**Constituents of the Residency Review Committee**

Council on Podiatric Medical Education

American Board of Podiatric Medicine

American Board of Foot and Ankle Surgery

**EVALUATION TEAM REPORT**

**FOR PROVISIONAL APPROVAL OF
PODIATRIC FELLOWSHIP**

**CONFIDENTIAL**

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| **Institution Information** |
| Name |  |
| Address 1 |  |
| Address 2 |  |
| City/State/Zip |  |

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| **Team Information** |
| Chair | (note board represented) |
| Board Member | (note board represented) |
| Member/Observer |  |
| CPME Liaison |  |
| Visit Date |  |

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| **Fellowship Information**  |
| Type of Fellowship |  |
| Date Fellowship Began  |  |
| Date(s) of Previous Visit(s) |  |
| Length of program | 12 months |  | 24 months |  |
| Number of positions: | Requested |  | Actual |  |
| Comments:  |

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| **If the institution sponsors a CPME-approved residency, list the number of approved positions in each approved category of the residency:** |
| PMSR | PMSR/RRA | PMSR & PMSR/RRA |
| 0/0/0/0 | 0/0/0/0 | 0/0/0/0 |

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| **Institution(s) Visited**  | Sponsor, Co-sponsor, Affiliate |
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| **Administrative Staff Interviewed** |
| Chief Administrative Officer |  |
| Designated Institutional Official |  |
| Program Director |  |
| Chief of Podiatric Staff |  |
| Director of Medical Education |  |
| Chief of Medical Staff |  |
| Chief of Surgical Staff |  |
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| **Medical Staff Interviewed (Podiatric and Non-podiatric)** |
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| Name | Position and Department |
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| **Fellow(s) Interviewed** |

| **Name** | **Year** | **Month** | **Interviewed?** | **Reviewed****Activity Logs** | **Reviewed****Clinical****Logs** | **Comments** |
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**SUMMARY OF FINDINGS**

**INSTRUCTIONS TO EVALUATION TEAM:**

**In response to each question below, please write concise and relevant narrative statements. 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. The questions will not appear in the summary of findings presented to the sponsoring institution.**

1. 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 and residency programs provided).

b. Describe the administrative structure of the fellowship and any potential changes under consideration (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. Are the competencies achievable during the length of the fellowship? Are appropriate faculty in place to deliver the curriculum? What advanced training, over and above residency training, does the fellowship provide? How frequently are fellows assessed? How are assessments documented?

d. Describe any other factors that may be important regardingthe approval status of this program.

**COMMENDATIONS, RECOMMENDATIONS, AND AREAS OF NONCOMPLIANCE**

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 2023).

**INSTRUCTIONS TO EVALUATION TEAM:**

**During the fellowship on-site evaluation, the evaluation team will gather detailed information as to whether the requirements of the fellowship program 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 CPME 820 utilize the verbs “must” and “is,” then this is how a requirement is to be interpreted, without fail. The approval status of a fellowship program 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.**

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| **Institutional Requirements (see pages 7-15, CPME 820)** |
|  | Check this box if the team did not identify any areas of potential noncompliance. |
| Requirement | Description of Noncompliance Issue |
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| **Program Requirements (see pages 16-22, CPME 820)** |
|  | Check this box if the team did not identify any areas of potential noncompliance. |
| Requirement | Description of Noncompliance Issue |
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| **Commendations** |
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| **Recommendations** |
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**INSTITUTIONAL STANDARDS AND REQUIREMENTS**

Includes requirements in Standards 1.0 to 3.0. There are no questions related to Standard 4.0, as the standard applies to the sponsoring institution’s responsibility to report to the Council on Podiatric Medical Education regarding the conduct of the fellowship program.

**STANDARD 1.0**

**The sponsorship of a podiatric fellowship program is under the specific administrative responsibility of a health-care institution(s) that develops, implements and monitors the fellowship program.**

**1.1 The sponsor shall be a hospital, academic health center, or CPME-accredited college of podiatric medicine. Hospital facilities shall be provided under the auspices of the sponsoring institution or through an affiliation with an accredited institution(s) where the affiliation is specific to fellowship training.**

 A surgery center or private practice may co-sponsor a fellowship with a hospital, an academic health center, or a CPME-accredited college of podiatric medicine but cannot be the sole sponsor of the program.

**1.2 The sponsor or, in the case of a co-sponsorship, one of the sponsors, shall be accredited by the Joint Commission, the American Osteopathic Association, or a health-care agency approved** **by the Centers for Medicare and Medicaid Services. A sponsoring college of podiatric medicine shall be accredited by the Council on Podiatric Medical Education.**

**1.3 The sponsoring institution shall formalize all arrangements with affiliated institutions and/or facilities by means of written agreements that clearly define the roles and responsibilities of each institution and/or facility involved.**

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| **1. Identify the type(s) of institution(s) that sponsor the fellowship (1.1). Indicate below with an “X.”** |
| **Sponsor** |
|  | Hospital |
|  | Academic Health Center |
|  | College of Podiatric Medicine |
| **Co-Sponsor *(if applicable)*** |
|  | Hospital |
|  | Academic Health Center |
|  | College of Podiatric Medicine |
|  | Surgery Center |
| If 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 fellowship program.** |

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| **2. Affiliated training sites (1.3), if provided:** | YES | NO |
| The institution provides training at affiliated training sites. |  |  |
| Appropriate agreements are in place at all affiliated training sites. |  |  |
| Site coordinators are designated at each affiliate site.  |  |  |
| Written confirmation of this appointment, either within the affiliation agreement or in a separate document, is in place and includes the signatures of the program director and the site coordinator. |  |  |
| Training experiences located beyond daily commuting distance from the sponsoring institution and/or co-sponsors does not have a detrimental effect upon the educational experience of the fellow. |  |  |
| *If no to any question, please provide an explanation and fill out the chart on page 13.* |

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| **3. 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).** |
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| **2. Please provide information related to institutions that are without affiliation agreements or for which existing affiliation agreements do not comply with one or more stipulations identified below. Provide additional information in the comments section.** |
| --- |
| **Institution/Private Practice Name** | **No Formal****agreement** | **No delineation of financial support** | **No delineation of educational contribution** | **Missing CAO/DIO****Signature(s)** | **Missing effective or date signed** | **Is not forwarded to the PD** | **Affiliation expired/not renewed** | **No site****coordinator** | **Has not been reaffirmed every 10 yrs.** |
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| Comments:  |

**STANDARD 2.0**

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

**2.1 The sponsoring institution shall ensure that the physical facilities, equipment, and resources of the primary and affiliated training site(s) are sufficient to permit achievement of the stated competencies of the fellowship program.**

**2.2 The sponsoring institution shall afford the fellow ready access to adequate educational resources, including a diverse collection of current podiatric and non-podiatric medical and other pertinent reference resources (i.e., journals and digital materials/instructional media).**

**2.3 The sponsoring institution shall afford the fellow ready access to adequate information technologies and resources.**

**2.4 The sponsoring institution shall afford the fellow ready access to adequate office and study spaces at the institution(s) in which fellowship training is primarily conducted.**

**2.5 The sponsoring institution shall provide adequate support staff to ensure efficient administration of the fellowship program.**

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| **1. Physical facilities, equipment, and resources of the primary and affiliated training site(s) are sufficient (2.1).** | YES | NO |
| *If no, please provide an explanation.*  |  |  |

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| --- | --- | --- |
| **2. The following are available for fellow training (2.1):**  | YES | NO |
| Adequate patient treatment areas  |  |  |
| Adequate training resources  |  |  |
| A health information management system  |  |  |
| Adequate operating rooms and equipment  |  |  |
| *If no to any statement, please provide an explanation/clarification.* |

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| **3. The sponsoring institution affords the fellow ready access to the following educational resources (2.2):** | YES | NO |
| Podiatric texts  |  |  |
| Medical texts  |  |  |
| Other reference texts  |  |  |
| Journals  |  |  |
| Audiovisual materials  |  |  |
| Instructional media  |  |  |
| Electronic retrieval of information from medical databases |  |  |
| *If no to any statement, please provide an explanation/clarification.* |

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| **4. The sponsoring institution affords the fellow ready access to the following resources (2.3 – 2.5):** | YES | NO |
| Adequate information technologies and resources (2.3)  |  |  |
| Adequate office and study spaces at the institution(s) in which fellowship training is primarily conducted (2.4)  |  |  |
| Designated administrative staff are available to ensure efficient administration of the program, fellow does not assume responsibilities of ancillary staff (2.5)  |  |  |
| *If no to any statement, please provide an explanation/clarification.* |

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| **5. 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).** |
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**STANDARD 3.0**

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

**3.1 The sponsoring institution shall utilize a fellowship selection committee to interview and select prospective fellow(s). The committee shall include the program director and individuals who are active in the fellowship program.**

**3.2 The sponsoring institution shall develop and make public recruitment, selection, and retention criteria and procedures that assure nondiscriminatory treatment of all applicants.**

**3.3** **The sponsoring institution shall conduct its process of interviewing and selecting fellows equitably and in an ethical manner. The sponsoring institution shall inform the prospective fellow in writing of the selection process and conditions of appointment established for the program. An institution that sponsors more than one fellowship program shall inform the prospective fellow(s) of the selection process established for each program.**

**3.4 Application fees, if required, shall be paid to the sponsoring institution and shall be used only to recover costs associated with processing the application and conducting the interview process.**

**3.5 The sponsoring institution shall inform all applicants as to the completeness of the application as well as the final disposition of the application (acceptance or denial).**

**3.6 The sponsoring institution shall accept 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.**

**3.7 The sponsoring institution shall ensure that the fellow is compensated equitably with and is afforded the same benefits, rights, and privileges as other fellows at the institution. The institution shall provide the following benefits:**

1. Health insurance benefits
2. Professional, family, and sick leave benefits
3. Leave of absence
4. Professional liability insurance coverage
5. Other benefits, if provided

**3.8 The sponsoring institution shall provide the fellow a written contract or letter of appointment. The contract or letter shall be signed and dated by the chief administrative officer of the institution or designated institutional officer (DIO) and the fellow.**

The contract or letter must state the following:

1. The amount of the fellow stipend
2. Duration of the agreement
3. Benefits provided

**3.9 The sponsoring institution shall ensure that the fellow is not required to sign a non-competition guarantee or restrictive covenant with the institution or any of its affiliated training sites upon graduation.**

**3.10 The sponsoring institution shall compile the following components into a fellowship manual (in either written or electronic format) that is distributed to and acknowledged in writing by the fellow at the beginning of the program and following any revisions. The manual shall include, but not be limited to, the following**:

1. The mechanism of appeal
2. Performance improvement methods established to address instances of unsatisfactory fellow performance.
3. Fellow clinical and educational work hours
4. The rules and regulations for the conduct of the fellow
5. Transition of care
6. Curriculum, including competencies and assessment documents specific to each rotation.
7. Training schedule (refer to requirement 6.8)
8. Schedule of didactic activities and critical analysis of scientific literature (refer to requirements 6.9 and 6.10)
9. Policies and programs that encourage optimal fellow well-being (refer to requirement 3.13)
10. CPME 820 and CPME 830 documents

**3.11 The sponsoring institution shall provide the fellow a certificate verifying satisfactory completion of training requirements. The certificate shall specify the type of fellowship afforded the fellow.**

**3.12 The sponsoring institution shall ensure that the fellowship program is established and conducted in an ethical manner.**

**3.13 The sponsoring institution shall ensure that policies and programs are in place that encourage optimal fellow well-being.**

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| **1. Fellow recruitment (3.1-3.6)** | YES | NO |
| The institution utilizes a fellowship selection committee to interview and select prospective fellow(s) which includes the program director (3.1) |  |  |
| The institution develops and make public recruitment, selection, and retention criteria and procedures that assure nondiscriminatory treatment of all applicants (3.2) |  |  |
| The institution conducts its process of interviewing and selecting fellows equitably and in an ethical manner. The prospective fellow is notified in writing of the selection process and conditions of appointment established for the program. An institution that sponsors more than one fellowship program informs the prospective fellow(s) of the selection process established for each program (3.3) |  |  |
| Application fee, if required, is paid to the sponsoring institution and used only to recover costs associated with processing the application and conducting the interview process (3.4) |  |  |
| The institution informs all applicants as to the completeness of the application as well as the final disposition of the application (acceptance or denial) (3.5) |  |  |
| 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 (3.6) |  |  |
| *If no to any statement, please provide an explanation/clarification.* |

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| **2. Fellow compensation will include (3.7):** | YES | NO |
| Compensated equitably with other fellows at the institution and/or in the geographic area. |  |  |
| 1. Health insurance equivalent to professional employees at the sponsoring institution
 |  |  |
| 1. Professional, family, and sick leave equivalent to professional employees at the sponsoring institution
 |  |  |
| 1. Leave of absence
 |  |  |
| 1. Professional liability insurance coverage
 |  |  |
| 1. Other benefits, if provided
 |  |  |
| *Briefly describe these other benefits.* |

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| **3. Fellow agreement (3.8).** |
| a. Which type of agreement is utilized by the sponsoring institution(s). Indicate below with an “X.” |
|  | Contract |
|  | Letter of Appointment  |
| The agreement has been signed and dated by the following individuals: | YES | NO | N/A |
| **Co–sponsored programs:** Chief administrative officer/appropriate senior administrative officer of each co–sponsoring institution |  |  |  |
| Chief administrative officer/appropriate senior administrative officer |  |  |  |
| Fellow |  |  |  |
| b. The contract or letter states the fellow stipend. |  |  |  |
| State the amount of stipend for each year | First year:  $  | Second year:  $ |
| *If the stipend is not indicated in the contract, please provide an explanation.* |
| c. **Letter of appointment:** A written confirmation of acceptance is forwarded to the chief administrative officer(s) or the appropriate senior administrative officer(s). |  |  |  |
| d. **Co–sponsored programs:** The contract describes the arrangements established for the fellow and the program in the event of dissolution of the co–sponsorship. |  |  |  |
| *If no, please provide an explanation.* |

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| **4. Non-competition guarantee or restrictive covenant (3.9).** | YES | NO |
| Fellows will not be required to sign a non-competition guarantee or restrictive covenant with the institution or any of its affiliated training sites upon graduation. |  |  |

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| **5. Fellowship manual will be (3.10).** | YES | NO |
| Distributed to the fellow(s) prior to the start of the training program |  |  |
| Receipt of the manual by the fellow is acknowledged in writing |  |  |

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| **6. The manual includes the following required components (3.10):** | YES NO |
| Mechanisms of appeal |  |  |
| Performance improvement methods established to address instances of unsatisfactory fellow performance |  |  |
| Fellow clinical and educational work hours |  |  |
| Rules and regulations for the conduct of the fellow |  |  |
| Transition of care |  |  |
| Curriculum, including competencies and assessment documents specific to each rotation  |  |  |
| Training schedule (refer to requirement 6.8) |  |  |
| Schedule of didactic activities and critical analysis of scientific literature (refer to requirements 6.9 and 6.10) |  |  |
| Policies and programs that encourage optimal fellow well-being (refer to requirement 3.13) |  |  |
| CPME 820 *(or link to www.cpme.org/cpme820)* |  |  |
| CPME 830 *(or link to www.cpme.org/cpme830)* |  |  |
| *If no to any statement, please provide an explanation/clarification.*  |

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| **7. Performance improvement methods (3.10):** | YES | NO |
| Performance improvement methods are appropriate |  |  |

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| **8. Certificate of completion (3.11):** | YES  | NO |
| Will be provided upon verification of satisfactory completion of the training requirements.  |  |  |
| **The certificate includes the following required components.** |
| * The type/name of the fellowship afforded the fellow
 |  |  |
| * The statement “Approved by the Council on Podiatric Medical Education”
 |  |  |
| * Program director signature
 |  |  |
| * Chief administrative officer/designated institutional officer signature. If co–sponsored, signatures of CAO/DIO of each institution
 |  |  |
| * Date of completion
 |  |  |
| *If no to any statement, please provide an explanation/clarification.*  |

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| **9. The sponsoring institution ensures that the program is established and conducted in an ethical manner(3.12).** | YES | **NO** |
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| * The fellowship focuses upon the educational development of the fellow rather than on service responsibility to individual faculty members
 |  |  |
| * The fellowship provides a professional, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of trainees, faculty, and staff.
 |  |  |
| * The sponsoring institution publishes a mechanism for the resolution of allegations of discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of trainees, faculty, and staff from program candidates and fellows that ensures due process for all.
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| *If no, please provide an explanation.*  |

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| **10.** **The sponsoring institution ensures that policies and programs are in place that encourage optimal fellow well-being (3.13)** | YES | NO |
| * Fellows will have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during working hours.
 |  |  |
| * The institution will provide education and resources that support sponsoring institution-employed faculty members and fellows in identifying in themselves or others the risk factors of developing or demonstrating symptoms of fatigue, burnout, depression, and substance abuse, or displaying signs of self-harm, suicidal ideation, or potential for violence.
 |  |  |
| * The institution will provide access to confidential and affordable mental health care, necessary for either acute or ongoing mental health issues.
 |  |  |
| * The institution will provide an environment in which the physical and mental well-being of the fellow is supported, without the fellow fearing retaliation of any kind.
 |  |  |
| *If no to any question, please provide an explanation.*  |

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| **11. Use the space below to provide an additional information or further clarification for items that have not been addressed in this section of the report (Standard 3).** |
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**PROGRAM STANDARDS AND REQUIREMENTS**

***STANDARD 5.0***

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

**5.1 The sponsoring institution shall designate one podiatric physician as fellowship program director to serve as administrator of the fellowship program. The program director shall be provided with the proper authority by the sponsoring institution to fulfill the responsibilities required of the position.**

**5.2 The program director shall possess appropriate clinical, administrative, and teaching qualifications for implementing the program and achieving stated competencies.**

**5.3 The program director shall be responsible for the administration of the fellowship in all participating institutions. The program director shall be able to devote sufficient time to fulfill the responsibilities required of the position. When a program trains more than one fellow, the program director shall ensure that fellows receive equitable training experiences.**

**5.4 The program director shall participate at least annually in faculty development activities (i.e., administrative, organizational, teaching, and/or research skills for postgraduate training programs).**

**5.5 The fellowship program shall have a sufficient complement of podiatric and non-podiatric medical faculty to implement program objectives and to supervise and evaluate the fellow.**

**5.6 Podiatric and non-podiatric medical faculty members shall be qualified by education, training, experience, and current clinical competence in the subject matter for which they are responsible.**

**5.7 Faculty members with the majority of responsibility for teaching the fellow shall be fully aware of program competencies and shall be willing to contribute the necessary time and effort to the program.**

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| **1. The program director (5.1):** | YES | NO |
| The institution has designated one podiatric physician as the program director.  |  |  |
| Is provided proper authority by the sponsoring institution to fulfill the responsibilities of the positions? |  |  |
| The program director is a member of the medical staff at the institution.  |  |  |
| *If no to any statement, please provide an explanation.*  |

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| **2. The program director possess the following qualifications (5.2):** | YES | NO |
| Appropriate clinical qualifications |  |  |
| Appropriate administrative qualifications  |  |  |
| Appropriate teaching qualifications  |  |  |
| Certified by at least one board recognized by the Specialty Board Recognition Committee (if appointed after July 2023) |  |  |
| Possesses a minimum of three years of post-residency clinical experience |  |  |
| *If no to any statement, please provide an explanation.*  |

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| **3. Approximately how many hours per week will the director devote to the fellowship(5.3)?** | **Check One** |
| 0 - 10 |  |
| 11 - 20  |  |
| 21 - 30  |  |
| More than 30 |  |

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| **4. Assess the extent to which the director has planned and/or implemented the following administrative structural elements for coordination and direction of the fellowship program in all participating institutions (5.3).** | S = SatisfactoryN = Not Satisfactory |
| Maintenance of records  |  |
| Timely communication with the RRC and CPME  |  |
| Scheduling of training experiences  |  |
| Fellow instruction  |  |
| Fellow supervision  |  |
| Review and verification of logs  |  |
| Fellow evaluation  |  |
| Curriculum review and revision  |  |
| Program self-assessment  |  |
| Fellow participation in training resources  |  |
| Fellow training in didactic experiences  |  |
| Equitable training of fellows  |  |
| Does not delegate his/her administrative duties to the fellow  |  |
| *If one or more of the above receives a rating of unacceptable, indicate the reason(s) for this rating, including your assessment of whether the amount of time spent by the director is sufficient to fulfill responsibilities.*  |

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| **5. The director will participate in faculty development activities at least annually (5.4).** | YES | NO |
| ACFAS |   |   |
| Hospital-based training |   |   |
| Other (please describe) |   |   |

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| *If NO to any of the above, please provide an explanation.* |

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| **6. Non–podiatric faculty (5.5-5.7).** |
| a. Identify the number of active ***non–podiatric*** faculty. |  |
| b. The number is sufficient to: | YES | NO |
| * Achieve the stated competencies
 |  |  |
| * Supervise the fellow
 |  |  |
| * Evaluate the fellow
 |  |  |
| c. Non–podiatric medical faculty members take an active role in the following: | YES | NO |
| * Presenting didactic activities to the fellow
 |  |  |
| * Discussing patient evaluation and management with the fellow
 |  |  |
| * Reviewing patient records with the fellow to ensure accuracy and completeness
 |  |  |
| d. Non–podiatric medical faculty members are qualified by education, training, experience, and clinical competence (5.6) |  |  |
| e. Are non-podiatric faculty members fully aware of program competencies? (5.7) |  |  |
| *If no to any statement, please provide an explanation/clarification.*  |

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| **7. Podiatric faculty (5.5-5.7).** |
| a. Identify the number of active podiatric faculty. |  |
| b. The number is sufficient to: | YES | NO |
| * Achieve the stated competencies
 |  |  |
| * Supervise the fellow
 |  |  |
| * Evaluate the fellow
 |  |  |
| c. Podiatric medical faculty members take an active role in the following: | YES | NO |
| * Presenting didactic activities to the fellow
 |  |  |
| * Discussing patient evaluation and management with the fellow
 |  |  |
| * Reviewing patient records with the fellow to ensure accuracy and completeness
 |  |  |
| d. Podiatric medical faculty members are qualified by education, training, experience, and clinical competence (5.6) |  |  |
| e. Are podiatric faculty members fully aware of program competencies? (5.7) |  |  |
| *If no to any statement, please provide an explanation/clarification.*  |

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| **8. Use the space below to provide an additional information or further clarification for items that have not been addressed in this section of the report (Standard 5).** |
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**STANDARD 6.0**

**The fellowship program has appropriate competencies 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 competencies 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.**

**6.1 The fellowship program shall provide advanced education to allow the fellow to acquire special expertise related to the field of podiatric medicine and surgery, and scholarly activities beyond the level of training in the applicable approved prerequisite podiatric residency program.**

**6.2 When podiatric residents and fellows are being educated in the same institution, the fellowship and residency curricula shall not adversely affect each other.**

**6.3 The curriculum of the fellowship shall be developed in conjunction with appropriate individuals involved in the training program.**

**6.4 The program shall have a clearly stated curriculum that is appropriate for the fellowship and consistent with the expectations of the profession and the public.**

**6.5 The program shall have clearly stated competencies that are appropriate for educational experiences provided in the fellowship. Competencies shall be statements that describe the knowledge, skills, and attitudes that the fellow is expected to acquire during training.**

**6.6 The curriculum and competencies shall focus upon the educational development of the fellow and shall not place undue emphasis on service responsibility to individual faculty members.**

**6.7 The curriculum and competencies of the fellowship shall be distributed at the beginning** **of the training year to all individuals involved in the training program including fellows, teaching staff, and administrative staff.**

**6.8 The program shall establish and publish at the beginning of the training year a formal schedule of educational experiences to be afforded the fellow.**

**6.9 Didactic activities that complement and supplement the curriculum shall be available at least weekly.**

**6.10 A journal club shall be organized for the purpose of ensuring the fellow can interpret research studies. The activities shall include participation of the faculty and the fellow and be conducted at least monthly.**

**6.11 The fellow shall be afforded opportunity to participate in research or other scholarly activities, and the fellow shall participate in such scholarly activities.**

**6.12 The sponsoring institution shall require that the fellow maintains an activity log appropriate for the type of fellowship. The log shall be submitted at least quarterly to the program director for review, evaluation, and verification. The activity log shall document the fellow’s educational experiences.**

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| **1. The fellowship program (6.1):** | YES | NO |
| 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. |  |  |
| * the education consists of academic and/or technical components
 |  |  |
| * the academic component(s) emphasize(s) a scholarly approach to clinical problem solving, self-directed study, development of analytic skills and surgical/treatment judgment, and research
 |  |  |
| * the technical component(s) ensure(s) the ability of the fellow to perform skillfully the required procedures and/or treatment plans
 |  |  |
| *If no, please provide an explanation/clarification.*  |

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| **2. Where podiatric residents and fellows are being educated in the same institution:** | YES | NO |
| a. the fellowship and residency curricula does not adversely affect each other. |  |  |
| b. the program directors have a written agreement specifying the education relationship between the programs (6.2). |  |  |
| c. the fellow acts as a junior attending (6.2). |  |  |
| *If no to any statement, please provide an explanation/clarification.*  |

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| **3. The curriculum and competencies.** | YES | NO |
| The curriculum is developed in collaboration with appropriate faculty involved in the training program (6.3). |  |  |
| The curriculum is clearly stated and is appropriate for the fellowship and consistent with the expectations of the profession and the public (6.4). |  |  |
| The competencies are clearly stated and are appropriate for educational experiences provided in the fellowship; it describes the knowledge, skills, and attitudes that the fellow is expected to acquire during training. (6.5). |  |  |
| Competencies reflect resources available for fellowship training at the sponsoring institution and affiliated institutions (6.5). |  |  |
| The curriculum and competencies are achievable during the length of the program (6.5). |  |  |
| A prescribed set of clinical and/or didactic learning activities or tasks accompany each objective to facilitate achievement of that objective by the fellow (6.5). |  |  |
| The curriculum and competencies focus on the educational development of the fellow and do not place undue emphasis on service responsibility to individual faculty members (6.6). |  |  |
| The curriculum and competencies are distributed at the beginning of the training year to all individuals involved in the training program including fellows, teaching staff, and administrative staff (6.7). |  |  |
| *If no to any statement, please provide an explanation/clarification.*  |

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| **4. Training schedule (6.8).** | YES | NO |
| The institution has established a formal schedule for educational experiences. |  |  |
| The formal schedule reflects the experiences provided the fellow at all training sites. |  |  |
| The schedule is reviewed and modified as needed to ensure an appropriate sequencing of training experiences for the fellow consistent with the curriculum. |  |  |
| The schedule is distributed to all individuals involved in the training program (faculty, fellows, and administrative staff). |  |  |
| *If no to any statement, please provide an explanation/clarification.*  |

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| **5. Didactic activities that complement and supplement the curriculum (6.9).** | YES | NO |
| Provided at least weekly |  |  |
| Provided in a variety of formats |  |  |

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| **The following didactic activities will be provided.** | Provided? | **Frequency?** |
| Lectures |   |  |
| Clinical pathology conferences |   |  |
| Morbidity and mortality conferences |   |  |
| Cadaver dissections |   |  |
| Tumor conferences |   |  |
| Continuing education activities |   |  |
| Journal club |   |  |
| Structured independent study |  |  |
| Online CME lectures (ACFAS, Present, RedRC) |   |  |
| Other |   |  |
| Other |   |  |

|  |  |  |
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| **6. The curriculum affords instruction in the critical analysis of scientific literature (6.10).** | YES | NO |
| A journal review session will meet at least monthly |  |  |
| Faculty and fellows will participate in the journal review session |  |  |
| Fellows will present current articles and analyze the content and validity of the research |  |  |
| *If no, please provide an explanation.* |

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| **7. The curriculum affords participation in research and other scholarly activities (6.11).** | YES | NO |
| The fellow participates in basic and/or clinical hypothesis-based research. |  |  |
| The fellow learns to design, implement, and interpret research studies under supervision by qualified faculty |  |  |
| The fellow is afforded the time and facilities for research activities. |  |  |
| *If no, please provide an explanation.* |

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| **8. Logs (6.12).** | YES | NO |
| The fellow maintains an activity log appropriate for the type of fellowship. |  |  |
| The fellow maintains a clinical log appropriate for the type of fellowship. |  |  |
| The program director reviews and verifies logs at least quarterly. |  |  |
| Web-based logs are used to document all experiences related to the fellowship. |  |  |
| Web-based logs are in a format approved and accessible for review by the RRC. |  |  |
| The resident web-based logging system is ( ) Podiatry Resource Review( ) Other (Specify) |
| *If web-based logs are not used, describe how experiences are logged and reviewed.* |
| *If no to any statement, please provide an explanation/clarification.*  |

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| **9. Use the space below to provide an additional information or further clarification for items that have not been addressed in this section of the report (Standard 6).** |
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**STANDARD 7.0**

**The fellowship program conducts appropriate assessment, performance improvement, and self- assessment processes.**

**7.1 Upon completion of each training experience (e.g., clinical education, research project), the fellow shall be evaluated in writing by the instructor responsible for providing training. An assessment form shall be used to document attainment of the stated competencies of each educational experience and completion of the research project. Evaluation of the fellow’s performance in ongoing experiences shall be conducted at least quarterly.**

**7.2 The program director, faculty, and fellow(s) shall conduct an annual self-assessment of the program’s resources and curriculum. Information resulting from this annual review shall be used in improving the program.**

|  |  |  |
| --- | --- | --- |
| **1. Assessment forms will include the following required components (7.1):** | YES | NO |
| Completed for each training experience (e.g., clinical education, research project).  |  |  |
| Dates covered.  |  |  |
| Name, signature, and date signed by the **faculty** member.  |  |  |
| Name, signature, and date signed by the **fellow**. |  |  |
| Name, signature, and date signed by the **director.**  |  |  |
| Assess competencies specific to each training experience.  |  |  |
| Assess communication skills, professional behavior, attitudes, and initiative.  |  |  |
| The timing of the assessment allows sufficient opportunity for performance improvement.  |  |  |
| *If no to any statement, please provide an explanation.* |

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| --- | --- | --- |
| **2. The program director, faculty, and fellow(s) will conduct a formal, written annual self-assessment of the program’s resources and curriculum that includes (7.2):** | YES | **NO** |
| Identification of individuals involved |  |  |
| Performance data utilized |  |  |
| Compliance with CPME standards and requirements |  |  |
| Fellow’s formal assessment of the program |  |  |
| Program director’s assessment of faculty |  |  |
| Assessment of the relationship between the fellowship and the residency program, if present |  |  |
| The extend to which the curriculum and competencies were met |  |  |
| The extend to which the didactic activities complement the curriculum |  |  |
| Measures of program outcomes utilized |  |  |
| Results of the review |  |  |
| Information resulting from this review is used in improving the program |  |  |
| *If no, please provide an explanation.* |  |  |

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| **3. Use the space below to provide an additional information or further clarification for items that have not been addressed in this section of the report (Standard 7).** |
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