Podiatric Educational Enhancement Project

A Project Overview

LYNN CURRY, PhD*

Commitment to steady, adaptive improvement in podiatric medical professionals has taken shape in the Podiatric Educational Enhancement Project. This project involves wide representation from all interests, aspects, and constituencies in the profession to study opportunities and develop consensus on both small and large enhancements possible in the continuum of podiatric medical education. More than 1,300 podiatric physicians have contributed information and expertise, and more will be involved as the project develops during the next 18 months.

Project Origination

During the past few years, the Liaison Committee on Podiatric Medical Education and Practice has reflected the growing understanding within the podiatric profession that the pace and direction of change in health care delivery now demands a more comprehensive, integrated, and accountable approach to competence throughout a career in podiatric medicine. To accomplish this change, these same features must be apparent in the curricula preparing podiatric physicians for practice. Adequate podiatric medical curricula should be: comprehensive because they are demonstrably based on examination and redefinition of the role and function of the podiatric medical profession in relation to the society served; integrated because they describe a continuum of professional education and training from predoctoral through specialty education; and accountable for the competence of graduates at the point of entrance to practice.

Attaining and sustaining these improvements requires close collaboration among educators, practitioners, employers, and clients. Curricular change depends on consensual support among the schools and residency training programs, and from the accrediting, credentialing, and licensing organizations to support the desired changes through their own processes.

Under the leadership of the Liaison Committee on Podiatric Medical Education and Practice, a consortium of national podiatric organizations has coalesced to stimulate and guide the desired enhancement in podiatric educational processes and structures. A corresponding management structure has been created: the Educational Enhancement Project Advisory Committee. Each organization contributing funding to the project has voting representation on the committee, which will report to the profession through the Liaison Committee on Podiatric Medical Education and Practice (Table 1).

The project began in early fall of 1995 with a request for proposals asking for interested consultants and organizations to describe how they would assist the committee in meeting project objectives. The operating plan for the project was approved during a review meeting of the committee in January 1996.

Project Structure

The project is built on providing information and opportunity to educational leaders of the profession in order to facilitate the collective consideration, debate, and consensus about a preferred future and how to attain that preferred future. These

*President, CurryCorp, #1015-130 Albert St, Ottawa, Ontario, Canada K1P 5G4.

Table 1. Funding Organizations With Representatives on Educational Enhancement Project Advisory Committee

American Association of Colleges of Podiatric Medicine, Council of Deans
Council of Teaching Hospitals
American Board of Podiatric Orthopedics and Primary Podiatric Medicine
Podiatric Orthopedic Specialty
Primary Podiatric Medicine Specialty
American Board of Podiatric Surgery
American College of Foot and Ankle Orthopedics and Medicine
American College of Foot and Ankle Surgeons
American Podiatric Medical Association
American Podiatric Medical Students' Association
Federation of Podiatric Medical Boards
National Board of Podiatric Medical Examiners
New York College of Podiatric Medicine

considerations will take place in three deliberative groups that focus on three curricular segments within the scope of podiatric education: predoctoral, surgical, and orthopedic and primary care.

The timeline of the project follows four stages:

1) establish the deliberative groups;

2) identify the outcomes desired from each of the curricular segments. Develop practice models (hypotheses about the content of practice), and test these models of practice through mailed, written questionnaires;

3) facilitate the deliberative groups in their consideration of the practice analysis results. The following tasks will shape this segment of work:

Based on the results of the practice analysis, identify outcomes necessary from the three curricular segments; analyze present curricula in relation to their responsibility, or intention, to create these desired outcomes; choose organizational models for curricula, curricular segments, or units within segments that will ameliorate or solve identified curricular problems; identify necessary curricular units (courses, modules, experiences) as needed to correct or improve curricular problems. These may be wholly new units, or existing units in need of revision or modification; identify writing teams to develop the needed teaching and learning materials and processes. Writing teams will be responsible for specifying learning objectives, identifying needed materials, and interactions through to outlining assessment strategies;

4) prepare a final report. This report will discuss the level and nature of the consensus formed within the podiatric education community on enhancements considered necessary, mechanisms for implementation of those enhancements, and degree of implementation already achieved.

Project Involvement

As the project took shape, the Educational Enhancement Project Advisory Committee chose the organizations that needed to be represented and those organizations chose members of the profession who were known for their leadership to participate in the working groups. These three deliberative groups will do the core intellectual work required to achieve project objectives, which are: renewed curricula with a comprehensive base, integrated across stages of education and accountable for the knowledge, skills, and values of graduates produced.

One deliberative group will concentrate on predoctoral curricula; a second deliberative group will work with the surgery specialty curricula; and the third deliberative group will work with the curricula for orthopedic and primary care specialties.

Member Responsibilities

The job description for deliberative group members is as follows: meet nine times in 1996 and 1997 to consider information pertinent to podiatric medical education, and particularly to the segment of that education assigned to that deliberative group. During those sessions, the following topics will be deliberated on: outcomes necessary from podiatric medical education to support success in professional practice; knowledge, skills, and attitudes that produce those outcomes; where in the present curricula do responsibility and accountability lie to specifically meet each of these outcomes; identify curricular units needing attention; possible curricular organizational patterns that may suit the efficient, effective attainment of outcomes needing attention; assign writing teams to work on improving the identified units; and review results of writing teams' work.

Discussions will be initiated by an informational overview prepared on each topic by the facilitator. This will be followed by each deliberative group attempting to reach consensus through discussion for each stage of the work.

For each area, deliberative group representatives will take information back to their constituency, organize information sessions, collect opinions from that constituency, and consider that opinion in the formulation of their feedback to the deliberative group. An understanding of their constituency's re-

actions and their consideration and application of principles discussed will be shared with the deliberative group. This process will help shape the consideration of issues helpful to enhancing podiatric medical education. Deliberative groups will participate in a joint session (two joint sessions for deliberative groups #2 and #3) to share ideas, directions, and implications for the comprehensive, integrated whole of podiatric medical education.

Through the Educational Enhancement Project Advisory Committee and deliberative groups, more than 80 leaders of the podiatric medical profession are directly and continuously involved in the project throughout its duration and across each of the work stages. Through these leaders, all members of their constituencies will also be regularly involved in the project. The constituencies span the full breadth of educators, practitioners, employers, and organizations involved in podiatric professional practice.

Practice Analysis Survey

From April through July 1996, 1,200 practicing podiatric physicians received a questionnaire that asked about the nature and content of their podiatric medical practice. Individuals receiving the survey were chosen randomly from the membership data base of the American Podiatric Medical Association in a manner that guarantees representation in the sample to match representation in the data base. In this way, an accurate estimate will be obtained of the practice patterns of women, ethnic groups, practitioners in different regions of the country, and practitioners with differing years in practice.

Summary

Information on the project, the topics under discussion, and the issues arising will appear regularly in many professional publications and electronic bulletin boards. Members of the Educational Enhancement Project Advisory Committee and Liaison Committee on Podiatric Medical Education and Practice are also involved in the project and will continue to be a source of information on the project. The Educational Enhancement Project offers each member of the profession, and all those who are involved in assuring the quality of the profession, both the opportunity and the challenge to shape the future of podiatric medicine.