STEP ONE: Review Materials
Make sure you have complete and/or updated the following materials:

STEP TWO: Findings and Recommendations
Review all of the materials and identify any problems, if any, and how you dealt with them or plan to deal with them.

STEP THREE: Program Requirements
Review the CPME 320 General Program Requirements and state how you meet them.

STEP FOUR: Training resources and curriculum requirements
Review the CPME 320 training resources and curriculum requirements including the MAV’s and state the results of your review of the resident’s logs

STEP FIVE: Outcomes Assessment
Summarize your findings about the outcomes for your residents based on the following types of data:

STEP SIX: Recommendations for improvement
Summarize your recommendations for improvement for your program. For example:
STEP ONE: Review Materials
Review all of the materials and identify any problems, if any, and how you dealt with them or plan to deal with them. For example

Review Materials
1. Syllabus or program guide
2. Resident contract
3. Institutional polices on sexual harassment, discrimination, due process, etc.
4. Resident logs
5. Resident evaluations
6. Pretests and Posttest (If applicable)
7. Rotation and Faculty Evaluations
8. Resident Comments
9. Rotation Directors Surveys
10. Meetings/correspondence with rotation directors
11. CPME program and resident requirements
12. Outcomes Assessments

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STEP TWO: Findings and Recommendations:
Review all of the materials and identify any problems, if any, and how you dealt with them or plan to deal with them. For example

1. Resident Logs:
Case requirements appear to be adequate for this program. The one exception is the pediatric requirement that continues to be a problem. Any resident who did not have the required cases was required to perform foot health screenings on pediatric patients to make up any case deficiencies.

2. Resident Evaluations:
Resident evaluations are reviewed as the rotation directors submit them and shared with the resident. The resident is asked to date and sign the evaluation. Any areas of deficiency are handled on an individual basis with the resident. The rotation director is asked to recommend a remediation program.

3. Results and recommendations from meetings with residency director and select rotation directors and other perspective faculty. Examples:
- Enhance the podiatric medicine experience, attempt to add experiences in Dermatology, HIV, neurology and orthopedics.
- Find a podiatric surgery experience that can afford the residents a consistent exposure.
- Met with Thomas Smith, M.D. Acting Chief of Medicine: suggested changes to syllabus to include new contact secretary and some alterations to the daily schedule.
- Met with John Jones, M.D. Foot and Ankle Orthopedist to discuss including podiatry in the Monday morning grand rounds as well as the monthly amputee clinic
- Add experience in pedorthics
- Met with Allen Lake, M.D. Chief of Vascular Surgery to discuss changes to the rotation. The conference schedule was updated.
- Add HIV information to conference schedule and work toward providing a new clinical experience.
- Develop a remediation sequence that identifies consequences of failures to remediate.
- Augment the CPME form documentation conference so that residents complete their logs in a consistent manner.

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**STEP THREE: Program Requirements**
Review the CPME 320 General Program Requirements and state how you meet them. For example:

**CPME program and resident requirements**

1.0 The sponsorship and control of a podiatric residency program are under the specific administrative responsibility of a healthcare institution(s) that develops implements and monitors the residency program.

Assessment:
The program is under the administrative responsibility of the Ohio College of Podiatric Medicine. Victoria Penfield is the Director of Residency Training and is Board Qualified by ABPOPPM in Primary Medicine. She will take her certification examination in 1999. Jeffrey M. Robbins, D.P.M. is the ABPOPPM board certified consultant director.

2.0 The sponsoring institution formulates publishes and implements policies affecting the resident.

Assessment:
The resident contract clearly spells out policies affecting the resident. The residents are afforded due process for any disciplinary action. In addition the College has policies in place with regard to sexual harassment in the work place.
3.0 The program has a well-defined administrative organization with clear lines of authority and a qualified teaching staff that enable the program to achieve stated goals and objectives.

Assessment:
The organizational structure is well defined with Dr. Penfield directly responsible to the Dean of Academic Affairs, Vince Hetherington, D.P.M. of the Ohio College of Podiatric Medicine. Each affiliated hospital agreements identify the lines of authority with respect to the residency program.

4.0 The program has appropriate goals and objectives that are comprehensive in addressing the educational experiences identified by the Council and from which a curriculum is derived and implemented Curricular components of the program demonstrate consistency with the stated goals and objectives to impart knowledge and values and develop skills to produce a competent and ethical podiatric medical practitioner.

Assessment:
The program goals, rotational goals and objectives are consistent with a Podiatric Primary Medicine Residency Program. The clinical and didactic programs closely follow the goals and objectives.

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

Assessment:
The program has a multi level evaluation program which includes pre and post testing, clinical evaluations which follow the rotation objectives, service reports and logs, program and faculty evaluations and an institutional assessment of the program. The remediation program is identified in the resident contract and the syllabus but is a bit vague and should identify sequence of remedial steps and consequences of failures to remediate.

6.0 The sponsoring institution reports to the Council on Podiatric Medical Education regarding the conduct of the program on at least an annual basis.

Assessment:
The program submits annual reports on time.
**STEP FOUR: Training resources and curriculum requirements**

Review the CPME 320 training resources and curriculum requirements including the MAV’s and state the results of your review of the resident’s logs. For example for a PM&S 24:

**Podiatric Medicine and Surgery Experience**

In order to provide an adequate volume and diversity (Minimum Activity Volume or MAV) of clinical experiences, the training program must afford each resident a minimum number of cases that provide podiatric medicine and surgical experiences as well as history and physical examinations. The training resources shall include direct participation of the resident in the following areas;

1. Management of inpatient cases including both podiatric and non-podiatric pathology: **50 cases**.

   **Assessment:**
   All residents met or exceeded this requirement.

2. Management of cases in the podiatric clinic/office: **750 cases**.

   **Assessment:**
   All but one resident met or exceeded this requirement.

3. Podiatric Surgical Cases. **150 cases**
   - B and C Level totals 350
   - C level procedures
     - Digital procedures 80
     - First ray procedures 60
     - Other soft tissue 45
     - Other osseous 40

   **Assessment:**
   All residents met or exceeded this requirement.

4. Trauma cases. **25 cases**

   **Assessment:**
   All but 2 residents met or exceeded this requirement.

5. Podopediatric (<14 years) experience in at least **25 cases**.

   **Assessment:**
All residents met or exceeded this requirement.

6. Biomechanical exams as indicated in at least 150 cases.

Assessment:
All but 3 residents met or exceeded this requirement. It was discovered that those residents who reported less and 100 cases were documenting only x-rays they ordered and did not count the cases they reviewed in clinic or in the radiology rotation.

Step Five: Outcomes Assessment
Summarize your findings about the outcomes for your residents based on the following types of data:

Success of previous residents in:
1. Private practice
2. Teaching appointments
3. Board certification
4. State licensure
5. Hospital appointments
6. Publications.
7. etc.

STEP Six: Recommendations for improvement
Summarize your recommendations for improvement for your program. For example:

RECOMMENDATIONS FOR IMPROVEMENT

1. Enhance the podiatric medicine experience, attempt to add experiences in Dermatology, HIV, neurology and orthopedics.
2. Find a podiatric surgery experience that can afford the residents a consistent exposure.
3. Add experience in pedorthics
4. Add HIV information to conference schedule and work toward providing a new clinical experience.
5. Develop a remediation sequence that identifies consequences of failures to remediate.

6. Augment the CPME form documentation conference so that residents complete their logs in a consistent manner.