**Continued Accreditation Application: General Surgery**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

**Submission for Continued Accreditation:** This Advanced Specialty Application is for programs applying for **Continued Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in General Surgery . The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org).

Email questions regarding ADS to [ADS@acgme.org](mailto:ADS@acgme.org) (type the program number in the subject line).

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| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

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| * + - 1. What is the length, in months, of the educational program?   Choose an item. |  |

**Program Personnel and Resources**

**Other Program Personnel**

Are staff members from the following specialties available to the program?

Pathology YES NO

Radiology. YES NO

Explain if ‘NO.’ (Limit 250 words).

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**Resources**

* + - 1. How does the program ensure the Sponsoring Institution and participating sites routinely care for patients with a broad spectrum of surgical diseases and conditions? (Limit 300 words)

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* + - 1. How does the program ensure that each resident has experience with a sufficient number of complex cases by completion of the program? (Limit 300 words)

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* + - 1. Do the Sponsoring Institution and the program jointly ensure the availability of adequate resources for resident education, including the following?
         1. Online laboratory reporting systems at the primary clinical site YES NO
         2. Online radiographic reporting system at the primary clinical site YES NO
         3. Simulation and skills laboratories YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Resident Appointment**

**Number of Residents**

* + - 1. How does the program ensure there will not be more residents enrolled in the program than approved by the Review Committee-International? (Limit 250 words)

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* + - 1. Does the program appoint residents to a preliminary year? YES NO

If ‘YES,’ answer Questions 3-6 below. If ‘NO,’ skip to Resident Transfers section below.

* + - 1. Are residents in the preliminary year appointed for only one year? YES NO
      2. Is the number of residents appointed to the preliminary year equal to or less than the number of approved post-graduate year-one (PGY-1) categorical positions? YES NO
      3. Does the program director document continuation in graduate medical education for each resident appointed to the preliminary year? YES NO
      4. Does the program director counsel and assist preliminary-year residents in obtaining future positions? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Resident Transfers**

1. How does the program ensure the final two years of each resident’s education will be spent in the same general surgery residency program? (Limit 300 words)

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

* 1. How do graduating residents demonstrate a commitment to fulfilling their professional responsibilities and adhering to ethical principles?

Describe how these traits are evaluated. (Limit 300 words)

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* 1. How do graduating residents demonstrate the following?

1. Compassion, integrity, and respect for others
2. Responsiveness to patient needs that supersedes self-interest
3. Respect for patient privacy and autonomy
4. Accountability to patients, society, and the profession
5. Sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
6. High standards of ethical behavior
7. A commitment to continuous patient care

Provide examples of how traits are assessed in three of the five areas listed. (Limit 300 words)

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**Patient Care and Procedural Skills**

* 1. How do graduating residents demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this is evaluated. (Limit 300 words)

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* 1. How do all graduating residents demonstrate competence in the following?

1. Developing and executing patient care plans appropriate for their level, including management of pain
2. Managing patients with severe and complex illnesses and with major injuries
3. Managing surgical conditions arising in transplant patients
4. Manual dexterity appropriate for their educational level

Describe how competence is assessed in each of the areas listed. (Limit 400 words)

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1. How do graduating residents demonstrate competence in the essential content areas of the following?

Endocrine surgery

Head and neck surgery

Pediatric surgery

Skin, soft tissues, and breast

The abdomen and its contents

The alimentary tract

Trauma and non-operative trauma

Surgical critical care

Surgical oncology

Vascular system

Provide examples of how competence is assessed in six of the 10 areas listed. (Limit 600 words)

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**Medical Knowledge**

How do graduating residents demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge is evaluated. (Limit 400 words)

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How do graduating residents demonstrate knowledge of the following?

1. Applied surgical anatomy and surgical pathology
2. Burn physiology and initial burn management
3. Critical evaluation of pertinent scientific information
4. Hematologic disorders
5. Homeostasis, shock, and circulatory physiology
6. Immunobiology and transplantation
7. Metabolic response to injury
8. Oncology
9. Surgical endocrinology
10. Surgical nutrition and fluid and electrolyte balance
11. The elements of wound healing
12. The fundamentals of basic science as applied to clinical surgery

Provide examples of how knowledge is assessed in seven of the 12 areas listed. (Limit 700 words)

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**Practice-based Learning and Improvement**

* 1. How do graduating residents demonstrate their 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 lifelong learning?

Describe how these are evaluated. (Limit 300 words)

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* 1. How do graduating residents demonstrate they have developed skills and habits to be able to meet the following goals?

1. Identify strengths, deficiencies, and limits in one’s knowledge and expertise
2. Identify and perform appropriate learning activities
3. Incorporate formative evaluation feedback into daily practice
4. Participate in morbidity and mortality conferences that evaluate and analyze patient care outcomes
5. Participate in the education of patients, patients’ families, students, other residents, and other health professionals
6. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
7. Set learning and improvement goals
8. Systematically analyze clinical practice using quality improvement methods, and implement changes with the goal of practice improvement
9. Use information technology to optimize learning
10. Utilize an evidence-based approach to patient care

Provide examples of how skills are assessed in six of the 10 areas listed. (Limit 600 words)

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**Interpersonal and Communication Skills**

* 1. How do graduating residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals?

Describe how these skills are evaluated. (Limit 300 words)

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* 1. How do graduating residents demonstrate their ability to:

1. communicate effectively with patients, patients’ families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
2. communicate effectively with physicians, other health professionals, and health-related agencies;
3. work effectively as a member or leader of a health care team or other professional group;
4. act in a consultative role to other physicians and health professionals;
5. maintain comprehensive, timely, and legible medical records;
6. counsel and educate patients and their families; and,
7. effectively document practice activities?

Provide examples of how skills are assessed in four of the seven areas listed. (Limit 400 words)

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**System-based Practice**

* 1. How do graduating residents 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?

Describe how these skills are evaluated. (Limit 300 words)

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* 1. How do graduating residents demonstrate their ability to:

1. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
2. coordinate patient care within the health care system relevant to their clinical specialty;
3. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
4. advocate for quality patient care and optimal patient care systems;
5. work in interprofessional teams to enhance patient safety and improve patient care quality;
6. participate in identifying system errors and implementing potential systems solutions;
7. practice high-quality, cost-effective patient care;
8. demonstrate knowledge of risk-benefit analysis; and,
9. demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management?

Provide example of how skills are assessed in five of the nine areas listed. (Limit 500 words)

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**Regularly Scheduled Educational Activities**

* 1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
  2. Does the curriculum include a didactic program based upon the core knowledge content of general surgery? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

* 1. Does the didactic program include the fundamentals of basic science as applied to clinical surgery, to include the following?
  2. Applied surgical anatomy YES NO
  3. Elements of wound healing YES NO
  4. Fluid and electrolyte balance YES NO
  5. Homeostasis, shock, and circulatory physiology YES NO
  6. Immunobiology and transplantation YES NO
  7. Metabolic response to injury, including to burns YES NO
  8. Oncology YES NO
  9. Surgical endocrinology YES NO
  10. Surgical nutrition YES NO
  11. Surgical pathology YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

* 1. Does the didactic program include the following?

1. A course of structured series of lectures that ensures education in the basic and clinical sciences fundamental to surgery YES NO
2. Education in critical thinking YES NO
3. Education in design of experiments YES NO
4. Education in evaluation of data YES NO
5. Education on technological advances that relate to surgery and the care of patients with surgical diseases YES NO
6. Regular organized clinical teaching, such as grand rounds, ward rounds, and clinical conferences YES NO
7. Weekly morbidity and mortality or quality improvement conference YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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* 1. How does the program ensure and document that the clinical curriculum is sequential, comprehensive, and organized from basic to complex? (Limit 400 words)

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* 1. How does the program ensure that conferences are scheduled to permit resident attendance on a regular basis, and that resident time is protected to attend conferences? (Limit 400 words)

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* 1. How does the program monitor resident attendance at conferences and how it will ensure attendance of at least 75 percent of the residents at all conferences? (Limit 400 words)

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* 1. Does the program largely rely on textbook review for residents to attain competence in medical knowledge? YES NO

Explain if ‘YES.’ (Limit 250 words)

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| Click here to enter text. |

**Clinical Experiences**

Are at least 54 months spent on clinical assignments in surgery? YES NO

Do the clinical assignments in surgery include experience in emergency care? YES NO

Do the clinical assignments in surgery include experience in surgical critical care? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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Complete the table below with the amount of time, in months, for the listed clinical assignments in the essential content areas of surgery.

|  |  |
| --- | --- |
| **Content Area** | **Clinical Assignment Length in Months** |
| Abdomen and its contents | Duration |
| Alimentary tract | Duration |
| Endocrine surgery | Duration |
| Head and neck surgery | Duration |
| Non-operative trauma \* | Duration |
| Pediatric surgery | Duration |
| Skin, soft tissues, and breast | Duration |
| Surgical critical care | Duration |
| Surgical oncology | Duration |
| Trauma | Duration |
| Vascular system | Duration |
| **Total Time in All** | Duration |

\*Burn experience that includes patient management may be counted toward non-operative trauma

Explain if the total time in the essential content areas of surgery indicated above is less than 42 months. (Limit 300 words)

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Does the program include rotations in burn care, cardiac surgery, gynecology, neurological surgery, orthopaedic surgery, or urology? (*Note: these rotations are not required*) YES NO

If ‘YES,’ will clearly documented goals and objectives for these rotations be provided to residents? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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Does the program include a transplant rotation? YES NO

Explain if ‘NO.’ (Limit 250 words)

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If ‘YES’ to Question 6 above, does the transplant rotation:

1. cover knowledge of the principles of immunosuppression? YES NO
2. cover knowledge of the principles of immunology? YES NO
3. include management of general surgical conditions arising in transplant patients? YES NO
4. include patient management? YES NO
5. provide clearly documented goals and objectives to residents? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

* 1. Complete the table below with the amount of time, in months, for the following clinical assignments. If a content area is not included in the program, indicate zero (0) months.

| **Content Area** | **Clinical Assignment Length in Months** |
| --- | --- |
| Anesthesiology | Duration |
| Internal medicine | Duration |
| Pediatrics | Duration |
| Research | Duration |
| Surgical pathology | Duration |
| Other non-surgical disciplines (specify) | Duration |
| Enter other | Duration |
| Enter other | Duration |
| **Total Time in All** | Duration |

Explain if the total time indicated above is more than six months. (Limit 300 words)

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* 1. How does the program ensure each resident has performed at least 750 major cases upon completion of the program? (Limit 400 words)

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* 1. How does the program ensure that residents perform at least 150 major cases during their chief year? (Limit 400 words)

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* 1. Do residents have experience with endoscopic procedures, including the following?

1. Advanced laparoscopy YES NO
2. Bronchoscopy YES NO
3. Colonoscopy YES NO
4. Esophogastro-duodenoscopy YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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* 1. Do residents have experience with evolving diagnostic and therapeutic methods? YES NO

Explain if ‘NO.’ (Limit 250 words)

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* 1. Do residents have outpatient experiences? YES NO

Explain if ‘NO.’ (Limit 250 words)

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* 1. If ‘YES’ to Question 13 above, do these experiences include the following?

1. Evaluating patients pre-operatively, including conducting an initial evaluation YES NO
2. Evaluating patients post-operatively YES NO
   1. Are at least 75 percent of the outpatient experiences in the essential content areas of surgery?

YES NO

* + - * 1. Will these experiences be scheduled for at least one half-day per week? YES NO

Explain any ‘NO’ responses to Questions 14 and 15. (Limit 250 words)

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* 1. How does the program ensure there is documentation that residents are performing a sufficient breadth of complex procedures prior to graduation? (Limit 400 words)

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* 1. How does the program ensure all residents, including those admitted to the preliminary year, enter their operative experience concurrently during each year of the program in the ACGME-I Case Log System? (Limit 400 words)

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* 1. How does the program ensure that a chief resident and a fellow do not have primary responsibility for the same patient (residents and fellows can co-manage non-operative care of the same patient)? (Limit 400 words)

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* 1. Are residents considered the Surgeon when they can document a significant role in determination or confirmation of the diagnosis, provision of pre-operative care, selection and accomplishment of the appropriate operative procedure, and management of post-operative care? YES NO

Explain if ‘NO’ or if other criteria are used. (Limit 300 words)

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* 1. Does the program schedule chief residents’ clinical assignments in the final year of the residency?

YES NO

Explain if ‘NO.’ (Limit 300 words)

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* 1. Are chief residents’ assignments scheduled at a participating site? YES NO

If ‘NO’, skip to Question 25 below.

* 1. Does the program director appoint members of the teaching staff and the local program director for the participating site? YES NO
  2. Do all faculty members at the participating site demonstrate commitment to scholarly pursuits?

YES NO

* 1. Are clinical experiences in the essential content areas of surgery available at the participating site? YES NO

Explain any ‘NO’ responses to Questions 22-24 above. (Limit 250 words).

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* 1. Are all participating sites in geographical proximity to allow all residents to attend core conferences? YES NO

1. If ‘NO,’ is there an equivalent educational program of lectures and conferences at the participating sites? YES NO
   1. Are lectures and conferences at participating sites documented? YES NO
   2. Do morbidity and mortality conferences occur at participating sites or at a combined central location? YES NO

Explain any ‘NO’ responses to Questions 26 or 27 (Limit 250 words).

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* 1. Are any of the program’s participating sites the primary clinical site for another ACGME-I-accredited surgical residency program? YES NO

Explain if ‘YES.’ (Limit 250 words)

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* 1. How does the program ensure that assignments during the chief resident year include the essential content areas of general surgery? (Limit 400 words)

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* 1. How does the program ensure that no more than four months of the chief resident year are devoted to any one content area? (Limit 400 words)

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* 1. How does the program count cases when a chief resident acts as a teaching assistant to a more junior resident? Include how the cases are credited toward the required minimum during the chief resident year and if junior residents are credited for the same cases. (Limit 400 words)

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| Click here to enter text. |

**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the residency, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which residents rotate, using the format below. If attended by residents from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number:                Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-1  01. Introduction to surgery  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of surgery, including approaches to clinical work with minority populations.  d) Weekly, for 8 sessions  02. Departmental Grand Rounds  a) Discussion groups  b) Required, Y-1, Y-2, Y-3; Elective Y-4  c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.  d) Twice monthly, 24 sessions |

If resident attendance is monitored, explain how this is accomplished and how feedback is given regarding non-attendance (Limit 250 words).

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