The Ohio State University

Department of Orthopaedics

Division of Podiatry

Residency Manual

2016 – 2017

** Revised 6/2016 **

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INTRODUCTION

History

With the acquisition of Park Hospital in July of 1999, The Ohio State University and The Ohio State University Medical Center inherited a Podiatric Residency program. There were four residents total, three classified as PGY1's in a rotating podiatric residency, a program similar to an allopathic transition year. The fourth resident was beginning a twelve month podiatric surgical residency program. These residents were offered positions at The Ohio State University, and the podiatric program was changed to reflect the highest level of post graduate podiatric training possible.

The present plan, accepted by the Graduate Medical Education Committee, is to accept two new residents each year as PGY1's into the Podiatric Medicine and Surgery Residency with added credential in Reconstructive Rearfoot/Ankle Surgery. The curriculum for the PGY1 year is similar to the Orthopaedic Surgery's PGY1's (The Podiatric Residency Program exists within the Department of Orthopaedics). PGY2 and PGY3 rotations are primarily Podiatric clinic, and Surgery; with electives in Dermatology, Infectious Diseases, Emergency Medicine, Elective rotation, and Burn or Plastic Surgery.

This document contains the residency manual and includes goals, objectives, schedules, timetables, lectures, competencies, assessment documents policies and procedures.

The program is currently approved by the Council on Podiatric Medical Education. The program adheres to the requirements set forth by this accrediting organization. The CPME requirements for residency programs are outlined on the following pages.

Faculty

The following is a list of the teaching faculty for the PMSR/RRA program. C.V.'s for all faculty members are maintained in the residency coordinator's office.

1. *Erik Monson, DPM, Residency Program Director ABFAS*
2. *Said Atway, DPM, Clinical Assistant Professor ABFAS*
3. *Michael Anthony, DPM, Clinical Assistant Professor*
4. *David Kaplansky, DPM, Clinical Assistant Professor ABFAS*
5. *Macaira Dyment, DPM, Clinical Assistant Professor ABFAS & ABPM*
6. *Jennifer Trinidad, DPM, Clinical Assistant Professor ABFAS & ABPM*
7. *Alan Block, DPM, Clinical Assistant Professor ABFAS*
8. *Michael Perez, DPM, Clinical Assistant Professor ABFAS*
9. *Brock Linden, DPM, Clinical Assistant Professor ABFAS & ABPM*
10. *Kenneth Abram, DPM, Clinical Assistant Professor*
11. *Robert Vancourt, DPM, Clinical Assistant Professor ABFAS*
12. *Richard Weiner, DPM, Clinical Assistant Professor ABFAS & ABPM*

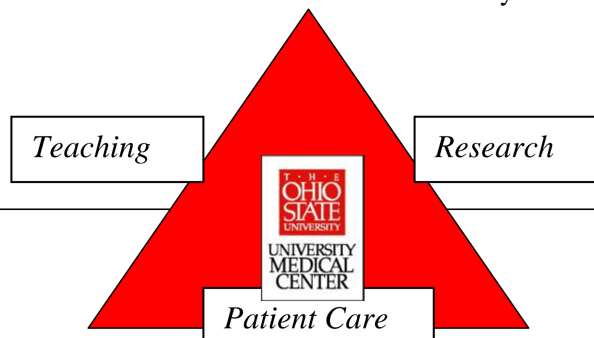
Training Sites

The first year residents will spend most of the year on the main campus of The Ohio State University Medical Center. Exceptions include Rheumatology at the Davis Center, Family Practice at the Rardin Center, and Podiatric Medicine/Surgery at various office locations and The Ohio State University Medical Center East. Podiatric office rotations may be at other locations, but all surgeries will be performed at the main OSU hospital, OSU-East hospital, and Taylor Station surgery center.

The second and third year residents will spend the majority of their time at the office of the assigned faculty member, with all surgery being done at OSU, OSU-East, and Taylor Station surgery center. Off-service rotations will be performed at OSU, OSU-East, or OSU outpatient clinic offices.

MISSION STATEMENT

The faculty of the Podiatric Surgical residency will educate residents, who, upon completion of the three years of training at The Ohio State University should exhibit the knowledge and psychomotor skills concerning foot and ankle surgery and medicine to be competent, compassionate podiatric surgeons and clinicians. Our role as educators is to instill residents with those traits essential to success including honesty and integrity, objectivity, self-motivation, curiosity, timeliness, and a sense of responsibility. The residency program will be conducted within the overall mission of The Ohio State University.



PREAMBLE

The Podiatric Medicine and Surgery with added credentials in Reconstructive Rearfoot/Ankle Training Program at The Ohio State University provides the recent graduate with the opportunity to gather experience in a general podiatric practice and to study advanced and related sciences essential for the practice of podiatric medicine.

The teaching program will attempt to demonstrate to the resident a more effective method for improving community foot health and to better prepare him/her for his/her position in the total community health structure.

- Since podiatric medicine may be defined as ***"that specialty of medicine and surgery which is concerned with the prevention, diagnosis, and treatment of diseases and disorders which affect the human foot and ankle in its contiguous lower extremity structures,"*** it is recognized that the podiatric resident will be <u>one who specializes in the lower extremity.</u>

<u>Definition of Lower Extremity</u>

Scope of Practice

Sec. 4731.51: Statues of the State of Ohio:

> *The practice of podiatry consists of the medical, mechanical, and surgical treatment of ailments of the foot, the muscles and tendons of the leg governing the functions of the foot; and superficial lesions of the hand other than those associated with trauma. Podiatrists are permitted the use of such preparations, medicines, and drugs as may be necessary for the treatment of such ailments. The podiatrist may treat the local manifestations of systemic disease as they appear in the hand and foot, but the patient shall be concurrently referred to a doctor of medicine or a doctor of osteopathic medicine and surgery for the treatment of the systemic disease itself. General anesthetics may be used under this section only in colleges of podiatry approved by the medical board pursuant to section 4731.53 of the Revised Code and in hospitals approved by the Joint Commission on Accreditation of Hospitals, or the American Osteopathic Association. The use of x-ray or radium for therapeutic purposes is not permitted.*

<u>Fractures of the Tibia and Fibula:</u>

Ruling of the Ohio State Medical Board:

> - ***Ankle injuries are within the scope of the practice of podiatry if:***
>
>   1) *The foot is involved in the trauma; and*
>
>   2) *The structure injured is at or below the level of the attachment of the ligaments common to the foot and the tibia and fibula.*
>
> *Furthermore, podiatric surgical procedures performed and podiatric training given will be based on the delineation of privileges granted to the individual podiatric physician and orthopaedic surgeon by the Board of Trustees of The Ohio State University. However, it is the goal of the Podiatric Residency Training Program to strive to produce a well-rounded podiatric physician and surgeon who is well appreciative of the total patient's medical well being since certainly the total patient cannot be divorced from the foot or lower extremity.*

This manual describes the Podiatric Residency Training Program at The Ohio State University. In its design, both the program and the manual fulfill the criteria and guidelines for Evaluating Podiatric Residency Program (Con Pod Ed: 320, January 1997) Council on Podiatric Medical Education of the American Podiatric Medical Association.

PURPOSE

The Podiatric Medicine and Surgery Residency, with added credential in Reconstructive Rearfoot/Ankle Surgery, is designed to:

A. Provide an opportunity for supervised advanced clinical experience in the recognition and management of pedal conditions. The resident will learn to recognize pedal manifestations of the various systemic cutaneous and functional diseases.

B. Emphasize the relationship of the basic sciences to clinical practice by affording the opportunities to study and utilize the complete physical record of the patient before, during and after podiatric treatment.

C. Familiarize the podiatrist with hospital procedures and the scope and functions of other divisions of health services.

To achieve these purposes, experience and training in all of the major areas for the treatment of podiatric conditions has been provided through educational clinical research and public health programs. Education will be provided through scheduled lectures, seminars, journal clubs, and conferences devoted to the integration of the basic sciences and clinical treatment of patients.

The value and importance of a close liaison between the osteopathic, allopathic, and podiatric professions will be stressed to the residents. To help further this relationship and broaden the podiatric resident's knowledge of medical sciences as it applies to podiatry, lectures and demonstrations by personnel of the various departments of the hospital are scheduled for the podiatric resident.

To even further enhance this inter-professional relationship, consultation between the professions is encouraged and is available at all times.

The resident is assigned to a prescribed tour of duty in each of the major departments of the hospital for further observation and training in that particular branch of medicine and surgery.

The Residency Training Program will be guided by the recommendations of the Council on Podiatric Medical Education of the American Podiatric Medical Association and its' associated Councils and Committees.

- Council On Podiatric Medical Education
  9312 Old Georgetown Road
  Bethesda, MD 20814-1698
  Tel: (301) 571-9200
  Fax: (301) 571-4903

- American Association of Colleges of Podiatric Medicine
  1350 Piccard Drive, Suite 322
  Rockville, MD 20850
  Tel: (301) 990-2659
  Fax: (301) 990-2807

DIRECTOR OF RESIDENCY TRAINING

The position of the Director of the Residency Training is an annually appointed position. The Director of Residency Training must be a member in good standing in the Council of Podiatric Medical Education of the American Podiatric Medical Association.

The responsibility of the Director of Residency Training is to oversee the day by day functioning of the residents. It is the Director's responsibility to ensure that the residents follow the guidelines established for them within their contracts and within this manual. The Director will serve as an advisor to the residents and a liaison with the heads of various departments within the hospital. If the need arises, the Director of Residency training may establish committees and appoint members to serve on those committees to function as his/her advisory board within the framework of his/her responsibilities as director. The Director of Residency Training is directly responsible to the Chairman of the Department of Orthopaedics, and the general supervision of Director of Medical Education, and the Vice President of Medical Affairs at The Ohio State University.

- **Erik Monson, DPM**
  Residency Program Director

- **Andrew Glassman, M.D.**
  Chairman, Department of Orthopaedics

- **Scott Holliday, M.D.**
  Assistant Dean for Graduate Medical Education

- **Andrew Thomas, MD**
  Associate Vice President of Health Sciences
  Chief Medical Officer

In addition to his/her supervisory capacity, the Director of the Residency Training will serve as chairman of the following committees:

- *Podiatric Residency Training Committee*
- *Podiatric Resident Selection Committee*

COMMITTEES

- ***Podiatric Residency Training Committee***
  This committee is responsible for the overall direction and regulation as well as the day to day functioning of the residency training program. It is composed of the Program Director of Podiatric Surgical Residency Training, two appointed members of the active podiatry staff, and the Director of Graduate Medical Education of the hospital. Appointments to this committee are made by the Program Director of Podiatric Surgical Residency. The function of this committee is to develop the course and objectives of the training program as recommended by the Continuing Education Committee. In addition, this committee will mediate and arbitrate conflicts arising within the teaching program, whether they are generated from the podiatry staff, medical staff, nursing staff, or administration. This committee will have the power to recommend the dismissal of the resident should the situation arise in accordance with the policies and procedures of The Ohio State University.

- ***Graduate Medical Education Committee***
  The Program Director, the Director of Graduate Medical Education, the Assistant Dean for Graduate Medical Education, The Associate Vice President for Health Sciences and Program Directors of all residency programs within the University (or their appointed representatives) are members of the Graduate Medical Education Committee. One purpose of this committee is to make recommendations to the Residency Training Committee concerning the training of the podiatry residents and to help correlate and delineate resident duties within the scope of the various departments they represent.

- ***Podiatric Resident Selection Committee***
  The Podiatric Resident Selection Committee will be made up of the present Program Director, at least one podiatry faculty member or physician appointed by the Residency Program Director, and the residents. The committee members must be in attendance to participate in ranking. It will be the responsibility of all committee members to screen each application prior to attending the final selection meeting. During the final meeting, the applicants under consideration will be reevaluated and discussed in detail. The rank list will be a tally of all member rank lists.

Committee	When Committee Meets	Members
Residency Training Committee	Quarterly	Atway, Monson, Anthony
Resident Selection Committee	January	Monson, Atway, Anthony All Residents
Graduate Medical Education Committee	4th Wednesday of Each Month	TBA

TRAINING OBJECTIVES

The objective of The Ohio State University Podiatric Residency Program is to provide the resident with the education and training necessary to acquire the experience and develop the skills and attitude to assure the competence and judgment expected of today's podiatric specialist.

The major goals to be achieved by the residents in this program are:

a) The overall goal of the residency program is to create a graduate that is competent to practice podiatric medicine and surgery. The resident should acquire skills and knowledge to be competent to diagnosis and treat any disorder affecting the foot and ankle. The resident should have appropriate skills to treat patients conservatively and surgically, when surgery is indicated.

b) Acquire skills appropriate for the examination, diagnosis, and recognition of abnormalities, diseases, and conditions of the foot and related structures of the pedal manifestations and system disease.

c) Acquire an understanding of systemic diseases, their treatment, prognosis, and prevention of complications.

d) Develop and exercise good surgical judgment. Determine appropriate surgical indications.

e) Develop understanding of the value and indications for hospitalization of patient's requiring podiatric services.

f) Acquire knowledge and experience adequate for evaluation of the patient's physical ability to undergo general or local anesthesia for pedal surgery and for the administration of the local anesthesia.

g) Increase knowledge and experience in the prevention of shock during podiatric operations and in the treatment of the patient when shock occurs.

h) Acquire experience in the management and treatment of patients who may hemorrhage during or following podiatric surgery.

i) Acquire experience in the examination, diagnosis, and treatment of abnormalities of the lower extremities affecting posture and gait.

j) Be competent and proficient at ordering and reading appropriate radiology studies.

k) Increase experience in the understanding of the pathology and treatment of benign and malignant tumors.

l) Increase experience in the examination, diagnosis, and treatment of injuries affecting the foot such as fractures, laxation, and subluxation.

m) Increase experience in the application of pharmacology and therapeutics.

n) Acquire experience in the management of post-operative care and potential complications of therapy.

o) Improve skills in the techniques of casting, making models and fabrication of prosthetic or other appliances used in caring for pedal conditions.

p) Acquire more experience in the application of clinical laboratory procedures, their evaluation, and interpretation.

q) Improve knowledge of hospital protocol.

r) Develop a greater appreciation of the utilization of consultative services.

s) Obtain additional experience in physical rehabilitation and trauma pertaining to the field of podiatry.

t) Acquire skills in all phases of foot surgery, including surgical treatment of trauma and forefoot/rearfoot reconstruction.

u) Acquire experience in muscular and neurological evaluation.

v) Acquire experience and develop knowledge of good podiatric practice management.

w) Develop skills in performing complete history and physicals.

x) Develop and practice skills of public speaking.

y) Increase writing abilities through authoring of articles.

z) Develop skills in palliative care.

aa) Receive formal training in cardiopulmonary resuscitation and be re-certified at the beginning of each year of training.

bb) Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity.

cc) Assess and manage the patient's general medical status.

dd) Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.

ee) Communicate effectively and function in a multi-disciplinary setting.

ff) Manage individuals and populations in a variety of socioeconomic and healthcare settings.

gg) Understand podiatric practice management in a multitude of healthcare delivery settings.

hh) Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.

The program will also incorporate the following six goals for each resident:

1. ***Clinician:*** Develop competence in the clinical science and art of podiatric medicine and surgery, including evaluation, consultation, communication and treatment.

2. ***Surgeon:*** Develop the ability and confidence to competently execute the techniques and skills necessary to perform podiatric surgery.

3. ***Researcher***: Produce an individual capable of analyzing and utilizing medical literature and current research techniques to contribute to the existing podiatric medical literature.

4. ***Educator:*** Provide the resident with the knowledge and communication skills which will enable him/her to share concepts, techniques and experience through literature and practical demonstration.

5. ***Manager:*** Provide the resident with exposure and experience in business administration and office management; provide the resident with exposure and experience in patient rapport and management in an office setting.

6. ***Humanitarian:*** Instill in the resident, by example and counsel, the necessary qualities of leadership, compassion, humility and dedication to service, necessary for the well being of the individual, the patient and the profession.

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Core Competencies: Podiatric Surgery and Clinic Rotation PGY1

By the end of the PGY1 year in Podiatric Surgery and Clinic Rotation, the resident should be gaining proficiency in all of the following competencies. It is understood that these skills and competencies will be gradually improved and developed as the resident proceeds through the residency program. It is expected that these skills and competencies should continue to improve as they progress through the PGY3 year.

By the end of first year the resident is expected to demonstrate basic proficiency in the performance of forefoot surgery and minor procedures of the rearfoot, i.e.:

- Soft tissue and nail procedures
- Toe surgery
- First Ray procedures
- Metatarsal procedures
- Basic non-reconstructive midfoot-rearfoot procedures
- A.O. fixation of the forefoot
- Laser surgery
- Debridement – wounds & soft-tissue

Part 1- Clinic Competencies

1. Interact well and appropriately with attending, staff, and other members in clinic.

2. Consistently show up on time, dress appropriately, and act professionally.

3. Perform a problem focused history and physical examination, and present to the patient in a verbal and written format.

4. Develop an appropriate differential diagnosis and treatment plan for common pathologies. Understand appropriate surgical management when indicated.

5. Order and evaluate radiographs.

6. Order and evaluate other imaging modalities and tests appropriately (MRI, CT, bone scan, EMG, etc).

7. Perform appropriate biomechanical exam and correlate with treatment plan. Utilize appropriate prosthetics, orthotic devises, and footwear. Adequately document this biomechanical exam.

8. Knowledge of the indications and contraindications of the use of orthotic devices, bracing, prosthetics, and custom shoe management. Also able to fabricate appropriate casts for these devises, or write appropriate referrals to the prosthetist/orthoptist.

9. Appropriate knowledge of pharmacological medications used in podiatric medicine.

10. Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, and verruca treatment.

11. Perform injections, nail avulsions, and other minor procedures in clinic.

12. Formulate an appropriate surgical plan when indicated.

13. Recognition and management of postop complications (infection, DVT, hematoma, etc).

14. Resident comes to didactic meetings prepared and having left with appropriate level of participation.

Part 2- Surgery Competencies

1. Evaluates a patient as to the appropriateness of a surgical procedure, including the problem-focused history and physical, along with review of laboratory and radiologic studies, and performs a biomechanical examination where indicated.

2. Assessment of appropriateness of a surgical procedure. Includes assessment of efficacy and potential complications relating to procedure.

3. Perform adequate perioperative paperwork and ensure patients are properly managed preoperatively by ordering appropriate labs when indicated. Demonstrate progressive competency in preoperative, intraoperative, and postoperative, assessment and management of podiatric surgical cases by adhering to hospital safety measures.

4. Come prepared to surgery having read on and familiarized themselves with planned procedures.

5. Manage and perform local anesthesia.

6. Perform appropriate surgical planning and incision placement for common procedures.

7. Ability to perform basic surgical sills such as skin incision, dissection, and closure.

8. Apply postoperative splint and dressings.

9. Comprehensive knowledge in the basic principles of podiatric surgery, including suturing techniques, sterile techniques, fixation techniques, instrumentation, proper tissue handling, hemostasis, and operating room protocol.

10. Ability to perform hammertoe surgery, excision of soft tissue masses, and other less involved forefoot surgery.

11. Ability to perform hallux valgus and hallux limits surgery.

12. Ability to perform other forefoot and mid foot surgery (lesser metatarsal osteotomies, ORIF, arthrodesis, etc).

13. Ability to perform rearfoot and ankle surgery.

14. Ability to take constructive criticism and show improvement on rotation.

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Goals and Objectives: Pathology (PGY1)

By the end of the PGY1 rotation in Pathology, the resident should be able to:

1. Understand the general process from how specimen is obtained, appropriately labeled, how it is processed, and eventually read in the laboratory.

2. Demonstrate an understanding of basic laboratory values in blood chemistry, serology, hematology, coagulation studies and urinalysis.

3. Understand processing of routine surgical specimens and recognize when additional procedures may be of value.

4. Describe frozen section methods and their use when working with surgical specimens. Be exposed to this process.

5. Understand general principles for discriminating degenerative, inflammatory, and neoplasmic diseases.

6. Discuss appropriate collection of bacterial and fungal cultures. Discuss appropriate storage and transportation of these specimens.

7. Understand joint aspiration techniques and processing. Being able to read and identify important pathology characteristics of gout, pseudo-gout, and septic arthritis.

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Competencies: Anesthesiology (PGY1)

By the end of the PGY1 rotation in Anesthesia, the resident should be able to:

1. Perform a pre-anesthetic consultation, including history and physical, and determine the anesthetic risk of the patient.

2. Discuss systemic diseases and impacts on anesthesia.

3. Demonstrate knowledge of choice of anesthesia, drug interaction, and use of pre-medications.

4. Demonstrate knowledge of anesthetic agents and their use including inhalation, intravenous, and local anesthetics. Be familiar with general anesthesia, intubation, LMA. Participate in these activities if possible.

5. Discuss mechanisms of action, maximum dose, onset, and duration of different anesthetic agents as well as indications and contraindications to using certain anesthetic agents.

6. Discuss the use, indications, and contraindications (such as fall risks) for various regional blocks. Gain experience with ultrasound guided injections. Demonstrate knowledge of lower extremity dermatomes and regional blocks utilized to anesthetize those areas. Understand catheters and appropriate uses.

7. Demonstrate the ability to initiate an intravenous line, management and administer fluids.

8. Discuss the anatomy of the oral pharynx and demonstrate the techniques of intubation and airway management.

9. Demonstrate the ability to diagnose and institute proper emergency therapy and use of emergency medications.

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Competencies: Endocrinology (PGY1)

By the end of the PGY1 rotation in Endocrinology, the resident should be able to:

1. Perform a thorough history and physical for an endocrinology patient.

2. Discuss the pathophysiology of Diabetes Mellitus: (a) perioperative management; (b) long term management and effects on other organ systems; (c) understand and write sliding scale insulin orders; (d) discuss hyperglycemic nonketotic coma and diabetic ketoacidosis including pathophysiology and management.

3. Discuss common thyroid disorders and their management.

4. Identify relationships between lower extremity disorders and a patient's endocrinopathy.

5. Explain basic pharmacological management of endocrinopathies.

6. Recognize the effects of endocrinopathies on wound healing

7. Show proficiency in the management of hyperglycemic and hypoglycemic crises.

8. Show proficiency in the management of perioperative management of patients with endocrinopathies.

9. Interpret laboratory and radiographic studies associated with the diagnosis and treatment of the endocrinopathic patient.

10. Recognize when to refer to an endocrinologist.

11. Interact with other medical specialties in a professional and knowledgeable manner.

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Competencies: Family Medicine Outpatient (PGY1)

By the end of the PGY1 rotation in Family Medicine Outpatient, the resident should be able to:

1. Perform a complete history and physical examination and present to the patient in a verbal and written format.

2. Discuss the pathophysiology of Diabetes Mellitus: (a) perioperative management; (b) long term management and effects on other organ systems; (c) understand and write sliding scale insulin orders; (d) discuss hyperglycemic nonketotic coma and diabetic ketoacidosis including pathophysiology and management.

3. Discuss hypertension and the rationale behind different therapeutic regimens, including interaction with other medications.

4. Discuss cardio-pulmonary pathophysiology, including coronary disease, asthma, and chronic lung disease.

5. Discuss renal/liver pathophysiology including the interpretation of abnormal lab values, dosage adjustment of medications and disease processes including acute and chronic renal failure, acute and chronic hepatitis, alcoholic liver disease and end stage liver disease.

6. Discuss basic hematopathology including evaluation of anemia, sickle cell disease and disorders of blood coagulation.

7. Discuss GI pathophysiology, including ulcer disease, inflammatory bowel disease, and all malignancies.

8. Discuss fluid and electrolyte management as it pertains to: (a) pre-operative and post-operative patient management; (b) diabetes; (c) acute fluid loss.

9. Discuss drug interactions and side effects of drugs commonly used in lower extremity disorders: (a) NSAIDS; (b) steroids; (c) narcotic analgesics (including treatment of overdose); (d) antibiotics; (e) local anesthetics; (f) anticoagulants.

10. Interact with other medical specialties in a professional and knowledgeable manner.

11. Discuss the principles of effective consultation.

12. Discuss the diagnosis and treatment of neurological disorders, including seizure disorders, stroke and neuropathy.

13. Identify and discuss treatment options in acute and chronic pain management.

14. Explain the approach to the patient on chronic corticosteroids including stress dose corticosteroid therapy and the relative patencies of corticosteroid preparations.

15. Discuss the management of the heparinized patient, including titration of IV drips and conversion to long term oral anticoagulant therapy using Coumadin.

16. Discuss indications for pre-operative lab, x-ray and electrocardiographic assessments, identify abnormal results and discuss the approach to management.

17. Discuss common thyroid disorders and their management.

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Competencies: Radiology (PGY1)

By the end of the PGY1 rotation in Medical Imaging, the resident should be able to:

1. Demonstrate the ability to interpret extremity films and identify common pathology. Be proficient at radiology principles in reading musculoskeletal plain films.

2. Describe the techniques used in each radiology exam, and their indications. Be familiar with the appropriate indications for various diagnostic techniques such as ultrasound, radionuclide scanning (i.e., technetium, gadolinium, etc.) xeroradiography, MRI and CT scanning. Recall the potential complications of each test. Understands when each exam may be indicated over ordering another exam.

3. Interpret and describe findings on specialized radiology studies including radionucleotide imaging studies, CT scans, tomograms or MRI studies. Understand the principles/sequence in bone scans.

4. Recognize common benign and malignant bone tumors. Discuss common findings to distinguish benign vs malignant tumors both in radiographs and MRI studies.

5. Correlate pre-operative x-rays with patient's complaints when known.

6. Perform and interpret stress ankle x-rays and various arthrographic techniques. Discuss and perform appropriate positioning for lower extremity radiographs.

7. Show familiarity with techniques and indications for lower extremity angiostudies.

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Competencies: Rheumatology (PGY1)

By the end of the PGY1 rotation in Rheumatology, the resident should be able to:

1. Perform a comprehensive history and physical with special emphasis on the rheumatology process. Present to the patient in a verbal and written format.

2. Identify relationship between lower extremity disorders and the patient's rheumatic conditions.

3. Interact with rheumatologists in order to treat patients in a more comprehensive manner.

4. Demonstrate understanding and knowledge of the pharmacological management of rheumatic disease. Be familiar with typical treatment options for various rheumatologic conditions. Understand DMARDs and other options.

5. Show familiarity with the pathophysiology and disease process of various rheumatology conditions.

6. Interpret laboratory and radiographic studies associated with the diagnosis and treatment of the rheumatic patient.

7. Demonstrate understanding and knowledge of when to refer to a rheumatologist.

8. Understand appropriate labs to order prior or with placement of a rheumatology referral.

9. Discuss the principles of effective consultation.

10. Interact with other medical specialties in a professional and knowledgeable manner.

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Competencies: Family Medicine Inpatient (PGY1)

By the end of the PGY1 rotation in Family Medicine Inpatient, the resident should be able to:

1. Perform a complete history and physical examination and present to the patient in a verbal and written format.

2. Discuss the pathophysiology of Diabetes Mellitus: (a) perioperative management; (b) long term management and effects on other organ systems; (c) understand and write sliding scale insulin orders; (d) discuss hyperglycemic nonketotic coma and diabetic ketoacidosis including pathophysiology and management.

3. Discuss hypertension and the rationale behind different therapeutic regimens, including interaction with other medications.

4. Discuss cardio-pulmonary pathophysiology, including coronary disease, asthma, and chronic lung disease.

5. Discuss renal/liver pathophysiology including the interpretation of abnormal lab values, dosage adjustment of medications and disease processes including acute and chronic renal failure, acute and chronic hepatitis, alcoholic liver disease and end stage liver disease.

6. Discuss basic hematopathology including evaluation of anemia, sickle cell disease and disorders of blood coagulation.

7. Discuss basic GI pathophysiology, including ulcer disease, inflammatory bowel disease, and all malignancies.

8. Discuss fluid and electrolyte management as it pertains to: (a) pre-operative and post-operative patient management; (b) diabetes; (c) acute fluid loss.

9. Discuss drug interactions and side effects of drugs commonly used in lower extremity disorders: (a) NSAIDS; (b) steroids; (c) narcotic analgesics (including treatment of overdose); (d) antibiotics; (e) local anesthetics; (f) anticoagulants.

10. Interact with other medical specialties in a professional and knowledgeable manner.

11. Discuss the principles of effective consultation.

12. Discuss the diagnosis and treatment of neurological disorders, including seizure disorders, stroke and neuropathy.

13. Identify and discuss treatment options in acute and chronic pain management.

14. Explain the approach to the patient on chronic corticosteroids including stress dose corticosteroid therapy and the relative patencies of corticosteroid preparations.

15. Discuss the management of the heparinized patient, including titration of IV drips and conversion to long term oral anticoagulant therapy using Coumadin.

16. Discuss indications for pre-operative lab, x-ray and electrocardiographic assessments, identify abnormal results and discuss the approach to management.

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Competencies: Trauma Surgery (ACS Rotation) (PGY1)

By the end of the PGY1 rotation in Trauma Surgery, the resident should be able to:

1. Perform a thorough history and physical for a trauma patient, tertiary exam. Provide care of post-trauma patients throughout the entire spectrum of care from the trauma bay to the floor to discharge. Demonstrate the ability to coordinate consultants involved in the care of multiple trauma patients.

2. Discuss the indications for central venous access, arterial access, nasotracheal and oral tracheal intubation, mechanical ventilation, nasogastric intubation, foley catheter insertion, peritoneal lavage, trauma ultrasound, cricothyroidotomy, chest tube thoracostomy, Emergency Department thoracotomy MAST application and removal, venous cut down, rapid infusion and suture techniques.

3. Rapidly and thoroughly assess victims of major and minor trauma. Gain handling with ultrasound and FAST scans. Manage fluid resuscitation of the trauma victim. Calculate the Glasgow Coma scale and discuss its role in the evaluation and treatment of head injured patients.

4. Interpret radiographs in trauma patients, including chest: cervical, thoracic and lumbar spine, pelvis and extremity films. Discuss the diagnosis and management of compartment syndrome.

5. Discuss the evaluation and management of spinal cord injuries. Use spine immobilization techniques in trauma victims. Flex radiographs.

6. Manage soft tissue injuries including lacerations. Assess and manage facial trauma. Demonstrate appropriate use of antibiotics and tetanus prophylaxis in trauma patients. Demonstrate appropriate use of analgesics and sedatives in trauma patient

7. Manage acutely burned patients including minor and major injuries. Diagnose and treat smoke inhalation. Manage fluid resuscitation of burn patient. Calculate TSA % of burn patient.

8. Assess and manage both penetrating and blunt chest trauma, abdominal trauma, anterior neck injuries, and the ability to diagnose and treat pelvic fractures. Discuss the diagnosis and management of urogenital injuries.

9. Become proficient at inpatient hospital management and floor work. Become proficient at evaluating and treating hypertension, chest pain, fluid management, evaluating lab values, blood transfusion indications, etc. Document results appropriately in medical records.

The Ohio State University
Department of Orthopaedics
Division of Podiatry

Competencies: Behavioral Medicine (PGY1)

The primary emphasis of this rotation will be on behavioral science, especially as it relates to patient/physician communications. Working in conjunction with members of the Psychiatry Department, the podiatric residents will obtain exposure to the management of inpatient and/or outpatient in need of psychiatric care. They will obtain exposure to the differential diagnosis and treatment of mental illness in the in-patient setting. They will obtain exposure to the use of medication, psychotherapy, and psychosocial interventions

By the end of the PGY1 rotation in Behavioral Medicine, the resident should be able to:

1. Perform a comprehensive history and physical with special emphasis on the behavioral medicine process. Present to the patient in a verbal and written format.

2. Interact well with specialists in behavioral medicine in order to treat patients in a more comprehensive manner.

3. Demonstrate an understanding of the psychiatric approach to the management of in-patients with mental illness

4. Demonstrate knowledge of how various mental illnesses may impact the ability to effectively communicate with patients and how to better communicate with these patients.

5. Discuss the principles of effective consultation.

6. Interact with other medical specialties in a professional and knowledgeable manner.

The Ohio State University
Department of Orthopaedics
Division of Podiatry

Competencies: Vascular Surgery (PGY1)

By the end of the PGY1 rotation in Vascular Surgery, the resident should be able to:

1. Perform a comprehensive history and physical for the vascular surgery patient. Evaluate patients with vascular disease in both outpatient and inpatient settings.

2. Provide care of vascular patient throughout the entire spectrum of care from the admission, floor, surgery, and to discharge. Demonstrate the ability to coordinate consultants involved in the care of patients.

3. Perform and interpret noninvasive vascular laboratory tests.

4. Understand contrast studies and interventional radiologic techniques useful in the management of vascular disease (including vena caval interruption, percutaneous balloon angioplasty, intravascular stents, and thrombolytic therapy) and gain a knowledge base of patients which would benefit of such procedures.

5. Interpret computerized axial tomography and magnetic resonance imaging as it applies to vascular disease.

6. Possess technical skills requisite of vascular surgery involving the arterial, venous, and lymphatic systems. Discuss treatment options for disease involving various systems from conservative to surgical intervention.

7. Understand the current vascular surgery literature and its relevance to the clinical discipline. Discuss approach to wound care in patient with vascular disease.

8. Establish good interpersonal and humane relationships with patients, families, medical and paramedical professionals.

9. Understand venothrombolemboic events. Show proficient understanding of DVT, Doppler studies, and management of DVT. Understand management of PE.

10. Become proficient at inpatient hospital management and floor work. Become proficient at evaluating and treating hypertension, chest pain, fluid management, evaluating lab values, blood transfusion indications, etc. Document results appropriately in medical records.

The Ohio State University
Department of Orthopaedics
Division of Podiatry

Core Competencies: Podiatric Surgery and Clinic Rotation PGY2

By the end of the PGY2 year in Podiatric Surgery and Clinic Rotation, the resident should be gaining proficiency in all of the following competencies. It is understood that these skills and competencies will be gradually improved and developed as the resident

proceeds through the residency program. It is expected that these skills and competencies should continue to improve as they progress through the PGY3 year.

By the end of the second year, the resident is expected to demonstrate increased proficiency in the first year procedures and demonstrate basic proficiency in the performance of more advanced procedures of the rearfoot and ankle including but limited to:

Arthrodesis
Nerve decompressions
Tendon transfer and repair procedures
Osteotomies
Debridement - bone & soft- tissue
Flat foot surgery
Pes cavus surgery
Fracture repair - forefoot
A-0 fixation - rearfoot

Part 1- Clinic Competencies

1. Interact well and appropriately with attending, staff, and other members in clinic.

2. Consistently shows up on time, dresses appropriately, and act professionally.

3. Perform a problem focused history and physical examination and present to the patient in a verbal and written format.

4. Develop an appropriate differential diagnosis and treatment plan for common pathologies. Understand appropriate surgical management when indicated.

5. Order and evaluate radiographs.

6. Order and evaluate other imaging modalities and tests appropriately (MRI, CT, bone scan, EMG, etc).
7. Perform appropriate biomechanical exam and correlate with treatment plan. Utilize appropriate prosthetics, orthotic devises, and footwear. Adequately document this biomechanical exam.

8. Knowledge of the indications and contraindications of the use of orthotic devices, bracing, prosthetics, and custom shoe management. Also able to fabricate appropriate casts for these devises, or write appropriate referrals to the prosthetist/orthoptist.

9. Appropriate knowledge of pharmacological medications used in podiatric medicine.

10. Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, verruca treatment.

11. Performs injections, nail avulsions, and other minor procedures in clinic.

12. Formulate an appropriate surgical plan when indicated.

13. Recognition and management of post-op complications (infection, DVT, hematoma, etc).

14. Resident comes to didactic meetings prepared and having left with appropriate level of participation.

Part 2- Surgery Competencies

1. Evaluates a patient as to the appropriateness of a surgical procedure, including the problem-focused history and physical, along with review of laboratory and radiologic studies, and performs a biomechanical examination where indicated

2. Assessment of appropriateness of a surgical procedure, including assessment of efficacy and potential complications related to procedure.

3. Perform adequate perioperative paperwork, ensuring patients are properly managed preoperatively, and order appropriate labs when indicated. Demonstrate progressive competency in preoperative, intraoperative, and postoperative assessment and management of podiatric surgical cases which adhere to hospital safety measures.

4. Come prepared to surgery having read on and familiarized themselves with planned procedures.

5. Manage and perform local anesthesia.

6. Perform appropriate surgical planning and incision placement for common procedures.

7. Ability to perform basic surgical sills such as skin incision, dissection, and closure.

8. Comprehensive knowledge in the basic principles of podiatric surgery, including suturing techniques, sterile techniques, fixation techniques, instrumentation, proper tissue handling, hemostasis, and operating room protocol

9. Ability to perform hammertoe surgery, excision of soft tissue masses, other less involved forefoot surgery.

10. Ability to perform hallux valgus and hallux limits surgery.

11. Ability to perform other forefoot and mid foot surgery (lesser metatarsal osteotomies, ORIF, arthrodesis, etc).

12. Ability to perform rear foot and ankle surgery.

13. Ability to take constructive criticism and show improvement on rotation.

The Ohio State University
Department of Orthopaedics
Division of Podiatry

Core Competencies: Podiatric Surgery Inpatient Call Rotation PGY2

By the end of the PG2 year in Podiatric Surgery Inpatient Call Rotation, the resident should be gaining proficiency in all of the following competencies. It is understood that these skills and competencies will be gradually improved and developed as the resident proceeds through the residency program. It is expected that these skills and competencies should continue to improve as they progress through the PGY3 year.

1. Interact well and appropriately with attending, consulting services, and other healthcare professionals in the inpatient setting.

2. Consistently shows up on time, dresses appropriately, and acts professionally.

3. Perform a problem focused history and physical examination and present to the patient in a verbal and written format. Be able to adequately describe an inpatient over the phone to the attending physician on call.

4. Develop an appropriate differential diagnosis and treatment plan for common inpatient consults.

5. Order and evaluate radiographs.

6. Order and evaluate other imaging modalities appropriately (MRI, CT, bone scan, etc).

7. Effectively manage patient list and follow up appropriately.

8. Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, and ulcer debridement.

9. Perform injections, nail avulsions, bone biopsy, incision and drainage at bedside.

10. Returns pages in an appropriate time period, makes self available to attending physicians.

11. Communicate with attending physicians and hospital teams in an appropriate and timely fashion.

12. Arrives to ED and return patient calls in a timely manner with appropriate amount of direction in patient care.

13. Works with outside physicians and communicates with co-residents to cover surgeries and manage patient care.

14. Resident comes to didactic meetings prepared and having left with appropriate level of participation.

15. Comes prepared to surgery having read on and familiarized themselves with planned procedures.

16. Perform adequate perioperative paperwork, ensuring patients are properly managed preoperatively, and ordering appropriate labs when indicated.

17. Manage and perform local anesthesia.

18. Perform appropriate surgical planning and incision placement.

19. Ability to perform basic surgical sills such as skin incision, dissection, and closure.

20. Apply postoperative splint and dressings.

21. Ability to perform surgery applicable to this inpatient call rotation.

22. Takes constructive criticism and shows improvement on rotation.

The Ohio State University
Department of Orthopaedics
Division of Podiatry

Competencies: Dermatology (PGY2)

By the end of the PGY2 rotation in Dermatology, the resident should be able to:

1. Perform a problem focused history and physical examination for the dermatology patient and present the patient in a verbal and/or written format.

2. Discuss the pathophysiology and treatment of common dermatology conditions affecting the lower extremity.

3. Understand different biopsy techniques and their application. Understand when some techniques are indicated over others.

4. Understand proper tissue handling, biopsy techniques, closure that are most appropriate based on biopsy location and type of biopsy taken.

5. Understand pathophysiology and typical treatments for basal cell carcinoma, squamous cell carcinoma, and melanoma. Understand basic staging.

6. Be familiarized with Mohs surgery and technique.

7. Understand topical corticosteroid indications, strengths, and side effects in common dermatology conditions.

8. Identify and be familiar with skin lesions or findings that are normal, transient, or clinically insignificant from those that may need to be observed, evaluated, or treated.

9. Develop a logical and sound approach to the evaluation of skin findings. Be able to describe skin lesions appropriately.

10. Discuss the principles of effective consultation.

The Ohio State University
Department of Orthopaedics
Division of Podiatry

Competencies: Emergency Medicine (PGY2)

By the end of the PGY2 rotation in Emergency Medicine, the resident should be able to:

1. Perform a thorough history and physical for an EM patient.

2. Be familiarized with and have basic reading skills with radiographs including chest, cervical, thoracic and lumbar spine, pelvic and extremity films.

3. Management of soft tissue trauma injuries including lacerations, burn, contusions, avulsions, etc. Demonstrate appropriate use of antibiotics and tetanus prophylaxis in trauma patients. Demonstrate appropriate use of analgesics.

4. Be familiar in the management of chest pain. Understand the typical workup for chest pain.

5. Be proficient in management of acute fractures. Proficiency in management of open fracture injuries.

6. Be proficient in management of musculoskeletal infection presenting to the Emergency Department. Understand when a patient should be admitted and when patients can be managed as an outpatient.

7. Understand the importance of appropriate referral and consultation in the emergency department.

8. Recognize what emergencies/situations potentially seen in the office should be immediately taken to the emergency department and understand how these emergencies are managed.

The Ohio State University
Department of Orthopaedics
Division of Podiatry

Competencies: Infectious Diseases (PGY2)

By the end of the PGY2 rotation in Infectious Diseases, the resident should be able to:

1. Perform a comprehensive history and physical with special emphasis on the infectious disease process. Present to the patient in a verbal and written format.

2. Demonstrate understanding of the physiological impact of the infectious disease process from both a molecular and clinical perspective

3. Interpret diagnostic techniques associated with infectious disease. Order and interpret appropriate radiology studies.

4. Develop a treatment plan specific to the disease process

5. List the uses, indications, and potential complications of pharmacological agents specific to the disease

6. Show familiarity with typical empiric options for antibiotics and then adjust those based on culture results. Be very familiar with empiric antibiotics used in musculoskeletal infections.

7. Demonstrate understanding in the area of clinical microbiology, such as bacteriology, mycology, virology, parasitology, cellular and humeral immunology

8. Discuss the principles of effective consultation.

9. Interact with other medical specialties in a professional and knowledgeable manner.

The Ohio State University
Department of Orthopaedics
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Core Competencies: Podiatric Surgery and Clinic Rotation PGY3

By the end of the PG3 year in Podiatric Surgery and Clinic Rotation, the resident should be proficient in all of the following competencies. It is understood that these skills and

competencies will be gradually improved and developed as the resident proceeds through the residency program.

By the end of the third year, the resident is expected to demonstrate increased proficiency in the performance of first and second year procedures and demonstrate proficiency in the performance of more advanced procedures of the rearfoot and ankle including but not limited to:

Arthrodesis - ankle
Midfoot and rearfoot fracture repair
Ankle fracture repair
Ankle arthroscopy
Diabetic foot reconstruction
Flat foot and cavus foot reconstruction
External fixation

Part 1- Clinic Competencies

1. Interact well and appropriately with attending, staff, and other members in clinic.

2. Consistently shows up on time, dresses appropriately, and act professionally.

3. Perform a problem focused history and physical examination and present to the patient in a verbal and written format.

4. Develop an appropriate differential diagnosis and treatment plan for common pathologies. Understand appropriate surgical management when indicated

5. Order and evaluate radiographs.

6. Order and evaluate other imaging modalities and tests appropriately (MRI, CT, bone scan, EMG, etc).

7. Perform appropriate biomechanical exam and correlate with treatment plan. Utilize appropriate prosthetics, orthotic devises, and footwear. Adequately document this biomechanical exam.

8. Knowledge of the indications and contraindications of the use of orthotic devices, bracing, prosthetics, and custom shoe management. Also able to

fabricate appropriate casts for these devises, or write appropriate referrals to the prosthetist/orthoptist.

9. Appropriate knowledge of pharmacological medications used in podiatric medicine.

10. Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, and verruca treatment.

11. Performs injections, nail avulsions, and other minor procedures in clinic.

12. Formulates an appropriate surgical plan when indicated.

13. Recognition and management of post-op complications (infection, DVT, hematoma, etc).

14. Resident comes to didactic meetings prepared and having left with appropriate level of participation.

Part 2- Surgery Competencies

1. Evaluates a patient as to the appropriateness of a surgical procedure, including the problem-focused history and physical, along with review of laboratory and radiologic studies, and performs a biomechanical examination where indicated.

2. Assessment of appropriateness of a surgical procedure, including assessment of efficacy and potential complications relating to procedure.

3. Perform adequate perioperative paperwork, ensuring patients are properly managed preoperatively, and ordering appropriate labs when indicated. Demonstrate progressive competency in preoperative, intraoperative, and postoperative assessment and management of podiatric surgical cases which adhere to hospital safety measures.

4. Come prepared to surgery having read on and familiarized themselves with planned procedures.

5. Manage and perform local anesthesia.

6. Perform appropriate surgical planning and incision placement for common procedures.

7. Ability to perform basic surgical sills such as skin incision, dissection, and closure and apply postoperative splint and dressings.

8. Comprehensive knowledge in the basic principles of podiatric surgery, including suturing techniques, sterile techniques, fixation techniques, instrumentation, proper tissue handling, hemostasis, and operating room protocol

9. Ability to perform hammertoe surgery, excision of soft tissue masses, other less involved forefoot surgery.

10. Ability to perform hallux valgus and hallux limits surgery.

11. Ability to perform other forefoot and mid foot surgery (lesser metatarsal osteotomies, ORIF, arthrodesis, etc).

12. Ability to perform rear foot and ankle surgery.

13. Ability to take constructive criticism and show improvement on rotation.

The Ohio State University
Department of Orthopaedics
Division of Podiatry

Core Competencies: Podiatric Surgery Inpatient Call Rotation PGY3

By the end of the PG3 year in Podiatric Surgery Inpatient Call Rotation, the resident should be proficient in all of the following competencies. It is understood that these skills

and competencies will be gradually improved and developed as the resident proceeds through the residency program.

1. Interact well and appropriately with attending, consulting services, and other healthcare professionals in the inpatient setting.

2. Consistently shows up on time, dresses appropriately, and acts professionally.

3. Perform a problem focused history and physical examination and present to the patient in a verbal and written format. Be able to adequately describe an inpatient over the phone to the attending physician on call.

4. Develop an appropriate differential diagnosis and treatment plan for common and complicated inpatient consults.

5. Order and evaluate radiographs.

6. Order and evaluate other imaging modalities appropriately (MRI, CT, bone scan, etc). Be proficient at reading all of these studies independently.

7. Effectively manage patient list and follow up appropriately.

8. Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, and ulcer debridement.

9. Perform injections, nail avulsions, bone biopsy, incision and drainage at bedside. Be able to manage complex cases and procedures at bedside when indicated.

10. Returns pages in an appropriate time period, makes themselves available to attending physicians.

11. Communicate with attending physicians and hospital teams in an appropriate and timely fashion.
12. Arrives to ED and returns patient calls in a timely manner with appropriate direction in patient care.

13. Works with outside physicians and communicates with co-residents to cover surgeries and manage patient care.

14. Resident comes to didactic meetings prepared and having left with appropriate level of participation.

15. Come prepared to surgery having read on and familiarized themselves with planned procedures.

16. Perform adequate perioperative paperwork, ensuring patients are properly managed preoperatively, and ordering appropriate labs when indicated.

17. Manage and perform local anesthesia.

18. Perform appropriate surgical planning and incision placement.

19. Ability to perform basic surgical sills such as skin incision, dissection, and closure.

20. Apply postoperative splint and dressings.

21. Ability to perform surgery applicable to this inpatient call rotation. Be able to perform complex cases.

22. Takes constructive criticism and show improvement on rotation.

The Ohio State University
Department of Orthopaedics
Division of Podiatry

Competencies: Plastic Surgery/Burn (PGY3)

By the end of the PG3 rotation in Plastic Surgery or Burn, the resident should be able to:

1. Demonstrate an understanding and appreciation for proper tissue handling techniques. Improve suturing technique and tissue handling to improve scar formation and decrease potential postoperative complications.

2. Discuss techniques, uses and indications of skin flaps. Discuss patient scenarios that would benefit from graft or flap placement and test/labs needed/recommended prior to proceeding with procedure. Understand flaps commonly used to address soft tissue deficits in the foot or ankle.

3. Demonstrate/discuss knowledge of skin grafts including, graft harvesting, application and rejection manifestations. Discuss fixation options for skin grafts. Discuss proper management of graft/flaps.

4. Demonstrate/discuss an understanding of proper management of hypertrophic and keloid scar formation.

5. Become proficient in general plastic surgery techniques.

6. Understand basic burn management and protocol.

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:	
Evaluator:	
Site:	
Period:	
Dates of Activity:	
Activity:	Anesthesiology

Evaluation Type:	Resident

Perform a pre-anesthetic consultation, including history and physical, and determine the anesthetic risk of the patient. *(Question 1 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss systemic diseases and impacts on anesthesia. *(Question 2 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Demonstrates knowledge of choices of anesthesia, drug interaction, and use of pre-medications. *(Question 3 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Demonstrates knowledge of anesthetic agents and their use including inhalation, intravenous and local anesthetics. Be familiar with general anesthesia, intubation, LMA. Participate in these activities if possible. *(Question 4 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss mechanisms of action, maximum dose, onset, and duration of different anesthetic agents as well as indications and contraindications to using certain anesthetic agents. *(Question 5 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the use, indications, and contraindications (such as fall risks) for various regional blocks. Gain experience with ultrasound guided injections. Demonstrate knowledge of lower extremity dermatomes and regional blocks utilized to anesthetize those areas. Understand catheters and appropriate uses. *(Question 6 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Demonstrate the ability to initiate an intravenous line, management and administer fluids. *(Question 7 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the anatomy of the oral pharynx and demonstrate the techniques of intubation and airway management. *(Question 8 of 20 - Mandatory)*

Accepts responsibility, direction and constructive criticism

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Demonstrate the ability to diagnose and institute proper emergency therapy and use of emergency medications. *(Question 9 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Part II

Demonstrates professional humanistic qualities. *(Question 10 of 20 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 11 of 20 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 12 of 20 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues & employees. *(Question 13 of 20 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 14 of 20 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Maintains appropriate medical records in a timely fashion. *(Question 15 of 20 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature. *(Question 16 of 20 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional Comments *(Question 17 of 20 - Mandatory)*

Clinical Coordinator signature & date: *(Question 18 of 20)*

Resident signature & date: *(Question 19 of 20)*

Director of Podiatric Medical Education signature & date: *(Question 20 of 20)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:	
Evaluator:	
Site:	
Period:	
Dates of Activity:	
Activity:	Dermatology
Evaluation Type:	Resident

Perform a problem focused history and physical examination for the dermatology patient and present the patient in a verbal and/or written format. *(Question 1 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the pathophysiology and treatment of common dermatology conditions affecting the lower extremity. *(Question 2 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Understand different biopsy techniques and their application. Understand when some techniques are indicated over others. *(Question 3 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Understand proper tissue handling, biopsy techniques, closure that are most appropriate based on biopsy location and type of biopsy taken. *(Question 4 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Understand pathophysiology and typical treatments for basal cell carcinoma, squamous cell carcinoma, and melanoma. Understand basic staging. *(Question 5 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Be familiar with Mohs surgery and technique. *(Question 6 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Understand topical corticosteroid indications, strengths, and side effects in common dermatology conditions. *(Question 7 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently

0	1	2	3	4	5

Identify and be familiar with skin lesions or findings that are normal, transient, or clinically insignificant from those that may warrant observation, evaluation, or treatment. *(Question 8 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Develop a logical and sound approach to the evaluation of skin findings. Be able to describe skin lesions appropriately. *(Question 9 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the principles of effective consultation. *(Question 10 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Part II

Demonstrates professional humanistic qualities. *(Question 11 of 22 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 12 of 22 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 13 of 22 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 14 of 22 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 15 of 22 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always

0	1	2	3	4

Maintains appropriate medical records in a timely fashion. *(Question 16 of 22 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature. *(Question 17 of 22 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments. *(Question 18 of 22)*

Clinical coordinator signature & date. *(Question 19 of 22)*

Resident signature and date. *(Question 20 of 22)*

Director of Podiatric Medical Education signature & date. *(Question 21 of 22)*

Resident Sign & Date: *(Question 22 of 22)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:	
Evaluator:	
Site:	
Period:	
Dates of Activity:	
Activity:	Emergency Medicine
Evaluation Type:	Resident

Performs a thorough history and physical for an EM patient. *(Question 1 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Evaluates radiographs including chest, cervical, thoracic and lumbar spine, pelvis and extremity films.
(Question 2 of 19 - Mandatory)

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Management of soft tissue trauma injuries including lacerations, burn, contusions, avulsions, etc. Demonstrate appropriate use of antibiotics and tetanus prophylaxis in trauma patients. Demonstrate appropriate use of analgesics. *(Question 3 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Be proficient in the management of chest pain. Understand the typical workup for chest pain.
(Question 4 of 19 - Mandatory)

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Be proficient in management of acute fractures. Proficient in management of open fracture injuries.
(Question 5 of 19 - Mandatory)

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Be proficient in management of musculoskeletal infection presenting to the Emergency Department. Understand when a patient should be admitted and when patients can be managed as an outpatient.
(Question 6 of 19 - Mandatory)

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Understand the importance of appropriate referral and consultation in the emergency department.
(Question 7 of 19 - Mandatory)

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Recognize what emergencies/situations potentially seen in the office should be immediately taken to the

emergency department and understand how these emergencies are managed. *(Question 8 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Part II

Demonstrates professional humanistic qualities. *(Question 9 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 10 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 11 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 12 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 13 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Maintains appropriate medical records in a timely fashion. *(Question 14 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines & presents medical scientific literature. *(Question 15 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments: *(Question 16 of 19)*

Clinical Coordinator signature & date: *(Question 17 of 19)*

Resident signature & date: *(Question 18 of 19)*

Director of Podiatric Medical Education signature & date: *(Question 19 of 19)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Endocrinology
Evaluation Type: Resident

Performs a thorough history and physical for an endocrinology patient. *(Question 1 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the pathophysiology of Diabetes Mellitus: (a) perioperative management; (b) long term management and effects on other organ systems; (c) understand and write sliding scale insulin orders; (d) discuss hyperglycemic nonketotic coma and diabetic ketoacidosis including pathophysiology and management. *(Question 2 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss common thyroid disorders and their management. *(Question 3 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Identify relationships between lower extremity disorders and a patient's endocrinopathy. *(Question 4 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Explain pharmacological management of endocrinopathies. *(Question 5 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Recognize the effects of endocrinopathies on wound healing. *(Question 6 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Be proficient in the management of hyperglycemic and hypoglycemic crises. *(Question 7 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Be proficient in the management of perioperative management of patients with endocrinopathies. *(Question 8 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Interpret laboratory and radiographic studies associated with the diagnosis and treatment of the endocrinopathic patient. *(Question 9 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Recognize when to refer to an endocrinologist. *(Question 10 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Interact with other medical specialties in a professional and knowledgeable manner. *(Question 11 of 22 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Part II

Demonstrates professional humanistic qualities. *(Question 12 of 22 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 13 of 22 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 14 of 22 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 15 of 22 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 16 of 22 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Maintains appropriate medical records in a timely fashion. *(Question 17 of 22 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature. *(Question 18 of 22 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional Comments.
(Question 19 of 22 - Mandatory)

Clinical coordinator signature & date. *(Question 20 of 22)*

Resident signature & date: *(Question 21 of 22)*

Director of Podiatric Medical Education signature & date: *(Question 22 of 22)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:	
Evaluator:	
Site:	
Period:	
Dates of Activity:	
Activity:	Family Medicine - Inpatient
Evaluation Type:	Resident

Perform a complete history and physical examination and present the patient in a verbal and written format. *(Question 1 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the pathophysiology of Diabetes Mellitus: (a) perioperative management; (b) long term management and effects on other organ systems; (c) understand and write sliding scale insulin orders; (d) discuss hyperglycemic nonketotic coma and diabetic ketoacidosis including pathophysiology and management.

(Question 2 of 28 - Mandatory)

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss hypertension and the rationale behind different therapeutic regimens, including interaction with other medications. *(Question 3 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss cardio-pulmonary pathophysiology, including coronary disease, asthma, and chronic lung disease. *(Question 4 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss renal/liver pathophysiology including the interpretation of abnormal lab values, dosage adjustment of medications and disease processes including acute and chronic renal failure, acute and chronic hepatitis, alcoholic liver disease and end stage liver disease. *(Question 5 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss basic hematopathology including evaluation of anemia, sickle cell disease and disorders of blood coagulation. *(Question 6 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss GI pathophysiology, including ulcer disease, inflammatory bowel disease, and all malignancies. *(Question 7 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss fluid and electrolyte management as it pertains to: (a) pre-operative and post-operative patient management; (b) diabetes; (c) acute fluid loss. *(Question 8 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate	Demonstrates knowledge but is	Performs only with constant	Performs with minimal	Performs the entire task

	knowledge of the task	unable to perform	direction	direction	independently
0	1	2	3	4	5

Discuss drug interactions and side effects of drugs commonly used in lower extremity disorders: (a) NSAIDS; (b) steroids; (c) narcotic analgesics (including treatment of overdose); (d) antibiotics; (e) local anesthetics; (f) anticoagulants. *(Question 9 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Interact with other medical specialties in a professional and knowledgeable manner. *(Question 10 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the principles of effective consultation. *(Question 11 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the diagnosis and treatment of neurological disorders, including seizure disorders, stroke and neuropathy. *(Question 12 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Identify and discuss treatment options in acute and chronic pain management. *(Question 13 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Explain the approach to the patient on chronic corticosteroids including stress dose corticosteroid therapy and the relative patencies of corticosteroid preparations. *(Question 14 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently

0	1	2	3	4	5

Discuss the management of the heparinized patient, including titration of IV drips and conversion to long term oral anticoagulant therapy using Coumadin. *(Question 15 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss indications for pre-operative lab, x-ray and electrocardiographic assessments, identify abnormal results and discuss the approach to management. *(Question 16 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss common thyroid disorders and their management. *(Question 17 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Part II

Demonstrates professional humanistic qualities. *(Question 18 of 28 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 19 of 28 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 20 of 28 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 21 of 28 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 22 of 28 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always

0	1	2	3	4

Maintains appropriate medical records in a timely fashion. *(Question 23 of 28 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature. *(Question 24 of 28 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments: *(Question 25 of 28)*

Clinical Coordinator signature & date: *(Question 26 of 28)*

Resident signature & date: *(Question 27 of 28)*

Director of Podiatric Medical Education signature & date: *(Question 28 of 28)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Family Medicine - Outpatient
Evaluation Type: Resident

Perform a complete history and physical examination and present the patient in a verbal and written format. *(Question 1 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the pathophysiology of Diabetes Mellitus: (a) perioperative management; (b) long term management and effects on other organ systems; (c) understand and write sliding scale insulin orders; (d) discuss hyperglycemic nonketotic coma and diabetes ketoacidosis including pathophysiology and management. *(Question 2 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss hypertension and the rationale behind different therapeutic regimens, including interaction with other medications. *(Question 3 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss cardio-pulmonary pathophysiology, including coronary disease, asthma, and chronic lung disease. *(Question 4 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss renal/liver pathophysiology including the interpretation of abnormal lab values, dosage adjustment of medications and disease processes including acute and chronic renal failure, acute and chronic hepatitis, alcoholic liver disease and end stage liver disease. *(Question 5 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss basic hematopathology including evaluation of anemia, sickle cell disease and disorders of blood coagulation. *(Question 6 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss GI Pathophysiology, including ulcer disease, inflammatory bowel disease, and all malignancies. *(Question 7 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss fluid and electrolyte management as it pertains to: (a) pre-operative and post-operative patient management; (b) diabetes; (c) acute fluid loss. *(Question 8 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss drug interactions and side effects of drugs commonly used in lower extremity disorders: (a) NSAIDS; (b) steroids; (c) narcotic analgesics (including treatment of overdose); (d) antibiotics; (e) local

anesthetics; (f) anticoagulants. *(Question 9 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Interact with other medical specialties in a professional and knowledgeable manner. *(Question 10 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the principles of effective consultation. *(Question 11 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the diagnosis and treatment of neurological disorders, including seizure disorders, stroke and neuropathy. *(Question 12 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Identify and discuss treatment options in acute and chronic pain management. *(Question 13 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Explain the approach to the patient on chronic corticosteroids including stress dose corticosteroid therapy and the relative patencies of corticosteroid preparations. *(Question 14 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the management of the heparinized patient, including titration of IV drips and conversion to long term oral anticoagulant therapy using Coumadin. *(Question 15 of 28 - Mandatory)*

Not Applicable	Demonstrates	Demonstrates	Performs only	Performs with	Performs the

	inadequate knowledge of the task	knowledge but is unable to perform	with constant direction	minimal direction	entire task independently
0	1	2	3	4	5

Discuss indications for pre-operative lab, x-ray and electrocardiographic assessments, identify abnormal results and discuss the approach to management. *(Question 16 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss common thyroid disorders and their management. *(Question 17 of 28 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Part II

Demonstrates professional humanistic qualities. *(Question 18 of 28 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 19 of 28 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 20 of 28 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 21 of 28 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 22 of 28 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Maintains appropriate medical records in a timely fashion. *(Question 23 of 28 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always

0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature. *(Question 24 of 28 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments: *(Question 25 of 28)*

Clinical Coordinator signature & date: *(Question 26 of 28)*

Resident signature & date: *(Question 27 of 28)*

Director of Podiatric Medical Education signature & date: *(Question 28 of 28)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Infectious Diseases
Evaluation Type: Resident

Perform a comprehensive history and physical with special emphasis on the infectious disease process. Present the patient in a verbal and written format. *(Question 1 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Demonstrate understanding of the physiological impact of the disease process from both molecular and clinical perspective. *(Question 2 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Interpret diagnostic techniques associated with infectious disease. Order and interpret appropriate radiology studies. *(Question 3 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Develop a treatment plan specific to the disease process. *(Question 4 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

List the uses, indications, and potential complications of pharmacological agents specific to the disease. *(Question 5 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Be familiar with typical empiric options for antibiotics and then adjust those based on culture results. Be very familiar with empiric antibiotics used in musculoskeletal infections. *(Question 6 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Demonstrate understanding in the area of clinical microbiology, such as bacteriology, mycology, virology, parasitology, cellular and humeral immunology. *(Question 7 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the principles of effective consultation. *(Question 8 of 20 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Interact with other medical specialties in a professional and knowledgeable manner. *(Question 9 of 20 - Mandatory)*

Not Applicable	Demonstrates	Demonstrates	Performs only	Performs with	Performs the

	inadequate knowledge of the task	knowledge but is unable to perform	with constant direction	minimal direction	entire task independently
0	1	2	3	4	5

Part II

Demonstrates professional humanistic qualities. *(Question 10 of 20 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 11 of 20 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 12 of 20 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 13 of 20 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 14 of 20 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Maintains appropriate medical records in a timely fashion. *(Question 15 of 20 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature. *(Question 16 of 20 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments: *(Question 17 of 20)*

Clinical Coordinator signature & date: *(Question 18 of 20)*

Resident signature & date: *(Question 19 of 20)*

Director of Podiatric Medical Education signature & date: *(Question 20 of 20)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Pathology
Evaluation Type: Resident

Understand the general process from how specimen is obtained at venipuncture, appropriately labeled, how it is processed, and eventually read in the laboratory. *(Question 1 of 18 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Demonstrate an understanding of basic laboratory values in blood chemistry, serology, hematology, coagulation studies and urinalysis. *(Question 2 of 18 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of	Demonstrates knowledge but is unable to	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently

	the task	perform			
0	1	2	3	4	5

Understand processing of routine surgical specimens and recognize when additional procedures may be of value. *(Question 3 of 18 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Describe frozen section methods and their use when working with surgical specimens. Be exposed to this process. *(Question 4 of 18 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Understand general principles for discriminating degenerative, inflammatory, and neoplasmic diseases. *(Question 5 of 18 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss appropriate collection of bacterial and fungal cultures. Discuss appropriate storage and transportation of these specimens. *(Question 6 of 18 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Understand joint aspiration techniques and processing. Being able to read and identify important pathology characteristics of gout, pseudogout, and septic arthritis. *(Question 7 of 18 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Part II

Demonstrates professional humanistic qualities. *(Question 8 of 18 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 9 of 18 -*

Mandatory)

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 10 of 18 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 11 of 18 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 12 of 18 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Maintains appropriate medical records in a timely fashion. *(Question 13 of 18 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature. *(Question 14 of 18 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments: *(Question 15 of 18)*

Clinical Coordinator signature & date: *(Question 16 of 18)*

Resident signature & date: *(Question 17 of 18)*

Director of Podiatric Medical Education signature & date: *(Question 18 of 18)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:	
Evaluator:	
Site:	
Period:	
Dates of Activity:	
Activity:	Plastic Surgery
Evaluation Type:	Resident

Demonstrate an understanding and appreciation for proper tissue handling techniques. Improve suturing technique and tissue handling to improve scar formation and decrease potential postoperative complications. *(Question 1 of 17 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss techniques, uses and indications of skin flaps. Discuss patient scenarios that would benefit from graft or flap placement and test/laps needed/recommended prior to proceeding with procedure. Understand flaps commonly used to address soft tissue deficits in the foot or ankle. *(Question 2 of 17 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of	Demonstrates knowledge but is unable to	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently

	the task	perform			
0	1	2	3	4	5

Demonstrate/discuss knowledge of skin grafts including, graft harvesting, application and rejection manifestations. Discuss fixation options for skin grafts. Discuss proper management of graft/flaps. *(Question 3 of 17 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Demonstrate/discuss an understanding of proper management of hypertrophic and keloid scar formation. *(Question 4 of 17 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Become proficient in general plastic surgery techniques. *(Question 5 of 17 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Understand basic burn management and protocol. *(Question 6 of 17 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Part II

Demonstrate professional humanistic qualities. *(Question 7 of 17 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 8 of 17 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 9 of 17 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 10 of 17 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 11 of 17 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Maintains appropriate medical records in timely fashion *(Question 12 of 17 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature *(Question 13 of 17 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments: *(Question 14 of 17)*

Clinical Coordinator signature & date: *(Question 15 of 17)*

Resident signature & date: *(Question 16 of 17)*

Director of Podiatric Medical Education signature & date: *(Question 17 of 17)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Podiatric Surgery and Clinic PGY2
Evaluation Type: Resident

Part I - Clinical Competencies

Interact well and appropriate with attending, staff, and other members in clinic. *(Question 1 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Consistently shows up on time, dress appropriately, and act professional. *(Question 2 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform a problem focused history and physical examination and present the patient in verbal and written format. *(Question 3 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Develop an appropriate differential diagnosis and treatment plan for common pathologies. *(Question 4 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Order and evaluate radiographs. *(Question 5 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Order and evaluate other imaging modalities appropriately (MRI, CT, bone scan, etc). *(Question 6 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform appropriate bio-mechanical exam and correlate with treatment plan. Adequately document this bio-mechanical exam. *(Question 7 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, verruca treatment. *(Question 8 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Performs injections, nail avulsions, other minor procedures in clinic. *(Question 9 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently

0	1	2	3	4	5

Formulate an appropriate surgical plan when indicated. *(Question 10 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Resident comes to didactic meetings prepared and having read with appropriate level of participation. *(Question 11 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Clinical comments: *(Question 12 of 35)*

Part II - Surgery Competencies

Perform adequate perioperative paperwork, ensures patients are properly managed preoperatively, order appropriate labs when indicated. *(Question 13 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Comes prepared to surgery having read on and familiar with planned procedures. *(Question 14 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Manage and perform local anesthesia. *(Question 15 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform appropriate surgical planning and incision placement for common procedures. *(Question 16 of 35*

- Mandatory)

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform basic surgical skills such as skin incision, dissection, and closure. *(Question 17 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Apply postoperative splint and dressings. *(Question 18 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform hammertoe surgery, excision of soft tissue masses, other less involved forefoot surgery. *(Question 19 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform hallux valgus and hallux limits surgery. *(Question 20 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform other forefoot and mid foot surgery (lesser metatarsal osteotomies, ORIF, arthrodesis, etc). *(Question 21 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform rear foot and ankle surgery. *(Question 22 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of	Demonstrates knowledge but is unable to	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently

	the task	perform			
0	1	2	3	4	5

Ability to take constructive criticism and show improvement on rotation. *(Question 23 of 35 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Surgical Comments: *(Question 24 of 35)*

Part III

Demonstrates professional humanistic qualities. *(Question 25 of 35 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 26 of 35 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 27 of 35 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 28 of 35 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 29 of 35 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Maintains appropriate medical records in a timely fashion. *(Question 30 of 35 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature. *(Question 31 of 35 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments: *(Question 32 of 35)*

Clinical coordinator signature & date: *(Question 33 of 35)*

Resident signature & date: *(Question 34 of 35)*

Director of Podiatric Medical Education signature & date: *(Question 35 of 35)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Podiatric Surgery and Clinic
Evaluation Type: Resident

Part I - Clinical Competencies

Interact well and appropriate with attending, staff, and other members in clinic. *(Question 1 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Consistently shows up on time, dress appropriately, and act professional. *(Question 2 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform a problem focused history and physical examination and present the patient in a verbal and written format. *(Question 3 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate	Demonstrates knowledge but is	Performs only with constant	Performs with minimal	Performs the entire task

	knowledge of the task	unable to perform	direction	direction	independently
0	1	2	3	4	5

Develop an appropriate differential diagnosis and treatment plan for both common and complex pathologies. *(Question 4 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Order and evaluate radiographs. *(Question 5 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Order and evaluate other imaging modalities appropriately (MRI, CT, bone scan, etc). Be proficient at reading all of these imaging independently. *(Question 6 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform appropriate bio-mechanical exam and correlate with treatment plan. Adequately document this bio-mechanical exam. *(Question 7 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, verruca treatment. *(Question 8 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform injections, nail avulsions, other minor procedures in clinic. *(Question 9 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Formulate an appropriate surgical plan when indicated. Formulate appropriate plan for complex cases. *(Question 10 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Resident comes to didactic meetings prepared and having read with appropriate level of participation. *(Question 11 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Clinical Comments *(Question 12 of 36 - Mandatory)*

Part II - Surgical Competencies

Perform adequate perioperative paperwork, ensure patients are properly managed preoperatively, order appropriate labs when indicated. *(Question 13 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Comes prepared to surgery having read on and familiar with planned procedures. *(Question 14 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Manage and perform local anesthesia. *(Question 15 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform appropriate surgical planning and incision placement for common and complex procedures. *(Question 16 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform basic surgical skills such as skin incision, dissection and closure. *(Question 17 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Apply postoperative splint and dressings. *(Question 18 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform hammertoe surgery, excision of soft tissue masses, other less involved forefoot surgery. *(Question 19 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform hallux valgus and hallux limits surgery. *(Question 20 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform other forefoot and mid foot surgery (lesser metatarsal osteotomies, ORIF, arthrodesis, etc). *(Question 21 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform rear foot and ankle surgery. *(Question 22 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform and understand complex revision surgery. *(Question 23 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to take constructive criticism and show improvement on rotation. *(Question 24 of 36 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Surgical Comments *(Question 25 of 36)*

Part III - General

Demonstrates professional humanistic qualities. *(Question 26 of 36 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 27 of 36 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 28 of 36 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 29 of 36 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 30 of 36 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Maintains appropriate medical records in a timely fashion. *(Question 31 of 36 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature. *(Question 32 of 36 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments. *(Question 33 of 36 - Mandatory)*

Clinical Coordinator signature & date: *(Question 34 of 36)*

Resident signature & date: *(Question 35 of 36)*

Director of Podiatric Medical Education signature & date: *(Question 36 of 36)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Podiatric Surgery Inpatient Call PGY2
Evaluation Type: Resident

Interact well and appropriate with attending, consulting services, and other healthcare professionals in the inpatient setting. *(Question 1 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Consistently shows up on time, dress appropriately, and act professional. *(Question 2 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform a problem focused history and physical examination and present the patient in a verbal and written format. Be able to adequately describe an inpatient over the phone to the attending physician on call. *(Question 3 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Develop an appropriate differential diagnosis and treatment plan for common inpatient consults. *(Question 4 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of	Demonstrates knowledge but is unable to	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently

	the task	perform			
0	1	2	3	4	5

Order and evaluate radiographs. *(Question 5 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Order and evaluate other imaging modalities appropriately (MRI, CT, bone scan, etc). *(Question 6 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Effectively manage patient list and follow up appropriately. *(Question 7 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, ulcer debridement. *(Question 8 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform injections, nail avulsions, bone biopsy, incision and drainage at bedside. *(Question 9 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Returns pages in an appropriate time period, makes self available to attending physicians. *(Question 10 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Communicate with attending physicians and hospital teams in an appropriate and timely fashion.

(Question 11 of 34 - Mandatory)

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Arrives to ED and return patient patient calls in a timely manner with appropriate amount of direction in patient care. *(Question 12 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Works with outside physicians and communicates with co-residents to cover surgeries and manage patient care. *(Question 13 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Resident comes to didactic meetings prepared and having read with appropriate level of participation. *(Question 14 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Comes prepared to surgery having read on and familiar with planned procedures. *(Question 15 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform adequate perioperative paperwork, ensure patients are properly managed preoperatively, and other appropriate labs when indicated. *(Question 16 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Comes prepared to surgery having read on and familiar with planned procedures. *(Question 17 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Manage and perform local anesthesia. *(Question 18 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform appropriate surgical planning and incision placement. *(Question 19 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform basic surgical skill such as skin incision, dissection, and closure. *(Question 20 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Apply postoperative splint and dressings. *(Question 21 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform surgery applicable to this inpatient call rotation. *(Question 22 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Takes constructive criticism and shows improvement on rotation. *(Question 23 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Part II

Demonstrates professional humanistic qualities. *(Question 24 of 34 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 25 of 34 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 26 of 34 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 27 of 34 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 28 of 34 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Maintains appropriate medical records in a timely fashion. *(Question 29 of 34 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature. *(Question 30 of 34 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments: *(Question 31 of 34)*

Clinical coordinator signature & date: *(Question 32 of 34)*

Resident signature & date: *(Question 33 of 34)*

Director of Podiatric Medical Education signature & date: *(Question 34 of 34)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Podiatric Surgery Inpatient Call
Evaluation Type: Resident

Interact well and appropriate with attending, consulting services, and other healthcare professionals in the inpatient setting. *(Question 1 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Consistently shows up on time, dress appropriately, and act professional. *(Question 2 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform a problem focused history and physical examination and present the patient in a verbal and written format. Be able to adequately describe an inpatient over the phone to the attending physician on call. *(Question 3 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Develop an appropriate differential diagnosis and treatment plan for common and complicated inpatient consults. *(Question 4 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Order and evaluate radiographs. *(Question 5 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Order and evaluate other imaging modalities appropriately (MRI, CT, bone scan, etc). Be proficient at reading all of these studies independently. *(Question 6 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Effectively manage patient list and follow up appropriately. *(Question 7 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform minor skills such as nail debridement , hyperkeratotic tissue debridement, ulcer debridement.

(Question 8 of 34 - Mandatory)

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform injections, nail avulsions, bone biopsy, incision and drainage at bedside. Be able to manage complex cases and procedures at bedside when indicated. *(Question 9 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Returns pages in an appropriate time period, makes self available to attending physicians.
(Question 10 of 34 - Mandatory)

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Communicate with attending physicians and hospital teams in an appropriate and timely fashion.
(Question 11 of 34 - Mandatory)

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Arrives to ED and return patient calls in a timely manner with appropriate amount of direction in patient care. *(Question 12 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Works with outside physicians and communicates with co-residents to cover surgeries and manage patient care. *(Question 13 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Resident comes to didactic meetings prepared and having read with appropriate level of participation. *(Question 14 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Comes prepared to surgery having read on and familiar with planned procedures. *(Question 15 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform adequate perioperative paperwork, ensure patients are properly managed preoperatively, and order appropriate labs when indicated. *(Question 16 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Comes prepared to surgery having read on and familiar with planned procedures. *(Question 17 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of	Demonstrates knowledge but is unable to	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently

	the task	perform			
0	1	2	3	4	5

Manage and perform local anesthesia. *(Question 18 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform appropriate surgical planning and incision placement. *(Question 19 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform basic surgical skills such as skin incision, dissection, and closure. *(Question 20 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Apply postoperative splint and dressings. *(Question 21 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Ability to perform surgery applicable to this inpatient call rotation. *(Question 22 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Takes constructive criticism and show improvement on rotation. *(Question 23 of 34 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Part II

Demonstrates professional humanistic qualities. *(Question 24 of 34 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 25 of 34 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 26 of 34 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 27 of 34 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 28 of 34 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Maintains appropriate medical records in a timely fashion. *(Question 29 of 34 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature. *(Question 30 of 34 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments. *(Question 31 of 34)*

Clinical Coordinator signature & data: *(Question 32 of 34)*

Resident signature & date: *(Question 33 of 34)*

Director of Podiatric Medical Education signature & date: *(Question 34 of 34)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:	
Evaluator:	
Site:	
Period:	
Dates of Activity:	
Activity:	Radiology
Evaluation Type:	Resident

Demonstrate the ability to interpret extremity films and identify common pathology. Be proficient at radiology principles in reading musculoskeletal plan films. *(Question 1 of 18 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Describe the techniques used in each radiology exam, and their indications. Be familiar with the appropriate indications for various diagnostic techniques such as ultrasound, radionuclide scanning (i.e., technetium, gadolinium, etc.) xeroradiography, MRI and CT scanning. Recall the potential complications of each test. Understands when each exam may be indicated over ordering another exam. *(Question 2 of 18 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Interpret and describe findings on specialized radiology studies including radionucleotide imaging studies, CT scans, tomograms or MRI studies. Understand the principles/sequence in bone scan. *(Question 3 of 18 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Recognize common benign and malignant bone tumors. Discuss common findings to distinguish benign vs malignant tumors both in radiographs and MRI studies. *(Question 4 of 18 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently

0	1	2	3	4	5

Correlate pre-operative x-rays with patient's complaints when known. *(Question 5 of 18 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform and interpret stress ankle x-rays and various arthrographic techniques. Discuss and perform appropriate positioning for lower extremity radiographs. *(Question 6 of 18 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Be familiar with techniques and indications for lower extremity angio studies. *(Question 7 of 18 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Part II

Demonstrates professional humanistic qualities. *(Question 8 of 18 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 9 of 18 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 10 of 18 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 11 of 18 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 12 of 18 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always

0	1	2	3	4

Maintains appropriate medical records in a timely fashion. *(Question 13 of 18 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature. *(Question 14 of 18 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments: *(Question 15 of 18)*

Clinical Coordinator signature & date: *(Question 16 of 18)*

Resident signature & date: *(Question 17 of 18)*

Director of Podiatric Medical Education signature & date: *(Question 18 of 18)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Rheumatology
Evaluation Type: Resident

Perform a comprehensive history and physical with special emphasis on the rheumatology process. Present the patient in a verbal and written format. *(Question 1 of 21 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Identify relationship between lower extremity disorders and the patient's rheumatic conditions. *(Question 2 of 21 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Interact with rheumatologists in order to treat patients in a more comprehensive manner. *(Question 3 of 21 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Demonstrate understanding and knowledge of the pharmacological management of rheumatic disease. Be familiar with typical treatment options for various rheumatologic conditions. Understand DMARDs and other options. *(Question 4 of 21 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Be familiar with the pathophysiology and disease process of various rheumatology conditions. *(Question 5 of 21 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently

0	1	2	3	4	5

Interpret laboratory and radiographic studies associated with the diagnosis and treatment of the rheumatic patient. *(Question 6 of 21 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Demonstrate understanding and knowledge of when to refer to a rheumatologist. *(Question 7 of 21 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Understand appropriate labs to order prior or with placement of a rheumatology referral. *(Question 8 of 21 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the principles of effective consultation. *(Question 9 of 21 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Interact with other medical specialties in a professional and knowledgeable manner. *(Question 10 of 21 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Part II

Demonstrates professional humanistic qualities. *(Question 11 of 21 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 12 of 21 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 13 of 21 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 14 of 21 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 15 of 21 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Maintains appropriate medical records in a timely fashion. *(Question 16 of 21 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature. *(Question 17 of 21 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments: *(Question 18 of 21)*

Clinical Coordinator signature & date: *(Question 19 of 21)*

Resident signature & date: *(Question 20 of 21)*

Director of Podiatric Medical Education signature & date: *(Question 21 of 21)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Trauma Surgery
Evaluation Type: Resident

Perform a thorough history and physical for a trauma patient, tertiary exam. Provide care of post-trauma patients throughout the entire spectrum of care from the ICU to the floor to discharge. Demonstrate the ability to coordinate consultants involved in the care of multiple trauma patients. *(Question 1 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the indications for central venous access, arterial access, nasotracheal and oral tracheal intubation, mechanical ventilation, nasogastric intubation, foley catheter insertion, peritoneal lavage, trauma ultrasound, cricothyroidotomy, chest tube thoracostomy, Emergency Department thoracotomy MAST application and removal, venous cut down, rapid infusion and suture techniques. *(Question 2 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Rapidly and thoroughly assess victims of major and minor trauma. Gain handling with ultrasound and FAST scans. Manage fluid resuscitation of the trauma victim. Calculate the Glasgow Coma scale and discuss its role in the evaluation and treatment of head injured patients. *(Question 3 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Interpret radiographs in trauma patients, including chest: cervical, thoracic and lumbar spine, pelvis and extremity films. Discuss the diagnosis and management of compartment syndrome. *(Question 4 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Discuss the evaluation and management of spinal cord injuries. Use spine immobilization techniques in trauma victims. Flex radiographs. *(Question 5 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Manage soft tissue injuries including lacerations, avulsions. Assess and manage facial trauma. Demonstrate appropriate use of antibiotics and tetanus prophylaxis in trauma patients. Demonstrate appropriate use of analgesics and sedatives in trauma patient. *(Question 6 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Manage acutely burned patients including minor and major injuries. Diagnose and treat smoke inhalation. Manage fluid resuscitation of burn patients. Calculate TSA% of burn patient. *(Question 7 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Assess and manage both penetrating and blunt chest trauma, blunt and penetrating abdominal trauma, blunt and penetrating anterior neck injuries, and the ability to diagnose and treat pelvic fractures. Discuss the diagnosis and management of urogenital injuries. *(Question 8 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Part II

Demonstrates professional humanistic qualities. *(Question 9 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 10 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 11 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understand & respect the ethical boundaries of interactions with patients, colleagues, and employees

(Question 12 of 19 - Mandatory)

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 13 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Maintain Appropriate Medical Records in Timely Fashion *(Question 14 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature. *(Question 15 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments: *(Question 16 of 19)*

Clinical Coordinator signature & date: *(Question 17 of 19)*

Resident signature & date: *(Question 18 of 19)*

Director of Podiatric Medical Education signature & date: *(Question 19 of 19)*

Ohio State University
Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery credential (PMSR/RRA)

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Vascular Surgery
Evaluation Type: Resident

Perform a comprehensive history and physical for the vascular surgery patient. Evaluate patients with vascular disease in both outpatient and inpatient settings. Provide care of vascular patient throughout the entire spectrum of care from the operating to, floor, and to discharge. Demonstrate the ability to coordinate consultants involved in the care of patients. *(Question 1 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Perform and interpret noninvasive vascular laboratory tests. *(Question 2 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Understand contrast studies and interventional radiologic techniques useful in the management of vascular disease (including vena caval interruption, percutaneous balloon angioplasty, intravascular stents, and thrombolytic therapy) and gain a knowledge base of patients which would benefit of such procedures. *(Question 3 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Interpret computerized axial tomography and magnetic resonance imaging as it applies to vascular disease. *(Question 4 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Possess the technical skills requisite of vascular surgery involving the arterial, venous, and lymphatic systems. Discuss treatment options for disease states involving various systems from conservative to surgical intervention. *(Question 5 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate	Demonstrates knowledge but is	Performs only with constant	Performs with minimal	Performs the entire task

	knowledge of the task	unable to perform	direction	direction	independently
0	1	2	3	4	5

Understand the current vascular surgery literature and its relevance to the clinical discipline. Discuss approach to wound care in patient with vascular disease. *(Question 6 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Establish good interpersonal and humane relationships with patients, families, medical and paramedical professionals. *(Question 7 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Understand venothrombolemboic events. Proficient understanding of DVT, Doppler studies, and management of DVT. Understand management of PE. *(Question 8 of 19 - Mandatory)*

Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates knowledge but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
0	1	2	3	4	5

Part II

Demonstrates professional humanistic qualities. *(Question 9 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Interacts with other medical specialties in a professional and knowledgeable manner. *(Question 10 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands medical-legal considerations involving health care delivery. *(Question 11 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Understands & respects the ethical boundaries of interactions with patients, colleagues, & employees. *(Question 12 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Accepts responsibility, direction and constructive criticism. *(Question 13 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Maintains appropriate medical records *(Question 14 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Reads, interprets, critically examines, & presents medical scientific literature *(Question 15 of 19 - Mandatory)*

N/A	Never	Sometimes	Most Times	Always
0	1	2	3	4

Additional comments: *(Question 16 of 19)*

Clinical Coordinator signature & date: *(Question 17 of 19)*

Resident signature & date: *(Question 18 of 19)*

Director of Podiatric Medical Education signature & date: *(Question 19 of 19)*

REQUIREMENTS FOR RESIDENCY

- Residents *are required* to maintain a satisfactory level of scholarship, performance, and competence. Residents are required to be graduates of a podiatric medical college approved by the *Council on Podiatric Medical Education of the American Podiatric Medical Association*. Residents are expected to be worthy in character, manner, and ethical conduct.

- Appointees to the Residency *must be eligible for and obtain* a training certificate for the first year of residency and a permanent license to practice podiatric medicine in the State of Ohio by the second year.

PHYSICAL FACILITIES

The hospital shall provide a physical plant, free from hazards and properly equipped to provide a postgraduate training program. These facilities include a library, pathology laboratory, and related clinical facilities and personnel to meet the requirements of the *Council on Podiatric Medical Education of the American Podiatric Medical Association.*

THE PODIATRY STAFF

The podiatry staff consists of those men and women privileged to work in the hospital, as defined by the By-Laws and in accordance with The Ohio State University Medical Center, the Council on Education, and Council on Hospital Podiatry Services of the American Podiatric Medical Association. *The program for podiatric residents is supervised by the Graduate Medical Education Department, in conjunction with the Department of Orthopaedics.* The Ohio State University Podiatry Staff participate in teaching the Podiatric Resident. The specific areas of responsibilities are assigned to represent all areas of the clinical and surgical podiatric practice.

PROGRAM

Education

Since this is the primary purpose of the Residency Program, residents are encouraged to attend all scientific and professional meetings sponsored by the various departments and committees of the hospital when it is possible. These required professional educational programs shall be posted and the residents shall attend when so notified. Attendance is required at all rounds made by heads of departments on the assigned services, all teaching conferences, all clinical pathological conferences, emergency and disaster planning, tissue, tumor, professional board and mortality review committees as well as staff and departmental meetings.

The resident will attend Orthopaedic Grand Rounds, Journal Clubs, Fracture Conferences, and Teaching Conferences when appropriate and possible.

- In addition, the resident **must** attend podiatric specific educational programs including shared conferences with Grant Hospital, podiatric journal club, anatomy lab, board review and case presentation sessions.

Parking, Meals, Lab Coats, Recreation

These amenities will be the same as all Ohio State University residents as defined in the uniform Resident Agreement. Salary and benefits information follows in this manual.

Orientation

At the beginning of the residency year, a period of orientation and instruction in duties, responsibilities, and privileges of the podiatric resident is provided so that each resident may attain a working knowledge of the functions and administration of the hospital podiatry department. The Department of Orthopaedics will have an orientation period specific to the Orthopaedic and Podiatric Resident and The Ohio State Medical Center will have a general orientation for all program residents.

Duties and Responsibilities

1. The Resident must be familiar with and abide by the rules and regulations of the hospital staff, departments, and committees.

2. Resident shall report as a member of the house staff on an assigned date or before June 30th to the Residency Program Director of the hospital and begin duties on July 1st.

3. While your obligation to yourself, your profession, your hospital, and patients will be expressed by implication throughout this manual, the following reminders are added as a guide and check list and are intended to summarize many of the details not specifically mentioned.

    a. Members of the resident staff are expected to abide by the policies of the hospital and to be cooperative, well groomed, and professional at all times.

    b. Cooperate in the conservation of supplies.

    c. Be alert to the paging system. If during duty hours you are going to be where you cannot hear the paging system, notify the operator. Each resident will be issued a pager.

    d. Residents are not to accept fees or gratuities from patients, their relatives, or friends. You will not, of course, practice your profession or assist any physician outside the hospital except by special assignment or permission for educational purposes, which will only be granted through the Program Director and the Director of Graduate Medical education after appropriate affiliation agreements have been prepared.

    e. No alcoholic beverages are permitted in the hospital. No person who has been drinking may attend a patient.

    f. Smoking in the hospital is prohibited.

    g. Visit each of your patients at least once daily, give them such conscientious professional care as the attending physician directs, and make progress notes of all significant events in the development of the case. Residents should try to conduct rounds each day with the attending physician so that they may be cognizant of the condition of the patient and have a better understanding of the form and mode of treatment which is being employed.

    h. Provide complete privacy for each patient during dressings and examinations in which he/she might be exposed. Curtains are furnished in the multiple-bed rooms.

    i. Do not sit on the patient's bed unless it is necessary for examination.

    j. Do not prop feet on beds, desks, or chairs.

    k. Protect your patient by refusing information about him/her to lawyers, insurance companies, and press unless he/she specified that he/she wishes to see them. Refer such inquiries to the Risk Management Office.

l. Refer any questions about your patient's financial arrangements to the business office.

m. Refer any request for extra visiting privileges to the Charge Nurse on the floor, request for transfer to other accommodations to the Admitting Office, and inquiry about discharge from the hospital to the patient's attending physician.

n. Report promptly on the Incident Report form any unusual occurrences in the hospital such as accidents, fire, or a disturbed patient.

o. Guard against unnecessary or unwise comments in the presence of a patient coming out from anesthesia or from alcoholic or other stupor. Patients sometimes hear and remember surprisingly well.

p. Never disparage a physician or the hospital to a patient. Avoid inciting damage suits by a patient who thinks he/she has been the victim of malpractice.

q. The resident may make long distance telephone calls if they pertain to the residency program and prior approval is obtained from the Program Director, the Residency Coordinator, and/or the hospital administrator. Personal long distance calls may be made but must be charged to a credit card or a third party number.

r. The resident may use hospital duplicating equipment to copy articles and periodicals, lectures for staff or as it pertains to the residency program.

s. The resident will not order materials, supplies, or surgical equipment directly from outside vendors. Request for additional surgical equipment should be made through the program director

t. A voice dictation system will be offered for assistance in research projects, etc.

u. The Resident is under the supervision of the Program Director.

<u>Dress Code</u>

Long white lab coats and ID Badges are to be worn on duty at all times. Lab coats must be kept as clean as possible. If unduly soiled through the normal wear of working, residents are required to change linen, and must present a well-groomed appearance at all times. Surgical scrubs – pants and shirts – shall not be worn by the resident off the hospital area, but may be worn when on the floor or making rounds. Only those residents assigned to the surgical service are permitted

to wear surgical scrubs while performing their duties. A lab coat must also be worn over the scrubs.

Hours of Duty

The Resident is required to be on call from home 24 hours a day during the assigned time of call duty. The call schedule will be published by the residency coordinator. The call schedule can and may change according to coverage needs. The first year resident will be on call according to the protocol of the assigned rotation; this will in some cases require in-house call.

The Resident will be excused from his/her official duties only:

1) While attending an **approved** meeting, conference, seminar, etc.

2) While absent due to illness. The resident will notify the residency coordinator and chief resident of any absence due to illness.

3) While observing or participating in a special **approved** orthopedic or podiatric surgery. The Program Director plus the attending physician at the specific rotation will be notified prior to missing the rotation. The resident should attempt to make up any missed rotations or duties upon his/her return to the hospital.

The Resident may be notified and is to report for all emergency department cases involving the lower extremity.

Hours on duty shall include those listed on the resident's schedule. Leave at times other than specified above may be granted under reasonable circumstances by the Program Director. This permission for leave is made in writing.

The duty hours requirements/rules from the CPME are included on the following pages. You are responsible for knowing and following these duty hours rules/restrictions.

Relation of Resident to Faculty & Staff

The resident will accompany members of the staff, when possible, while they are making rounds. The resident will make careful notes of orders given by the staff. The resident cannot change the treatment without the permission of the staff members.

Supervision, control, and discipline of the resident are vested in the Program Director. Disagreement or criticism of any member of the nursing staff must be discussed with the Program Director who will take any necessary action. Questions or criticisms relating to general hospital operation or personnel may be brought to the Program Director who may discuss them with the hospital administration. Those questions relating to the podiatry residency program will be discussed with the Program Director.

Residents are expected while in the hospital to conduct themselves with professional dignity in their relationships not only with patients but also with nurses and other hospital employees. Both on and off duty, be true to your reputation as a professional and a doctor.

Cooperate in every way possible and maintain friendly relations with all professional services, administrative departments, and other hospital personnel. You have no disciplinary jurisdiction over nurses and other hospital employees. If any personnel difficulties arise, talk them over with the Program Director. All formal complaints are to be in writing.

Remember, always, that the attending physician is in full charge of his/her patient. Inform him/her promptly of any major change in the patient's condition. Work closely and conscientiously under his/her direction and let him/her know that you want to learn from him.

All complaints must be in writing and will be considered by the Program Director and the Director of Graduate Medical Education. The mechanism for appeal in the event of a grievance follows is outlined in the Resident Agreement.

Any problems or questions concerning patient care are to be directed to the appropriate department head or the Program Director.

Resident's Surgery Logs and Daily Log

Residents are required to keep daily logs as described below. The surgical log is available on disk and copies of the daily activity log and summary sheet follow in this manual. The Residents will:

1. Maintain a surgical log- containing patient's name, hospital number, procedures performed, date of operations, level of participation and attendings' name. *(JRRC 651)* The resident will be given a ledger book to affix adhesive patient labels for each surgery.

2. Maintain a log of daily activities. *(JRRC 650)*

3. Surgical and activity logs must be updated ***by the 10th day of the following month.***

CURRICULUM

The PGY1 year is spent on rotations in medicine and general surgery. The following rotations take place during the PGY1 year.

PGY1 Year

- Family Medicine In-Patient
- Family Medicine Out-Patient
- Behavioral Medicine
- Endocrinology
- Medical Imaging
- Rheumatology
- Pathology
- Anesthesiology
- Vascular Surgery
- Trauma Surgery

During the PGY2 and PGY3 years, the Podiatry Resident will rotate through podiatric surgery at The Ohio State University Medical Centers under the direction of participating podiatric surgeons

PGY2 and PGY3 Years

- Podiatric Surgery – PGY2 and PGY3
- Podiatric Clinic/Office – PGY2 and PGY3
- Podiatric Clinic/Wound Care Center – PGY2 and PGY3
- Infectious Diseases – PGY2
- Dermatology – PGY2
- Emergency Medicine – PGY3
- Plastic Surgery or Burn – PGY3

RULES AND REGULATIONS REGARDING ROTATIONS

- All Residents will follow the prescribed residency program schedule.
- All Residents will report to their designated assignments at the prescribed time.
- All unexcused absences may be made up during or at the end of the program before certification of completion of the prescribed program can be made.
- Rotations will be mandatory.
- Arrangements for any departure from the schedule with the person to whom you report and from whom you take your assignments must be made, ***after*** first being approved by the Program Director.

ROTATIONS

Rotation schedules follow in this manual. The rotations are designed to give the resident in the Residency Program experiences and responsibility in the management of patients and recognition and understanding of clinical entities (this will have reference particularly to the field of foot surgery, but will also refer to all related medical and surgical areas). The residents will be given an educational program on the postgraduate level which will emphasize the basic and clinical sciences. Instruction will be provided primarily by the medical, surgical, and podiatric staff of *The Ohio State University Wexner Medical Center.* **Rotation Schedules are Subject To Change.**

The Ohio State University
Division of Podiatry
Resident Rotation Schedule
PGY1 Residents – 2016 - 2017

Dates	**Block 1** 7/1 – 7/31	**Block 2** 8/1 - 8/28	**Block 3** 8/29 – 9/25	**Block 4** 9/26 – 10/23	**Block 5** 10/24 – 11/20	**Block 6** 11/21 – 12/18	**Block 7** 12/19 – 1/15	**Block 8** 1/16 – 2/12	**Block 9** 2/13 – 3/12	**Block 10** 3/13 – 4/9	**Block 11** 4/10 – 5/7	**Block 12** 5/8 – 6/4	**Block 13** 6/5 – 6/30
PODIATRY Kim Cravey 346-1528	**VASC**	**VASC**	**ACS**	**Podiatry**	**Fam Med-Inpatient (10/24-11/6) Fam Med Outpatient (11/7-11/20)**	**Podiatry**	**Endo**	**Pathology**	**Podiatry**	**Radiology**	**Podiatry Call**	**Rheum (5/8-5/21) / Behavioral Med (5/22-6/4)**	**Anes**
PODIATRY Jonathan White 346-1520	**ACS**	**Podiatry**	**VASC**	**VASC**	**Podiatry**	**Fam Med-Inpatient (11/21/12/4) Fam Med Outpatient (12/5-12/18)**	**Podiatry**	**Endo**	**Anes**	**Podiatry Call**	**Rheum (4/10-4/23) / Behavioral Med (4/24-5/7)**	**Radiology**	**Pathology**

The Ohio State University
Department of Orthopaedics

2016 - 2017 Podiatric Resident Rotation Schedule – PGY2 & PGY3

Resident	July	August	September	October	November	December
Ian Barron	Atway	Anthony	Monson	CALL	Anthony	CALL
Andrew Crisologo	Anthony	Monson	CALL	Atway	CALL	Monson
Tracy Lee	Monson	CALL	Atway	Anthony	Monson	Atway & ID
Caleb McFerren	CALL	Atway	Anthony	Monson	Atway & ID	Anthony

Resident	January	February	March	April	May	June
Ian Barron	Monson	Atway	Anthony	Burn & Elective	Monson	Atway
Andrew Crisologo	Atway	Anthony	Burn & Elective	Monson	Atway	Anthony
Tracy Lee	Anthony & Derm	CALL	Monson	Atway	Anthony & ED	CALL
Caleb McFerren	CALL	Monson & Derm	Atway	Anthony	CALL	Monson & ED

*Schedule subject to potential changes based on rotational opportunities that may become available.

Evaluations

Policy on Evaluation of Trainees:

Rotation Evaluations

- Each resident shall receive an evaluation for each rotation performed. Written comments from attending's as well as suggestions for improvement are an integral part of the rotation evaluation form. Each resident has the opportunity to discuss his/her evaluation with the attending and/or with the Program Director. All evaluations are kept in the resident's permanent file. Evaluation forms correspond to the Goals and objectives are year-in-training specific.
- A set of core competencies for each rotation has been established. Evaluation forms for each rotation correspond to the competencies for that rotation. Residents are able to see each evaluation via the E-Value system at any time.

Mid-Year Review

- Residents shall receive from the Program Director or designee a formal, written evaluation twice each year. The evaluation shall be reviewed and discussed with the resident and retained in his/her file. The written evaluation shall be accessible to the Resident upon request. The Program Director may conduct and record more frequent evaluations as needed.

Final Evaluation Summary

- Each resident at the completion of his/her training will be given a final evaluation. This evaluation will be done by the Program Director. The evaluation will be done in the final month of residency training and will be discussed with the resident prior to his/her graduation. The evaluation will contain the following information:

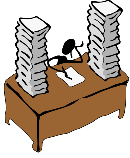
  - Medical School History
  - Summary of all rotation evaluations/mid-year reviews
  - Character/personality/leadership qualities
  - Strengths and weaknesses
  - Technical/clinical abilities
  - Future job plans
  - Summary of resident potential/recommendation

Policy on Evaluation of Program

Educational Effectiveness of the Program

- It is the obligation of each resident to evaluate the educational effectiveness of the resident program and this is accomplished by summarizing the resident's evaluation of each rotation, including faculty.
- Each resident is required to complete a rotation evaluation form. A copy follows, at the end of each rotation, and for each faculty member in the rotation.

RESIDENT CASE LOGS



Logging one's activities is an essential part of any training program. Historically, timely completion of paperwork has been a source of frustration for the physicians-in-training, as well as trainers and institutional personnel. We all tend to procrastinate with paperwork. It is an essential part of practice in the future to adequately document one's clinical behavior. It is a principal adopted by medicare, third party carriers, as well as they legal profession that ***"if it is not documented, it did not happen."*** To avoid frustration at the end of the year and to enhance the satisfaction within a training program, assertive posture will be taken to assure all parties that timely logging of clinical activities will take place.

It is important to realize the essential nature of logging. The principal objectives for this are:

1. To document to certifying agencies that the resident has accomplished significant amount of clinical exposure and expertise to be graduated, certified, or credentialed.

2. To document for the Department of Graduate Medical Education, residency program director, and trainers that the educational program is serving their individual educational goals and providing the trainee with adequate opportunity to learn. Outside inspection agencies, namely the residency review committee of the Council on Podiatric Medical Education, do, in the normal course of their review process, examine trainee logs.

3. To document experience for the purpose of applying for hospital privileges in the future. *This point is the most important and concrete for the individual trainee. It is your personal future!* Do not assume that by doing rotations at any particular institution that privileges will automatically flow so logs need not be kept. Documentation is frequently important when providing letters of reference for future training programs and/or when applying for staff privileges. Frequently, individuals relocate on several occasions, and each new institution requires documentation of prior experiences.

   Points to remember:

   1. The responsibility of logging lies exclusively on the shoulders of the individual trainee.

   2. Log entries should be easily verifiable. It is in a normal course of the residency program inspection for an inspector to request records. Charts are pulled for verification that the trainee participated in the care of a patient. Therefore, the logs should include some evidence of the level of involvement in the case. The medical record as well should reflect some documentation of participation. Therefore, if multiple people are attending a particular patient on a day that all parties contribute to the care, it should be noted.

3. The responsibility for archiving the logs falls primarily on the shoulders of the trainee. The fact that the original copies are handed to the Department of Graduate Medical Education should not give the trainee a false sense of security that the documentation is safely stowed away. Records' catastrophes do happen. It is, therefore, strongly emphasized that all logs and records be copied and copies be retained in the trainee's personal possession. Photocopies are your personal insurance policy!

Policy Statement

To underscore the importance of this activity and to insure timely compliance, the policy on log and evaluation completion will be on the same basis as any medical record within the hospital. The educational objective here exceeds assuring mechanical compliance with submitting logs. It is designed to encourage a physician early in his/her career the ability to follow through with the medical record in a timely manner. This is a shared expectation of all institutions with which a resident will be involved so it is appropriate to establish good habits from the beginning.

1. Logs and preceptor evaluations are expected updated by the 10th day of the following month.

2. If logs are not completed in this timely manner, suspension of the educational program will immediately take place.

3. *Any unapproved time lost from the educational program will be then made up with compensatory time at the end of the educational program. A reminder that suspension also means that time off is not compensable time. Adjustments will be made on the next pay check.*

Responsibility

The resident is responsible directly to the Program Director. The resident's actions are governed by the rules and regulations stated in this manual and in the general policies and procedures of The Ohio State University Medical Center.

Any questions or problems concerning the resident, whether they are from the podiatric, medical, administrative, or nursing staff, should be brought to the attention of the Program Director.

Licensure Requirements, DEA, Malpractice Coverage

Residents must take and pass the PMLexis. Residents must apply for and obtain a training certificate for the first year of training and apply for an Ohio license by the second year of training. Institutional licenses, DEA and malpractice coverage are provided by The Ohio State University and ***will only be honored while the resident is performing duties relating to the residency program at The Ohio State University***. Any activities outside of the residency program (i.e. moonlighting) will not be covered. It is the policy of the Department of Orthopaedics to discourage any moonlighting (see moonlighting policy in this handbook).

SOCIAL AND ATHLETIC ACTIVITIES OF RESIDENTS

Residents are cordially welcome and encouraged to participate in social and athletic activities sponsored by The Ohio State University Hospital when it does not interfere with the training schedule.

TEACHING CONFERENCE, MEETINGS, LECTURE SERIES, JOURNAL CLUB

Ø Quarterly meetings will be held between the residents and the Program Director to evaluate the resident's performance and to evaluate the training program. The evaluation will be based on input from the attending podiatric staff, hospital administrator, and department heads. What a resident learns during the course of the Program results from a collective effort of the teaching staff, the educational opportunities provided, and the resident's own desire to learn. It should be understood by the teaching staff and residents alike that the acquisition of knowledge is ultimately the resident's responsibility. The attending staff is encouraged to be a facilitator primarily, and a source of knowledge secondarily. Demonstration and evaluation of competency are prime considerations of the institution as well as accrediting bodies of the program.

Ø Meetings will be held between the residents, Program Director, and faculty members for purposes of curriculum development and evaluation. Meetings will be regular scheduled and held every Tuesday morning from 6:00 and 8:00am. Every resident is expected to attend these didactic meetings. If a resident is unable to attend secondary to demands placed on them by an outside rotation he or she must notify the program director of this. Outside rotation responsibilities may take precedence over these didactic meetings at times.

Ø The podiatric resident is required to attend all appropriate lectures and conferences conducted by the various hospital departments and to participate whenever a podiatric case is presented. If the resident is on an outside rotation, prior approval from the Program Director is required to attend.

Ø The podiatric resident is required to attend all podiatry staff and general meetings. These meetings are generally held Tuesday mornings, but may be held at other times during the week.

Ø The podiatric resident is required to attend all appropriate conferences conducted under the medical education programs. The resident will attend all appropriate in-hospital training, lectures, allopathic, osteopathic, and podiatric.

1. Journal Club for Podiatric Surgical Residency Training Program will be held monthly. The Journal club will be held on the 3rd Tuesday of the month.

2. Resident must attend and may present at weekly board review session, case studies, and/or lab sessions.

3. Resident must attend Radiology Conferences, if offered.

4. Resident must attend quarterly scheduled anatomy labs

5. Resident must attend M and M meetings

Additional Meetings / Lectures / Workshops may be added to the calendar that will require resident attendance. These additions will be posted to the calendar and announced at regular meetings.

Ø The resident may attend all local, state, and regional official podiatric seminars and meetings. Approval by the Program Director is required if this meeting takes place during scheduled duty hours.

Ø Each resident may be required to give a scientific report at staff meetings and at the Ohio Podiatric Medical Association (OPMA) meeting. Residents are to provide a schedule of assignments. Copies of all reports will be placed in the resident's hospital permanent record.

DEPARTMENT OF ORTHOPAEDICS LIBRARY

Resident Library Policy

Policy: The Department of Orthopaedics recognizes the value of maintaining a library with current educational materials for the use of residents as well as others. A library is maintained with pertinent textbooks, bound journals, and current subscriptions as determined by the Library Committee. Additional journals and educational materials are available on to assist residents in their educational endeavors. The library will be maintained in an orderly and professional manner.

Residents are encouraged to begin a personal library for themselves as early as their first year and recognize that this needs to be a life-long commitment.

Procedures for Use of Library:

- Resident trainees are to use their hospital ID's to gain access to the library 24 hours a day.
- All books and journals must remain in the library at all times unless specifically checked out with the Residency Program Coordinator or the Director of Residency Education.
- CDs that cannot be accessed via the Orthopaedic Network (restricted by virtue of CD program writing) may be checked out from the Residency Program Coordinator.
- Educational materials that have been checked out to a specific resident remain that resident's responsibility for return.
- Educational materials that are lost, mislaid, or stolen will be replaced by funds designated for resident travel.
- Books, journal, or CDs used in the library must be returned to the proper place. All who use the library should assist in maintaining order.
- No loose papers, notes, books, coffee cups, etc are to be left on tables or shelves. Library patrons need to perform their own housekeeping duties.
- Computers are maintained in the library for the use of all. This computer allows internet access, access to the University Libraries, patient clinical data as well as the Orthopaedic network. The library computers print out in the document processor directly across the hall.

RESIDENT RESEARCH AND MEDICAL PAPERS

As part of their educational experience, all residents in the Ohio State Podiatric Residency Program are required to perform a clinical or laboratory research project culminating in the presentation of that work at the Mallory-Coleman orthopaedic Research Day and ***submission of a manuscript to a peer-reviewed, archival journal prior to leaving the program.***

In addition, the following requirements must be met:

- The PGY-1 shall prepare a case history of publishable quality. The case must be a patient of the hospital or out-patient podiatry clinic.
- The PGY-2 shall prepare a manuscript consisting of, but not limited to, statistical and clinical investigative information on any chosen topic relative to podiatry.
- The PGY-3 shall present a completed research project at the annual Mallory-Coleman Research Day. In addition, the project that has been completed will be prepared in manuscript form.

Resident research is treated similar to graduate students research projects and, as such, each resident has primary responsibility for completion of his or her project. Residents are encouraged to begin their research projects as early as possible. An advisory committee consisting of at least one clinical faculty member and at least one research faculty member will be formed to guide and assist with the project. Clinical faculty advisors may be selected from OSU podiatric faculty or other faculty involved in resident education. The research member of the committee should be an OSU faculty member actively involved in research and familiar with the resources available within and around OSU. Additional committee members may be added as necessary for any specific project. The advisory committee will be responsible for assuring the quality of the research project.

- *It is recognized that productive research takes time. It must also be recognized that while research is mandatory, adequate clinical performance takes precedent. At no time can a resident allow his or her research requirements to interfere with the clinical responsibilities of the program.*

Research Advisor:

Alan Litsky, MD, ScD
Director, Orthopaedics BioMaterials Laboratory
Associate Professor of Biomedical Engineering
Associate Professor of Orthopaedics
Associate Professor of Surgery
Associate Professor of Anatomy and Medical Education

Office: S-2035 Davis medical Research Center
480 West Ninth Avenue
293-4827

Residents interested in exploring research on more than one project are encouraged to do so, and will be supported to the extent possible in these endeavors. The submission of abstracts and manuscripts to state, regional, and national meetings is encouraged and the Department makes every effort to support resident attendance at meetings where their work is being presented.

Resident participation in research is a driving force behind the academic productivity of the Department and is supported and encouraged to the full extent of available resources.

Research and Paper Deadlines

	Proposal	**Outline**	**Abstract**	**Rough Draft**	**Final Draft**
Case Study	October 1 PGY-1 Yr.	November 15 PGY-1 Yr.	February 10 PGY-1 Yr.	March 15 PGY-1 Yr.	May 1 PGY-1 Yr.
Manuscript	September 15 PGY-2 Yr.	November 15 PGY-2 Yr.		January 15 PGY-2 Yr.	March 15 PGY-2 Yr.
Original Research Project	September 15 PGY-3 Yr.	November 15 PGY-2 Yr.	January 1 PGY-3 Yr.	March 1 PGY-3 Yr.	April 1 PGY-3 Yr.

Research Facilities

In addition to the complete clinical facilities available at University Hospitals, a number of resources devoted specifically to research are available to orthopaedic residents.

- The ***Orthopaedic BioMaterials Laboratory***, under the direction of Alan Litsky, MD, ScD, is a 1000 square foot laboratory dedicated to the exploration of hard-tissue materials science and the development of new materials for treating musculoskeletal disorders. The laboratory is centered surrounding a MTS Bionix 858 biaxial materials testing frame which can support axial and/or torsional testing. This instrument is digitally controlled using TestStar software to maintain consistent loading parameters and to facilitate data acquisition. Recent projects include the in vitro and in vivo evaluation of reduced modulus bone cement, the development of a metal-ceramic composite material for improved implant fixation, and the exploration of shape-memory alloys for use in fracture fixation. Implant evaluation research is also conducted in the Orthopaedic BioMaterials Laboratory and has included studies in micromotion between the polyethylene liners and metal cups of a acetabular prostheses, comparative studies of various fracture fixation devices, and fatigue studies of dental implants and external fixation rings.

- Collaborative projects constitute a large and important part of the Department's research efforts. The OSU College of Veterinary Medicine is well known for its strength in veterinary orthopaedics and has numerous faculty members who work on collaborative projects with faculty and residents in the Department of Orthopaedics in the areas of total joint, fracture fixation, bone healing, and cartilage biology. An EXAKT sectioning/grinding/polishing

system, purchased through a gift to the Department of Orthopaedics, is being installed in a ***Bone Histology Laboratory*** in the College of Veterinary Medicine and will be a research resource for a wide range of projects. Dr. Alicia Bertone in the Dept. of Veterinary Clinical Sciences has established a research laboratory in the area of cartilage biochemistry and continues to work closely with members of the Department of Orthopaedics.

- The musculoskeletal section of the ***Department of Radiology***, under the direction of Dr. Joseph Yu, has become closely associated with our Department. Several clinical studies have been performed with a substantial input from Dr. Yu's expertise in CT and MRI imaging of musculoskeletal tissues.

DISCIPLINE AND INFRACTIONS OF HOSPITAL POLICY OR RULES

Disciplinary Action

The employment agreement may be terminated by The Medical Director of The Ohio State University Hospitals for reasons of unsatisfactory performance or objectionable behavior. Due process is provided according to the applicable Medical Staff Bylaws. Under no circumstance will either party terminate the Employment Agreement without providing the other party an opportunity to discuss and review any dissatisfactions or grievances that may exist. An appeal process is described in the House staff Agreement (Appendix 1).

Substance Abuse

The Department of Orthopaedics and affiliated institutions are drug and alcohol free workplaces. All residents must abide by the Hospital's drug testing policy. By signing the Employment Agreement, the resident attests that he/she is not now impaired, nor does he/she abuse alcohol or other drugs.

The following rules, if broken will be penalized:

- Leaving early (before duty hours are over)
- Being late (severely or consistently)
- Leaving the hospital with no adequate reason
- Not wearing the required uniform
- Being sloppily dressed
- Lacking respect for doctors, nurses, or other hospital personnel
- Not coming in when scheduled
- Taking off days without permission
- Not attending required lectures, conferences, and meetings
- Not performing assigned duties and readings

Penalties

1. Warning, in writing, for first offense
2. Suspension for one to fifteen days, ***without pay***, with make up at the end of the year
3. Cancellation of contract

GRADUATION

The Podiatric Resident is eligible for certification and graduation upon the satisfactory completion of the training Program. During his/her residency program, the resident shall maintain satisfactory academic performance, demonstrate clinical competence and complete responsibilities as outlined by his/her Residency Training Manual. Toward the completion of the resident's thirty-sixth calendar month, the Residency Training Committee will review the resident's performance and research papers. At this time, the Residency Training Committee will or will not recommend that the resident graduate from his/her training program.

Certification of completion of the Residency will be made by an approval vote from the active podiatric staff, Director of Medical Education, the Board of Trustees of the Hospital. With the approval of the above mentioned groups, the Program Director of Residency Training will have cause to issue to the resident a certification of diploma evidencing the completion of the residency in the hospital. A copy of the certificate follows in this manual.

With the unsatisfactory recommendation by the Residency Training Committee and a similar vote by the above mentioned groups, the resident will meet with the Residency Training Committee to determine what must be done to complete the resident graduate requirements. Appropriate appeal procedures will be made available as stated in Medical Education Departments Policies & Procedures, should the need arise.

HOUSESTAFF SALARIES/BENEFITS

Salaries are determined through the office of the Medical Director. In general, salaries increase approximately 3-4% per year with advancement up to the PGY-7 year. Salaries are subject to changes yearly. Increments in salaries are made upon satisfactory advancement to the next primary level and may be modified by the Medical Director's office.

House Officer Salaries

2016 – 2017:

PGY1: $51,000
PGY2: $52,536
PGY3: $54,216

BENEFITS:

The following benefits are provided to limited staff (residents)

Provided by Department:

- 3 Weeks paid vacation
- One week professional leave with pay for attendance at a National or International conference
- Reimbursement for attendance at above conference

Provided by Medical Center/OSU

- **Comprehensive medical, dental and vision coverage**. Limited medical staff members are eligible for enrollment in one of several University-sponsored health insurance plans including single and dependent coverage. Prescription drug coverage is included in all plans. Coverage, deductibles and co-payments vary by plan
- **Disability coverage**. Limited medical staff receive prepaid long-term disability income insurance with benefits of $2000 per month in case of total and/or residual disability lasting beyond 90 days . The contact has portability features upon completion of training.
- **Worker's Compensation.** Worker's compensation is prepaid providing 100% of all medical expenses and for a percentage of wage-loss, which results from job-related injuries or occupational diseases.
- **Life Insurance**. Limited medical staff members are automatically entitled to prepaid term life insurance in the amount of 2 ½ times their annual stipend, plus accidental death and dismemberment benefits. Dependents are eligible for enrollment in optional dependent group life plans. A variety of plans with varying premiums and limits of coverage are available.
- **Malpractice Insurance**. The University administers a self-indemnification insurance program. All residents are covered for their activities within the scope of the duties and responsibilities of the training program. It is an occurrence policy. Coverage is at least $1 million per occurrence and $3 million annual aggregate.
- **Sick Leave**. Limited medical staff begins accruing sick leave benefit hours upon employment. This benefit gives the resident full pay for up to the total number of hours accrued. Full-time employees accrue 10 hours per month of service.
- **Paternal Leave.** For the birth of a child, birth mothers are provide with six weeks maternity eave to be paid from accumulated sick leave and/or accumulated vacation. Birth fathers or

domestic partners (as defined in the University Policies) are provided with three weeks of paternity leave to be paid from accumulated sick leave and/or accumulated vacation. If maternity or paternity leave is taken beyond the sum of accumulated sick leave and vacation, it will be unpaid leave. Additional leave is available if individuals are eligible for Family Medical Leave. Notice of pregnancy should occur in the first trimester, to ensure proper scheduling and receipt of benefits. Because the length of the leave may impact the amount of time allowed away from a training program by a certifying board, the program director may use vacation, sick leave, personal days, or conference leave to accomplish completion of the training requirements training period. No moonlighting is permitted during maternity or paternity leave

- **Retirement Benefits.** Are provided through the State of Ohio Teachers Retirement System (STRS) or through one of the Alternative Retirement Program (ARP) plans available. Contribution rates can vary from year to year based on program policies. For more information on the STRS and/or the ARP program, contact Human Resources.
- **Flexible spending accounts**. Can be used for additional health care expenses for employee or dependent. Can also be used for child care expenses
- **On-Call Facilities**. Residents on call are provided with access to the vending, lounge, and study facilities. Individual call rooms include televisions, bathrooms and computers in each room, as well as 24 hour access to linens and towels.
- **On-Call Meals.** A stipend of $50 per month is added to each resident's paycheck to pay for on-call meals. Residents may sign up for payroll deduct for meal purchases at the hospital cafeteria and giftshop. Additionally, evening snacks (i.e.pizza) are provided on Friday, Saturday, and Sunday nights.
- **Lab Coats and Laundering**. Two white lab coats with the OSU insignia are provided per year. Scrubs are also provided free of charge by the medical center. There is free laundry service for all work-related clothing
- **Parking**. Limited medical staff members have the right to purchase faculty "A" parking permits.
- **Library and Learning Resources**. The Prior Health Sciences library is located next to the hospital. Overall, the Ohio State University has 27 libraries. The medical center houses a learning center for residents with PC's, laser printers, and free access to the internet.
- **Counseling and Support**. The OSU Medical Center provides opportunities for counseling and consultation referral related to personal problems arising out of the trainee's participation in the program. The University Staff and Faculty Assistance Program provides a confidential avenue for the discussion and resolution of personal problems. Residents are also eligible to utilize the confidential services of the Medical Staff Committee for Physician Health.
- **Recreation.** Many athletic facilities and individual, team, and tournament sports are available across the campus

Additional Policies

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Medicare Compliance Training

In order to satisfy institutional Medicare requirements, The Ohio State University Medical Center Compliance Office requires each resident to complete four hours of compliance training each year.

These sessions are done on-line via the Introduction to the Practice of Medicine program at Knowbase.

Residents are required to view four modules each year and complete on-line post-tests on each. This requirement must be fulfilled by June 30 of each year.

Residents who are graduating are required to complete the four sessions by May 1. Residency certificates will not be signed until completion of these four modules is verified by the Compliance Office.

The residency coordinator will notify all residents via e-mail when the compliance sessions are ready for viewing.

The Ohio State University
Department of Orthopaedics
Orthopaedic Residency Program

Policy and Procedure on Industry-Supported Resident Travel

First things first…

Procedures for residents to attend these types of courses/conferences vary depending upon the company that is supporting it. General procedures are below, but you must first check with the program manager before making any plans to attend one of these. Specific procedures will be communicated to you at that time.

In accordance with OSU's vendor policy, companies such as Stryker, DePuy, Zimmer, Synthes, Smith & Nephew, etc are not permitted to pay directly for any resident to attend any of their courses or conferences. They are also not permitted to pay directly for you to go to any third-party course/conference with which they are not formally affiliated. Bottom line- There is no direct payment by industry for ANYTHING.

We, as a department, recognize the value of these conferences and wish to allow our residents to attend them. However, we must follow strict medical center guidelines in order to make this happen. To accomplish this,

1. Resident may first speak with the local company representative to express interest in attending one of their courses/conferences

2. Resident must then contact the program manager before making any travel plans or registering for any of these types of courses. Resident is also asked to have the local company representative contact the program manager to discuss request

3. Our department must work with the commercial representative to procure an educational grant from the company.

4. Funds from that educational grant are received and deposited into our department accounts

5. A travel request is initiated **prior to the travel** by our department **through the internal system**

6. Resident attends course and brings receipts to our department
   We will not reimburse any travel that does not have a prior Tnumber in place.

7. Resident is reimbursed through OSU travel system, under OSU travel policy, reimbursement is direct deposited for resident
   Note! Resident will not be reimbursed until funds are received by our department from the company providing the grant.

8. Residents must remember that vacation and/or conference days must be used in order to attend these courses/conferences. Attending these does not constitute "free days".

Attendance will be tracked. Leave days are limited to 20 per year (15 vacation, 5 conference)

Take home point is that you are being reimbursed by OSU, not by the company that provided the grant. So, OSU travel policies apply. OSU travel policies are strict and departments are regularly and randomly audited for compliance. Our department is no exception, so we must ensure we have 100% compliance in regard to OSU travel policies regarding travel reimbursement procedures, reasonable reimbursement amounts, etc.

A few points regarding OSU travel policy are below. Everyone has been and continues to be reminded via email of travel policies throughout the year. This info is also in your resident handbook. It is in your best interest to actually read this info. Failure to read and adhere to this info could result in receipts being denied by the travel office and the possibility that you may not be reimbursed the same amount that you spent.

1. You are required to stay at the hotel in which the conference takes place or the nearest hotel. If the conference hotel is full, you must provide an explanation of that and attempt to get the same rate that the conference hotel offers

2. Hotel rates must be reasonable. There is a federal daily limit on hotel rates. This rate differs for each city. If you choose to stay somewhere other than the conference hotel, the federal maximum hotel rate will apply and that is the rate you will be reimbursed. Please contact me for the federal maximum hotel rate. Take home point here is to make your reservations very early so you can make sure you get in the conference hotel. The federal rate may be lower that what you paid!

3. If you find a hotel that is cheaper, you are certainly permitted to book that hotel, however, it must be close enough to the conference hotel that you do not incur extra transportation fees, such as excessive cab fares or the need for a rental car.

4. Rental cars require prior approval by the department. They are only reimbursable in the event that you MUST stay at a hotel that is of such a distance to the conference site that the use of a rental car is required.

5. The only rental car agencies you may use are Enterprise and National. If you use another company, even if it's less expensive, you will not be reimbursed for the rental car. When booking, you will need to provide Enterprise and National with an OSU code to receive the discounted rates and appropriate insurance policies.

6. When you rent a car, you must accept the Damage Waiver (DW)/Collision Damage Waiver (CDW)/Loss Damage Waiver (LDW) and liability insurance coverage. You will need to include the signed rental car agreement when submitting your receipts as evidence that all of the required insurance policies were in place. The rental car expense will not be reimbursed if we do not have this documentation.

7. The department will not reimburse incidental costs; such as Mini-Bar use, videos or any other entertainment expenses. For an additional list of non-reimbursable expenses, please refer to the OSU Travel policy

8. Additionally, food reimbursement will be reimbursed at the government's per diem rate

Please note that "reasonable" rates are set by the federal government in some instances, but are also at the discretion of the travel office. Also note that it is up to the department's discretion to decide whether certain travel expenditures are reasonable and <u>NOT the company's rep</u>. Therefore, although the company rep may tell you that *THEY* will reimburse our department up to a certain amount for the flight/hotel/food, etc, that may not be the same amount that we, as a department under OSU travel policy, may reimburse you (For example, the rep tells you that his company can pay up to $250 a night for a hotel, but OSU travel policy only allows us to pay up to $200 a night for a hotel).

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

<u>Resident Due Process, Fair Hearing, Greivence Policy</u>

Selection of trainees for entry into the PMSR/RRA program will be through participation in CASPR (Central Application Service for Podiatric Residencies) in accordance with the CPME 320 document guidelines which are the Standards, Requirements and Guidelines for Approval of Residencies in Podiatric Medicine.

As stated in CPME 320 standard 2.3, *"The process of interviewing, selecting and appointing podiatric medical college graduates shall be conducted equitably and in accord with ethical standards. An institution that sponsors more than one podiatric residency program shall inform the prospective resident of the selection process established for each program. An institution that sponsors an entry-level candidate status and/or an approved entry-level residency program shall participate in a national resident application matching service (such as is operated currently by the American Association of Colleges of Podiatric Medicine). The sponsoring institution shall not obtain binding commitment from the prospective resident prior to the match results announcement."*

The selection committee will consist of the current program director and at least one other training faculty member appointed by the program director. It will be the responsibility of all committee members to screen each application prior to attending the interview session. During the post interview meeting the applicants under consideration will be reevaluated and discussed in detail. Each participating member of the interview team will rank the candidates from one to ten. An over all rank list will be derived according to compilation of the individual rank lists. The final rank list will be forwarded to the CASPR office by the required deadline.

No interviewee will be required to divulge to the program how they ranked the program. Offers will be made to the candidates that match with the program. Candidates outside of the CASPR application process will not be considered unless or until the program does not match.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Policy on Resident Supervision

The director of the residency program is vested with overall supervisory responsibilities for all podiatric residents. Additional supervision of residents is as follows:

- The attending on each assigned rotation will have direct supervision of the resident while on that rotation.

- The PGY3 residents will be the chief residents and will take on a supervisory capacity to the extent that the director deems appropriate.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Policy on Resident Promotion

At the end of the third quarter the promotion review committee, consisting of the program director, chief resident and core training faculty, will meet to discuss and review candidates for promotion. Successful promotion will be based on review of academic performance, completion of program requirements, rotation evaluations, clinical competence and overall performance. Residents being promoted will be notified in writing by the program director.

In the event the promotion review committee reaches a consensus not to promote a candidate, the resident will be notified via certified mail. A time will then be set for the resident to meet with the committee to discuss deficiencies and develop a remediation plan for the resident. Minutes will be recorded in the meeting and the plan will be put in writing and given to the resident and director. A time schedule will be devised and adhered to for the completion of the remediation. Policies for appeal and due process will be as stated in The Ohio State University Resident's Agreement.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Policy on Resident Dismissal

Dismissal of trainees will ordinarily be based on section IIIV paragraph 4 and section 1X of the Resident Agreement document. This action may result after unsuccessful remediation, serious violation of University policy and procedures, in the event of serious medical/ethical misconduct, or at the recommendation of the residency advisory committee following unsatisfactory rotation and mid year evaluations. A decision to dismiss a resident will take into account the best interests of the overall educational goals of the training program, the care of patients in University Hospitals and the career aspirations of the resident.

The residency director will meet with the residency advisory committee to discuss the recommended action. If a consensus of the committee is for dismissal, the program director will then meet with the Department Chairman. The resident will be informed in writing and in a joint meeting with the Director and the Department Chairman.

Due process for the resident is made available in accordance with section IX and X of the Resident Agreement document which define the provisions for due process and appeals.

The Ohio State University Medical Center

GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE

Policy: **RESIDENT DUE PROCESS POLICY**

Effective: **11/28/01**

Revised: **6/28/06, 12/17/03**

In this policy, the term “resident” includes all interns, residents and fellows in GME training programs.

Procedure:

The purpose of the policy is to describe the Graduate Medical Education due process and to establish appeals/grievance procedures consistent with the principles of due process related to both evaluations and academic/administrative adverse actions. These procedures provide guidance for the fair resolution of disputes regarding the resident’s performance and conduct.

I. General Guidelines:

A. Promotion and re-appointment of a resident as well as completion of a training program is contingent upon the resident's satisfactory performance in meeting knowledge, performance and behavior standards and expectations as set by the institution and program within various program, institutional and University policies, and the annual Limited Staff Agreement.

B. If a resident does not satisfactorily meet the standards and expectations, the resident may be subject to a variety of adverse actions as outlined in the policy entitled “Academic and Administrative Adverse Actions.”

II. Challenging a Performance Evaluation:

A. The resident has the right to challenge the accuracy of a written or electronic evaluation of his/her performance.

B. As a first step, the resident should meet with the Program Director to discuss the evaluation. The resident should present their concerns with the evaluation in as objective a manner as possible. For example, a concern may be that the faculty member did not have sufficient exposure to the resident during the evaluation period to form an objective opinion or complete an evaluation.

C. As a result of that conversation, the Program Director may decide:
    1. to uphold the evaluation and include it in the resident's record
    2. may decide to not act on the evaluation at that time but to keep it in the resident's record for future reference
    3. may decide to not act on the evaluation and to purge it from the resident's record.

D. The Program Director should document the date of the meeting, the stated reasons that the resident is challenging the evaluation, and their final decision regarding the disposition of the complaint in a memo in the resident's file for future reference.

E. If the resident's concerns about the evaluation are not satisfactorily resolved after talking with the Program Director, the resident may choose to meet with the program education committee and or housestaff competency committee to present rebuttal evidence.
    1. The committee shall hear the resident's concerns and provide direction back to the Program Director regarding the disposition of the evaluation.
    2. After receiving the input of the committee, the Program Director will make a final decision on the disposition of the evaluation.
    3. This final decision should be documented in the resident's file.

III. Appealing an Adverse Action:

A. The appeals process for adverse academic and administrative actions taken under the policy entitled "Academic and Administrative Adverse Actions" are dealt with in this policy. The appeals process for adverse actions taken under the Medical Staff Bylaws is defined in the Medical Staff Bylaws.

B. Academic adverse actions are defined in the "Academic and Administrative Adverse Actions" policy to include the following:

    1) Focused review that does not extend the length of the training. This action is not eligible for appeal under any circumstances.
    2) Focused review that does extend the length of training.
    3) Probation
    4) Suspension
    5) Non-promotion
    6) Non-renewal
    7) Termination

C. An appeal of an adverse action must be made in writing by the Resident to the Program Director within fourteen days after receipt of the written notice of the adverse action. If the Resident does not make a timely appeal, the decision of the

Program Director regarding the adverse action is final and adverse action will be implemented.

D. If a Resident or Fellow is enrolled in the combined program for Internal Medicine/Pediatrics, the due process and appeals procedures for academic-related adverse actions will be those delineated in the guidelines, handbook or policies of the training program that take into account the oversight of the faculty from both OSU and Children's. This will ensure that appropriate due process occurs and will ensure that there is not duplication of processes in both institutions.

E. If an appeal is made, an appeal committee will be appointed by the Associate Dean for GME. The composition of the appeal committee will be as follows:
   1) The Associate Dean for GME will function as the chair of the appeal committee.
   2) Three program directors not from the clinical department of the program in question (preferably members of the GME Committee).
   3) One resident not from the clinical department of the program in question (preferably a member of the Residents Advisory Council).
   4) Individuals selected to be on the appeal committee should not have first-hand knowledge of the resident's performance (e.g., appeal committee members should not have directly supervised or been supervised by the resident in the past).

F. The basis of the resident's appeal may include, but not be limited to, one of the following concerns:
   1) The Program Director did not follow appropriate procedures in the consideration of the original adverse action decision.

G. The appeal committee will function using the following procedures:
   1) The appeal committee will meet within **fourteen days** of the receipt of the written appeal.
   2) The appeal committee meeting will be scheduled to provide sufficient time for the committee members to receive the information necessary to make a final decision regarding the appeal. If a majority of committee members feel that additional time is necessary to either gather additional information or to deliberate, an additional meeting will be scheduled by the chair.
   3) A complete copy of the resident's evaluation file and the written notification of the adverse action should be supplied to the appeal committee in advance of the committee meeting.
   4) The recommendation of the program education committee or housestaff competency committee to the Program Director regarding the original adverse action shall be presented to the appeal committee.
   5) During an appeal hearing, the Resident may submit written or oral evidence in support of an appeal, may call others with substantive knowledge of the case to present evidence, and may choose to be represented by a member of the teaching faculty acting as an advocate for the Resident.

6) The Program Director may also submit additional written or oral evidence beyond items (3) and (4) above and may call others with substantive knowledge of the case to present evidence in support of the adverse action.
7) The hearing is not controlled by legal rules of evidence nor procedure. No formal transcript of appeal committee meeting is required. Neither party may be represented by legal counsel at the hearing.
8) While the resident is presenting his/her case, the Program Director shall not be in the room. While the Program Director is presenting his/her case, the Resident shall not be in the room. After their respective presentations, the appeal committee may ask both the Resident and the Program Director to be present for further clarification of any facts.
9) At the conclusion of the presentations by the Resident and the Program Director, the members of the appeal committee will deliberate on the final disposition of the appeal with neither the Resident nor the Program Director in the room.
10) At the conclusion of the appeal committee's deliberations, the committee chair will call for a vote to uphold, modify or reverse the original adverse action.
11) If additional meetings are required after the initial committee meeting as described in G above, a final determination by the appeal committee must be made within **fourteen days** of the first hearing committee meeting.
12) The chair of the appeal committee will notify both the Resident and the Program Director in writing regarding the committee's decision within **seven days** of the decision.
13) The decision of the committee is final and may not be further appealed.
14) The final appeal committee decision must be properly documented in the resident's file.

The Ohio State University Medical Center

GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE

Policy: **ACADEMIC AND ADMINISTRATIVE ADVERSE ACTIONS**

Effective: **4/13/89**

Revised: **6/28/06, 12/19/01, 3/28/01, 11/15/00, 10/11/99, 10/23/96**

In this policy, the term "resident" refers to all interns, residents, and fellows in Graduate Medical Education programs.

Procedure:

1. Programs Directors have the primary responsibility to monitor resident progress and to take appropriate academic and administrative adverse actions based on the resident's performance and behavior

2. Program Directors have a responsibility to remove from clinical responsibilities any resident whose actions may place patients, peers, or others at risk.

3. Concerns regarding a resident's performance or behavior that may lead to a adverse action may be raised by a peer, any faculty member, any Program Director or department chair, another member of the hospital staff, an administrator, a patient, risk management, or any other person familiar with the resident's performance and activities.

4. Residents may be subject to adverse actions for failure to fulfill general academic, clinical, ethical, or administrative requirements and expectations of the program or institution as outlined in various program policies, institutional policies, hospital Medical Staff Bylaws and Rules and Regulations, Health System policies, College of Medicine policies, University policies, or the Limited Staff Agreement.

5. The Program Director, after consultation with the Chief Medical Officer or Associate Dean for GME, may proceed under this policy or the Medical Staff Bylaws to address deficiencies in resident performance. This policy is typically used to address situations involving deficiencies related to medical knowledge, academic performance, and administrative issues that are not covered under the Medical Staff Bylaws. The Medical Staff Bylaws process is typically reserved for significant clinical issues that relate to quality of care and/or patient safety, significant issues of ethics and professionalism, or non-compliance with state or federal law.

6. Levels of adverse actions include the following: (described more fully below)

a. Focused-review
b. Probation
c. Suspension
d. Non-promotion
e. Non-renewal
f. Termination

7. Specific adverse actions should be determined on a case-by-case basis taking into account:
   a. the specific facts of the case
   b. the quantity and quality of the documentation (e.g., evaluations, event reports, outcomes data, or other information) related to the deficiencies leading to the adverse action
   c. any past adverse actions taken against the resident
   d. the resident's overall performance in the program up to that point
   e. the improvement of the resident's performance after previous feedback related to these or other similar deficiencies
   f. the ability of the resident to remedy the specific deficiencies found in a reasonable timeframe
   g. the predicted future ability of the resident to successfully complete the training program and to practice competently and independently in their chosen specialty given the deficiencies noted

8. Program Directors are not required to use a stepwise approach for determining specific adverse actions. For example, a Program Director is not required to place a resident on focused review prior to probation or probation prior to suspension.

9. With regard to non-promotion, residents will be notified of intent not to promote them to a subsequent PGY-level no later than four (4) months prior to the end of the resident's current PGY-level. This date would typically be March 1st of any academic year for appointments beginning July 1st. If the primary reason(s) for non-promotion occur(s) within the four months prior to the end of the PGY-year, the Program Director must provide the resident with written notice of intent not to promote the resident in as timely a manner as the circumstances will reasonably allow.

10. With regard to non-renewal, residents will be notified of intent not to renew their appointment no later than four (4) months prior to the end of the resident's current term of appointment. This date would typically be March 1st of any academic year for appointments beginning July 1st. If the primary reason(s) for non-renewal occur(s) within the four months prior to the end of the term of appointment, the Program Director must provide the resident with written notice of intent not to renew in as timely a manner as the circumstances will reasonably allow, prior to the end of the term of appointment.

Procedures:

1. The Program Director must consult with the program's education committee or housestaff competency committee prior to taking adverse actions against a resident. The Program Director should present the following information to the committee:

a. The specific adverse action that is proposed
b. The specific deficiencies in knowledge, performance, or behavior leading to the adverse action
c. The documentation that describes the deficiencies (e.g., performance evaluations, patient complaints, student complaints).

The committee may provide a recommendation to the Program Director. If the housestaff competency committee makes a recommendation, the resident may use the recommendation during an appeal of an adverse action.

2. The Program Director must provide an opportunity for residents to
   a. Appear before the committee to discuss the action and provide information to the committee, or
   b. Submit a written comment to the committee regarding the adverse action.

3. The Program Director, after consultation with the program education committee or housestaff competency committee, will make the decision on what if any adverse action should be taken against a resident.

4. When taking an adverse action, the Program Director must notify, in writing, the resident, the Chair of the Clinical Department, and the Associate Dean for GME /DIO/Chair of the Graduate Medical Education Committee.

5. In the written notification, the Program Director will document the following items:
   a. The specific adverse action being taken (see item 6 above under Policy section).
   b. An outline of the deficiencies leading to the adverse action.
   c. When applicable, a review of any previous formal communication or meetings with the resident regarding the deficiencies.
   d. If applicable, an outline of the steps the resident can take to remedy the deficiencies.
   e. When appropriate, the behavior or performance expectations after the deficiencies are remedied.
   f. The time period during which the adverse action will be effective and the time at which there will be a reconsideration of the resident's performance in relation to the deficiencies.
   g. When appropriate, a faculty mentor with whom the resident can work to remedy the deficiencies. This may be the resident's advisor and typically should not be the Program Director or the Department Chair.
   h. When appropriate, a statement regarding potential future adverse actions that may be taken if the deficiencies are not remedied under this adverse action.
   i. A statement outlining the appeal and due process rights for the resident as outlined in the Resident Due Process policy.
      1) With the exception of focused review that does not extend the length of the training program, all other adverse actions under this policy are eligible for appeal.
      2) Adverse actions taken under the Medical Staff Bylaws follow a separate process that is outlined in the Medical Staff Bylaws.

6. The Associate Dean for GME and Hospital Legal Services are available for consultation regarding the content of the written notification of the adverse action. The final adverse action will be implemented only after all rights to appeal have been exhausted and the decision becomes final.

Definitions for Administrative and Academic Disciplinary Actions:

1. **Focused Review:**

a. Focused review is typically used as a preventive measure to formally notify the resident regarding minor deficiencies in their knowledge, performance, or behaviors and to provide them with an opportunity to remedy those deficiencies.
b. If the deficiencies are not satisfactorily corrected, typically a more serious adverse action will follow.
c. The resident's schedule and activities may be modified during the period of focused review in order to allow the resident an opportunity to remedy the deficiencies and/or to ensure that the resident is fully prepared to move forward to the next stage of training.
d. Time spent on focused review may or may not be used for credit toward the completion of the training program at the Program Director's discretion. The decision to grant credit for the time on focused review must be made at the beginning of the period of focused review. Focused review that does not extend the period of training is not eligible for appeal. (See Resident Due Process policy.) .

2. **Probation:**

a. Probation is used when ongoing and/or significant deficiencies in a resident's performance or behavior are noted.
b. Probation allows the resident to continue active participation in the program while addressing the concerns and deficiencies identified in the written notice of probation.
c. Time spent on probation may or may not be used for credit toward the completion of the training program at the Program Director's discretion. The decision to grant credit for the time on probation may be made at the end of the probationary period based on the resident's performance while on probation.
d. The resident's schedule and activities may be modified during the period of probation in order to allow the resident an opportunity to remedy the deficiencies or to ensure that the resident is fully prepared to move forward to the next stage of training.
e. If the deficiencies are not satisfactorily corrected during the probationary period, further disciplinary action will follow.

3. **Suspension:**

a. Suspension involves the removal of a resident from training activities for a specified period of time. Although some of the reasons for probation and suspension are the same, the severity of the resident's deficiencies and any potential direct or indirect threat to patients, colleagues or other staff may determine which adverse action should be taken.
b. Suspension may be with or without pay as appropriate depending upon the circumstances and at the discretion of the Program Director.

c. When returning from suspension, the resident may be placed on probation for a specified period of time in order to determine whether the specific deficiencies that caused the suspension have been adequately addressed.

4. **Non-promotion:**
   a. Non-promotion means that the resident will not be promoted to the subsequent PGY-year at the completion of their current year of training. Non-promotion should be used when a resident has not been able to clearly demonstrate the knowledge, skills, or behaviors required to advance to the next level of training and responsibility.
   b. Non-promotion is appropriate when the Program Director believes that the resident will be able to successfully complete the PGY-year and eventually the training program after the period of additional training.
   c. The notification timeline regarding non-promotion are noted in item 9 in the "Policy" section above.
   d. When non-promotion is decided upon, the resident has the option of resigning from the program at the completion of the academic year in lieu of not being promoted.
   e. When non-promotion is decided upon and the resident chooses to transfer to another institution in the same or in a different specialty, the resident will not receive credit for successfully completing the current year of training.

5. **Non-renewal:**
   a. Non-renewal means that the resident will be terminated as a trainee within the training program at the end of their current appointment.
   b. The resident will receive credit for successfully completing training up to the end of the current contract year.
   c. The notification timeline regarding non-promotion are noted in item 9 in the "Policy" section above.

6. **Termination:**
   a. Termination involves the immediate and permanent removal of a resident from the training program and is the most serious of all adverse actions. Termination should be used only in the case of a resident with serious deficiencies in knowledge, performance, or behavior. In addition, under the Hospital Medical Staff Bylaws, a resident may be terminated if they are no longer eligible to practice medicine under state or federal law.
   b. As stated in the Limited Staff Agreement, Hospital Medical Staff Bylaws, and University HR policies, termination from the training program will also result in immediate termination of the resident's stipend and benefits, faculty position, access to medical records, and clinical credentials as a member of the Limited Staff.
   c. Termination is typically preceded by sufficient notice to the resident that there are significant deficiencies in the knowledge, performance, or behaviors and potentially by previous adverse actions. However, there is no requirement that there be any preceding adverse action prior to a resident being terminated.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Policy on Resident Moonlighting

Moonlighting by residents in the podiatric residency program is permitted. However, moonlighting activity must not adversely affect the education and training of any podiatric trainee.

> *1. If the moonlighting resident is deficient in his/her program requirements, the Program Director reserves the right and the responsibility to limit or prohibit that resident's moonlighting activities in order to concentrate on his/her education.*

> *2. Resident moonlighting hours must be tracked and reported to the Program Director in order to ensure that time spent away from the program is not adversely impacting the resident's progress in the training program.*

> *3. Residents are prohibited from moonlighting if they are on in-house call, home call, or during any daytime assigned clinical duties within their training program that might overlap with the moonlighting shift. Trainees may not moonlight while on family, medical, paternity, or maternity leave.*

II. Requirements in Order to Moonlight

1. **The resident must obtain a permanent State of Ohio Medical License. Residents may not practice outside of the residency program under a State of Ohio Training Certificate.**

2. The resident must obtain a personal DEA certificate/number. Residents are not permitted to prescribe medication outside of their residency program under the institutional DEA number they are issued at the beginning of their residency.

3. The resident must obtain their own malpractice insurance for any moonlighting activity. Residents are not covered by the institutional malpractice insurance plan when they are working outside the scope of their residency program.

III. Approval/Monitoring of Moonlighting

1. Any resident wishing to moonlight must have the approval of the Program Director. The resident must inform the program director by e-mail of the planned locations of moonlighting and an estimate of number of hours per week/month. A copy of the e-mail will be kept in the resident's permanent file.

2. Residents who are already moonlighting must also notify the program director annually (in July) of the moonlighting activity location(s) and frequency.

3. If excessive moonlighting which adversely impacts the resident's education is suspected, the Program Director reserves the right to request that the resident turn in a monthly report of moonlighting activity.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Policy on Resident Fatigue

In order to promote physician wellness, high quality education, and to promote safe patient care, the Department of Orthopaedics strives to recognize the signs of resident fatigue and implement changes to alleviate such fatigue. In the event that a resident experiences excessive sleep loss, fatigue or stress that is interfering with their ability to safely perform their duties, they are strongly encouraged and obligated to report this to their senior resident, attending, and/or program director.

All attendings and residents are instructed to closely observe other residents for signs of undue stress and/or fatigue. Faculty and other residents are to report concerns of sleepiness, tardiness, absence, inattentiveness, or other indicators of possible fatigue and/or excessive stress to supervising attendings and or the program director. The resident will be relieved of his/her duties until the effects of fatigue and/or stress are no longer present.

Appropriate back up support will be provided when patient care responsibilities are especially difficult or prolonged, and if unexpected needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

In order to educate residents and faculty to recognize the signs of fatigue, residents and faculty must both complete training in this area. All residents are required to view an online module entitled "sleep deprivation". This must be done in the first year of training. All faculty are required to view a powerpoint presentation on the effects of fatigue once a year and then discuss this topic during one faculty meeting per year.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Conference Attendance Policy

Policy: The Department of Orthopaedics recognizes the importance of leave from duties to attend and/or present at podiatric conferences and courses. To that end, the Department allows each resident one week of paid vacation for conference attendance per year. Time cannot be carried over from year to year.

Procedures to Attend Conferences:

Resident trainees may attend local, regional, and national conferences with the permission of the program director of the residency program. This permission must be obtained in advance of the meeting.

The Department will reimburse all actual reasonable costs up to the following:

PGY1 – PGY3: $2,000

Once permission is obtained, residents must inform and work with the chief resident to ensure that all of their clinical obligations are covered during the period of absence.

The resident coordinator must be notified of any changes in clinical responsibilities, e.g. modification to the call schedule so that all effected areas are notified.

The Ohio State University
Department of Orthopaedics
Orthopaedic Residency Program

Resident Travel/Reimbursement Policies and Procedures

Travel Request: The resident coordinator must be notified of all intended travel for which the resident expects to be reimbursed. The coordinator will then complete the required travel request forms. Per University Travel Office Policy, no travel will be reimbursed without a pre-submitted travel request form. Therefore, if you fail to inform the resident coordinator about the trip you are taking at least one month before you go and subsequently the required travel form is not submitted to the OSU travel office, the OSU travel office WILL NOT reimburse you for the expenses incurred during your trip.

No travel expenses will be reimbursed until the trip is completed.

Generally, travel expenses include the following:

A) Registration Fees
Residents have two options to pay registration fees. Fees can be prepaid by the residency coordinator via credit card or the resident can pay the registration fees his or herself and keep the receipt for reimbursement after the travel is completed.

B) Transportation (Airfare, Rental Cars, and Personal Vehicles)
Residents are encouraged to purchase airfare themselves through any travel source. This will ensure the best fare. If this option is chosen, the resident must provide original receipts to the coordinator upon return. Often times, the packaged deals will not be able to provide itemized receipts. However, residents have the option of working with the residency coordinator and the corporate travel agent in order to have the airfare prepaid by the University. This would eliminate the resident having to "front" the money themselves and keep receipts for reimbursement after the travel is completed. However, keep in mind that the airfares through the travel agent are generally more expensive.

University policy states that you can rent a car only when it is absolutely necessary. For example, if your conference is at the same hotel that you are staying at, then you shouldn't rent a car. However, if your conference is very far from the airport, for example, it may be more economical to rent a car than to take a cab. An original receipt and a signed copy of the rental care agreement will be required for reimbursement. You must accept the Damage Waiver (DW)/Collision Damage Waiver (CDW)/Loss Damage Waiver (LDW) and liability insurance. Note there are only two approved car rental agencies which may be used. The agencies are Enterprise and National. If a car is rented from any other agency, the University will not reimburse the cost.

Residents are permitted to use their own vehicles to drive to conference locations. You are permitted to give a total of miles traveled which will be checked against mileage estimates from sources such as Mapquest. You will be reimbursed at the current federal mileage reimbursement rate. However, you will only be reimbursed up to the amount of the lowest published airfare for the dates you traveled. If you choose to drive instead of fly, you must notify me as soon as you register for the conference. I am required to then document the price of an airline ticket as of that day. That amount must be submitted to the travel office and that amount is the maximum that you will be reimbursed for mileage.

C) Hotel Accommodations
Hotel accommodations are the responsibility of the traveler. The residency coordinator is not permitted to make hotel reservations on behalf of the traveler. Residents should refer to course brochure for possible group rates on hotel reservations. Residents should stay at the conference hotel or very close to the conference location in order to avoid the need for a rental car. Please ensure you will receive an itemized hotel receipt at checkout.

D) Per Diem
Residents are not required to keep food receipts while on university travel, but instead are provided with a per diem allowance for food purchases. The per diem amount varies depending on the city visited. See the residency coordinator for the per diem rates. This amount will automatically be reimbursed to each traveler.

E) Other Travel Expenses
These expenses include such items as airport parking, cabs, gas for rental cars, etc. Original receipts must be given to the residency coordinator in order for the traveler to be reimbursed.

Procedure to Obtain Reimbursement of Travel Expenses:

A) OSU Travel Request form must be submitted by residency coordinator prior to travel, therefore you must notify coordinator of travel BEFORE you leave!

B) **Traveler keeps ORIGINAL itemized receipts** for hotel, airfare, rental cars, registration, cabs, airport parking, etc. OSU will NOT accept copies of these receipts and will not reimburse the traveler.

C) Traveler returns from the trip and submits original receipts to coordinator within 60 days of travel. This 60 day deadline is an OSU travel office policy and is not negotiable. The travel office will NOT reimburse any travel receipts turned in after 60 days from return.

D) Reimbursement funds will be direct deposited into the traveler's account about one week after reimbursement forms are submitted.

Revised 6/13/2014

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Resident Travel
The Basics/What's Important to Remember

Making sure I know before you Travel

1. You must notify me **BEFORE** you go to a conference. I need to know where it is and what dates it is and I need a copy of the brochure, website address, something like that. I have to do travel requests BEFORE you leave or your travel will not be reimbursable, per university policy. Exceptions have to be submitted to the Dean in writing for his approval. Just note that he generally is NOT approving them. We get "strikes" against us every time we even ask. There's not a whole lot I, Dr. Monson, nor Dr. Glassman, do about this.

Planning your Travel: Flying Vs. Driving

2. When planning your travel, keep in mind that University Policy states that you must fly unless it is economically more feasible to drive your own vehicle. However, the University cannot make you fly, so if you do choose to drive anyway, you will only be reimbursed up to the amount of the cheapest airfare on the day you traveled. I will have to look up the airfare on a travel site such as Expedia or Travelocity and submit that printout with the travel reimbursement. You will then only get that amount back, regardless of how much it cost you to drive. So, if you are going to drive instead of fly on your trip, you need to let me know before you leave and know that you will likely not get back as much as you spent (depending on the constant fluctuation of fuel prices).

When you can rent a car / Approved rental car agencies

3. University policy states that you may rent a car only when it is absolutely necessary. For example, if your conference is at the same hotel that you are staying at, then you shouldn't rent a car. However, if your conference is very far from the airport, for example, it may be more economical to rent a car than to take a cab. You may also rent a car if your conference is not at your hotel and if no complimentary transportation is provided.

Note that the only university approved rental car agencies are Enterprise and National. You must include a copy of the signed rental car agreement with your receipts when you submit them for reimbursement. You also must use one of the contracted companies, even if you find a better rate somewhere else. The university has discount numbers for these two agencies. Contact me for the numbers before you reserve your vehicle.

Need for original, itemized hotel receipt

4. Only original receipts can be submitted for travel reimbursement. This means you have to have the original itemized statement that the hotel gives you when you check out. This receipt must be itemized (list the price paid for each night of the stay). The receipt must also say paid or have a zero balance. Sometimes the receipts they leave under your door the morning you check out do not say paid and are not itemized. So, check the receipt before you leave the room and if it is not itemized and does not say paid, go down to the front desk and have them print you a new receipt.

Although the university generally discourages such, if you make your hotel reservations through Expedia or another third-party website, the confirmation e-mail will suffice, but it has to say the price you paid each night. Packaged deals do not generally include itemized information so should be avoided. All other receipts must be original as well. This includes cabs, hotel shuttles, car rentals, car rental gas, etc. Your credit card statement cannot be submitted in lieu of original receipts. There are few, if any, exceptions to this one and it must be approved by the Dean.

Acceptable airfare receipts

5. For airfare, you need to give me a copy of the stub that says what the price was. If you do it on-line, I need the e-mail confirmation, but it must have a price on it and must indicate the method of payment used to purchase the ticket, (i.e. have the last four digits of your credit card number, say "amount paid" or something similar on it).

Per Diem for meals

6. You do not have to keep receipts for meals. Instead, you get a per diem. Each city has a different per diem rate. Contact me for the rate for where you are travelling.

Making your hotel reservations/Registering for your conference

7. It is always the residents' responsibility to make your own hotel arrangements. Per university policy, I am not permitted to do this for you. I can however, prepay registration fees for you.

Making your airline reservations

8. You can make your flight arrangements yourself or have me do it through the university travel agent. Keep in mind though that you can always find a better rate than the travel agent does. The only advantage to going through the travel agent is that you do not have to front the money.

Traveling in Groups

9. Note that if there are more than one of you going to a particular conference and you share expenses, I am required to put the travel reimbursement forms for all "sharers" in together. Example, resident A and resident B share a room and each want reimbursed half. Resident A gives me all of his receipts right away, but resident B doesn't get them in for another three weeks. Resident A's reimbursement cannot be put in until resident B has his receipts in, thus resident A's reimbursement is delayed and resident A may be angry!

Deadlines for getting travel receipts to me

10. Travel reimbursement closes sixty days after return from the trip. What that means to you is that if you don't get your receipts to me in enough time to send them in within 60 days of your trip, you will not be reimbursed. There are no exceptions to this one, not even by the Dean.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Book Allowance

Any remaining funds from the conference stipend can be applied to the purchase of books. Residents may check their account balance with the program manager at any time during the year.

Residents are not permitted to use their book allowance to purchase any item other than books and other media resource. Residents may not use their funds to purchase computers, digital cameras, or to pay for other types of applications or memberships.

In summary, the only approved purchases for reimbursement are books and digital media resources. Funds do not carry over to the next year.

Procedure:

1) Resident may purchase book and submit the receipt for reimbursement to the residency program manager. Reimbursement will be direct deposited into resident's bank account

2) Under some circumstances, the residency program manager may purchase books on behalf of the resident. Please contact program manager to inquire.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Parental Leave Policy

1. Parental leave is available to all residents regardless of length of service at OSU. When possible, notice of pregnancy (or spouse's pregnancy) or adoption and plans for parental leave should be provided to the program director as soon as possible – preferably by the end of the first trimester – in order to ensure that schedule changes can be made in a timely manner and that receipt of benefits can be accommodated. For new, incoming residents who are aware of a pregnancy, notification to the program director is expected as soon as possible after the position is offered to the resident.

2. Parental leave consists of six weeks of full pay for birth mothers and three weeks of regular pay for fathers, domestic partners and adoptive parents.

3. The maximum amount of sick leave that can be used in combination with paid parental leave by a birth mother is based on the employee's Family Medical Leave eligibility, not to exceed six weeks. For example, a birth mother is eligible for six weeks of paid parental leave. If more time is needed, they are eligible for up to six additional weeks of leave if they qualify for family medical leave.

4. **However, residents must be aware that the amount of leave taken may affect their ability to meet the requirements of the residency program and the requirements of the Podiatric Board. To this end, the program will permit a total of three months total leave during the entire residency.** This breaks down to four weeks per PGY year.

5. If a resident takes maternity leave during any given year, it is at the Program Director's discretion to deny remaining vacation time for that year, so that the resident does not use more than the allowable five months of leave during the five year program (i.e. if a resident takes 6 weeks of leave during a year, he/she may be required to forfeit his/her three weeks of vacation for that year.)

6. **If a resident exceeds three months of leave from the program during the residency, arrangements will be made by the Program Director for that resident to stay on for additional training in order to make up the deficiency. This is at the discretion of the Program Director.**

7. The resident must inform the Program Director and the Residency Coordinator of the beginning and ending dates of parental leave.

8. No moonlighting during parental leave will be permitted.

9. Please refer to the Resident Agreement for more information on the Parental Leave Policy offered by the OSU Medical Center.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

ACLS/BLS Certfication:

1. The Department of Orthopaedics and the CPME require that all residents maintain certification in ACLS and BLS. Certification is good for two years.

2. Each resident is responsible for knowing when it is necessary to renew their own certification.

3. The Department of Orthopaedics will provide funding for these courses which are given through the Trauma Office at the Medical Center

4. Course registration must be done online. Coordinators do not have access to your personal login and therefore are not permitted to register you for any courses. Residents must sign up via ED&R website on Onesource. (https://mylearning.osumc.edu/mynetlearning/login.aspx?id=309) This must be done at least two months in advance of the course.

5. Please e-mail course dates to the coordinator once they are scheduled and send in copies of the updated ACLS and BLS cards.

6. **Should you need to cancel or reschedule, you must unenroll on the website. There is a strict $50 no-show fee. The Trauma Office will require that the fee be paid before you can sign up for another course.**

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Important Dates for 2016 = 2017

Departmental Events:

EVENT	DATE	LOCATION
ABPS In-Training Examination (PGY1s-PGY3s)	October 31 – December 2, 2016	Pearson Test Centers
ABPM In-Training Exam (PGY2s only)	October 31 – December 2, 2016	Pearson Test Centers
Residency Interviews - CRIP	January 12 – 17, 2017	Frisco, Texas
Mallory-Coleman Day Resident Research Day	June 2, 2017	Fawcett Center
Resident Graduation Dinner	June 2, 2017	Scioto Country Club

OSU Holidays:

HOLIDAY	DATE
Independence Day	July 4, 2016
Labor Day	September 5, 2016
Veteran's Day	November 11, 2016
Thanksgiving	November 24, 2016
Columbus Day (observed)	November 25, 2016
President's Day (observed)	December 23, 2016
Christmas	December 26, 2016
New Year's Day	January 2, 2017
Martin Luther King Day	January 16, 2017
Memorial Day	May 29, 2017

STANDARDS AND REQUIREMENTS FOR APPROVAL OF PODIATRIC MEDICINE AND SURGERY RESIDENCIES

COUNCIL ON PODIATRIC MEDICAL EDUCATION

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INTRODUCTION

Following four years of professional education, graduates of colleges or schools of podiatric medicine enter postgraduate residency programs conducted under sponsorship of health-care institutions and colleges of podiatric medicine. Residencies afford these individuals structured learning experiences in patient management along with training in the diagnosis and care of podiatric pathology. The individuals involved in these training programs are referred to as "residents" and are recognized as such by the institutions sponsoring the programs.

The Council on Podiatric Medical Education (CPME) is an autonomous, professional accrediting agency designated by the American Podiatric Medical Association (APMA) to serve as the accrediting agency in the profession of podiatric medicine. The Council evaluates, accredits, and approves educational institutions and programs. The scope of the Council's approval activities extends to institutions throughout the United States and its territories and Canada.

The mission of the Council is to promote the quality of doctoral education, postdoctoral education, certification, and continuing education. By confirming these programs meet established standards and requirements, the Council serves to protect the public, podiatric medical students, and doctors of podiatric medicine.

The Council has been authorized by APMA to approve institutions that sponsor residency programs that demonstrate and maintain compliance with the standards and requirements in this publication. Podiatric residency approval is based on programmatic evaluation and periodic review by the Residency Review Committee (RRC) and the Council.

Standards and requirements in this publication are divided into institutional standards and requirements and program standards and requirements. Standard 6.0 and the associated requirements were developed as a collaborative effort of the Council on Podiatric Medical Education, the American Board of Foot and Ankle Surgery (ABFAS), and the American Board of Podiatric Medicine (ABPM).

Under no circumstances may the standards and requirements for approval by the Council supersede federal or state law.

Prior to adoption, all Council policies, procedures, standards, and requirements are disseminated widely in order to obtain information regarding how the Council's community of interest may be affected.

The Council formulates and adopts its own approval procedures. These procedures are stated in CPME 330, *Procedures for Approval of Podiatric Residencies*. This document, as well as CPME 320, may be obtained on the Council's website at www.cpme.org or by contacting the Council office.

ABOUT THIS DOCUMENT

This publication describes the standards and requirements for approval of podiatric residency programs. The standards and requirements, along with the procedures for approval, serve as the basis for evaluating the quality of the educational program offered by a sponsoring institution and holding the institution and program accountable to the educational community, podiatric medical profession, and the public.

The **standards** for approval of residency programs serve to evaluate the quality of education. These standards are broad statements that embrace areas of expected performance on the part of the sponsoring institution and the residency program. Compliance with the standards ensures good educational practice in the field of podiatric medicine and thus enables the Council to grant or extend approval.

Related to each standard is a series of specific **requirements**. Compliance with the requirements provides an indication of whether the broader educational standard has been satisfied. During an on-site evaluation of a residency program, the evaluation team gathers detailed information about whether these requirements have been satisfied. Based upon the extent to which the requirements have been satisfied, the Council determines the compliance of the sponsoring institution and the residency program with each standard.

- The verb “shall” is used to indicate conditions that are imperative to demonstrate compliance.

The **guidelines** are explanatory materials for the requirements. Guidelines are used to indicate how the requirements either must be interpreted or may be interpreted to allow for flexibility, yet remain within a consistent framework. The following terms are used within the guidelines:

- The verbs “must” and “is” indicate how a requirement is to be interpreted, without fail. The approval status of a residency program is at risk if noncompliance with a “must” or an “is” is identified.

- The verb “should” indicates a desirable, but not mandatory, condition.

- The verb “may” is used to express freedom or liberty to follow an alternative.

Throughout this publication, the use of the terms “institution” and “program” is premised on the idea that the program exists within and is sponsored by an institution.

The terms “college” and “school” are used interchangeably throughout this document.

GLOSSARY

The Council strongly encourages sponsoring institutions and program directors to become familiar with the following definitions to ensure complete understanding of this publication.

Academic Health Center

An academic health center is the entire health enterprise at a university including health professions, education, patient care, and research. An academic health center consists of a medical school accredited by the Liaison Committee on Medical Education or the American Osteopathic Association, one or more health profession schools or programs (such as podiatric medicine, dentistry, allied health, nursing, pharmacy, public health, graduate studies, or veterinary medicine), and one or more owned and affiliated teaching hospitals or health systems.

Accreditation

Accreditation is the recognition of institutional or program compliance with standards established by the Council on Podiatric Medical Education, based on evaluation of the institution's own stated objectives. Accreditation is a voluntary process of peer review. The Council is responsible for accrediting colleges of podiatric medicine related to the four-year curriculum leading to the degree of Doctor of Podiatric Medicine.

Affiliated Training Site

An affiliated training site is an institution or facility that provides a rotation(s) for residents. Examples of sites include: a college of podiatric medicine, a teaching hospital including its ambulatory clinics and related facilities, a private medical practice or group practice, a skilled nursing facility, a federally qualified health center, a public health agency, an organized health care delivery system, an outpatient surgery center, or a health maintenance organization (clinical facility).

American Board of Foot and Ankle Surgery

ABFAS is the specialty board recognized by the Council on Podiatric Medical Education's Joint Committee on the Recognition of Specialty Boards (JCRSB) to certify in the specialty area of podiatric surgery. ABFAS maintains two certification pathways: foot surgery and reconstructive rearfoot/ankle surgery. The foot surgery status is a prerequisite for the reconstructive rearfoot/ankle status.

American Board of Podiatric Medicine

ABPM is the specialty board recognized by the Council on Podiatric Medical Education's Joint Committee on the Recognition of Specialty Boards to certify in the specialty area of podiatric medicine and orthopedics. ABPM maintains one certification pathway leading to certification in podiatric orthopedics and primary podiatric medicine.

Approval

Approval is the recognition of a podiatric residency program, podiatric fellowship program, or sponsor of continuing education that has attained compliance with standards established by the Council on Podiatric Medical Education. Approval is a program-specific form of accreditation.

Centralized Application Service for Podiatric Residencies (CASPR)

CASPR is a service of the American Association of Colleges of Podiatric Medicine (AACPM) and its Council of Teaching Hospitals (COTH). CASPR enables graduates of colleges and schools of podiatric medicine to apply simultaneously to podiatric residency programs approved by the Council. The goal of CASPR is to facilitate residency selection by centralizing and streamlining the application process.

Certification

Certification is a process to provide assurance to the public that a podiatric physician has successfully completed an approved residency and an evaluation, including an examination process designed to assess the knowledge, experience, and skills requisite to the provision of high quality care in a particular specialty.

Collaborative Residency Evaluator Committee (CREC)

CREC is an effort of ABFAS, ABPM, and the Council to improve the methods by which residency evaluators and team chairs are selected, trained, assessed, remediated, and dismissed. The composition of the Committee includes three individuals from each organization, one of whom must be the executive director or that individual's designee, who must be an employee of the organization represented.

Competencies

Competencies are those elements and sub-elements of practice that define the full scope of podiatric training. The Council has identified competencies that must be achieved by the resident upon completion of the podiatric medicine and surgery residency. ABFAS and ABPM have identified competencies related to certification pathways.

Council of Teaching Hospitals (COTH)

COTH is a membership organization comprised of institutions sponsoring Council-approved podiatric residency programs (including programs holding provisional and probationary approval). The goals of COTH include fostering excellence in residency training, promoting a code of ethics, developing policy, and serving as a forum for the exchange of ideas on residency education. COTH is a component of the American Association of Colleges of Podiatric Medicine. The Council on Podiatric Medical Education and RRC encourage sponsoring institutions to participate in COTH.

Curriculum

The curriculum is the residency program's unique organization and utilization of its clinical and didactic training resources to assure that the resident achieves the competencies identified by the Council and is prepared to enter clinical practice upon completion of the residency.

Due Process

Due process is a defined procedure established by the sponsoring institution that is utilized whenever any adverse action is proposed or taken against a resident. All parties in a residency program are protected when there is a reasonable opportunity provided to present pertinent facts.

Duplication

Duplication occurs when a resident enters the same case and procedure on the same day of surgery more than once in clinical/patient logs.

External Assessments

External assessments are standardized evaluations of residents that are monitored and/or delivered by organizations external to the residency program for the purpose of validating the resident's experiences and development. An example is an annual in-training examination conducted by a specialty board.

Fragmentation

Fragmentation occurs when a specific surgical procedure in clinical/patient logs is unbundled or fragmented inappropriately into its individual component parts.

Health-care Institution

A health-care institution is an organization or corporation (such as a hospital or academic health center) established under the control and direction of a governing board. The mission of such an institution includes the evaluation, diagnosis, and treatment of disease and injury. Private individuals and/or groups of private individuals are not viewed to be health-care institutions.

Hospital

A hospital is an institution that provides diagnosis and treatment of a variety of medical conditions in inpatient and outpatient settings. The institution may provide training in the many special professional, technical, and economic fields essential to the discharge of its proper functions.

Internal Assessments

Internal assessments are those evaluations of residents that are conducted within the residency program by faculty, staff, peers, and patients for the purpose of validating the serial acquisition of necessary knowledge, attitudes, and skills by the residents. Knowledge, attitudes, and skills should be evaluated separately. Knowledge may be assessed with internal modular testlets. Attitudes may be assessed with an attitudinal assessment form. Skills may be assessed by utilizing a standardized technical skills assessment form and observing a particular skill set.

In-training Examination

Administered by the specialty board(s), the in-training examination serves as an external assessment of the resident's development towards readiness for board qualification by the specialty board(s).

Joint Committee on the Recognition of Specialty Boards

JCRSB is a committee established by the Council on Podiatric Medical Education on behalf of the podiatric medical profession to recognize specialty boards. The recognition of a specialty board by JCRSB serves to provide important information to the podiatric medical profession, health-care institutions, and the public about the sound operations and fair conduct of the board's certification process. The Council and JCRSB are committed to a process that assures the public that those podiatric physicians who are certified have successfully completed the requirements for certification in an area of specialization. The Council's authority for the recognition of specialty boards through JCRSB is derived solely from the House of Delegates of the American Podiatric Medical Association. JCRSB recognizes the American Board of Foot and Ankle Surgery and the American Board of Podiatric Medicine.

Podiatric Medicine and Surgery

Podiatric medicine and surgery is the profession and medical specialty that includes the study, prevention, and treatment of diseases, disorders, and injuries of the foot, ankle, and their governing and related structures by medical, surgical, and physical methods.

Miscategorization

Miscategorization occurs when a surgical procedure in patient/clinical logs is misclassified into an incorrect procedure code.

Residency

A residency is a postgraduate educational program conducted under the sponsorship of a hospital, college of podiatric medicine, or academic health center. The purpose of a residency is to further develop the competencies of graduates of colleges of podiatric medicine through clinical and didactic experiences.

A residency program is based on the resource-based, competency-driven, assessment-validated model of training:

- Resource-based implies that the program director constructs the residency program based upon the resources available. While the Council recognizes that available resources may differ among institutions, the program director is responsible for determining how the unique resources of the particular residency program will be organized to assure the resident opportunity to achieve the competencies identified by the Council.

- Competency-driven implies the program director assures that the resident achieves the competencies identified by the Council for successful completion of the residency. Each of these specific competencies must be achieved by every resident identified by the sponsoring institution as having successfully completed the residency program.

- Assessment-validated implies the serial acquisition and final achievement of the competencies are validated by assessments of the resident’s knowledge, attitudes, and skills. To provide the most effective validation, assessment is conducted both internally (within the program) and externally (by outside organizations).

Residency Review Committee

RRC is responsible for determining eligibility of applicant institutions for initial on-site evaluation, authorizing increases in and reclassification of residency positions, and recommending to the Council approval of residency programs. RRC reviews reports of on-site evaluations, progress reports, and other requested information submitted by sponsoring institutions. RRC may modify its own policies and/or recommend to the appropriate ad hoc committee modifications in standards, requirements, and procedures for residency program evaluation and approval.

Composition of RRC includes two representatives each from ABFAS and ABPM, one representative from COTH, one representative from residency programs at large (selected by the Council), and at least two Council members.

Although RRC is the joint responsibility of various organizations, the Council and its staff administer the affairs of RRC. Appropriate agreements and financial compensation are arranged among the participating organizations for the administration of RRC.

Training Resources

Training resources are the physical facilities, faculty, patient population, and adjunct support that allow the achievement of specific competencies (knowledge, attitudes, and skills) by a resident exposed to those resources. Training resources are represented generally by the various medical and surgical subspecialties.

Verification

Verification is the process by which the program director reviews resident clinical/patient logs to ensure resident attainment of the Minimum Activity Volume (MAV) requirements and for accuracy to ensure there is no duplication, miscategorization, and/or fragmentation of procedures.

STANDARDS FOR APPROVAL OF PODIATRIC RESIDENCY PROGRAMS

The following standards pertain to all residency programs for which initial or continuing approval is sought. The standards encompass essential elements including sponsorship, administration, program development, clinical expectations, and assessment.

INSTITUTIONAL STANDARDS:

1.0 The sponsorship of a podiatric medicine and surgery residency is under the specific administrative responsibility of a health-care institution or college of podiatric medicine that develops, implements, and monitors the residency program.

2.0 The sponsoring institution ensures the availability of appropriate facilities and resources for residency training.

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

4.0 The sponsoring institution reports to the Council on Podiatric Medical Education regarding the conduct of the residency program in a timely manner and at least annually.

PROGRAM STANDARDS:

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

6.0 The podiatric medicine and surgery residency is a resource-based, competency-driven, assessment-validated program that consists of three years of postgraduate training in inpatient and outpatient medical and surgical management. The sponsoring institution provides training resources that facilitate the resident's sequential and progressive achievement of specific competencies.

7.0 The residency program conducts self-assessment and assessment of the resident based upon the competencies.

INSTITUTIONAL STANDARDS AND REQUIREMENTS

1.0 The sponsorship of a podiatric medicine and surgery residency is under the specific administrative responsibility of a health-care institution or college of podiatric medicine that develops, implements, and monitors the residency program.

1.1 The sponsor shall be a hospital, academic health center, or 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 residency training.

A surgery center may co-sponsor a residency with a hospital, academic health center, and/or college of podiatric medicine but cannot be the sole sponsor of the program.

Institutions that co-sponsor a residency program must define their relationship to each other to delineate the extent to which financial, administrative, and teaching resources are to be shared. The document defining the relationship between the co-sponsoring institutions and the resident contracts must describe arrangements established for the residency program and the resident in the event of dissolution of the co-sponsorship.

1.2 The health-care institution(s) in which residency training is primarily conducted 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. The college of podiatric medicine shall be accredited by the Council on Podiatric Medical Education.

1.3 The sponsoring institution shall formalize arrangements with each training site by means of a written agreement that defines clearly the roles and responsibilities of each institution and/or facility involved.

When training is provided at an affiliated training site, the participating institutions must:

- indicate their respective training commitments through an affiliation agreement reaffirmed at least once every five years.

This document must:

- acknowledge the affiliation and delineate financial support (including resident liability) and educational contributions of each training site;

- be signed by the chief administrative officer or designee of each participating institution or facility;
- include an effective date; and
- be forwarded to the program director.

If the program director does not participate actively at the affiliated training site, or if a significant portion of the program is conducted at the affiliated training site, a site coordinator must be designated formally to ensure appropriate conduct of the program at this training site. The site coordinator must hold a staff appointment at the affiliated site and be a faculty member involved actively in the program at the affiliated institution or facility. Written confirmation of this appointment must include the signatures of the program director and the site coordinator.

The expected daily commute to each sponsoring and affiliated training site must not have a detrimental effect upon the educational experience of the resident. Training provided abroad may not be counted toward the requirements of any training resource.

2.0 The sponsoring institution ensures the availability of appropriate facilities and resources for residency 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 residency program.

The physical plant must be well maintained and properly equipped to provide an environment conducive to teaching, learning, and providing patient care. Adequate patient treatment areas, adequate training resources, and a health information management system must be available for resident training.

The sponsoring institution must have been in operation for at least 12 months before submitting an application for approval to assure that sufficient resources are available for the residency program. The institution should have had an active podiatric service for at least 12 months prior to submitting an application for approval.

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

Library resources should be located on site or within close geographic proximity to the institution(s) at which the resident is afforded training. Library services must include the electronic retrieval of information from medical databases.

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

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

2.5 The sponsoring institution shall provide designated support staff to ensure efficient administration of the residency program.

The institution must ensure that neither the program director nor the resident assumes the responsibility of clerical personnel. The institution must ensure that the resident does not assume the responsibilities of nurses, podiatric medical assistants, or operating room or laboratory technicians.

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

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

3.2 The sponsoring institution shall conduct its process of interviewing and selecting residents equitably and in an ethical manner.

The sponsoring institution must provide the prospective resident information describing the selection process and conditions of appointment established for the program. Interviews must not occur prior to, or be in conflict with, interview dates established by the national resident application matching service with which the residency program participates. The sponsoring institution must make the residency curriculum available to the prospective resident.

3.3 The sponsoring institution shall participate in a national resident application matching service. The sponsoring institution shall not obtain a binding commitment from the prospective resident prior to the date established by the national resident matching service in which the institution participates.

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.

The sponsoring institution must publish its policies regarding application fees (i.e., amount, due date, uses, and refunds).

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 colleges of podiatric medicine accredited by the Council on Podiatric Medical Education. Prior to beginning the residency, all applicants shall have passed the Parts I and II examinations of the National Board of Podiatric Medical Examiners.

3.7 The sponsoring institution shall ensure that the resident is compensated equitably with and is afforded the same rights and privileges as other residents at the institution.

If the sponsoring institution does not offer other residency programs, then the resident must be compensated equitably with other residents in the geographic area.

The stipend offered by the institution is determined as an annual salary. The amount of resident compensation must not be contingent on the productivity of the individual resident.

The resident cannot be hired as an independent contractor.

The sponsoring institution should disclose annually to the program director the current amounts of direct and indirect graduate medical education reimbursement received by the sponsoring institution.

3.8 The sponsoring institution shall provide the resident a written contract or letter of appointment. The contract or letter shall state whether the reconstructive rearfoot/ankle credential is being offered and the amount of the resident stipend. The contract or letter shall be signed and dated by the chief administrative officer of the institution or designated senior administrative officer, the program director, and the resident.

When a letter of appointment is utilized, a written confirmation of acceptance must be executed by the prospective resident and forwarded to the chief administrative officer or designated senior administrative officer. In the case of a co-sponsored program, the contract or letter of appointment must be signed and dated by the chief administrative officer or designated senior administrative officer of each co-sponsoring institution, the program director, and the resident.

Programs approved by the Council to exceed 36 months of training must state the extended program length in the contract.

3.9 The sponsoring institution shall include or reference the following items in the contract or letter of appointment:

a. Resident duties and hours of work

The sponsoring institution must prohibit resident participation in any outside activities that could adversely affect the resident's ability to function in the training program.

b. Duration of the agreement

c. Health insurance benefits

The sponsoring institution must provide health insurance for the resident for the duration of the training program. The resident's health insurance must be at least equivalent to that afforded other professional employees at the sponsoring institution.

d. Professional, family, and sick leave benefits

The resident's leave benefits must be at least equivalent to those afforded other professional employees at the sponsoring institution.

e. Leave of absence

The sponsoring institution must establish a policy pertaining to leave of absence or other interruption of the resident's designated training period. In accordance with applicable laws, the policy must address continuation of pay and benefits and the effect of the leave of absence on meeting the requirements for completion of the residency program.

f. Professional liability insurance coverage

The sponsoring institution must provide professional liability insurance for the resident that is effective when training commences and continues for the duration of the training program. This insurance must cover all rotations at all training sites and must provide protection against awards from claims reported or filed after the completion of training if the alleged acts or omissions of the resident were within the scope of the residency program. The sponsoring institution must provide the resident with proof of coverage upon request.

g. Other benefits if provided (e.g., meals, uniforms, vacation policy, housing provisions, payment of dues for membership in national, state, and local professional organizations, and disability insurance benefits)

3.10 The sponsoring institution shall develop a residency manual distributed to and acknowledged in writing by the resident at the beginning of the program and following any revisions. The manual shall include, but not be limited to, the following:

a. The mechanism of appeal

The sponsoring institution must establish a written mechanism of appeal that ensures due process for the resident and the sponsoring institution, should there be a dispute between the parties. Any individual possessing a conflict of interest related to the dispute, including the program director, must be excluded from all levels of the appeal process.

b. The remediation methods established to address instances of unsatisfactory resident performance

The sponsoring institution must establish and delineate remediation methods to address instances of unsatisfactory resident performance (academic and/or attitudinal) and that identify the time frame allowed for remediation. Remediation methods may include, but not be limited to, requiring that the resident repeat particular training experiences, spend additional hours in a clinic, or complete additional assigned reading to facilitate achievement of the stated competencies of the curriculum. Remediation should be completed no later than three months beyond the normal length of the residency program.

c. The rules and regulations for the conduct of the resident

d. Competencies specific to each rotation (refer to requirements 6.1 and 6.4)

e. Training schedule

The schedule must be for the length of the residency (36 or 48 months, if applicable), reflect the number of approved residency positions, and clearly identify the rotation, location, format, and date of each rotation. (refer to requirement 6.3)

f. Schedule of didactic activities (refer to requirement 6.7)

g. Journal review schedule (refer to requirement 6.8)

h. Assessment documents (refer to requirement 7.2)

i. CPME 320 and CPME 330

These documents may be provided within the manual or the manual may include links to the residency section of CPME’s website.

3.11 The sponsoring institution shall provide the resident a certificate verifying satisfactory completion of training requirements. The certificate shall identify the program as a Podiatric Medicine and Surgery Residency and shall state the date of completion of the resident's training.

The certificate must include the following:

- The statement "Approved by the Council on Podiatric Medical Education"
- At a minimum, the certificate must be signed by the program director and the chief administrative officer, or designated senior administrative officer. In the case of a co-sponsored program, the certificate must be signed by the chief administrative officer or designated senior administrative officer of each co-sponsoring institution and the program director.
- Date of completion
- Identification of the residency as a "Podiatric Medicine and Surgery Residency"
- If applicable, the certificate must identify the added credential as "with the added credential in Reconstructive Rearfoot/Ankle Surgery"

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

The conduct of the residency must focus upon the educational development of the resident rather than on service responsibility to individual faculty members.

4.0 The sponsoring institution reports to the Council on Podiatric Medical Education regarding the conduct of the residency program in a timely manner and at least annually.

4.1 The sponsoring institution shall report annually to the Council office on institutional data, residents completing training, residents selected for training, changes in the curriculum, and other information requested by the Council and/or the Residency Review Committee.

4.2 The sponsoring institution shall inform the Council office in writing within 30 calendar days of substantive changes in the program.

The sponsoring institution must inform the Council of changes in areas including, but not limited to, sponsorship, affiliated training sites, resignation or termination of the program director, appointment of a new program director, curriculum, a significant increase or decrease in faculty, and resident resignation, termination, or transfer.

4.3 The sponsoring institution shall provide the Council office copies of its correspondence to program applicants, and current and incoming residents informing them of adverse actions or voluntary termination of the program. Program applicants shall be notified prior to the interview.

The institution must submit either the program applicants' and the current and incoming residents' written acknowledgment of the status of the program or verifiable documentation of the program applicants' and the current and incoming residents' receipt of the institution's letter. These materials must be received in the Council office within 50 calendar days of the program director's receipt of the letter informing the institution of the action taken by the Review Committee or the Council.

Adverse actions include, probation, administrative probation, withholding of provisional approval, and withdrawal of approval.

PROGRAM STANDARDS AND REQUIREMENTS

5.0 The residency 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 program director to serve as administrator of the residency program. The program director shall be provided proper authority by the sponsoring institution to fulfill the responsibilities required of the position.

The sponsoring institution must provide compensation to the program director. This compensation must be commensurate with that provided other residency directors at the institution. If the sponsoring institution does not offer other residency programs, then the program director must be compensated equitably with other program directors in the geographic area.

The program director must be a member of the medical staff of the sponsoring institution, or in the case of a co-sponsorship, at one of the sponsoring institutions. The program director must be a member of the graduate medical education committee or equivalent within the institution. The program director should be a member of national, state, and/or local professional organization(s).

Because of the potential of creating confusion in the leadership and direction of the program, co-directorship is specifically prohibited; however, the program director may appoint an assistant director to assist in administration of the residency program. A residency training committee also may be established to assist the program director in the administration of the residency program.

The sponsoring institution must provide an orientation when the program director is new to this position. A consultant may be utilized to present or participate in this orientation.

Co-sponsoring institutions must designate one program director responsible for the entire co-sponsored residency. This individual must be provided the authority and have the ability to oversee resident training at all sites.

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

The program director should be certified in the specialty area(s) by the American Board of Foot and Ankle Surgery and/or the American Board of Podiatric Medicine.

5.3 The program director shall be responsible for the administration of the residency in all participating institutions. The program director shall be able to devote sufficient time to fulfill the responsibilities required of the position. The program director shall ensure that each resident receives equitable training experiences.

The director is responsible for maintenance of records related to the educational program, communication with the Residency Review Committee and Council on Podiatric Medical Education, scheduling of training experiences, instruction, supervision, review and verification of logs, evaluation of the resident, periodic review and revision of curriculum content, and program self-assessment. In a co-sponsored program, the director is responsible for ensuring that the Council is provided requested information for all residents at all training sites, not just at one of the co-sponsoring sites (e.g., the institution at which the director is based).

The director must not delegate to the resident maintenance of records related to the educational program, communication with the Residency Review Committee and Council on Podiatric Medical Education, scheduling of training experiences, instruction, supervision, verification of logs, evaluation of the resident, periodic review and revision of curriculum content, and program self-assessment.

The director must ensure resident participation in training resources and didactic experiences (e.g., lectures, journal review sessions, conferences, and seminars).

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

The faculty development activities should be approved as continuing education programs by the Council on Podiatric Medical Education or another appropriate agency. Formal faculty development programs provided by teaching hospitals and colleges that do not offer continuing education activities also will be acceptable if appropriate documentation is provided of the program’s nature, duration, and attendance.

5.5 The residency program shall have a sufficient complement of podiatric and non-podiatric medical faculty to achieve the stated competencies of the residency and to supervise and evaluate the resident.

The complement of faculty relates to the number of residents, institutional type and size, organization and capabilities of the services through which the resident rotates, and training experiences offered outside the sponsoring institution.

Faculty members must take an active role in the presentation of lectures, conferences, journal review sessions, and other didactic activities. Faculty members must supervise and evaluate the resident in clinical sessions and assume

responsibility for the quality of care provided by the resident during the clinical sessions that they supervise. Faculty members must discuss patient evaluation, treatment planning, patient management, complications, and outcomes with the resident and review records of patients assigned to the resident to ensure the accuracy and completeness of these records.

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

The active podiatric faculty must include sufficient representation by individuals certified by each board recognized by the Joint Committee on the Recognition of Specialty Boards, or by individuals possessing other specialized qualifications acceptable to the Residency Review Committee.

Podiatric faculty should participate in faculty development activities to improve teaching, research, and evaluation skills.

6.0 The podiatric medicine and surgery residency is a resource-based, competency-driven, assessment-validated program that consists of three years of postgraduate training in inpatient and outpatient medical and surgical management. The sponsoring institution provides training resources that facilitate the resident's sequential and progressive achievement of specific competencies.

The resident must be afforded training in the breadth of podiatric health care. Completion of a podiatric residency leads to the following certification pathways – the American Board of Podiatric Medicine and foot surgery of the American Board of Foot and Ankle Surgery.

Completion of a podiatric residency with the added credential in reconstructive rearfoot/ankle surgery leads to the reconstructive rearfoot/ankle surgery certification pathway of ABFAS.

All required curricular elements must be completed within 36 months. Additional educational experiences may be added to the curriculum allowing up to 48 months. Programs that extend the residency beyond 36 months must present a clear educational rationale consistent with program requirements. The program director must obtain the approval of the sponsoring institution and the Residency Review Committee prior to implementation and at each subsequent approval review of the program.

The Council and RRC view the following experiences to be essential to the conduct of a residency (although experiences need not be limited to the following):

- Clinical experience, providing an appropriate opportunity to expand the resident's competencies in the care of diseases, disorders, and injuries of the foot, ankle, and their governing and related structures by medical, biomechanical, and surgical means.

- Clinical experience, providing participation in complete preoperative and postoperative patient care in order to enhance the resident's competencies in the perioperative care of diseases, disorders, and injuries of the foot, ankle, and their governing and related structures.

- Clinical experience, providing an opportunity to expand the resident's competencies in the breadth of podiatric and non-podiatric medical and surgical evaluation and management.

- Didactic experience, providing an opportunity to expand the resident's knowledge in the breadth of podiatric and non-podiatric medical and surgical evaluation and management.

6.1 The curriculum shall be clearly defined and oriented to assure that the resident achieves the competencies identified by the Council.

At the beginning of the training year, all individuals involved in the training program must be provided the training schedule, competencies, and assessment documents for their respective rotations.

The curriculum must provide the resident a sufficient volume and diversity of experiences in the supervised diagnosis and management of patients with a variety of diseases, disorders, and injuries through achievement of the competencies listed below.

A. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.

1. Perform and interpret the findings of a thorough problem-focused history and physical exam, including problem-focused history, neurologic examination, vascular examination, dermatologic examination, musculoskeletal examination, biomechanical examination, and gait analysis.

2. Formulate an appropriate diagnosis and/or differential diagnosis.

3. Perform (and/or order) and interpret appropriate diagnostic studies, including:
   - Medical imaging, including plain radiography, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, vascular imaging.

- Laboratory tests in hematology, serology/immunology, toxicology, and microbiology, to include blood chemistries, drug screens, coagulation studies, blood gases, synovial fluid analysis, urinalysis.
- Pathology, including anatomic and cellular pathology.
- Other diagnostic studies, including electrodiagnostic studies, non-invasive vascular studies, bone mineral densitometry studies, compartment pressure studies.

4. Formulate and implement an appropriate plan of management, including:
   - Direct participation of the resident in the evaluation and management of patients in a clinic/office setting.
     - perform biomechanical cases and manage patients with lower extremity disorders utilizing a variety of prosthetics, orthotics, and footwear.
   - Management when indicated, including
     - dermatologic conditions.
     - manipulation/mobilization of foot/ankle joint to increase range of motion/reduce associated pain and of congenital foot deformity.
     - closed fractures and dislocations including pedal fractures and dislocations and ankle fracture/dislocation.
     - cast management.
     - tape immobilization.
     - orthotic, brace, prosthetic, and custom shoe management.
     - footwear and padding.
     - injections and aspirations.
     - physical therapy.
     - pharmacologic management, including the use of NSAIDs, antibiotics, antifungals, narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, anticoagulants, antihyperuricemic/uricosuric agents, tetanus toxoid/immune globulin, laxatives/cathartics, fluid and electrolyte management, corticosteroids, anti-rheumatic medications.
   - Surgical management when indicated, including
     - evaluating, diagnosing, selecting appropriate treatment and avoiding complications.
     - progressive development of knowledge, attitudes, and skills in preoperative, intraoperative, and postoperative assessment and management in surgical areas including, but not limited to, the following: Digital Surgery, First Ray Surgery, Other Soft Tissue Foot Surgery, Other Osseous Foot Surgery, Reconstructive Rearfoot/Ankle Surgery (added credential only), Other Procedures (see Appendix A regarding the volume and diversity of cases and procedures to be performed by the resident).
   - Anesthesia management when indicated, including local and general, spinal, epidural, regional, and conscious sedation anesthesia.
   - Consultation and/or referrals.

- Lower extremity health promotion and education.

5. Assess the treatment plan and revise it as necessary.
   - Direct participation of the resident in urgent and emergent evaluation and management of podiatric and non-podiatric patients.

B. Assess and manage the patient's general medical and surgical status.

1. Perform and interpret the findings of comprehensive medical history and physical examinations (including pre-operative history and physical examination), including (see Appendix A):
   - Comprehensive medical history.
   - Comprehensive physical examination.
     - vital signs.
     - physical examination including head, eyes, ears, nose, and throat, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, upper extremities, neurologic examination.

2. Formulate an appropriate differential diagnosis of the patient's general medical problem(s).

3. Recognize the need for (and/or order) additional diagnostic studies, when indicated, including (see also section A.3 for diagnostic studies not repeated in this section).
   - EKG.
   - Medical imaging including plain radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound.
   - Laboratory studies including hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, urinalysis.
   - Other diagnostic studies.

4. Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion and education.

5. Participate actively in medicine and medical subspecialties rotations that include medical evaluation and management of patients from diverse populations, including variations in age, sex, psychosocial status, and socioeconomic status.

6. Participate actively in general surgery and surgical subspecialties rotations that include surgical evaluation and management of non-podiatric patients including, but not limited, to:

- Understanding management of preoperative and postoperative surgical patients with emphasis on complications.
- Enhancing surgical skills, such as suturing, retracting, and performing surgical procedures under appropriate supervision.
- Understanding surgical procedures and principles applicable to non-podiatric surgical specialties.

7. Participate actively in an anesthesiology rotation that includes pre-anesthetic and post-anesthetic evaluation and care, as well as the opportunity to observe and/or assist in the administration of anesthetics. Training experiences must include, but not be limited to:
   - Local anesthesia.
   - General, spinal, epidural, regional, and conscious sedation anesthesia.

8. Participate actively in an emergency medicine rotation that includes emergent evaluation and management of podiatric and non-podiatric patients.

9. Participate actively in an infectious disease rotation that includes, but is not limited to, the following training experiences:
   - Recognizing and diagnosing common infective organisms.
   - Using appropriate antimicrobial therapy.
   - Interpreting laboratory data including blood cultures, gram stains, microbiological studies, and antibiosis monitoring.
   - Exposure to local and systemic infected wound care.

10. Participate actively in a behavioral science rotation that includes, but is not limited to:
    - Understanding of psychosocial aspects of health care delivery.
    - Knowledge of and experience in effective patient-physician communication skills.
    - Understanding cultural, ethnic and socioeconomic diversity of patients.
    - Knowledge of the implications of prevention and wellness.

C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.

1. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.

2. Practice and abide by the principles of informed consent.

3. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.

4. Demonstrate professional humanistic qualities.

5. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of health-care costs.

D. Communicate effectively and function in a multi-disciplinary setting.

1. Communicate in oral and written form with patients, colleagues, payers, and the public.

2. Maintain appropriate medical records.

E. Manage individuals and populations in a variety of socioeconomic and health-care settings.

1. Demonstrate an understanding of the psychosocial and health-care needs for patients in all life stages: pediatric through geriatric.

2. Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one's patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different from one's own.

3. Demonstrate an understanding of public health concepts, health promotion, and disease prevention.

F. Understand podiatric practice management in a multitude of health-care delivery settings.

1. Demonstrate familiarity with utilization management and quality improvement.

2. Understand health-care reimbursement.

3. Understand insurance issues including professional and general liability, disability, and Workers' Compensation.

4. Understand medical-legal considerations involving health-care delivery.

5. Demonstrate understanding of common business practices.

G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.

1. Read, interpret, and critically examine and present medical and scientific literature.
2. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.
3. Demonstrate information technology skills in learning, teaching, and clinical practice.
4. Participate in continuing education activities.

6.2 The sponsoring institution shall require that the resident maintain web-based logs in formats approved by RRC documenting all experiences related to the residency.

6.3 The program shall establish a formal schedule for clinical training. The schedule shall be distributed at the beginning of the training year to all individuals involved in the training program including residents, faculty, and administrative staff.

The schedule must identify the rotations and document clearly the dates, length, format, and location of each rotation provided the resident. The program director is responsible for assuring that the schedule is followed; however, it may be reviewed and modified as needed to ensure an appropriate sequencing of training experiences consistent with the residency curriculum.

The residency must be continuous and uninterrupted unless extenuating circumstances are present.

Twenty percent is the maximum proportion of residency education that is acceptable to be conducted in a podiatric private practice office-based setting.

6.4 The residency program shall provide rotations that enable the resident to achieve the competencies identified by the Council and any additional competencies identified by the residency program. These rotations shall include: medical imaging; pathology; behavioral sciences; internal medicine and/or family practice; medical subspecialties; infectious disease; general surgery; surgical subspecialties; anesthesiology; emergency medicine; podiatric surgery; and podiatric medicine. The residency curriculum shall provide the resident patient management experiences in both inpatient and outpatient settings.

The program director must, in collaboration with appropriate individuals, construct the program curriculum based on available resources. In developing the curriculum, the program director must consult with faculty to identify resources available to enable resident achievement of the stated competencies of the curriculum. Members of the administrative staff and the office of graduate medical education of the sponsoring institution may be involved in the development of the curriculum.

In addition to podiatric medicine and podiatric surgery, the following rotations are required:

a. Medical imaging
b. Pathology
c. Behavioral sciences
d. Infectious disease
e. Internal medicine and/or family practice
f. Medical subspecialties. Rotations that satisfy the medical subspecialty requirement include at least <u>two</u> of the following: dermatology, endocrinology, neurology, pain management, physical medicine and rehabilitation, rheumatology, wound care, burn unit, intensive/critical care unit, pediatrics, and geriatrics.
g. General surgery
h. Surgical subspecialties: Training resources that satisfy the surgical subspecialty requirement must include at least <u>one</u> of the following: orthopedic, plastic, or vascular surgery.
i. Anesthesiology
j. Emergency medicine. Training resources may include emergency department, urgent care center, and trauma service.

The time spent in infectious disease (d) plus the time spent in internal medicine and/or family practice (e) plus the time spent in medical subspecialties (f) must be equivalent to a minimum of three full-time months of training.

6.5 The residency program shall ensure that the resident is certified in advanced cardiac life support for the duration of training.

Resident certification must be obtained as early as possible during the training year but no later than six months after the resident's starting date.

6.6 The residency curriculum shall afford the resident instruction and experience in hospital protocol and medical record-keeping.

The program director must assure that patient records document accurately the resident's participation in performing comprehensive history and physical examinations and recording of operative reports, discharge summaries, and progress notes. The resident should participate in quality assurance and utilization review activities.

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

Didactic activities must be provided in a variety of formats. These formats may include lectures, case discussions, clinical pathology conferences, morbidity and

mortality conferences, cadaver dissections, tumor conferences, informal lectures, teaching rounds, and/or continuing education.

The majority of didactic activities must include participation by faculty.

The didactic schedule must include instruction in research methodology. The resident should participate in research activities to broaden the scope of training.

The program director may appoint a faculty member to coordinate didactic activities.

6.8 A journal review session, consisting of faculty and residents, shall be scheduled at least monthly to facilitate reading, analyzing, and presenting medical and scientific literature.

The curriculum must afford the resident instruction in the critical analysis of scientific literature. The resident should present current articles and analyze the content and validity of the research.

6.9 The residency program shall ensure that the resident is afforded appropriate faculty supervision during all training experiences.

7.0 The residency program conducts self-assessment and assessment of the resident based upon the competencies.

7.1 The program director shall review, evaluate, and verify resident logs on a monthly basis.

The program director must review the logs for accuracy to ensure that there is no duplication, miscategorization, and/or fragmentation of procedures into their component parts. Procedure notes must support the selected experience.

The program director must monitor resident logs to ensure resident attainment of the Minimum Activity Volume (MAV) and diversity requirements prior to completion of training.

7.2 The faculty and program director shall assess and validate, on an ongoing basis, the extent to which the resident has achieved the competencies.

a. Faculty Assessment of the Resident

Assessment forms must be completed for all rotations identified in the curriculum. The document must specify the dates covered, the name of the resident, and the name of the faculty member. The assessment must be signed (signature and printed name) and dated by the faculty member, the resident, and the program director. The document must assess competencies specific to each

rotation including communication skills, professional behavior, attitudes, and initiative. The timing of the assessment for each competency must allow sufficient opportunity for remediation.

b. Program Director Assessment of the Resident

   The program director must conduct and document a semi-annual meeting with the resident to review the extent to which the resident is achieving the competencies. Information from patients and/or peers having direct contact with the resident may contribute to the assessments.

c. In-training examinations

   The program should require that the resident take in-training examinations as prescribed by JCRSB-recognized specialty boards. If the resident is required to take an in-training examination(s), the sponsoring institution must pay any fees associated with the examinations. Examination results are used as a guide for resident remediation and as part of the annual self-assessment of the program.

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

The review must include the following:

a. Identification of individuals involved (e.g. program director, faculty, and residents)

b. Performance data utilized (e.g., evaluation of the program's compliance with the standards and requirements of the Council, the resident's formal evaluation of the program, the director's formal evaluation of the faculty, and the extent to which the didactic activities complement and supplement the curriculum)

c. Measures of program outcomes utilized (e.g., in-training examination results, success of previous residents in private practice and teaching environments, board certification pass rates, hospital appointments, and publications)

d. Results of the review (i.e., whether the curriculum is relevant to the competencies, the extent to which the competencies are being achieved, whether all those involved understand the competencies, and whether the resources need to be enhanced, modified, or reallocated to assure that the competencies can be achieved)

APPENDIX A: VOLUME AND DIVERSITY REQUIREMENTS

A. <u>Patient Care Activity Requirements</u>

(Abbreviations are defined in section B.)

	MAV
<u>Case Activities</u>	
Podiatric clinic/office encounters	1000
Podiatric surgical cases	300
Trauma cases	50
Podopediatric cases	25
Biomechanical cases	75
Comprehensive history and physical examinations	50
<u>Procedure Activities</u>	
First and second assistant procedures (total)	400
First assistant procedures, including:	
Digital	80
First Ray	60
Other Soft Tissue Foot Surgery	45
Other Osseous Foot Surgery	40
Reconstructive Rearfoot/Ankle (added credential only)	50

B. <u>Definitions</u>

1. Levels of Resident Activity for Each Logged Procedure

First assistant: The resident participates actively in the procedure **under direct supervision of the attending**.

Second assistant: The resident participates in the procedure. Participation may include retracting and assisting, or performing limited portions of the procedure **under direct supervision of the attending**.

2. Minimum Activity Volume (MAV)

MAVs are patient care activity requirements that assure that the resident has been exposed to adequate diversity and volume of patient care. MAVs are not minimum repetitions to achieve competence. It is incumbent upon the program director and the faculty to assure that the resident has achieved a competency, regardless of the number of repetitions.

3. Required Case Activities

A case is defined as an encounter with a patient that includes resident activity in one or more areas of podiatric or non-podiatric evaluation or management. Multiple procedures or activities performed on the same patient by a resident at the same time constitute one case. An individual patient can be counted towards fulfillment of more than one activity.

a. Podiatric clinic/office encounters. This activity includes direct participation of the resident in the clinical evaluation and management of patients with foot and ankle complaints. The sponsoring institution must document the availability of at least 1,000 encounters per resident.

b. Podiatric surgical cases. This activity includes participation of the resident in performing foot and ankle (and their governing and related structures) surgery during a single patient encounter.

c. Trauma cases. This activity includes resident participation in the evaluation and/or management of patients in the acute phase of a traumatic episode. Trauma cases may be related to any procedure. Only one resident may take credit for the encounter. Comprehensive history and physical examinations are components of trauma cases and can be counted towards the volume of required cases. At least 25 of the 50 required trauma cases must be foot and/or ankle trauma.

   Surgical management of foot and ankle trauma may count towards 25 of the 50 trauma cases even if the resident is only active in the immediate perioperative care of the patient. This data may be counted as both a surgical case and a trauma case by one resident or one resident may log the surgery and one resident may log the trauma. The resident must participate as first assistant for the surgery to count towards the requirement.

d. Podopediatric cases. This activity includes resident participation in the evaluation and/or management of patients who are less than 18 years of age.

e. Biomechanical cases. This activity includes direct participation of the resident in the diagnosis, evaluation, and treatment of diseases, disorders, and injuries of the foot, ankle, and their governing and related structures by biomechanical means. These experiences include, but are not limited to, performing comprehensive lower extremity biomechanical examinations and gait analyses, comprehending the processes related to these examinations, and understanding the techniques and interpretations of gait evaluations of neurologic and pathomechanical disorders.

f. Comprehensive history and physical examinations. Admission, preoperative, and outpatient H&Ps may be used as acceptable forms of a comprehensive H&P. A problem-focused history and physical examination does not fulfill this requirement.

The resident must demonstrate competency through a diversity of comprehensive history and physical examinations that also include evaluations in the diagnostic medicine evaluation categories. The resident must develop the ability to utilize information obtained from the history and physical examination and ancillary studies to arrive at an appropriate diagnosis and treatment plan. Documentation of the approach to treatment must reflect adequate investigation, observation, and judgment.

4. Required Procedure Activities

A procedure is defined as a specific clinical task employed to address a specific podiatric or non-podiatric problem. Note: Fragmentation of procedures into component parts is unacceptable. For example, a bunionectomy that has been fragmented into an osseous procedure and an adjunctive soft tissue procedures, creating two separate procedures.

Elective and non-elective soft tissue RRA procedures may be substituted in the Other Soft Tissue Foot Surgery category, while elective and non-elective osseous RRA procedures may be substituted in the Other Osseous Foot Surgery category whenever there are deficiencies.

C. Assuring Diversity of Surgical Experience

The construct of the procedure categories assures some degree of diversity in the resident's surgical training experience. The two paragraphs below relate to first assistant procedures only.

To assure proper diversity within each procedure category and subcategory, at least 33 percent of the procedure codes within each category and subcategory must be represented with first assistant procedures. For example, in the Other Osseous Foot Surgery category, at least 6 of the 18 different procedure codes must have at least one activity as first assistant.

To avoid overrepresentation of one procedure within a category and subcategory, one procedure code must not represent more than 33 percent of the minimum number of procedures required in each procedure category and subcategory. This statement applies more to a resident just meeting the minimum procedure requirement in a procedure category than to a resident significantly exceeding the procedure requirement in a procedure category. For example, the number of partial ostectomies must not exceed 26 when the minimum of 80 required Digital procedures are logged.

D. Programs with Multiple Residents or Fellows

1. Only one resident may take credit for first assistant participation on any one procedure.

2. More than one resident may take credit for second assistant participation.

3. The activity of a fellow should not be allowed to jeopardize the case or procedure volume or diversity of a resident at the same institution.

4. When multiple procedures are performed on a single patient, more than one resident or fellow may participate actively, but first assistant activity may be claimed by only one resident or fellow per procedure.

APPENDIX B: SURGICAL PROCEDURE CATEGORIES AND CODE NUMBERS

The following categories, procedures, and codes must be used for logging surgical procedure activity:

1 <u>Digital Surgery</u> (lesser toe or hallux)

1.1 partial ostectomy/exostectomy
1.2 phalangectomy
1.3 arthroplasty (interphalangeal joint [IPJ])
1.4 implant (IPJ)
1.5 diaphysectomy
1.6 phalangeal osteotomy
1.7 fusion (IPJ)
1.8 amputation
1.9 management of osseous tumor/neoplasm
1.10 management of bone/joint infection
1.11 open management of digital fracture/dislocation
1.12 revision/repair of surgical outcome
1.13 other osseous digital procedure not listed above

2 <u>First Ray Surgery</u>

<u>Hallux Valgus Surgery</u>
2.1.1 bunionectomy (partial ostectomy/Silver procedure)
2.1.2 bunionectomy with capsulotendon balancing procedure
2.1.3 bunionectomy with phalangeal osteotomy
2.1.4 bunionectomy with distal first metatarsal osteotomy
2.1.5 bunionectomy with first metatarsal base or shaft osteotomy
2.1.6 bunionectomy with first metatarsocuneiform fusion
2.1.7 metatarsophalangeal joint (MPJ) fusion
2.1.8 MPJ implant
2.1.9 MPJ arthroplasty

<u>Hallux Limitus Surgery</u>
2.2.1 cheilectomy
2.2.2 joint salvage with phalangeal osteotomy (Kessel-Bonney, enclavement)
2.2.3 joint salvage with distal metatarsal osteotomy
2.2.4 joint salvage with first metatarsal shaft or base osteotomy
2.2.5 joint salvage with first metatarsocuneiform fusion
2.2.6 MPJ fusion
2.2.7 MPJ implant
2.2.8 MPJ arthroplasty

Other First Ray Surgery

2.3.1 tendon transfer/lengthening/capsulotendon balancing procedure
2.3.2 osteotomy (e.g., dorsiflexory)
2.3.3 metatarsocuneiform fusion (other than for hallux valgus or hallux limitus)
2.3.4 amputation
2.3.5 management of osseous tumor/neoplasm (with or without bone graft)
2.3.6 management of bone/joint infection (with or without bone graft)
2.3.7 open management of fracture or MPJ dislocation
2.3.8 corticotomy/callus distraction
2.3.9 revision/repair of surgical outcome (e.g., non-union, hallux varus)
2.3.10 other first ray procedure not listed above

3 Other Soft Tissue Foot Surgery

3.1 excision of ossicle/sesamoid
3.2 excision of neuroma
3.3 removal of deep foreign body (excluding hardware removal)
3.4 plantar fasciotomy
3.5 lesser MPJ capsulotendon balancing
3.6 tendon repair, lengthening, or transfer involving the forefoot (including digital flexor digitorum longus transfer)
3.7 open management of dislocation (MPJ/tarsometatarsal)
3.8 incision and drainage/wide debridement of soft tissue infection (including plantar space)
3.9 plantar fasciectomy
3.10 excision of soft tissue tumor/mass of the foot (without reconstructive surgery)
3.11 (procedure code number no longer used)
3.12 plastic surgery techniques (including skin graft, skin plasty, flaps, syndactylization, desyndactylization, and debulking procedures limited to the forefoot)
3.13 microscopic nerve/vascular repair (forefoot only)
3.14 other soft tissue procedures not listed above (limited to the foot)
3.15 excision of soft-tissue tumor/mass of the ankle (without reconstructive surgery)
3.16 external neurolysis/decompression (including tarsal tunnel)

4 Other Osseous Foot Surgery

4.1 partial ostectomy (including the talus and calcaneus)
4.2 lesser MPJ arthroplasty
4.3 bunionectomy of the fifth metatarsal without osteotomy
4.4 metatarsal head resection (single or multiple)
4.5 lesser MPJ implant
4.6 central metatarsal osteotomy
4.7 bunionectomy of the fifth metatarsal with osteotomy
4.8 open management of lesser metatarsal fracture(s)
4.9 harvesting of bone graft distal to the ankle

4.10 amputation (lesser ray, transmetatarsal amputation)
4.11 management of bone/joint infection distal to the tarsometatarsal joints (with or without bone graft)
4.12 management of bone tumor/neoplasm distal to the tarsometatarsal joints (with or without bone graft)
4.13 open management of tarsometatarsal fracture/dislocation
4.14 multiple osteotomy management of metatarsus adductus
4.15 tarsometatarsal fusion
4.16 corticotomy/callus distraction of lesser metatarsal
4.17 revision/repair of surgical outcome in the forefoot
4.18 other osseous procedures not listed (distal to the tarsometatarsal joint)
4.19 detachment/reattachment of Achilles tendon with partial ostectomy

5 Reconstructive Rearfoot/Ankle Surgery

Elective - Soft Tissue

5.1.1 plastic surgery techniques involving the midfoot, rearfoot, or ankle
5.1.2 tendon transfer involving the midfoot, rearfoot, ankle, or leg
5.1.3 tendon lengthening involving the midfoot, rearfoot, ankle, or leg
5.1.4 soft tissue repair of complex congenital foot/ankle deformity (clubfoot, vertical talus)
5.1.5 delayed repair of ligamentous structures
5.1.6 ligament or tendon augmentation/supplementation/restoration
5.1.7 open synovectomy of the rearfoot/ankle
5.1.8 (procedure code number no longer used)
5.1.9 other elective reconstructive rearfoot/ankle soft-tissue surgery not listed above

Elective - Osseous

5.2.1 operative arthroscopy
5.2.2 (procedure code number no longer used)
5.2.3 subtalar arthroereisis
5.2.4 midfoot, rearfoot, or ankle fusion
5.2.5 midfoot, rearfoot, or tibial osteotomy
5.2.6 coalition resection
5.2.7 open management of talar dome lesion (with or without osteotomy)
5.2.8 ankle arthrotomy with removal of loose body or other osteochondral debridement
5.2.9 ankle implant
5.2.10 corticotomy or osteotomy with callus distraction/correction of complex deformity of the midfoot, rearfoot, ankle, or tibia
5.2.11 other elective reconstructive rearfoot/ankle osseous surgery not listed above

Non-Elective - Soft Tissue

5.3.1 repair of acute tendon injury
5.3.2 repair of acute ligament injury
5.3.3 microscopic nerve/vascular repair of the midfoot, rearfoot, or ankle
5.3.4 excision of soft tissue tumor/mass of the foot (with reconstructive surgery)
5.3.5 (procedure code number no longer used)

5.3.6 open repair of dislocation (proximal to tarsometatarsal joints)
5.3.7 other non-elective reconstructive rearfoot/ankle soft tissue surgery not listed above
5.3.8 excision of soft tissue tumor/mass of the ankle (with reconstructive surgery)

Non-Elective - Osseous
5.4.1 open repair of adult midfoot fracture
5.4.2 open repair of adult rearfoot fracture
5.4.3 open repair of adult ankle fracture
5.4.4 open repair of pediatric rearfoot/ankle fractures or dislocations
5.4.5 management of bone tumor/neoplasm (with or without bone graft)
5.4.6 management of bone/joint infection (with or without bone graft)
5.4.7 amputation proximal to the tarsometatarsal joints
5.4.8 other non-elective reconstructive rearfoot/ankle osseous surgery not listed above

6 Other Podiatric Procedures (these procedures **cannot** be counted toward the minimum procedure requirements)

6.1 debridement of superficial ulcer or wound
6.2 excision or destruction of skin lesion (including skin biopsy and laser procedures)
6.3 nail avulsion (partial or complete)
6.4 matrixectomy (partial or complete, by any means)
6.5 removal of hardware
6.6 repair of simple laceration (no neurovascular, tendon, or bone/joint involvement)
6.7 biological dressings
6.8 extracorporeal shock wave therapy
6.9 taping/padding (limited to the foot, and ankle)
6.10 orthotics (limited to the foot, and ankle casting for foot orthosis and ankle orthosis)
6.11 prosthetics (including prescribing and/or dispensing toe filler and prosthetic feet)
6.12 other biomechanical experiences not listed above (may include, but is not limited to, physical therapy, shoe prescription shoe modification)
6.13 other clinical experiences
6.14 percutaneous procedures, i.e., coblation, cryosurgery, radiofrequency ablation, platelet-rich plasma.

7 Biomechanics

7.1 biomechanical case; must include diagnosis, evaluation (biomechanical and gait examination), and treatment.

8 History and Physical Examination

8.1 comprehensive history and physical examination
8.2 problem-focused history and physical examination

9 Surgery and surgical subspecialties

- 9.1 general surgery
- 9.2 orthopedic surgery
- 9.3 plastic surgery
- 9.4 vascular surgery

10 Medicine and medical subspecialty experiences

- 10.1 anesthesiology
- 10.2 cardiology
- 10.3 dermatology
- 10.4 emergency medicine
- 10.5 endocrinology
- 10.6 family practice
- 10.7 gastroenterology
- 10.8 hematology/oncology
- 10.9 imaging
- 10.10 infectious disease
- 10.11 internal medicine
- 10.12 neurology
- 10.13 pain management
- 10.14 pathology
- 10.15 pediatrics
- 10.16 physical medicine and rehabilitation
- 10.17 psychiatry/behavioral medicine
- 10.18 rheumatology
- 10.19 sports medicine
- 10.20 wound care
- 10.21 burn unit
- 10.22 intensive/critical care (ICU/CCU)
- 10.23 pediatrics
- 10.24 geriatrics
- 10.25 other

PROCEDURES FOR APPROVAL OF PODIATRIC MEDICINE AND SURGERY RESIDENCIES

COUNCIL ON PODIATRIC MEDICAL EDUCATION

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INTRODUCTION

The Council on Podiatric Medical Education (CPME) is an autonomous, professional accrediting agency designated by the American Podiatric Medical Association (APMA) to serve as the accrediting agency in the profession of podiatric medicine. The Council evaluates, accredits, and approves educational institutions and programs. The scope of the Council's approval activities extends to institutions throughout the United States and its territories and Canada.

The mission of the Council is to promote the quality of doctoral education, postdoctoral education, certification, and continuing education. By confirming these programs meet established standards and requirements, the Council serves to protect the public, podiatric medical students, and doctors of podiatric medicine.

The Council was established by the APMA House of Delegates in 1918 and charged with formulating educational standards. The Council began accrediting colleges of podiatric medicine in 1922. The Council conducted its first residency evaluation in 1964.

The Council has been authorized by APMA to approve institutions that sponsor residency programs demonstrating and maintaining compliance with the standards and requirements published in CPME 320, *Standards and Requirements for Approval of Residencies in Podiatric Medicine and Surgery*. Podiatric residency approval is based on programmatic evaluation and periodic review by the Residency Review Committee (RRC) and the Council. The American Board of Foot and Ankle Surgery (ABFAS) and the American Board of Podiatric Medicine (ABPM) collaborate with RRC and the Council in evaluating residencies.

"Approval" is the recognition accorded residencies that are determined to be in substantial compliance with established standards and requirements. The approval process related to a residency is essentially a six-step process, involving: (1) development of application and/or pre-evaluation materials documenting the ability of the program to comply with the Council's standards and requirements; (2) on-site evaluation conducted at the institution, at which time the application and/or pre-evaluation materials are validated by an evaluator or evaluation team appointed by the Council; (3) subsequent review by RRC of findings identified in the report of the on-site evaluation and any information that the program provides following the visit; (4) an approval recommendation from RRC to the Council; (5) determination of approval status by the Council; and (6) periodic follow-up of progress in improving the quality of the program. Procedural reconsideration, reconsideration, and appeal of a proposed adverse approval action are available as described in this document.

Recommendations and decisions relative to the approval process for residencies are the sole responsibilities of RRC and/or the Council, as indicated in this publication. Neither Council staff, on-site evaluators, individual members of RRC or the Council, nor any other agent of RRC or the Council is empowered to make or modify approval recommendations or decisions.

Prior to adoption, all Council policies, procedures, standards, and requirements are disseminated widely in order to obtain information regarding how the Council's community of interest may be affected.

The following evaluation/approval procedures have been developed to assist residencies in preparing for initial or continuing approval and to guide RRC and the Council in their deliberations concerning the approval of residencies.

Throughout this publication, the use of the terms "institution" and "program" is premised on the idea that the program exists within and is sponsored by an institution.

COMMUNICATION BETWEEN RRC/COUNCIL AND THE SPONSORING INSTITUTION

RRC and the Council have adopted the following general policies related to communication with an institution sponsoring a residency. Information related to specific correspondence (e.g., notification of approval actions) appears in the pertinent sections of this document.

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. All materials submitted by the sponsoring institution must be submitted on media as determined by the Council or its committees accompanied by a cover letter signed by the program director. RRC, the Council, and evaluators will not consider unsigned, unverified, or signature-stamped correspondence, resident logs, and/or resident evaluation forms. Such materials do not document review and validation by the director. Unsigned, unverified, or signature-stamped correspondence or residency materials will be returned to the program director; submission of such materials may adversely affect the approval status of the residency.

All correspondence and inquiries must be directed to the Council office. Utilization of other channels of communication may delay the processing of information submitted by the sponsoring institution and result in inconvenience to the institution.

RRC and the Council mail correspondence to the program director at the director's office address indicated on the institution's application and/or most recent annual or pre-evaluation report. The institution's chief administrative officer is copied on all correspondence. In a co-sponsored program, the mailing address is that of the institution at which the program director is based (although administrators of all co-sponsoring institutions will receive copies of correspondence from the Council).

The sponsoring institution is responsible for informing the Council office in writing within 30 calendar days of substantive changes in the program. The institution must inform the Council of changes in areas including, but not limited to, sponsorship, appointment of a new program director, training sites, and curriculum. Notice of appointment of a new program director or new chief administrative officer must be submitted by an appropriate member of the institution's administrative staff rather than by a representative of the residency.

The Council's residency documents and forms are available on the Council's website (www.cpme.org). Additionally, copies of the Council's "Memo to Program Directors" are available on the website. These memos include all proposed changes to Council documents (standards, requirements, and procedures) with a request for comments by a specific deadline. The memo also is designed to inform directors and sponsoring institutions of document changes

adopted by the Council, as well as any revisions that were tabled, modified, or deleted as a result of comments provided previously by the community of interest. When RRC or the Council develops a policy (e.g., interpretation of a particular requirement in a Council or RRC document), the policy is included in the memo to program directors.

RESIDENCY REVIEW COMMITTEE

RRC is responsible for determining eligibility of applicant institutions for initial on-site evaluation, authorizing increases in or reclassification of residency positions, and recommending to the Council approval of residency programs. RRC reviews reports of on-site evaluations, progress reports, and other requested information submitted by sponsoring institutions. RRC may modify its own policies and/or recommend to the appropriate ad hoc committee modifications in standards, requirements, and procedures for residency program evaluation and approval.

Composition of RRC includes two representatives each from ABFAS and ABPM, one representative from the Council of Teaching Hospitals (COTH) of the American Association of Colleges of Podiatric Medicine, one representative from residency programs at large (selected by the Council), and at least two Council members.

Although RRC is the joint responsibility of various organizations, the Council and its staff administer the affairs of RRC. Appropriate agreements and financial compensation are arranged among the participating organizations for the administration of RRC.

APPLICATION FOR PROVISIONAL APPROVAL OF A NEW RESIDENCY PROGRAM

Submission of the Application

The Council encourages the applicant institution to contact Council staff early in the developmental stages of the program should questions arise related to the Council's standards, requirements, and procedures.

The Council recognizes that programs seeking approval do so voluntarily. Therefore, the burden of proof regarding compliance with Council standards and requirements is the responsibility of the sponsor. Submission of a new application may be required when an approved sponsoring institution or residency has undergone a change so substantial that it is essentially a new institution or program.

The applicant institution must be in operation for at least 12 months before applying for approval to assure that sufficient resources are available for the program. The institution must have an active podiatric service for at least 12 months prior to applying for approval.

An institution seeking approval of a new podiatric residency is required to submit an application fee and the appropriate number of copies of RRC form 309, *Application for Provisional Approval*, and required supplementary documentation (the requested number of copies is indicated on the application) (see Fee Policies). **The application must be submitted prior to**

activation of the residency. The process for submission of the application through determination of an approval action by the Council may require 9-12 months or more**.**

Council staff reviews the application for completeness. If the application is considered to be incomplete, Council staff corresponds with the program director and specifies the information required to complete the application. If the application, supplementary documentation, and fee are in order, Council staff forwards the institution's application to RRC for determination of eligibility for on-site evaluation.

If the sponsoring institution ascertains that it has the capability to train more residents than the number indicated on the application, the institution must amend its application. This amendment must occur **before** eligibility for on-site evaluation has been determined. The program director must inform the Council office of the institution's intention and provide appropriate documentation substantiating the ability of the program to increase its proposed number of positions. Council staff will include this information in the materials to be presented to RRC once the application is complete. (Alternatively, the sponsoring institution may request an increase in or reclassification of positions following the granting of provisional approval; see Authorization of Increases in Residency Positions.)

Determination of Eligibility for On-site Evaluation

RRC considers the application for provisional approval by mail ballot, conference call, or at one of its semi-annual meetings. RRC will consider a complete application within 60 calendar days of its receipt.

RRC reviews the application to determine whether the new residency is eligible for on-site evaluation. In determining eligibility, RRC will not consider a number of resident positions other than that for which the institution has applied. RRC has the prerogative of taking no action on the application in order to request further information from the sponsoring institution and/or to discuss the application during a subsequent conference call or upcoming regularly-scheduled meeting.

When the Residency Review Committee determines a new residency is eligible for on-site evaluation, this status indicates the institution appears to be developing a residency that has the potential for meeting the Council's standards and requirements for approval.

Neither eligibility for on-site evaluation nor the conduct of an initial on-site evaluation ensures eventual approval.

Correspondence regarding the RRC action is addressed to the program director. A copy of the letter is forwarded to the chief administrative officer of the sponsoring institution. If eligibility for on-site evaluation is confirmed, the letter includes a copy of CPME 312, *Agenda Guide for Provisional Approval*, to assist the program director in planning for the initial on-site evaluation.

If RRC proposes denial of eligibility for on-site evaluation, justification for the action is delineated in the letter and provisions for requesting procedural reconsideration, reconsideration, and appeal are identified (see Procedural Reconsideration, Reconsideration, and Appeal). If RRC

proposes denial of eligibility for on-site evaluation, the institution is required to verify to the Council, in writing, that all program applicants selected for interview and/or incoming residents have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

Withdrawal or Termination of the Application

A sponsoring institution that has submitted an application for provisional approval or for which eligibility for on-site evaluation has been determined may withdraw its application at any time before RRC takes an action on the approval status of the program.

Council staff may terminate the application for either of the following reasons:

- The sponsoring institution fails to respond in writing within six months to written requests from Council staff and/or RRC for information to complete the application.

- The sponsoring institution fails to schedule the on-site visit within six months of the date the institution was determined eligible for the evaluation.

Council staff will correspond with the program director and the institution's chief administrative officer to inform them that the application has been terminated. The sponsoring institution may submit a new application, supplemental materials, and application fee after the application has been terminated.

RE-EVALUATION AND CONTINUING APPROVAL OF AN EXISTING RESIDENCY PROGRAM

Council staff regularly reviews the list of approved programs and contacts the appropriate program directors when re-evaluation is due (see Categories of Approval and Approval Period). For reasons of economic feasibility, Council staff gives consideration to the geographic proximity of institutions when developing the list of institutions to be evaluated during each evaluation cycle.

The Council may elect to deviate from the established on-site evaluation cycle by conducting either a comprehensive or focused visit to follow up on identified concerns. Circumstances that may warrant scheduling a follow-up visit include: when a program has been transferred to another institution; when a residency has undergone a substantial change; when major deterioration in the residency has occurred; and when a formal complaint against an approved residency requires on-site evaluation of the issues related to the complaint. In any event, the Council reserves the right to conduct an evaluation of the residency whenever circumstances require such review. Continuation of approval by the Council is contingent upon the findings of the on-site evaluation. Therefore, the re-evaluation may have an impact on the previously-granted approval status.

Pre-evaluation Materials

Institutions seeking continuing approval of residencies must submit CPME form 310, *Pre-evaluation Report,* along with all required supplementary documentation. If the pre-evaluation report is considered to be incomplete, the program director will be notified and requested to submit the required information. An on-site evaluation will not be conducted if this requested material is not received, which may jeopardize the approval status of the program. In the event the on-site evaluation is cancelled due to non-receipt of requested information in a timely manner, the visit may be re-scheduled, but all costs related to the visit will be the responsibility of the sponsoring institution.

ON-SITE EVALUATION (NEW AND EXISTING RESIDENCY PROGRAMS)

The on-site evaluation is conducted to assess the general quality of the residency, the institution's ability to establish a curriculum that assures each resident achieves the competencies identified by the Council, and the institution's plans for continued improvement. The evaluation team appointed to conduct the visit gathers information related to validation of the institution's application for provisional approval or pre-evaluation report. The evaluation team develops a report of its findings that includes a narrative summary identifying program strengths and weaknesses and areas of potential noncompliance.

Evaluation team members do not act as consultants to the residency or the sponsoring institution. The team members' primary roles as fact-finders and observers are to provide RRC an assessment of the sponsor's potential compliance with the Council's standards and requirements. With a view toward assisting the institution to understand more completely its role as related to the residency, the evaluation team report may include non-binding recommendations for improvement of the program.

Evaluation Team

The Council chair appoints the evaluation team based upon a recommendation from the RRC chair and Council staff. The initial on-site evaluation is conducted by at least two evaluators, one of whom must be a podiatric physician. On-site re-evaluation of an approved residency is conducted by a team comprised of at least three persons, two of whom must be podiatric physicians. Under certain circumstances, two podiatric physicians may evaluate an approved residency.

The institution has the prerogative of rejecting any member of the proposed evaluation team when an appropriate cause related to conflict of interest can be clearly identified. In such a case, a written statement from the sponsoring institution is to be submitted to the Council office no later than 30 calendar days before the date of the on-site evaluation, affording the Council sufficient opportunity to appoint a replacement evaluator. The Council does not appoint members to the evaluation team who have any known conflict of interest in the evaluation of the institution, including graduates and current and former faculty members or administrators of the institution.

The evaluation team represents the Council and RRC. At least one of the members of the evaluation team is an ABFAS diplomate, and at least one of the members of the evaluation team is an ABPM diplomate. Potential evaluators representing RRC are identified as a collaborative effort of the Council, RRC, ABFAS, and ABPM.

Evaluation team members also may include, but not be limited to, current and former members of the Council and the Council's committees and members of the Council's professional staff. Another individual (e.g., a representative of the state board for examination and licensure) may accompany an evaluation team to observe the on-site evaluation.

If the Council and/or RRC elect to conduct a focused visit, the individual(s) appointed to conduct the visit may represent either the Council or RRC, depending upon the reason(s) for which the visit is scheduled.

Individuals who are selected to serve on Council evaluation teams will have participated in a training session for residency evaluators. Individuals who are selected to serve as team chairs will have participated previously in on-site evaluations of residencies.

Preparation for On-site Evaluation

The chair of the evaluation team determines the date of the on-site evaluation in conjunction with the program director and the other member(s) of the evaluation team. Once eligibility for on-site evaluation is determined for a new program, the evaluation is conducted in sufficient time to allow for consideration of the report of the on-site evaluation at regularly-scheduled meetings of RRC and the Council. Ordinarily, an institution sponsoring an existing program is given approximately 45 calendar days notice prior to the on-site evaluation. The timeline for evaluating an existing program may be abbreviated when the on-site evaluation is conducted in response to RRC and/or Council concerns about major deterioration or change in the residency or when a formal complaint against an approved residency requires on-site evaluation of the issues related to the complaint.

Once the evaluation team and the sponsoring institution have agreed on the date and time of the evaluation, Council staff corresponds with the program director to confirm the members of the evaluation team and the time and date of the evaluation. A copy of CPME 310, *Agenda Guide* is forwarded to the program director. Using the *Agenda Guide*, the director is required to work with the team chair to prepare a schedule identifying personnel to be interviewed by the evaluation team. The agenda must be forwarded to the Council office at least four weeks prior to the on-site visit.

The program director of a provisionally-approved or an existing residency also must make available appropriate resident clinical logs to the evaluation team at least four weeks prior to the date of the evaluation. The team members review the logs to establish a list of charts that they wish to review during the on-site evaluation. The team provides this list to the director in advance of the on-site evaluation. The evaluation team retains the prerogative of requesting additional charts on the day of the visit if warranted.

When a focused visit is scheduled, the letter informing the program director of the date of the evaluation includes specific information related to interviews to be conducted and information to be available for review by the evaluator(s).

Conduct of the On-site Evaluation

Depending on the number of individuals and facilities involved, a minimum of one day (eight hours) is required to evaluate a podiatric residency. In order for the evaluation team to assess the curriculum content and the extent of resident supervision, the agenda for the on-site evaluation requires that key participants in the program be interviewed, as indicated in CPME 310.

As part of the on-site evaluation, the team conducts interviews with the program director, chief administrative officer, director of medical education, members of the podiatric and non-podiatric faculty, and, for provisionally-approved and existing programs only, the podiatric resident(s). The evaluation includes a tour of the physical facilities, executive sessions of the evaluation team to discuss findings and recommendations, and a concluding session with the program director and the chief administrative officer to discuss the findings. During the exit interview with institutional representatives, the evaluation team chair explains the Council's procedures for initial and/or continuing approval of residencies (specifically, the sequence of events that will follow the visit).

Failure of key participants in the residency to be available will be cause for cancellation of the on-site visit, which may jeopardize the approval status of the program.

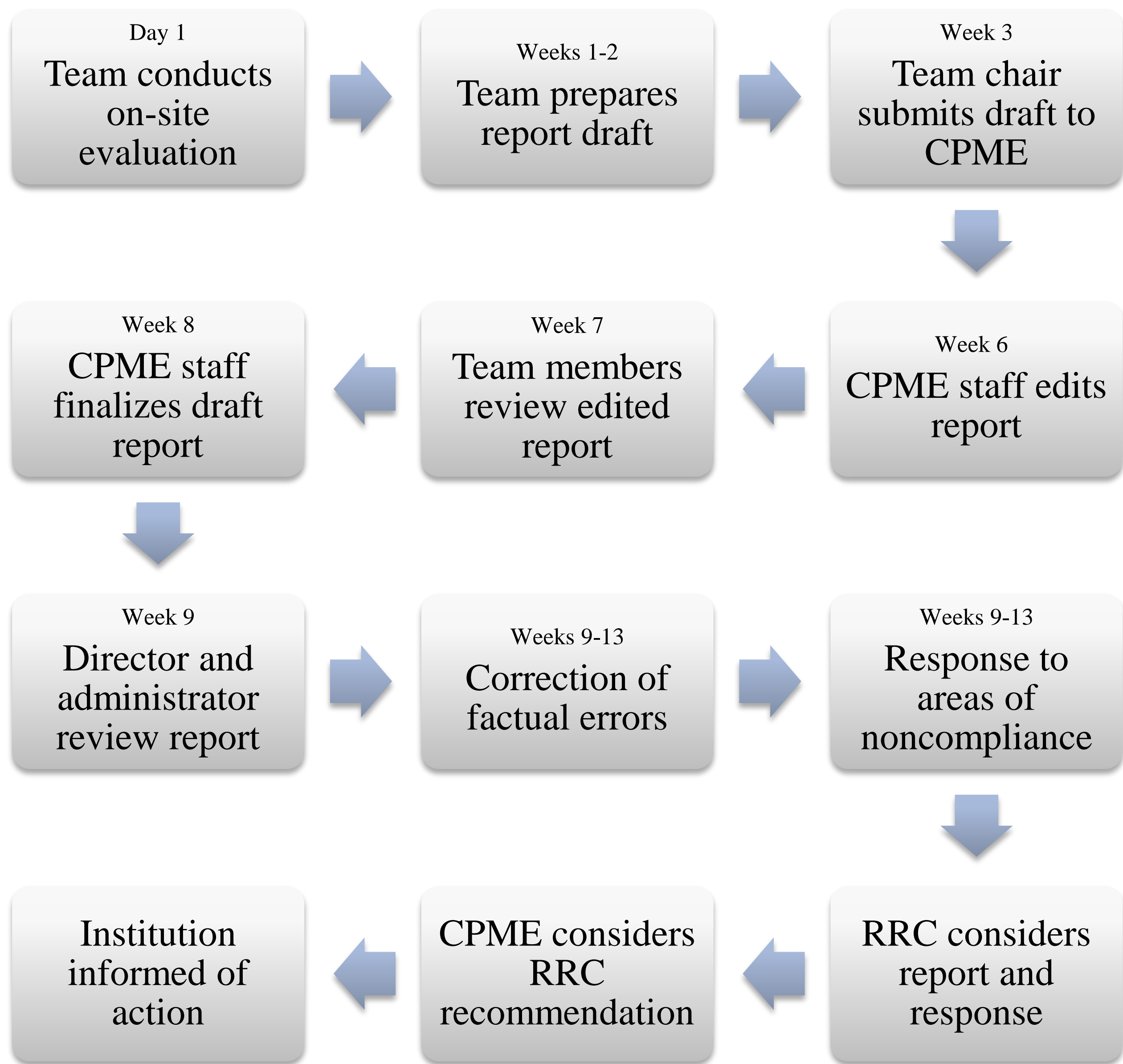
Preparation of the Report

The evaluation team prepares a draft report based on observations and impressions from the on-site evaluation. The team forwards this draft report to the Council office for editing. The edited draft of the report is then returned to each member of the team for review and comments.

A draft copy of the report, consisting of a summary of findings, a list of interviewees, areas of potential noncompliance, and recommendations, is forwarded to the program director and the chief administrative officer of the sponsoring institution.

The sponsoring institution is encouraged to provide a substantive response to areas of potential noncompliance and recommendations identified by the evaluation team, as well as any supporting documentation, prior to consideration of the report by RRC. The cover letter to the institution specifies the deadline for their receipt. Factual information included in the report may be corrected by the institution; however, impressions and observations based on the on-site visit will not be modified.

The following steps are included in the approval process:



CONSIDERATION BY RRC AND THE COUNCIL

RRC Review

RRC meets prior to each of the semiannual meetings of the Council. The Committee reviews evaluation team reports, institutional responses to evaluation team reports, interim progress reports from provisionally-approved programs, progress reports from provisionally-approved and

approved programs, applications for provisional approval, requests for increase in or reclassification of residency positions, and requests for reconsideration.

During discussions about the approval status of individual residencies, any RRC member who is affiliated with the institution under consideration in a governance, administrative, staff, or faculty capacity must recuse himself or herself from the deliberations. Members of RRC who served on the most recent residency evaluation team are required to recuse themselves from voting until the Council has determined a final approval action.

Review of Evaluation Team Reports

For each residency visit where a member of RRC is a member of the evaluation team, the RRC member provides a verbal summary of team findings and answers any questions of the Committee. For each visit where a member of RRC is not on the team, a member of the Committee is designated by Council staff as a "liaison" to the team.

The liaison Committee member communicates the team's findings and presents the team's evaluation report to the Committee. The liaison is expected to be prepared fully for the presentation of the team report to RRC. This includes detailed review of pre-evaluation materials, the team report, and all pertinent correspondence, such as the response(s) to the report, and consultation with the team chair after the visit. Council staff forwards the materials to the liaison Committee member.

The liaison Committee member is expected to have open communication with the team chair in order to facilitate discussion of the report. The liaison should discuss any questions regarding the report with the team chair prior to the RRC meeting at which the report is presented. In addition, the liaison should inform the team chair of the dates of the RRC meeting at which the report will be considered and obtain a telephone number where the team chair can be reached during the time frame of the meeting. Telephone contact during the meeting may be needed to clarify ambiguities or to answer questions that arise during Committee discussion of the report.

Based upon discussion with the RRC member on the team or RRC liaison to the team, review of the draft team report and any response submitted by the sponsoring institution, RRC makes a confidential recommendation to the Council regarding the approval status of the program (see Categories of Approval and Approval Period).

The confidential recommendation includes the approval status, date by which the next on-site evaluation must be conducted and/or approval period, authorized number of residents, identification of areas in noncompliance with Council standards and requirements, identification of areas of noncompliance addressed in the institution's response to the team report, identification of areas that merit commendation, and a schedule for requesting progress reports, including the interim progress report required of a provisionally-approved program. In reviewing an on-site evaluation report, RRC has the prerogative of recommending that the Council revise the report, which may include adding, modifying, or deleting areas of potential noncompliance.

Review of Interim Progress Reports and Progress Reports

RRC considers interim progress reports submitted by provisionally-approved programs related to development of the proposed clinical and didactic curriculum once a resident is active in the program (see Categories of Approval and Approval Period).

RRC also considers progress reports submitted by existing provisionally-approved and approved programs related to correction of specific areas of noncompliance and/or concerns identified by RRC and/or the Council.

Based upon review of the progress report and/or the interim progress report, RRC determines the extent to which the submitted information addresses previously-identified concerns and/or makes a confidential recommendation to the Council regarding the approval status of the program (see Categories of Approval and Approval Period).

The confidential recommendation includes the approval status, date by which the next on-site evaluation must be conducted and/or approval period, authorized number of residents, identification of areas that are in noncompliance with Council standards and requirements, identification of areas of noncompliance that have been addressed in the progress report, identification of areas that merit commendation, and a schedule for requesting progress reports. The institution may be requested to submit further documentation of progress made in addressing areas of noncompliance and/or concerns expressed by RRC.

In reviewing an interim progress report and/or a progress report, RRC has the prerogative to add, modify, or delete areas of noncompliance or to recommend that the Council add, modify, or delete areas of noncompliance.

Council Action

At a meeting of the Council, the RRC chair presents for each residency program the confidential recommendation of RRC regarding approval status, date by which the next on-site evaluation must be conducted and/or approval period, authorized number of residents, identification of areas that are in noncompliance with Council standards and requirements, identification of areas of noncompliance that have been addressed in the institution's response to the evaluation team report or in the institution's progress report, identification of areas that merit commendation, and a schedule for requesting progress reports. Areas of noncompliance determined by the Council may include, but are not limited to, those indicated by the evaluation team and RRC. The institution may be requested to submit documentation of progress made in addressing areas of noncompliance and/or concerns expressed by RRC or the Council.

Approval actions are taken by the Council at official meetings of the Council. Under special circumstances, mail ballots or conference calls may be used for residency approval decisions. During discussions about the approval status of individual residencies, any member of the Council who is affiliated with the institution under consideration in a governance, administrative, staff, or faculty capacity must recuse himself or herself from the deliberations. Members of the Council who served on the most recent residency evaluation team are required to recuse themselves from discussion and voting until the final approval action has been determined.

CATEGORIES OF APPROVAL AND APPROVAL PERIOD

The following approval actions are available to the Council:

- For a **new residency that has completed an initial on-site evaluation**, the Council grants provisional approval or withholds provisional approval.

- For a **provisionally-approved residency that has submitted an interim progress report and/or a progress report**, the Council extends provisional approval (with or without further progress reports) or probation with or without an immediate on-site evaluation.

- For a **provisionally-approved residency that has completed an on-site re-evaluation**, the Council extends approval (with or without further progress reports) or extends probation.

- For an **existing approved residency that has completed an on-site re-evaluation or that has submitted a progress report**, the Council extends approval (with or without further progress reports), extends probation, or withdraws approval (the option of withdrawal of approval applies only to a program already on probation).

The Council bases the approval action on the category and number of resident positions that each institution has requested. The Council has established the following categories of approval:

Provisional Approval

Provisional approval indicates recognition of a new residency that, in general, is expected to be in substantial compliance with the Council's standards and requirements for approval upon activation of the program. Provisional approval is determined on the basis of on-site evaluation prior to activation of the residency. When the Council grants provisional approval, this status is effective on the date the action is taken by the Council (see Activation of a Provisionally-approved Residency). Provisional approval will not be considered for any training year or portion of a training year prior to the effective date of granting of provisional approval.

As a condition of continued provisional approval, the institution must provide an **interim progress report** by a date identified in the approval letter. The interim progress report allows RRC to monitor the continued development of the program in accordance with the program's proposed clinical and didactic curriculum once the resident is active in the program. The interim progress report includes, but is not limited to, resident logs documenting participation in all relevant podiatric activities, documentation of the program's assessment of the resident's progress in achieving the competencies identified by the Council, the formal schedule for clinical training, and the signed resident contract or letter of appointment.

As a further condition of continued provisional approval, the institution also may be requested to provide one or more **progress reports** at specified intervals, as indicated in the approval letter. The progress report(s) is to demonstrate correction of specific areas of noncompliance in meeting one or more requirements and/or to address concerns identified by RRC and/or the Council.

Customarily, the institution is provided at least six months from the time of the on-site evaluation or submission of the most recent progress report to correct areas of noncompliance.

Provisional approval extends no longer than 24 months beyond the designated length of the program.

The approval letter includes the date by which the next scheduled on-site evaluation will occur. Ordinarily, on-site re-evaluation of a **new** provisionally-approved podiatric residency is conducted during the program's fourth year of operation. RRC and/or the Council may schedule an earlier on-site re-evaluation should significant concerns become evident from review of the program's progress report(s).

Approval

Approval indicates recognition of an existing residency that, in general, is in substantial compliance with the Council's standards and requirements for approval. In granting an extended period of approval, the Council expresses its confidence in the abilities of the institution to continue providing adequate support and implementing ongoing improvements in the residency.

As a condition of continued approval, the institution may be requested to provide one or more progress reports at specified intervals, as indicated in the approval letter. The progress report(s) is to demonstrate correction of specific areas of noncompliance in meeting one or more requirements or to address concerns identified by RRC and/or the Council. Customarily, the institution is provided at least six months from the time of the on-site evaluation or submission of the most recent progress report to correct areas of noncompliance.

The approval letter includes the date by which the next scheduled on-site evaluation will occur. Re-evaluation of an existing program is scheduled no later than six years from the date of its previous evaluation. RRC and/or the Council may schedule an earlier on-site re-evaluation should significant concerns become evident from review of the program's progress report(s). RRC may request that the institution submit additional progress reports. These reports enable the Committee to answer any questions it may have to review matters considered to be of significant importance.

Probation

Probation indicates that a residency is in noncompliance with the Council's standards and requirements for approval to the extent that the quality and effectiveness of the residency are in jeopardy. This category serves as a strong warning to the institution that serious problems exist that could cause the residency to fail. When probation is extended, the residency is considered to be a candidate for withdrawal of approval. RRC and/or the Council have the prerogative of adding to the probationary action the requirement that no new residents or transfers enter the residency until areas of noncompliance have been addressed to the satisfaction of RRC and the Council.

The program must provide evidence of significant progress in correction of areas of noncompliance within a specified period. Customarily, the institution is provided at least six

months from the time of the on-site evaluation or submission of the most recent progress report to correct areas of noncompliance. Probation may not extend for more than two years. This category applies only to previously-approved programs (including provisionally-approved programs) and is a published approval status. A decision to extend probation is not subject to the Council's procedures for procedural reconsideration, reconsideration, or appeal.

The institution is required to verify to the Council, in writing, that all current residents, incoming residents, and program applicants selected for interview have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

Administrative Probation

Administrative probation indicates that a residency has failed to submit information or fees following two separate requests. The category of administrative probation may be activated automatically without vote by the Council based upon a lack of response by the institution to requests related to progress reports, annual or pre-evaluation reports, payment of annual assessment or on-site evaluation fees, resident transfers (releasing and accepting institutions) or other information about the program. The following procedures apply to administrative probation:

- The institution will be notified in writing that materials and/or fees are past due and that a response is expected within 15 calendar days.

- If a response is not received within 15 calendar days, the institution will be notified in writing that materials and/or fees remain past due. The Council will place the residency on administrative probation if the materials and/or fees are not received within 30 calendar days. The Council may request the information be submitted in fewer than 30 days, depending on circumstances, such as the need to submit pre-evaluation documents for a scheduled on-site visit.

- Administrative probation is removed when all requested materials and/or fees are received.

- If no response is received from the institution within 30 calendar days of being placed on administrative probation, the Council will withdraw approval of the program, by mail ballot, at a scheduled conference call, or at its next scheduled meeting. Withdrawal of approval is based upon the perception that the institution no longer desires to be recognized by the Council and voluntarily withdraws from approved status. The action is viewed as a voluntary decision of the institution; it is not subject to the Council's procedures for procedural reconsideration, reconsideration, or appeal.

This category applies only to previously-approved programs (including provisionally-approved programs and programs approved on a probationary basis) and is a published approval status. A decision to grant administrative probation is not subject to the Council's procedures for procedural reconsideration, reconsideration, and appeal.

The institution is required to verify to the Council, in writing, that all current and incoming residents and program applicants selected for interview have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

Withholding of Provisional Approval

Withholding of provisional approval is determined in the event that a new program seeking provisional approval evidences substantial noncompliance with the Council's standards and requirements for approval. When the Council proposes withholding provisional approval of a residency, factors that have a significant impact on the effectiveness of the program are identified as the basis for the action. A decision to withhold provisional approval will not become final or be published until the processes of procedural reconsideration, reconsideration, and appeal are exhausted (see Procedural Reconsideration, Reconsideration, and Appeal).

When the Council proposes to withhold provisional approval of a program, the institution is required to verify to the Council, in writing, that all program applicants selected for interview and/or prospective incoming residents have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

Withdrawal of Approval

Withdrawal of approval is determined under any one of the following conditions:

- A program on probation has failed to correct one or more areas of noncompliance, or a new area(s) of noncompliance has emerged, and therefore the program evidences substantial noncompliance with the Council's standards and requirements for approval.

- An institution withdraws voluntarily from resident training. Actions to withdraw approval voluntarily are not subject to the Council's procedures for procedural reconsideration, reconsideration, and appeal.

- Two or more programs merge into a single new program, resulting in the loss of identity of a previously-approved program.

- An institution that has been placed on administrative probation does not provide requested materials and/or fees.

- A program has remained inactive for a period of more than two consecutive training years (see Inactive Status).

When the Council considers an action to withdraw approval, factors that have a significant impact on the effectiveness of the residency are identified as the basis for the action. RRC and/or the Council have the prerogative of adding to the action to withdraw approval the requirement that no new residents/transfers enter the residency until areas of noncompliance have been addressed to the satisfaction of RRC and the Council. A decision to withdraw approval will not become final or be published until the processes of procedural reconsideration, reconsideration,

and appeal are exhausted. Reconsideration and appeal are available only to programs on probation that have failed to correct areas of noncompliance (see Procedural Reconsideration, Reconsideration, and Appeal).

When the Council proposes to withdraw approval of a program, the institution is required to verify to the Council, in writing, that all current and incoming residents, and program applicants selected for interview have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

NOTIFICATION OF ACTION

Within a reasonable period following each of the Council's two meetings, an approval letter indicating the Council action is forwarded to each institution currently under consideration. Confidential correspondence regarding Council actions is addressed to the program director. A copy of the letter is forwarded to the chief administrative officer of the sponsoring institution.

When the Council action is to place the program on probation, to continue probation, to place the program on administrative probation, to withhold provisional approval, or to withdraw approval, the letter to the director is sent by certified mail, with a return receipt requested. Letters to withhold provisional approval or to withdraw approval are forwarded to the director within 30 calendar days of the Council action.

Each letter indicates the approval status of the program and the number of authorized positions, including identification of the number of added credential positions. When the Council takes an action that requests submission of an interim progress report and/or a progress report, the letter identifies the reason(s) for taking the action. The letter outlines the necessary information that must be submitted for RRC and the Council to review the approval status of the program at future scheduled meetings, as well as the date on which this information is due in the Council office.

When the Council considers withholding provisional approval or withdrawing approval, the letter advising the institution of the proposed action contains: (a) the specific reason(s) for taking the proposed action, (b) the date the action becomes effective unless a request for procedural reconsideration or reconsideration is received from the institution, (c) the right of the institution to request procedural reconsideration, reconsideration, and appeal and the date by which such a request must be received by the Council, and (d) the institution's obligation to inform current residents, incoming residents, and program applicants selected for interview regarding the approval status of the program.

When a residency is placed on administrative probation, the program director and the chief administrative officer of the institution receive notification from Council staff that the institution has failed to respond to at least two requests for information or payment of fees. The institution is informed of its responsibility to notify current residents, incoming residents, and program applicants selected for interview of the approval status of the program. The letter to the institution also describes the consequence of withdrawal of approval if immediate attention is not directed to responding to the Council's previous requests.

When the approval action is based on the report of an on-site evaluation, a final copy of the report is enclosed with the approval letter. The report reflects the residency program as it existed at the time of the on-site evaluation. The final report does not, therefore, reflect program modifications made subsequent to the on-site evaluation that may have been described in the institution's response to the draft report. The institution may distribute the final report as it wishes and is encouraged to provide as wide a distribution as possible to the faculty members who participate in the program.

The Council awards a certificate to institutions sponsoring programs recognized in the categories of provisional approval and approval.

RESIDENT NOTIFICATION OF ACTION

When the Council or RRC takes or proposes certain actions, the sponsoring institution is required to verify to the Council, in writing, that all current residents, incoming residents, and program applicants selected for interview have been notified (applicants must be notified in writing prior to the interview). Current residents, incoming residents, and program applicants must be notified of denial of eligibility for initial on-site evaluation, probation, administrative probation, withholding of provisional approval, withdrawal of approval, denial of an increase in positions, denial of reclassification of residency positions, and voluntary termination of the program.

The institution must submit a copy of the letter sent to the applicant/incoming resident/current resident. The institution also must submit either the applicant's/incoming resident's/current resident's written acknowledgment of the status of the program or verifiable documentation of this individual's receipt of the institution's letter (e.g., signed copies of return receipts for certified mail or copies of emails). These materials must be received in the Council office within 50 calendar days of the director's receipt of the letter informing the institution of the action taken by RRC or the Council.

ACTIVATION OF A PROVISIONALLY-APPROVED RESIDENCY

As stated previously, when the Council grants provisional approval, this status is effective on the date the action is taken by the Council. Provisional approval will not be considered for any training year or portion of a training year prior to the effective date of granting of provisional approval.

The Council recognizes that a residency may have an effective date of provisional approval that is later than July 1. The Council permits up to six months of resident training overlap on a one-time basis for programs that begin after July 1.

The Council will withdraw provisional approval if the residency is not activated within two calendar years of the effective date of provisional approval. This action is not subject to the Council's procedures for reconsideration, reconsideration, and appeal.

PROCEDURAL RECONSIDERATION, RECONSIDERATION, AND APPEAL

The following reconsideration and appeal procedures are available for each of the following proposed adverse actions.

If RRC proposes **denial of eligibility for on-site evaluation**, the institution may request one of the following:

- Procedural reconsideration, followed by reconsideration, followed by appeal, **or**
- Reconsideration, followed by appeal.

If RRC proposes **denial of either an increase in positions or reclassification of positions**, the institution may request one of the following:

- Procedural reconsideration, followed by reconsideration, **or**
- Reconsideration.

If the Council proposes **withholding provisional approval or withdrawing approval**, the institution may request one of the following:

- Procedural reconsideration, followed by reconsideration, followed by appeal, **or**
- Reconsideration, followed by appeal.

A request to initiate the processes of procedural reconsideration, reconsideration, and appeal will be accepted for cause and will not be accepted solely on the basis of dissatisfaction with the proposed adverse action, nor will it be accepted on the basis of modifications made subsequent to the determination of the adverse action. A residency that conforms to Council standards, requirements, and/or procedures following determination of an adverse action (resulting in withholding of provisional approval or withdrawal of approval) will be viewed as a new residency and will be required to follow the application procedures described earlier in this publication.

The institution receives formal written notification of the adverse action following the action of RRC or the Council. The basis for the adverse action and the institution's right to request procedural reconsideration, reconsideration, and appeal are stated clearly in the notification letter.

When RRC or the Council considers an adverse action, the action does not become final, nor is it published, until the institution has been afforded opportunity to complete the processes related to procedural reconsideration, reconsideration, and/or appeal. If the institution does not initiate the procedural reconsideration, reconsideration, and appeal processes, the institution's rights to due process through the Council are viewed to be exhausted.

During this due process period, the approval status of the residency reverts to the status prior to the adverse action. If the Council sustains an action to withdraw approval, the final action becomes effective at the conclusion of the academic year in which the action is sustained.

Procedural Reconsideration

Procedural reconsideration is the process that allows the institution the opportunity to request that the Council review the proposed adverse action for the purpose of determining whether the Council, RRC, or the evaluation team failed to follow Council procedures described in this publication. Because procedural reconsideration is designed for the review of errors in the application of Council procedures, matters of disagreement related to issues of substance will not be reviewed within the procedural reconsideration process. Such matters, however, may be identified as the basis for a request for reconsideration and/or appeal.

A request for procedural reconsideration must be submitted within 15 calendar days following receipt of the notification letter. If such a request is not submitted and postmarked within this 15-day period, the Council considers the institution to have waived all rights to procedural reconsideration. The sponsoring institution is encouraged to submit its written request to the Council office by certified mail, with a return receipt requested.

The request for procedural reconsideration must identify the procedure(s) in question and describe in detail the institution's claim that the procedure(s) was not followed, including any documentary evidence to support the claim. Following receipt by Council staff, the request for procedural reconsideration is considered by the Council's Executive Committee by conference call or actual meeting. The Council acknowledges in writing the receipt of all procedural reconsideration materials.

Based on a recommendation of the Executive Committee, a decision may be made by the Council, either by conference call or meeting to: (1) sustain the previous action, (2) rescind the previous action and refer the matter for additional review by RRC, or (3) defer action and conduct a new on-site evaluation. If a new evaluation is conducted, the cost of the evaluation is shared equally by the institution and the Council. The program director and the institution's chief administrative officer are notified of the action taken with respect to the procedural reconsideration no later than 30 calendar days following the next scheduled meeting of the Council following the original determination of the action that led to the request for procedural reconsideration.

Reconsideration

Reconsideration is the process that allows the institution the opportunity to request that RRC and/or the Council review the proposed adverse action for the purpose of determining whether any error or omission occurred in making the decision.

A written request for reconsideration must be received in the Council office within 30 calendar days following receipt of the notification letter. If a request for reconsideration is not received within this 30-day period, the Council considers the institution to have waived all rights to

reconsideration and subsequent appeal. The sponsoring institution is encouraged to submit its written request to the Council office by certified mail, with a return receipt requested.
The request must include specific facts and reasons for which the institution contends the adverse action should not be taken, as well as an appropriate number of copies of substantiating materials. Council staff acknowledges in writing the receipt of all reconsideration materials. Following receipt by Council staff, the materials are considered by RRC by conference call or at its next scheduled meeting. Reconsideration related to denial of eligibility for on-site evaluation or an increase in positions may be considered by RRC by conference call or at its next scheduled meeting. Reconsideration related to withholding of provisional approval or withdrawal of approval must be considered by RRC at its next meeting.

Related to proposed actions to deny eligibility for on-site evaluation or to deny an increase in positions, RRC has the options of rescinding or sustaining the proposed action. Reconsideration of the adverse action is completed no later than the next scheduled meeting of RRC following the original determination. The program director and the institution's chief administrative officer are notified of RRC action.

Based on a recommendation of RRC, a decision to sustain or rescind a proposed action to withhold provisional approval or withdraw approval is considered by the Council at its next scheduled meeting. A recommendation may be made by RRC and/or the Council to assess the request for reconsideration by conducting an on-site evaluation of the residency. The on-site evaluation is designed to evaluate the particular issues or concerns related to the adverse action. When an on-site evaluation is conducted, action is deferred to the second scheduled meeting following the original determination of the adverse action. The program director and the institution's chief administrative officer are notified of the Council's action.

During the reconsideration process, a representative(s) of the institution under reconsideration may request in writing the opportunity to provide a statement to RRC regarding the proposed adverse action. Any additional information that is to be brought to the attention of RRC must be submitted to the Council office prior to the meeting.

Appeal

Following completion of the procedural reconsideration and/or reconsideration processes, the institution may appeal the decision to a hearing committee. The appeal process followed by the Council is articulated in CPME 935, *Guidelines for the Conduct of Appeal Hearings*. The institution is free to pursue a substantive and/or procedural claim.

REAPPLICATION FOLLOWING WITHHOLDING OR WITHDRAWAL OF APPROVAL

An institution seeking approval of a residency program that has had provisional approval withheld or approval withdrawn is expected to follow the procedures outlined for new residencies (see Application for Provisional Approval of a New Residency Program and Fees). With respect to re-evaluation of a program that has had provisional approval withheld or approval withdrawn, RRC will focus principal attention on those areas that were of greatest concern in the original decision to withhold provisional approval or withdraw approval.

AUTHORIZATION OF INCREASES IN RESIDENCY POSITIONS

Increases in residency positions are considered and authorized by RRC. Applications for increases are considered by mail ballot, conference call, or at a regularly-scheduled meeting of RRC. RRC has the prerogative of taking no action on the application in order to request further information from the sponsoring institution and/or to discuss the application during a subsequent mail ballot, conference call, or upcoming regularly-scheduled meeting.

Institutions seeking authorization of increases in positions in provisionally-approved and/or approved residencies are required to submit RRC form 345, *Application for Increase in or Reclassification of Positions*, required supplemental materials, and an application fee (see Fee Policies). The application must be submitted prior to activation of the residency position(s), preferably at least six months before the anticipated starting date. A six-month lead time is necessary should additional information be required. RRC will consider the request for an increase within 60 calendar days of receipt of a complete application.

The effective date of granting an authorization of increased residency positions by RRC will be no earlier than the date on which the program has both authorization of the increase and the additional resident(s) in place.

In order to determine whether the institution has the appropriate resources for an increase in residency positions, RRC will review the following information:

- The last on-site evaluation report, pertinent progress report materials, and most recent approval letter
- Pertinent section(s) of annual report(s) submitted since the most recent on-site evaluation
- A completed RRC form 345, *Application for Increase in Positions*. The application provides information regarding the rationale for the proposed increase with supporting documentation to justify the increased number of positions.

RRC will not consider an application for an increase submitted by a program on probation. If a program on probation increases positions without authorization, the Council will withdraw approval of the program at its next scheduled meeting.

If the new positions have already been activated in an approved program and authorization is denied, RRC will mandate, by placing the program on probation, a reinstatement of the number of positions existing prior to the increase, effective at the beginning of the next residency year.

If RRC proposes denial of the increase in positions, the institution is required to verify to the Council, in writing, that all current and incoming residents and program applicants selected for interview have been notified of the proposed denial (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

If the sponsoring institution fails to respond in writing within six months to written requests from Council staff and/or RRC for information to complete the application, the application will be

terminated by staff. Council staff will correspond with the program director and the institution's chief administrative officer to inform them that the application has been terminated. The sponsoring institution may submit a new application, supplemental materials, and application fee after the application has been terminated.

RECLASSIFICATION OF APPROVED POSITIONS

Reclassification from PMSR to PMSR/RRA

Applications for reclassifying approved positions are considered by mail ballot, conference call, or at a regularly-scheduled meeting of RRC. RRC has the prerogative of taking no action on the application in order to request further information from the sponsoring institution and/or to discuss the application during a subsequent mail ballot, conference call, or upcoming regularly-scheduled meeting.

A program may request reclassification of one or more non-added credential positions to added credential positions in provisionally-approved and/or approved residencies by submitting RRC form 345, *Application for Increase in or Reclassification of Residency Positions*, required supplemental materials, and an application fee (see Fee Policies). The application must be submitted prior to reclassification of the residency position(s), preferably at least six months before the anticipated change. A six-month lead time is necessary should additional information be required. RRC will consider the request for a reclassification within 60 calendar days of receipt of a complete application.

In order to determine whether the institution has the appropriate resources for the reclassification of residency positions, RRC will review the following information:

- The last on-site evaluation report, pertinent progress report materials, and most recent approval letter

- Pertinent section(s) of annual report(s) submitted since the most recent on-site evaluation

- A completed RRC form 345. The application provides information regarding the rationale for the proposed increase with supporting documentation to justify the increased number of positions.

RRC will not consider an application for a reclassification submitted by a program on probation. If a program on probation reclassifies positions without authorization, the Council will withdraw approval of the program at its next scheduled meeting.

If RRC proposes denial of the reclassification in positions, the institution is required to verify to the Council, in writing, that all current and incoming residents and program applicants selected for interview have been notified of the proposed denial (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

If the sponsoring institution fails to respond in writing within six months to written requests from Council staff and/or RRC for information to complete the application, the application will be terminated by staff. Council staff will correspond with the program director and the institution's chief administrative officer to inform them that the application has been terminated. The sponsoring institution may submit a new application, supplemental materials, and application fee after the application has been terminated.

Reclassification from PMSR/RRA to PMSR

Applications for reclassifying approved positions are considered by mail ballot, conference call, or at a regularly-scheduled meeting of RRC. RRC has the prerogative of taking no action on the application in order to request further information from the sponsoring institution and/or to consider the application during a subsequent mail ballot, conference call, or regularly-scheduled meeting.

A program may request reclassification of one or more added credential positions to non-added credential positions in provisionally-approved and/or approved residencies. The following documentation is required:

- A formal letter signed by the program director and the chief administrative officer (or designee) indicating why the institution is reclassifying the residency program, identifying the number of positions to be reclassified, and the effective date of the reclassification
- Letters of attestation from current and incoming residents affected by the change
- If the institution is reclassifying a portion of the approved PMSR/RRA positions to PMSR positions, explanation as to how the institution will determine which residents will be offered the added credential
- Executed contracts for residents affected by the change
- A sample PMSR certificate

The request for reclassification must be submitted prior to reclassification of the residency position(s), preferably at least six months before the anticipated change. A six-month lead time is necessary should additional information be required. The RRC chair or RRC will consider the request for a reclassification within 60 calendar days of receipt of a complete application.

If the sponsoring institution fails to respond in writing within six months to written requests from Council staff and/or RRC for information to complete the reclassification, the request will be terminated by staff. Council staff will correspond with the program director and the institution's chief administrative officer to inform them that the request for reclassification has been terminated.

INACTIVE STATUS

A residency or position(s) in an approved residency that are temporarily inactive will be considered eligible for continued approval for a period not to exceed two years immediately following completion of the last full year of training. A residency that is not reactivated within two years must follow the application procedures for new programs if and when training is reinitiated. If a residency position(s) is not reactivated within two years, the sponsoring institution must submit RRC form 345, *Application for Increase in or Reclassification of Residency Positions*, and the application fee if and when the position(s) are to be reactivated. (An inactive program or position is one in which funding, staffing, or available training resources have been interrupted or in which a suitable or interested candidate for the residency has been unavailable.)

Institutions with inactive, approved programs are required to submit annual report forms and annual assessment fees throughout the recognized period of inactivation.

RESIGNATION, TERMINATION, OR SUSPENSION OF THE RESIDENT

If a resident resigns from or is terminated or suspended from a residency for any reason, written notice must be sent to the Council office within 30 calendar days of the termination date. It is the responsibility of the program director to notify the Council of any resignation, suspension, or termination of a resident, regardless of the approval status of the program.

If the resident's appointment is suspended or terminated, the notice must indicate the general cause for the termination but need not contain a statement of specific facts. The notice also must contain a description of the process by which the suspension or termination decision was reached to assure that institutional due process procedures were followed.

TERMINATION OF THE PROGRAM

If an institution with an approved residency closes or if for any other reason the program is discontinued, the Council will withdraw approval of the program based on voluntary termination by the sponsoring institution, effective on the date of closure or termination of the residency.

It is the responsibility of the program director and the chief administrative officer to notify the Council in writing of termination of the residency. Additionally, the institution is required to verify to the Council, in writing, that all current residents, incoming residents, and program applicants selected for interview have been informed of the voluntary termination of the program (when possible, applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

When an institution voluntarily discontinues a residency prior to completion of the training cycle, arrangements may be made to transfer the resident(s) to another approved residency (see Resident Transfer).

RESIDENT TRANSFER

Situations such as the following may arise and require completion of a resident transfer: (1) a resident cannot complete a provisionally-approved or an approved residency because the sponsoring institution has ceased operations or discontinued the program; (2) a resident is released from a provisionally-approved or an approved residency; (3) a resident who has successfully completed an approved residency may wish to transfer into another approved residency to obtain additional training.

The charts below indicate acceptable resident transfers across residency categories. The following abbreviations for previous residency categories are utilized:

Previous categories
RPR (Rotating Podiatric Residency)
PPMR (Primary Podiatric Medical Residency)
POR (Podiatric Orthopedic Residency)
PSR-12 (12-month Podiatric Surgical Residency)
PSR-24 (24-month Podiatric Surgical Residency)
PM&S-24 (Podiatric Medicine and Surgery-24)
PM&S-36 (Podiatric Medicine and Surgery-36)

The Podiatric Medicine and Surgery Residency is a program into which a resident would not ordinarily transfer. However, positions in PMSR programs may be vacant and graduates of residencies approved under the previous categories may seek additional training. In such instances, the following resident transfers are permitted:

- **For RPR, PPMR, POR, and PSR-12 programs**: The resident may receive up to one year of training credit (with program director discretion.) A resident who completed one or more programs approved under former residency categories (CPME 320, dated April 2000) may receive a maximum of one year of credit from an approved non-surgical residency program, and a maximum of one year of credit from an approved PSR-12 program towards the podiatric residency.

- **For PSR-24 programs**: The resident may receive up to two years of training credit (with program director discretion.)

- **For PM&S-24 programs**: The resident may receive up to two years of training credit (with program director discretion.)

- For PM&S-36 programs: The resident may receive up to three years of training credit (with program director discretion.)

If acceptance of the resident transfer constitutes an increase in residency positions, the sponsoring institution must apply for authorization of the increase (see Authorization of Increases in Residency Positions).

RRC and the Council expect that the resident will be appointed to another provisionally-approved or approved residency within a reasonable time period. The director of the program releasing the resident must submit written notification to the Council office within two weeks of the resident's departure. The director of the program releasing the resident must submit the following information in a timely manner to the director of the provisionally-approved or approved program accepting the resident:

- A copy of the release or termination letter
- Training schedule
- Signed assessments validating the resident's progress in achieving prescribed performance indicators and competencies
- Signed resident logs from the resident's starting date in the program to the date on which the resident was released from the program

The director of the program accepting the resident must submit the application fee (see Fee Policies) and the following information to the Council office within 30 days of the resident's official acceptance:

- The name of the releasing institution, the category of the residency program, and the dates the resident participated in the program
- Confirmation that the resident is transferring into an open position and the year into which the resident is accepted
- Confirmation that all required materials have been submitted by the institution releasing the resident and have been reviewed. The review by the director of the program accepting the resident must ascertain the acceptability of all previous educational experiences as based upon the resident's progress toward and successful achievement of competencies and assigned activities that have been validated formally by written assessment.
- Comprehensive training schedule that allows for achievement of all prescribed competencies specific to the residency category. (If the resident has not successfully completed a previous program, the director must confirm that the length of the resident's time in the new program will be extended to provide training for the appropriate completion of the training period.)

Once Council staff has determined that the transfer request is complete, it is forwarded to the RRC chair for consideration. If, in consultation with Council staff, the RRC chair approves the transfer, the institution to which the resident has transferred may grant a certificate indicating successful completion of a residency. The institution is authorized to grant only a certificate of completion for the residency category in which it is approved by the Council. A resident may retain a certificate issued for training completed (e.g., RPR, POR, PPMR, PSR-12, PSR-24, and/or PM&S-24) when this training is counted towards the requirements of a new program into which the resident has transferred.

If the Council's procedures for resident transfers are not followed, the resident involved may not be granted a certificate of completion by any residency and may lead to probation or administrative probation of the program.

PROGRAM TRANSFER

Institutional sponsorship of a training program may be transferred from one institution to another under certain circumstances. The program director should contact the Council office to determine whether transfer of the program is appropriate or whether reapplication as a new program is necessary. A request for transfer of institutional sponsorship should be submitted as early in the training year as possible should reapplication and on-site evaluation be necessary.

The following documentation is required in all cases (i.e, the program transfer involves institutions owned by the same corporate entity and retaining the same administrative staff and podiatric and non-podiatric medical faculty, or the former sponsoring institution has closed or has changed to such an extent as to preclude providing the necessary resources for residency training):

- Letter of intent from the chief administrative officer of the new sponsoring institution
- Letter from the chief administrative officer of the original sponsoring institution acknowledging the transfer
- For institutions owned by the same corporate entity: written acknowledgement that all administrative staff and podiatric and non-podiatric medical faculty are retained from the original sponsor. If there are any changes, listings are required of the names of the administrative staff and podiatric and non-podiatric medical faculty retained from the original sponsor as well as any new administrative staff and podiatric and non-podiatric medical faculty (with educational and professional qualifications).
- For new institutions: listing of any new administrative staff and podiatric and non-podiatric medical faculty (with educational and professional qualifications)
- Copy of the signed contract with each resident and each resident's schedule for the entire training time
- Curriculum vitae of the program director (if new)
- Copies of affiliation agreements (if applicable)
- Curriculum (i.e. competencies, assessment documents, schedule of didactic activities, including research methodology, and journal club)

A full or focused on-site evaluation may be required. The institution to which the program is transferred must grant a certificate to each resident who successfully completes the program. The certificate must be appropriate for the resident's entire training sequence and the type of program that is approved by the Council.

ANNUAL REPORT

Completion of an annual report form, CPME 340, is required of each institution sponsoring an approved residency beginning with the program's first year of provisional approval. The annual report provides the Council current information for CPME's database and the List of Approved Residencies maintained on the Council's website. As part of the annual report, the Council

requests the names of residents completing the program and the new and returning residents in the program.

Co-sponsoring institutions must submit a single copy of CPME 340 that provides information about the program as a whole, rather than each individual co-sponsor submitting its own annual report. The annual report for the co-sponsored program is to include the signatures of the program director and of the chief executive officers, or their designees, of each co-sponsoring institution. (If an institution is involved in a co-sponsorship and also sponsors a separate residency program, the institution is required to participate in preparation of the annual report for the co-sponsored program and to submit a separate annual report for the residency for which it is the sole sponsor.)

If extenuating circumstances exist relative to resident completion of a training year, the program director must provide this information in the annual report. Examples of extenuating circumstances include, but are not limited to, an extension of a resident's training period to address instances of unsatisfactory performance or to complete a portion of the training year the resident was unable to fulfill due to illness and/or disability.

Council staff reviews annual reports and brings concerns to the attention of RRC at its next scheduled meeting. Council staff may correspond with the program director to request that the sponsoring institution provide specific information for consideration at the RRC meeting.

Failure to submit the annual report and/or annual fee is cause for the Council to place the sponsor on administrative probation and subsequently to consider withdrawal of approval. RRC and/or the Council reserve the right to request additional materials to clarify information in the annual report.

CONFIDENTIALITY AND DISCLOSURE POLICIES

All reports and communications regarding residencies are confidential within the Council, RRC, appeal committees, evaluation teams, and Council staff. On-site evaluators, RRC members, and Council members sign a confidentiality statement on a periodic basis, confirming that privileged information will not be disclosed in any manner.

Because of the tripartite relationship of accreditation, certification, and licensure, the Council has the prerogative of providing confidential information regarding the approval status of residencies to the appropriate Council-recognized specialty boards and to state boards for examination and licensure, upon the specific written requests of these organizations.

All proceedings of RRC and the Council with respect to determining residency recommendations and actions are held in executive session.

The Council office, RRC, and the Council will not release or confirm the following information in any form:

- The name or status of a sponsoring institution that has initiated contact with the Council office concerning an application for provisional approval, increase in positions, or reclassification of approved positions

- The name or status of a sponsoring institution that has applied for provisional approval or an increase in positions but has not yet been apprised of a decision

- The name or status of a sponsoring institution that has applied for and been denied eligibility for on-site evaluation or authorization of an increase in or reclassification of approved positions (prior to exhaustion of the procedural reconsideration, reconsideration, and appeal processes, as applicable)

- The name or status of a sponsoring institution that has had provisional approval withheld or approval withdrawn (prior to exhaustion of the procedural reconsideration, reconsideration, and appeal processes)

All inquiries as to the approval status of a specific sponsoring institution will be answered by referral to the published directory of podiatric residencies or to the institution in question.

The List of Approved Residencies on the Council's website identifies residencies that are eligible for on-site evaluation, residencies holding provisional approval, residencies that are approved, and residencies approved on a probationary basis (including administrative probation). Areas of noncompliance, as reflected by standard and requirement numbers, will be included in the probationary information.

Denial of eligibility for on-site evaluation, withholding of provisional approval, and withdrawal of approval are published following exhaustion of the entire process of procedural reconsideration, reconsideration, and appeal or following the institution's indication that it does not wish to pursue these processes. Denials of increases in or reclassification of residency positions are published following exhaustion of the entire process of procedural reconsideration and reconsideration or following the institution's indication that it does not wish to pursue these processes.

THIRD-PARTY COMMENT

The Council provides opportunity for individuals or organizations to submit written comments concerning an institution's qualifications for provisional or continued approval. The Council will publish notices in the *APMA News* and on its website regarding its plans to conduct either a focused evaluation or a comprehensive evaluation of an institution that seeks provisional approval or continuation of approval. The notice will indicate the deadline for receipt of third-party comments.

Third-party comments must be signed, address substantive matters relating to the quality of the program and the CPME standards and requirements, and be received 15 days prior to the program's scheduled visit date. Comments will be forwarded to the evaluation team, and to the program director for response if appropriate, during the evaluation visit process. An updated list that includes the date of each visit will be maintained on the Council's website.

REVIEW OF FORMAL COMPLAINTS

A mechanism exists for reviewing formal complaints against approved residencies. The Council reviews only those complaints related to the alleged noncompliance of a program with the Council's standards and requirements. The mechanism for reviewing formal complaints is specified in CPME publication 925, *Complaint Procedures*.

STATEMENTS OF APPROVAL STATUS

An institution sponsoring a provisionally-approved residency must use the following statement in reference to its approval status:

> The (category of program) sponsored by (name of institution) has been granted provisional approval by the Council on Podiatric Medical Education. Provisional approval is the recognition accorded a new residency that is determined to be in substantial compliance with established standards and requirements. The Council is an independent, specialized accrediting agency that provides accreditation and approval services for the American Podiatric Medical Association.

An institution sponsoring an approved residency must use the following statement in reference to its approval status:

> The (category of program) sponsored by (name of institution) is approved by the Council on Podiatric Medical Education. Approval is the recognition accorded a residency that is determined to be in substantial compliance with established standards and requirements. The Council is an independent, specialized accrediting agency that provides accreditation and approval services for the American Podiatric Medical Association.

An institution sponsoring a residency that is approved on a probationary basis must use the following statement in reference to its approval status:

> The (category of program) sponsored by (name of institution) is approved on a probationary basis by the Council on Podiatric Medical Education. Probation indicates that a residency is in noncompliance with the Council's standards and requirements for approval to the extent that the quality and effectiveness of the residency are in jeopardy. The Council is an independent, specialized accrediting agency that provides accreditation and approval services for the American Podiatric Medical Association.

No other statements regarding approval by the Council may be used without the permission of the Council.

ASSESSMENT OF EVALUATOR EFFECTIVENESS

The effectiveness of the on-site evaluation process is assessed formally by the institution and the evaluation team. The Collaborative Residency Evaluator Committee (CREC) monitors the effectiveness of on-site evaluators by reviewing evaluation questionnaires completed by institutions regarding the performance of on-site evaluators, as well as those completed by the

team leaders and other team members. CREC forwards a report of its review, identifying areas requiring follow-up and evaluators who might require remediation or dismissal to the Executive Committee of the Council for its review. CREC is the collaborative effort of ABFAS, ABPM, and the Council to develop, implement, and review procedures to select, train, and assess podiatric residency evaluators and team chairs.

In reviewing evaluation team reports, RRC may forward comments about individual evaluators to the Council's Executive Committee. To assure objectivity in its approval recommendations, RRC is never provided the post-evaluation questionnaires completed by the sponsoring institution and evaluation team members.

The Council commends effective evaluators and provides remediation for ineffective evaluators. RRC, CREC, and/or the Executive Committee may suggest to the Council that evaluators who demonstrate repeated ineffectiveness be removed from the list of residency evaluators.

NONDISCRIMINATION POLICY

The Council prohibits discrimination in accord with federal, state, and local regulatory guidelines and policies in the election and appointment of members, students, and public representatives to the Council and its committees and in the selection of evaluation team members, consultants, employees, and others involved in its activities.

FEE POLICIES

Application fees have been established for institutions seeking provisional approval of a new program, reclassification of the approval category, and for institutions requesting authorization of increased residency positions, resident transfers, and one-time residency certificate authorizations.

The costs related to on-site evaluations of new programs are borne by the sponsoring institution. The Council requires pre-payment of a specified on-site evaluation fee.

Institutions that have had provisional approval withheld or approval withdrawn and subsequently reapply must submit a reapplication fee.

The Council has established an annual fee assessed each institution sponsoring an approved residency or residencies. The Council assesses a per-program fee and a per-resident fee. A late fee is assessed related to submission of the annual assessment fee.

Institutions requesting appeals of adverse actions are assessed a portion of the anticipated actual costs prior to the appeal. Institutions are billed the remainder of any additional actual costs after the appeal.

The fees are nonrefundable. The Council reserves the right to revise established fees.