Recently, we asked a few of your colleagues for their best tips and tricks for introducing careers in podiatric medicine to their students. We gathered ideas from a wide range of advisors, like Joanne Snapp, MSEd, Director of Health Professions Advising, University of California, Davis, Patricia Cobb, Senior Student Services Coordinator, University of Wisconsin, Milwaukee and Grace M. Hershman, M.Ed., Temple University, Associate Vice Dean, Director, PreHealth Post Baccalaureate Programs. Here are a few simple ideas they have for adding podiatric medicine to your advising practice:

• Include DPM in your physician literature and on-line! When students know you advise for careers in podiatric medicine, they’re more inclined to ask you about podiatric medicine. It’s as easy as adding DPM information to your handouts, to your website and to your office resources. Need resources? AACPM can help with that! Order our toolkit and receive a College Information Book, a Student Brochure and a copy of our Advisor Toolkit.

• Offer a Workshop in a Box! Ever wondered how to get students engaged on your campus? Offer them a hands-on opportunity to learn a skill they’ll use as a healthcare professional: Suture Labs. You provide the space and the AACPM can provide you with a DPM to host a Suture Lab and all of the materials you need to get your students a hands-on activity. We also offer Sports Medicine Workshops in a Box if you have students who are interested in Kinesiology or Sports Medicine! Call or email to inquire about hosting one of these (free!) creative workshops in a box on your campus.

• Keep ‘em guessing with a Who's Who Panel. Need a clever way to "up" your advising practice? Host a Who's Who Panel for your students. Invite several healthcare professionals to your campus for a "Blind Panel." There's only one rule: they can't disclose what type of professional they are as they speak about their daily practice... then sit back and watch as your students try to guess who's who on the panel! Include a DPM and blow their minds about podiatric medicine!

You can find more ideas by downloading our "Ask Me About Podiatric Medicine" handout for your office! If you need digital resources, visit our Career Center or email us for a packet of resources for your office. Contact us at any time: email us at podinfo@aacpm.org or by calling 301-948-0957.

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www.DPMNetwork.org
Podiatric Medicine Focus...

Language you can use tomorrow

Sometimes, it's just knowing what to say. We've created a list of phrases you can adopt when describing careers in podiatric medicine. It's language you can use tomorrow:

- "Did you know there are 3 types of medical schools in the US? MD, DO and DPM?"
- "Most DPMs have an extraordinary work-life balance and a stable income."
- "With Podiatric Medicine, you know your residency will be three-years of surgical and medical training (PMSR) from day one. Your classmates are now your colleagues and want to see you succeed in your career."
- "Pursuing a DPM degree means having a credential that is in demand and needed to treat patients with chronic illnesses like diabetes."
- "The DPM Mentors Network ™ is a great resource for locating a Mentor or Speaker. Check it out today. www.DPMNetwork.org"
- "DPMs are admitted on a rolling admissions cycle. Apply early and you'll know before Christmas where you will matriculate in the Fall."

Podiatric Medicine Focus...

2019-2020 Application Cycle - Dates to know:

The application for the Colleges of Podiatric Medicine will open for the 2019-20 cycle on Thursday, August 1, 2019. Applicants can apply to all nine colleges of podiatric medicine using the AACPMAS application and there are no supplemental applications or fees. Advisors are welcome to create a test account to review the 2019-2020 application by clicking portal.acpmas.org and placing "test" in your account name (e.g. First Name (test)). Applications are accepted on a rolling basis until June 30, 2020.

Podiatric Medicine Focus...

Why Podiatry Really Is the Best-Kept Secret in Medicine

Dr. Rami Basatneh
PGY-1, Reconstructive Rearfoot and Ankle Surgery
Detroit Medical Center
Temple University, School of Podiatric Medicine, Class of 2019

While discovering podiatry, I was completing a master's program alongside medical students at an osteopathic school. Our clinical instructor noticed my interest in sports medicine during a lower extremity workshop. He recommended that I shadow one of his close friends, a podiatrist. Like many of my colleagues today, my first question, and what would lead me to the path that I am on today, was "What is a podiatrist?"

Days later, I came to learn of my newfound passion for the field. Within my first visit to the podiatry clinic, I observed cases that encompassed orthopedics, neurology, dermatology and vascular medicine. For a person like myself who is constantly afflicted with "FOMO" (fear of missing out), I was quickly drawn to the all-encompassing nature of the field. It meant that I was not required to hyper focus my interests on one
aspect of medicine in order to become a physician. Add the profession's surgical component into the mix and I was completely sold.

Around the time I began shadowing the podiatrist, the American Osteopathic Association and American Medical Association were on the verge of an agreement to unite their residency match programs, a major step forward but also a nerve-racking one for medical students. Talks of the implications and costs versus benefits were rampant across school halls. The anticipation of residency match day is a lingering stress for all medical students throughout their four-year education. However, it was at that point that I was able to appreciate the relative certainty that podiatry offers. Although podiatry students may not know where they will end up training until match day, they do know what their specialty is from the get-go and that removes a lot of stress from the equation.

As I began to share news of the path I was now taking on, one of the DO students told me that he wished he had pursued podiatry himself. In medical school, placement into a surgical specialty is very competitive but osteopathic students have an even harder time placing into surgical specialties than allopathic students. Nearly 60 percent of osteopathic physicians identify as primary care doctors but the DO student wanted to pursue orthopedic surgery.1

Among the surgical residencies, orthopedic surgery is a specialty offered to only the top MD and DO students. Furthermore, an orthopedic foot and ankle subspecialty takes an additional fellowship that, in total, can amount to six years of post-graduate medical training. Despite the scope of practice differences, podiatric medical school offers a comprehensive pathway to achieving your goal of becoming a board-certified foot and ankle physician and surgeon with four years of medical school and a three-year surgical residency.

It would be naïve to suggest that podiatry is for everyone pursuing a career in medicine but the argument for its status in the upper echelons of promising medical professions is evident. You may agree with all this but still be wondering why the profession is considered a "secret."

Consider this. For each application cycle, there is a fairly small pool of applicants for close to 675 spots across nine podiatric medical colleges.2 In the 2015-2016 cycle, there were about 1,200 applicants, 674 of whom matriculated.2 Entry GPA and MCAT averages for podiatry school applicants are on the lower end of the medical school spectrum. Many pre-medical students' poor judgements of podiatry are premised on these facts. Ironically, this false dichotomy is what makes the "Best Kept Secret in Medicine" a self-fulfilling prophecy. The deceptive binary prospective students draw between low applicant numbers and matriculant mean scores, and the profession's appeal are resulting in somewhat of a feedback inhibition loop, preventing a "gold rush" to podiatry.

Superimposed on this phenomenon are several other factors, such as a lack of awareness among health profession advisors at the undergraduate level. All these elements contribute to the circumstance of a field, which is constantly ranked among the top health professions, being less sought after than other medical careers. While less competition for admission could be a good immediate selling point, the benefits of a career in podiatry span well beyond the short-term considerations of a pre-medical student.

Once in practice, podiatrists can look forward to a balanced lifestyle. According to the latest Podiatry Management Annual Survey, 59 percent of podiatrists work 40 hours or fewer a week.3 The profession also generally has faster job growth than most professions, according to the Bureau of Labor Statistics.4 Since the U.S. population continues to age, so will the podiatric patient population. Also, like many procedurally-
based specialties, practicing podiatry provides instant gratification. Many podiatrists express that one of their favorite things about what they do is being able to send a patient, who originally walked in with excruciating pain, out of the office smiling.

I hope I have made the case that podiatry is patently the best kept secret in medicine. Like most secrets, this one will not last long. It is only a matter of time before a revolution in outreach efforts, something the American Podiatric Medical Association is heavily focused on, will hit the threshold for an exponential increase in recruitment. In the meantime, you have my blessing to share this secret.

References


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Podiatric Medicine Focus...

**Why I Chose a DPM over an MD or DO**

Blake Wallace
California School of Podiatric Medicine at Samuel Merritt University, Class of 2021

When most people hear the words "medical school," usually what comes to mind is an "MD," medical degree, or a DO, which refers to Doctor of Osteopathic Medicine.

But there's yet another category of medical school that produces physicians who work autonomously, diagnosing and treating patients, and performing surgery: a DPM. This lesser known medical degree refers to a Doctor of Podiatric Medicine, and that's exactly what I'm studying to become.

When I first applied to medical school, a DPM program was not on my list. I was disheartened when I did not get into any MD or DO programs, and I thought the best way to improve as a candidate would be to gain more medical experience. It was only after I started working as a medical assistant for a podiatrist that I fell in love with the profession, and the next time I applied for medical school I chose to only apply to DPM programs.
There are tons of reasons why I chose DPM, and the best way to share them is to compare the medical school program options.

**Medical School**

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When I first worked for that podiatrist, I shared the common misconception that she went to "podiatry school" rather than "medical school."

What many people don't realize is how similar the road to becoming a DPM is compared to an MD or DO. To qualify for all of the programs, a student must maintain a high GPA and earn a bachelor's degree while demonstrating an ongoing interest in leadership, medicine, and volunteer work. The student must also score exceptionally well on the MCAT (Medical College Admissions Test) and obtain letters of recommendation from faculty and physicians as part of the lengthy application process.

Once in school, the curriculums are also strikingly similar. For each of the three degrees, school takes four years to complete. Like MDs and DOs, DPMs dissect, learn, and master anatomy, physiology, pathology, biochemistry, pharmacology, and immunology of the entire human body.

Also, each degree requires a residency in the chosen field of practice and the completion of board certification, as well as an option to complete a fellowship in a ultra-specialized area.

Since all three degrees are so similar, why did I ultimately choose podiatric medicine?

**Flexibility**
First, podiatrists are both physicians and surgeons. I have always wanted to run a private office where I build relationships with patients over the years, yet I also wanted to perform surgery. As a DPM I can do both.

There are also practical reasons why podiatric medicine appeals to students. For those graduating with an MD or DO degree, there are only enough residency placements for approximately 75 percent of graduates. Because a residency is required to practice medicine, that can leave many without the promise of a job. In contrast, residency placement for graduating DPM students in recent years is nearing 100 percent and only last for three years, as compared to other specialties that take up to eight years.

Lifestyle is an important consideration as well. Most podiatrists have a relatively normal business schedule. While some DPM's seek jobs where they are on call for hospital trauma patients, most tend to run private practices where they see patients Monday-Friday 9-5.

**Treatment Approach**

Finally, I love the way that podiatric medicine treats conditions through a biomechanical, physical or surgical approach. While systemic medications are used to cure infections, podiatric physicians do not place patients on chronic medications.

There is also satisfaction in taking a patient's pain away during their first visit. Many patients come in with painful callouses or ingrown toenails that we are able to fix immediately. We also are able to surgically repair bone abnormalities and pathologies that affect patients’ lifestyles. Finally, we treat chronic wounds. Saving a patient from amputation is extremely rewarding.
One day I will be Dr. Wallace. And even though DPMs have the same education, training, and expertise as MDs and DOs, we are still fighting for the same recognition across the nation. Currently, the California Podiatric Medical Association is fighting for the Physicians and Surgeons License, which would ensure equal pay for equal treatment among all three professions. Regardless of how we are perceived legally and socially, I am glad I found podiatric medicine and I cannot wait to begin helping my patients.

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Podiatric Medicine Focus...

MCAT as a Predictor of Success on the APMLE

As students of the New York College of Podiatric Medicine, we conducted research along with our NYCPM Faculty Advisor Dr. Marie-Christine Bergeron. This study was to investigate whether the MCAT is predictive of academic success as conveyed by cumulative GPA and passing board exam rates of American Podiatric Medical Licensing Exam (APMLE) Part 1 and Part 2 in podiatric medical school. Similar to the USMLE, the APMLE are qualifying tests currently recognized and utilized by legal agencies governing the practice of podiatric medicine in the United States. APMLE is divided into three parts which are administered during the 2nd, and 4th academic years of podiatric medical school education. They are graded on a pass/fail basis. Part I of the APMLE is administered in the 2nd year, Part II, including a Clinical Skills Patient Encounter (CSPE), is administered in the 4th year, and Part III is administered in the 1st year of residency.

Based on a small pool of recent graduates this study captured data of their MCAT scores and compared them to their 2nd and 4th year podiatric medical school GPAs and APMLE Part I, Part II and Part II CSPE board outcomes. The objective was to investigate whether there is a positive correlation between composite MCAT scores and academic success as conveyed by cumulative GPA and passing rates of APMLE Boards Part I, Part II written, and Part II CSPE in podiatric medical school and training.

The results of this study suggests that MCAT scores fluctuated when comparing to future board scores. The analysis showed that students with a high podiatric medical school GPA is a better predictor of whether a student passes the APMLE board exams. All other data indicated there was little correlation between the MCAT, podiatric medical school GPA and APMLE Part I, II written and CSPE examinations.

Since its implementation, the MCAT has been revised five times. It is used to assess a student's ability to problem solve, critically think, knowledge of natural, behavioral, social science concepts and principles for medical school admission. Other studies have found similar results when assessing MCAT scores, GPA, and board examination performances for other podiatric, allopathic, and osteopathic medical schools. A study done by Evans et. al investigated whether MCAT sub-scores predict the overall academic performance of osteopathic medical students and found them to be of limited predictive value in determining academic performance.
Our inclusion criteria consisted of students enrolled in the 2014-2018 cohort who submitted prior MCAT results who matriculated into NYCPM in 2014 and graduated in 2018.

We analyzed the relationship between composite MCAT scores, GPA, and APMLE Part I, Part II, and Part II CSPE board examinations. They concluded that undergraduate cumulative.

GPA [had] the strongest cognitive admissions variable in predicting academic performance. Their results also suggested limitations of the total MCAT score in predicting academic performance.

Further studies should include the subsections of the New MCAT which include: Chemical and Physical Foundations, Biological and Biochemical Foundations, Critical Analysis and Reasoning Skills and Psychological, Social, and Biological Foundations to also be considered when comparing the students GPA's and board outcomes. More information is needed to validate this sample as a true predictor across all POD institutions. Other variables which were not included i.e. NEW MCAT revision, demographics (age, gender, and ethnicity) and other non-cognitive factors (motivation, maturity) might also effect outcomes.

In conclusion since the MCAT scores were not a consistent factor in determining board pass rates, medical institutions may want to consider more than just the overall composite score of the MCAT when determining admissions decisions.

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