

Flexibility in Surgical Training (FIT) During General Surgery Residency Review Committee for Surgery

Introduction

The Review Committee for Surgery will consider Flexibility in Surgical Training (FIT) requests during general surgery residency for the following purposes:

- 1. **Focused Education** More than six months of essential content in a single area during PGY-5
- 2. **Unique Chief Experience** Up to six months of chief-level experience in PGY-4 (see Appendix 1 for criteria)
- 3. Educational Tracks Participation in structured, elective tracks (e.g., rural, burn)
- 4. **Personal/Family Leave** In accordance with the <u>American Board of Surgery (ABS)</u>
 <u>General Surgery Family Leave Policy</u>, up to four weeks of leave for significant life events, as approved by the program, Review Committee and the ABS

FIT requests must consider both individual educational value and impact on other residents. Each request is resident-specific and requires supporting documentation.

Programs may use FIT to designate specific PGY-4 rotations as chief experiences. Once approved, reapplication is only needed if changes occur.

Requests for personal/family leave will be handled individually unless a program has preapproved FIT rotations.

All FIT requests, except for personal/family leave, must be submitted in advance and follow the documentation checklist provided below.

Approval Process

Programs will receive a Letter of Notification/approval from the Review Committee for Surgery. It is the responsibility of the program to submit the approval letter to the ABS when applying for certification of residents.

When submitting a request for approval of a FIT rotation(s) during general surgery residency, all applicable documentation listed in the checklist(s) below must be emailed to Aimee Morales, associate executive director of the Review Committee for Surgery, at amorales@acgme.org.

Requests are reviewed on a rolling basis and take four to six weeks to fully process. See Appendix 2 for request examples.

Initial General Surgery FIT Checklist

more	ose #1: Focused Education – Focused education during which chief residents will have than six months of essential content in one area during the PGY-5, including chief and nonfrotations. Programs should submit:
	Letter of request co-signed by the program director and designated institutional official (DIO) with the educational rationale and description of the anticipated effect on the program
	Description of the attributes of the PGY-4 rotation that qualify as chief-level education and
	experience
	Current block diagram
	Proposed resident rotation schedule
	If substantial changes are made to a pre-approved focused educational experience in one essential content area during the fifth year, the program must notify the Review Committee with a formal letter of request outlining the changes, co-signed by the program director and DIO, and include the current block diagram.

Purpose #2: Unique Chief Experience – PGY-4 chief experience of up to six month should submit:	ıs. Programs
Letter of request co-signed by the program director and DIO with the educational description of the anticipated effect on the program	rationale and
Description of the attributes of the PGY-4 rotation that qualify as chief-level education experience	ation and
Current block diagram	
Proposed resident rotation schedule showing chief rotations in the PGY-4 and sl and non-chief rotations in the PGY-5 (program must indicate what non-chief expe in PGY-5)	
Proposed block diagram showing the rotations for the PGY-4 and -5 residents who participating in the flexibility option	no are not
If substantial changes are made to a pre-approved fourth-year chief rotation, the notify the Review Committee with a formal letter of request outlining the changes program director and DIO, and include the current block diagram.	

ose #3: Educational Tracks – Establishment of an educational track in which only some lents elect to complete a structured track curriculum. Programs should submit:
Letter of request co-signed by the program director and DIO with the educational rationale and description of the anticipated effect on the program
Description of the attributes of the PGY-4 rotation that qualify as chief-level education and experience
Complete set of level-specific and competency-based goals and objectives for the track
Current block diagram
Proposed block diagram/resident rotation schedule
Executed program letter of agreement identifying the site director and all applicable faculty members
If the track experience is proposed as a PGY-4 chief rotation, describe the attributes of the rotation that qualify as chief-level education and experience in the PGY-4.
If substantial changes are made to a pre-approved track experience, the program must notify the Review Committee with a formal letter of request outlining the changes, cosigned by the program director and DIO, and include the current block diagram.

ose #4: Personal/Family Leave – Accommodations for personal/family leave for significant life ts. Programs should submit:
Letter of request co-signed by the program director and DIO
Description of the attributes of the PGY-4 rotation that qualify as chief-level education and experience
Current block diagram
Proposed block diagram/resident rotation schedule (must include name of resident(s))
If leave is during the PGY-5, include the following:
 Proposed resident rotation schedule showing chief rotations in the PGY-4
 Indicate the chief and non-chief rotations in the PGY-5 (there may be no more than 12 months of chief rotations; must include name of resident(s))
 Description of the attributes of the rotation that qualify as chief-level education and experience in the PGY-4

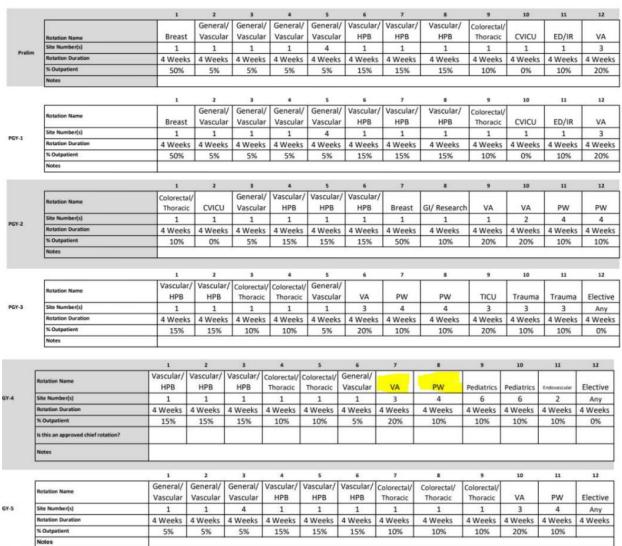
Appendix 1: Chief Resident Experience Program Requirements:

- 4.11.m. Chief Resident Experience
 - Clinical assignments at the chief level should occur in the PGY-5, or in the PGY-4 in order to take advantage of unique educational opportunities within the program. (Core)
- 4.11.m.1. Chief-level clinical assignments in the PGY-4 must be approved by the Review Committee in advance and must not comprise more than six months of the PGY-4. (Core)
- 4.11.n. Each chief resident must have patient management experience with indirect supervision and/or oversight throughout the five phases of care. (Core)
- 4.11.o. A chief resident and a fellow must not have primary responsibility for the same patient, excluding when non-operative care is co-managed between a chief resident and a surgical critical care fellow. (Core)
- 4.11.o.1. Clinical assignments during the chief year must be in the essential content areas of general surgery as outlined in 4.11.e.1.a. (Core)
- 4.11.p. If non-cardiac thoracic surgery and transplantation rotations are used as chief resident rotations, the chief resident must perform sufficient number of complex cases, participate in the five phases of care, and be the senior surgical learner responsible for the care of those patients. (Core)
- 4.11.p.1. Chief residents must be given the opportunity to complete cases in the teaching assistant role, leading junior learners through an operation. (Core)

Appendix 2: FIT Request Examples

Blanket Approval Example

Date To: ACGME Review Committee for Surgery Attn: Aimee Morales, Associate Executive Director
Re: PGY 4-Chief Experience Program Program# 440XXXXXXX
To whom it may concern, I would like to request approval for our PGY-4 rotation in to be counted as a chief rotation. The purpose of this is to allow for flexibility in the event that a resident does not have 48 weeks of chief resident rotations in their fifth year.
Circumstances in which this occurs would be related to resident leave for personal or family reasons, such as medical, parental, and caregiver leave, which could be needed before or after a resident has already used some of their weeks of vacation in the PGY-5. This could also occur earlier in the program, requiring a non-chief rotation to be made up for in the fifth year.
On the proposed fourth-year chief rotation, the fourth-year resident would function as the chief resident of the service. There are no fellows on the service, and for the chief rotation the fourth-year will be the most senior resident on the service. They would be managing a team of two to five other junior residents or physician assistants, working with five to six attending surgeons (four of whom are core faculty members). On the service, the chief resident is responsible for all aspects of patient care for up to 30 patients, including substantial independent clinical decision-making and major operations. The operative experience on this rotation includes
The block diagram is illustrated below, with the differences highlighted in yellow.
[Program director name and signature]
[Designated institutional official name and signature]



linical Sites

Focused Education Example

Date
To: ACGME Review Committee for Surgery
Attn: Aimee Morales, Associate Executive Director
Re: Jane Doe, MD
Program
Program# 440XXXXXXX
To whom it may concern,
Please consider the following request to declare two of Dr. Doe's four-week blocks in Hospital in her R4 year to be assigned as a chief rotation for her general surgery residency program. Dr. Doe
just completed an elective rotation in at to acquire more cases as
she has applied for a fellowship. Approval of these four weeks of from her R4
year will allow her to meet her required 48-week minimum of chief weeks.
On this service, the senior residents lead members of the team, to include junior residents, medical students, advance practitioners. This hospital-based service includes the following: 1) Senior resident assumes overall leadership of the health care team responsible for the patients on the team 2) Senior resident ensures that clear hand-offs are given at times of care transitions 3) These services have an office component allowing: a) The senior resident to evaluate the patient in the preoperative setting and develop or confirm the diagnosis b) Provision of preoperative care c) Participation in the selection of appropriate operative procedure 4) Direction of the postoperative care.
Dr. Doe's scheduled rotations since she began with our program in July 2018 are shown on the block diagram below.
[Program director name and signature]
[Designated institutional official name and signature]

PGY-1												
Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 8	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 3	Site 1
Rotation Name	Surgical Intensive Care Unit	Gyn/Ortho	Urology	Acute Care Surgery	Cardiothoracic Surgery	General Surgery	General Surgery	Acute Care Surgery	Night Float	Vascular	Trauma Surgery	Pediatric Surgery
% Outpatient	5	15	40	15	15	20	15	0	40	25	5	40
% Research	0	0	0	0	0	0	0	0	0	0	0	0
Notes	Elective rotation: g	yn, ortho, urology										
PGY-2												
Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 5	Site 5	Site 4	Site 8	Site 1	Site 1	Site 1	Site 1	Site 3	Site 3	Site 1	Site 1
Rotation Name	Pediatric Surgery	Pediatric Surgery	Burn Surgery	Surgical Intensive Care Unit	Acute Care Surgery	Acute Care Surgery	General Surgery	General Surgery	Surgical Intensive Care Unit	Surgical Intensive Care Unit	Plastic Surgery	Plastic Surgery

PGY-3												
Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 7	Site 7	Site 1	Site 7	Site 3	Site 3	Site 1	Site 1	Site 1	Site 1	Site 9	Site 9
Rotation Name	Transplant Surgery	Transplant Surgery	General Surgery Night Float	Head and Neck Surgery	Trauma Surgery	Trauma surgery	Vascular/Pediatric Surgery	Vascular/Pediatric Surgery	General Surgery Night Float	Endoscopy	Cardiothoracic Surgery	Cardiothoracic Surgery
% Outpatient	20	20	0	20	5	5	20	20	0	0	20	20

PGY-4												
Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 6	Site 6	Site 6	Site 6	Site 6/Site 7	Site 7	Site 7	Site 8	Site 8	Site 8	Site 8	Site 8
Rotation Name	General Surgery	General Surgery	General Surgery	Vascular Surgery	Vascular Surgery	Vascular Surgery/Acute Care Surgery	Acute Care Surgery	Acute Care Surgery				
% Outpatient	20	20	20	20	20	20	20	20	20	20	20	20
% Research	0	0	0	0	0	0	0	0	0	0	0	0

PGY-5	All Rotations are Chief Rotations with the exception of proposed Endoscopy and Elective rotation													
Block	1	2	3	4	5	6	7	8	9	10	11	12		
Site	Site 3	Site 3	Site 3/10	Site 10	Site 10/1	Site 1	Site 1	Site 1, 3, 7	Site 1, 3, 7	Site 1, 3, 7	Site 1	Site 1		
Rotation Name	Trauma Surgery	Trauma Surgery	Trauma/General Surgery	General Surgery	General Surgery	General Surgery	General Surgery	General Surgery/Surgical Oncology	Surgical Oncology	Surgical Oncology	Endoscopy	Elective		
% Outpatient	20	20	20	20	20	15	15	20	20	20	0	50		
% Research	0	0	0	0	0	0	0	0	0	0	0	0		

Notes: Elective includes: Anesthesia, Orthopedics, Urology, Radiology, Ob/Gyn

Parental/Family Leave Example

Date
To: ACGME Review Committee for Surgery
Attn: Aimee Morales, Associate Executive Director
Re: Pat Doe, MD
Program
Program# 440XXXXXXX
To whom it may concern,
We are writing to request Flexibility in Surgical Training (FIT) for Dr. Pat Doe, a PGY-5 resident in our
general surgery residency. Dr. Doe is in good standing in our program. The FIT request is to
accommodate parental leave in the PGY-5.
In order to provide four weeks of parental leave and still preserve two additional weeks for vacation and other uses, we would like to request two of Dr. Doe's PGY-4 rotations to be retroactively counted as
chief rotations. This will allow them to graduate with the necessary 92 weeks required in the last two
years of residency and completion of a minimum of 48 weeks of chief resident rotations in order maintain admissibility to the American Board of Surgery certification examination.
The rotation that we are requesting to be counted as a chief rotation in Dr. Doe's PGY-4 is the rotation from MM/DD/YYYY- MM/DD/YYYY. Our rotation is a PGY-4/5 rotation in which the resident is the senior-most member of the rotation with all the responsibilities of a chief resident.
Please see the attached documents:
a) 2023-2024, 2024-2025 block schedules
b) New proposed block schedule for Dr. Doe, highlighting their PGY-4 rotation as
chief experience and parental leave during PGY-5
c) rotation goals and objectives for the chief resident
c) rotation goals and objectives for the chief resident
Please feel free to contact us with any questions or requests for further information. We appreciate your consideration of this request.
[Program director name and signature]
[Designated institutional official name and signature]

PGY4 Residents - Use vacation in separate weeks throughout year. Highlighted modules represent proposed Chief Rotations.

Block	1	2	3	4	5	6	7	8	9	10
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 3	Sites 4	Sites 1-4
Rotation	l			General Surgery	Endocrine Surgery	Night Float	Colorectal Surgery	General Surgery	Trauma	Elective
%Outpatient	30%	20%	20%	30%	40%	0%	20%	20%	10%	0-45%
%Research	0	0	0	0	0	0	0	0	0	0

PGY4 electives include: Endocrine, liver transplant, HPB, peds surgery, breast surgery, thoracic surgery, colorectal, vascular and plastics.

PGY5 Residents - Use vacation in separate weeks throughout year.

Block	1	2	3	4	5	6	7	8	9	1
Site	Site 1	Site 1	Site 1 or 2	Site 2	Site 2	Site 2	Site 3	Sites 1,2 or 3	Sites 1, 2 or 3	Sites 1, 2 or 3
	HPB Surgery					Vascular Surgery	Colorectal Surgery	Elective	Elective	Elective
%Outpatient	30%	0	30%	20%	20%	20%	20%	0-45%	0-45%	0-45%
%Research	0	0	0	0	0	0	0	0	0	0

PGY5 electives include: Endocrine, liver transplant, HPB, peds surgery, breast surgery, thoracic surgery, colorectal or vascular