COTH eNews

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CASPR/CRIP Staffing Announcement

AACPM is extremely pleased to announce that Ms Amanda Drago is the new CASPR/CRIP Coordinator. Amanda started her employment with AACPM in 2013 as the Clerkship Assistant. She served as the Clerkship assistant for 4.5 years while also supporting special projects and serving as backup for the CASPR and CRIP services. Please join us in welcoming Amanda to her new role! You may contact Amanda at adrago@aacpm.org

CASPR Registration is Open!

Program Registration for the 2019 CASPR Cycle is now open. Registration must be complete by July 13 to be included in the initial CASPR Directory publication on July 25.

To complete your registration, log in to **www.CASPRweb.org** and select the "Register" tab.

- Read the instructions before completing each of the required 6 parts.
- Your registration is complete when ALL sections are checked off.

Fee information for the 2019 CASPR cycle:

- Participation in CASPR remains $600.
- COTH Membership is $950, an increase of $75.
- Combined CASPR Participation and COTH Membership Dues is $1550 and includes participation in CRIP for no extra charge.

CASPR
CENTRAL APPLICATION SERVICE FOR PODIATRIC RESIDENCIES

Why the VA Provider Equity Act is Important to You

Because every federal legislative action that classifies podiatric physicians in the category of a physician in subgroups like the VHA elevates the entire podiatry profession and moves ALL podiatrists further down the path to parity. More importantly, passage of this act will positively impact the health care of our nation's Veterans.

The VA Provider Equity Act re-defines podiatrists as physicians in the Department of Veterans Affairs. The U.S. House of Representatives version of the bill is passed and the one remaining hurdle is the Senate. Support your profession AND our Veterans by asking your U.S. Senators to co-sponsor and support the VA Provider Equity Act, S 1871.

Please contact your U.S. senators and urge your colleagues and residents to do the same. You will find more information on the bill with instructions on contacting your Senators here.

Did you miss the COTH ACFAS Residency Directors Forum?

The 2018 Residency Directors Forum was the best attended yet. Program directors, faculty, chief residents, and college deans participated to learn about such topics as: GME funding, social media, logging using PRR, and other relevant subjects. If you weren't able to attend, you may view and download the presentations **here**.

Get Thee to the Curricular Guide!

Want to know the competencies you should expect from your incoming residents? Consult the AACPM "Curricular Guide for Podiatric Medical Education." The Curricular Guide identifies those objectives important for each graduating podiatric medical student to master prior to beginning residency training. AACPM revised the Curricular Guide in 2017 and it is available on the **AACPM website**.

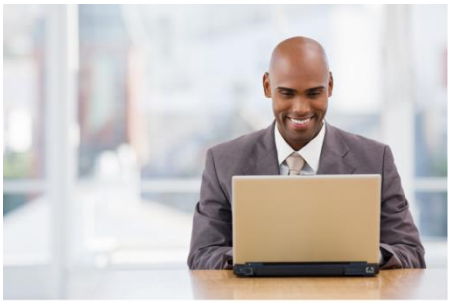
The Match - How Do We Compare?

Match Day 2018 marked the culmination of years of hard work for a record number of aspiring MDs, DOs, and DPMs.

The National Resident Match Program announced their 2018 main match for MD and DO residencies was the largest in history. Over 37,000 applicants competed for 33,000+ positions. U.S. allopathic senior medical students composed 18,818 of the applicants and matched at a 94.3% rate. Available first-year positions increased 4.8% to 30,232 over 2017.

By comparison, the 2018 podiatric Match included 584 residency applicants for 578 first-year positions. The Class of 2018 numbered 533 and 98.1% of the class had matched by the end of Match Week. The number of first year positions increased 1.2% over 2017.

AAMC Renews Standardized Video Interview Pilot for 2019 ERAS Application Cycle



COTH has been following with interest and an eye to the fit for the podiatric residency selection process, the American Association of Medical College's (AAMC) Standardized Video Interview (SVI) pilot study for residency application.

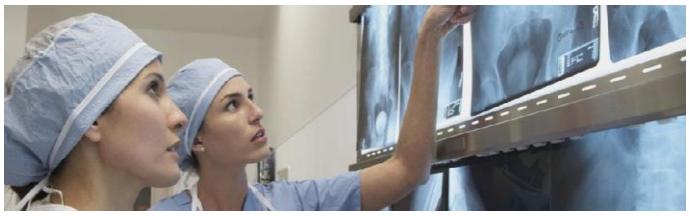
The AAMC extended to a second year, the 2018-2019 residency application season, the operational pilot program with the emergency medicine community to assess the value of using the SVI. The SVI is a unidirectional video interview designed to help program directors assess applicants' standing on two critical ACGME competencies - Knowledge of Professional Behaviors and Interpersonal and Communications Skills.

Based on research results of the reliability and validity of the tool and feedback from applicants and emergency medicine residency program directors, AAMC believes the SVI

may be an effective tool in the residency application and selection process and may smooth the transition to residency. The tool will be used for all applicants and program directors in emergency medicine.

You will find more information about the Standardized Video Interview **here**.

Med Students Need Mentors — People are more important than curricula and milestones, says Robert Centor, MD



”In the 1970s when I trained, we had no add-on curricula, we had no milestones, we had little interference from governing bodies. What we did have were role models. In the current century, when I talk with students and residents (and I do that very often) they talk about what they see or do not see from their attending physicians and fellow residents. The carefully constructed curricula result from excellent intentions, but role models defeat those curricula every time.

If we want our learners to show respect for diverse patients, if we want our learners to understand the struggle that many patients have with drug costs, if we want our learners to make decisions based on patient preferences, then we must have clinician educators who embody those attributes.

A few months ago, we had an elderly patient who had spent 6 days in the ICU. She had a complex medical history. She and the family wanted her to go home. She wanted to go home to die because she wanted to die at home. She wanted to go to church one more time. She and the family were unanimous on her end-of-life decision-making. So we discharged her with hospice immediately.

The residents told me that they had not seen such a conversation previously. We listened and reacted in her best interest. We resisted suggestions that she go to rehab or a nursing home because the family wanted to have her for end of life. The family members were remarkable. They were sad that she was dying but respected her feeling that her time had come. She had had a great life, and now she wanted to be reunited with her husband.

Our learners need to learn from what we do. Talking the talk never achieves much. Walking the walk speaks louder than words. Medical education needs investment in these role models. At each medical school, you know who they are. We must give them time to show our learners how to be a physician. What we do at the bedside matters. We influence our learners every day. Unfortunately, the learners tell us too many stories of negative role models. So we can write curricula and develop milestones, but if we do not nurture and support our role models, we will never achieve our goals.”

*Robert Centor, MD, is an internal medicine physician who blogs at **DB's Medical Rants**. This post originally appeared on **KevinMD**.*

Are You a Mentor?

DPM Mentors Network

You can help build interest in careers in podiatric medicine by becoming a mentor on 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 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 yourself as a mentor **here** and if you have any questions contact mnau@aacpm.org.

The 10 Allopathic Medical Schools with the Lowest Acceptance Rates

Here are the top 10 ranked medical schools with the lowest acceptance rates for fall 2017, according to U.S. News & World Report. Unranked schools were not considered for the report. Among these 10 schools, the average rate of acceptance was 2.8 percent.

1. Mayo Clinic — 2.1 percent acceptance rate
2. Stanford (Calif.) University School of Medicine — 2.3 percent
3. Florida State University School of Medicine (Tallahassee) — 2.6 percent
4. Wake Forest School of Medicine (Winston-Salem, N.C.) — 2.8 percent
5. George Washington University School of Medicine (Washington, D.C.) — 2.9 percent
6. Georgetown University School of Medicine (Washington, D.C.) — 2.9 percent
7. UC Davis School of Medicine (Sacramento, Calif.) — 2.9 percent
8. David Geffen School of Medicine at UCLA (Los Angeles) — 3.2 percent
9. The Warren Alpert Medical School of Brown University (Providence, R.I.) — 3.2 percent
10. UC San Diego School of Medicine (La Jolla, Calif.) — 3.2 percent

~Thanks to Dr. Randall Dei for forwarding this article.

NY State Podiatric Medical Association Releases Study: Podiatric Treatment Saves Limbs, Lives, and Money

A research-based study by the **New York State Podiatric Medical Association (NYSPMA)** revealed that including podiatric care may decrease healthcare costs for obese patients by $1.1 billion and up to $510 million for diabetic patients. Additionally, podiatry services and treatment may reduce opioid dispensing for patients with back- and podiatric-related pain, may decrease falls by 36 percent among elderly and at-risk populations, and may cut hospitalizations related to obesity (19 percent) and diabetes (37 percent).

The study was commissioned by NYSPMA in 2017 and conducted by Navigant Consulting in response to Medicaid reform in NY state. It focused on four chronic conditions: diabetes, obesity, substance abuse/back pain, and fall prevention. The findings were published in the white paper titled, “Podiatric Services Deliver Value and Improved Health Outcomes” and the complete white paper is available upon request to NYSPMA.

Key findings of the analysis:

- Podiatric services deliver value and improved health outcomes for diabetic patients.
- 37 percent reduction in the odds of subsequent inpatient admission among persons diagnosed with foot ulcers that received services performed by a podiatrist.
- The potential to reduce approximately 13,500 inpatient admissions for foot ulcers.
- A savings opportunity of approximately $510 million in healthcare costs in one year.
- Podiatrists decrease costs and hospitalizations for obese patients.

- 39 percent of New Yorkers are obese, as reported by the State of Obesity in 2017.
- 19 percent reduction in the odds of a subsequent inpatient admission among obese persons receiving services provided by a podiatrist – avoiding up to 36,000 inpatient admissions.
- Savings opportunity up to $1.1 billion in healthcare costs.
- Podiatrists decrease opioid dispensing among people with back pain and a podiatric-related condition.

New York currently spends approximately $1.7 billion in hospitalization charges and $145.3 million in outpatient emergency department charges annually due to falls. “Podiatric intervention is a key component of effectively managing chronic conditions and improving quality of life for New Yorkers,” said Dr. Paul J. Liswood, NYSPMA president-elect and Brooklyn-based podiatrist who advocates for podiatry’s key role in preventative care.

How Long is Too Long?

The cluster-randomized **iCOMPARE trial** randomized 63 internal medicine residency programs to be governed by shift limits then in force under ACGME Duty Hour Standard published in 2011 or "more flexible policies" that did not specify any limits on shift duration or mandatory time off between shifts. In standard programs, shift duration was capped at 16 hours for PGY-1 trainees and 28 hours (24 plus up to 4 hours to manage transitions) for PGY-2 and beyond. Trainees were also allowed at least 8-14 hours off between shifts. In both types of program, total work hours could not exceed 80 per week and every trainee had at least one day off every 7 days; in-house call was limited to every third night. Data was collected through observations on the activities of interns, surveys of trainees, and intern examination scores.

The research, published in the “New England Journal of Medicine,” demonstrated no significant difference in patient outcomes. The trial also found no significant differences between the groups in how interns spent their time, nor was there a variance in how interns perceived the balance between their clinical demands and their education.

However, a separate survey of trainees in the two types of programs showed greater dissatisfaction with other aspects of the flexible programs, including educational quality and overall well-being. And, program directors reported "a reduced quality of training and professional maturation, increased frequency of handoffs of care, and decreased continuity, without improved patient safety or quality of care."

An accompanying editorial by Graham T. McMahon, MD, of ACGME noted this "mismatch" between program directors and residents in terms of satisfaction. "This [...] suggests that many program directors are unaware of their residents' perceptions and thus may be making well-intentioned, but ultimately ill-formed decisions about the design and delivery of the residency program," he wrote. But he cautioned against the risk that regulators and program leaders "will be tempted to revert to standard work hours rather than revisiting the entire learning environment for both clinicians and trainees." McMahon also cited several limitations to the study, such as generalizability, desirability bias in survey responses, and low response rates to some elements.

Indeed, the researchers themselves noted that the iCOMPARE trainee survey response rate

was 45% and the study did not measure the actual number of hours interns worked though both groups "were limited to the same average total number of hours worked per week." Importantly, they wrote that outcomes for patient mortality and intern sleep and alertness are "not yet available." This lead a reviewer to state, "The seminal issue which started this whole process -- that of quality of care by fatigued interns -- does not appear to be addressed by this study."

Even before the iCOMPARE results were released, the ACGME last year approved increasing maximum shift lengths for PGY-1 trainees to 28 hours.

Small-town Tennessee sheriff makes first U.S. arrest with forensic podiatry

For the first time in the U.S., a small, rural sheriff's department made an arrest in a robbery by analyzing how a person walks.

Three masked men walked into Barry's One Stop Package Store near the Tennessee-Alabama border in Wayne County, Tennessee. "They had masks, gloves," said Wayne County Sheriff Ric Wilson and "were in and out in one minute and 38 seconds." They left no fingerprints and there were no witnesses.

All the department could do was review the surveillance tape from the days prior to the robbery to see if anyone was casing the place. "This one guy kind of stood out," Wilson said. "Most people get their beer and go, but he was just standing there studying the case." A good hunch but not evidence. Then one of the detectives read about forensic podiatry. It uses gait analysis and, according to authorities, was reportedly used by the CIA to track Osama Bin Laden. However, it has never been used for a criminal arrest or conviction in the United States.

Nevertheless, the Wayne County Sheriff's department sent the robbery video and the video of the men lingering at the cooler to Forensic Podiatrist Dr. Mike Nirenberg in Indiana. Nirenberg did a detailed analysis and declared the robber a 100 percent walking match to the man lingering at the cooler days earlier. The sheriff brought the evidence to District Attorney Brent Cooper who said, "The doctor does a great job how he studies gait. It was a great report. It is really compelling proof."

The decision to use it in court was up to Cooper. Cooper said, "Are we going to roll the dice and see if our courts will accept this proof?" He rolled the dice and brought in Quinton Nance. Nance was told the police knew he committed the crime because of the way he walked. He confessed and turned in his accomplices, Corey Fuqua and Jesse Armstead.

"I promise you we are a very small rural sheriff's department, but we try the best we can and we had one detective who just kept digging and digging," Sheriff Wilson said. "It was like a needle in a haystack, but the results were wonderful."

The department was the first to make an arrest using this science. "First arrest using gait analysis ever in the United States," Wilson said. "You would think it would be the FBI but it was Wayne County."

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

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

Editor:

Susan Claffey
sclaffey@aacpm.org

COTH Website:

www.cothweb.org

questions, raise issues, and available to listen to your suggestions.

Kerry Sweet, DPM
Chair-Elect
kjsweet@hotmail.com
Phone: 253-582-8440 ext 76523

Region 1: AK, CA, HI, NV, OR, WA

David Jolley, DPM
David.Jolley@va.gov
Phone: 520-338-4762

Region 2: AR, AZ, CO, IA, ID, KS, MO, MN, MT, ND, NE, NM, OK, SD, TX, UT, WY

Randall Dei, DPM
randalld@efahc.com
Phone: 414-541-9900

Region 3: AL, IL, IN, KY,LA, MS, TN, WI

Stuart Bass, DPM
deputyfoot@comcast.net
Phone: 248-408-8300

Region 4: OH, MI

Jacqueline Brill, DPM
jbrill@mail.barry.edu
Phone: 305-788-7843

Region 5: FL, GA, MD, NC, SC, VA, WV

Steven Vyce, DPM
steven.vyce@ynhh.org
Phone: 203-789-3443

Region 6: CT, DC, MA, ME, NH, NJ, RI, VT

Clint Lowery, DPM
Chair
lowerycr@upmc.edu
Phone: 724-935-5533

Region 7: DE, PA

Gregory Davies, DPM
DrGDavies@DaviesDPM.com
Phone: 516-496-7676

Region 8: NY