



# COTH eNews

SUMMER

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## What's New for 2019 CASPR/CRIP

- CASPR participation fee remains \$600. COTH Membership dues are \$950, an increase of \$75.
- CRIP Section 1 (East) – All interviews, including callbacks, must conclude by 1 pm on Saturday to allow checkout and turn over for Section 2 (West).
- CRIP – 10 minute callbacks return this year.
- CRIP CME Sessions – only 2 are scheduled this year, Friday AM for Section 1 participants and Monday AM for Section 2.



Some programs still need to register for the upcoming CASPR Cycle. To complete your registration, log in to [www.CASPRweb.org](http://www.CASPRweb.org) and select the "Register" tab.

## Coming Soon - COTH Webinars

COTH is launching evening webinars on timely topics. Keep your eye out for email announcements of upcoming offerings. Planned topics for 2018 include PRR logging, GME funding, and preparing for a site visit.

## MAKE YOUR OPINION COUNT, Take the CPME 320 Survey

As part of the document review process for the 320, CPME is seeking opinions from the podiatric community of interest on crucial elements of residency programs. Your input is invaluable to the success of this project and will be used as baseline information for the committee. Please take [the survey](#) and make your voice heard.

## RRC Revises "Guide to Proper Logging of Surgical Cases"

The CPME Residency Review Committee (RRC) revised the "Guide to Proper Logging of Surgical Procedures" and the changes took effect on [July 1, 2018](#).



The revised guide is the result of an ongoing collaboration between the RRC and the American Board of Foot and Ankle Surgery (ABFAS). The updated Guide includes new sections related to Category 6 "Other Podiatric Procedures," Category 7 "Biomechanical Examinations," and Category 8 "History and Physical Examinations."

You'll find the revised Logging Guide [here](#). CPME has recorded [a presentation](#) and provided [the slides](#) to brief you on the changes.

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## CPME Residency Ad Hoc Committee Appointed

The following individuals accepted appointment to the Committee to review the CPME 320:

**Steven Vyce, DPM** (representing the **AACPM Council of Teaching Hospitals**); New Haven, CT – residency director.

**Keith Cook, DPM (Chair)**; Newark, NJ – CPME member; member of the Residency Review Committee (RRC); residency director; residency evaluator

**Scott Hughes, DPM** (liaison for the APMA Board of Trustees); Monroe, MI – private practitioner

**Charles Lombardi, DPM** (representing the American Board of Foot and Ankle Surgery [ABFAS]); Bayside, NY – former CPME member; former RRC chair; former ABFAS president; residency evaluator; residency director

**Danae Lowell, DPM** (representing program directors and evaluators); Cleveland – residency director of a VA-sponsored residency program; residency evaluator

**Harry Schneider, DPM** (representing program directors); Reading, MA – residency director; residency evaluator

**Ronald Soave, DPM**; Holmdel, NJ (ex-officio) – CPME member; RRC chair; Associate Dean for Academic Affairs and Chair, Department of Podiatric Surgery at the New York College of Podiatric Medicine; former residency director; residency evaluator

**David Millward, DPM** (representing the Young Physicians); Grain Valley, MO – residency director

**James Stavosky, DPM** (representing the American Board of Podiatric Medicine [ABPM]); Dale City, CA – former ABPM president; adjunct professor at the California School of Podiatric Medicine and Western University; former residency director; residency evaluator

**Michael Trepal, DPM (CPME Chair)**; New York – Vice President of Academic Affairs and Dean, New York College of Podiatric Medicine; former Accreditation Committee chair; residency director

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## Residents Under Stress Can Benefit from a Coach

Residents, like medical students, can benefit from a coach who has their long-term goals in mind. Methods for coaching residents are chronicled in a chapter in AMA's "Coaching in Medical Education: A Faculty Handbook." Chapter 8 of the digital publication provides a practical framework for medical educators who are forming programs.

Amy Westcott, MD, associate professor of geriatrics and palliative medicine and Hippocrates Scholar Program Director, Penn State College of Medicine, co-wrote the chapter. She says residents face new pressures that should factor into how a coach interacts with them. "The professional development piece is that when you're a medical student, you may not entirely understand the context of your role with the team. Then, as a resident, your role changes, having more direct responsibility on your shoulders in clinical decision-making," Dr. Westcott said. You will find the handbook and Chapter Eight [here](#).



## Residents Rarely Report Coercion When Exceeding Duty Hour Requirements

Study data published in *JAMA Surgery* indicate that surgical residents who exceed the duty hour limits are doing so voluntarily and not because of coercion from attending surgeons or senior residents.

The study included residents in the flexible arm of the Flexibility in Duty Hour Requirement for Surgical Trainees trial which permits residents in the flexible group to stay longer than a 24-hour call if the resident chooses to do so. Residents in this arm who exceeded hour requirements for a typical month were asked questions about hour expectations or coercion. Using logistic regression models, researchers were able to capture the various factors contributing to residents exceeding duty hours.



Of the 1838 general surgery residents (59.8% men) participating in the survey, 68.4% reported exceeding the duty hour requirements. A total of 21.7% reported programs expecting them to stay over, 26.6% reported attending surgeons expected them to stay longer, and 21.1% reported senior residents expecting them to stay over. However, 78.1% responded they voluntarily elected to stay longer and just 7.4% reported any type of coercion from attendings and only 9.3% reported pressure from senior residents. Researchers found no significant associations between resident or program characteristics and coercion by attending surgeons and senior residents. Researchers acknowledged the bias inherent in self-reported data but believed the anonymous nature of the surveys encourage honesty.

## Are You a Mentor?

You can help build interest in careers in podiatric medicine by becoming a mentor with the DPM Mentors Network. Mentoring is a simple, easy way for podiatric physicians to become involved in career awareness activities in their communities. All practicing podiatric



DPM Mentors  
Network

physicians are needed to become mentors; however, podiatric physicians who have practices within 100 miles of a college or university are especially in demand. You may register as a mentor [here](#) and if you have any questions, contact [mnaa@aacpm.org](mailto:mnaa@aacpm.org).

## Residency Directors Agree: Medical Students Need More Radiology Training—and Better Communication Skills

According to research published in *Academic Radiology*, medical students are largely unprepared for standard radiologic interpretation as interns and that gap could be costing U.S. healthcare.

Though published guidelines for medical school curricula exist, the authors note that they're often ignored and the result is a massive variation in what is taught to medical students—and how. The authors said, "In fact, a national study of interns recently reported a lack of confidence in



a variety of important imaging skills, including determining normal from abnormal in basic imaging modalities, indications for various imaging tests, and when to consult radiologists.”

To widen current research on the subject, the authors surveyed program directors across pediatrics, internal medicine, obstetrics and gynecology, and general surgery asking them to assess the actual and desired imaging skills of incoming interns, interns’ variability of skill levels, and which imaging skills make the most successful hire. Of 216 respondents, directors’ reported shortcomings to their expectations for both image interpretation and utilization skills by interns and further noted a wide variability of imaging skill levels among interns which they believed were a hindrance to their programs. The limited imaging skills lead to unnecessary imaging exams which are costing U.S. healthcare.

Program directors also pointed out that communication skills were valued above just about anything else, Schiller and colleagues wrote—though all imaging skills listed in the survey were ranked as either “very important” or “absolutely essential” to the leaders.

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## Do Patients Care About Your White Coat? You Might Be Surprised!

Using a convenience sample of 4,000 inpatients and outpatients, the University of Michigan performed a physician attire survey at 10 U.S. academic medical centers. The survey showed patients photos of the same doctor dressed seven different ways. After viewing the photos, patients were surveyed and asked to indicate their preference of physician based on attire, as well as asking them to rate the physician in the areas of knowledge, trust, care, approachability, and comfort. The photos included casual, scrubs, and formal, each with and without a lab coat. The seventh category was business attire. More than half of the participants indicated that how a physician dresses was important to them and more than one-third stated attire influences how happy they are with the care received. Overall, respondents indicated that formal attire (A light blue buttoned-down dress shirt with long sleeves and navy suit pants were worn. Black leather shoes and a dark blue tie were worn by the men while the women wore one-inch heels.) with white coats was the most preferred form of physician dress.



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## Save the Date: 2019 Residency Directors Forum

The date is set so mark your calendars for the 2019 Residency Directors Forum – Wednesday, February 13, 2019. The forum will once again be co-hosted by COTH and ACFAS the day before ACFAS 2019 begins in New Orleans.

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## Scholl Graduate Turned Luxury Shoe Designer

Who better to create a more comfortable, fashionable shoe than a podiatrist?

Marion Parke went to Chicago's Dr. William M. Scholl College of Podiatric Medicine and during a podiatry biomechanics class in her second year of school, she began thinking about joining fashion and function. As she was learning to treat patients with high arches with orthotics, she wondered why similar principles couldn't be applied women's shoes.



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We welcome your comments, suggestions, and submissions for inclusion in future editions.

**Editor:**

**Susan Claffey**  
[sclaffey@aacpm.org](mailto:sclaffey@aacpm.org)

**COTH Website:**

[www.cothweb.org](http://www.cothweb.org)

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The result? She launched her first collection in spring 2016. Parke's sculpted and contoured insole makes the difference. Traditional insoles are typically just a flat piece of cardboard. Hers follow the contour and curvature of the bottom of the foot and include crucial components such as arch support, cupping in the heel and added support along the outside for a more stable position of the foot.

Marion Parke shoes are not for people with foot problems or those who need extra width or depth. She designs for women with normal feet who still can't wear a high heel for more than 30 minutes. And for women who love fashion and shop designers.

To Parke's thinking, the idea of what makes a shoe a good shoe needs to change. More cushioning is not the answer. She said clients think they need more cushioning on the ball of their foot, but notes that often leads to greater fatigue and soreness over time.

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## COTH Regional Representatives Want to Hear From You

The Council of Teaching Hospitals oversees the administration of the COTH, CASPR and CRIP programs and associated websites. Your COTH Regional Representative wants to hear about your activities and concerns. They are a resource for you to get answers to your questions, raise issues, and available to listen to your suggestions.

**Kerry Sweet, DPM**      **Chair-Elect**      Region 1: AK, CA, HI, NV, OR, WA  
[kjsweet@hotmail.com](mailto:kjsweet@hotmail.com)  
Phone: 253-582-8440 ext 76523

**David Jolley, DPM**      Region 2: AR, AZ, CO, IA, ID, KS, MO, MN,  
[David.Jolley@va.gov](mailto:David.Jolley@va.gov)      MT, ND, NE, NM, OK, SD, TX,  
Phone: 520-338-4762      UT, WY

**Randall Dei, DPM**      Region 3: AL, IL, IN, KY, LA, MS, TN, WI  
[randalld@efahc.com](mailto:randalld@efahc.com)  
Phone: 414-541-9900

**Stuart Bass, DPM**      Region 4: OH, MI  
[deputyfoot@comcast.net](mailto:deputyfoot@comcast.net)  
Phone: 248-408-8300

**Jacqueline Brill, DPM**      Region 5: FL, GA, MD, NC, SC, VA, WV  
[jbrill@mail.barry.edu](mailto:jbrill@mail.barry.edu)  
Phone: 305-788-7843

**Steven Vyce, DPM**      Region 6: CT, DC, MA, ME, NH, NJ, RI, VT  
[steven.vyce@ynhh.org](mailto:steven.vyce@ynhh.org)  
Phone: 203-789-3443

**Clint Lowery, DPM**      **Chair**      Region 7: DE, PA  
[lowerycr@upmc.edu](mailto:lowerycr@upmc.edu)  
Phone: 724-935-5533

**Gregory Davies, DPM**      Region 8: NY  
[DrGDavies@DaviesDPM.com](mailto:DrGDavies@DaviesDPM.com)  
Phone: 516-496-7676