**New Application: General Surgery**

**Review Committee for Surgery**

**ACGME**

**Oversight**

**Participating Sites**

1. Is there a Program Letter of Agreement (PLA) for each participating site providing a required assignment? [PR I.B.2.] [ ]  YES [ ]  NO
2. Are there adequate pathology and radiology services to provide the critical support required for the care of surgical patients? [PR I.B.5.] [ ]  YES [ ]  NO
3. Will the program director be responsible for all clinical assignments and input into teaching staff appointments at all sites? [PR I.B.6.e)] [ ]  YES [ ]  NO

If “NO”, explain.

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1. For participating sites, is the site geographically proximate to allow all residents to attend core conferences? [PR I.B.6.h)] [ ]  YES [ ]  NO

If “NO,” describe how an equivalent educational program of lectures and conferences will occur.

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1. Will there be any residents/fellows in both ACGME-accredited and non-accredited programs at the primary clinical site and at participating sites that may impact the educational experience of the program residents? [PR I.B.6.i)] [ ]  YES [ ]  NO

If “YES,” list here. Add rows as necessary.

| **Specialty Resident/Fellow (ACGME-accredited or non-accredited)** | **Number of Residents/Fellows** | **Relationship to surgery residents in the program** |
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1. Describe how the program will engage in practices that focus on the recruitment and retention of a diverse and inclusive workforce of residents and faculty members. [PR I.C.]

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**Resources**

1. Will the institution and the program jointly ensure the availability of adequate resources for residency education that include the following? [PR I.D.1.]

a) A common office space for residents that includes a sufficient number of computers and adequate workspace at the primary clinical site [PR I.D.1.a).(1)] [ ]  YES [ ]  NO

1. Internet access to appropriate full-text journals and electronic medical reference resources for education and patient care at all participating sites [PR I.D.1.a).(2)] [ ]  YES [ ]  NO
2. Software resources for production of presentations, manuscripts, and portfolios? [PR I.D.1.a).(3)]
 [ ]  YES [ ]  NO
3. Online radiographic and laboratory reporting systems at the primary clinical site and participating sites? [PR I.D.1.a).(4)] [ ]  YES [ ]  NO

Comment on any deficiencies.

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2. Will there be simulation and skills laboratories that will address acquisition and maintenance of skills with a competency-based method of evaluation? [PR I.D.1.a).(5)] [ ]  YES [ ]  NO

Comment on any deficiencies.

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**Personnel**

**Program Director**

1. Will the program director's initial appointment be for at least six years? [PR II.A.1.b).(1)] [ ]  YES [ ]  NO

Comment on any deficiencies.

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**Faculty**

1. For each approved chief resident position, will there be at least one core faculty member in addition to the program director? [PR II.B.4.b)]……….............................................. [ ]  YES [ ]  NO

**Resident Appointments**

1. Will the program ensure that the number of categorical residents in the PG-1, PG-2, PG-3, and PG-4 years does not exceed the number of permanently approved categorical PGY-5 positions? [PR III.B.1.a).(1).(a)] [ ]  YES [ ]  NO
2. Will the program director counsel and assist preliminary residents in obtaining future positions?
[PR III.B.1.b).(2).(d)] [ ]  YES [ ]  NO
3. [For programs with Initial Accreditation only] Explain the continuation in graduate medical education for each preliminary resident appointed to the program since the program’s effective date. This must include an explanation of how the program assisted the resident and how the resident continued their graduate medical education (e.g., obtained categorical position in this program or other program, research year, no position obtained, etc.). [PR III.B.1.a).(2).(b)]

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**Educational Program**

**Curriculum Components**

1. Will program aims be made available to program applicants, residents, and faculty members? [PR IV.A.1.] [ ]  YES [ ]  NO

2. Will competency-based goals and objectives for each educational experience be made available to the residents and faculty members? [PR IV.A.2.] [ ]  YES [ ]  NO

**Professionalism**

1. Briefly describe the learning activity(ies), other than lecture, through which residents will demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and respect and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. [PR IV.B.1.a).(1).(a)-(f)] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

1. Briefly describe one learning activity through which residents will demonstrate a commitment to continuity of comprehensive patient care. [PR IV.B.1.b).(1).(b)] (Limit response to 400 words)

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Indicate the settings and activities in which residents will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
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| Competence in and execution of comprehensive patient care plans appropriate for the resident’s level, including management of pain[PR IV.B.1.b).(2).(b)] | Click here to enter text. | Click here to enter text. |
| Manual dexterity appropriate for their level[PR IV.B.1.b).(2).(a)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Indicate the activities through which residents will demonstrate competence in their knowledge of each of the following areas. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
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| Critical evaluation and demonstration of knowledge of pertinent scientific information[PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Fundamentals of basic science as applied to clinical surgery, including: [PR IV.B.1.c).(2)]: |
| Applied surgical anatomy and surgical pathology[PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| The elements of wound healing[PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Homeostasis, shock and circulatory physiology[PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Hematologic disorders[PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Immunobiology and transplantation[PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Oncology[PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Surgical endocrinology[PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Surgical nutrition[PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Fluid and electrolyte balance[PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Metabolic response to injury, including burns[PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| The knowledge of the principles of immunology, immunosuppression, and the management of general surgical conditions arising in transplant patients, including an explanation of planned clinical and operative experience. [PR IV.B.1.c).(3)]  | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one learning activity in which residents will demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. [PR IV.B.1.d)] (Limit response to 400 words)

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1. Briefly describe one planned learning activity in which residents will engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (life-long learning). [PR IV.B.1.d).(1).(a)-(c)] (Limit response to 400 words)

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1. Briefly describe one planned quality improvement activity or project that will allow residents to demonstrate the ability to analyze, improve, and change practice or patient care, including activities aimed at reducing healthcare disparities. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [PR IV.B.1.d).(1).(d)] (Limit response to 400 words)

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1. Briefly describe how residents will receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills, have it available for review by the site visitor.) [PR IV.B.1.d).(1).(e)] (Limit response to 400 words)

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1. Briefly describe one example of a learning activity in which residents will engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR IV.B.1.d).(1).(f)] (Limit response to 400 words)

The description should include:

* Locating information
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care
* Conducting a comprehensive literature search

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1. Briefly describe how residents will participate in morbidity and mortality conferences that evaluate and analyze patient care outcomes. [PR IV.B.1.d).(2)] (Limit response to 400 words)

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1. Briefly describe how residents will utilize an evidence-based approach to patient care. [PR IV.B.1.d).(3)] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which residents will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents will develop competence in communicating effectively with patients and families across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, and with physicians, other health professionals, and health-related agencies. [PR IV.B.1.e).(1).(a)-(b)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents will develop their skills and habits to work effectively as members or leaders of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR IV.B.1.e).(1).(c)] (Limit response to 400 words)

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1. Briefly describe how residents will participate in the education of patients, families, students, residents, and other health professionals. [PR IV.B.1.e).(1).(d)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [PR IV.B.1.e).(1).(e)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to maintain comprehensive, timely, and legible health care records, if applicable. [PR IV.B.1.e).(1).(f)] (Limit response to 400 words)

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**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which residents will demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

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1. Briefly describe the learning activity(ies) through which residents will achieve competence in the elements of systems-based practice: working effectively in various health care delivery settings and systems, coordinating patient care within the health care system; incorporating considerations of cost-containment and risk-benefit analysis in patient care; and advocating for quality patient care and optimal patient care systems.[PR IV.B.1.f).(1).(a)-(e)] (Limit response to 400 words)

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3. Briefly describe an activity that fulfills the requirement for experiential learning in identifying system errors and implementing potential systems solutions. [PR IV.B.1.f).(1).(c)] (Limit response to 400 words)

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4. Briefly describe one learning activity in which residents will practice high quality, cost-effective patient care. [PR IV.B.1.f).(1).(g)] (Limit response to 400 words)

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5. Briefly describe one learning activity through which residents will demonstrate knowledge of risk-benefit analysis. [PR IV.B.1.f).(1).(h)] (Limit response to 400 words)

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6. Briefly describe one learning activity through which residents will demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management, and actively participate in interprofessional and multispecialty teams. [PR IV.B.1.f).(1).(i)] (Limit response to 400 words)

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**Curriculum Organization and Resident Experiences**

1. How will the curriculum be structured to optimize resident educational experiences? This must include an explanation of the length of experiences and how the program will ensure supervisory continuity. [PR IV.C.1]

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1. Describe the program’s plan for curriculum and clinical experiences for pain management, including recognition of the signs of substance use disorder. [PR IV.C.2]

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1. How will the program director ensure that residents have required experience with evolving diagnostic and therapeutic methods? [PR IV.C.6.]

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1. Will the program director, along with the physician faculty members, ensure that residents have experiential learning in the provision of all elements of comprehensive care of surgical patients? [PR IV.C.7.]

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1. Describe how clinical assignments will be structured to ensure that graded levels of responsibility, continuity in patient care, a balance between education and service, and progressive clinical experiences are achieved for each resident? [PR IV.C.8.a)]

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1. Will 54 months of the 60-month program be spent on clinical assignments in surgery, with documented experience in emergency care and surgical critical care? [PR IV.C.8.b).(1)]
 [ ]  YES [ ]  NO
2. Will 42 months of these 54 months be spent on clinical assignments in the essential content areas of surgery? [PRs IV.C.8.b).(2); IV.C.8.b).(2).(a)] [ ]  YES [ ]  NO
3. Describe how the program will ensure that residents will obtain knowledge ofburn physiology and have experience with initial burn management. [PRIV.C.8.b).(4)] (Limit response to 400 words)

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1. Describe the formal transplant experience, including patient management. [PR IV.C.8.b).(2)]

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1. Will all clinical assignments at the chief level be scheduled in the final (fifth) year of the program? [PR IV.C.8.c).(1)] [ ]  YES [ ]  NO

Explain if “NO.”

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1. Will the program ensure that a chief resident and any fellow will not have primary responsibility for the same patients? [PR IV.C.8.c).(3)] [ ]  YES [ ]  NO

Explain if “NO.”

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1. Will clinical assignments during the chief year be in the essential content areas of general surgery and no more than six months of the chief year devoted exclusively to only one essential content area? [PR IV.C.8.c).(5)] [ ]  YES [ ]  NO
2. How will the program along with the physician faculty members, assess the technical competence of each resident? [PR IV.C.8.d).(1)]

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1. How will the program ensure that residents have the required experience with a variety of endoscopic procedures, including esopho-gastroduodenoscopy, colonoscopy, and bronchoscopy, as well as in advanced laparoscopy? [PR IV.C.5.d).(4)]

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1. Will there be any assignments where residents will not provide total patient care? [PR IV.C.8.g)]
 [ ]  YES [ ]  NO

Explain if “YES.”

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1. Describe the program’s plan for the resident’s outpatient experience where they will evaluate patients both pre-operatively, including initial evaluation, and post-operatively? [PR IV.C.8.h)]

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1. Will residents have an outpatient experience of one half-day per week? [PR IV.C.8.i)] [ ]  YES [ ]  NO
2. Will the program director, along with the faculty, be responsible for the preparation and implementation of a comprehensive, effective, and well-organized educational curriculum?
[PR IV.C.9.a)] [ ]  YES [ ]  NO
3. How will the program director ensure that conferences are scheduled to permit resident and faculty member attendance on a regular basis? [PR IV.C.9.b)]

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1. List the planned faculty and resident teaching activity in local conferences expected to occur during the first full academic year of the program (i.e., grand rounds, basic science, clinical conferences, and journal club). **For residents who give lectures, identify the PGY level**. Supporting documentation should be available at the time of the site visit. Add rows as necessary. [PR IV.C.9.c)]

| **Grand Rounds**(list grand rounds topics planned for the program **or** for the most recent complete academic year) |
| --- |
| Individual in charge of the conference: | Click here to enter text. |
| Frequency of grand rounds: | Click here to enter text. |
| **Presenter** | **Title of Presentation** | **Site #** |
| **Name (if known)** | **Faculty or Resident** | **PGY** |
| Click here to enter text. | Click here to enter text. | # | Title | # |
| Click here to enter text. | Click here to enter text. | # | Title | # |

| **Basic Science Conferences**(list basic science topics planned for the program **or** for the most recent complete academic year) |
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| Individual in charge of the conference: | Click here to enter text. |
| Frequency of basic science conference: | Click here to enter text. |
| **Presenter** | **Title of Presentation** | **Site #** |
| **Name** | **Faculty or Resident** | **PGY** |
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| **Clinical Conferences (If applicable)**(list clinical conference topics planned for the program or for the most recent complete academic year) |
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| Individual in charge of the conference: | Click here to enter text. |
| Frequency of clinical conference: | Click here to enter text. |
| **Presenter** | **Title of Presentation** | **Site #** |
| **Name** | **Faculty or Resident** | **PGY** |
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| **Morbidity and Mortality Conferences** |
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| Individual in charge of the conference:  | Click here to enter text. |
| Frequency of M&M conferences: | Click here to enter text. |
| Is there a weekly M&M conference at the Sponsoring Institution and at each participating site? | [ ]  YES [ ]  NOIf no, please explain |
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| **Journal Club**(list journal club topics planned for the program **or** for the most recent complete academic year) |
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| Individual in charge of journal club: | Click here to enter text. |
| Frequency of journal club: | Click here to enter text. |
| **Presenter** | **Title of Presentation** | **Site #** |
| **Name** | **Faculty or Resident** | **PGY** |
| Click here to enter text. | Click here to enter text. | # | Title | # |
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| **Skills/Simulation Lab Sessions** |
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| Individual in charge of the session: | Click here to enter text. |
| Frequency of sessions: | Click here to enter text. |
| In the section below:* describe how the skills/simulation lab is incorporated into the curriculum
* list the PGY level of residents of who attend the sessions
* state where the residents attend the skills/simulation lab (at the primary clinical site or another location)
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1. Describe the plan for the basic science curriculum. [PR IV.C.9.c).(1)]

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**Scholarship**

Describe the resources and program plan for resident participation in clinical and/or laboratory research [PR IV.D.3.a)]

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**Evaluation**

1. Will semiannual assessments include a reviewof case volume, breadth, and complexity, and ensure that residents are entering cases concurrently? [PR V.A.1.d).(4)] [ ]  YES [ ]  NO

2. Will the program specifically monitor each resident’s knowledge by use of a formal exam? [PR V.A.1.d).(5)] [ ]  YES [ ]  NO

1. If “YES,” how will these exam results be used? [PR V.A.1.d).(5)]

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1. Explain if “NO.”

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**The Learning and Working Environment**

**Patient Safety, Quality Improvement, Supervision, and Accountability**

1. Describe the program’s plan to provide formal education for the promotion of patient safety-related goals, tools, and techniques. [PR VI.A.1.a).(2)]

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1. Describe the program’s plan to ensure that residents and faculty members know their responsibilities in reporting patient safety events, and the process for reporting safety events, including near misses. [PR VI.A.1.a).(2).(a); VI.A.1.a).(2).(a).(i); VI.A.1.a).(2).(a).(ii)]

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1. Describe a learning activity where residents participate as team members in patient safety activities such as root cause analyses, as well as formulation and implementation of actions. [PR VI.1.A.a).(2).(b)]

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**Supervision**

1. Will supervising physicians delegate portions of care to residents based on the needs of the patient and the skills of the residents? [PR VI.A.2.d).(2)] [ ]  YES [ ]  NO
2. Will the program define those physician tasks for which PGY-1 residents may be supervised indirectly with direct supervision available? [PR VI.A.2.b).(1).(a).(i).(a)] [ ]  YES [ ]  NO
3. Describe how the program will delegate to the resident the appropriate level of patient care authority and responsibility. Include care in the clinical and operative setting and describe how residents will move toward supervised autonomy. [PR VI.A.2.f)]

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**Professionalism**

1. Describe how the program will ensure manageable patient responsibilities and ensure that issues of physician and non-physician service obligations are minimized. [PR VI.B.2.]

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1. Describe the resources and processes developed to ensure that the educational environment is professional, equitable, respectful, and civil. Include a discussion of policies and procedures, resident education, faculty development, and reporting procedures in the event of an occurrence. [PR VI.B.5.]

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**Well-Being and Fatigue Mitigation**

1. Outline the policies and procedures that are in place to ensure coverage of care when a resident is unable to attend work. [PR VI.C.2.a)]

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1. Describe the program’s plan to educate all faculty members and residents to recognize the signs of fatigue, sleep deprivation, and fatigue mitigation processes. [PR VI.D.]

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**Clinical Responsibilities, Teamwork, and Transitions of Care**

1. Describe how the program will ensure that residents have the opportunity to work as a member of an effective interprofessional team. Include a discussion about team structure and planned education of the team to ensure that residents are an integral member of the team. [PR VI.E.2.]

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1. Indicate whether surgical teams will include the following. [PR VI.E.2.b)]

Attending surgeons [ ]  YES [ ]  NO

Residents at various PG levels [ ]  YES [ ]  NO

Medical students (when appropriate) [ ]  YES [ ]  NO

Other health care providers [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. Describe how the work of the caregiver team is assigned based on each resident’s level of education, experience, and competence. [PR VI.E.2.c)]

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1. Describe how the program director will ensure residents collaborate with attending surgeons, other residents, and other members of interprofessional and multidisciplinary teams to formulate treatment plans for a diverse patient population. [PR VI.E.2.e)]

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1. Will lines of authority be defined by the program, and ensure that all residents have a working knowledge of expected reporting relationships to maximize quality care and patient safety?
[PR VI.E.2.g)] [ ]  YES [ ]  NO

Explain if “NO.”

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**Transitions of Care**

1. Describe how the program will design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. Include a discussion about program and Sponsoring Institution hand-off policies and processes, resident and staff member education, and faculty development. [PR VI.E.3.a)-b)]

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**Clinical Experience and Education**

1. Describe the program’s processes to ensure that residents do not exceed 80 hours per week averaged over a four week period. [PR VI.F.1.]

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1. Describe how the program will ensure that clinical and educational work periods do not exceed 24 hours of continuous scheduled assignments. Include a discussion about how the program will manage those residents affected by didactics and educational conferences on the day(s) following 24 hours of continuous duty. [PR VI.F.3.a)]

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1. Briefly describe resident night float rotations, including: (a) the number of consecutive nights of night float; (b) the maximum number of consecutive weeks of night float per year; (c) the maximum number of months of night float per year; and (d) the frequency of night float rotations. [PR VI.F.6.a)] (Limit response to 400 words)

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**Institutional Data**

Report the number of procedures performed during the most recently completed academic year at each site that participates in the program. Site names must correspond to those in the Accreditation Data System (ADS) and in the block diagram.

NOTE: For each operation, credit may be given for only one procedure. Choose the most significant component. Each operation can have only one Primary Surgeon; Teaching Assistants can be counted concurrently, as appropriate.

|  | **Site Name** | **Site Name** | **Site Name** | **Site Name** | **Site Name** | **Site Name** |
| --- | --- | --- | --- | --- | --- | --- |
| Click checkbox if there are other learners at this site competing for operative cases. |[ ] [ ] [ ] [ ] [ ] [ ]
| If there are other learners competing for operative cases, list their specialties. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Skin/Soft Tissue** |
| **TOTAL SKIN/SOFT TISSUE** | # | # | # | # | # | # |
| **Head/Neck** |
| **TOTAL HEAD/NECK** | # | # | # | # | # | # |
| **Breast** |
| Sentinel lymph node biopsy | # | # | # | # | # | # |
| Simple mastectomy | # | # | # | # | # | # |
| Modified radical mastectomy | # | # | # | # | # | # |
| Axillary dissection | # | # | # | # | # | # |
| Other major breast | # | # | # | # | # | # |
| **TOTAL BREAST** | # | # | # | # | # | # |
| **Alimentary Track-Esophagus** |
| Esophagectomy | # | # | # | # | # | # |
| Antireflux procedure | # | # | # | # | # | # |
| Repair of perforation-esophagus disease | # | # | # | # | # | # |
| Other major esophagus | # | # | # | # | # | # |
| **TOTAL ALIMENTARY TRACK-ESOPHAGUS** | # | # | # | # | # | # |
| **Alimentary Track-Stomach** |
| Gastrostomy (all types) | # | # | # | # | # | # |
| Gastric resection | # | # | # | # | # | # |
| Repair perforation-gastric disease | # | # | # | # | # | # |
| Gastric reduction for morbid obesity (all) | # | # | # | # | # | # |
| Other major stomach | # | # | # | # | # | # |
| **TOTAL ALIMENTARY TRACK-STOMACH** | # | # | # | # | # | # |
| **Alimentary Track-Small Intestine** |
| Enterolysis | # | # | # | # | # | # |
| Enterectomy | # | # | # | # | # | # |
| Repair perforation-duodenal disease | # | # | # | # | # | # |
| Other major small intestine | # | # | # | # | # | # |
| **TOTAL ALIMENTARY TRACK-SMALL INTESTINE** | # | # | # | # | # | # |
| **Alimentary Track-Large Intestine** |
| Appendectomy | # | # | # | # | # | # |
| Colostomy (all types) | # | # | # | # | # | # |
| Colostomy closure | # | # | # | # | # | # |
| Colectomy | # | # | # | # | # | # |
| Other major large intestine | # | # | # | # | # | # |
| **TOTAL ALIMENTARY TRACK-LARGE INTESTINE** | # | # | # | # | # | # |
| **Alimentary Track-Anorectal** |
| Other major anorectal | # | # | # | # | # | # |
| **TOTAL ALIMENTARY TRACK-ANORECTAL** | # | # | # | # | # | # |
| **Abdomen-General** |
| Exploratory laparotomy  | # | # | # | # | # | # |
| Other major abdominal-general | # | # | # | # | # | # |
| **TOTAL ABDOMEN-GENERAL** | # | # | # | # | # | # |
| **Abdomen-Liver** |
| Lobectomy or segmentectomy | # | # | # | # | # | # |
| Wedge resection/open biopsy | # | # | # | # | # | # |
| Other major liver | # | # | # | # | # | # |
| **TOTAL ABDOMEN-LIVER** | # | # | # | # | # | # |
| **Abdomen-Biliary** |
| Cholecystostomy | # | # | # | # | # | # |
| Other major biliary | # | # | # | # | # | # |
| **TOTAL ABDOMEN-BILIARY** | # | # | # | # | # | # |
| **Abdomen-Pancreas** |
| Pancreatic resection | # | # | # | # | # | # |
| Drainage pseudocyst (all types) | # | # | # | # | # | # |
| Pancreatojejunostomy | # | # | # | # | # | # |
| Other major pancreas | # | # | # | # | # | # |
| **TOTAL ABDOMEN-PANCREAS** | # | # | # | # | # | # |
| **Abdomen-Spleen** |
| Splenectomy  | # | # | # | # | # | # |
| **TOTAL ABDOMEN-SPLEEN** | # | # | # | # | # | # |
| **Abdomen-Hernia** |
| Inguinal-femoral  | # | # | # | # | # | # |
| Ventral | # | # | # | # | # | # |
| Other major hernias | # | # | # | # | # | # |
| **TOTAL ABDOMEN-HERNIA** | # | # | # | # | # | # |
| **Vascular-Aneurysm Repair** |
| Open repair infrarenal  | # | # | # | # | # | # |
| Endovascular repair abdomen  | # | # | # | # | # | # |
| Femoral aneurysm | # | # | # | # | # | # |
| Popliteal aneurysm | # | # | # | # | # | # |
| Other major aneurysms-defined category credit | # | # | # | # | # | # |
| Other major aneurysms | # | # | # | # | # | # |
| **TOTAL VASCULAR-ANEURYSM REPAIR** | # | # | # | # | # | # |
| **Vascular-Cerebrovascular** |
| Carotid endarterectomy | # | # | # | # | # | # |
| Other major cerebrovascular | # | # | # | # | # | # |
| **TOTAL VASCULAR-CEREBROVASCULAR** | # | # | # | # | # | # |
| **Vascular-Peripheral Obstruction** |
| Aorto-ilio/femoral endarterectomy/bypass | # | # | # | # | # | # |
| Femoral-popliteal/infrapopliteal bypass | # | # | # | # | # | # |
| Other major peripheral | # | # | # | # | # | # |
| **TOTAL VASCULAR-PERIPHERAL OBSTRUCTION** | # | # | # | # | # | # |
| **Vascular-Abdominal Obstructive** |
| **TOTAL VASCULAR-ABDOMINAL OBSTRUCTIVE** | # | # | # | # | # | # |
| **Vascular-Upper Extremity** |
| **TOTAL VASCULAR-UPPER EXTREMITY** | # | # | # | # | # | # |
| **Vascular-Extra-Anatomic** |
| Axillo-femoral bypass | # | # | # | # | # | # |
| Axillo-popliteal-tibial bypass | # | # | # | # | # | # |
| Femoral-femoral bypass | # | # | # | # | # | # |
| **TOTAL VASCULAR-EXTRA-ANATOMIC** | # | # | # | # | # | # |
| **Vascular-Endovascular Diagnostic: Arterial/Venous** |
| Aorta/IVC | # | # | # | # | # | # |
| Peripheral/LE | # | # | # | # | # | # |
| Brachiocephalic | # | # | # | # | # | # |
| Visceral/Renal | # | # | # | # | # | # |
| Other | # | # | # | # | # | # |
| **TOTAL VASCULAR-ENDOVASCULAR DIAGNOSTIC: ARTERIAL/VENOUS** | # | # | # | # | # | # |
| **Vascular-Endovascular Therapeutic: Arterial/Venous** |
| Aorta/IVC | # | # | # | # | # | # |
| Peripheral/LE | # | # | # | # | # | # |
| Brachiocephalic | # | # | # | # | # | # |
| Visceral/Renal | # | # | # | # | # | # |
| Other | # | # | # | # | # | # |
| Thrombectomy/Lysis: Mechanical/Chemical | # | # | # | # | # | # |
| Intravascular Ultrasound | # | # | # | # | # | # |
| **TOTAL VASCULAR- ENDOVASCULAR THERAPEUTIC: ARTERIAL/VENOUS** | # | # | # | # | # | # |
| **Vascular-Trauma** |
| Repair thoracic vessels | # | # | # | # | # | # |
| Repair neck vessels | # | # | # | # | # | # |
| Repair abdominal vessels | # | # | # | # | # | # |
| Repair peripheral vessels | # | # | # | # | # | # |
| Fasciotomy | # | # | # | # | # | # |
| **TOTAL VASCULAR-TRAUMA** | # | # | # | # | # | # |
| **Vascular-Venous** |
| Operation for varicose veins | # | # | # | # | # | # |
| **TOTAL VASCULAR-VENOUS** | # | # | # | # | # | # |
| **Vascular-Miscellaneous Vascular** |
| Exploration of artery | # | # | # | # | # | # |
| Spine exposure | # | # | # | # | # | # |
| Other miscellaneous vascular procedure | # | # | # | # | # | # |
| **TOTAL VASCULAR- MISCELLANEOUS VASCULAR** | # | # | # | # | # | # |
| **Vascular-Vascular Access** |
| A-V fistula | # | # | # | # | # | # |
| A-V graft | # | # | # | # | # | # |
| **TOTAL VASCULAR – VASCULAR ACCESS** | # | # | # | # | # | # |
| **Vascular-Amputations** |
| **TOTAL VASCULAR-AMPUTATIONS** | # | # | # | # | # | # |
| **Endocrine** |
| Thyroidectomy, partial or total | # | # | # | # | # | # |
| Parathyroidectomy | # | # | # | # | # | # |
| Adrenalectomy | # | # | # | # | # | # |
| Pancreatic endocrine procedure | # | # | # | # | # | # |
| Other major endocrine | # | # | # | # | # | # |
| **TOTAL ENDOCRINE** | # | # | # | # | # | # |
| **Hand** |
| Other major hand | # | # | # | # | # | # |
| **TOTAL HAND** | # | # | # | # | # | # |
| **Thoracic** |
| Exploratory thoracotomy | # | # | # | # | # | # |
| Repair diaphragmatic hernia | # | # | # | # | # | # |
| Excision mediastinal tumor | # | # | # | # | # | # |
| Pneumonectomy | # | # | # | # | # | # |
| Wedge resection/lobectomy lung | # | # | # | # | # | # |
| Other major thoracic | # | # | # | # | # | # |
| **TOTAL THORACIC** | # | # | # | # | # | # |
| **Pediatric** |
| Herniorrhaphy, inguinal/umbilical | # | # | # | # | # | # |
| Repair diaphragmatic hernia | # | # | # | # | # | # |
| Antireflux procedure | # | # | # | # | # | # |
| Repair pyloric stenosis | # | # | # | # | # | # |
| Operation for malrotation/intussusception | # | # | # | # | # | # |
| Procedure for meconium ileus/necrotizing enterocolitis | # | # | # | # | # | # |
| Operations for Hirschsprung’s/imperfect anus | # | # | # | # | # | # |
| Excise Wilms tumor/neuroblastoma | # | # | # | # | # | # |
| Repair omphalocele/gastroschisis | # | # | # | # | # | # |
| Other major pediatric | # | # | # | # | # | # |
| **TOTAL PEDIATRIC** | # | # | # | # | # | # |
| **Genitourinary** |
| **TOTAL GENITOURINARY** | # | # | # | # | # | # |
| **Gynecology** |
| Hysterectomy (all) | # | # | # | # | # | # |
| Salpingo-oophorectomy | # | # | # | # | # | # |
| Other major gynecology | # | # | # | # | # | # |
| Other major gynecology-laparoscopic | # | # | # | # | # | # |
| **TOTAL GYNECOLOGY** | # | # | # | # | # | # |
| **Plastic** |
| Other major plastic | # | # | # | # | # | # |
| **TOTAL PLASTIC** | # | # | # | # | # | # |
| **Orthopaedic Surgery** |
| Other major orthopaedic surgery | # | # | # | # | # | # |
| **TOTAL ORTHOPAEDIC SURGERY** | # | # | # | # | # | # |
| **Organ Transplant** |
| Liver transplant | # | # | # | # | # | # |
| Renal transplant | # | # | # | # | # | # |
| Pancreas transplant | # | # | # | # | # | # |
| Donor nephrectomy | # | # | # | # | # | # |
| Donor hepatectomy | # | # | # | # | # | # |
| Other major organ transplant | # | # | # | # | # | # |
| **TOTAL ORGAN TRANSPLANT** | # | # | # | # | # | # |
| **Trauma** |
| Neck exploratory for trauma | # | # | # | # | # | # |
| Exploratory thoracotomy | # | # | # | # | # | # |
| Exploratory laparotomy | # | # | # | # | # | # |
| Splenectomy/splenorrhaphy | # | # | # | # | # | # |
| Repair/drainage hepatic lacerations-open | # | # | # | # | # | # |
| Hepatic resection for injury | # | # | # | # | # | # |
| Drainage pancreatic injury | # | # | # | # | # | # |
| Resection of pancreatic injury | # | # | # | # | # | # |
| Management cardiac injury | # | # | # | # | # | # |
| Other major trauma | # | # | # | # | # | # |
| **TOTAL TRAUMA** | # | # | # | # | # | # |
| **Endoscopy (Not for Major Credit)** |
| Esophago-gastroduodenoscopy | # | # | # | # | # | # |
| Percutaneous endoscopic gastrostomy (peg) | # | # | # | # | # | # |
| Flexible colonoscopy w/ or w/o biopsy/polypectomy | # | # | # | # | # | # |
| Other endoscopy | # | # | # | # | # | # |
| **TOTAL ENDOSCOPY** | # | # | # | # | # | # |
| **Patient Care (Not for Major Credit)** |
| Non-operative trauma | # | # | # | # | # | # |
| **Surgical Critical Care Patient Management** |
| Ventilatory management: >24hrs on ventilator | # | # | # | # | # | # |
| Bleeding: non-trauma patient >3 units | # | # | # | # | # | # |
| Hemodynamic instability: requiring inotrope/pressor | # | # | # | # | # | # |
| Organ dysfunction: renal, hepatic, cardiac | # | # | # | # | # | # |
| Dysrhythmias: requiring drug management | # | # | # | # | # | # |
| Invasive line, manage/monitor: swan, arterial, etc. | # | # | # | # | # | # |
| Parenteral/enteral nutrition | # | # | # | # | # | # |
| **TOTAL-SURGICAL CRITICAL CARE PATIENT MANAGEMENT** | # | # | # | # | # | # |
| **Total Major Operations** | # | # | # | # | # | # |
| **Total Endoscopy** | # | # | # | # | # | # |
| **Total Miscellaneous** | # | # | # | # | # | # |
| **Total Endovascular Diagnostic** | # | # | # | # | # | # |
| **Total Patient Care: (Non-Operative Trauma)** | # | # | # | # | # | # |