**New Application: General Surgery**

**Review Committee for Surgery**

**ACGME (2025 Program Requirements)**

**Oversight**

**Participating Sites**

1. For each participating site, indicate the faculty member, designated by the program director, who will be accountable for resident education for that site.  (add rows as necessary) [PR 1.5]

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| **Participating Site # & Name** | **Site Director Name** | **Primary Work Site of Director** |
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1. For each participating site, indicate how the site is being used to supplement focused clinical experience that is not available or insufficient at the primary site. (Add rows as necessary) [PR 1.6.b..]

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| **Participating Site # & Name** | **Experience(s) offered not available at Primary Site** |
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1. For each participating site, is the site geographically proximate to allow all residents to attend core conferences? [PR 1.6.6.]  YES  NO

If “NO,” describe how an equivalent educational program of lectures and conferences will occur.

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1. Explain how the program will ensure that chief residents (or residents on chief rotations) are not assigned to a participating site that sponsors or provides clinical training to another ACGME accredited general surgery residency program without explicit delineation of roles and responsibilities. [PR 1.6.8.]

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**Resources**

1. Will the institution and the program jointly ensure the availability of adequate resources for residency education that include the following? [PR 1.8.a.-f.]

A dedicated workspace and computer support adequate for residents to complete all educational and patient care tasks  YES  NO

Simulation and skills laboratories  YES  NO

Online surgical curricula  YES  NO

A variety of surgical technology, including the equipment necessary to perform minimally invasive, endoscopic, and open techniques  YES  NO

Comment on any NO answers.

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**Personnel**

**Program Director**

1. Describe the qualifications of the program director, including certifications, their type and frequency of clinical activity, and ongoing scholarly activity. As appropriate, include their current participation in national committees or educational organizations, and their experience and length of time involved in the education of general surgery residents/fellows. [PR 2.5.a.-c.]] (Limit response to 400 words)

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1. Is the program director’s appointment term, at a minimum, 72 months/six years? [PR 2.3.a.]  YES  NO

Explain if NO.

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1. Will the program director have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members? [PR 2.6.d.]]  YES  NO

Explain if NO.

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1. Will the program director have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program? [PR 2.6.e.]

YES  NO

Explain if NO.

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1. Will the program director provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation? [PR 2.6.g.] (limit response to 400 words)  YES  NO

If YES, how? Explain if NO.

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1. Provide the name of the associate program director, the percent FTE support, and term of initial appointment. If the program does not have an associate program director enter N/A. [PR 2.4.a.]

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| **Name** | **Percent FTE** | **Appointment Term** |
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**Faculty**

1. For each approved chief resident position, will there be at least one core faculty member with current ABS or AOBS board certification in surgery in addition to the program director? [PR 2.11.b.]  YES  NO
2. Will the faculty devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities? [PR 2.8.b.]  YES  NO

Explain if NO.

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1. Will the faculty regularly participate in organized clinical discussions, rounds, journal clubs, and conferences? [PR 2.8.d.]  YES  NO

If YES, how will this be achieved? Explain if NO.

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1. Will the faculty pursue faculty development designed to enhance their skills at least annually?

[PR 2.8.e.]  YES  NO

If YES, how will this be achieved? Explain if NO.

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1. Will the faculty use competency-based education models and evaluation tools?

[PR 2.8.f.]  YES  NO

If YES, what models and tools will be used? Explain if NO.

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**Resident Appointments**

1. Does the total number of requested preliminary residents (PGY1 and PGY2) exceed 300% of the requested categorical chief residents? [PR 3.4.b.]

YES  NO  N/A (No Preliminary positions requested)

1. Will the experience of the preliminary resident(s) largely resemble that of the categorical residents?

YES  NO  N/A (No Preliminary positions requested)

Explain if NO.

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1. Will the program director counsel and provide resources to assist preliminary residents in obtaining future positions, and track outcomes at least annually? [PR 3.4.c.]

YES  NO  N/A (No Preliminary positions requested)

1. Will the program ensure that all transferring residents are evaluated by the Clinical Competency Committee within 12 weeks of matriculation? [PR 3.5.a.]     YES  NO

**Educational Program**

**Curriculum Components**

1. Will the curriculum contain a set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates? And will those aims be made available to program applicants, residents, and faculty members? [PR 4.2.a.]  YES  NO

If YES, how will the aims be made available? Explain if NO.

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1. Will the curriculum contain competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. Will they be distributed, reviewed, and available to residents and faculty members? [PR 4.2.b.]

YES  NO

1. Will the curriculum delineate resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision? [PR 4.2.c.]  YES  NO

If YES, how? Explain if NO.

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1. Will residents be provided with protected time to participate in core didactic activities? [PR 4.11.]  YES  NO

Explain if NO.

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1. Describe how the program will offer clinical experiences in a resource-limited environment. [PR 1.8.h.]

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**ACGME Competencies**

**Professionalism**

1. Describe the learning activity(ies), other than lecture, through which residents will demonstrate a commitment to professionalism and an adherence to ethical principles. [PR 4.3.] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

Indicate the settings and activities in which residents will demonstrate competence in each of the following areas of patient care and the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
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| Continuity of comprehensive patient care [PR [4.4.a.] | Click here to enter text. | Click here to enter text. |
| Evaluation, diagnosis, and operative and non-operative treatment across the five phases of care and across the spectrum of ages for elective, urgent, and emergent conditions;  [4.4.b.] | Click here to enter text. | Click here to enter text. |
| Routine diagnosis and treatment of surgical problems, as well as recognizing, critically evaluating, and managing complexities and complications; [4.4.c.] | Click here to enter text. | Click here to enter text. |
| Evaluation, management, and emergency surgical stabilization in the care of injured patients. [PR 4.5.a.] | Click here to enter text. | Click here to enter text. |
| Acquisition of the psycho-motor skills required to perform safe surgical procedures independently and know when to appropriately perform them. [PR 4.5.b.] | Click here to enter text. | Click here to enter text. |
| Using existing and emerging surgical and other relevant value-based technologies and treatments.  [PR 4.5.c.] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Indicate the activities through which residents will demonstrate competence in their knowledge of each of the following areas and the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
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| Breadth of diseases and disorders seen in the practice of general surgery including: [PR 4.6.a.] | | |
| Diseases of the abdomen and its contents | Click here to enter text. | Click here to enter text. |
| Alimentary tract | Click here to enter text. | Click here to enter text. |
| Skin, soft tissue and breast | Click here to enter text. | Click here to enter text. |
| Endocrine Surgery | Click here to enter text. | Click here to enter text. |
| Head and Neck Disease | Click here to enter text. | Click here to enter text. |
| Non-cardiac thoracic surgery | Click here to enter text. | Click here to enter text. |
| Pediatric Surgery | Click here to enter text. | Click here to enter text. |
| Critical Care | Click here to enter text. | Click here to enter text. |
| Surgical Oncology | Click here to enter text. | Click here to enter text. |
| Trauma and non-operative trauma | Click here to enter text. | Click here to enter text. |
| Vascular System | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one learning activity in which residents will systematically analyze practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement. [PR 4.7.] (Limit response to 400 words)

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1. Briefly describe one planned learning activity in which residents will engage to identify strengths, deficiencies, and limits in their knowledge and expertise; set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals. [PR 4.7.a.-c] (Limit response to 400 words)

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1. Briefly describe how residents will receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills, have it available for review by the site visitor.) [PR 4.7.e.] (Limit response to 400 words)

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1. Briefly describe one example of a learning activity in which residents will engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR 4.7.f.] (Limit response to 400 words)

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1. Briefly describe how residents will demonstrate competence in incorporating preventive health care skills to improve population health outcomes through ongoing community involvement. [PR 4.7.g.] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Describe one learning activity in which residents will develop competence in communicating effectively with patients and patients’ families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities to provide appropriate care to each patient. Describe how this will be assessed by the program. [PR 4.8.-4.8.a.] (Limit response to 400 words)

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1. Describe one learning activity in which residents develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR 4.8.c.] (Limit response to 400 words)

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1. Briefly describe how residents will participate in the education of patients, families, students, residents, and other health professionals. [PR 4.8.d.] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [PR 4.8.e.] (Limit response to 400 words)

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1. Describe an activity where residents will develop their skills counseling patients so that they are able to engage in shared decision making, as well as opportunities to practice communicating unexpected outcomes, including life-limiting diagnoses and medical errors. [PR 4.8.h.-i.] (Limit response to 400 words)

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**Systems-based Practice**

1. Describe the learning activity(ies) through which residents will learn and demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR 4.9.] (Limit response to 400 words)

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1. Briefly describe the learning activity(ies) through which residents will achieve competence in the elements of systems-based practice, including: working effectively in various health care delivery settings and systems, coordinating patient care within the health care system; advocating for quality patient care and optimal patient care systems; identifying systems errors and implementing potential solutions, and incorporating considerations of value, equity, and risk-benefit analysis in patient care.. [PR 4.9.a.-e.] (Limit response to 400 words)

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**Curriculum Organization and Resident Experiences**

1. How will the curriculum be structured to optimize resident educational experiences? This must include an explanation of the length of experiences and how the program will ensure supervisory continuity. Include how the program will develop longitudinal relationships with faculty members and meaningful assessment and feedback. [PR 4.10.]

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1. Are rotations at least four contiguous weeks in duration? [PR 4.10.b.]  YES  NO

Explain if NO.

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1. Briefly describe how the program will provide instruction and clinical experience in pain management, including recognition of the signs of substance use disorder as well as the application and principles of local and regional anesthesia and conscious sedation for the mitigation of peri-procedural pain. [PR 4.12.-4.12.a.]

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1. Does the simulation-based curriculum: [PR 4.11.a.4.-6.]
2. Assist residents with the development of technical and non-technical skills?

YES  NO

1. Incorporate new and evolving technologies and treatments into the curriculum?

YES  NO

Explain how the simulation curriculum will complement clinical experience and be tailored to each resident’s level of skill. (Limit response to 400 words)

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1. Describe how clinical assignments will be structured to ensure that residents utilize safe technical skills commensurate with their level of training and perform level and skill-appropriate core and non-core surgical procedures, including image guided procedures, with appropriate supervision and graduated independence? [PR 4.11.b.1.-2.

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1. Will 54 months of the 60-month program be spent on clinical assignments in surgery? [PR 4.11.e.]  YES  NO
2. Will 42 months of these 54 months be spent on clinical assignments in the essential content areas of surgery? YES  NO
3. Describe how the program will provide residents clinical experience in emergency surgical care and surgical critical care. [PR4.11.f.] (Limit response to 400 words)

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1. Describe how the program will provide residents instruction in burn physiology and clinical experience in initial burn management. [PR4.11.g.](Limit response to 400 words)

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1. Describe how residents will learn to recognize and identify patients that would benefit from solid organ transplantation, manage general surgical conditions in transplant patients, and understand immunosuppressive medications and their complications. [PR 4.11.h.] (Limit response to 400 words)

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1. Will the program ensure that a chief resident and a fellow do not have primary responsibility for the same patients? [PR 4.11.o.]  YES  NO

Explain if “NO.”

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1. Will clinical assignments during the chief year be in the essential content areas of general surgery? [PR 4.11.o.1.]  YES  NO

Explain if “NO.”

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1. Will at least 75% of assignments within essential content areas, excluding surgical critical care and night float, include an outpatient experience of one half-day per week? [PR 4.11.q.]

YES  NO

1. Will the curriculum include instruction and experience in the available treatments options and application of technical advances for the following components: [PR 4.11.r.1.-14.]

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| Surgical therapy in conjunction with medical therapy, as indicated by the condition | YES  NO |
| Use of radiation therapy | YES  NO |
| Management of conditions of the alimentary tract | YES  NO |
| Management of conditions of the abdomen, including the abdominal wall | YES  NO |
| Management of neoplastic and inflammatory conditions of the skin and soft tissues | YES  NO |
| Management of lesions of the breast, including inflammatory and neoplastic conditions | YES  NO |
| Management of endocrine conditions that may involve surgical therapy, including those of the thyroid, parathyroid, adrenal, and endocrine pancreas | YES  NO |
| Management of the trauma patient, including initial resuscitation and immediate life-preserving measures, restoration of vital organ function, and management of life-threatening injuries | YES  NO |
| Management of conditions of the vascular system that are amenable to the expertise of the general surgeon | YES  NO |
| Initial evaluation and management of conditions of the cardiothoracic, genitourinary, gynecologic, otolaryngologic, neurologic, and musculoskeletal systems | YES  NO |
| Management of common and emergent pediatric surgical conditions and recognition of other congenital and pediatric surgical conditions | YES  NO |
| Management of the patient with end-organ failure or severe dysfunction with underlying surgical disease | YES  NO |
| Surgical management of diseases of the hematopoietic system | YES  NO |
| Management of patients with palliative care needs, to include application of surgical therapy appropriately in end-of-life situations using shared decision making | YES  NO |

1. List the planned faculty and resident teaching activity program conferences expected to occur during the first full academic year of the program (i.e., grand rounds, basic science, clinical conferences, and journal club). **For residents who give lectures, identify the PGY level**. Supporting documentation should be available at the time of the site visit. Add rows as necessary. [PR 4.11.a.2.

| **Grand Rounds**  (list grand rounds topics planned for the program **or** for the most recent complete academic year) | | | | |
| --- | --- | --- | --- | --- |
| Individual in charge of the conference: | | | Click here to enter text. | |
| Frequency of grand rounds: | | | Click here to enter text. | |
| **Presenter** | | | **Title of Presentation** | **Site #** |
| **Name (if known)** | **Faculty or Resident** | **PGY** |
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| **Basic Science Conferences**  (list basic science topics planned for the program **or** for the most recent complete academic year) | | | | |
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| Individual in charge of the conference: | | | Click here to enter text. | |
| Frequency of basic science conference: | | | Click here to enter text. | |
| **Presenter** | | | **Title of Presentation** | **Site #** |
| **Name** | **Faculty or Resident** | **PGY** |
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| **Clinical Conferences (If applicable)**  (list clinical conference topics planned for the program or for the most recent complete academic year) | | | | |
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| Individual in charge of the conference: | | | Click here to enter text. | |
| Frequency of clinical conference: | | | Click here to enter text. | |
| **Presenter** | | | **Title of Presentation** | **Site #** |
| **Name** | **Faculty or Resident** | **PGY** |
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| **Morbidity and Mortality Conferences** | | |
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| Individual in charge of the conference: | Click here to enter text. | |
| Frequency of M&M conferences: | Click here to enter text. | |
| Is there a weekly M&M conference at the Sponsoring Institution and at each participating site? | | YES  NO  If no, please explain |
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| **Journal Club**  (list journal club topics planned for the program **or** for the most recent complete academic year) | | | | |
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| Individual in charge of journal club: | | | Click here to enter text. | |
| Frequency of journal club: | | | Click here to enter text. | |
| **Presenter** | | | **Title of Presentation** | **Site #** |
| **Name** | **Faculty or Resident** | **PGY** |
| Click here to enter text. | Click here to enter text. | # | Title | # |
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| **Skills/Simulation Lab Sessions** | |
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| Individual in charge of the session: | Click here to enter text. |
| Frequency of sessions: | Click here to enter text. |
| In the section below:   * describe how the skills/simulation lab is incorporated into the curriculum * list the PGY level of residents of who attend the sessions * state where the residents attend the skills/simulation lab (at the primary clinical site or another location) | |
| Click here to enter text. | |

1. Describe how residents will gain experience in emergency care and surgical critical care to manage and treat patients with severe and complex illnesses, major injuries, and or with resulting organ system dysfunction. [PR 4.11.s.] (Limit response to 400 words)

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**Scholarship**

1. Describe the resources and program plan for resident participation in scholarship [PR 4.13.a.] (Limit response to 400 words)

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1. Will the program faculty demonstrate accomplishments in at least three of the domains of scholarly activity as delineated in PR 4.14.?  YES  NO

Explain if NO.

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**Evaluation**

1. Will semi-annual assessment of residents include a detailed reviewof case volume, breadth, and complexity? [PR 5.1.h.]  YES  NO
2. How will the program director or their designee, with input from the Clinical Competency committee, assess resident acquisition and maintenance of technical and non-technical skills using competency-based evaluation? [PR 5.1.i.]

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1. Annually, will the program monitor each resident’s medical knowledge by use of a formal exam? [PR 5.1.j.]  YES  NO
2. If “YES,” what other criteria will the program use to assess resident knowledge and readiness to progress to the next level of the program? Explain if NO. [PR V.A.1.e).(1)]

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1. Will the resident’s final evaluation: [PR 5.2.b.-d.] (Select all that apply)

become part of the resident’s permanent record, maintained by the institution, and accessible for review by the resident?

verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice?

be shared with the resident upon completion of the program?

1. Will the program evaluate each faculty member’s performance annually as it relates to the educational program?  [PR V.B.1]  YES  NO
2. If YES, will the evaluation include a review of the faculty member’s: [PR 5.4.a.]

(select all that apply)

Clinical Teaching Abilities

Engagement with the educational program

Participation in faculty development

Clinical Performance

Professionalism

Scholarly Activities

Confidential Resident Evaluations of the Faculty

Feedback on their Evaluations

**The Learning and Working Environment**

**Patient Safety, Quality Improvement, Supervision, and Accountability**

1. Describe how the program, its faculty, residents and fellows will actively participate in patient safety systems and contribute to a culture of safety. [PR 6.1.] (Limit response to 400 words)

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1. Describe the program’s plan to ensure that residents and faculty members know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events. [PR 6.2.] (Limit response to 400 words)

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1. Describe a learning activity where residents participate as team members in patient safety activities such as root cause analyses, as well as formulation and implementation of actions. [PR 6.3.]

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**Supervision**

1. Describe how the program will ensure that the appropriate level of supervision is in place for all residents based on each resident’s level of education, training, and ability, as well as patient complexity and acuity. [PR 6.6.] (Limit response to 400 words)

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1. Will the program set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s)? [PR 6.10.]  YES  NO

If YES, how will these be communicated to residents, faculty, and staff? Explain if NO.

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1. Will the program ensure that PGY-1 residents are initially supervised directly, and that the supervising physician is physically present during the key portions of the patient interaction? [PR 6.7.a.]  YES  NO

Explain if NO.

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1. Will the program define those physician tasks for which PGY-1 residents must be supervised directly until they have demonstrated competence as defined by the program director? [PR 6.7.a.1.]  YES  NO

If YES, how will it be communicated to residents, faculty, and staff? Explain if NO.

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**Professionalism**

1. Will the program ensure that the learning objectives of the program be accomplished without excessive reliance on residents to fulfill non-physician obligations? [PR 6.12.a.]

YES  NO

Explain if NO.

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1. Describe the resources and processes developed to ensure that the educational environment is professional, equitable, respectful, and civil. Include a discussion of policies and procedures, resident education, faculty development, and reporting procedures in the event of an occurrence. [PR 6.12.f.]

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**Well-Being and Fatigue Mitigation**

1. Outline the policies and procedures that are in place to ensure coverage of care when a resident is unable to attend work. [PR 6.14.]

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1. Describe the program’s plan to educate all faculty members and residents to recognize the signs of fatigue, sleep deprivation, and fatigue mitigation processes. [PR 6.15.]

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**Clinical Responsibilities, Teamwork, and Transitions of Care**

1. Describe how the program will ensure that residents who work as a member of an interprofessional team are assigned based on each individual’s education, experience, and competence. What structures are in place to advance resident independence and autonomy? [PR 6.18.a.] (Limit response to 400 words)

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1. Will the program have appropriate, service-specific guidelines for communication, that allow for appropriate understanding of reporting relationships and maximize quality and safety of patient care? [PR 6.18.c.]  YES  NO

If YES, how will these be communicated? Explain if NO.

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**Transitions of Care**

1. Describe how the program will design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. Include a discussion about program and Sponsoring Institution hand-off policies and processes, resident and staff member education, and faculty development. [PR 6.19.-6.19.a.] (Limit response to 400 words)

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**Clinical Experience and Education**

1. Describe the program’s processes to ensure that residents do not exceed 80 hours per week averaged over a four-week period. [PR 6.20.]

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1. Describe how the program will ensure that clinical and educational work periods do not exceed 24 hours of continuous scheduled assignments. Include a discussion about how the program will manage those residents affected by didactics and educational conferences on the day(s) following 24 hours of continuous duty. [PR 6.22.]

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1. Briefly describe resident night float rotations, including: (a) the number of consecutive nights of night float; (b) the maximum number of consecutive weeks of night float per year; (c) the maximum number of months of night float per year; and (d) the frequency of night float rotations. [PR 6.26.] (Limit response to 400 words)

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| Click here to enter text. |

**Institutional Operative Experience – General Surgery**

**Review Committee for Surgery**

Enter the total number of procedures for a recent one-year period (e.g., academic year, calendar year) at each participating site. Do not limit reported cases to those in which a resident has participated and do not enter Case Log data. If the procedural count is zero, enter 0, leaving no cell empty.

The site number must match the site number listed in the Accreditation Data System (ADS) (Sites tab>Participating Site Information). Please ensure that the site number in ADS matches the site number on this form. If a new participating site will be added, include that site and its corresponding volume in the table even if the site has not been approved.

|  | **Site Name** | | | **Site Name** | | **Site Name** | | | **Site Name** | | **Site Name** | | | | **Site Name** | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Click checkbox if there are other learners at this site competing for operative cases. |  | | |  | |  | | |  | |  | | | |  |  |
| If there are other learners competing for operative cases in the specialty at the site, list their specialties. | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | | | Click or tap here to enter text. |  |
| **Skin/Soft Tissue** | | | | | | | | | | | | | | | | |
| All skin/soft tissue types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL SKIN/SOFT TISSUE** | # | | | # | | # | | | # | | # | | | | # | # |
| **Breast** | | | | | | | | | | | | | | | | |
| Axillary dissection | # | | | # | | # | | | # | | # | | | | # | # |
| Modified radical mastectomy | # | | | # | | # | | | # | | # | | | | # | # |
| Sentinel lymph node biopsy | # | | | # | | # | | | # | | # | | | | # | # |
| Simple mastectomy | # | | | # | | # | | | # | | # | | | | # | # |
| All other breast types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL BREAST** | # | | | # | | # | | | # | | # | | | | # | # |
| **Head/Neck** | | | | | | | | | | | | | | | | |
| All head/neck types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL HEAD/NECK** | **#** | | | **#** | | **#** | | | **#** | | **#** | | | | **#** | **#** |
| **Alimentary Tract-Esophagus** | | | | | | | | | | | | | | | | |
| Antireflux procedure | # | | | # | | # | | | # | | # | | | | # | # |
| Esophagectomy | # | | | # | | # | | | # | | # | | | | # | # |
| Repair of perforation-esophagus disease | # | | | # | | # | | | # | | # | | | | # | # |
| All other alimentary tract esophagus types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL ALIMENTARY TRACT-ESOPHAGUS** | # | | | # | | # | | | # | | # | | | | # | # |
| **Alimentary Tract-Stomach** | | | | | | | | | | | | | | | | |
| Gastric reduction for morbid obesity (all) | # | | | # | | # | | | # | | # | | | | # | # |
| Gastric resection | # | | | # | | # | | | # | | # | | | | # | # |
| Gastrostomy (all types) | # | | | # | | # | | | # | | # | | | | # | # |
| Repair perforation-gastric disease | # | | | # | | # | | | # | | # | | | | # | # |
| All other alimentary tract-stomach types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL ALIMENTARY TRACT-STOMACH** | # | | | # | | # | | | # | | # | | | | # | # |
| **Alimentary Tract-Small Intestine** | | | | | | | | | | | | | | | | |
| Enterectomy | # | | | # | | # | | | # | | # | | | | # | # |
| Enterolysis | # | | | # | | # | | | # | | # | | | | # | # |
| Repair perforation-duodenal disease | # | | | # | | # | | | # | | # | | | | # | # |
| All other alimentary tract-small intestine types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL ALIMENTARY TRACT-SMALL INTESTINE** | # | | | # | | # | | | # | | # | | | | # | # |
| **Alimentary Tract-Large Intestine** | | | | | | | | | | | | | | | | |
| Appendectomy | # | | | # | | # | | | # | | # | | | | # | # |
| Colectomy | # | | | # | | # | | | # | | # | | | | # | # |
| Colostomy (all types) | # | | | # | | # | | | # | | # | | | | # | # |
| Colostomy closure | # | | | # | | # | | | # | | # | | | | # | # |
| All other alimentary tract-large intestine types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL ALIMENTARY TRACT-LARGE INTESTINE** | # | | | # | | # | | | # | | # | | | | # | # |
| **Alimentary Tract-Anorectal** | | | | | | | | | | | | | | | | |
| All alimentary tract-anorectal types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL ALIMENTARY TRACT-ANORECTAL** | # | | | # | | # | | | # | | # | | | | # | # |
| **Abdomen-General** | | | | | | | | | | | | | | | | |
| Exploratory laparotomy | # | | | # | | # | | | # | | # | | | | # | # |
| All other abdominal-general types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL ABDOMEN-GENERAL** | # | | | # | | # | | | # | | # | | | | # | # |
| **Abdomen-Biliary** | | | | | | | | | | | | | | | | |
| Cholecystectomy | # | | | # | | # | | | # | | # | | | | # | # |
| All other abdomen-biliary types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL ABDOMEN-BILIARY** | # | | | # | | # | | | # | | # | | | | # | # |
| **Abdomen-Hernia** | | | | | | | | | | | | | | | | |
| Inguinal-femoral | # | | | # | | # | | | # | | # | | | | # | # |
| Ventral | # | | | # | | # | | | # | | # | | | | # | # |
| Other major hernias | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL ABDOMEN-HERNIA** | # | | | # | | # | | | # | | # | | | | # | # |
| **Abdomen-Liver** | | | | | | | | | | | | | | | | |
| Drainage-liver abscess | # | | | # | | # | | | # | | # | | | | # | # |
| Lobectomy or segmentectomy | # | | | # | | # | | | # | | # | | | | # | # |
| Wedge resection/open biopsy | # | | | # | | # | | | # | | # | | | | # | # |
| Other major liver | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL ABDOMEN-LIVER** | # | | | # | | # | | | # | | # | | | | # | # |
| **Abdomen-Pancreas** | | | | | | | | | | | | | | | | |
| Drainage pseudocyst (all types) | # | | | # | | # | | | # | | # | | | | # | # |
| Pancreatic resection | # | | | # | | # | | | # | | # | | | | # | # |
| Pancreatojejunostomy | # | | | # | | # | | | # | | # | | | | # | # |
| All other abdomen-pancreas types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL ABDOMEN-PANCREAS** | # | | | # | | # | | | # | | # | | | | # | # |
| **Abdomen-Spleen** | | | | | | | | | | | | | | | | |
| Splenectomy | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL ABDOMEN-SPLEEN** | # | | | # | | # | | | # | | # | | | | # | # |
| **Organ Transplant** | | | | | | | | | | | | | | | | |
| Donor hepatectomy | | # | # | | # | | # | | | # | | | # | | | # |
| Donor nephrectomy | | # | # | | # | | # | | | # | | | # | | | # |
| Liver transplant | | # | # | | # | | # | | | # | | | # | | | # |
| Pancreas transplant | | # | # | | # | | # | | | # | | | # | | | # |
| Renal transplant | | # | # | | # | | # | | | # | | | # | | | # |
| Other major organ transplant | | # | # | | # | | # | | | # | | | # | | | # |
| **TOTAL ORGAN TRANSPLANT** | | **#** | **#** | | **#** | | **#** | | | **#** | | | **#** | | | # |
| **Vascular-Aneurysm Repair** | | | | | | | | | | | | | | | | |
| Endovascular repair abdomen | # | | | # | | # | | | # | | # | | | | # | # |
| Open repair infrarenal | # | | | # | | # | | | # | | # | | | | # | # |
| Repair femoral aneurysm | # | | | # | | # | | | # | | # | | | | # | # |
| Repair popliteal aneurysm | # | | | # | | # | | | # | | # | | | | # | # |
| All other vascular-aneurysm repair types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL VASCULAR-ANEURYSM REPAIR** | # | | | # | | # | | | # | | # | | | | # | # |
| **Vascular-Cerebrovascular** | | | | | | | | | | | | | | | | |
| Carotid endarterectomy | # | | | # | | # | | | # | | # | | | | # | # |
| All other vascular-cerebrovascular types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL VASCULAR-CEREBROVASCULAR** | # | | | # | | # | | | # | | # | | | | # | # |
| **Vascular-Peripheral Obstruction** | | | | | | | | | | | | | | | | |
| Aorto-ilio/femoral endarterectomy/bypass | # | | | # | | # | | | # | | # | | | | # | # |
| Femoral-popliteal/infrapopliteal bypass | # | | | # | | # | | | # | | # | | | | # | # |
| All other vascular-peripheral obstruction types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL VASCULAR-PERIPHERAL OBSTRUCTION** | # | | | # | | # | | | # | | # | | | | # | # |
| **Vascular-Abdominal Obstructive** | | | | | | | | | | | | | | | | |
| All vascular-abdominal obstructive types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL VASCULAR-ABDOMINAL OBSTRUCTIVE** | # | | | # | | # | | | # | | # | | | | # | # |
| **Vascular-Upper Extremity** | | | | | | | | | | | | | | | | |
| All vascular-upper extremity types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL VASCULAR-UPPER EXTREMITY** | # | | | # | | # | | | # | | # | | | | # | # |
| **Vascular-Extra-Anatomic** | | | | | | | | | | | | | | | | |
| Axillo-femoral bypass | # | | | # | | # | | | # | | # | | | | # | # |
| Axillo-popliteal-tibial bypass | # | | | # | | # | | | # | | # | | | | # | # |
| Femoral-femoral bypass | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL VASCULAR-EXTRA-ANATOMIC** | # | | | # | | # | | | # | | # | | | | # | # |
| **Vascular-Thrombolysis/Mechanical Thrombectomy** | | | | | | | | | | | | | | | | |
| Exchange of thrombolysis catheter | # | | | # | | # | | | # | | # | | | | # | # |
| Thrombolysis, transarterial, transcatheter | # | | | # | | # | | | # | | # | | | | # | # |
| Transluminal mechanical thrombectomy | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL VASCULAR-THROMBOLYSIS/MECHANICAL THROMBECTOMY** | # | | | # | | # | | | # | | # | | | | # | # |
| **Vascular-Miscellaneous Endovascular Therapeutic** | | | | | | | | | | | | | | | | |
| Endovascular place of iliac artery occlusion device | # | | | # | | # | | | # | | # | | | | # | # |
| Transcatheter arterial occlusion or embolization | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL VASCULAR-MISCELLANEOUS ENDOVASCULAR THERAPEUTIC:** | # | | | # | | # | | | # | | # | | | | # | # |
| **Vascular-Trauma** | | | | | | | | | | | | | | | | |
| Fasciotomy | # | | | # | | # | | | # | | # | | | | # | # |
| Repair abdominal vessels | # | | | # | | # | | | # | | # | | | | # | # |
| Repair neck vessels | # | | | # | | # | | | # | | # | | | | # | # |
| Repair peripheral vessels | # | | | # | | # | | | # | | # | | | | # | # |
| Repair thoracic vessels | # | | | # | | # | | | # | | # | | | | # | # |
| All other vascular-trauma types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL VASCULAR-TRAUMA** | # | | | # | | # | | | # | | # | | | | # | # |
| **Vascular-Venous** | | | | | | | | | | | | | | | | |
| Operation for varicose veins | # | | | # | | # | | | # | | # | | | | # | # |
| All other vascular-venous types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL VASCULAR-VENOUS** | # | | | # | | # | | | # | | # | | | | # | # |
| **Vascular-Miscellaneous Vascular** | | | | | | | | | | | | | | | | |
| Exploration of artery | # | | | # | | # | | | # | | # | | | | # | # |
| Spine exposure | # | | | # | | # | | | # | | # | | | | # | # |
| All other vascular-miscellaneous vascular types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL VASCULAR- MISCELLANEOUS** | # | | | # | | # | | | # | | # | | | | # | # |
| **Vascular-Vascular Access** | | | | | | | | | | | | | | | | |
| Arteriovenous fistula | # | | | # | | # | | | # | | # | | | | # | # |
| Arteriovenous graft | # | | | # | | # | | | # | | # | | | | # | # |
| All other vascular-vascular access types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL VASCULAR – VASCULAR ACCESS** | # | | | # | | # | | | # | | # | | | | # | # |
| **Vascular-Amputations** | | | | | | | | | | | | | | | | |
| All vascular-amputation types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL VASCULAR-AMPUTATIONS** | # | | | # | | # | | | # | | # | | | | # | # |
| **Endocrine** | | | | | | | | | | | | | | | | |
| Adrenalectomy | # | | | # | | # | | | # | | # | | | | # | # |
| Pancreatic endocrine procedure | # | | | # | | # | | | # | | # | | | | # | # |
| Parathyroidectomy | # | | | # | | # | | | # | | # | | | | # | # |
| Thyroidectomy, partial or total | # | | | # | | # | | | # | | # | | | | # | # |
| Other major endocrine | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL ENDOCRINE** | # | | | # | | # | | | # | | # | | | | # | # |
| **Trauma** | | | | | | | | | | | | | | | | |
| Drainage pancreatic injury | | # | | # | | # | | # | | | | # | | # | | # |
| Exploratory laparotomy | | # | | # | | # | | # | | | | # | | # | | # |
| Exploratory thoracotomy | | # | | # | | # | | # | | | | # | | # | | # |
| Hepatic resection for injury | | # | | # | | # | | # | | | | # | | # | | # |
| Management cardiac injury | | # | | # | | # | | # | | | | # | | # | | # |
| Neck exploratory for trauma | | # | | # | | # | | # | | | | # | | # | | # |
| Repair/drainage hepatic lacerations-open | | # | | # | | # | | # | | | | # | | # | | # |
| Resection of pancreatic injury | | # | | # | | # | | # | | | | # | | # | | # |
| Splenectomy/splenorrhaphy | | # | | # | | # | | # | | | | # | | # | | # |
| All other trauma types | | # | | # | | # | | # | | | | # | | # | | # |
| **TOTAL TRAUMA** | | **#** | | **#** | | **#** | | **#** | | | | **#** | | **#** | | # |
| **Patient Care (Not for Major Credit)** | | | | | | | | | | | | | | | | |
| Non-operative trauma | | # | | # | | # | | # | | | | # | | # | | # |
| **TOTAL PATIENT CARE** | | **#** | | **#** | | **#** | | **#** | | | | **#** | | **#** | | # |
| **Thoracic** | | | | | | | | | | | | | | | | |
| Excision mediastinal tumor | # | | | # | | # | | | # | | # | | | | # | # |
| Exploratory thoracotomy | # | | | # | | # | | | # | | # | | | | # | # |
| Pneumonectomy | # | | | # | | # | | | # | | # | | | | # | # |
| Repair diaphragmatic hernia | # | | | # | | # | | | # | | # | | | | # | # |
| Wedge resection/lobectomy lung | # | | | # | | # | | | # | | # | | | | # | # |
| All other thoracic types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL THORACIC** | # | | | # | | # | | | # | | # | | | | # | # |
| **Pediatric** | | | | | | | | | | | | | | | | |
| Antireflux procedure | # | | | # | | # | | | # | | # | | | | # | # |
| Excise Wilms tumor/neuroblastoma | # | | | # | | # | | | # | | # | | | | # | # |
| Herniorrhaphy, inguinal/umbilical | # | | | # | | # | | | # | | # | | | | # | # |
| Operation for Hirschsprung’s/imperforate anus | # | | | # | | # | | | # | | # | | | | # | # |
| Operation for malrotation/intussusception | # | | | # | | # | | | # | | # | | | | # | # |
| Procedure for meconium ileus/necrotizing enterocolitis | # | | | # | | # | | | # | | # | | | | # | # |
| Repair diaphragmatic hernia | # | | | # | | # | | | # | | # | | | | # | # |
| Repair omphalocele/gastroschisis | # | | | # | | # | | | # | | # | | | | # | # |
| Repair pyloric stenosis | # | | | # | | # | | | # | | # | | | | # | # |
| All other pediatric types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL PEDIATRIC** | # | | | # | | # | | | # | | # | | | | # | # |
| **Plastic** | | | | | | | | | | | | | | | | |
| All plastic types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL PLASTIC** | **#** | | | **#** | | **#** | | | **#** | | **#** | | | | **#** | # |
| **Hand** | | | | | | | | | | | | | | | | |
| All hand types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL HAND** | **#** | | | **#** | | **#** | | | **#** | | **#** | | | | **#** | # |
| **Surgical Critical Care Patient Management (Not for Major Credit)** | | | | | | | | | | | | | | | | |
| Bleeding: non-trauma patient >3 units | # | | | # | | # | | | # | | # | | | | # | # |
| Dysrhythmias: requiring drug management | # | | | # | | # | | | # | | # | | | | # | # |
| Hemodynamic instability: requiring inotrope/pressor | # | | | # | | # | | | # | | # | | | | # | # |
| Invasive line, manage/monitor: Swan, arterial, etc. | # | | | # | | # | | | # | | # | | | | # | # |
| Organ dysfunction: renal, hepatic, cardiac | # | | | # | | # | | | # | | # | | | | # | # |
| Parenteral/enteral nutrition | # | | | # | | # | | | # | | # | | | | # | # |
| Ventilatory management: >24hrs on ventilator | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL SURGICAL-CRITICAL CARE PATIENT MANAGEMENT (Not for Major Credit)** | **#** | | | **#** | | **#** | | | **#** | | **#** | | | | **#** | # |
| **Endoscopy (Not for Major Credit)** | | | | | | | | | | | | | | | | |
| Esophagogastroduodenoscopy | # | | | # | | # | | | # | | # | | | | # | # |
| Flexible colonoscopy with or without biopsy/polypectomy | # | | | # | | # | | | # | | # | | | | # | # |
| Percutaneous endoscopic gastrostomy (PEG) | # | | | # | | # | | | # | | # | | | | # | # |
| All other endoscopy types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL ENDOSCOPY** | **#** | | | **#** | | **#** | | | **#** | | **#** | | | | **#** | # |
| **Genitourinary** | | | | | | | | | | | | | | | | |
| All genitourinary types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL GENITOURINARY** | # | | | # | | # | | | # | | # | | | | # | # |
| **Gynecology** | | | | | | | | | | | | | | | | |
| Hysterectomy (all) | # | | | # | | # | | | # | | # | | | | # | # |
| Salpingo-oophorectomy | # | | | # | | # | | | # | | # | | | | # | # |
| Other major gynecology | # | | | # | | # | | | # | | # | | | | # | # |
| Other major gynecology-laparoscopic | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL GYNECOLOGY** | # | | | # | | # | | | # | | # | | | | # | # |
| **Orthopaedic Surgery** | | | | | | | | | | | | | | | | |
| All orthopaedic surgery types | # | | | # | | # | | | # | | # | | | | # | # |
| **TOTAL ORTHOPAEDIC SURGERY** | # | | | # | | # | | | # | | # | | | | # | # |