**New Application: Surgery of the Spine**

**Review Committee for Orthopaedic Surgery**

**ACGME**

The questions that follow provide programs with an opportunity to systematically describe the manner in which they comply with accreditation requirements. Responses should be **concise and focused**. During the site visit, fellows, faculty members, and others will be asked to comment on the information provided. **As such, those who will be interviewed should read the application prior to their meeting with the Accreditation Field Representative.**

**Oversight**

**Participating Sites**

1. Will orthopaedic residents and surgery of the spine fellows be educated at the same participating site(s)? [PR I.B.1.a)-I.B.1.a).(1)]  [ ]  YES [ ]  NO

Explain if “NO”.

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**Resources**

1. Describe the facilities availabl e to support fellow education. Use the same site numbers as listed in the ACGME’s Accreditation Data System (ADS). [PR I.D.1.a).(1)-(2)]

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| Inpatient | Click or tap here to enter text. |
| Outpatient | Click or tap here to enter text. |
| Imaging | Click or tap here to enter text. |
| Laboratory | Click or tap here to enter text. |
| Rehabilitation | Click or tap here to enter text. |
| Research | Click or tap here to enter text. |
| Operating rooms | Click or tap here to enter text. |

1. Describe the relationship of the program with other clinical specialties, including neurological surgery, critical care, physician medicine and rehabilitation, neurology, radiology, pathology, laboratory medicine, anesthesiology, oncology, and infectious disease. [PR I.D.1.a).(3)]

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**Other Learners and Other Care Providers**

1. Enter the number of any type of residents and/or fellows assigned to each participating site *for any type of orthopaedic surgery education and training* each year. Add rows as necessary. Use site numbers from ADS and as in previous table. [PR I.E.1.-2.]

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| --- | --- | --- | --- | --- |
| **Type of Orthopaedic Education/Training** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** |
| Clinical | # |  |  |  |  |  |  |  |
| Research | # | # | # | # | # | # | # | # |
| Other(specify) | # | # | # | # | # | # | # | # |

1. Provide the following information regarding *orthopaedic surgery* residents who are assigned to each participating site *for education and training in orthopaedic surgery of the spine* each year. Add rows as necessary. Use site numbers from ADS and as in previous tables. [PR I.E.1.-2.]

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| **Name of Program** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** |
| Name | # | # | # | # | # | # | # | # |
| Name | # | # | # | # | # | # | # | # |
| Name | # | # | # | # | # | # | # | # |

**Personnel**

**Responsibilities of the Program Director**

1. How will the program director select, supervise, and evaluate the teaching staff members and other program personnel at each site participating in the program? How will the program director monitor fellow supervision and education at each site? [CPR II.A.4]

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1. Does the program require fellows to sign a non-competition guarantee or restrictive covenant? [CPR II.A.4.a).(13).(a)] [ ]  YES [ ]  NO

Explain if “NO”.

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**Program Coordinator and Other Program Personnel**

1. How will administrative support for program coordination and the availability of necessary personnel for the effective administration of the program be ensured? [CPR II.C.1.; II.D.]

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**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Describe how the program will ensure that fellows develop competence in each of the following areas.
	1. The clinical assessment of the neurologic function of the spinal cord and nerve roots [PR IV.B.1.b).(1).(a)]

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* 1. Appropriate use of diagnostic laboratory tests, including electrophysiologic monitoring [PR IV.B.1.b).(1).(b).(i)]

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* 1. Interpreting imaging studies of the spine [PR IV.B.1.b).(1).(b).(ii)]

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* 1. Clinical assessment and developing treatment plan to manage patients with traumatic, congenital, developmental, infectious, neoplastic, metabolic, degenerative, and inflammatory/rheumatologic disorders of the spine, as well as those with spinal deformity [PR IV.B.1.b).(1).(b).(iii)]

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* 1. Recognizing and managing complications of treatment, including appropriate consultations with subspecialists [PR IV.B.1.b).(1).(b).(iv)]

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* 1. Assessing of the effectiveness of diagnostic and treatment methods, including outcome studies [PR IV.B.1.b).(1).(b).(v)]

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* 1. Clinical assessment of disorders of bone quality, oncologic pathology, and infectious diseases in spinal bones, discs, and neurologic spaces [PR IV.B.1.b).(1).(b).(vi)]

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* 1. Clinical assessment and developing treatment plans for sources of pain in the regions of the spine [PR IV.B.1.b).(1).(b).(vii)]

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* 1. Performing operative procedures for the management of patients with orthopaedic disorders of the spine [PR IV.B.1.b).(2).(a)-IV.B.1.b).(2).(a).(ii).(d)]

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**Medical Knowledge**

1. Describe how the program will ensure that fellows develop competence in their knowledge in each of the following areas.
2. Major spine disorders and conditions, including traumatic, congenital, development, infectious, neoplastic, metabolic, degenerative, and inflammatory/rheumatologic disorders of the spine, as well as other spinal deformities [PR IV.B.1.c).(1).(a)]

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1. The indications, risks, and limitations of the commonly performed procedures in orthopaedic surgery of the spine [PR IV.B.1.c).(1).(b)]

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1. The basic sciences and measurements techniques as relates to the musculoskeletal system [PR IV.B.1.c).(1).(c)]

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1. The natural history of spinal degeneration, spinal deformity, and changes in bone density [PR IV.B.1.c).(1).(d)]

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1. The application of research methods to critically analyze research reports and to design and implement clinical or basic research in the field of orthopaedic surgery of the spine [PR IV.B.1.c).(1).(e)]

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**Curriculum Organization and Fellow Experiences**

1. Describe how the program is structured to ensure that fellows continue to provide care for their own post-operative patients until discharge or until the patients/post-operative conditions are stable and the episode of care is concluded. [PR IV.C.1.a)]

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1. Describe the curriculum for instruction and experience in multimodal pain treatment, including non-narcotic pain medications and alternative pain reducing modalities. [PR IV.C.2.a)]

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1. Describe fellow education in the areas of anatomy, physiology, biomechanics, pathology, microbiology, pharmacology, and other sciences as relates to orthopaedic surgery of the spine. [PR IV.C.3.a)]

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1. Describe the program conference schedule, including the planned level of faculty member and fellow participation. Describe related educational activities, including the frequency of teaching and morbidity and mortality conferences, and journal clubrelated to surgery of the spine. [PR IV.C.4.a)-IV.C.4.a).(3)]

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1. How will the program ensure that fellow clinical experiences emphasize the diagnosis of clinical disorders of the spine, the pathogenesis of these disorders, the operative and non-operative treatment modalities available for managing these disorders, and the results and complications of such treatment? [PR IV.C.5.]

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1. How will the program ensure that fellows observe and manage patients in both inpatient and outpatient settings? How will the program ensure that the breadth of clinical experience includes the evaluation and care of individuals through a wide range of ages, genders, and a wide variety of problems in various spinal regions? [PR IV.C.5.a)-b)]

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1. Describe how the program will ensure that fellows’ clinical experiences will include a major role in the continuing care of patients, and that they include progressive responsibility for patient assessment, decisions regarding treatment, pre-operative evaluation, operative experience, non-operative management, post-operative management and rehabilitation. [PR IV.C.5.c).(1)]

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1. Describe opportunities for fellows to provide consultation with faculty member supervision, including fellows teaching responsibilities for fellows, allied health personnel, and residents and medical students, if present. [PR IV.C.5.c).(2)-(3)]

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1. How will the program ensure that fellow clinical experience in the treatment of intradural pathology takes place under the supervision of a faculty member with specific training in these procedures? [PR IV.C.5.d)]

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1. Describe how the program will ensure appropriate interdisciplinary cooperation with neurological surgery and rehabilitation medicine when spinal disease or injury and neurological deficit coexist. [PR IV.C.5.e)]

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1. Describe how the program director will ensure the timely, accurate, and complete collection, in the ACGME Case Log System, of operative procedures performed by each fellow. [PR IV.C.6.]

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1. Describe how fellows will be evaluated within six weeks of entry into the program for expected entry-level skills, as well as the provision of additional education and training in a timely manner if needed. [PR IV.C.7.]

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**Scholarship**

**Program Responsibilities**

1. Describe the facilities and resources (including space, equipment, support personnel, funding) that will be utilized to support fellow research. [PR IV.D.1.b)]

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1. Describe how protected time free of clinical responsibilities for fellows’ research activities will be provided. [PR IV.D.1.b)]

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**Fellow Scholarly Activity**

1. Describe how the program will ensure that fellows participate in basic and/or clinical hypothesis-based research. [PR IV.D.3.a).]

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**The Working and Learning Environment**

**Supervision and Accountability**

1. Describe the fellows’ planned responsibilities for inpatients, emergency rooms, outpatient clinics, operating rooms, and private offices. How will supervision be provided in each area?
[CPR VI.A.2.b).(1)]

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1. Describe how the assignment of progressive authority and responsibility, conditional independence, and a supervisory role in patient care will be determined for each fellow. Include the specific criteria used by the program director to evaluate fellow abilities, the timing of such evaluation(s), and how the program director ensures that each faculty member and fellow functioning as a supervising physician uses this information to delegate portions of care to fellows and residents based on the needs of the patient and the skills of each fellow. [CPR VI.A.2.d)-VI.A.2.d).(3)]

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1. Describe the guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). [CPR VI.A.2.e)]

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**Clinical Experience and Education**

How many months of night float will fellows be assigned in each year of the program?
[PR VI.F.6.a)] [ # ]

**Institutional Operative Data**

Report the number of procedures performed at each participating site during the most recently completed 12-month academic year. Site numbers must correspond to information provided in ADS, and throughout this application document. [PR IV.B.1.b).(2).(a)-(b)] *Duplicate table for each participating site as needed.*

| **Spine Procedures for Site**  | **Cervical** | **Thoracic** | **Lumbo-sacral** | **Multiple Regions** | **Totals** |
| --- | --- | --- | --- | --- | --- |
| **Spine Trauma**(acute or subacute seen within three months of injury) | Decompression | Anterior | # | # | # | # | # |
| Posterior | # | # | # | # | # |
| Combined | # | # | # | # | # |
| Fusion without instrumentation | Anterior | # | # | # | # | # |
| Posterior | # | # | # | # | # |
| Combined | # | # | # | # | # |
| Fusion with instrumentation | Anterior | # | # | # | # | # |
| Posterior | # | # | # | # | # |
| Combined | # | # | # | # | # |
| Other trauma |  | # | # | # | # |
| **Reconstruction/****Degenerative** | Decompression | Anterior | # | # | # | # | # |
| Posterior | # | # | # | # | # |
| Combined | # | # | # | # | # |
| Fusion without instrumentation | Anterior | # | # | # | # | # |
| Posterior | # | # | # | # | # |
| Combined | # | # | # | # | # |
| Fusion with instrumentation | Anterior | # | # | # | # | # |
| Posterior | # | # | # | # | # |
| Combined | # | # | # | # | # |
| Other reconstruction/degenerative |  | # | # | # | # |
| **Reconstruction/****Deformity** | Osteotomy or release (list separately even when done with instrumentation and fusion) | Anterior | # | # | # | # | # |
| Posterior | # | # | # | # | # |
| Combined | # | # | # | # | # |
| Instrumentation and fusion | Anterior | # | # | # | # | # |
| Posterior | # | # | # | # | # |
| Combined | # | # | # | # | # |
| Other reconstruction/deformity |  | # | # | # | # |

**Defined Case Category Procedures**

Report the number of defined case category procedures performed at each participating site used by the program during the most recently completed 12-month academic year. Site numbers must correspond with those in ADS and throughout this application document. [PR IV.B.1.b).(2).(a)-(b)] *Add columns as need.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Procedure | CPT Code | Site #1 | Site #2 | Site #3 | Site #4 | Total |
| **Fractures and Dislocations**  |
| Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; lumbar | 22325  | # | # | # | # | # |
| Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; cervical | 22326  | # | # | # | # | # |
| Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; thoracic | 22327  | # | # | # | # | # |
| TOTAL | # | # | # | # | # | # |
| **Anterior arthrodesis** |
| Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and /or nerve roots; cervical below C2 | 22551  | # | # | # | # | # |
| Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression) cervical below C2 | 22554  | # | # | # | # | # |
| Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression) lumbar | 22558  | # | # | # | # | # |
| TOTAL | # | # | # | # | # | # |
| **Posterior Arthrodesis** |
| Arthrodesis, posterior technique, Atlas-axis (C1-C2) | 22595  | # | # | # | # | # |
| Arthrodesis, posterior, or posterolateral technique, single level, cervical below C-2 | 22600  | # | # | # | # | # |
| Arthodesis, posterior, or posterolateral technique, single level, thoracic (with or without lateral transverse technique) | 22610  | # | # | # | # | # |
| Arthrodesis, posterior, or posterolateral technique, single level, lumbar (with or without lateral trasverse technique) | 22612  | # | # | # | # | # |
| Arthrodesis, posterior, for spinal deformity, with or without cast; seven to 12 vertebral segments | 22802  | # | # | # | # | # |
| Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments | 22804  | # | # | # | # | # |
| Arthrodesis, posterior interbody technique, including laminectomy and /or discectomy to prepare interspace (other than for decompression), single interspace: lumbar | 22630  | # | # | # | # | # |
| Arthodesis, combined posterior or posterolateral technique with posterior interbody technique, including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment, lumbar | 22633  | # | # | # | # | # |
| Exploration of spinal fusion | 22830  | # | # | # | # | # |
| TOTAL | # | # | # | # | # | # |
| **Posterior Instrumentation** |
| Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) | 22040  | # | # | # | # | # |
| Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); three to six vertebral segments | 22842  | # | # | # | # | # |
| Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); seven to 12 vertebral segments (list separately in addition to code for primary procedure) | 22843  | # | # | # | # | # |
| Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (list separately in addition to code for primary procedure) | 22844  | # | # | # | # | # |
| TOTAL | # | # | # | # | # | # |
| **Anterior Instrumentation** |
| Anterior instrumentation; two to three vertebral segments | 22845  | # | # | # | # | # |
| Anterior instrumentation; four to seven vertebral segments | 22846  | # | # | # | # | # |
| Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum | 22848 | # | # | # | # | # |
| Reinsertion of spinal fixation device | 22849  | # | # | # | # | # |
| TOTAL | # | # | # | # | # | # |
| **Application of Cage** |
| Application of intervertebral biomechanical devices(s) (e.g., synthetic cage(s), methylmethacrylate) to vertebral defect or interspace | 22851 | # | # | # | # | # |
| **Removal of Spinal Instrumentation** |
| Removal of posterior non-segmental instrumentation | 22850  | # | # | # | # | # |
| Removal of posterior segmental instrumentation | 22852  | # | # | # | # | # |
| Removal of anterior instrumentation | 22855  | # | # | # | # | # |
| TOTAL | # | # | # | # | # | # |
| **Laminectomy** |
| Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), one or two vertebral segments, cervical | 63001  | # | # | # | # | # |
| Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), one or two vertebral segments, thoracic | 63003  | # | # | # | # | # |
| Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), one or two vertebral segments, lumbar, except for spondylolistheseis | 63005  | # | # | # | # | # |
| Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure) | 63012  | # | # | # | # | # |
| Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than two vertebral segments, cervical | 63015  | # | # | # | # | # |
| Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than two vertebral segments, thoracic | 63016  | # | # | # | # | # |
| Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than two vertebral segments, lumbar | 63017  | # | # | # | # | # |
| Laminotomy (hemilaminectomy) with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and edoscopically assisted approaches, one interspace, cervical | 63020  | # | # | # | # | # |
| Laminotomy (hemilaminectomy) with decompression of nerve root(s), including partial facetectomy, foraminotomy, and/or excision of herniated intervertebral disc, including open and edoscopically assisted approaches, one interspace, lumbar | 63030  | # | # | # | # | # |
| Laminectomy, facetectomy, and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis), single vertebral segment, cervical | 63045  | # | # | # | # | # |
| Laminectomy, facetectomy, and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis), single vertebral segment, lumbar | 63047  | # | # | # | # | # |
| TOTAL | # | # | # | # | # | # |
| **Laminoplasty** |
| Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments | 63050  | # | # | # | # | # |
| Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments, with reconstruction of the posterior bony elements, including the application of bridging bone graft and non-segmental fixation devices (e.g., wire, suture, mini-plates) when performed | 63051  | # | # | # | # | # |
| TOTAL | # | # | # | # | # | # |
| **Thoracic Transpedicular Decompression** |
| Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc); single segment; thoracic | 63055 | # | # | # | # | # |
| **Vertebral Corpectomy** |
| Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment | 63081  | # | # | # | # | # |
| Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment | 63085  | # | # | # | # | # |
| Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment | 63086  | # | # | # | # | # |
| TOTAL | # | # | # | # | # | # |

**Affiliation with an Orthopaedic Residency**

For those programs that are sponsored by an institution that also sponsors an orthopaedic surgery residency program, attach a copy of the agreement **signed by the program directors of both the fellowship and the residency** describing: [PR I.B.1.b)]

1. how the fellowship and residency programs will interact;
2. the roles of the fellowship and residency program directors in determining the educational program of the fellows and residents;
3. the roles of fellows and residents in patient care;
4. how clinical and educational resources will be shared equitably; and,
5. the ways in which the fellowship is expected to enhance the education of residents.