Review Committee for Surgery
Spring Update

APDS
San Diego, CA
April 18, 2017

Paula M. Termuhlen, MD
Vice Chair, Review Committee for Surgery

Donna Lamb, DHSc
Executive Director
Disclosures

Dr. Termuhlen

No financial conflicts to disclose

Dr. Lamb

No financial conflicts to disclose
Review Committee

Steven Stain, MD*
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Paula Termuhlen, MD**
Vice Chair
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Incoming Chair
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Tom Tracy, MD

*Term ending 2017. **Term ending 2018
**Ex-Officio Members:**

Mark Malangoni, MD, ABS  
Patrice Blair, ACS

**Incoming Members - 2018:**

Robert Cromer, MD  
Mary Fallat, MD  
Pam Lipsett, MD  
Edward Shipper, MD  
James Valentine, MD  
**Resident**
## Core Residency Programs-April 2017

<table>
<thead>
<tr>
<th></th>
<th>Accredited Programs</th>
<th>Application</th>
<th>Approved Positions</th>
<th>Filled Positions</th>
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<tr>
<td>Surgery</td>
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<td>9107</td>
<td>8198</td>
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<tr>
<td>DO Surgery</td>
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<td>Pre-Accreditation or Continued Pre-Accreditation</td>
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<tr>
<td>Programs</td>
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<tr>
<td>Int. Vascular</td>
<td>53</td>
<td>0</td>
<td>310</td>
<td>260</td>
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</tbody>
</table>

*Current programs and resident/fellow complement (as of the date of this report)*
## Overview

### Program Accreditation

Accreditation status summary (as of the date of this report):

<table>
<thead>
<tr>
<th>Sub-specialties</th>
<th>Initial</th>
<th>Initial w/ Warning</th>
<th>Continued</th>
<th>Continued w/o Outcomes</th>
<th>Continued w/ Warning</th>
<th>Probation or Withdrawn</th>
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<td>Surgery</td>
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<td>0</td>
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<td>Pediatric Surgery</td>
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<tr>
<td>Hand</td>
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<td>0</td>
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</tr>
</tbody>
</table>
Educational Environment (RS/FS):

- Faculty interest in education
- Environment of inquiry/working with resident on scholarly activity
- Service over education
- Process to deal with problems and concerns/fear of retaliation
- Resident involvement in QI/PS projects
Most Frequent Areas of Non-Compliance

Evaluations – Resident (SV):
- Timely feedback
- Rotation evaluations
- Semiannual evaluations
  - Case Log review
  - Reviewed with and available to resident

Annual Program Evaluation (RS):
- Confidential program evaluation
- Confidential evaluation of faculty
Operative Experience:

- Missed minimums****
- Complex cases
- Non-operative trauma
Most Frequent Areas of Non-Compliance

Program Director and Faculty:
- Accurate and complete information (Annual Data)
- Scholarly activity (Annual Data)
- Faculty development (FS)
Continuum of Care:

Multiple requirements pertaining to the resident’s need to be involved in the continuum of care

Please review the “tracked changes” version of the Program Requirements at:
http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/440_general_surgery_2017-07-01_TCC.pdf
Program Director Change:
II.A.1.b) - The Review Committee must approve the qualifications of the program director. (Core)

Once submitted for approval, ADS will reflect “pending approval” for 30-days.

Program may receive a request for additional information, i.e., scholarship, leadership experience, certification.
Faculty Development:

II.B.6. - Faculty members, including the program director, must regularly participate in faculty development activities related to resident education, including evaluation, feedback, mentoring, supervision, or teaching. (Core)

V.C.2.b).(1) The program must provide documentation of faculty member participation in annual faculty development activities relating to resident evaluation and teaching. (Core)
Teaching Assistant Cases:

IV.A.6.b).(4) - When justified by experience, a PG-4 or PG-5 (chief) resident may act as a teaching assistant (TA) to a more junior resident with appropriate faculty supervision.
Change in PR II.A.4.w) aligns with the ABS operative requirements effective with residents graduating in the 2017-2018 AY:

- ≥ 850 Total Major procedures in 5yrs; as Surgeon Junior or Surgeon Chief
- ≥ 200 OP procedures as Surgeon Chief
- ≥ 40 cases in SCC, w/ at least 1 in each category

Review Committee will apply these new minimums to the annual review in January 2019
### Additional defined elements within the categories:

- **Breast:** 5 mastectomies, and 5 AXLND
- **Head and Neck:** 10 thyroid or parathyroid
- **Vascular:** 10 vascular access, 10 vascular anastomosis, repair or endarterectomy
- **Non-operative trauma:** 10 resuscitations as team leader
- **Thoracic:** 5 thoracotomies

New minimums in effect for 2018 graduates!

Check Case Logs for new minimum numbers in July.
Surgery - pending ACGME Board approval

IV.A.6.a).(2).(c).(i) Knowledge of burn physiology, and experience with initial burn management is required. (Core)

Residents must have clinical exposure to initial burn management - not just didactics
Review and Comment

Surgery - pending ACGME Board approval

IV.A.6.B).(4) When justified by experience, a PG-5 (chief) resident may act as a teaching assistant (TA) to a more junior resident with appropriate faculty supervision. **TA cases may not count towards the 200 minimum cases needed to fulfill the operative requirements for the chief resident year.** The junior resident performing the case will also be credited as surgeon for these cases. (Detail)
Contact Information

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