**New Application: General Surgery**

**Review Committee for Surgery**

**ACGME**

**Oversight**

**Participating Sites**

1. Is there a Program Letter of Agreement (PLA) for each participating site providing a required assignment? [PR I.B.2.]  YES  NO
2. Are there adequate pathology and radiology services to provide the critical support required for the care of surgical patients? [PR I.B.5.]  YES  NO
3. Will the program director be responsible for all clinical assignments and input into teaching staff appointments at all sites? [PR I.B.6.e)]  YES  NO

If “NO”, explain.

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1. For participating sites, is the site geographically proximate to allow all residents to attend core conferences? [PR I.B.6.h)]  YES  NO

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

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1. Will there be any residents/fellows in both ACGME-accredited and non-accredited programs at the primary clinical site and at participating sites that may impact the educational experience of the program residents? [PR I.B.6.i)]  YES  NO

If “YES,” list here. Add rows as necessary.

| **Specialty Resident/Fellow (ACGME-accredited or non-accredited)** | **Number of Residents/Fellows** | **Relationship to surgery residents in the program** |
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1. Describe how the program will engage in practices that focus on the recruitment and retention of a diverse and inclusive workforce of residents and faculty members. [PR I.C.]

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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 I.D.1.]

a) A common office space for residents that includes a sufficient number of computers and adequate workspace at the primary clinical site [PR I.D.1.a).(1)]  YES  NO

1. Internet access to appropriate full-text journals and electronic medical reference resources for education and patient care at all participating sites [PR I.D.1.a).(2)]  YES  NO
2. Software resources for production of presentations, manuscripts, and portfolios? [PR I.D.1.a).(3)]   
     YES  NO
3. Online radiographic and laboratory reporting systems at the primary clinical site and participating sites? [PR I.D.1.a).(4)]  YES  NO

Comment on any deficiencies.

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2. Will there be simulation and skills laboratories that will address acquisition and maintenance of skills with a competency-based method of evaluation? [PR I.D.1.a).(5)]  YES  NO

Comment on any deficiencies.

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**Personnel**

**Program Director**

1. Will the program director's initial appointment be for at least six years? [PR II.A.1.c).(1)]  YES  NO

Comment on any deficiencies.

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1. Will the program director be provided with a minimum of 30 percent protected time? [PR II.A.2.a)]  
     YES  NO

**Faculty**

1. For each approved chief resident position, will there be at least one core faculty member in addition to the program director? [PR II.B.4.c)]………..............................................  YES  NO

**Program Coordinator**

1. Will there be a full-time program coordinator designated to the program? [PR II.C.2.a)]  
     YES  NO
2. For programs with more than 20 residents, will there be additional administrative personnel? [PR II.C.2.a).(1)]  YES  NO

Explain if “NO.”

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1. If the program coordinator has responsibility for any residency program, fellowship program, or duties other than this general surgery residency program, provide a detailed explanation. If not, indicate “N/A.”

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**Resident Appointments**

1. Will the program ensure that the number of categorical residents in the PG-1, PG-2, PG-3, and PG-4 years does not exceed the number of permanently approved categorical PGY-5 positions? [PR III.B.1.b).(1).(a)]  YES  NO
2. Will the program director counsel and assist preliminary residents in obtaining future positions?   
   [PR III.B.1.b).(2).(c)]  YES  NO
3. [For programs with Initial Accreditation only] Explain the continuation in graduate medical education for each preliminary resident appointed to the program since the program’s effective date. This must include an explanation of how the program assisted the resident and how the resident continued their graduate medical education (e.g., obtained categorical position in this program or other program, research year, no position obtained, etc.). [PR III.B.1.b).(2).(b)]

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**Educational Program**

**Curriculum Components**

1. Will program aims be made available to program applicants, residents, and faculty members? [PR IV.A.1.a)]  YES  NO

2. Will competency-based goals and objectives for each educational experience be made available to the residents and faculty members? [PR IV.A.1.a)]  YES  NO

**Professionalism**

1. Briefly describe the learning activity(ies), other than lecture, through which residents will demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. [PR IV.B.1.a).(1).(a)-(e)] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

1. Briefly describe one learning activity through which residents will demonstrate a commitment to continuity of comprehensive patient care. [PR IV.B.1.b).(1).(b)] (Limit response to 400 words)

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

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Competence in and execution of comprehensive patient care plans appropriate for the resident’s level, including management of pain  [PR IV.B.1.b).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Manual dexterity appropriate for their level  [PR IV.B.1.b).(2).(a)] | 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. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
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| Critical evaluation and demonstration of knowledge of pertinent scientific information  [PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Fundamentals of basic science as applied to clinical surgery, including: [PR IV.B.1.c).(2)]: | | |
| Applied surgical anatomy and surgical pathology  [PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| The elements of wound healing  [PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Homeostasis, shock and circulatory physiology  [PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Hematologic disorders  [PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Immunobiology and transplantation  [PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Oncology  [PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Surgical endocrinology  [PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Surgical nutrition  [PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Fluid and electrolyte balance  [PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Metabolic response to injury, including burns  [PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| The knowledge of the principles of immunology, immunosuppression, and the management of general surgical conditions arising in transplant patients, including an explanation of planned clinical and operative experience. [PR IV.B.1.c).(3)] | 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 demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. [PR IV.B.1.d)] (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 (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (life-long learning). [PR IV.B.1.d).(1).(a)-(c)] (Limit response to 400 words)

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1. Briefly describe one planned quality improvement activity or project that will allow residents to demonstrate the ability to analyze, improve, and change practice or patient care. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [PR IV.B.1.d).(1).(d)] (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 IV.B.1.d).(1).(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 IV.B.1.d).(1).(f)] (Limit response to 400 words)

The description should include:

* Locating information
* Using information technology
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care
* Conducting a comprehensive literature search

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1. Briefly describe how residents will participate in morbidity and mortality conferences that evaluate and analyze patient care outcomes. [PR IV.B.1.d).(2)] (Limit response to 400 words)

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1. Briefly describe how residents will utilize an evidence-based approach to patient care. [PR IV.B.1.d).(3)] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which residents will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents will develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health-related agencies. [PR IV.B.1.e).(1).(a)-(b)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents will develop their skills and habits to work effectively as members or leaders 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 IV.B.1.e).(1).(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 IV.B.1.e).(1).(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 IV.B.1.e).(1).(e)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to maintain comprehensive, timely, and legible medical records, if applicable. [PR IV.B.1.e).(1).(f)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to effectively document practice activities. [PR IV.B.1.e).(1).(h)] (Limit response to 400 words)

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**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which residents will demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR IV.B.1.f)] (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: working effectively in various health care delivery settings and systems, coordinating patient care within the health care system; incorporating considerations of cost-containment and risk-benefit analysis in patient care; advocating for quality patient care and optimal patient care systems; and working in interprofessional teams to enhance patient safety and care quality. [PR IV.B.1.f).(1).(a)-(e)] (Limit response to 400 words)

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3. Briefly describe an activity that fulfills the requirement for experiential learning in identifying system errors and implementing potential systems solutions. [PR IV.B.1.f).(1).(e)] (Limit response to 400 words)

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4. Briefly describe one learning activity in which residents will practice high quality, cost-effective patient care. [PR IV.B.1.f).(1).(h)] (Limit response to 400 words)

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5. Briefly describe one learning activity through which residents will demonstrate knowledge of risk-benefit analysis. [PR IV.B.1.f).(1).(i)] (Limit response to 400 words)

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6. Briefly describe one learning activity through which residents will demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management, and actively participate in interprofessional and multispecialty teams. [PR IV.B.1.f).(1).(j)] (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. [PR IV.C.1]

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1. Describe the program’s plan for curriculum and clinical experiences for pain management, including recognition of the signs of addiction. [PR IV.C.2]

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1. How will the program director ensure that residents have required experience with evolving diagnostic and therapeutic methods? [PR IV.C.3.]

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1. Will the program director, along with the physician faculty members, ensure that residents have experiential learning in the provision of all elements of comprehensive care of surgical patients? [PR IV.C.4.]

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1. Describe how clinical assignments will be structured to ensure that graded levels of responsibility, continuity in patient care, a balance between education and service, and progressive clinical experiences are achieved for each resident? [PR IV.C.5.a)]

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1. Will 54 months of the 60-month program be spent on clinical assignments in surgery, with documented experience in emergency care and surgical critical care? [PR IV.C.5.b).(1)]  
     YES  NO
2. Will 42 months of these 54 months be spent on clinical assignments in the essential content areas of surgery? [PRs IV.C.5.b).(2); IV.C.5.b).(2).(a)]  YES  NO
3. Describe how the program will ensure that residents will obtain knowledge ofburn physiology and have experience with initial burn management. [PRIV.C.5.b).(4)] (Limit response to 400 words)

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1. Describe the formal transplant experience, including patient management. [PR IV.C.5.c).(2)]

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1. Will all clinical assignments at the chief level be scheduled in the final (fifth) year of the program? [PR IV.C.5.c).(1)]  YES  NO

Explain if “NO.”

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1. Will the program ensure that a chief resident and any fellow will not have primary responsibility for the same patients? [PR IV.C.5.c).(3)]  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 and no more than six months of the chief year devoted exclusively to only one essential content area? [PR IV.C.5.c).(4)]  YES  NO
2. How will the program along with the physician faculty members, assess the technical competence of each resident? [PR IV.C.5.d).(1)]

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1. How will the program ensure that each resident will meet the required minimum number of cases as outlined on the Surgery section of the ACGME website and by the applicable certifying board? [PR IV.C.5.d).(2)]

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1. How will the program ensure that residents have the required experience with a variety of endoscopic procedures, including esopho-gastroduodenoscopy, colonoscopy, and bronchoscopy, as well as in advanced laparoscopy? [PR IV.C.5.d).(4)]

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1. Will there be any assignments where residents will not provide total patient care? [PR IV.C.5.g)]  
     YES  NO

Explain if “YES.”

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1. Describe the program’s plan for the resident’s outpatient experience where they will evaluate patients both pre-operatively, including initial evaluation, and post-operatively? [PR IV.C.5.h)]

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1. Will residents have an outpatient experience of one half-day per week? [PR IV.C.5.i)]  YES  NO
2. Will the program director, along with the faculty, be responsible for the preparation and implementation of a comprehensive, effective, and well-organized educational curriculum?   
   [PR IV.C.6.a)]  YES  NO
3. How will the program director ensure that conferences are scheduled to permit resident and faculty member attendance on a regular basis? [PR IV.C.6.b)]

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1. List the planned faculty and resident teaching activity in local 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 IV.C.6.c)]

| **Grand Rounds**  (list grand rounds 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 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** |
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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) | |
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1. Describe the plan for the basic science curriculum. [PR IV.C.6.c).(1)]

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**Scholarship**

Describe the resources and program plan for resident participation in clinical and/or laboratory research [PR IV.D.3.b)]

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**Evaluation**

1. Will semiannual assessments include a reviewof case volume, breadth, and complexity, and ensure that residents are entering cases concurrently?  YES  NO

2. Will the program specifically monitor each resident’s knowledge by use of a formal exam? [PR V.A.1.d).(5)]  YES  NO

1. If “YES,” how will these exam results be used? [PR V.A.1.d).(5)]

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1. Explain if “NO.”

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1. Will graduate performance be used as one measure of evaluating program effectiveness?[PR V.C.1.c).(6).(d)]  YES  NO

**The Learning and Working Environment**

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

1. Describe the program’s plan to provide formal education for the promotion of patient safety-related goals, tools, and techniques. [PR VI.A.1.a).(2)]

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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 the process for reporting safety events, including near misses. [PR VI.A.1.a).(3).(a); VI.A.1.a).(3).(a).(i); VI.A.1.a).(3).(a).(ii)]

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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 VI.1.A.a).(3).(b)]

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1. Will the program provide residents education and training on how to disclose adverse events to patients and families? [PR VI.A.1.a).(4).(a)] .  YES  NO
2. Describe the program’s plan to ensure that residents receive education and experience in quality improvement processes, including an understanding of health disparities. [PR VI.1.A.b).(1).(a)]

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**Supervision**

1. Will supervising physicians delegate portions of care to residents based on the needs of the patient and the skills of the residents? [PR VI.A.2.d).(2)]  YES  NO
2. Will the program define those physician tasks for which PGY-1 residents may be supervised indirectly with direct supervision available? [PR VI.A.2.e).(1).(a).(i)]  YES  NO
3. Describe how the program will delegate to the resident the appropriate level of patient care authority and responsibility. Include care in the clinical and operative setting and describe how residents will move toward supervised autonomy. [PR VI.A.2.f)]

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**Professionalism**

1. Describe how the program will ensure manageable patient responsibilities and ensure that issues of physician and non-physician service obligations are minimized. [PR VI.B.]

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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 VI.B.6.]

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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 VI.C.2.a)]

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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 VI.D.]

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

1. Describe how the program will ensure that residents have the opportunity to work as a member of an effective interprofessional team. Include a discussion about team structure and planned education of the team to ensure that residents are an integral member of the team. [PR VI.E.2.]

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1. Indicate whether surgical teams will include the following. [PR VI.E.2.b)]

Attending surgeons  YES  NO

Residents at various PG levels  YES  NO

Medical students (when appropriate)  YES  NO

Other health care providers  YES  NO

Explain any “NO” responses.

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1. Describe how the work of the caregiver team is assigned based on each resident’s level of education, experience, and competence. [PR VI.E.2.c)]

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1. Describe how the program director will ensure residents collaborate with attending surgeons, other residents, and other members of interprofessional and multidisciplinary teams to formulate treatment plans for a diverse patient population. [PR VI.E.2.e)]

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1. Will lines of authority be defined by the program, and ensure that all residents have a working knowledge of expected reporting relationships to maximize quality care and patient safety?   
   [PR VI.E.2.g)]  YES  NO

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 VI.E.3.a)]

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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 VI.F.1.]

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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 VI.F.3.a)]

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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 VI.F.6.a)] (Limit response to 400 words)

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**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 names must correspond to those in the Accreditation Data System (ADS) and the block diagram.

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.

|  | **Site Name** | **Site Name** | **Site Name** | **Site Name** | **Site Name** | **Site Name** |
| --- | --- | --- | --- | --- | --- | --- |
| **Skin/Soft Tissue** | | | | | | |
| Major lymphadenectomies | # | # | # | # | # | # |
| Major excision and repair/graft for skin neoplasm | # | # | # | # | # | # |
| Sentinel lymph node biopsy for melanoma | # | # | # | # | # | # |
| Radical excision of soft tissue tumor | # | # | # | # | # | # |
| Other major skin/soft tissue | # | # | # | # | # | # |
| **TOTAL SKIN/SOFT TISSUE** | # | # | # | # | # | # |
| **Head/Neck** | | | | | | |
| Resection lesion-lips | # | # | # | # | # | # |
| Resection lesion-tongue | # | # | # | # | # | # |
| Resection lesion-floor mouth/buccal mucosa | # | # | # | # | # | # |
| Parotidectomy | # | # | # | # | # | # |
| Resection other salivary gland | # | # | # | # | # | # |
| Radical neck dissection | # | # | # | # | # | # |
| Resection mandible/maxilla | # | # | # | # | # | # |
| Tracheostomy | # | # | # | # | # | # |
| Other major head/neck | # | # | # | # | # | # |
| **TOTAL HEAD/NECK** | # | # | # | # | # | # |
| **Breast** | | | | | | |
| Breast biopsy | # | # | # | # | # | # |
| Sentinel lymph node biopsy | # | # | # | # | # | # |
| Simple mastectomy | # | # | # | # | # | # |
| Modified radical mastectomy | # | # | # | # | # | # |
| Radical mastectomy | # | # | # | # | # | # |
| Excision biopsy quadrant excision with axillary sampling | # | # | # | # | # | # |
| Breast reconstruction | # | # | # | # | # | # |
| Other major breast | # | # | # | # | # | # |
| **TOTAL BREAST** | # | # | # | # | # | # |
| **Alimentary Track-Esophagus** | | | | | | |
| Esophagectomy | # | # | # | # | # | # |
| Esophagogastrectomy | # | # | # | # | # | # |
| Antireflux procedure-open | # | # | # | # | # | # |
| Antireflux procedure-laparoscopic | # | # | # | # | # | # |
| Esophageal bypass procedure | # | # | # | # | # | # |
| Repair of perforation-esophagus disease | # | # | # | # | # | # |
| Other operations for esophageal stenosis | # | # | # | # | # | # |
| Esophageal diverticulectomy | # | # | # | # | # | # |
| Other major esophagus | # | # | # | # | # | # |
| **TOTAL ALIMENTARY TRACK-ESOPHAGUS** | # | # | # | # | # | # |
| **Alimentary Track-Stomach** | | | | | | |
| Gastrostomy (all types)-open | # | # | # | # | # | # |
| Gastrostomy (all types)-laparoscopic | # | # | # | # | # | # |
| Gastric resection, partial-open | # | # | # | # | # | # |
| Gastric resection, partial-laparoscopic | # | # | # | # | # | # |
| Gastric resection, total | # | # | # | # | # | # |
| Vagotomy, truncal/selective w/drainage/resection-open | # | # | # | # | # | # |
| Vagotomy, truncal/selective w/drainage/resection-laparoscopic | # | # | # | # | # | # |
| Repair perforation-gastric disease | # | # | # | # | # | # |
| Proximal gastric vagotomy, highly selective-open | # | # | # | # | # | # |
| Prox gastric vagotomy, highly selective-laparoscopic | # | # | # | # | # | # |
| Gastric reduction for morbid obesity (all) | # | # | # | # | # | # |
| Other major stomach-defined category credit | # | # | # | # | # | # |
| Other major stomach | # | # | # | # | # | # |
| **TOTAL ALIMENTARY TRACK-STOMACH** | # | # | # | # | # | # |
| **Alimentary Track-Small Intestine** | | | | | | |
| Enterolysis | # | # | # | # | # | # |
| Enterolysis-laparoscopic | # | # | # | # | # | # |
| Enterectomy | # | # | # | # | # | # |
| Enterectomy-laparoscopic | # | # | # | # | # | # |
| Repair perforation-duodenal disease | # | # | # | # | # | # |
| Repair perforation-small bowel disease | # | # | # | # | # | # |
| Ileostomy (not associated w/colectomy) | # | # | # | # | # | # |
| Ileostomy (not associated w/colectomy)-laparoscopic | # | # | # | # | # | # |
| Diverticulectomy | # | # | # | # | # | # |
| Other major small intestine | # | # | # | # | # | # |
| **TOTAL ALIMENTARY TRACK-SMALL INTESTINE** | # | # | # | # | # | # |
| **Alimentary Track-Large Intestine** | | | | | | |
| Appendectomy-open | # | # | # | # | # | # |
| Appendectomy-laparoscopic | # | # | # | # | # | # |
| Colostomy (all types) | # | # | # | # | # | # |
| Colostomy closure | # | # | # | # | # | # |
| Colectomy, partial-open | # | # | # | # | # | # |
| Colectomy, partial-laparoscopic | # | # | # | # | # | # |
| Colectomy w/ileoanal pull-through | # | # | # | # | # | # |
| Colectomy w/continent reconstruction | # | # | # | # | # | # |
| Abdominoperineal resection | # | # | # | # | # | # |
| Transanal rectal tumor excision | # | # | # | # | # | # |
| Repair perforation-colon disease | # | # | # | # | # | # |
| Other major large intestine | # | # | # | # | # | # |
| **TOTAL ALIMENTARY TRACK-LARGE INTESTINE** | # | # | # | # | # | # |
| **Alimentary Track-Anorectal** | | | | | | |
| Hemorrhoidectomy (all) | # | # | # | # | # | # |
| Sphincterotomy/sphincteroplasty | # | # | # | # | # | # |
| Drainage procedure for anorectal abscess | # | # | # | # | # | # |
| Repair anorectal fistula | # | # | # | # | # | # |
| Other operations for anal incontinence | # | # | # | # | # | # |
| Repair rectal prolapse | # | # | # | # | # | # |
| Other major anorectal | # | # | # | # | # | # |
| **TOTAL ALIMENTARY TRACK-ANORECTAL** | # | # | # | # | # | # |
| **Abdomen-General** | | | | | | |
| Exploratory laparoscopic exclusive of trauma-open | # | # | # | # | # | # |
| Exploratory laparoscopic exclusive of trauma-laparoscopic | # | # | # | # | # | # |
| Drainage intra-abdominal abscess | # | # | # | # | # | # |
| Major retroperit/pelvic node dissection-open | # | # | # | # | # | # |
| Other major abdominal-general-laparoscopic complex-defined category credit | # | # | # | # | # | # |
| Other major abdominal-general | # | # | # | # | # | # |
| **TOTAL ABDOMEN-GENERAL** | # | # | # | # | # | # |
| **Abdomen-Liver** | | | | | | |
| Lobectomy or segmentectomy | # | # | # | # | # | # |
| Wedge resection/open biopsy | # | # | # | # | # | # |
| Drainage liver abscess | # | # | # | # | # | # |
| Other major liver | # | # | # | # | # | # |
| **TOTAL ABDOMEN-LIVER** | # | # | # | # | # | # |
| **Abdomen-Biliary** | | | | | | |
| Cholecystostomy | # | # | # | # | # | # |
| Cholecystectomy w/ or w/o operative grams-open | # | # | # | # | # | # |
| Cholecystectomy w/ or w/o operative grams-laparoscopic | # | # | # | # | # | # |
| Common bile duct exploratory-open | # | # | # | # | # | # |
| Common bile duct exploratory-laparoscopic | # | # | # | # | # | # |
| Choledochoenteric anastomosis | # | # | # | # | # | # |
| Sphincteroplasty (Oddi) | # | # | # | # | # | # |
| Other major biliary | # | # | # | # | # | # |
| **TOTAL ABDOMEN-BILIARY** | # | # | # | # | # | # |
| **Abdomen-Pancreas** | | | | | | |
| Drainage pancreatic abscess | # | # | # | # | # | # |
| Resection for pancreatic necrosis | # | # | # | # | # | # |
| Pancreatic resection, distal | # | # | # | # | # | # |
| Pancreatic resection, Whipple | # | # | # | # | # | # |
| Pancreatic resection, total | # | # | # | # | # | # |
| Drainage pseudocyst (all types) | # | # | # | # | # | # |
| Pancreaticojejunostomy | # | # | # | # | # | # |
| Other major pancreas | # | # | # | # | # | # |
| **TOTAL ABDOMEN-PANCREAS** | # | # | # | # | # | # |
| **Abdomen-Spleen** | | | | | | |
| Splenectomy for disease-laparoscopic | # | # | # | # | # | # |
| Splenectomy for disease-open (also under TRAUMA) | # | # | # | # | # | # |
| **TOTAL ABDOMEN-SPLEEN** | # | # | # | # | # | # |
| **Abdomen-Hernia** | | | | | | |
| Inguinal-femoral (all)-open | # | # | # | # | # | # |
| Inguinal-femoral (all)-laparoscopic | # | # | # | # | # | # |
| Ventral | # | # | # | # | # | # |
| Other major hernias | # | # | # | # | # | # |
| **TOTAL ABDOMEN-HERNIA** | # | # | # | # | # | # |
| **Vascular-Aneurysm Repair** | | | | | | |
| Open repair infrarenal aorto-iliac ruptured | # | # | # | # | # | # |
| Open repair infrarenal aorto-iliac elective | # | # | # | # | # | # |
| Endovascular repair abdomen aortic/iliac aneurysm | # | # | # | # | # | # |
| Endovascular repair of iliac artery | # | # | # | # | # | # |
| Repair suprarenal aortic aneurysm | # | # | # | # | # | # |
| Thoracic aortic aneurysm | # | # | # | # | # | # |
| Endovascular repair thoracic aortic aneurysm | # | # | # | # | # | # |
| Thoracoabdominal aortic aneurysm | # | # | # | # | # | # |
| Femoral aneurysm | # | # | # | # | # | # |
| Popliteal aneurysm | # | # | # | # | # | # |
| Other major aneurysms-defined category credit | # | # | # | # | # | # |
| Other major aneurysms | # | # | # | # | # | # |
| **TOTAL VASCULAR-ANEURYSM REPAIR** | # | # | # | # | # | # |
| **Vascular-Cerebrovascular** | | | | | | |
| Carotid endarterectomy | # | # | # | # | # | # |
| Reoperative carotid surgery | # | # | # | # | # | # |
| Transcatheter placement carotid artery stent | # | # | # | # | # | # |
| Excise carotid body tumor | # | # | # | # | # | # |
| Vertebral artery operation | # | # | # | # | # | # |
| Direct repair aortic arch branches | # | # | # | # | # | # |
| Transluminal balloon angioplasty-brachiocephalic | # | # | # | # | # | # |
| Transluminal atherectomy-brachiocephalic | # | # | # | # | # | # |
| Transcatheter place of intravascular stent, non-coronary | # | # | # | # | # | # |
| Cervical bypass aortic arch branches | # | # | # | # | # | # |
| Embolectomy/thrombectomy by neck or thoracic incision | # | # | # | # | # | # |
| Other major cerebrovascular-defined category credit | # | # | # | # | # | # |
| **TOTAL VASCULAR-CEREBROVASCULAR** | # | # | # | # | # | # |
| **Vascular-Peripheral Obstruction** | | | | | | |
| Aorto-ilio/femoral endarterectomy | # | # | # | # | # | # |
| Aorto-ilio/femoral bypass, prosthetic | # | # | # | # | # | # |
| Aorto-ilio/femoral bypass, vein | # | # | # | # | # | # |
| Transluminal balloon angioplasty aorta or iliac | # | # | # | # | # | # |
| Transluminal atherectomy aorta or iliac | # | # | # | # | # | # |
| Transcatheter placement intravascular stent aorta | # | # | # | # | # | # |
| Ilio-iliac/femoral endarterectomy | # | # | # | # | # | # |
| Excise infected graft, abdomen or chest | # | # | # | # | # | # |
| Repair graft-enteric/aorto-enteric fistula | # | # | # | # | # | # |
| Femoral, profunda endarterectomy | # | # | # | # | # | # |
| Femoral-popliteal bypass, vein | # | # | # | # | # | # |
| Femoral-popliteal bypass, prosthetic | # | # | # | # | # | # |
| Transluminal balloon angioplasty femoral-popliteal | # | # | # | # | # | # |
| Transluminal atherectomy femoral-popliteal | # | # | # | # | # | # |
| Endarterectomy, superficial femoral; popliteal | # | # | # | # | # | # |
| Infrapopliteal bypass, vein | # | # | # | # | # | # |
| Infrapopliteal bypass, prosthetic | # | # | # | # | # | # |
| Transluminal balloon angioplasty, tibioperoneal | # | # | # | # | # | # |
| Transluminal atherectomy, tibioperoneal | # | # | # | # | # | # |
| Transcatheter place of intravascular stent non-coronary | # | # | # | # | # | # |
| Excise infected graft, peripheral | # | # | # | # | # | # |
| Revise lower extremity bypass | # | # | # | # | # | # |
| Arterial embolectomy/thrombectomy by leg incision | # | # | # | # | # | # |
| Graft thrombectomy | # | # | # | # | # | # |
| Adjunctive vein cuff or avf | # | # | # | # | # | # |
| Harvest arm vein | # | # | # | # | # | # |
| Composite leg bypass graft | # | # | # | # | # | # |
| Re-do lower extremity bypass | # | # | # | # | # | # |
| Other major peripheral-defined category credit | # | # | # | # | # | # |
| **TOTAL VASCULAR-PERIPHERAL OBSTRUCTION** | # | # | # | # | # | # |
| **Vascular-Abdominal Obstructive** | | | | | | |
| Celiac/superior mesenteric artery endarterectomy, bypass | # | # | # | # | # | # |
| Renal endarterectomy, bypass | # | # | # | # | # | # |
| Embolectomy/thrombectomy, renal | # | # | # | # | # | # |
| Transluminal balloon angioplasty, renal | # | # | # | # | # | # |
| Transluminal atherectomy, renal | # | # | # | # | # | # |
| Transcatheter place of stent, renal artery | # | # | # | # | # | # |
| **TOTAL VASCULAR-ABDOMINAL OBSTRUCTIVE** | # | # | # | # | # | # |
| **Vascular-Upper Extremity** | | | | | | |
| Open brachial artery exposure | # | # | # | # | # | # |
| Arm bypass, endarterectomy, repair | # | # | # | # | # | # |
| Transcatheter place of intravascular stent, non-coronary | # | # | # | # | # | # |
| Thoracic outlet decompression | # | # | # | # | # | # |
| Embolectomy/thrombectomy, by arm incision | # | # | # | # | # | # |
| **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** | | | | | | |
| Transluminal mechanical thrombectomy | # | # | # | # | # | # |
| Thrombolysis, transarterial, transcatheter | # | # | # | # | # | # |
| Exchange of thrombolysis catheter | # | # | # | # | # | # |
| **TOTAL VASCULAR-THROMBOLYSIS/ MECHANICAL THROMBECTOMY** | # | # | # | # | # | # |
| **Vascular-Vascular-Miscellaneous Endovascular Therapeutic** | | | | | | |
| Endovascular place of iliac artery occlusion device | # | # | # | # | # | # |
| Transcatheter therapy, infusion non-thrombolysis | # | # | # | # | # | # |
| Transcatheter retrieval of intravascular foreign | # | # | # | # | # | # |
| Transcatheter arterial occlusion or embolization | # | # | # | # | # | # |
| Transcatheter place of wireless sensor | # | # | # | # | # | # |
| Pressure measurements from wireless sensor | # | # | # | # | # | # |
| **TOTAL VASCULAR- MISCELLANEOUS ENDOVASCULAR THERAPEUTIC** | # | # | # | # | # | # |
| **Vascular-Trauma** | | | | | | |
| Repair thoracic vessels | # | # | # | # | # | # |
| Repair neck vessels | # | # | # | # | # | # |
| Repair abdominal vessels | # | # | # | # | # | # |
| Repair peripheral vessels | # | # | # | # | # | # |
| Fasciotomy | # | # | # | # | # | # |
| **TOTAL VASCULAR-TRAUMA** | # | # | # | # | # | # |
| **Vascular-Venous** | | | | | | |
| Portal-systemic shunt | # | # | # | # | # | # |
| Operation for varicose veins | # | # | # | # | # | # |
| Sclerotherapy, peripheral vein | # | # | # | # | # | # |
| Embolectomy/thrombectomy, venous | # | # | # | # | # | # |
| Vena caval interruption/filter | # | # | # | # | # | # |
| Operations for venous ulceration | # | # | # | # | # | # |
| Venous reconstruction | # | # | # | # | # | # |
| Transluminal balloon angioplasty, venous | # | # | # | # | # | # |
| Transluminal mechanical thrombectomy, venous | # | # | # | # | # | # |
| Thrombolysis, transvenous, transcatheter | # | # | # | # | # | # |
| Exchange of thrombolysis catheter | # | # | # | # | # | # |
| Interruption of IVC | # | # | # | # | # | # |
| Repair A-V malformation | # | # | # | # | # | # |
| **TOTAL VASCULAR-VENOUS** | # | # | # | # | # | # |
| **Vascular-Endovascular Diagnostic** | | | | | | |
| Arteriography | # | # | # | # | # | # |
| Venography | # | # | # | # | # | # |
| Angioscopy | # | # | # | # | # | # |
| Intravascular ultrasound | # | # | # | # | # | # |
| **TOTAL VASCULAR- ENDOVASCULAR DIAGNOSTIC** | # | # | # | # | # | # |
| **Vascular-Miscellaneous Vascular** | | | | | | |
| Exploration of artery | # | # | # | # | # | # |
| Post-operative exploration for bleed, thrombosis, infection | # | # | # | # | # | # |
| Major vascular ligation | # | # | # | # | # | # |
| Inject pseudoaneurysm | # | # | # | # | # | # |
| Spine exposure | # | # | # | # | # | # |
| Sympathectomy | # | # | # | # | # | # |
| Lymphatic procedure | # | # | # | # | # | # |
| Other miscellaneous vascular procedure | # | # | # | # | # | # |
| **TOTAL VASCULAR- MISCELLANEOUS VASCULAR** | # | # | # | # | # | # |
| **Vascular-Vascular Access** | | | | | | |
| A-V fistula | # | # | # | # | # | # |
| A-V graft | # | # | # | # | # | # |
| Percutaneous-other access | # | # | # | # | # | # |
| Revision, A-V access | # | # | # | # | # | # |
| **TOTAL VASCULAR – VASCULAR ACCESS** | # | # | # | # | # | # |
| **Vascular-Amputations** | | | | | | |
| Amputation, digit | # | # | # | # | # | # |
| Amputation, transmetatarsal | # | # | # | # | # | # |
| Amputation, below knee | # | # | # | # | # | # |
| Amputation, above knee | # | # | # | # | # | # |
| Amputation, upper extremity | # | # | # | # | # | # |
| Amputation closure, revision | # | # | # | # | # | # |
| **TOTAL VASCULAR-AMPUTATIONS** | # | # | # | # | # | # |
| **Endocrine** | | | | | | |
| Thyroidectomy, partial or total | # | # | # | # | # | # |
| Parathyroidectomy | # | # | # | # | # | # |
| Adrenalectomy | # | # | # | # | # | # |
| Pancreatic endocrine procedure | # | # | # | # | # | # |
| Other major endocrine | # | # | # | # | # | # |
| **TOTAL ENDOCRINE** | # | # | # | # | # | # |
| **Hand** | | | | | | |
| Soft tissue repair/graft | # | # | # | # | # | # |
| Tendon repair/transfer | # | # | # | # | # | # |
| Nerve repair | # | # | # | # | # | # |
| Vascular repair | # | # | # | # | # | # |
| Replantation | # | # | # | # | # | # |
| Other major hand | # | # | # | # | # | # |
| **TOTAL HAND** | # | # | # | # | # | # |
| **Thoracic** | | | | | | |
| Exploratory thoracotomy-open | # | # | # | # | # | # |
| Exploratory thoracotomy w/ or w/o biopsy-thoracos | # | # | # | # | # | # |
| Pleurodesis-thoracoscopic | # | # | # | # | # | # |
| Repair diaphragmetic hernia | # | # | # | # | # | # |
| Excision mediastinal tumor | # | # | # | # | # | # |
| Pneumonectomy | # | # | # | # | # | # |
| Lobectomy/segmental resection lung-open | # | # | # | # | # | # |
| Lobectomy/segmental resection lung-thoracos | # | # | # | # | # | # |
| Wedge resection lung-open | # | # | # | # | # | # |
| Wedge resection lung-thoracoscopic | # | # | # | # | # | # |
| Thoracic outlet decompression procedure | # | # | # | # | # | # |
| Open drainage of empyema | # | # | # | # | # | # |
| Pericardiectomy | # | # | # | # | # | # |
| Pericardiectomy window for drainage-thoracoscopic | # | # | # | # | # | # |
| Pacemaker insertion | # | # | # | # | # | # |
| Cardiac procedures | # | # | # | # | # | # |
| Sympathectomy, thoracolumbar-thoracoscopic | # | # | # | # | # | # |
| Esophagomyotomy (Heller)-thoracoscopic | # | # | # | # | # | # |
| Other major thoracic | # | # | # | # | # | # |
| **TOTAL THORACIC** | # | # | # | # | # | # |
| **Pediatric** | | | | | | |
| Herniorrhaphy, inguinal/umbilical | # | # | # | # | # | # |
| Repair branchial cleft anomaly/thyroglossal duct cyst | # | # | # | # | # | # |
| Repair deformity chest wall | # | # | # | # | # | # |
| Repair diaphragmatic hernia | # | # | # | # | # | # |
| Antireflux procedure-open (peds) | # | # | # | # | # | # |
| Antireflux procedure-laparoscopic (peds) | # | # | # | # | # | # |
| Repair esophageal atresia/tracheoesophageal fistula | # | # | # | # | # | # |
| Repair intestinal atresia/stenosis | # | # | # | # | # | # |
| Repair pyloric stenosis | # | # | # | # | # | # |
| Operation for malrotation/intussuscept | # | # | # | # | # | # |
| Procedure for meconium ileus/necrotizing enterocolitis | # | # | # | # | # | # |
| Operations for Hirschsprung’s/imperfect anus | # | # | # | # | # | # |
| Excise Wilms tumor/neuroblastoma | # | # | # | # | # | # |
| Repair omphalocele/gastroschisis | # | # | # | # | # | # |
| Repair of exstrophy | # | # | # | # | # | # |
| Repair epi- and hypo-spadias | # | # | # | # | # | # |
| Orchiopexy | # | # | # | # | # | # |
| Other major pediatric | # | # | # | # | # | # |
| **TOTAL PEDIATRIC** | # | # | # | # | # | # |
| **Genitourinary** | | | | | | |
| Hydrocelectomy | # | # | # | # | # | # |
| Cystostomy | # | # | # | # | # | # |
| Cystectomy | # | # | # | # | # | # |
| Nephrectomy (w/ donor nephrectomy see transplant) | # | # | # | # | # | # |
| Ileal urinary conduit | # | # | # | # | # | # |
| Other major genitourinary | # | # | # | # | # | # |
| Other major genitourinary-laparoscopic basic | # | # | # | # | # | # |
| Other major genitourinary-laparoscopic complex | # | # | # | # | # | # |
| **TOTAL GENITOURINARY** | # | # | # | # | # | # |
| **Gynecology** | | | | | | |
| Hysterectomy (all) | # | # | # | # | # | # |
| Salpingo-oophorectomy | # | # | # | # | # | # |
| Other major gynecology | # | # | # | # | # | # |
| Other major gynecology-laparoscopic | # | # | # | # | # | # |
| **TOTAL GYNECOLOGY** | # | # | # | # | # | # |
| **Plastic** | | | | | | |
| Repair cleft lip/cleft palate | # | # | # | # | # | # |
| Major reconstructive procedure | # | # | # | # | # | # |
| Skin-grafting, non-burn (all) | # | # | # | # | # | # |
| Composite tissue transfer | # | # | # | # | # | # |
| Burn debridement and/or grafting | # | # | # | # | # | # |
| Reduction and stabilization of maxillofacial fractures | # | # | # | # | # | # |
| Other major plastic | # | # | # | # | # | # |
| **TOTAL PLASTIC** | # | # | # | # | # | # |
| **Nervous System** | | | | | | |
| Cranial decompression/exploration | # | # | # | # | # | # |
| Other major nervous system | # | # | # | # | # | # |
| **TOTAL NERVOUS SYSTEM** | # | # | # | # | # | # |
| **Orthopaedic Surgery** | | | | | | |
| Open operations on bones or joints | # | # | # | # | # | # |
| Arthroscopy | # | # | # | # | # | # |
| Open reduction of open/closed fracture | # | # | # | # | # | # |
| Closed reduction of fracture | # | # | # | # | # | # |
| Other major orthopaedic surgery | # | # | # | # | # | # |
| **TOTAL ORTHOPAEDIC SURGERY** | # | # | # | # | # | # |
| **Organ Transplant** | | | | | | |
| Liver transplant | # | # | # | # | # | # |
| Renal transplant | # | # | # | # | # | # |
| Pancreas transplant | # | # | # | # | # | # |
| Donor nephrectomy | # | # | # | # | # | # |
| Donor hepatectomy | # | # | # | # | # | # |
| En bloc abdominal organ retrieval | # | # | # | # | # | # |
| Other major organ transplant | # | # | # | # | # | # |
| **TOTAL ORGAN TRANSPLANT** | # | # | # | # | # | # |
| **Trauma** | | | | | | |
| Drainage sub/extradural hematoma | # | # | # | # | # | # |
| Esophageal trauma-closure/resection/exclusion | # | # | # | # | # | # |
| Gastric trauma-closure/resection/exclusion | # | # | # | # | # | # |
| Duodenal trauma-closure/resection/exclusion | # | # | # | # | # | # |
| Small bowel trauma-closure/resection/exclusion | # | # | # | # | # | # |
| Colon trauma-closure/resection/exclusion | # | # | # | # | # | # |
| Neck exploratory for trauma | # | # | # | # | # | # |
| Exploratory thoracotomy-open | # | # | # | # | # | # |
| Exploratory thoracotomy-thoracoscopic | # | # | # | # | # | # |
| Exploratory laparotomy-open | # | # | # | # | # | # |
| Exploratory laparotomy-laparoscopic | # | # | # | # | # | # |
| Splenectomy/splenorrhaphy-open | # | # | # | # | # | # |
| Repair/drainage hepatic lacerations-open | # | # | # | # | # | # |
| Hepatic resection for injury | # | # | # | # | # | # |
| Drainage pancreatic injury | # | # | # | # | # | # |
| Resection of pancreatic injury | # | # | # | # | # | # |
| Closed reduction of fracture | # | # | # | # | # | # |
| Debride/suture major wounds | # | # | # | # | # | # |
| Repair bladder injury | # | # | # | # | # | # |
| Repair ureteral injury | # | # | # | # | # | # |
| Repair/resection for kidney trauma | # | # | # | # | # | # |
| Repair thoracic aorta, innominate, subclavian | # | # | # | # | # | # |
| Repair of carotid or other major neck vessels | # | # | # | # | # | # |
| Repair of abdominal aorta or vena cava | # | # | # | # | # | # |
| Repair peripheral vessels | # | # | # | # | # | # |
| Fasciotomy for injury | # | # | # | # | # | # |
| Repair other major vascular injury | # | # | # | # | # | # |
| Management cardiac injury | # | # | # | # | # | # |
| Other major trauma | # | # | # | # | # | # |
| **TOTAL TRAUMA** | # | # | # | # | # | # |
| **Endoscopy (Not for Major Credit)** | | | | | | |
| Laryngoscopy | # | # | # | # | # | # |
| Bronchoscopy | # | # | # | # | # | # |
| Sclerotherapy/banding esophageal varices | # | # | # | # | # | # |
| Esophago-gastroduodenoscopy | # | # | # | # | # | # |
| Percutaneous endoscopic gastrostomy (peg) | # | # | # | # | # | # |
| Endoscopic retrograde cholangiopancreatography (ERCP) w/ or w/o papillotomy | # | # | # | # | # | # |
| Sigmoidoscopy, rigid/flexible | # | # | # | # | # | # |
| Flexible colonoscopy w/ or w/o biopsy/polypectomy | # | # | # | # | # | # |
| Choledochoscopy | # | # | # | # | # | # |
| Cysto/urethroscopy | # | # | # | # | # | # |
| Other endoscopy | # | # | # | # | # | # |
| **TOTAL ENDOSCOPY** | # | # | # | # | # | # |
| **Miscellaneous (Not for Major Credit)** | | | | | | |
| Removal skin moles, small tumors, etc. | # | # | # | # | # | # |
| Removal subcutaneous small tumors, cysts | # | # | # | # | # | # |
| Repair minor wounds and grafts | # | # | # | # | # | # |
| Banding/incision thrombosed hemorrhoid | # | # | # | # | # | # |
| Endorectal ultrasound [miscellaneous] | # | # | # | # | # | # |
| Other procedures | # | # | # | # | # | # |
| **TOTAL MISCELLANEOUS** | # | # | # | # | # | # |
| **Patient Care (Not for Major Credit)** | | | | | | |
| Non-operative trauma | # | # | # | # | # | # |
| **Surgical Critical Care Patient Management** | | | | | | |
| Ventilatory management: >24hrs on Ventilator | # | # | # | # | # | # |
| Bleeding: non-trauma patient >3 units | # | # | # | # | # | # |
| Hemodynamic instability: requiring inotrope/pressor | # | # | # | # | # | # |
| Organ dysfunction: renal, hepatic, cardiac | # | # | # | # | # | # |
| Dysrhythmias: requiring drug management | # | # | # | # | # | # |
| Invasive line, manage/monitor: swan, arterial, etc. | # | # | # | # | # | # |
| Parenteral/enteral nutrition | # | # | # | # | # | # |
| **TOTAL-SURGICAL CRITICAL CARE PATIENT MANAGEMENT** | # | # | # | # | # | # |
| **Critical Care (Not for Major Credit)** | # | # | # | # | # | # |
| Critical care other | # | # | # | # | # | # |
| **Ophthalmology (Not for Major Credit)** | | | | | | |
| Ophthalmology | # | # | # | # | # | # |
| **Otolaryngology (Not for Major Credit)** | | | | | | |
| Otolaryngology | # | # | # | # | # | # |
| **Urology (Not for Major Credit)** | | | | | | |
| Urology | # | # | # | # | # | # |
| **Neurological Surgery (Not for Major Credit)** | | | | | | |
| Neurological surgery | # | # | # | # | # | # |
| **Gynecology (Not for Major Credit)** | | | | | | |
| Gynecology | # | # | # | # | # | # |
| **Radiology (Not for Major Credit)** | | | | | | |
| Radiology | # | # | # | # | # | # |
| **Ultrasound (Not for Major Credit)** | | | | | | |
| Miscellaneous Ultrasound | # | # | # | # | # | # |
| **Trauma (Not for Major Credit)** | | | | | | |
| Other Trauma | # | # | # | # | # | # |
| **Total Major Operations** | # | # | # | # | # | # |
| **Total Endoscopy** | # | # | # | # | # | # |
| **Total Miscellaneous** | # | # | # | # | # | # |
| **Total Endovascular Diagnostic** | # | # | # | # | # | # |
| **Total Patient Care: (Non-operative Trauma)** | # | # | # | # | # | # |