

May 23, 2006

Guidelines to Evaluate Proposals for a 3+3 Vascular Surgery Program

The Program Requirements state that a 3+3 program must include: "A minimum of 3 years of education with progressive responsibility in a general surgery residency program and three years of education with progressive responsibility in vascular surgery in the same institution that is accredited by the Accreditation Council of Graduate Medical Education (ACGME). A transitional year may not be used to fulfill any of the 3-year designated preliminary surgery requirements. The last year of the vascular surgery program must comprise chief resident responsibility on the vascular surgery service at an integrated institution. "

To apply for this format, please submit the following information for the 3-year vascular surgery program:

1. Documentation of the assignments/rotations to the various educational experiences listing clear educational objectives for each. The following areas must be addressed: objectives and proposed time frame; outline of topics and conference schedule, planned resident-staff participation in didactic sessions, and method for assessment of both the residents' academic and clinical performance.
 - a. Describe how the written curriculum will be structured. (Submit a written outline.)
 - b. Provide a narrative that identifies the educational goals to be achieved in each of the rotations for each of the participating institutions. (Submit educational objectives/goals for each assignment)
 - c. Provide the block diagram for all years of the program. (Submit a block diagram for the 3-year VS program.)
 - d. Submit the ACGME Competency addendum to the PIF which outlines how the Competencies will be taught and evaluated.
 - e. Submit the current case log data for each resident currently in the VS program.
2. The Designated Institutional Official (DIO) of the sponsoring institution must document support for the vascular surgery program director to control the integrated residency program (all 5 years) and to provide funding of these residency positions. (Submit the letter of support from the DIO attesting to approval of this format. the authority of the program director, and provision for funding.)

3. Justify the number of residents, i.e., show how the program will provide adequate peer interaction, will provide good operative experience, and rationalize how the number of residents should not exceed the ability of the program director and faculty to supervise and monitor the resident education. (Submit a narrative justifying peer interaction, the proposed resident complement, the faculty/resident ratio, use operative data.)
4. Justify the number of program faculty from all specialties (including the vascular surgery faculty) who will be involved in the vascular surgery residency.

The Program Requirements state: "In addition to the Program Director, there must be for each approved residency position at least one geographic full-time faculty member whose major function is to support the residency program. These faculty must be appointed for a period long enough to ensure adequate continuity in the supervision of the residents. At minimum, one surgeon on the faculty, in addition to the Program Director, must be certified in Vascular Surgery by the American Board of Surgery, or possess suitable equivalent qualifications as determined by the RRC." This means that faculty in addition to the 2 VS faculty are to be identified, such as, general surgery, cardiology, interventional radiology, etc., who are responsible for each clinical rotation or who contribute to resident education. (Submit an abbreviated curriculum vitae for each of the VS and non-VS faculty.)

5. Identify the outcome criteria the Program Director and Faculty will use to evaluate the educational effectiveness of the proposed program. (This information about the effectiveness of the 3+3 program will be evaluated by the RRC at the time of the next site visit and should be included in the PIF prepared for that next site visit.)
6. Call or e-mail me if you need assistance.

Submit all materials under one cover to:

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RC Surgery
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515 North State
Chicago, IL 60610

312 755-5499 (phone)
312 755-7498 (fax)