The Transition to ACGME Accreditation: General Surgery

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Disclosures

Steven Stain, MD
- No financial conflicts to disclose

John R. Potts, III, MD, FACS
- No financial conflicts to disclose

Donna L. Lamb, MBA, BSN
- No financial conflicts to disclose
ACGME Mission

“We improve population health and health care by assessing and advancing the quality of resident physicians' education through accreditation.”
Objectives

- Residency Review Committee and the ACGME Accreditation Team
- Program Resources
- Program - Questions Being Asked
- Common Citations
- Application – Common Issues
- Resources for Programs
Objectives

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  • Program Resources
  • Program - Questions Being Asked
  • Common Citations
  • Application – Common Issues
  • Resources for Programs
Review Committee

• Volunteers with 6 year terms
  • Number of members from 7-20

• Physician nominees from:
  • American Board of Surgery
  • American College of Surgeon
  • American Medical Association
  • American Osteopathic Association

• At least one resident member per RC
• At least one public member per RC
Surgical Accreditation Team

Plastic Surgery
Surgery
Thoracic Surgery

www.acgme.org

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# Accreditation of AOA Programs

<table>
<thead>
<tr>
<th>Program has matriculated residents as of July 1, 2015</th>
<th>Program AOA-Approved as of July 1, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1 Yes</td>
</tr>
<tr>
<td>No</td>
<td>2 No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will have Pre-Accreditation Status</th>
<th>Can have AOA-certified co-PD</th>
<th>AOA-certified faculty systematically “acceptable”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
What does the Review Committee do?
Review Committee

• Review programs
  • New program applications
  • Annual program review (all)
• Interim request(s) consideration
• Determine accreditation status*
• Propose program requirements

*Authority for accreditation actions delegated by ACGME Board of Directors
Data Reviewed Annually by RC

- Annual Accreditation Data System (ADS) Update
  - Program Characteristics – Structure and resources
  - Program Changes – PD / core faculty / residents
  - Scholarly Activity – Faculty and residents
  - Response to active citations
  - Omission of data
- Board Pass Rate (*ABS and AOA Board Certification)
- Resident Survey
- Faculty Survey
- Clinical Experience – Case logs
- Milestones

*At some point, RCs will review the program Self Study*
Interim Requests

Executive Committee of the RC

- Program Director change
  - PD and Co-PD
- Complement change request
- Participating Site change
- Voluntary Withdrawal
- Flexible Rotation request
  - Customize up to 12 months of a residents’ rotations in the last 36 months
- International Rotation request
- Other interim correspondence from programs

All requests require DIO approval
Accredited Programs 2014-2015

Accreditation

- Continued (196)
- Continued w/o Outcomes (1)
- Continued w/ Warning (14)
- Initial (7)
- Initial w/ Warning (0)
- Probation (2)
- Withdrawal (2)
## Accredited Programs 2007-2012

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Total Accreditation Decisions</th>
<th>Adverse Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Percentage</td>
</tr>
<tr>
<td>2011-2012</td>
<td>182</td>
<td>3.9%</td>
</tr>
<tr>
<td>2010-2011</td>
<td>167</td>
<td>3.1%</td>
</tr>
<tr>
<td>2009-2010</td>
<td>167</td>
<td>3.7%</td>
</tr>
<tr>
<td>2008-2009</td>
<td>143</td>
<td>3.5%</td>
</tr>
<tr>
<td>2007-2008</td>
<td>112</td>
<td>1.3%</td>
</tr>
</tbody>
</table>
Approved v. Filled (27 Feb 2015)

Resident Complement

- PGY1: 2934
- PGY2: 2587
- PGY3: 1789
- PGY4: 1560
- PGY5: 1296

Approved
Filled

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Objectives

• Residency Review Committee and the ACGME Accreditation Team
• Program Resources
  • Program - Questions Being Asked
  • Common Citations
• Application – Common Issues
• Resources for Programs
Program Resources: Program Director

Current certification by the American Board of Surgery, or specialty qualifications that are acceptable to the Review Committee [PR: II.A.3.b]

FAQ
- ≥ five years as a GME faculty member
- ≥ two years at the institution at which they are being appointed as PD
- Should have already served as an Associate PD for ≥ one year
Program Resources: Program Director

• Initial Appointment
  • Should be at least 6 years \([PR: \text{II.A.2.a}]\)

• Protected Time
  • 30% (direct or indirect salary support) \([PR: \text{I.A.2}]\)
  • Principle effort to the program
Program Resources: Program Director

Scholarly Activities

• PR: II.A.3.e)
  • Qualifications of the PD must include scholarly activity in at least one of the areas of scholarly activity as delineated in Section II.B.5

• FAQ
  • The PD sets the tone for the scholarly environment of the program
  • The program director should have evidence of at least some of the following:
    • Peer-Reviewed funding
    • Peer-reviewed publication (previous 5 yrs)
    • Engagement/Presentation at local/regional/national mtgs
    • Participation national committees or educational organizations
Program Resources: Faculty

- Current certification by the American Board of Surgery or specialty qualifications that are acceptable to the RC [PR: II.B.2]
- At least one full-time faculty member in addition to the PD for each approved chief resident position [PR: II.B.1.c)]
Program Resources: Faculty

- All faculty must be listed in ADS
  - Degree (MD, DO, PhD, etc.)
  - Certification (ABMS is not the specific board)
  - Re-certification year or if on MOC
  - Explain equivalent certifications for RC consideration if not ABMS

- In keeping with the MOU, AOA certified faculty members will be acceptable for Type 1 programs (those which as of July 1, 2015 were AOA-approved and had matriculated residents – slide 9).
Program Resources: Faculty

Core Faculty

All physician faculty who have a significant role in the education of residents/fellows and who have documented qualifications to instruct and supervise.

-ACGME Glossary of Terms 2013

Core faculty devote at least 15 hours per week to resident education and administration.
All core faculty must:

• Establish and maintain an environment of inquiry and scholarship with an active research component  \[PR: II.B.5\]
  • Participate in organized rounds, conferences, etc  \[PR: II.B.5.a\]  

• Some should demonstrate scholarship  \[PR: II.B.5.b\]
  • Peer-reviewed funding
  • Peer-reviewed publications
  • Publication or presentation at local/regional/national meetings
  • Participate in national committees or educational organizations
Program Resources: Faculty

All core faculty should:
• Work closely with and support the PD
• Assist in developing and implementing evaluation systems
• Teach and advise residents
• Evaluate the competency domains of residents
• Complete the faculty survey
## Program Resources: Participating Sites

Integrated or non-integrated site is defined as any site to which residents rotate for an assigned experience \([PR: I.B.3]\)

<table>
<thead>
<tr>
<th>Integrated</th>
<th>Non-Integrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributes substantially to the educational activities of the program</td>
<td>Supplements resident education by providing a focused clinical experience not available at the primary site</td>
</tr>
<tr>
<td>PD appoints local PD and faculty</td>
<td>Requires clear educational rationale</td>
</tr>
<tr>
<td>Faculty must have scholarly activity</td>
<td>&gt; 6 mo requires RC approval</td>
</tr>
<tr>
<td>Clinical experiences in essential content areas</td>
<td></td>
</tr>
<tr>
<td>Geographic proximity so residents can attend conferences</td>
<td></td>
</tr>
<tr>
<td>Chiefs may only be assigned to primary or integrate sites</td>
<td></td>
</tr>
</tbody>
</table>
Program Resources: Participating Sites

There must be a Program Letter of Agreement (PLA) between the program and each PS providing a required assignment \([PR: I.B]\)

The PLA must:

- Be renewed at least every five years
- Identify faculty responsible for residents
- Specify responsibilities of PS and faculty
- Specify the duration and content of experience
- State policies that govern resident (i.e. duty hours, returning to primary site for didactics, etc)
Program Resources - Other

• There must be a full-time surgery program coordinator designated specifically for surgical education  \([PR: II.C]\)

• Institutional Resources  \([PR: II.D]\)
  • Common office space (computers, adequate workspace
  • Internet access to full-text journals and electronic medical reference resources
  • On-line radiographic and laboratory reporting systems at primary and integrated sites
  • Software resources for presentations, manuscripts, etc.
Program Resources - Other

• Simulation skills laboratories
• Institutional volume and variety of operative experience:
  • Provide the institutional resources (i.e. # of operative cases, procedures, etc.) available to the residents at all sites.
  • This is total data for the institution and not the number of cases per resident or by the role of the resident in the case.
  • If site is limited to specific type(s) of procedure(s) (i.e. transplant experience) you only need to provide the specific data for that site.
Program Resources: Resident Experience
Program Resources: Resident Experience

60-month clinical program \[PR: IV.A.6.a).(2)\]

At least 54 of 60 months
- Surgery
- Emergency Care
- Surgical Critical Care

42 of 54 mo in essential content areas:
- Abdomen and its contents
- Skin, soft tissues, breast
- Endocrine
- Health and neck
- Pediatric
- Surgical critical care
- Surgical oncology
- Trauma and non-operative trauma
- Vascular

Formal rotation not required in:
- Burn care
- GYN
- Neurologic surgery
- Orthopaedic surgery
- Cardiac surgery
- Urology
Formal Transplant experience* is required and must include patient management

> 75% assignments in essential content areas must include OP experience of ½ day/week

(*not a rotation)
Program Resources: Chief Experience

• 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
  • Up to 50 cases listed by the chief resident as TA will be credited for the total requirement of 750 cases
  • TA cases may not count towards the 150 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 [IV.A.6.b).(4)]
Program Resources: Operative Experience

- Resident Case Logs System Login
- Program and National Case Log Reports
- Case log information
Program Resources: Operative Experience

Surgery Information

Surgery Minimums

> Minimum Numbers for Pediatric Surgical Experience

> Vascular Surgery - Defined Categories Minimums

Surgery Roles

> Credit Roles for Surgery Residents

Only one resident may take credit as surgeon for each operation and only for one procedure in a multi-procedure operation. On same patient/same day/same operation a senior resident may take credit as surgeon while another resident takes credit as a First Assistant, or a senior resident may take credit as a Teaching Assistant while a more junior resident takes credit as a surgeon.

SC = Surgeon Chief Year (only cases credited as surgeon during 12 months of Chief Year)

SJ = Surgeon Junior Years (all cases credited as surgeon prior to Chief Year)

TA = Teaching Assistant (more senior resident working with junior resident who takes credit as surgeon)

FA = First Assistant (any instance in which a resident assists at an operation with another surgeon—an attending or more senior resident—responsible for the operation)

Institutional Operative Data Form

> Download Excel Document

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## Program Resources: Operative Experience

### One Year (Calendar or Academic) Institutional Data

Residency Review Committee for Surgery

(New Program Applications Only)

Complete for Each Major Participating Institution in the Program Where Residents Rotate

<table>
<thead>
<tr>
<th>Institution #</th>
<th>1 = Sponsoring</th>
<th>2, 3, 4 = Participating (Integrated or Affiliate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>SKIN/SOFT TISSUE</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>1010</td>
<td>MAJ LYMPHADENECTOMIES</td>
</tr>
<tr>
<td>9</td>
<td>1020</td>
<td>MAJ EXC &amp; REP/GRAFT FOR SKIN NEOPLASM</td>
</tr>
<tr>
<td>10</td>
<td>1025</td>
<td>SENTINEL LYMPH NODE BIOPSY FOR MELANOMA</td>
</tr>
<tr>
<td>11</td>
<td>1030</td>
<td>RAD EXCIS SOFT TIS TUMOR</td>
</tr>
<tr>
<td>12</td>
<td>1035</td>
<td>OTHER MAJOR SKIN/SOFT TIS - DEF CAT CREDIT</td>
</tr>
<tr>
<td>13</td>
<td>1040</td>
<td>OTHER MAJOR SKIN/SOFT TIS</td>
</tr>
<tr>
<td>14</td>
<td>Total SKIN/SOFT TIS</td>
<td></td>
</tr>
</tbody>
</table>

| 15 | HEAD/NECK | 1 | 2 | 3 | 4 |
| 16 | 1210 | RESEC LESION-LIPS |  |  |  |  |
| 17 | 1220 | RESEC LESION-TONGUE |  |  |  |  |
| 18 | 1230 | RESEC LESION-FLOOR MOUTH/BUCCAL MUC |  |  |  |  |
| 19 | 1240 | PAROTIDECTOMY |  |  |  |  |
| 20 | 1250 | RESEC OTHER SALIVARY GLND |  |  |  |  |
| 21 | 1260 | RADICAL NECK DISSECT |  |  |  |  |
| 22 | 1270 | RESEC MANDIBLE/MAXILLA |  |  |  |  |
| 23 | 1280 | TRACHEOSTOMY |  |  |  |  |
| 24 | 1285 | OTHER MAJOR HEAD/NECK - DEF CAT CREDIT |  |  |  |  |
| 25 | 1290 | OTHER MAJOR HEAD/NECK |  |  |  |  |
| 26 | Total HEAD/NECK |  |  |  |  |  |
| 27 | 28 |  |  |  |  |  |
Program Resources: Operative Experience

• \( \geq 750 \) major cases over five years
  • This must include a minimum of 150 major cases in the resident’s chief year
    \([PR:II.A.4.w]\)

• Required experience with a variety of endoscopic procedures… \([PR:II.A.4.x]\)

• Required experience with evolving diagnostic and therapeutic methods
  \([PR:II.A.4.y]\)
## Program Resources: Operative Experience

### Defined Categories Minimums: General Surgery

<table>
<thead>
<tr>
<th>Category</th>
<th>Minimum</th>
<th>Category</th>
<th>Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin, Soft Tissue, Breast</td>
<td>25</td>
<td>Non-operative trauma</td>
<td>20</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>24</td>
<td>Thoracic</td>
<td>15</td>
</tr>
<tr>
<td>Alimentary</td>
<td>72</td>
<td>Pediatric</td>
<td>20</td>
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<tr>
<td>Abdominal</td>
<td>65</td>
<td>Plastic</td>
<td>5</td>
</tr>
<tr>
<td>Liver</td>
<td>4</td>
<td>Lap. Basic</td>
<td>60</td>
</tr>
<tr>
<td>Pancreas</td>
<td>3</td>
<td>Endo (of which there is)</td>
<td>85</td>
</tr>
<tr>
<td>Vascular</td>
<td>44</td>
<td>• Upper End</td>
<td>35</td>
</tr>
<tr>
<td>Endocrine</td>
<td>8</td>
<td>• Colonoscopy</td>
<td>50</td>
</tr>
<tr>
<td>Trauma</td>
<td>10</td>
<td>Lap Complex</td>
<td>25</td>
</tr>
</tbody>
</table>
Objectives

• Residency Review Committee and the ACGME Accreditation Team
• Program Resources
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• Common Citations
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• Resources for Programs
Program: Accreditation

• Applications begin 1 July 2015
  • Immediately upon submission to ADS program’s status is “Pre Accreditation”

• Program will undergo full site visit

• RC will review at next meeting
  ▪ Email re: accreditation status within 5 days
  ▪ Letter of Notification within 60 days
Program: Accreditation

• “ACGME-accredited”
  • Programs that achieve “Initial Accreditation” are considered “ACGME-accredited”

• “Completed” surgery residency
  • Any resident graduating a program that has Initial Accreditation are considered to have “completed” an ACGME-accredited residency.

*This does not imply eligibility for ABS
*This does not determine candidacy for resident position
Program: Resident Eligibility

Derivative Subspecialties of General Surgery

- Colon and Rectal Surgery
- Surgical Critical Care
- Thoracic Surgery - Independent
- Pediatric Surgery
- Vascular Surgery Independent
- Surgical Oncology
- Plastic Surgery - Independent
- Hand
Program: Block Diagram

• 5-yr view of all rotations for all levels at all PS
  • Uploaded by Program as PDF
  • Instructions and formats detailed in ADS

• Essential elements:
  • Postgraduate year of training
  • Clinical [participating] site
  • Rotation name (Be specific – even for electives)
  • % outpatient time
  • % research time

• Important for RRC to understand Program educational construct
# Block Schedules

**Block Schedule 1.** [In this example, the year’s rotations are divided into twelve (presumably one-month) clinical rotations with no structured research time in any of the rotations and with no elective time.]

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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<th>12</th>
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<td>Inst. 1</td>
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<td>Inst. 1</td>
<td>Inst. 2</td>
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<td>Inst. 2</td>
<td>Inst. 2</td>
<td>Inst. 3</td>
<td>Inst. 3</td>
</tr>
<tr>
<td>Rotation Name</td>
<td>Wards</td>
<td>Wards</td>
<td>ER</td>
<td>CCU</td>
<td>ICU</td>
<td>Wards</td>
<td>Wards</td>
<td>ER</td>
<td>ICU</td>
<td>Wards</td>
<td>Wards</td>
<td>Clinic</td>
<td>Clinic</td>
</tr>
<tr>
<td>% outpatient</td>
<td>20</td>
<td>20</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>40</td>
<td>40</td>
<td>100</td>
<td>0</td>
<td>100</td>
<td>20</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>% Research</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Block Schedule 2.** [In this example, the year’s rotations are divided into 13 equal (presumably four-week) clinical rotations with no structured research time in any of the rotations and with no elective time.]

<table>
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<tr>
<th>Block</th>
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<th>2</th>
<th>3</th>
<th>4</th>
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<tr>
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<td>Inst. 1</td>
<td>Inst. 1</td>
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<td>Inst. 1</td>
<td>Inst. 1</td>
<td>Inst. 1</td>
<td>Inst. 1</td>
</tr>
<tr>
<td>Rotation Name</td>
<td>Wards</td>
<td>Wards</td>
<td>ER</td>
<td>CCU</td>
<td>ICU</td>
<td>Wards</td>
<td>Wards</td>
<td>ER</td>
<td>ICU</td>
<td>Wards</td>
<td>Wards</td>
<td>Clinic</td>
<td>Clinic</td>
</tr>
<tr>
<td>% outpatient</td>
<td>30</td>
<td>30</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>20</td>
<td>100</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>% Research</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Block Schedule 3.** [In this example, the year’s rotations are divided into seven blocks of equal duration. One of those blocks is used for an elective which can be chosen from among the rotations listed.]

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<td>Inst. 1</td>
<td>Inst. 2</td>
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<td>Inst. 3</td>
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<td>Inst. 3</td>
<td>Inst. 3</td>
<td>Inst. 3</td>
<td>Inst. 3</td>
</tr>
<tr>
<td>Rotation Name</td>
<td>CCU</td>
<td>Med. Outpt.</td>
<td>Wards</td>
<td>ER</td>
<td>Wards</td>
<td>Wards</td>
<td>Elective</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>% outpatient</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% Research</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

Possible electives:
- Cardiology Inpatient Institution 1
- Cardiology Outpatient Institution 2
- Pulmonary Medicine Inpatient Institution 2
- Pulmonary Medicine Outpatient Institution 3
- Gastroenterology Inpatient Institution 3
- Gastroenterology Outpatient Institution 1

**Block Schedule 4.** [In this example, the year’s rotations are divided into four equal blocks. Structured research time comprises 40% of the resident’s time on the specialty outpatient month. There is one three-month block devoted entirely to research.]

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution</td>
<td>Inst. 1</td>
<td>Inst. 1</td>
<td>Inst. 2</td>
<td>Inst. 2</td>
<td>Inst. 2</td>
<td>Inst. 2</td>
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<td>Inst. 2</td>
<td>Inst. 2</td>
</tr>
<tr>
<td>Rotation Name</td>
<td>Med. Outpt.</td>
<td>Speciallty Outpt.</td>
<td>Wards</td>
<td>Research</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>% outpatient</td>
<td>100</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% Research</td>
<td>0</td>
<td>40</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

Examples from ADS
Program: Core Conferences

The program must ensure the following exist:

- A course or a structured series of lectures  
  \[PR: II.A.4.u).(1)]
- Regular organized clinical teaching \[PR: II.A.4.u).(2)]
- Weekly morbidity and mortality or quality improvement conference \[PR: II.A.4.u).(3)]

75% of residents must attend core conferences \[PR: II.A.4.t)]
Program: Scholarly Activities

Curriculum must advance residents’ knowledge of basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)

Residents should participate in scholarly activity. (Core)

The participation of residents in clinical and/or laboratory research is encouraged. (Detail)

The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities. (Detail)
Clinical Competency Committee \( [PR: V.A.1] \)

- **Function:**
  - Semi-annual resident evaluation
  - Milestones evaluations - semi-annually
  - Advise PD regarding resident progress

- **Committee Makeup**
  - At a minimum must be composed of three members of the program faculty.
    - No residents on committee

- **Written description of the responsibilities of the CCC**
Program: Evaluations

Formative Evaluation [PR: V.A.2]

• Faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.

• Program must use multiple evaluators.

• Semiannual evaluation with feedback to all residents.
Program: Evaluations

Formative Evaluation \([PR: \ V.A.2.d) - e)]\)

- Semiannual assessment must:
  - Review case volume, breadth, and complexity
  - Must ensure that residents are entering cases concurrently

- Assessment should:
  - Monitor the resident's knowledge by use of a formal exam such as the American Board of Surgery In Training Examination (ABSITE) or other cognitive exams
  - Test results should not be the sole criterion of resident knowledge, and should not be used as the sole criterion for promotion to a subsequent PG level

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Program: Evaluations

Summative Evaluation \([PR: V.A.3]\)

• Specialty-specific Milestones used to ensure residents are able to practice core professional activities without supervision upon completion of the program

• Evaluation Must:
  • Become permanent in resident’s record
  • Document resident performance during the final period of education
  • Verify that the resident has demonstrated sufficient competence to enter practice without direct supervision
Program: Evaluations

Program Evaluation Committee \([PR: V.C]\)

• Function:
  • The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE)

• Committee Makeup:
  • At least 2 program faculty and at least 1 resident

• Must have a written description of its responsibilities
Program: Evaluations

Program Evaluation Committee [PR: V.C]

• Should participate in:
  • Planning, development, implementation, and evaluation of educational activities
  • Reviewing and recommending revisions of competency-based curriculum G&Os
  • Addressing areas of non-compliance
  • Review program annually using evaluations of faculty, residents, and others
Milestones

- Programs collecting and using to evaluate residents
- Participation in milestones is a requirement of the RC
- The RC is not yet using milestones as part of the annual program review
There are some differences in our requirements specific to duty hours.

ACGME Website has comparison table, which address these differences

Residents must learn and utilize the established methods for handing off remaining tasks to another member of the resident team so that patient care is not compromised  [PR: VI.F.3]
Objectives

- Residency Review Committee and the ACGME Accreditation Team
- Program Resources
- Program - Questions Being Asked
- Common Citations and Complement
- Application – Common Issues
- Resources for Programs
Common Citations

• Procedural Experience (case logs)
• Faculty Qualifications
• Board Pass Rate
• Resident and Faculty Scholarship
• Involvement of Residents in Quality Improvement and Patient Safety Activities
• “PIFmanship” (errors and omissions)
• Duty Hours
• Hand-over processes
Program: Resident Complement

The RC does not require a minimum resident complement.

The RC will affirm or adjust the resident complement.

Categorical positions are approved by PGY level.
• Resident Complement
  • Temporary and permanent increases in resident complement must be approved in advance by the Review Committee. (Core) [PR: III.B.4.a)]

• Residents in a position not approved by the RC are “other learners”

• The ABS reviews the resident complement each year when determining eligibility
### FAQ - Resident Complement

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is a program’s complement approved by total number or by PGY level?</td>
<td>Categorical positions are approved by PGY level and not by total number. The approved complement cannot be interchangeable between PGY levels.</td>
</tr>
<tr>
<td></td>
<td>Effective July 1, 2014, the number of approved preliminary positions may be interchangeable between the PGY-1 and PGY-2.</td>
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<tr>
<td></td>
<td>However, the total of preliminary residents combined must not exceed 300% of the number of approved categorical chief resident position.</td>
</tr>
</tbody>
</table>
Objectives

• Residency Review Committee and the ACGME Accreditation Team
• Program Resources
• Program - Questions Being Asked
• Common Citations
• Application – Common Issues
• Resources for Programs
Application – Common Issues

• How will the PD…..
• Comment on any deficiencies…
• Fellows and other learners
• Assessment methods used…
• Limited response questions
• Describe…
• How do residents/faculty learn…
• Institutional data
Application – Common Issues

• How will the PD…..
  • Provide a literal explanation of what you are doing or how you are monitoring an issue

• Fellows and other learners
  • Will residents and fellows from other programs rotate with your residents?

• Assessment methods used
  • Global evaluation, simulation, direct observation, etc.

• Limited response questions
  • If it asks for less than 400 words, please limit your response
Application – Common Issues

• Describe one learning activity…
  • Demonstrate to the committee one activity that will achieve the goal of the requirement
• How do residents/faculty learn…
  • This usually has an educational component related to didactics, simulation, faculty development, etc.
Objectives

• Residency Review Committee and the ACGME Accreditation Team
• Program Resources
• Program - Questions Being Asked
• Common Citations and Complement
• Application – Common Issues
• Resources for Programs
Review Committee Meetings

October 22-23, 2015
• August 13, 2015 - agenda close

January 7-8, 2016
• October 30, 2016 - agenda close

March 31 – April 1, 2016
• January 22, 2016 - agenda close

October 6-7, 2016
• July 29, 2016 – agenda close
Resources

ACGME website: www.acgme.org


American Board of Surgery: http://www.absurgery.org

Association of Program Directors in Surgery: http://apds.org

Association of Residency Coordinators in Surgery: http://www.arcsurgery.org
Thank you!