An <u>Unofficial</u> Podiatric Medicine and Surgery Residency

POG

*-A **10-page P**rogram Director **O**rientation **G**uide-*

David Hockney's *Mount Fuji and Flowers*

Introduction:

The following is an unofficial "how to" guide for new podiatric residency program directors.

Unfortunately, there is usually not much "orientation" when becoming a program director, and most people frequently feel relatively "thrown in" to the position. This guide doesn't attempt to deliver all the answers certainly, but instead aims to provide some preliminary and introductory information for new program directors.

A gentle reminder and warning that this is an "unofficial" guide (most recently updated in 2025), and it is not intended to be 100% comprehensive. I would always recommend contacting your specific CPME liaison with any "official" questions. With that said please don't hesitate to reach out to me directly if there is any way that I can be of service to you (**ajmeyr@gmail.com; 215 620-8184**), and be aware of program director mentors available through both your COTH region (https://www.cothweb.org/about/) and ACFAS (https://www.acfas.org/membership/acfas-regions).

Basic Information and Definitions:

A common theme with residency education is that there is usually plenty of information out there and available, but it's difficult to know exactly where to find it. This first section aims to detail the organization acronyms and documents that all program directors should be aware of from Day 1:

-CPME (Council on Podiatric Medical Education; www.cpme.org)

-The CPME is the accrediting body for the podiatric profession, and therefore controls a program's approval status. Just about all of their information can be found at: https://www.cpme.org/residencies/content.cfm?ItemNumber=2277&navItemNumber=2235

-This is similar to the Accreditation Council for Graduate Medical Education (**ACGME**; https://www.acgme.org/) for allopathic and osteopathic residency programs.

-It can honestly sometimes be a little confusing at big hospitals with many residency programs. These other programs and your hospital's Graduate Medical Education (GME) offices and committees likely pay most attention to ACGME rules and requirements, but it is important to know that we don't fall under that umbrella. We are only held to CPME standards, not ACGME ones.

-You should have a unique user name and password to log-in to the CPME portal (the portal link is on the top right-hand corner of the website).

-The **CPME 320 document** (https://www.cpme.org/wp-content/uploads/2025/05/CPME-320-Standards-and-Requirements-for-Approval-of-Podiatric-Medicine-and-Surgery-Residencies-effective-July-2023.pdf) is arguably the most important document for you to be aware of. It is effectively the rules, standards and requirements that all podiatric residency programs in the US are held to. You should know this document like the back of your hand, particularly any time a site visit rolls around.

-It is a bit long and tedious admittedly, but you get used to it after 2-3 reads, and you really should read it over multiple times.

-The **CPME 370 document** (https://www.cpme.org/residencies/residency-documents-and-forms/) is what a site visit team fills out when a program is formally evaluated by the CPME. It essentially follows along with the 320 document to make sure residency programs are providing everything that is required. For this reason, many program directors find it useful to complete the CPME 370 document themselves as a form of program self-assessment. It is a relatively user-friendly way to determine if you are in compliance.

-There are many other official documents through the CPME, but the **320** and the **370** are arguably the ones you should be familiar with first. With that said, other important documents include the CPME 330 (Procedures for Approval of Podiatric Medicine and Surgery Residencies; https://www.cpme.org/wp-content/uploads/2023/12/CPME_330_Procedures_for_Approval_of_Podiatric_Medicine_and_Surgery_Residencies_7_2023_2023-2a_.pdf), the CPME 345 (Application for Increase in or Reclassification of Residency Positions; https://www.cpme.org/wp-content/uploads/2025/06/CPME-345-Increase-Reclassification-Form-Fillable.pdf), the Resident Transfer Form (https://www.cpme.org/wp-content/uploads/2025/06/Resident-Transfer-Request-Form-Fillable.pdf), and the CPME 925 (Complaint procedures; https://www.cpme.org/residencies/residency-documents-and-forms/).

-Your program is listed on the CPME website:
https://www.cpme.org/residencies/ResidenciesList.cfm?navItemNumber=2242
It's a good idea to make sure the information here is accurate, particularly with respect to your program's contact information and website links.

-The CPME Residency Review Committee (**RRC**) is a committee of DPMs who make decisions about program approval statuses and program policies/procedures (https://www.cpme.org/residencies/rrc-meeting-dates-and-submission-deadlines/). This committee meets twice annually (usually in September and March) with frequent conference calls in-between these meeting dates.

-Your program has a specific CPME liaison. They are a great resource and should be your first point of contact with any specific questions.

-Annual membership dues are paid to the CPME (usually due the beginning of September). Additionally, an annual report is due to the CPME at this time. The report is filled out electronically through the CPME and provides the CPME with any updates about your program. It takes about 30 minutes to complete this annual report and must also be signed off by the designated institutional officer (DIO) of your sponsoring institution.

-COTH (Council of Teaching Hospitals; https://www.cothweb.org/)

-COTH is a national organization of podiatric residency program directors. It helps organize collaboration between program directors and with other national organizations.

-You are in a region with other residency program directors and there is a representative for your region (https://www.cothweb.org/about/). This representative can bring up any issues you might have at the national level.

-You should have a unique user name and password to log-in to the COTH website. Information, including funding information about residency programs, is found on this website.

-COTH also provides educational information for program directors, and in coordination with the American Association of Colleges of Podiatric Medicine (**AACPM**; https://aacpm.org/), makes decisions about the residency interview and residency match processes.

-Annual membership dues are paid to COTH.

-**CASPR/CRIP** (Central Application Service for Podiatric Residencies/Central Residency Interview Process; https://www.casprweb.org/default.aspx?ReturnUrl=%2f)

-CASPR/CRIP also fall under the AACPM umbrella and specifically manage: scheduling of your program's rotating student clerks, scheduling and information of your program's residency applicants, scheduling for the residency interview process, and the residency match process.

-You should have a unique user name and password for this website.

-Annual membership dues are paid to CASPR/CRIP (most often combined with COTH dues).

-As this affects the interview process, match process, and your future residents, this is definitely a website to feel comfortable navigating and an organization with which you want to be familiar with dates and deadlines!

-There is usually a list of important dates and deadlines found at: https://aacpm.org/podiatric-residency-program-caspr-crip/info-residency-programs/

-Your program is also listed in the CASPR directory (https://aacpm.org/podiatric-residency-program-caspr-crip/caspr-directory-of-residency-programs/). It's a good idea to double check this information to ensure that it is up-to-date and accurate.

-**PRR** (Podiatry Residency Resource; https://www.podiatryrr.com/)

-PRR is a near universally utilized website for residents to log all of their clinical and surgical experiences.

-Each resident, the program director, and your residency coordinator will have unique user names and passwords for the website.

-Residents are responsible for logging all of their experiences.
-Program directors are responsible for checking the logs for accuracy and officially "verifying" the logs at least monthly.

-Annual registration dues are paid to PRR.

-There will be further information provided on logging later in this guide.

-**ABFAS** (American Board of Foot and Ankle Surgery; www.abfas.org)

-Podiatric surgery certifying board.

-An annual in-training examination is offered to residents by the ABFAS, and a qualification examination is offered during their senior year.

-**ABPM** (American Board of Podiatric Medicine; https://abpmed.org/)

-Podiatric medicine certifying board.

-An annual in-training examination is offered to residents by the ABPM.

-**ACFAS** (American College of Foot and Ankle Surgeons; www.acfas.org)

-A national podiatric surgical political organization through which residents might be members and attend educational offerings.

-**APMA** (American Podiatric Medical Association; www.apma.org).

-A national podiatric political organization through which resident might be members and attend educational offerings.

-**ACPM** (American College of Podiatric Medicine; https://www.acpmed.org/)

-A national podiatric medical political organization through which residents might be members and attend education offerings.

Residency Administration:

The primary job of a program director is to administratively manage the program. This is a broad job description obviously that goes beyond this guide, but there are some things to be aware of that you are responsible for right from Day #1:

-Affiliation Agreements

-An affiliation agreement is a legal document that is required for any location the residents go outside of the sponsoring hospital. It is intended, in part, to outline the financial and liability responsibilities of each location. At the end of the day these are important to ensure that residents are protected in all areas of their training.

-Affiliation agreements are typically managed by the legal departments of both locations, but it is the program director's responsibility to make sure residents are not going to any location that doesn't have an affiliation agreement in place and to make sure the affiliation agreements remain in good-standing. This includes any and all private practice offices!

-Required components of affiliation agreements are found in standard 1.3 of the CPME 320 document.

-Residency Manual

-An up-to-date residency manual is an important "go to" for residents if they have any questions about the administration of the program. It should outline your specific rules, policies and procedures, as well as provide residents with a clear understanding of the curriculum and rotation schedule.

-It is generally a good idea to review the residency manual with residents and program faculty on an annual basis. Residents are required to attest annually that they received a copy of the residency manual.

-Required components of the residency manual are found in standard 3.10 of the CPME 320 document.

-I'm happy to provide anyone with a copy of the Temple Hospital Residency Manual as a representative example if interested (ajmeyr@gmail.com).

-Contracts

-All residents must be provided with either a contract or letter of appointment detailing the specifics of the "job" they were hired to do.

-Required components of a resident contract and/or letter of appointment are found in standards 3.8 and 3.9 of the CPME 320 document.

-Graduation Certificates

-Required components of the graduation certificate are found in standard 3.11 of the CPME document.

-The specific "wording" of the certificate is verified with a fine-toothed comb, so it is important to double-check these required components carefully before signing any certificate.

-Curriculum

-It is important that the podiatric and non-podiatric rotations making up the resident's formal curriculum are well-defined and standardized.

-The curriculum and rotation schedule should be clearly defined in writing, included in the residency manual, and distributed to residents annually (standards 3.10 and 6.1 and 6.3 of the CPME 320 document).

-There are certain rotations that are required to be offered (standard 6.4 of the CPME 320 document) including: medical imaging, pathology, behavioral sciences, infectious disease, internal medicine or family practice, general surgery anesthesiology, emergency medicine, medical subspecialties (two of dermatology, endocrinology, neurology, pain management, physical medicine/rehabilitation, rheumatology, wound care) and surgical subspecialties (one of orthopedic surgery, plastic surgery, vascular surgery).

-Each rotation should have a unique set of "competencies", essentially a list of learning objectives for the residents while on the rotation.

-These competencies should be evaluated through and represented on the rotation's assessment forms.

-These competencies should be developed in conjunction with the program director and the faculty of the specific rotation.

-Assessments

-Much like with patient charting "if you didn't document it, then it never happened", a resident's rotation experience "never happened" unless there is an assessment form of the experience signed and dated by the resident, the program director, faculty of the specific rotation.

-Assessment forms should reflect the specific competencies of the rotation. In other words, you can't simply use the same assessment form for all rotations.

-In addition to rotation-specific assessments, each residents should be formally assessed on a semi-annual basis by the program director. It is generally a good idea to have a separate assessment form for this, and to have it be more of a summative evaluation representing input from core faculty in addition to the program director.

-Logging

-Logging is actually pretty straight-forward, although it does take up a lot of time and energy for both program directors and residents.

-Most simply, residents should log each and every single one of their clinical experiences during residency. Not just the surgical cases, but all experiences. And they should try and do it every

single day (like dictating an operative report within 24 hours). A general rule of thumb is that if their name is in the chart, then they should log that experience.

-Logging is usually done through PRR (podiatry residency resource; www.podiatryrr.com).

-There is lots of educational material provided to help teach logging including a proper logging guide (https://www.cpme.org/logging-guidance/), a slide show, and a video on proper logging.

-It is generally a good idea to go through these and other resources with your residents on annual basis.

-It is also generally a good idea to keep the CPME 320 document open and available while you are verifying logs. Appendix B of the 320 document lists out all the possible categories for logs, so it's nice to refer to as you getting comfortable with the process.

-It honestly takes a little bit to get comfortable navigating the PRR as a program director. With that said, there are a few locations on the site that you need to be familiar with right away:

-The "Dashboard" is essentially the home screen when you log in. This provides easy access to all of your residents and their unverified procedures. **Logs must be checked for accuracy and verified on at least a monthly basis!**

-Under the "Reports" tab on the left-hand side of the screen is the "MAV/Diversity" tab. This provides you with a snap-shot report of how each resident is progressing with respect to their "numbers". These are minimum activity volume (MAV) and diversity requirements before residents can graduate.

-It is generally a good idea to review this report with residents during their semi-annual evaluation.

-Under the "Reports" tab on the left-hand side of the screen is the "CLAD" tab. This is the clinical log audit detail (CLAD) system that automatically scans the logs and flags potential mistakes.

-It is generally a good idea to run the CLAD report prior to your log verification and during the resident's semi-annual evaluation.

-Under the "Reports" tab on the left-hand side of the screen you can also check the resident's individual "ABFAS in-training examination scores" and "ABPM in-training examination scores".

-Under the "User Management" tab on the left-hand side of the screen is the "User List" tab. This is where the program director is able to add and/or delete faculty. Every single log must be accompanied by a faculty member, so it is important that this user list is up-to-date.

-There are many other useful functions within PRR, but these are arguably the most critical ones for new program directors to be aware of.

-Again logging is not just the resident's surgical experiences. There are also minimum activity volume requirements for other clinical experiences including history and physical examinations and biomechanical examinations.

-Appendix A of the CPME 320 document describes the differences between a problem-focused vs. comprehensive history and physical examination. This is often a bit of a source of confusion for new program directors and residents.

-Appendix A of the CPME 320 document also describes the definition of a biomechanical case. This is also often a bit of a source of confusion for new program directors and residents.

A Suggested Residency Time Line:

On a weekly basis:

-At least one academic event is required weekly. An attending/faculty member must be present for a majority of academic events. Residents can either log attendance at academics through PRR, or have a sign-in sheet.

-It's not required, but it is generally a good idea to specifically check-in with your senior residents and see how the team is functioning on a weekly basis.

-It's not required, but it is generally a good idea to check in with residents on off-service non-podiatric rotations and see how it's going on a weekly basis.

On a monthly basis:
-A journal club is required monthly.
-PRR log review and verification by the program director is required monthly.
-It's not required, but it is generally a good idea to check with your residency coordinator at least monthly to make sure the hospital doesn't need anything from you or the program.

On a quarterly basis:
-It's not required, but it is generally a good idea to do an assessment/evaluation round-up review for off-service non-podiatric rotations about every 3 months. Missing/late evaluations really pile up quickly if you don't stay on top of them.

On a biannual basis:
-It is required to do an in-person semi-annual evaluation with each resident every 6 months. It is generally a good idea to use a separate assessment form for this, and for the evaluation to represent group feedback from your core podiatric faculty.

On an annual basis:
-A program self-assessment must be completed annually. This should involve residents and faculty. Required components of the annual self-assessment can be found in standard 7.1 of the CPME 320 document.
-The residency manual should be reviewed and updated as needed on an annual basis.
-The CPME annual report must be completed electronically annually. The DIO (designated institutional official) must also sign off on this report.
-Double-check that dues have been paid to the CPME, CASPR/CRIP, COTH and PRR annually.
-Chief residents must be "graduated" from PRR annually.
-It's not required, but it is generally a good idea to meet with rising chief residents during the Spring to prep for and plan out the upcoming year.

Again, this guide is not intended to provide everything that you need to know about being a residency program director, but hopefully gives you some introductory information to get you started out on the right foot. Good luck and don't hesitate to reach out with any questions!