



Specialty Update: Urology

SES034

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Chair, Review Committee for Urology

Kathleen Quinn-Leering, PhD

Executive Director, Review Committee for Urology

ACGME Annual Educational Conference

March 2, 2018

#ACGME2018

Disclosures

- Fiduciary
 - Ritenour: Volunteer for ACGME
 - Quinn-Leering: Full-time employee of ACGME
- Financial
 - None



Topics

- The Review Committee (RC)
- Single Accreditation System Update
- Accreditation Process Review
- Urology RC Accreditation Update
- Urology RC News
- Reminders and Tips
- Q & A



The Review Committee (RC)



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Department of Accreditation Services

Hospital-Based Accreditation	Medical Accreditation	Surgical Accreditation	Osteopathic Accreditation
<i>Louis Ling, MD</i>	<i>Mary Lieh-Lai, MD</i>	<i>John Potts, MD</i>	<i>Lorenzo Pence, DO</i>
Anesthesiology	Allergy and Immunology	Colon & Rectal Surgery	Osteopathic Recognition
Diagnostic Radiology	Dermatology	Neurological Surgery	Osteopathic Neuro-musculoskeletal medicine
Emergency Medicine	Family Medicine	Obstetrics & Gynecology	
Medical Genetics	Internal Medicine	Ophthalmology	
Nuclear Medicine	Neurology	Orthopaedic Surgery	
Pathology	Pediatrics	Otolaryngology	
Preventive Medicine	PM&R	Plastic Surgery	
Radiation Oncology	Psychiatry	Surgery	
Transitional Year		Thoracic Surgery	
		Urology	



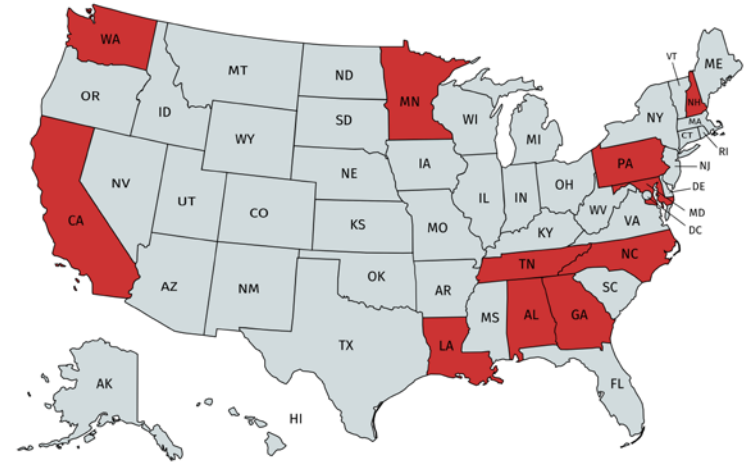
RC Membership

- All volunteers
- 10 members nominated by ABU, ACS, AMA & AOA (6 year term)
- 1 resident member (2 year term)
- 1 public member (6 year term)
- 2 ex-officio members, one each from ABU and ACS



RC Membership

- Diverse
 - Specialty and Subspecialty
 - Gender
 - Race/ethnicity
 - Geography



Created with mapchat.net



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RC Members

Chad W. M. Ritenour, MD Chair
Emory University

Byron D. Joyner, MD, MPA, Vice Chair
University of Washington SOM

Laurence S. Baskin, MD
UCSF Benioff Children's Hospital

Laurence H. Belkoff, DO, MSc
Philadelphia College of Osteopathic Medicine

Roger Dmochowski, MD, MMHC
Vanderbilt University Hospital

Elizabeth Ann Gormley, MD, FACS
Dartmouth-Hitchcock Medical Center

Misop Han, MD
Johns Hopkins Hospital

David B. Joseph, MD
Children's of Alabama

Lori A. Pray, MBA, Public Member

Eric Mark Wallen, MD
The University of North Carolina at Chapel Hill

Mary Elizabeth Westerman, MD, Resident
Mayo Clinic

J. Christian Winters, MD
Louisiana State Univ Health Sciences Center

RC Responsibilities

- Propose new and revised program requirements
- Accredite new programs
- Review programs annually
- Review programs undergoing 10-year review
- Create & revise case logs; establish minimums
- Review complement change requests
- Follow up on resident/fellow complaints
- Provide guidance to programs on requirements



RC Meetings

- Three meetings a year
 - January, April, and August
- Each meeting includes two components
 - Program review
 - Business



RC Staff

- Kathleen Quinn-Leering, PhD, Executive Director
- Jenny Campbell, MA, Associate Executive Director
- Monica Moore, Accreditation Administrator
- John R. Potts, III, MD, Sr. Vice President, Surgical Accreditation



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Single Accreditation System Update



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Single Accreditation System

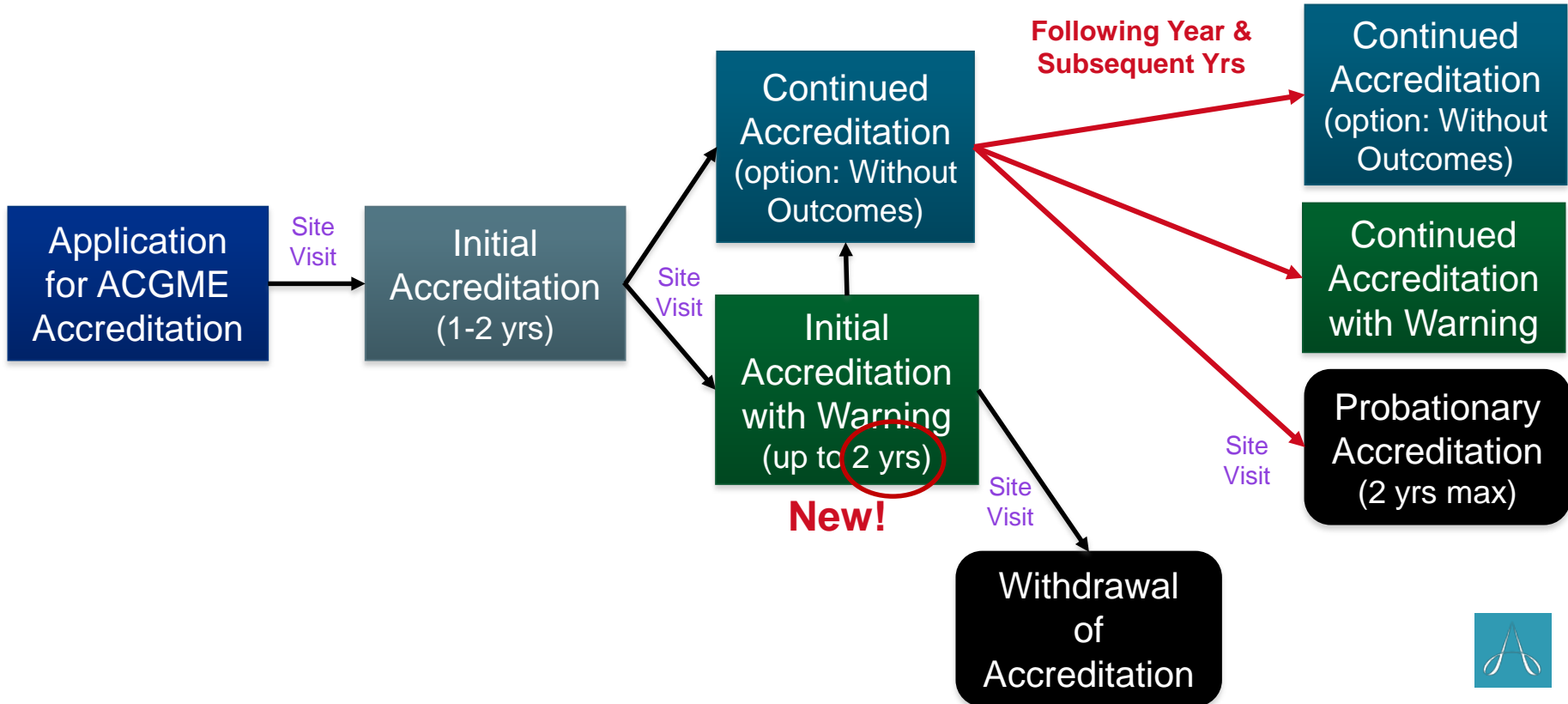
- Single Accreditation System began in 2014
- American Osteopathic Association (AOA) accredited programs must achieve Initial Accreditation by June 30, 2020
- 11 Urology programs were accredited by the AOA
- Update:
 - 8 programs with Initial Accreditation
 - 2 programs applied but have not yet achieved Initial Accreditation
 - 1 program working on application

Accreditation Process Review



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Accreditation Process



Programs with Initial Accreditation



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Programs with Initial Accreditation

Site visit in 1-2 years from effective accreditation date

Approximate
Date in
Accreditation
Data System
(ADS)

The screenshot shows the ADS interface with the following details:

- Navigation tabs: Overview, Program (selected), Faculty, Residents, Sites, Surveys, Milestones, Case Logs, Updated Application, Reports.
- Application for Accreditation Submission Date: January 09, 2017
- Original Accreditation Date: February 09, 2017
- Accreditation Status: Initial Accreditation
- Effective Date: February 09, 2017
- Accredited Length of Training: 3 Year(s)
- Program Cycle Length: 2.00 Year(s)
- Program Format: Standard
- Case Logs: Use Required by ACGME
- Last Site Visit Date: No Information Currently Present
- Date of Next Site Visit (Approximate): April 01, 2019

Red annotations in the image include a red arrow pointing to the 'Program' tab and red circles around '2.00 Year(s)' and 'April 01, 2019'.

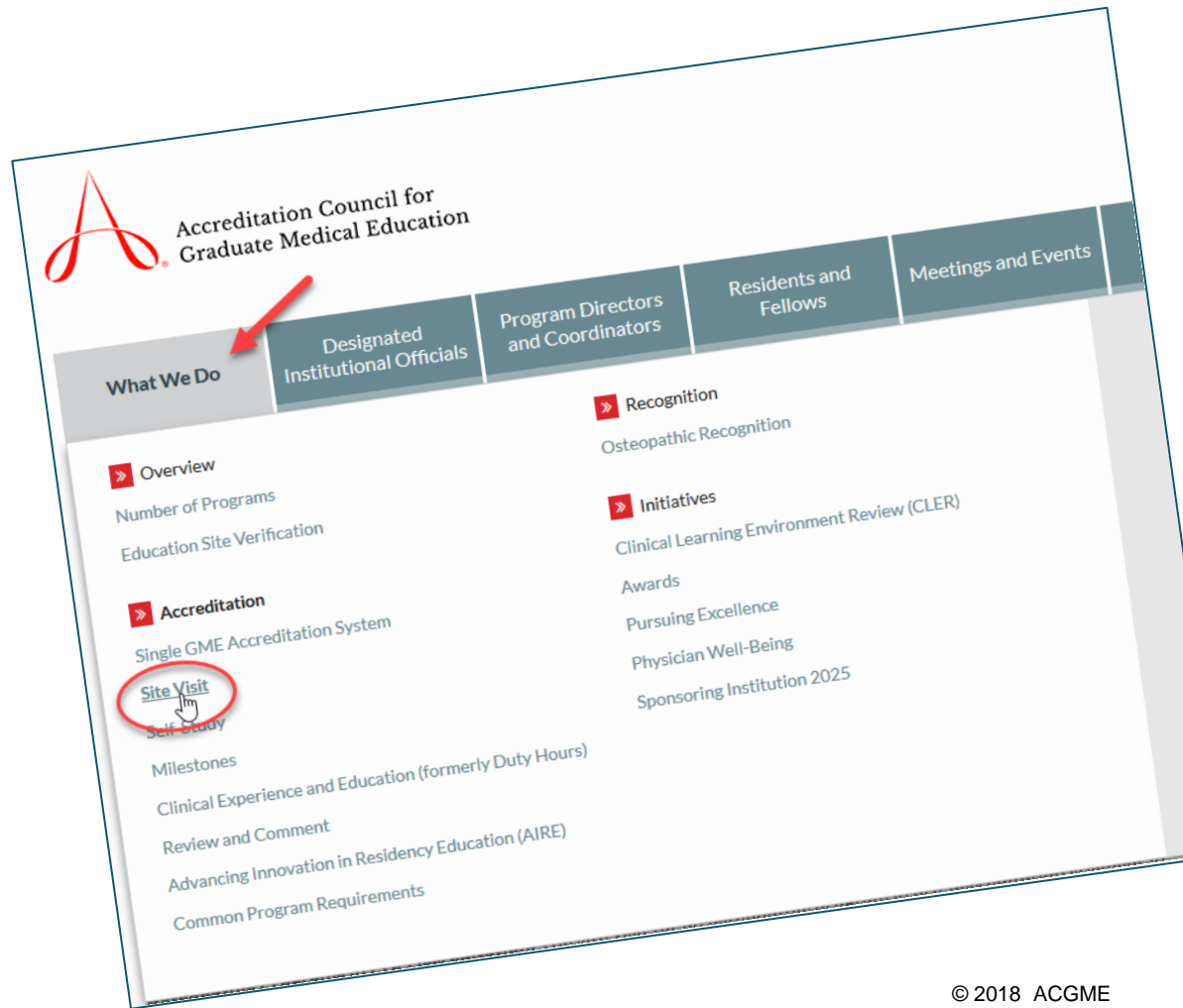


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Site Visit and RC Review

- Once notified of site visit, update information in ADS
 - ADS online questions
 - Attachments, including the Specialty Specific Application
- Half-day site visit (format similar to first site visit)
- At next meeting, RC reviews information in ADS and site visitor report
- Program notified of outcome
 - Email soon after with accreditation status
 - Letter of Notification within 60 days (includes details, e.g., citations)

Site Visit Resources on acgme.org



The screenshot shows the ACGME website's navigation menu. At the top left is the ACGME logo and the text "Accreditation Council for Graduate Medical Education". Below this is a horizontal navigation bar with several menu items: "What We Do", "Designated Institutional Officials", "Program Directors and Coordinators", "Residents and Fellows", and "Meetings and Events". A red arrow points to the "What We Do" menu item. Underneath "What We Do", there are several sub-menu items, each preceded by a red right-pointing arrow: "Overview", "Accreditation", "Recognition", and "Initiatives". The "Overview" sub-menu includes "Number of Programs" and "Education Site Verification". The "Accreditation" sub-menu includes "Single GME Accreditation System", "Site Visit" (which is circled in red with a mouse cursor icon), "Self-Study", "Milestones", "Clinical Experience and Education (formerly Duty Hours)", "Review and Comment", "Advancing Innovation in Residency Education (AIRE)", and "Common Program Requirements". The "Recognition" sub-menu includes "Osteopathic Recognition". The "Initiatives" sub-menu includes "Clinical Learning Environment Review (CLER)", "Awards", "Pursuing Excellence", "Physician Well-Being", and "Sponsoring Institution 2025".

Accreditation Council for
Graduate Medical Education

What We Do

Designated
Institutional Officials

Program Directors
and Coordinators

Residents and
Fellows

Meetings and Events

» Overview
Number of Programs
Education Site Verification

» Accreditation
Single GME Accreditation System
Site Visit
Self-Study
Milestones
Clinical Experience and Education (formerly Duty Hours)
Review and Comment
Advancing Innovation in Residency Education (AIRE)
Common Program Requirements

» Recognition
Osteopathic Recognition

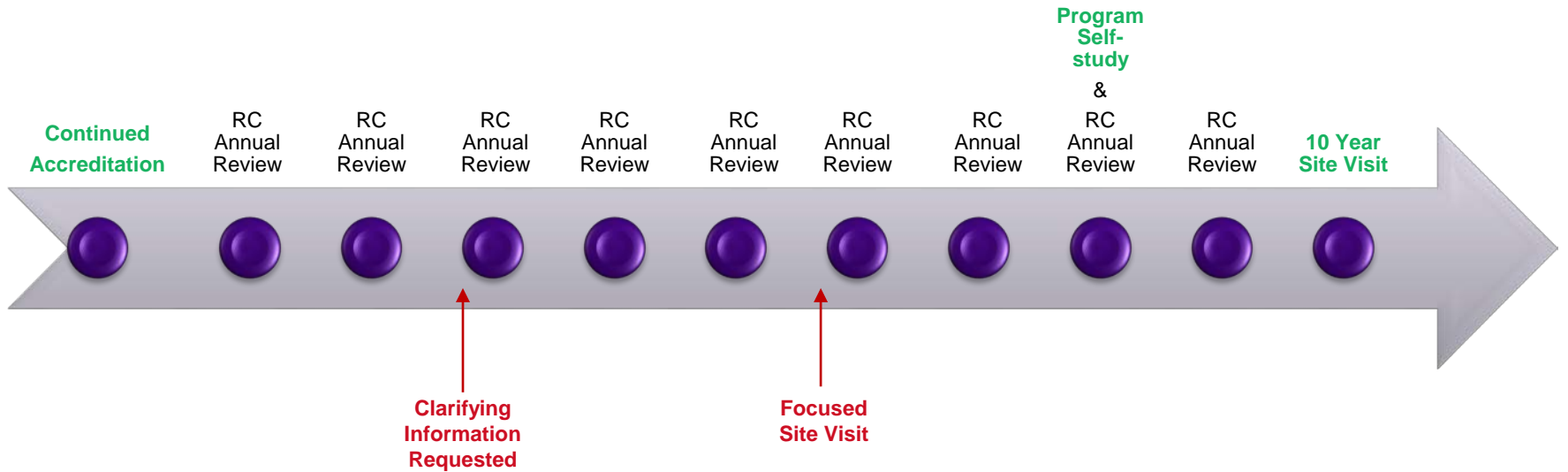
» Initiatives
Clinical Learning Environment Review (CLER)
Awards
Pursuing Excellence
Physician Well-Being
Sponsoring Institution 2025

Programs That Have Achieved Continued Accreditation

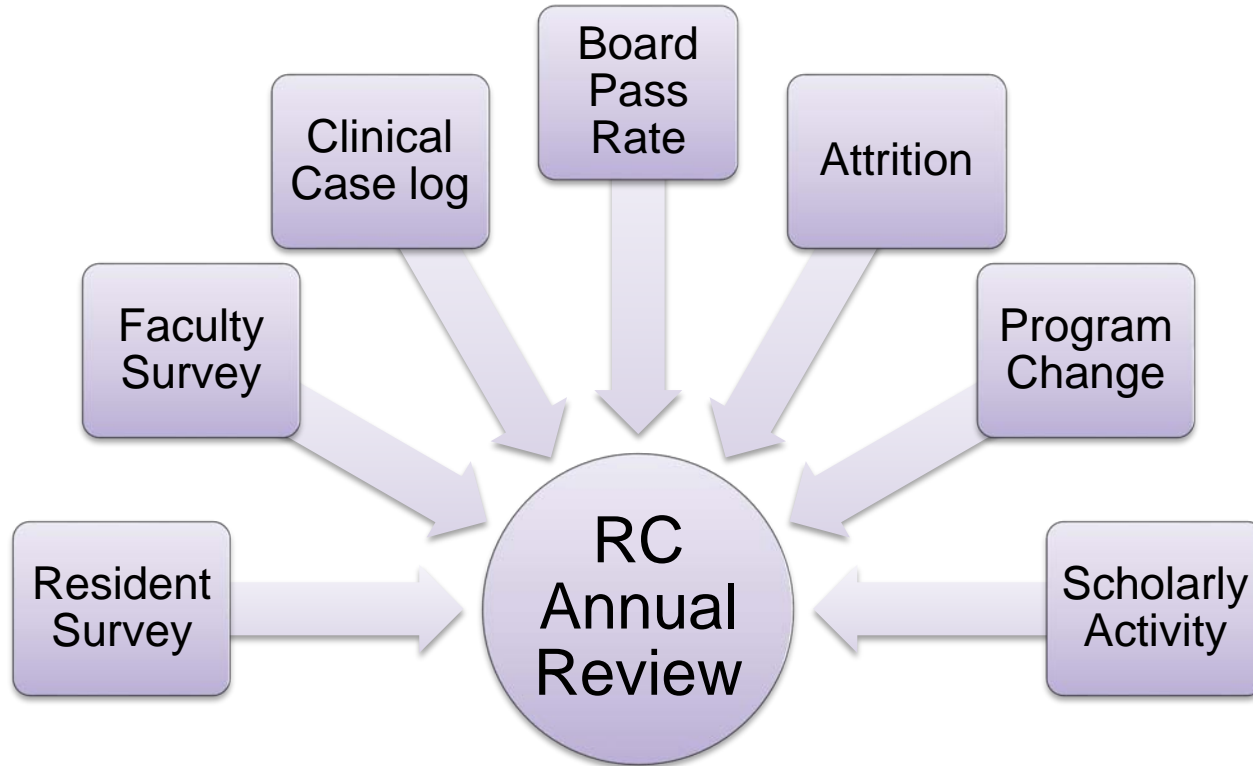


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Programs that have achieved Continued Accreditation



RC Annual Review



RC Annual Review

- The RC Executive Committee examines
 - Programs that do not meet one or more of the RC's established thresholds
 - Programs with existing citations
 - Programs with statuses of Continued Accreditation without Outcomes, Continued Accreditation with Warning, or Probation



On the flip side. . .

*Which programs does the RC Executive Committee **NOT** examine?*

Programs that have all of the following:

- Meet/exceed the RC's established thresholds
- No current citations
- Continued Accreditation status



When does the RC request clarifying information or ask for a site visit?

When additional information is needed to render an accreditation decision.



RC REVIEW

- Most programs have no significant issues and are placed on a special agenda
- Remaining programs:
 - Each program assigned to two RC members for in-depth review
 - Program discussed at an RC meeting to render an accreditation decision
- All programs notified of accreditation decision
 - Email soon after with accreditation status
 - Letter of Notification (LoN) within 60 days --includes details



**Deep dive into the
program every 10 years**



Self-Study and 10 Year Site Visit

- Urology Self-Studies and 10 Year Site Visits have begun!
 - Programs notified 6-7 months before self-study due
 - Core residency and fellowship undergo process together

Dates in ADS



Last Site Visit Date: August 07, 2012

Date of Next Site Visit (Approximate): *No Information Currently Present*

Self Study Due Date (Approximate): December 01, 2022

10 Year Site Visit (Approximate): June 01, 2024



Self-Study

- Program conducts comprehensive evaluation of program
- Program completes & upload a Self-Study Summary
 - Summary does *not* include agreed upon action items



10 Year Site Visit

- ~ 2 years after self-study
- 90 day notice
- Once Site Visit is announced, program:
 - Updates information in ADS as needed
 - Completes self-study related documents and upload in ADS
 - Gathers documents for Site Visitor to review (e.g., training files, goals & objectives, policies)



10 Year Site Visit

- Site Visitor will:
 - Review compliance through meetings & documents review
 - Review the self-study process
- **RC** will assess compliance with requirements & render accreditation decision
- **Department of Field Activities** will share feedback on self-study process



See acgme.org for resources

Keep in mind:
Self-Study & 10 Year Site
Visit process evolving as
ACGME learns what
works best for programs
and the RCs.



In sum. . .

- Once a program achieves continued accreditation, the RC will review the program each academic year
- The review may be:
 - An annual review of program data (*may involve clarifying information or a site visit*)

OR

- A 10 Year Site Visit review



Urology RC Accreditation Update



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Accreditation Status (as of 3/1/18)

Program	Initial Accredited	Initial Accredited with Warning	Cont'd Accredited	Cont'd Accredited Without Outcomes	Cont'd Accredited with Warning	Probation	Accredited Withdrawn	Total
Urology	11	0	117	1	8	1	0	137



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Accreditation Status (as of 3/1/18)

Program	Initial Accredited	Initial Accredited with Warning	Cont'd Accredited	Cont'd Accredited Without Outcomes	Cont'd Accredited with Warning	Probation	Accredited Withdrawn	Total
Urology	11	0	117	1	8	1	0	137
Ped Urology	0	0	22	1	2	0	1	26



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Accreditation Status (as of 3/1/18)

Program	Initial Accredited	Initial Accredited with Warning	Cont'd Accredited	Cont'd Accredited Without Outcomes	Cont'd Accredited with Warning	Probation	Accredited Withdrawn	Total
Urology	11	0	117	1	8	1	0	137
Ped Urology	0	0	22	1	2	0	1	26
FPMRS	2	1	9	0	0	0	0	12



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Common Citations and Areas for Improvement (AFIs)



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Common Urology Citations

- Program Director responsibilities
- Procedural experience **zero tolerance**
- Faculty scholarly activity/create environment of inquiry
- Process for dealing with resident concerns/ability to raise concerns without fear
- Research rotations not including clinical time



Common Urology AFIs

- Procedural experience (meet the minimums, but low percentiles)
- Faculty dedication to teaching (e.g., instruction, interest)
- Service/education balance
- Quality improvement/patient safety education



Urology RC News



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Case Logs **NEW!**

- Program directors and coordinators can view the Case Log System
- ADS>Case Logs Tab>Quick Links>“View Add Case”
- Only difference from resident/fellow case log is no submit button
 - Can enter information but cannot save

Add Cases Submit

Resident* Institution* Case ID*

Resident Year of Case* Attending* Case Date*

Resident Role* Patient Type*

Comments

Favorites Area and Type Code Selected Codes

Area Type Keyword GO

Code	Description	Area	Type	Fav	
59000	Amniocentesis; diagnostic	Fetal Evaluation	Amniocentesis	★	Add
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	Fetal Evaluation	Amniocentesis	★	Add
59012	Cordocentesis (intrauterine), any method	Fetal Evaluation	Cordocentesis	★	Add
59015	Chorionic villus sampling, any method	Fetal Evaluation	CVS	★	Add



Independent Subspecialties

- The RC will consider exceptions to the requirement that fellowships be residency-dependent (i.e., linked to a core program)
- Reviewed by the RC on a program-by-program basis



Proposed Revisions to Urology Requirements



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What has changed?

- Medical school preparation
- Technology – residents have to learn more tools
- Shortening of General Surgery time
- Electronic medical record
- Hours worked



PGY-1: PROPOSED PROGRAM REQUIREMENTS

Int. C. The educational program in urology must be 60 months in length. (Core)

IV.A.6.a) The Program Director must be responsible for the design, implementation, and oversight of the Uro-1 (PGY-1) year. (Core)

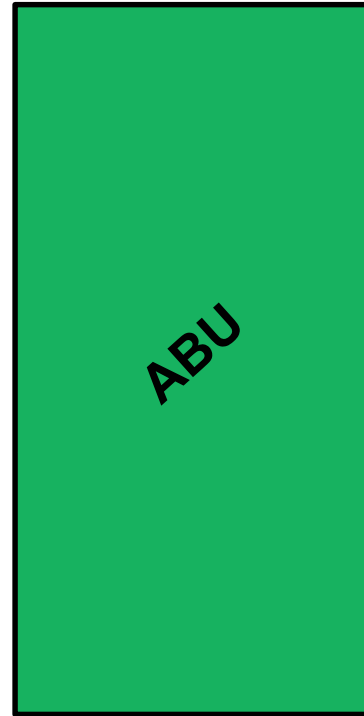


Implications of Changes to PGY-1

- Program FTE counts may change between General Surgery and Urology
- Rotation determination (i.e. decision-making authority)
- Urology needs the clinical experience; General Surgery needs the coverage
- No need for NRMP Match in current state
- No need for verification of previous training
- Urology becomes responsible for managing evaluations of non-urology rotations



Alignment of Requirements



Defined Goals of PGY-1?

- Introduction to medical practice as a physician
- Development of basic skills around care of the perioperative patient
- Development of basic technical surgical skills
- Preparation for core urological training
- Other



Other Surgical Specialties



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Orthopaedics

IV.A.6.a) *The PG-1 year must include: (Core)*

six months of structured education on non-orthopaedic surgery rotations (specifies types of rotations)

formal instruction in basic surgical skills, which may be provided longitudinally or as a dedicated rotation

six months of orthopaedic surgery rotations



Neurosurgery

The year of fundamental skills (PGY-1) must be organized so that residents participate in clinical and didactic activities to: (Core)

...assess, plan, and initiate treatment of patients with surgical and medical problems

...surgical and medical emergencies, multiple organ system trauma, and nervous system injuries and diseases

...care of critically-ill surgical and medical patients

...pre-, intra-, and post-operative care of surgical patients

...basic surgical skills and understanding of surgical anesthesia



Otolaryngology

IV.A.6.b) *The PG-1 year must include:*

six month of structured education on non-otolaryngology rotations (Core)

must include a surgical or medical intensive care rotation (Core)

six months of otolaryngology rotations (Core)



Potential Benefits of PGY-1 Integration

- Better control of curriculum
- Better connectivity with Urology team
- More time for progressive urological education



Challenges of PGY-1 Integration

- Faculty members have to more actively teach basic skills
- May need more direct supervision
- More individuals to manage



PGY-1

Under Proposed Requirements

	Block	1	2	3	4	5	6	7	8	9	10	11	12
URO-1 (PGY-1)													
	Rotation	General Surgery			Core Surgical Specialties						Urology		



Recommendations

- Engage General Surgery Program Director early for discussions
 - Residents still need core general surgery training
 - Discuss how resident FTEs will best be shared
 - Determine how “unassigned” 3 months of PGY-1 year will be allocated



Recommendations

- Determine benchmarks of what a PGY-1 resident should look like
 - Measurable goals
 - Didactic knowledge versus technical skills
 - Opportunity to “standardize” and study pre- and post-change



Take Home Points

- Integration of PGY-1 year into accredited Urology programs will likely occur on July 1, 2019
- Start discussions early with your associated General Surgery programs
- Determine goals for what PGY-1 residents should achieve
- Opportunity for academic urology community to create standardized program resources that can be deployed to individual programs



Proposed Urology Revision: Other Notable Changes



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Program Director

- Program Director
 - Minimum of 4 years experience in urology post-residency
 - Must devote at least 20% of time to the program
 - Must review case logs with each resident semi-annually



Program Coordinator

- Must devote a minimum of 20% of time devoted to urology program for every 5 residents



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Sites

- No more limit to four sites BUT:
 - New sites must be based on sound educational rationale
 - New sites for required rotation must be approved the RC
- No longer a requirement for fellows at participating sites to keep operative logs



Faculty

- No more requirement that residents have clinical interaction with faculty members with expertise in geriatrics, infectious disease, renovascular disease, renal transplantation, trauma, interventional radiology, plastic surgery, and medical oncology
- Core Faculty:Resident ration of at least 1:2 (excluding Program Director)



Didactic Curriculum

- Didactic conferences must include M&M, urological imaging review and journal review
 - No longer must have M&M at each site
 - Urologic pathology conferences no longer required
- Didactics must include geriatric urology and urologic trauma



Research

- Specifics being finalized



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Proposed Revisions to Pediatric Urology Requirements



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Highlights

- Program Director requirements consistent with residency (four years post-residency, six years in role)
- One faculty per fellow (not including Program Director)
- New section: Curricular Organization and Fellow Experiences
- Clarification of scholarly activity that is acceptable during the clinical year



Proposed Urology and Pediatric Urology Requirements must still be approved by the ACGME Board



Proposed Revisions to the Common Program Requirements



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Common Program Requirements

- Section VI: Revised and Effective July 1, 2017
 - Learning and Working Environment
 - No citations for most requirements related to patient safety, quality improvement, and well-being until 2019
 - Can receive an AFI
 - Programs should be working on addressing these requirements



Common Program Requirements

- Sections I-V: Proposed revision posted for Review and Comment
 - Institutions
 - Program Personnel and Resources
 - Resident/Fellow Appointments
 - Educational Program
 - Evaluation



Highlights

- One set of requirements for residencies and one for fellowships
- Alignment with Institutional Requirements
- Almost all requirements categorized as “core”
- Philosophy, Background, Intent added throughout
- RC may further specify only where indicated



Highlights

- Specific requirements for program director and coordinator time
- “Core” faculty defined
- Changes to faculty scholarly activity expectations
- Residents to have individualized learning plans
- Tracking of written and oral board performance as well as resident certification rate



Review and Comment

The ACGME invites comments from the community of interest regarding the proposed requirements listed below.

As part of the ongoing effort to encourage the participation of the graduate medical education community in the process of revising requirements, the ACGME may publish some or all of the comments it receives on the ACGME website. By submitting your comments, the ACGME will consider your consent granted. If you or your organization does not consent, please indicate such in your comments directly, or in the space provided on the Comment Form (below).

Specialty- and Subspecialty-Specific Program Requirements

For specialty/subspecialty requirements, Review Committees are not permitted to alter Common Program Requirement language, which appears in bold font. Therefore, comments are invited only on requirements not in bold font.

For focused revisions, only the section(s) of the requirements being revised will be open for review and comment.

Comments must be submitted electronically, using the form below, to the respective specialty mailbox indicated by the date indicated. Any responses that do not address the requested information, or which are submitted in a format other than indicated, may or may not be considered, at the discretion of the Review Committee.

Requirement Review and Approval Process

For details and policies regarding the ACGME process for review and approval of requirements, see Section X of the ACGME Manual of Policies and Procedures

Specialty	Type of Revision	Requirements / Impact Statement	Comment Submission	Deadline for Comments	Status
Common Program Requirements (Residency) and Common Program Requirements (Fellowship) Sections I-V	Major	Review the Requirements and Impact Statement	Access the Comment Form and submission information	March 22, 2018	Open for Comment

To comment:
acgme.org

Deadline 3/22/18



Reminders & Tips



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Milestones

Urology RC will not be participating in Milestones 2.0 until next year at the earliest.

But in the meantime. . .



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Practical Tips for Milestones

- Share and discuss the pertinent Milestones set with residents and fellows at the beginning of the program.
- Have residents and fellows complete individualized learning plans, using the Milestones as an important guide.
- Consider having residents and fellows complete a self-assessment of their Milestones that they can compare and contrast, with a trusted advisor.
- Enable residents and fellows to seek out assessment from faculty members.



Why Can't Milestones Be Used for Regular Evaluations?

- A repository for other assessments
- Not every Milestone can or should be evaluated on every rotation
- Not everything that should be evaluated is included in the Milestones



Milestone Resources

Milestones webpage (acgme.org>What We Do>[Milestones](#))

Milestones FAQs

Clinical Competency Committee Guidebook **UPDATED!**

Milestones Guidebook

Milestones Guidebook for Residents and Fellows **NEW!!**

Milestones Annual Report 2017



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Complement Increase Requests

- Temporary increase requests < 90 days: educational rationale
- Temporary increase ≥ 90 days and Permanent increase requests: educational rationale, proposed block diagram and institutional procedural data

*Might not be required for temporary increases-
under discussion*



Complement Reminders

- Temporary are reviewed by RC Executive Committee and turn around is typically under 3 weeks
- Permanent are reviewed by full RC
- For urology residencies: Requests are required for increase in a given year *even if the program will not exceed total complement*
- Clearly outline reasoning in educational rationale - *ensure it will make sense to someone outside of the program*



Proposed Block Diagrams

- Include block diagrams for each year until:
 - Temporary: increase ends
 - Permanent: full complement realized
- Label each year (e.g., 2019-2020)
- More about block diagrams in a moment. . .



Supervision Policy

- There must be a program-specific policy
- Use ACGME classification terms (e.g., direct supervision) to describe progressive responsibility in each setting
- *Suggestion:* Include guidelines for circumstances and events when residents must communicate with faculty



Why does completing ADS correctly matter?



Information in ADS tells the RC if your program:

- Has qualified faculty
- Has residents who meet eligibility requirements
- Provides adequate procedural experience
- Provides residents and faculty with timely feedback
- Teaches residents about quality improvement
- Prepares residents to pass the board exams
- Provides opportunities for scholarly activity



Strong Citation Responses are. . .



Accurate



Clear



Succinct



Major Changes

- *Not just for major changes!*
- Use this area to directly communicate to the RC
- Outline how program is addressing ANY area of concern (e.g., AFI, recent survey results, faculty attrition)



Faculty Roster

- ABU Certified = ABMS
- AOBS Certified = AOA
- Over 10 years old? Cannot be Original. . .
 - Use Time Unlimited, Lapsed, Recertified, Maintenance of Certification (MOC) or Osteopathic Continuous Certification (OCC) **New!**
 - Use Recertified or MOC/OCC consistently



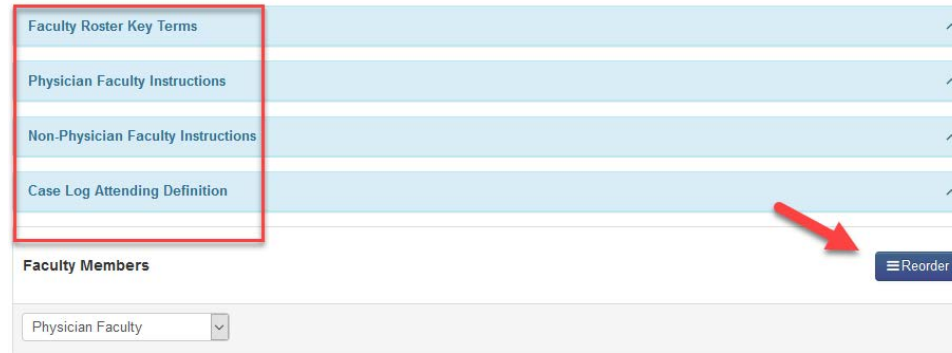
Faculty Roster

- If faculty member is not board certified (and not in the process), can ask RC to consider qualifications
 - Letter from program director and Designated Institutional Official (DIO) to RC with faculty CV (send to jcampbell@acgme.org)



Faculty Roster

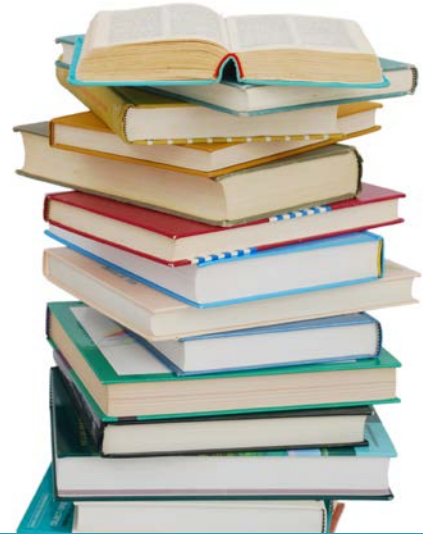
- Use resources in ADS to complete roster correctly
- Reorder button puts the faculty in order by site and alphabetically



Scholarly Activity

Expectation:

- Most core faculty members have at least two scholarly products/activities each year.
- At least half of residents/fellows have at least two scholarly products/activities each year.



Faculty Scholarly Activity

Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012

Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012

Faculty Scholarly Activity

Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations	Other Presentations	Chapters Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
John Smith	12433	32411			3	1	1	3	Y	N

Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4.

Pub Med ID (PMID) is a unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.

Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2011 and 6/30/2012. Articles without PMIDs should be listed in this section. This will include publications which are peer reviewed but not recognized by the National Library of Medicine.

Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012

Between 7/1/2011 and 6/30/2012, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participant's performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.

Resident/Fellow Scholarly Activity

Resident Scholarly Activity							
Resident	PMID 1	PMID 2	PMID 3	Conference Presentations	Chapters Textbooks	Participated in Research	Teaching Presentations
Aimee Yeap				0	0	N	Y

Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.

Pub Med ID (PMID) is a unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.

Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012

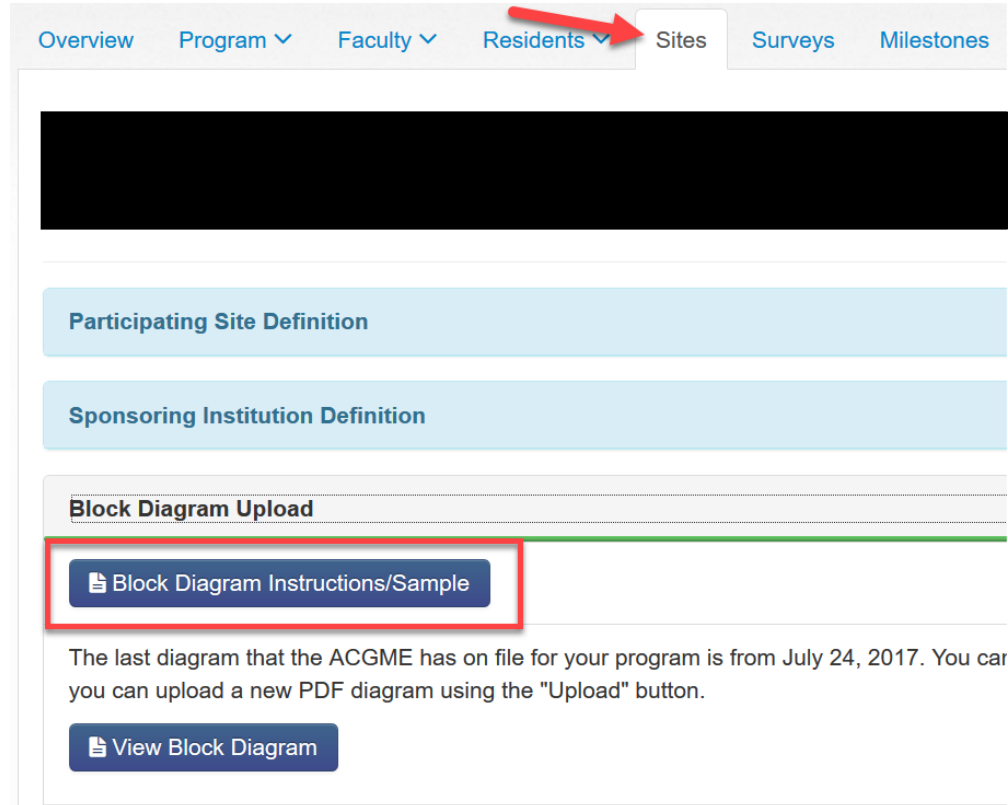
Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012

Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012

Block Diagram

Strongly
recommend
following the
instructions in
ADS



The screenshot shows the top navigation bar of the ADS website with tabs for Overview, Program, Faculty, Residents, Sites, Surveys, and Milestones. A red arrow points to the 'Residents' dropdown menu. Below the navigation bar is a large black redaction box. Underneath are three light blue boxes labeled 'Participating Site Definition', 'Sponsoring Institution Definition', and 'Block Diagram Upload'. The 'Block Diagram Upload' section contains a button labeled 'Block Diagram Instructions/Sample' which is highlighted with a red rectangular box. Below this button is a paragraph of text and another button labeled 'View Block Diagram'.

Overview Program ▾ Faculty ▾ Residents ▾ Sites Surveys Milestones

Participating Site Definition

Sponsoring Institution Definition

Block Diagram Upload

Block Diagram Instructions/Sample

The last diagram that the ACGME has on file for your program is from July 24, 2017. You can upload a new PDF diagram using the "Upload" button.

View Block Diagram



Block Diagram

- It is a block diagram, *not the residents' schedules*
- Use the same site numbers as on the Site Tab in ADS
 - Site information on Site Tab must be consistent with block diagram
- Include notes at bottom for site number/names, abbreviations, vacation, and any other helpful information



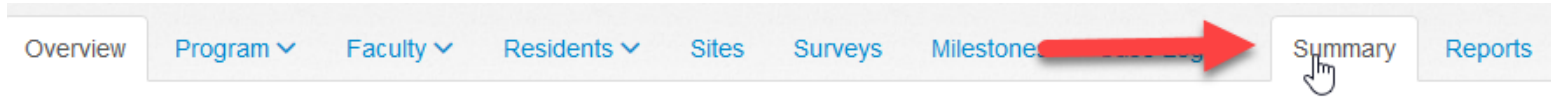
Remember. . .

Should be easy for someone not at your institution to understand the block diagram



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Use the Handy Dandy Summary!



Approximate Date of Next Site Visit: *No Information Currently Present*
Self Study Date (Approximate): December 01, 2017

Program Summary



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Whom to contact with questions?

RC Staff

- Program requirements
- Notification letters
- Complement requests
- Case Log content

Home > Specialties > Urology

Urology

The documents and resources housed within this section are provided by the Review Committee for Urology and its staff at the ACGME to assist ACGME-accredited programs and those applying for accreditation in this specialty area and its applicable subspecialties.

UROLOGY SUBSPECIALTIES

Female Pelvic Medicine and Reconstructive Surgery
Pediatric Urology

OTHER ACCREDITATION RESOURCES

Review and Comment	>
Common Program Requirements	>
Osteopathic Recognition	>
Self-Study and Site Visit	>
Single GME Accreditation System	>

Overview	o
Program Requirements and FAQs and Applications	>
Milestones	>
Documents and Resources	>
Review Committee Members	>



Contact Us:

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Whom to contact with questions?

- ADS/Surveys/Case Log System:

ADS@acgme.org or Tessa Banks at tbanks@acgme.org / 312-755-7443

- Site Visit or Self-Study:

Fieldrepresentatives@acgme.org



Upcoming RC Meetings

- April 12-13, 2018 (Agenda closed)
- August 24, 2018 (Agenda closes June 22, 2018)
- January 17-18, 2019 (Agenda closes November 15, 2018)
- April 29-30, 2019 (Agenda closes February 10, 2019)
- August 23, 2019 (Agenda closes June 21, 2019)



Questions?



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Thank you!

