| 3a. | Fellow contracts – Letter of Appointment  *Requirements 3.7 and 3.8* |  |
| 3b. | Fellowship manual  *Requirement 3.9* |  |
| 3c. | Certificate of completion of fellowship  *Requirement 3.10* |  |
| 4a. | Curriculum Vitae of program director and statement of qualifications  *Requirement 5.2* |  |
| 4b. | List of podiatric faculty  *Requirements 5.5 and 5.6* |  |
| 4c. | List of non-podiatry faculty  *Requirements 5.5 and 5.6* |  |
| 5a. | Agreement between fellowship and residency, where applicable  *Requirement 6.2* |  |
| 5b. | Fellowship curriculum  *Requirement 6.4* |  |
| 5c. | Fellowship competencies  *Requirement 6.5* |  |
| 5d. | Fellow activity logs (if not using an accessible electronic logging system)  *Requirement 6.12* |  |
| 6a. | Assessment of all training experiences of each fellow  *Requirement 7.1* |  |
| 6b. | Program annual self-assessment  *Requirement 7.2* |  |
| 7. | List of active fellow(s) |  |

***Please bookmark the PDF document and title each section with the labels listed above.***

**Signature Page**

By signing this form, the chief administrative officer(s) and the program director confirm the commitment of the institution(s) in providing podiatric fellowship training.

Chief administrative officer (or DIO) Date

Chief administrative officer of co–sponsoring institution (if applicable) Date

Program director Date