

The PRESENT Podiatry Story—Part 2

Dr. Alan Sherman discusses the development and evolution of an educational institution.

BY TYSON FRANKLIN

International podcaster **Tyson E. Franklin** and **Alan Sherman, DPM** recently recounted the story behind the development of **Podiatry Online** and **PRESENT e-Learning Systems** and the part that it has played in the ongoing advancement of the field of podiatry. 21st century online education came early to podiatry, when PRESENT e-Learning Systems first put lectures online for podiatric residents at PRESENT Podiatry in 2003. Two years later, they introduced the first online CME education program for podiatrists with full video lectures and in two more years in 2007, they ran their first live CME conference. In those 16 years and 50+ live conferences later, they've built out an advanced online service to deliver reliable, high quality accredited education to podiatrists, from residency to retirement that runs on smart phones, tablets, laptops, and PCs.

The first part of this interview appeared in our April/May issue; this is the second and final installment.

Franklin: After McKesson took over and gave you the boot, you still had to wait a year before you could do anything else in the podiatry space if you wanted to? So, you went back—you went back to working as a podiatrist?

Sherman: I never stopped. But in 2002, I went back to it full time. That's all I was doing then. But Michael and I started thinking about what else was needed in podiatry vis a vis the Internet. Among the people that we spoke to were residency directors. They all told us that they were having difficulty in meeting a certain requirement that they needed to meet in order to keep their programs accredited and in order to keep them



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funded. They're funded by CMS, by the government, and in order for them to keep them funded, they need to be doing an hour of formal teaching each week. A lot of podiatry residency programs at that time were not in teaching hospitals. They were in small community hospitals and specialty surgery hospitals, and they were finding that to be a bit of a burden. So, they asked us if we could create a PowerPoint Exchange online where they would all contribute their PowerPoint files.

They'd be able to check them out and use each other's files. And we thought about it. This was about in 2003, when high bandwidth internet connections were starting to

become available all over the country. And I thought that we could do better than that. That we can actually create multimedia lectures and they would just be able to have their residents view the lectures. They wouldn't have to give the lectures at all. And the original concept was bringing

the greatest teachers in podiatry in all the different disciplines, to every residency program, so it would standardize the education. And that's in fact what we did.

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ate success. We had some failures at first but eventually within six months, we had a curriculum of online multimedia lectures for the residents. We began in 2003 with 52 weekly lectures that were done by a hand-selected group of podiatrists. We were able to hand-select the best surgeons, the best dermatologists, the best orthotic specialists to give the lectures.

Franklin: So, you would put these training videos together. So, this is obviously prior to doing webinars as we do today.

Sherman:

That's correct. This was when we just put a video file up and people would stream it, would download it. But it wasn't live. It was—on-demand. So we started approaching the residency programs. Obviously, the initial ones that told us about the education need that they had—they all subscribed that first year. In the first year, 50% of the residency programs in the country subscribed to this with the residents. In the next few years, we got to about 75% and we've kept about 75% of the residency programs using this product since 2003. So that was our original product and it still exists today in a much more technically advanced form, but that's how it started. So, that takes us to 2004, 2005.

Franklin: So, to just look back a bit before you continue, when you had Podiatry Online and you mentioned earlier on it was almost like it was practice management content/medical education. That was the beginning stage. But then, when you started the new company, PRESENT e-Learning Systems, in 2003, that company provided online education for the podiatric residency programs? So the practice management side, you sort of—did you move away from that because Barry Block was already

doing something in that space and you thought, "We'll just move—stay in the medical side of things"?

Sherman: Barry Block was doing a very good job with the daily news reporting and hosting online discussions at that time, in 2003. I started the online discussion among podiatrists and the original email-based publishing format, *Podiatry Online*, way back in 1995 and ran it until 2002. Barry and I have been friends all this time, and then Barry had been the editor and still is the editor of the *Podiatry Management* magazine, but he was compelled to start doing publishing

online in 1994 and I supported that entirely. Very quickly, he took over that niche and has continued to do a great job with it. *PM News* is the daily new source for podiatry. I'm a daily reader of that and I've actually become one of the biggest advertisers in *PM News*. It's a daily read for so many podiatrists and—so Barry really took over that kind of daily news publishing.

Since 1995, I've always done some publishing. So starting in 2003, I started working with a brilliant young podiatrist named Jarrod Shapiro, DPM who was a resident at the time under Marshall Solomon, DPM at Botsford General Hospital, now known as Beaumont Hospital, Farmington Hills, MI. Jarrod was very ambitious and was an excellent writer and had a writing style that I really enjoyed. So Jarrod started writing for me. Over the years, I've employed many podiatrists to do writing, but Jarrod has stood the test of time and is still writing the *Prac-*

tice Perfect Blog that goes out once a week now and does a lot of live and online teaching for us as well. Along the way, he became faculty at the new Western University College of Podiatric Medicine and founded the Chino Valley Medical Center Podiatric Residency program.

I still do occasional original writing now and I continue to edit every single word that we publish via email and on the *PRESENT* Podiatry website. But what's new for us is that our publishing was always what I call email-centric, meaning it was mostly in email form and we would archive the old editions on the website. But it really wasn't a true blog back then. But as of January 1st of this year, I have resurrected the *Podiatry Online News Flash* and we're now publishing that as a true blog and we have a group of writers that are writing for that. It's not a lot of practice management. It's mostly professional education for podiatrists and help in dealing with the trials and tribulations of being a podiatrist more than really running the practice. I set out to teach myself how to run a true electronic publishing platform and we have now installed very capable blog software on the podiatry.

com website. It's integrated into the site. It's integrated with Facebook, and LinkedIn, and Twitter. And we have a platform that now allows my staff—I've got 11 employees, 4 of them work in the publishing, to all collaborate on sending 4-5 blogs out each week.

We're working on blogs all the time. We use our own software to stage them, put together the pieces that go together so the images, the teaser, the text, all get created by this collaborative team. It's all integrated and highly automated. We've got smoothly running online systems to manage it all and it's fascinating. I've been really enjoying being back

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in the publishing world like I was during the late '90s.

Franklin: So you started the online residency program lecture series in 2003 and then once that was up and running, this when *PRESENT e-Learning for CME* kicked off?

Sherman: Yes, it was really only of interest to the residency education community until we got it accredited for CME. So in 2005, we developed software that allowed the podiatrist to purchase lectures online very much like they were purchasing from Amazon and a thousand other eCommerce merchants. I started following the trends in the industry. I started attending a conference called the Alliance for Continuing Medical Education, which is the industry association for continuing medical education in the U.S. I was the podiatrist attending that. Most of the people working in the CME industry were MDs and professional educators. Most CME has always been and is still produced by medical schools and academic teaching centers. So I started learning about the industry, outside of podiatry, that deals with the production and delivery of accredited medical education online. I sought to learn the regulations, the software, the accreditation, the business of that. It's a highly regulated industry and I wanted *PRESENT* to operate to the standards of the Accreditation Council of Medical Education, not just the Council on Podiatric Medical Education, because we were soon to run a conference that would have MDs as well as DPM attendees.

So podiatrists started using our online CME little by little. The trends for getting your CME credit online are sort of interesting. Back in 2005, about 10% or 15% of the credit that

MDs were getting was online then. From 2005 to today, that's grown to about 38%. It's hard to know those figures in podiatry, because CPME doesn't make those figures public. But I can tell you that online CME for podiatrists is growing rapidly, having accelerated greatly in the last 12 months.

But for physicians in general, online has sort of plateaued there, at about 38%. And when we started the online-only *PRESENT e-Learning Systems* in 2003, we naively thought that online was eventually going to take over all the CME. It was so convenient, it was so appealing that doctors would stop going to conferences; but of course, we know that that didn't happen.

Franklin: It has probably been the opposite.

Sherman: Well, you're absolutely right. The conference business has never been as large as it is now. Even when we started doing conferences in 2007, there are—I'm going to say there are at least double the number of podiatry conferences each year now, maybe more. I haven't really counted, but my sense is that it's at least double.

Franklin: Do you think that's the case because it's one of those things when it comes to conferences, podiatrists understand the value of the face-to-face communication with someone and people can come up to you afterwards and they can—over a wine, or a beer or a whisky, they can ask you that one-on-one question and get a little bit more personal.

Sherman: Absolutely. So I think among the greatest values of going to live conferences is the networking that you do. It's the talking to the individual or talking in a group that you get so much out of. It's the peer interaction.

We thought we were going to replace that online, so we used to promote a blog discussion on the podiatry.com from the start, but it was never used that much. We used to promote it as being an online equivalent of live conferences, but it never has been. There was tremendous value in attending conferences that online just doesn't give or the doctors didn't want to use it in that way, and that's fine.

That's part of what compelled us to start doing conferences in 2007. We saw that the market for conferences was huge and was underserved in podiatry at that time. We started working with the small group of people that were putting on a conference called Superbones. Richard Reuter, DPM and John Steinberg, DPM and Stan Kalish, DPM were doing this conference in the Bahamas every year. We met them at one of the conferences and they were explaining to us how they like doing the educational programming but they didn't have a website. They are doing the marketing, doing the business operations, booking the venue, but they didn't want to be doing that part, they just want to be doing the education. So we had a good back office at the time so we said, "You know, let us try this." So we tried it for a year, we learned, and it worked out really well.

We liked the business. We were still learning it at that time. They taught us a lot.

The next year, we bought the Superbones company from them. Then we started a Superbones West in Las Vegas which we're still running to this day.

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Franklin: So they were only on the East Coast at that time?

Sherman: It was only on the East Coast; it was in the Bahamas. We soon introduced an accompanying second conference in Las Vegas; that's the Superbones West that's been ongoing since that time. The Superbones folks continued to work with us and do the educational programming and doing the teaching at the conference, and then we brought a lot of other people in for teaching after that. Then we met Robert Frykberg, DPM. Robert Frykberg, DPM was a Harvard-trained podiatrist who was an expert in wound care, a very erudite and didactic person. He'd done a ton of research and was running a conference for the VA podiatrists every year. He also expressed to us that he needed some help running this conference. So we renamed it and started running the Desert Foot Conference near where he lives in Phoenix, Arizona. That started in 2010. So we've been running Desert Foot since then and that has become our biggest conference. We really enjoyed that meeting because of the interaction with all the wound-care experts, and watched it become one of the big wound-care meetings.

We've developed two other conferences after Desert Foot that I'm really most proud of. We realized that we were reaching a large group of people working in the residency education community but they didn't have a conference to go to and we thought they would benefit from just what we spoke about—the benefit of networking with other people in their community. So, we started the residency education summit conferences.

We put on the first Residency Education Summit Midwest in 2011, and then the next year we added one outside of New York to serve the Northeast part of the country. The Summits are conferences where we get hundreds of residents, residency

directors and practicing podiatrists all getting together to learn together. The practicing podiatrists want to see what the residents are doing now. We put on social events at those meetings and we run the Residency Rumble which is sort of a high-tech game show. The questions for that are contributed by the American Board of Podiatric Medicine each year. The Rumble is a fun, sort of competitive, kind of tense but fun evening of competition. I love running that. We just ran the 17th one at the Residency Education Summit Midwest in September of 2019.

I'm very proud of those meetings for the residents and it goes part and parcel with the online lecture series for them which about 75% of them are using now and I think both of those services together have helped to standardize the education of the residency programs and sort of equalize them to bring the same type of teaching to every residency program, whether it's at a Harvard Teaching Hospital or small community hospital.

I think podiatrists really benefit from attending orthopedic conferences or even general medical conferences just to get the perspective on how they're teaching and what they're learning and what they're interested in; and to see trends because often the trends don't start in podiatry but they always end up with us. We—and we have led some areas but we're also followed in a lot of areas. I think

there's a lot to be gained by diversifying the conferences that you go to. I recommend that each year, podiatrists attend at least one conference outside of their core area of expertise.

Franklin: I remember Dr. "Dock" Dockery talking about plastic surgery, how he used to see plastic surgeons could do some operations and with very minimal scarring. Podiatrists are doing operations with a lot of scarring; we need to learn how to bring that into the podiatry world. So he had a big interest in that area and then I know other podiatrists had an interest in dermatology. They went off to a lot of dermatology conferences and they started bringing their information back into podiatry. So, it's important to look outside of what we're used to.

Sherman: Dock is one of these brilliant creative teachers in podiatry who has brought a lot of expertise to the profession. I mean, I would—I would put a whole group of remarkable men and women in that category. I would put Harold Schoenhaus, DPM, Bryan Markinson, DPM, certainly Warren Joseph, DPM, Tracey Vlahovic, DPM in that category; all brilliant podiatrists who obtained advanced training and went on to teach a generation of podiatrists what they learned.

I am sure I'm missing a lot of brilliant people that the—many of the ones that I've mentioned have gone on to do fellowships in disciplines... in dermatology, in pathology, in surgery, and then they have shared that knowledge with the podiatry field when they go and teach.

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Franklin: *What have you got lined up next? What are you going to blow our minds with?*

Sherman: Gee, that's a tough question. I mean it's a daily pursuit to keep up with the standards of publishing on the Internet and the standards in CME education. So we intend to continue to keep up with those standards and do as well as we can in those areas. We're plan-

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ning now to offer state-specific subscriptions, so that the podiatrists in New York can sign up for and pay for just the amount of CME credit that they can earn online. So this will be a customized product. And with that, we're going to have a reminder system, so that when your CME year is coming due, we'll remind you that, you know, you need to complete this by a certain date.

Bill Gates in 1995 wrote a book called *The Road Ahead*. And in this book, he used the term—he didn't invent the term, but he used the term "narrowcasting". And the way he imagined that, was that in the future, an individual or a small company would be able to publish to a small interest group and the interest group doesn't have to be very large, they just have to have the same interest. And that has all become a reality and we take that for granted today that, you know, you're reaching a few thousand podiatrists because they're interested in what you bring to them.

Our subscriber list is about 23,000 now including podiatrists

and people in the industry. We've gotten to the point where we're reaching everyone that wants to receive our stuff. I love that. There's an efficiency in that which I really enjoy. And if you ever get tired of it, you just click unsubscribe at the bottom. **PM**



Tyson Franklin is a business mentor, speaker, author, and podcaster.