

Flexibility in Surgical Training (FIT) During General Surgery Residency Review Committee for Surgery

Introduction

The Review Committee will consider requests for flexible rotations during general surgery residency.

Flexibility in Surgical Training (FIT) requests will be considered for the following purposes:

1. Focused education during which chief residents will have more than six months of essential content in one area during PGY-5.
2. Unique educational opportunities for residents to have up to six months of chief experience during PGY-4 (requirements included in the Appendix).
3. Establishment of an education “track” (e.g., rural, burn) where only some residents elect to complete a structured curriculum.
4. To accommodate extended personal/family leave. This request should be used in accordance with the American Board of Surgery General Surgery Family Leave Policy; residents may request up to four weeks away from the educational program for certain significant life events while preserving two additional weeks for vacation or other uses, as approved by the program.

FIT requests should not only take into consideration the education and training of the individual, but the impact the FIT request may have on other residents in the program.

FIT requests for the purposes of focused education and participation in a “track” are independent and must be requested for each resident who wishes to participate in the experience.

Programs may have fourth-year rotations approved as chief rotations using a FIT request; guidelines pertaining to using a FIT request to designate a fourth-year rotation as a chief rotation are listed below. Once the rotation has been approved as a chief experience, the program would not be required to reapply for FIT for the rotation, unless the rotation undergoes a substantial change.

Approval of requests to use FIT for personal/family leave in programs that do not have pre-approved FIT fourth-year rotations will continue to be handled on an ad hoc and individual basis.

With the exception of FIT requests for family/personal leave, all requests must be made in advance of the intended rotation(s). All FIT requests must be accompanied by supporting documentation as outlined in the checklist below. Programs requesting chief rotations in the PGY-4 must describe the attributes of the rotation(s) that qualify as chief-level education and experience. The requirements related to the chief year are attached in the Appendix.

Initial General Surgery FIT Checklist

	Purpose #1: Focused education during which chief residents will have more than six months of essential content in one area during the PGY-5, including chief and non-chief rotations. Programs should submit:
	Letter of request co-signed by the program director and designated institutional official (DIO) with the educational rationale and description of the anticipated effect on the program
	Current block diagram
	Proposed resident rotation schedule
	<i>If substantial changes are made to a pre-approved focused educational experience in one essential content area during the fifth year, the program must notify the Review Committee with a formal letter of request outlining the changes, co-signed by the program director and DIO, and include the current block diagram.</i>

	Purpose #2: PGY-4 chief experience of up to six months. Programs should submit:
	Letter of request co-signed by the program director and DIO with the educational rationale and description of the anticipated effect on the program
	Description of the attributes of the PGY-4 rotation that qualify as chief-level education and experience
	Current block diagram
	Proposed resident rotation schedule showing chief rotations in the PGY-4 and showing the chief and non-chief rotations in the PGY-5 (program must indicate what non-chief experience will occur in PGY-5)
	Proposed block diagram showing the rotations for the PGY-4 and -5 residents who are not participating in the flexibility option
	<i>If substantial changes are made to a pre-approved fourth-year chief rotation, the program must notify the Review Committee with a formal letter of request with changes, co-signed by the program director and DIO, and include the current block diagram.</i>

	Purpose #3: Establishment of an educational track in which only some residents elect to complete a structured track curriculum. Programs should submit:
	Letter of request co-signed by the program director and DIO with the educational rationale and description of the anticipated effect on the program
	Complete set of level-specific and competency-based goals and objectives for the track
	Current block diagram
	Proposed block diagram/resident rotation schedule
	Executed program letter of agreement identifying the site director and all applicable faculty members
	<i>If the track experience is proposed as a PGY-4 chief rotation, describe the attributes of the rotation that qualify as chief-level education and experience in the PGY-4. If substantial changes are made to a pre-approved track experience, the program must notify the Review Committee with a formal letter of request with changes, co-signed by the program director and DIO, and include the current block diagram.</i>

	Purpose #4: Personal/family leave accommodations. Programs should submit:
	Letter of request co-signed by the program director and DIO
	Current block diagram
	Proposed block diagram/resident rotation schedule (must include name of resident(s))

	<p><i>If leave is during the PGY-5, include the following:</i></p> <ul style="list-style-type: none">• <i>Proposed resident rotation schedule showing chief rotations in the PGY-4</i>• <i>Indicate the chief and non-chief rotations in the PGY-5 (there may be no more than 12 months of chief rotations; must include name of resident(s))</i>• <i>Description of the attributes of the rotation that qualify as chief-level education and experience in the PGY-4</i>
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Approval Process

Programs will receive a letter of notification/approval from the Review Committee for Surgery. It is the responsibility of the program to submit the approval letter to the American Board of Surgery when applying for certification of residents.

When submitting a request for approval of a FIT rotation(s) during general surgery residency, a formal letter of request, with the program number, co-signed by the program director and the DIO, and all requested documentation listed in the applicable checklist above, must be emailed to Aimee Morales, associate executive director of the Review Committee for Surgery, at amorales@acgme.org.

Email questions to Review Committee staff members, whose contact information is found in the [Surgery section of the ACGME website](#).

Appendix: Chief Resident Experience Program Requirements

- IV.C.8.c).(1) Clinical assignments at the chief resident level should be scheduled in the final (fifth) year of the program. ^(Core)
- IV.C.8.c).(1).(a) To take advantage of a unique educational opportunity in a program, up to six months of the chief year may be served in the next to the last year (fourth). ^(Detail)
- IV.C.8.c).(1).(a).(i) This experience must not occur any earlier than the fourth clinical year. ^(Detail)
- IV.C.8.c).(1).(a).(ii) Any special Program of this type must be approved in advance by the Review Committee. ^(Detail)
- IV.C.8.c).(1).(a).(iii) Operative cases counted as the chief cases must be performed during the 12 months designated as the chief year. ^(Detail)
- IV.C.8.c).(2) There must be a minimum of 48 weeks, and a maximum of 52 weeks, of clinical assignments at the chief level. ^(Core)
- IV.C.8.c).(3) The clinical assignments during the chief year must be scheduled at the primary clinical site or at an approved participating site. ^(Core)
- IV.C.8.c).(3).(a) Chief experiences must not be assigned to a participating site that sponsors a general surgery residency program. ^(Core)
- IV.C.8.c).(3).(a).(i) All exceptions must be reviewed in advance by the Review Committee. ^(Core)
- IV.C.8.c).(4) A chief resident and a fellow (whether the fellow is in an ACGME- accredited position or not) must not have primary responsibility for the same patient except that general surgeon and surgical critical care fellows may co-manage the non-operative care of the same patient. ^(Core)
- IV.C.8.c).(5) The clinical assignments during the chief year must be in the essential content areas of general surgery. No more than six months of the

chief year may be devoted exclusively to only one essential content area. ^(Core)

IV.C.8.c).(6)

Non-cardiac thoracic surgery and transplantation rotations may be considered an acceptable chief resident assignment as long as the chief resident performs an appropriate number of complex cases with documented participation in pre and post-operative care (program director may use the flexibility outlined in Program Requirement IV.C.8.c).(1).(a)). ^(Detail)

IV.C.8.c).(7)

Chief residents must have sufficient opportunity to demonstrate the ability to operate with indirect supervision for the more frequent types of core operations, including appendectomy, cholecystectomy, hernia repair, adhesiolysis, and intestinal anastomosis. ^(Core)