



# Mock Program Review

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What would YOU do?

# A glimpse into the RRC

- RRC Program Review – an introduction
- Table Discussion/Group Discussion
- RRC Deliberation

# Areas of Potential Noncompliance

After an on-site evaluation, the institution receives a draft team report. The team report includes a list of areas of potential noncompliance as noted by the on-site team at the time of the visit.

The Institution is encouraged to respond in writing to these areas and provide documentation to support the response.



# Determining Approval Status

The RRC reviews the full team report and the institution's response and determines if each area of potential noncompliance has been corrected, partially corrected, or not corrected.

The RRC then makes a recommendation related to the approval status of the program. This recommendation goes to the Council on Podiatric Medical Education, which must approve the approval action.

Categories of approval include Approval, Approval with Report, and Probation. See CPME 330 for more information on each category.





# The Program Review

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A glimpse into an RRC  
meeting

# Program Worksheet

## 17. Mirmiran Medical Center, Los Angeles, CA (9/23)

Approval Status: Approval as PMSR/RRA. Schedule next on-site evaluation no later than the spring of 2029.

Authorized Positions: 2/2/2

Date of Last Evaluation: May 25, 2023

### Name and Year of Residents:

#### **2021-2022**

Sanjay Gupta, 1  
Trevor Noah, 1  
Johnny Carson, 2  
Rosie O'Donnell, 2  
Jimmy Kimmel, 3  
David Letterman, 3

#### **2022-2023**

Carol Burnett, 1  
Tina Fey, 1  
Sanjay Gupta, 2  
*Trevor Noah, 2\* transferred out to another program*

# Items of Note

- The program was cited with 5 areas of potential noncompliance
- The Institution's response indicated they had recently hired a new program director
- They had a resident resign in 2022 and they accepted a transfer resident at the beginning of the 2023 training year. The transfer was approved by the RRC Chair.

# Small Groups

Use the worksheet provided to determine if you think these areas of potential noncompliance have been:

- Corrected
- Partially Corrected
- Not Corrected

If time permits, determine what required documentation you would request the program provide to demonstrate compliance.

Once each item has been addressed, discuss the approval status your group would recommend:

- Approval
- Approval with Report
- Probation
- 





# Area of Noncompliance - 1

<b>3.8</b>	The contract letter does not state whether the reconstructive rearfoot/ankle credential is offered.
<b>Institution's response</b>	The Institution submitted updated contracts, all of which were fully executed.
<b>Committee and Council Findings</b>	<b>Corrected</b> <b>Partially Corrected</b> <b>Not Corrected</b>
<b>Required documentation</b>	

# Area of Noncompliance - 1

**3.8** The contract letter does not state whether the reconstructive rearfoot/ankle credential is offered.

**Institution's response**

The Institution submitted updated contracts, all of which were fully executed.

**Committee and Council Findings**

**Corrected**

**Required documentation**

# Area of Noncompliance - 2

**6.1** Biomechanical examinations do not include all required components of a comprehensive biomechanical case, including gait analysis, interpretation of findings, and diagnosis and appropriate treatment plan for biomechanical pathology.

**Institution's  
response**

The Institution submitted 15 biomechanical examinations, however several of the exams submitted were not signed by attending physicians. Some of the exams submitted were performed on non-weight bearing patients, and included diagnoses such as onychomycosis.

**Committee and  
Council Findings**

**Corrected**  
**Partially Corrected**  
**Not Corrected**

**Required  
documentation**

# Area of Noncompliance - 2

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**Institution's response**

The Institution submitted 15 biomechanical examinations, however several of the exams submitted were not signed by attending physicians. Some of the exams submitted were performed on non-weight bearing patients, and included diagnoses such as onychomycosis.

**Committee and Council Findings**

**Partially Corrected**

While exams were submitted, they did not include all required components and were not signed by attending physicians.

**Required documentation**

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**Institution's response**

The Institution submitted 15 biomechanical examinations, however several of the exams submitted were not signed by attending physicians. Some of the exams submitted were performed on non-weight bearing patients, and included diagnoses such as onychomycosis.

**Committee and Council Findings**

**Partially Corrected**

While exams were submitted, they did not include all required components and were not signed by attending physicians.

**Required documentation**

Please provide a sampling of 10–15 biomechanical examinations with patient identifiers redacted, ensuring that each resident is represented in the sampling. Biomechanical examinations must contain acceptable pathology and treatment rationale.

Biomechanical cases should be performed in a variety of settings (surgical and non-surgical) and should include diverse pathology and treatment methods. Biomechanical exams should be a representation of the learning experiences of the residents.

**5.3 and 6.4** Documentation was not provided to demonstrate that the program offers the required two medical specialty rotations, and rotation directors were not available for interview during the on-site evaluation. The program director does not fulfill the responsibilities in the maintenance of records, scheduling of training experiences, verification of logs, and resident evaluation.

**Institution's response**

The Institution indicated they had two medical specialties, but they did not have completed assessment forms for these rotations. The program has recently hired a new program director who has strengthened the rotations in physical medicine and rehabilitation (PM&R) and wound care. The program provided updated blank assessment forms for these rotations.

CPME staff reached out to the program director and requested copies of completed assessment forms; The program director stated that residents completed this rotation in February and the assessments had not been completed in time for the March meeting.

Residents do not appear to have logged any cases in either PM&R or wound care.

**Committee and Council Findings**

**Corrected**  
**Partially Corrected**  
**Not Corrected**

**Required documentation**

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**Institution's response**

The Institution indicated they had two medical specialties, but they did not have completed assessment forms for these rotations. The program has recently hired a new program director who has strengthened the rotations in physical medicine and rehabilitation (PM&R) and wound care. The program provided updated blank assessment forms for these rotations.

CPME staff reached out to the program director and requested copies of completed assessment forms; The program director stated that residents completed this rotation in February and the assessments had not been completed in time for the March meeting.

Residents do not appear to have logged any cases in either PM&R or wound care.

**Committee and Council Findings**

**Partially Corrected**

While the program stated that the new program director has strengthened these rotations, no documentation was provided

The committee elected to remove the area of noncompliance for requirement 5.3, as the Institution indicated they hired a new program director.

**Required documentation**

- Provide a training schedule that delineates dates of all rotations.
- Provide completed assessment forms for residents for PM&R and wound care to confirm that residents are afforded this training.
- Provide attestations from the rotation directors for PM&R and wound care stating that residents that graduated the program in 2023 completed these rotations.
- The program director is reminded that residents must log experiences in PRR so that logs are an accurate representation of the residents' training experiences.

# Area of Noncompliance - 4

**6.2, 7.1, and Appendix A** Logs contain significant errors of fragmentation, duplication, and miscategorization. When adjusted for these errors, residents may not meet the Minimum Activity Volume (MAV) requirements in all categories.

<b>Institution's Response</b>	
<b>Committee and Council Findings</b>	<b>Partially Corrected</b> The Committee noted resident logging has improved, but there continue to be some instances of miscategorization.
<b>Required documentation</b>	The Committee will continue to review resident logs online. The program director must <u>unverify</u> logs so residents can fix logging errors. Once errors are fixed, the program director must reverify the logs.



# Area of Noncompliance - 5

**7.2** Multiple non-podiatric rotation assessments were not signed by the residents and program director, including general surgery, infectious disease, anesthesiology, behavioral medicine, plastic surgery, and emergency medicine.

**Institution's response**

The Institution's response stated that the hospital recently moved to using an online assessment program, and they had some technical issues getting signatures from all parties. The Institution indicated all recent assessment documents have been signed, however no completed assessment forms were provided.

**Committee and Council Findings**

**Corrected**  
**Partially Corrected**  
**Not Corrected**

**Required documentation**

# Area of Noncompliance - 5

**7.2** Multiple non-podiatric rotation assessments were not signed by the residents and program director, including general surgery, infectious disease, anesthesiology, behavioral medicine, plastic surgery, and emergency medicine.

**Institution's response**

The Institution's response stated that the hospital recently moved to using an online assessment program, and they had some technical issues getting signatures from all parties. The Institution indicated all recent assessment documents have been signed, however no completed assessment forms were provided.

**Committee and Council Findings**

**Not Corrected**

No documentation was provided to demonstrate compliance with this requirement.

**Required documentation**

Completed assessment forms for all residents for the last six months. The Committee will review the training schedule submitted to ensure all assessment forms have been received.

# Approval Discussion

What would YOU recommend?

## **COMMITTEE RECOMMENDATION – Approval options:**

1. Approval as PMSR/RRA. Schedule on-site re-evaluation no later than the spring of 2029.
2. Approval with report as PMSR/RRA. Schedule on-site re-evaluation no later than the spring of 2029.
3. Probation as PMSR/RRA. Candidate for withdrawal of approval, effective July 2024.

## **COUNCIL ACTION**



# Approval Discussion

RRC Deliberation



# Approval Recommendation

## **COMMITTEE RECOMMENDATION**

Approval with report as PMSR/RRA. Schedule on-site re-evaluation no later than the spring of 2029.

Report due in January for the March meeting of the RRC and the April meeting of the CPME.

## **COUNCIL ACTION**

