Writing Your Application for ACGME Accreditation

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Senior Vice President, Surgical Accreditation
ACGME

Osteopathic Medical Leadership Education Conference
San Antonio, TX
6 January 2016
Disclosures

- In recovery:
  - General surgeon
  - Program director
  - ACGME DIO

- Long believed in single accreditation system
- No financial conflicts to disclose
Objectives

• Provide *general* guidance for the process of applying for ACGME accreditation
• Provide *specific* guidance for:
  • DIO portion
  • Part 1 – Common Application Form
  • Part 2 – Specialty Application Form
  • Attachments
“Deadline”

• The MOU extends to 30 June 2020

• ACGME has no other deadline for your application

• AOA has imposed some provisions regarding application submission in order to protect residents
Importance

“When a site visitor reads a poorly prepared PIF, he/she comes prepared for the worst”

John Gienapp, M.D.
Former CEO of ACGME
Importance

“When a site visitor reads a poorly prepared PIF application, he/she comes prepared for the worst”

John Gienapp, M.D.
Former CEO of ACGME
Who?

Coordinator & other staff can:

• gather data, documents, CV’s
• type
• assemble
• paginate

but…
Who?

The Program Director must write the PIF

- No one knows the program better
- No one has a greater stake in outcome
- Requirement
II.A.4.g) The **program director** must prepare and submit all information required and requested by the ACGME.

II.A.4.g).(1) This includes but is not limited to the program **application forms** and annual program updates to the ADS, and ensure that the information submitted is **accurate and complete**.
When?

• Become familiar with application content *now*
• Begin to assemble information *now*
• Begin concentrated writing *no less than* 6 months before submission
• Finish first draft 3 months before submission
How?

• Remember the purpose is to *fully* describe the residency program
What is this?
What is this?
What is this?
What is this?
What is this?
What is this?

Girl with a pearl earring
Johannes Vermeer
C. 1665
Mauritshuis in The Hague
How?

Your application should paint a picture of your program that is so detailed and so clear that someone who has never been there knows exactly what your program looks like.
What is this?
How?

• Follow the directions
How?

• Answer *every* question
Conflicting Standards

- Programs in pre-accreditation status still AOA-approved and must *function* according to AOA standards
- Applications for ACGME accreditation must be *written* to ACGME standards
- Provide descriptions / policies / procedures meeting ACGME standards which will become effective upon ACGME accreditation
How?

- Be honest
- Be complete
- Be concise
How?

• Be “internally consistent”
How?

- *Fully* explain abbreviations & local terms
How?

- Start **early** on Faculty Roster & CVs
How?

- Write with the Requirements in mind & in hand
How?

• MUST be a priority: Make “protected” time
How?

• Spelling *does* count
• Grammar *does* count
• Neatness *does* count
• Appearance *does* count
• Use complete sentences
How?

• Do NOT add unsolicited appendices
How?

With a completed draft:

- Seek critiques by experienced PD’s
- Seek comments from faculty & residents
The Application

• The application **must** be initiated by the DIO

• Two parts
  • Part 1: In ADS and common to all
  • Part 2: Specialty specific Word document 
    Accessed from specialty web page

• Attachments
DIO Initiation

• DIO provides
  • AOA program number
  • Program director / details
  • Program site(s) / details
  • Length
  • Current residents
DIO Initiation

• After the DIO completes the information through Step 2, an email is sent to the program director with an ADS link and PD logins.

• The PD then reviews and confirms the information, allowing access to all subsequent steps (which need not be completed sequentially).
STEP 3: Update Program Details
Be sure to update the basic program information including the address.

*Note: This information will be displayed on the ACGME public site.*

Program Information
Address:
Website Address:
Public Contact email/Director’s external email:
External Comments:

Accreditation Information
Does the program require additional year beyond accredited program length?
Does the program offer preliminary/other positions?
Does the program require prior or additional GME training? (If so, how many years?)
STEP 4: Add Other Program Personnel

You are required to enter at least one program coordinator (max 2). You may also add a Department Chair, and if the program director is not certified by an ABMS-Member Board, you may enter a Co-Program Director.

Salutation:  
First Name:  
Middle Initial:  
Last Name:  
Suffix:  
Degrees:  
Title:  
Phone Number:  
Extension:  
Fax Number:  
Email Address:  

Same information for:
second coordinator,  
co-program director,  
Department Chair
STEP 5: Update ACGME Requested/Filled Resident Positions

Enter the number of resident positions being requested as well as the number of currently filled positions.

Number of ACGME Requested Positions: 
Number of Filled Positions: 

Entered by PGY-year
“Requested” is the number you want, not what you have
STEP 6: Update Duty Hour Info
DUTY HOUR, PATIENT SAFETY AND LEARNING ENVIRONMENT

Briefly describe your back up system when clinical care needs exceed the residents' ability.

Briefly describe how clinical assignments are designed to minimize the number of transitions in patient care.

Briefly describe how the program director and faculty evaluate the resident's abilities to determine progressive authority and responsibility, conditional independence and a supervisory role in patient care.

Excluding call from home, what is the projected averaged number of hours on duty per week per resident, inclusive of all house call and all moonlighting?
PD Portion: Common

During regular daytime hours, indicate which of the following back-up systems your program will have in place when clinical care needs exceed the resident's ability. Check up to 3 options.

- Physicians are immediately available (on site)
- Physicians are available by phone
- Senior Residents or Fellows are immediately available (on site)
- Senior Residents or Fellows are available by phone
- Mid-level Providers are immediately available (on site)
- Mid-level Providers are available by phone
- No back-up system
- Other: 

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PD Portion: Common

During nights and weekends, indicate which of the following back-up systems your program will have in place when clinical care needs exceed the resident's ability. Check up to 3 options.

- Physicians are immediately available (on site)
- Physicians are available by phone
- Senior Residents or Fellows are immediately available (on site)
- Senior Residents or Fellows are available by phone
- Mid-level Providers are immediately available (on site)
- Mid-level Providers are available by phone
- No back-up system
- Other
Indicate which methods the program will use to ensure that hand-over processes facilitate both continuity of care and patient safety? Select all that apply

- Hand-over form (a stand alone or part of an electronic medical record system)
- Paper hand-over form
- Hand-over tutorial (web-based or self-directed)
- Scheduled face-to-face handoff meetings
- Direct (in person) faculty supervision of hand-over
- Indirect (via phone or electronic means) hand-over supervision
- Senior Resident supervision of junior residents
- Hand-over education program (lecture-based)
- Other
PD Portion: Common

Indicate the ways that your program will educate residents to recognize the signs of fatigue and sleep deprivation. Select all that apply

- Didactics/Lecture
- Computer based learning modules
- Grand rounds
- Small group seminars or discussion
- Simulated patient encounters
- On-the-job training
- One-on-one experiences with faculty and attending
- Other [ ]
Which of the following options will the program or institution offer residents who may be too fatigued to safely return home? Choose the most frequently used option.

- Money for taxi
- Money for public transportation
- One-way transportation service (such as a dedicated facility bus service)
- Transportation service which includes option to return to the hospital or facility the next day
- Reliance on other staff or residents to provide transport
- Sleeping rooms available for residents post call
- Not applicable: residents do not take in-house call
- Other
Are residents permitted to moonlight? □

If yes, under what circumstances? □

On average, will residents have 1 full day out of 7 free from educational and clinical responsibilities? □

What will be the maximum number of consecutive nights of night float assigned to any resident in the program? □

On the most demanding rotation, what will be the frequency of in house call? If residents at different levels are given different frequencies of in-house call, please choose the most frequent schedule. □
Do you use an electronic medical record in your primary teaching hospital? Yes/No

If yes, what percentage of your residents will use the electronic medical record system to improve the health in a population of patients?
STEP 7: Update Additional Application Questions

PROGRAM RESOURCES

How will the program ensure that faculty (physician and nonphysician) have sufficient time to supervise and teach residents? Please mention time spent in activities such as conferences, rounds, journal clubs, etc. if relevant.

Briefly describe the educational and clinical resources available for resident education.
RESIDENT APPOINTMENTS

*The term resident is used to describe any physician in graduate medical education; this includes interns, residents, subspecialty residents and fellows.

Describe how the residents will be informed about their assignments and duties during residency. [The answer must confirm that there are skills and competencies for each assignment and for each year, and that these will be readily available (hard copy, electronically, listserv, etc.) to all residents.]
RESIDENT APPOINTMENTS

Will there be other learners (such as residents from other specialties, subspecialty fellows, nurse practitioners, PhD or MD students) in the program, sharing educational or clinical experiences with the residents? If yes, describe the impact those other learners will have on the program's residents.
RESIDENT APPPOINTMENTS

Describe how the program will handle complaints or concerns the residents raise with faculty or the program director. (The answer must describe the mechanism by which individual residents can address concerns in a confidential and protected manner as well as steps taken to minimize fear of intimidation or retaliation.)
RESIDENT SCHOLARLY ACTIVITIES

Will the program offer residents the opportunity to participate in scholarly activities? If yes, briefly describe the opportunity and the expectations about residents' participation.
STEP 8: Overall Evaluation Methods

Please complete the questionnaire on the overall evaluation methods used by this program.

Using the tool below, provide the methods of evaluation used for assessing resident competence in each of the six required ACGME competencies, and identify the evaluators for each method.
<table>
<thead>
<tr>
<th>Competency</th>
<th>Assessment Method</th>
<th>Evaluator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dropdown includes the six competencies:</td>
<td>Dropdown includes the following:</td>
<td>Checkboxes:</td>
</tr>
<tr>
<td>Interpersonal and Communication Skills</td>
<td>Anatomic or animal models</td>
<td>□ Allied Health Professional</td>
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<tr>
<td>Medical Knowledge</td>
<td>Direct observation</td>
<td>□ Chief/Supervising Resident</td>
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<td>Patient Care</td>
<td>Global assessment</td>
<td>□ Clerical Staff</td>
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<tr>
<td>Practice-based Learning and Improvement</td>
<td>In-house written examination</td>
<td>□ Consultants</td>
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<tr>
<td>Professionalism</td>
<td>In-training examination</td>
<td>□ Evaluation Committee</td>
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<tr>
<td>Systems-based Practice</td>
<td>Multisource assessment</td>
<td>□ Faculty Member</td>
</tr>
<tr>
<td></td>
<td>Objective structured clinical examination</td>
<td>□ Junior Resident/Medical Student</td>
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<tr>
<td></td>
<td>Oral Examination</td>
<td>□ Nurse</td>
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<td></td>
<td>Other</td>
<td>□ Other</td>
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<tr>
<td></td>
<td>Patient survey</td>
<td>□ Patient/Family Member</td>
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<tr>
<td></td>
<td>Practice/billing audit</td>
<td>□ Peer Resident</td>
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<tr>
<td></td>
<td>Project assessment</td>
<td>□ Program Director</td>
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<tr>
<td></td>
<td>Record/chart review</td>
<td>□ Self</td>
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<tr>
<td></td>
<td>Resident experience narrative</td>
<td>□ Technicians</td>
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<tr>
<td></td>
<td>Review of case or procedure log</td>
<td></td>
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<td></td>
<td>Review of drug prescribing</td>
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<td>Review of patient outcomes</td>
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<td></td>
<td>Role-play or simulations</td>
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<td></td>
<td>Simulations/models</td>
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<td></td>
<td>Standardized patient examinations</td>
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<td></td>
<td>Structured case discussions</td>
<td></td>
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<td></td>
<td>Videotaped/recorded assessment</td>
<td></td>
</tr>
</tbody>
</table>
List other key assessment methods used but not available in the drop down list above (leave blank if not applicable).
Does the program have a system in place to evaluate the resident/fellows' abilities to determine whether they may take on progressive authority and responsibilities in patient care?

Yes/No
Indicate how evaluators are educated to use the assessment methods listed above so that residents/fellows are evaluated fairly and consistently. Select **up to 3** of the most commonly used methods.

- Workshops/special training on assessment
- Informal or formal discussions among the faculty
- Assessment is a topic of a retreat
- Faculty review assessments and compare evaluations
- PD instructs or educates about assessment methods
- Group or committee discussions that result in consensus assessment of residents
- None, no specific education on assessment provided
- Other
Indicate how residents/fellows are informed of the performance criteria on which they will be evaluated. Check all that apply.

- During resident orientation
- General goals and objectives
- Rotation-specific goals and objectives
- Provided handouts or examples of evaluation forms
- Other written communications
- Verbal communication or meetings
- Reviewed with residents before each rotation
- Reviewed with residents at the beginning of each year
- Residents not informed
- Other [ ]
Does the program have a Clinical Competency Committee?
Describe the system which ensures that faculty will complete written evaluations of residents/fellows in a timely manner following each rotation or educational experience.
STEP 9: Update Faculty Info

Physician Faculty Instructions

List in the following order: **program director**, program chair, associate program director(s), and all **core physician faculty** members (all core physician faculty must be listed in alphabetical order by institution). Use the 'title' field in the roster to identify the faculty member's role in the program (e.g., program director, associate program director, etc.).

A CV is required for the program director and each active physician faculty member that has been designated as a "Core" faculty member on your roster.
Physician Faculty CV
General Information
Salutation:
First Name:
Middle Initial:
Last Name:
Suffix:
Degrees:
Title:
Email address for communicating with ACGME:
National Provider ID:
Primary Institution (dropdown populated by sites entered):
Date First Appointed Faculty Member in this program:
Year Started Teaching in this Specialty:
Is also Chair of Department?
Physician Faculty CV

Medical School
Type of medical school (US-LCME Accredited, Osteopathic, Canadian, International, or US non-accredited):

Please select country (drop-down of countries if International is selected for type above):

Name of medical school (drop-down based on type/country selected above):

Medical School Graduation Year:

Other School Name (if not listed in drop-down above):
Physician Faculty CV
Specialty/Field
Specialty:
Other Specialty: (List all specialty certifications—there is no limit—and include the following information for each.)
Certification Type (ABMS, AOA, RCPSC, or Other):
Original Certification Year:
Certification Status (Re-Certified, Original Currently Valid, Lapsed, Time-Unlimited/No Recert, Meets MOC):
Re-Certification Year (enter most recent past, not next upcoming):

Explain Equivalent Qualifications for RRC Consideration:
PD Portion: Common

Physician Faculty CV

Faculty Hours

Number of hours per week faculty member devotes to this program’s activities in the following:

- Clinical supervision of residents
- Administration of the program
- Research/scholarly activity with residents
- Didactics/teaching with residents
- Total hours devoted to this program
PD Portion: Common

Physician Faculty CV
Graduate Medical Education

Program Name:
Specialty:
From:
To:
PD Portion: Common

Physician Faculty CV

Academic Appointment(s)

Please list the past ten years of academic appointments (employment), beginning with your current position.

Position:
From:
To:
PD Portion: Common

Physician Faculty CV

Concise Summary of Role/Responsibilities in Program
Physician Faculty CV

Current Professional Activities / Committees
Please list up to ten activities and committees within the past five years.

Activity:
From:
To:
Selected Bibliography

Please list the most representative Peer Reviewed Publications / Journal Articles from the last 5 years, with a limit of 10. Separate entries with a double line break. Do not leave blank. If none, please enter NONE.

Please list selected review articles, chapters and/or textbooks from the past 5 years, with a limit of 10.

Participation in Local, Regional and National Activities / Presentations / Abstracts / Grants in the last 5 years - this does not include attending a meeting or conference.
STEP 10: View/Update Residents

*Complete for each resident.*

1. Resident Information
   - First Name:
   - Middle Initial:
   - Last Name:
   - Suffix:
   - Social Security Number:
   - Date of Birth:
   - National Provider ID:
   - Medical school from which this resident graduated:
   - Month/Year Degree Received:
PD Portion: Common

Complete for each resident.

2. Resident Status (pick one)
   - □ Active Full time
   - □ Active Part time
   - □ Started Program Off-Cycle
   - □ In Program but Doing Research/Other Training (intends to resume accredited training in this program)
   - □ Not in Program Yet and/or Doing Preliminary Year Elsewhere
   - □ Leave of Absence
3. Resident Details
- Type of Position: (Preliminary or Categorical)
- Year In Program:
- e-mail Address:
- Start Date:
- Expected Completion:
- Did this resident have prior training in another accredited/approved program (other than in this program)?
  - If yes, enter years of most recent training in accredited/approved program:
- Did this resident start the program in year one (at the beginning of the program - no transfer credit)? (Yes/No)
- Gender:
- Ethnicity:
STEP 11: Download and Complete the Specialty-Specific Application

Download and complete the MS Word specialty-specific application document from the ACGME website for your specialty.

*Once completed, convert it to a PDF to be uploaded with the other application attachments in Step 12*
PD Portion: Specialty Specific

• I cannot go into all the specifics!!!

• I will offer general guidance

• If you have questions, PLEASE call or e-mail the ACGME Executive Director for your specialty.
The Application

New Application: General Surgery
Review Committee for Surgery
ACGME
515 North State Street, Suite 2000 Chicago, Illinois 60654 • 312.755.5000 • www.acgme.org

INSTITUTIONS

Sponsoring Institution

1. Are pathology and radiology services adequate for the surgery services? [PR I.A.1.] …☐ YES ☐ NO

2. Will the program director be provided with a minimum of 30% protected time? [PR I.A.2.]
   ………………………………………………………………………………………………………………………………………………☐ YES ☐ NO

Participating Sites

For integrated sites, does the program director:

1. Appoint members of the teaching faculty? [PR I.B.3.a).(1)]………………………………………………………☐ YES ☐ NO

2. Appoint the local site director? [PR I.B.3.a).(1)]……………………………………………………………………...☐ YES ☐ NO

3. Ensure that the site will be in geographic proximity to allow all residents to attend core conferences? [PR I.B.3.a).(4)]…………………………………………………………………………...☐ YES ☐ NO

If “NO”, describe how an equivalent educational program of lectures and conferences in the integrated site will occur and fully documented.
Yes/No Responses

New Application: General Surgery
Review Committee for Surgery
ACGME
515 North State Street, Suite 2000 Chicago, Illinois 60654 • 312.755.5000 • www.acgme.org

INSTITUTIONS

Sponsoring Institution

1. Are pathology and radiology services adequate for the surgery services? [PR I.A.1.]
   □ YES □ NO

2. Will the program director be provided with a minimum of 30% protected time? [PR I.A.2.]
   ......................................................................................................................... □ YES □ NO

Participating Sites

For integrated sites, does the program director:

1. Appoint members of the teaching faculty? [PR I.B.3.a).(1)] ....................................................................................................................... □ YES □ NO

2. Appoint the local site director? [PR I.B.3.a).(1)] ................................................................................................................................. □ YES □ NO

3. Ensure that the site will be in geographic proximity to allow all residents to attend core conferences? [PR I.B.3.a).(4)] .......................................................................................................................... □ YES □ NO

   If “NO”, describe how an equivalent educational program of lectures and conferences in the integrated site will occur and be fully documented.
Keyed to Program Requirement

| New Application: General Surgery |
| Review Committee for Surgery |
| ACGME |

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INSTITUTIONS

Sponsoring Institution

1. Are pathology and radiology services adequate for the surgery services? [PR I.A.1.] □ YES □ NO

2. Will the program director be provided with a minimum of 30% protected time? [PR I.A.2.]

   ........................................................................................................................................................................ □ YES □ NO

Participating Sites

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1. Appoint members of the teaching faculty? [PR I.B.3.a).(1)] ................................................................. □ YES □ NO

2. Appoint the local site director? [PR I.B.3.a).(1)] .......................................................................................... □ YES □ NO

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<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Describe the basic science curriculum. [PR II.A.4.u].(1)]</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>9. How will the program director, along with the physician faculty, assess the technical competence of each resident? [PR II.A.4.v)]</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>10. How will the program director ensure that each resident has at least 750 major cases across five years of education, including a minimum of 150 major cases in the resident’s chief year? [PR II.A.4.w)]</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>11. How will the program director ensure that residents have the required experience with a variety of endoscopic procedures, including esopho-gastroduodenoscopy, colonoscopy, and bronchoscopy, as well as experience in advanced laparoscopy? [PR II.A.4.x)]</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>12. How will the program director ensure that residents have required experience with evolving diagnostic and therapeutic methods? [PR II.A.4.y)]</td>
<td>Click here to enter text.</td>
</tr>
</tbody>
</table>
8. Describe the basic science curriculum. [PR II.A.4.u).(1)]

Click here to enter text.

9. How will the program director, along with the physician faculty, assess the technical competence of each resident? [PR II.A.4.v)]

Click here to enter text.

10. How will the program director ensure that each resident has at least 750 major cases across five years of education, including a minimum of 150 major cases in the resident’s chief year? [PR II.A.4.w)]

Click here to enter text.

11. How will the program director ensure that residents have the required experience with a variety of endoscopic procedures, including esopho-gastroduodenoscopy, colonoscopy, and bronchoscopy, as well as experience in advanced laparoscopy? [PR II.A.4.x)]

Click here to enter text.

12. How will the program director ensure that residents have required experience with evolving diagnostic and therapeutic methods? [PR II.A.4.y)]
8. Describe the basic science curriculum. [PR II.A.4.u).(1)]

Click here to enter text.

9. How will the program director, along with the physician faculty, assess the technical competence of

8. Describe the basic science curriculum. [PR II.A.4.u).(1)]

Click here to enter text.

11. How will the program director ensure that residents have the required experience with a variety of endoscopic procedures, including esopho-gastroduodenoscopy, colonoscopy, and bronchoscopy, as well as experience in advanced laparoscopy? [PR II.A.4.x]]

Click here to enter text.

12. How will the program director ensure that residents have required experience with evolving diagnostic and therapeutic methods? [PR II.A.4.y]]
8. Describe the basic science curriculum. [PR II.A.4.u).(1)]

Click here to enter text.

The associated Program Requirement:

II.A.4.u). (1) Residents must participate in an educational program that includes: applied surgical anatomy and surgical pathology; the elements of wound healing; homeostasis, shock and circulatory physiology; hematologic disorders; immunobiology and transplantation; oncology; surgical endocrinology; surgical nutrition, fluid and electrolyte balance; and the metabolic response to injury, including burns. (Core)
# Institutional Data

Report the number of procedures performed at each site that will participate in the program during the most recently completed academic year. Site numbers must correspond to those in ADS.

**NOTE:** Each operation may have credit for only one procedure. Choose the most significant component. Each operation can have only one primary surgeon; teaching assistants can be counted concurrently, as appropriate.

<table>
<thead>
<tr>
<th></th>
<th>Site #1</th>
<th>Site #2</th>
<th>Site #3</th>
<th>Site #4</th>
<th>Site #5</th>
<th>Site #6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skin/Soft Tissue</strong></td>
<td></td>
<td></td>
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<tr>
<td>1010 Major lymphadenectomies</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
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<tr>
<td>1020 Major excision and repair/graft for skin neoplasm</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
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<tr>
<td>1025 Sentinel lymph node biopsy for melanoma</td>
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<tr>
<td>1030 Radical excision of soft tissue tumor</td>
<td>#</td>
<td>#</td>
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<td>#</td>
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<tr>
<td>1040 Other major skin/soft tissue</td>
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<td><strong>TOTAL SKIN/SOFT TISSUE</strong></td>
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<td><strong>Head/Neck</strong></td>
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Attachment: Policy for Supervision of Residents

Policy for supervision of residents (addresses residents’ responsibilities for patient care and progressive responsibility for patient management and faculty responsibilities for supervision).

[IR III.B.4]
Attachment: Program Policies and Procedures

Program policies and procedures for resident duty hours and work environment including policies on moonlighting.

[CPR II.A.4.j; CPR VI.G; IR IV.J]
Attachment: Overall Educational Goals

Overall educational goals for the program.

[CPR IV.A.1]
Attachments

Attachment: Competency Goals and Objectives and Faculty Evaluation of Residents

A sample of competency-based goals and objectives for one assignment at each educational level

[CPR IV.A.2],

Some RCs want G&Os for all assignments
Check with your Executive Director

and a blank copy of the forms that will be used to evaluate residents at the completion of each assignment.

[CPR V.A.1.a]
Attachment: Letters of Agreement

Program Letters of Agreement (PLAs) with all participating sites.

[CPR I.B.1]
Attachment: Semiannual and Summative Evaluations

A blank copy of the form that will be used to document the semiannual evaluation of the residents with feedback. [CPR V.A.2.b.(4)],

and a blank copy of the final (summative) evaluation of residents, documenting performance during the final period of education and verifying that the resident has demonstrated sufficient competence to enter practice without direct supervision [CPR V.A.3]
Attachment: Program Specific Evaluation Tools

Blank copies of tools the program will use to provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice.

[CPR V.A.2.b.(1)]

For multiple tools, create one PDF.
Attachment:
Forms Used for Faculty and Program Evaluation

Blank copies of forms that residents will use to evaluate the faculty and the program.

[CPR V.B.3; CPR V.C.2.d.(1)]
Attachment: Sample Block Diagram

Provide a sample block diagram for each year of training. Use number of months for each block rotation.

This is *not* a rotation schedule.

**Important** for RC to understand your program.
### Sample Block Diagrams

#### Block Diagram 1

In this example, the year’s rotations are divided into 12 (presumably one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.

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<td>Rotation Name</td>
<td>Wards</td>
<td>Wards</td>
<td>ER</td>
<td>CCU</td>
<td>ICU</td>
<td>Wards</td>
<td>ER</td>
<td>ICU</td>
<td>Clinic</td>
<td>Wards</td>
<td>Clinic</td>
<td>Elec/Vac</td>
</tr>
<tr>
<td>% Outpatient</td>
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<td>0</td>
<td>0</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>
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<td>0</td>
</tr>
</tbody>
</table>

#### Block Diagram 2

In this example, the year’s rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time, and electives.

<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>Site</td>
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<td>Site 1</td>
<td>Site 1</td>
<td>Site 1</td>
<td>Site 1</td>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 3</td>
<td>Site 3</td>
<td>Site 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>ER</td>
<td>ICU</td>
<td>Clinic</td>
<td>Wards</td>
<td>Clinic</td>
<td>Elec/Vac</td>
<td></td>
</tr>
<tr>
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<td>20</td>
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<td>0</td>
<td>100</td>
<td></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>
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<td></td>
</tr>
</tbody>
</table>

#### Block Diagram 3

In this example, the year’s rotations are divided into six blocks of equal duration. One of the blocks is used for an elective, which can be chosen from a list of elective rotations and a vacation month.

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td>Site 1</td>
<td>Site 1</td>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 3</td>
<td>Elective/Vacation</td>
</tr>
<tr>
<td>Rotation Name</td>
<td>CCU</td>
<td>Med. Outpt.</td>
<td>Wards</td>
<td>ER</td>
<td>Wards</td>
<td>Pulmonary Disease Outpatient Site 3</td>
</tr>
<tr>
<td>% Outpatient</td>
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<td>100</td>
<td>0</td>
<td>100</td>
<td>0</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>
</tr>
</tbody>
</table>

Possible electives:
- Cardiology Inpatient Site 1
- Cardiology Outpatient Site 2
- Pulmonary Disease Inpatient Site 2
- Gastroenterology Inpatient Site 3
- Gastroenterology Outpatient Site 1

#### Block Diagram 4

In this example for a subspecialty program, the year’s rotations are divided into four 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>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td>Site 1</td>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 2</td>
</tr>
<tr>
<td>Rotation Name</td>
<td>Specialty Outpatient</td>
<td>Specialty Outpatient</td>
<td>Wards</td>
<td>Research</td>
</tr>
<tr>
<td>% Outpatient</td>
<td>100</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% Research</td>
<td>0</td>
<td>40</td>
<td>0</td>
<td>100</td>
</tr>
</tbody>
</table>
Attachment: Specialty-specific Application Questions

Complete the Specialty-specific Application and upload it here. This document can be found under the "New Applications" heading on your Review Committee's page of our website.
PD Portion: Common

• DIO should *carefully* review the *entire* application for accuracy & completeness *before* it is sent to ACGME
Accreditation

• The structural unit of accreditation is the Review Committee

• The *nucleus* of the Review Committee is the Executive Director
Central Roles of ED & Teams

Program

Field Staff

ADS

Questions

Answers

Executive Director & Accreditation Team

Data

Decision

Review Committee

LON

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SUMMARY

• Application **must** paint clear picture of program

• Importance of application cannot be overstated

• “You never have a second chance to make a good first impression.” - anon