

## Frequently Asked Questions: Orthopaedic Surgery

Question	Answer
<b>Institutions</b>	
<p>If the sponsoring institution does not sponsor a program in general surgery, internal medicine, and/or pediatrics, what would the Review Committee accept for a program to be in compliance with this requirement?  <b>[Program Requirement I.A.1.]</b></p>	<p>If the sponsoring institution does not sponsor one or more of these programs, the program director needs to provide an educational rationale, detailing how experiences and exposures to these areas will be provided to the residents.</p>
<p>What would the Review Committee consider a justifiable educational rationale for rotating to distant sites?  <b>[Program Requirement I.B.3.]</b></p>	<p>There must be an educationally necessary benefit available exclusively at the distant site. For example, one rationale for choosing a distant site rather than a more geographically proximate site could be that the availability of a specific <i>required</i> resident experience is not available locally.</p>
<b>Program Personnel and Resources</b>	
<p>What alternative qualifications would be acceptable to the Review Committee in lieu of Board certification for a new program director?  <b>[Program Requirement II.A.3.b)]</b></p>	<p>Approval by the Review Committee of the appointment of a program director <i>not</i> certified by the American Board of Orthopaedic Surgery (ABOS) would be extremely unlikely. However, should the situation arise, application may be made to the Review Committee for an exception, and such cases will be handled on an individual basis. Significant experience with graduate medical education and evidence of an appropriate level of scholarly activity are factors that would be considered when determining if the applicant has adequate specialty qualifications. Years of practice are not an equivalent to Board certification.</p>
<p>What alternative qualifications would be acceptable to the Review Committee in lieu of Board certification for faculty members?  <b>[Program Requirement II.B.2.]</b></p>	<p>The phrase is in the requirements for every ACGME specialty to allow those who might have achieved certification in a comparable system from another country, e.g., the Royal College, to be considered qualified. The determination of whether qualifications are equivalent to certification by an ABMS Board is a judgment call on the part of the specific specialty Review Committee. Significant experience with graduate medical education and evidence of an appropriate level of scholarly activity are factors that would be considered when determining if the faculty member has adequate specialty qualifications. Years of practice are not an equivalent of specialty board certification.</p>

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<p>How many faculty members, or what percentage of the faculty listed in the PIF, should demonstrate scholarly activity in order to satisfy the Review Committee's expectation of "some"?</p> <p><b>[Common Program Requirement II.B.5.b)]</b></p>	<p>At least half of the physician faculty should demonstrate scholarly activity.</p>
<b>Curriculum</b>	
<p>What experiences for PGY-1 residents in structured "surgical" and "medical/cardiac" intensive care would satisfy the surgical education rotation requirement?</p> <p><b>[Program Requirement IV.A.6.a).(1)-(2)]</b></p>	<p>A Surgical Intensive Care Unit (SICU) rotation satisfies the requirements for the surgical education rotation experience. Experience in the Medical Intensive Care Unit (MICU) toward rotations in Emergency Medicine, Medical/Cardiac Intensive Care, Internal Medicine, Neurology, Neurological Surgery, Pediatric Surgery or Pediatrics, Rheumatology, Anesthesiology, Musculoskeletal Imaging and Rehabilitation is also satisfactory.</p>
<p>Why is there a caveat for pediatric surgery with respect to compliance with the PGY-1 required elements?</p> <p><b>[Program Requirement IV.A.6.a).(2)]</b></p>	<p>As pediatric surgery is considered an "essential content area" of general surgery (see PR IV.A.5.a).(3).(b) in the Program Requirements for Surgery, available on the Review Committee for Surgery webpage at <a href="http://acgme.org/acWebsite/ReviewCommittee_440/440_prIndex.asp">http://acgme.org/acWebsite/ReviewCommittee_440/440_prIndex.asp</a>.), it may be included in the "six months of structured education in general surgery." However, the Review Committee would not consider a program compliant with the requirements for PGY-1 experience if it provided a resident with seven months of pediatric surgery experience. In other words, a program may include the pediatric surgery in the six months of structured education, or the one month, but not to satisfy both.</p>
<p>How did the Review Committee determine the minimum and maximum numbers of required cases?</p> <p><b>[Program Requirement IV.A.6.e)]</b></p>	<p>The Review Committee referenced the 2008-2009 national data summarizing case totals in order to set the requirements for minimum and maximum case numbers. Based on these statistics, and utilizing the collective expertise of the Review Committee members, the range of 1000-3000 total procedures was determined to be the appropriate range.</p>
<b>Evaluation</b>	
<p>How would the Review Committee determine that a program is in compliance with the requirement for entering resident surgical cases into the ACGME Case Log System in a "timely manner"?</p> <p><b>[Program Requirement V.A.1).(d)]</b></p>	<p>Cases should be entered into the ACGME Case Log System as soon as possible to ensure that the information is accurate and complete. Ideally, residents will do this daily, or at least weekly. It is suggested that the program director review the logs quarterly to make sure that resident experience is accurately reflected. Note: cases cannot be entered following completion of the program.</p>

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<p>How should each resident's experience in the ACGME Case Log System be monitored?  <b>[Program Requirement V.A.1).(d)]</b></p>	<p>The program director should be reviewing resident case log entries at least quarterly in order to ensure that each program resident performs a comparable number of procedures. The program director can access this information by logging into the Case Log System with his or her ADS password and program number.</p> <p>The program director should also compare the number of procedures performed by his or her program residents to the national average. National data is available on the ACGME website. National data reports can be reviewed by clicking on "Data Collection Systems" from the left-hand menu on the ACGME home page, clicking "Resident Case Log System" from the next menu, clicking "Case Log Information" from the next menu, and finally selecting "Statistical Reports" from the listed links on the page (or by clicking on this direct link:  <a href="http://www.acgme.org/residentdatacollection/documentation/statistical_reports.asp">http://www.acgme.org/residentdatacollection/documentation/statistical_reports.asp</a>).</p>
<b>Other</b>	
<p>How often does the ACGME publish Case Log data?  <b>[Program Requirement IV.A.6).(f)]</b></p>	<p>The ACGME publishes data for the previous academic year on the website sometime in the fall of each calendar year. Program personnel should contact the executive director of the Review Committee (contact information can be found on the Review Committee web page on the ACGME website at <a href="http://acgme.org/acWebsite/navPages/nav_260.asp">http://acgme.org/acWebsite/navPages/nav_260.asp</a>) with any questions regarding national and program data reports.</p>
<p>How would a program director determine the average and standard deviation of total numbers of cases performed by the residents in his or her program?  <b>[Program Requirement IV.A.6).(f)]</b></p>	<p>As this information is made available by the ACGME, individual program directors may access their individual program data as well as the national data for comparison purposes directly through the ACGME's Accreditation Data System (ADS).</p>
<p>Can program directors view Case Log experience entered by residents from other programs?  <b>[Program Requirement IV.A.6).(f)]</b></p>	<p>No, program directors are only provided with their own program residents' performance and national averages.</p>

10/01/2011