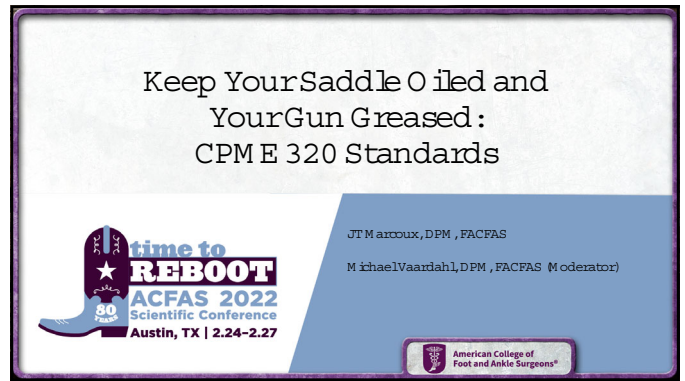
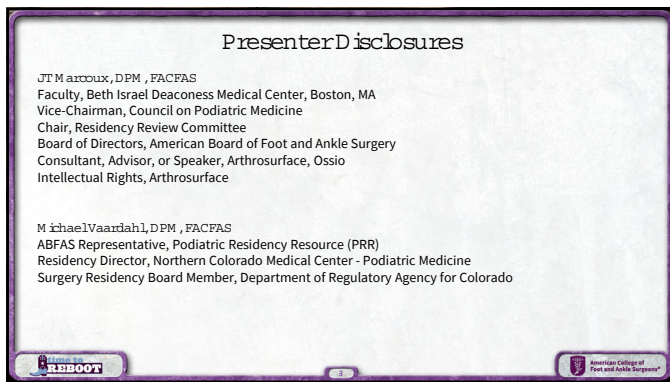




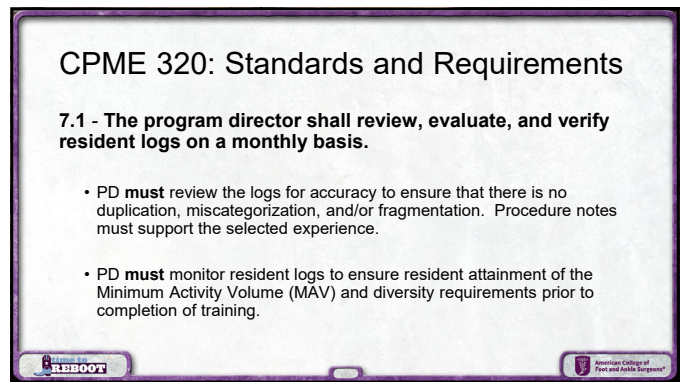
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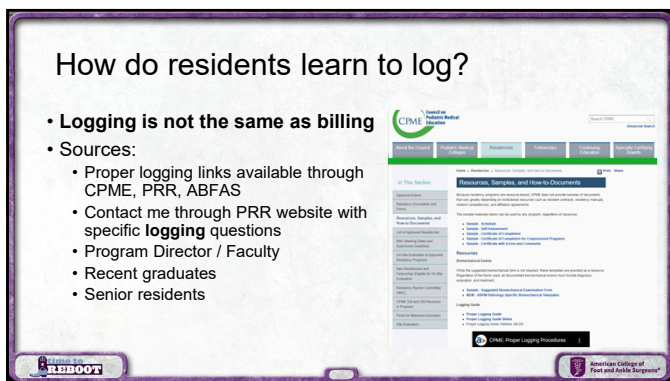
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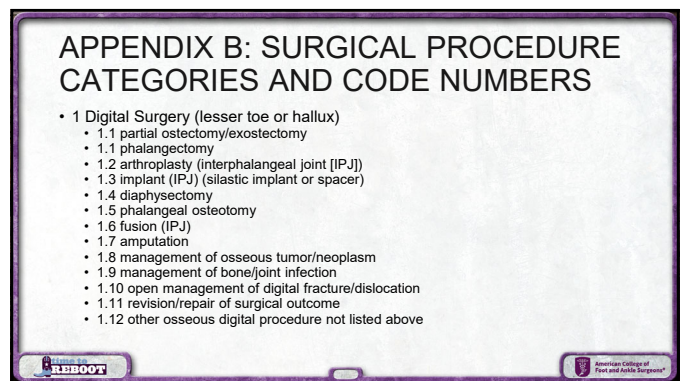
3



4



5



6

Logging Basics – Procedure Note

- The Procedure Note supports the code selected.
- Includes descriptive information about what was performed and reflects additional procedures that were performed but not logged individually
- Procedures **must** not be fragmented or unbundled into individual component parts to inflate surgical procedures of one resident or to allow more than one resident to claim first assist
- May include: type of osteotomy performed, fixation utilized, intra-operative findings, and pertinent clinical history
- The Procedure Note should **never be left blank**.

7

Miscategorization

Surgical procedure is misclassified into an incorrect procedure code.

Examples:

- A simple Haglund's resection is **incorrectly** logged as 4.19 detachment/reattachment of Achilles tendon with partial osteotomy, when it should be logged as 4.1 partial osteotomy including foot, ankle and leg
- Tarsometatarsal joint fusion classified as 5.2.4 midfoot, rearfoot, or ankle fusion when it should be logged as 4.15 tarsometatarsal fusion

8

Not Category 3 – Soft Tissue Surgery

- Excision of verrucae is a Category 6: 6.2 excision or destruction of skin lesion (including skin biopsy and laser procedures). **This is not a Category 3 procedure.**
- Debridement of ulcer with application of bioengineered skin substitutes / biologic dressings and amniotic membrane products etc. are Category 6: 6.7 biological dressings. **This is not a Category 3 procedure.**
- TOPAZ, Tenex, PRP is a Category 6: 6.14 percutaneous procedures (i.e., coblation, cryosurgery, radiofrequency ablation, platelet-rich plasma.) **These are not Category 3 procedures.**
- These procedures are considered Category 6 regardless of whether the procedures were performed in the OR, clinic or bedside.

9

Fragmentation

- When a specific surgical procedure is unbundled or fragmented inappropriately into individual component parts.
 - Separated into two or more procedures instead of one procedure.
 - Fragmentation falsely elevates the resident's procedure volume and diversity.

10

Examples of Fragmentation

- ❖ A bunionectomy that has been fragmented into an osseous procedure and an adjunctive soft tissue procedures
- ❖ Partial ray resection fragmented into toe amputation and metatarsal head resection and management of bone/joint infection distal to the tarsometatarsal joints (with or without bone graft)
- ❖ A triple arthrodesis is fragmented into arthrodesis of the individual joints (STJ, TN, CC).
- ❖ A bi-malleolar fracture is fragmented into ORIF of the medial malleolus and ORIF of the lateral malleolus.
- ❖ An ankle fracture repair is fragmented into repair of the malleolus and associated ligaments

11

Duplication and Shared Cases

- Duplication – a resident's duplicate entry of the same case and procedure(s) on the same day of surgery.
- Shared cases – when two or more residents or a fellow claim first assist for the same procedure on the same date on the same patient.
- CLAD report should identify this error

12

Trauma cases

- This activity includes resident participation in the clinical evaluation and management and/or surgical management of patients who present **within 6 weeks** of a traumatic episodes.
 - One resident can log initial clinical / ED evaluation / management of trauma
 - Another resident can log surgical management of trauma on same patient
- At least **25 of the 50** required trauma cases must be foot and/or ankle trauma.

13

Podopediatric Cases

- Residents must participate in the evaluation and /or management of 25 patients less than 18 years of age.
- Encounters must include the evaluation and / or management of lower limb pathology and can be **clinical or surgical experiences**.

14

Category 7: Biomechanical examinations

- 75 comprehensive biomechanical examinations are required
- Patient encounters such as taping and padding, orthotics, prosthetics etc. that **do not** include a biomechanical examination **and** gait analysis cannot be counted as biomechanical cases
- Gait analysis may range from basic visual gait analysis to complex computerized gait analysis and **must** be documented
- Must include a treatment plans that is supported by findings of the biomechanical exam.
- The treatment plan must address the identified pathology.

15

Category 8: Comprehensive H&P's

- Admission, preoperative, and outpatient H&P's may be used as acceptable forms of a comprehensive H&P
- 25/50 **must** be performed during non-podiatric rotations
- Problem-focused history and physical examination does not fulfill this requirement.

16

Log Verification / Correcting Errors

- ❖ PD's **must review and verify** logs **monthly**, therefore residents must log experiences on a timely basis – date of resident logging and PD verification are displayed in PRR
- ❖ The Clinical Log Audit Detail (CLAD) Report is used to audit residents' logs to ensure attainment of required surgical MAV numbers
 - ❖ Definite errors: Logging 2 category 2 procedures on the same patient
 - ❖ Possible errors: infection cases, tenotomies
 - ❖ PD must review these logs:
 - ❖ clear the inquiry if appropriate
 - ❖ unverify and correct the logging error or refer the logging error back to the resident to correct
- ❖ Resident **cannot** be graduated in PRR until CLAD report has no errors and all MAV and diversity requirements have been completed.

17

Error(s) Information	Procedure and Description	Side/Digit	Patient ID	Age
Pan-metatarsal head resections are considered as one (1) procedure. (Do not log the metatarsal number)	44 - Metatarsal Head Resection (Single or Multiple) Note: 38 yr old male with plantar ulcer probing to 4th and 5th metatarsals with concerning changes for osteo. Resection of 4th metatarsal head.	Right 4	3143750	38
	44 - Metatarsal Head Resection (Single or Multiple) Note: 38 yr old male with plantar ulcer probing to 4th and 5th metatarsals with concerning changes for osteo. Resection of 4th metatarsal head.	Right 5	3143750	38

18

CLAD Error Key

Error Levels: Define, Possible

Error	Procedure Scope	Location Scope	Validation Scope	Error Level	Violation/Information Text
1	Two or more category 1 procedures	Digit		Define	A resident may only log one (1) procedure per toe/layer "Procedure History" may reflect additional procedures that were performed) and no more than one (1) resident may claim a First Assist procedure on a single toe.
2	1.6 plus one or more of the following: 2.1.1, 2.1.7, 2.2.2, 2.2.6, and 2.3.4	Side		Define	1.6, phalangeal osteotomy, may not be used in conjunction with: 2.1.3, 2.1.7, 2.2.2, 2.2.6, or 2.3.4.
3	1.6 plus one or more of the following: 2.1.1, 2.1.2	Side		Define	1.6, phalangeal osteotomy, may not be used in conjunction with 2.1.1 or 2.1.2; enter as procedure 2.1.1 only .
4	1.6 plus one or more of the following: 2.1.8, 2.2.7	Side		Possible	1.6, phalangeal osteotomy, may be used in conjunction with 2.1.8 or 2.2.7 only with a metatarsal component implantation.
5	1.8 plus one or more of the following: 1.10, 2.3.4, 2.3.6, 3.8, 4.4, 4.10	Digit		Define	1.8, amputation, may not be used in conjunction with 1.10, 2.3.4, 2.3.6, 3.8, 4.4 or 4.10.
6	2.1.1, 2.1.2, or 2.1.1 plus one of any other category 2	Side		Possible	The soft tissue component of all First Ray Surgery repair is inclusive and is not separately claimed as an additional procedure in all subcategories.
7	2.1.1, 2.1.2, or 2.1.1 plus two or more of any other category 2	Side		Define	The soft tissue component of all First Ray Surgery repair is inclusive and is not separately claimed as an additional procedure in all subcategories.

19

Minimum Activity Volume (MAV)

Procedure Activities:

- 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
- Elective and non-elective soft tissue RRA may be substituted in the Other Soft Tissue Foot Surgery category whenever there are deficiencies.
- Elective and non-elective osseous RRA may be substituted for Other Osseous Foot Surgery category whenever there are deficiencies.

20

MAV Report

Total Podiatric Surgical Procedures				
2nd Assist	1st Assist	Total	1st Level Trauma	Podopediatric
26	755	781	155	37
Total Podiatric Surgical Cases : 502 out of 300				
MAV Category	You Have	MAV Required	Over/(Under)	Meeting MAV
1. Digital Surgery	144	80	64	Yes
2. First Ray Surgery	164	60	104	Yes
3. Other Soft Tissue Foot Surgery	147	45	102	Yes
4. Other Osseous Foot Surgery	160	40	120	Yes
5. Reconstructive Rearfoot/Ankle Surgery	140	50	90	Yes
7. Biomechanics	68	75	(7)	No
8. Comprehensive H&Ps	113	50	63	Yes
All Trauma Cases (Podiatric and non-Podiatric)	155	50	105	Yes
Podopediatric Cases	37	25	12	Yes

21

Assuring diversity of surgical procedures

- At least 33% 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.

22

Diversity report

Diversity Category	You Have	Proc Types Required	Over/(Under)	Meeting Diversity
1. Digital Surgery	10	5	5	Yes
2. First Ray Surgery				
21. Hallux Valgus Surgery	4	3	1	Yes
22. Hallux Limitus Surgery	6	3	3	Yes
23. Other First Ray Surgery	4	4	0	Yes
3. Other Soft Tissue Foot Surgery	11	6	5	Yes
4. Other Osseous Foot Surgery	9	6	3	Yes
5. Reconstructive Rearfoot/Ankle Surgery				
51. Elective - Soft Tissue	4	3	1	Yes
52. Elective - Osseous	1	4	(3)	No
53. Non-Elective - Soft Tissue	0	2	(2)	No
54. Non-Elective Osseous	3	3	0	Yes

23

Requirement 1.3: Training sites

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.

- Need to have executed affiliation agreements for all sites that resident is provided learning experiences
 - Includes private practice offices of attending faculty
- *Intent: To ensure that residents are protected with professional and general liability insurance. Residents must not participate in training at affiliated sites until the agreements are fully executed.*

24

Requirement 2.4 & 2.5- Space and Support

- **2.4** - 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** -Sponsoring institution shall provide designated support staff to ensure efficient administration of the residency program
- Neither the PD nor the resident assumes the responsibility of clerical personnel.
- Institution must ensure that the resident does not assume the responsibilities of a nurse, podiatric medical assistant, or OR / lab technician

25

Requirement 3.7- Compensation

- 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 or with other residents in the geographic area



26

Requirement 6.4 - Required rotations

- **Medicine**
 - Internal Medicine / Family practice
 - Infectious disease
 - 2 medical subspecialties
 - **Time spent on IM + ID + 2 medical specialties must be at least 3 full months**
 - Medical imaging
 - Emergency Medicine
 - Anesthesia
 - Behavioral medicine
 - Pathology
- **Surgery**
 - General surgery
 - At least 1 surgical subspecialty
 - Vascular surgery
 - Orthopedic surgery
 - Plastic surgery
 - Programs **must** abide by the training schedule
 - Residents should not be pulled from a scheduled rotation to cover other cases/rotations.

27

Requirement 6.5 - ACLS

- **The residency program shall ensure that the resident is certified in advanced cardiac life support for the duration of training.**
- Must be obtained as early as possible during the training year but no later than six months after the resident's starting date
- Certification only good for 2 years
 - will need to recertify during training

28

Requirement 6.7& 6.8: Didactics / Journal club

- **6.7 Didactic activities that complement and supplement the curriculum shall be available at least weekly**
- **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.**
- Member(s) of the faculty are expected to participate during these activities
- Should log the experience in PRR or sign in sheet
- **Intent:** Experiences provide an opportunity to expand the resident's knowledge, in the breadth of podiatric medicine, including biomechanical assessment and surgical evaluation and management as well as to analyze the content and validity of research

29



Requirement 7.2: Semi-annual assessment

- | | |
|---|---|
| <p>Faculty assessment of resident</p> <ul style="list-style-type: none"> • Assess competencies specific to rotations including communication, professional behavior, attitudes and initiative. • Completed for all rotations <ul style="list-style-type: none"> • Specify the rotation, dates covered, resident and faculty member • Must be signed and dated by resident, faculty and program director • Completed and reviewed in a timely fashion to allow sufficient opportunity for performance improvement | <p>PD assessment of resident</p> <ul style="list-style-type: none"> • Conduct and document a semi-annual meeting with each resident • Review extent to which the resident is achieving competencies <ul style="list-style-type: none"> • Rotational assessments • In-training examinations • PRR logs • Information from patients, peers and faculty members |
|---|---|

30

CPME 320 Revisions

- Ad Hoc Committee began meeting in 2018
- October 2020 Draft 1 approved by CPME and sent to community of interest for input
- April 2021 CPME meeting elected to create 2 tracks for revision
 - Return to 320/330 Ad Hoc committee
 - Create a milestones Ad Hoc committee
- 320 / 330 Ad Hoc met again in September and Draft 2 revisions sent to CPME for review at the April 2022 meeting.
- Milestones committee met in December
- If approved in April, will go out again to community of interest for comment with hopes of implementation in July 2023
- **Provide input** – have a voice in residency training requirements

31





32