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**National Institute for Health Specialties (NIHS)**

 **General Surgery Program Information Form**

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| **Application Information** |
| Date: | Click or tap here to enter text. |
| Application Type: | [ ]  New (Initial Accreditation Application)[ ]  Renewal (Continued Accreditation Application) |
| Program Name: | Click or tap here to enter text. |
| Institution Name: | Click or tap here to enter text. |
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| When you have the completed forms, **number each page sequentially in the bottom**. Report this pagination in the Table of Contents and submit this cover page with the completed Program Information Form. |
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| **1. INTRODUCTION** |
| **A. Duration of Education** |
| What will be the length, in months, of the educational program? | Click or tap here to enter text. |
| **2. INSTITUTIONS** |
| **A. Participating Sites** |
| 1. Is the program based at the primary clinical site?
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| 1. Is there a program letter of agreement (PLA) between the program and all participating sites?
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| 1. Describe how the program ensures that each participating site offers significant educational opportunities to residents. (Limit 300 words).

Click or tap here to enter text. |
| 1. Are any of the planned participating sites at such a distance from the primary clinical site that residents’ attendance at rounds and lectures is impractical?
 | [ ]  Yes  |  [ ]  No |
| If ‘YES’, explain how the program ensures that residents can access or attend rounds and lectures when assigned to these sites. (Limit 300 words).Click or tap here to enter text. |

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| **3. PROGRAM PERSONNEL AND RESOURCES**  |
| **A. Program Director** |
| 1. If multiple sites are used, describe how the program director ensures that a unified educational experience occurs to each resident. (Limit 400 words).

Click or tap here to enter text. |
| **B. Associate Program Director(s)** |
| 1. Will the program have associate program director(s)?
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words).Click or tap here to enter text. |
| If ‘YES’, describe the criteria for appointment as an associate program director. (Limit 300 words)Click or tap here to enter text. |
| 1. Will the associate program director(s):
 |
| 1. Dedicate at least 0.3 Full-Time Equivalent per week to the administration and educational aspects of the program.
 | [ ]  Yes  | [ ]  No |
| 1. Report directly to the program director.
 | [ ]  Yes  | [ ]  No |
| 1. Participate in educational programs to enhance their educational professional development.
 | [ ]  Yes  | [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words):Click or tap here to enter text. |
| **C. Faculty**  |
| * + - 1. Do all faculty members hold appropriate qualifications in their field?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| * + - 1. Will the faculty:
 |
| 1. Dedicate time for administration and education as per the requirements of the NIHS?
 | [ ]  Yes  | [ ]  No |
| 1. Participate in faculty development activities?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| * + - 1. Will the program director identify Subspecialty Education Coordinators (SECs) for each of the required subspecialties?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| If ‘YES’, indicate the SECs by completing the table below. Add rows as needed. Site #1 is the primary clinical site. |
| **Subspecialty EducationCoordinator’s Name** | **Based Primarily at Site #** | **Specialty/Field** | **Currently Board Certified** |
|  |  |  | [ ]  Yes  | [ ]  No |
|  |  |  | [ ]  Yes  | [ ]  No |
|  |  |  | [ ]  Yes  | [ ]  No |
|  |  |  | [ ]  Yes  | [ ]  No |
| * + - 1. Will the SECs be accountable to the program director for coordination of the residents’ subspecialty educational experiences to accomplish the goals and objectives in the subspecialty?
 | [ ]  Yes  |  [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| **D. Other Program Personnel** |
| 1. Is there a dedicated coordinator who has sufficient time to fulfil the responsibilities essential in meeting the educational goals and administrative requirements of the program?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| **E. Resources** |
| 1. Describe how the program ensures that the Sponsoring Institution and participating sites routinely care for patients with a broad spectrum of surgical diseases and conditions (limit 300 words).

Click or tap here to enter text. |
| 1. Describe how the program ensures that upon completion of the program each resident has had a sufficient number of complex cases (limit 300 words).

Click or tap here to enter text. |
| 1. Does the institution and the program jointly ensure the availability of adequate resources for resident education, including:
 |
| 1. online radiographic reporting system at the primary clinical site
 | [ ]  Yes  | [ ]  No |
| 1. online laboratory reporting systems at the primary clinical site
 | [ ]  Yes  | [ ]  No |
| 1. simulation and skills laboratories
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| 1. Indicate resources provided at the planned clinical sites by completing the table below. *Site #1 is the primary clinical site.*
 |
| **Does the Institution provide:** | **Institution #1** | **Institution #2** | **Institution #3** | **Institution #4** | **Institution #5** |
| Pathology | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Oncology | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Endovascular | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Haemodialysis | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Pulmonary function studies | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Gastrointestinal endoscopy and colonoscopy | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Imaging studies (i.e. radionuclide, ultrasound, fluoroscopy, angiography, computerized tomography, and magnetic resonance imaging) | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| 1. Describe any additional resources not indicated above. (Limit 300 words)

Click or tap here to enter text. |
| **4. RESIDENTS APPOINTMENT**  |
| **A. Resident Appointment and Eligibility Criteria** |
| 1. Describe how the program ensures that there will not be more residents enrolled in the program than approved by the NIHS (limit 250 words).

Click or tap here to enter text. |
| 1. Describe how the program will ensure that there will be a minimum of 6 residents enrolled and participating in the educational program at all times. (Limit 300 words).

Click or tap here to enter text. |
| 1. Describe the eligibility criteria for residents and resident selection criteria. (Limit 400 words).

Click or tap here to enter text. |
| 1. Does the program appoint residents to a preliminary year?
 | [ ]  Yes  | [ ]  No |
| If ‘YES’, answer questions 5 through 8 below. If ‘NO’, skip to question 9. |
| 1. Are residents in the preliminary year appointed for only one year?
 | [ ]  Yes  | [ ]  No |
| 1. Is the number of residents appointed to the preliminary year equal to or less than the number of approved post-graduate year one (PGY-1) categorical positions?
 | [ ]  Yes  | [ ]  No |
| 1. Does the program director document continuation in graduate medical education for each resident appointed to the preliminary year?
 | [ ]  Yes  | [ ]  No |
| 1. Does the program director counsel and assist preliminary year residents in obtaining future positions?
 | [ ]  Yes  | [ ]  No |
| Explain any ‘NO’ responses (limit 250 words).Click or tap here to enter text. |
| 1. Describe how the program ensures that the final two years of each resident’s education will be spent in the same general surgery residency program (limit 300 words).

Click or tap here to enter text. |
| **5. EDUCATIONAL PROGRAM** |
| **A. Regularly Scheduled Didactic Sessions** |
| 1. Using the format provided, please complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
 |
| 1. Does the curriculum include a didactic program based upon the core knowledge content of general surgery?

[ ]  Yes [ ]  NoExplain if ‘NO’ (limit 250 words).Click or tap here to enter text. |
| 1. Does the didactic program include the fundamentals of basic science as applied to clinical surgery, including:
 |
| 1. Applied surgical anatomy
 | [ ]  Yes [ ]  No |
| 1. Surgical pathology
 | [ ]  Yes [ ]  No |
| 1. Elements of wound healing
 | [ ]  Yes [ ]  No |
| 1. Homeostasis, shock, and circulatory physiology
 | [ ]  Yes [ ]  No |
| 1. Immunobiology and transplantation
 | [ ]  Yes [ ]  No |
| 1. Oncology
 | [ ]  Yes [ ]  No |
| 1. Surgical endocrinology
 | [ ]  Yes [ ]  No |
| 1. Surgical nutrition
 | [ ]  Yes [ ]  No |
| 1. Fluid and electrolyte balance
 | [ ]  Yes [ ]  No |
| 1. Metabolic response to injury, including to burns
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (limit 250 words).Click or tap here to enter text. |
| 1. Does the didactic program include the following:
 |
| 1. A course of structured series of lectures that ensures education in the basic and clinical sciences fundamental to surgery.
 | [ ]  Yes  | [ ]  No |
| 1. Education on technological advances that relate to surgery and the care of patients with surgical diseases.
 | [ ]  Yes  | [ ]  No |
| 1. Education in critical thinking.
 | [ ]  Yes  | [ ]  No |
| 1. Education in evaluation of data.
 | [ ]  Yes  | [ ]  No |
| 1. Regular organized clinical teaching such as grand rounds, ward rounds, and clinical conferences.
 | [ ]  Yes  | [ ]  No |
| 1. Weekly morbidity and mortality or quality improvement conference.
 | [ ]  Yes  | [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words):Click or tap here to enter text. |
| 1. Describe how the program ensures and documents that the clinical curriculum is sequential, comprehensive, and organized from basic to complex (limit 400 words).

Click or tap here to enter text. |
| 1. Describe how the program ensures that conferences are scheduled to permit resident attendance on a regular basis and that resident time is protected to attend conferences (limit 400 words).

Click or tap here to enter text. |
| 1. Describe how the program monitors resident attendance at conferences and how it will ensure attendance of at least 75 percent at all conferences (limit 400 words).

Click or tap here to enter text. |
| 1. Does the program largely rely on textbook review for residents to attain competence in medical knowledge?

[ ]  Yes [ ]  NoExplain if ‘YES’ (limit 250 words).Click or tap here to enter text. |
| **B. Clinical Experiences**  |
| 1. Using one of the formats provided, complete Appendix B., Rotation Schedule, and attach to submission.
 |
| 1. Are at least 54 months spent on clinical assignments in surgery?
 | [ ]  Yes  | [ ]  No |
| 1. Do all rotations have clearly defined written rotation-specific goals and objectives utilizing the NIHS competencies?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| 1. Do the clinical assignments in surgery include experience in emergency care?
 | [ ]  Yes  | [ ]  No |
| 1. Do the clinical assignments in surgery include experience in surgical critical care?
 | [ ]  Yes  | [ ]  No |
| Explain any ‘NO’ responses (limit 250 words).Click or tap here to enter text. |
| 1. Complete the table below by indicating the amount of time in months for the following clinical assignments in the essential content areas of surgery.
 |
| **Content Area** | **Clinical Assignments in months**  |
| 1. abdomen and its contents
 | Click or tap here to enter text. |
| 1. alimentary tract
 | Click or tap here to enter text. |
| 1. skin, soft tissues, and breast
 | Click or tap here to enter text. |
| 1. endocrine surgery
 | Click or tap here to enter text. |
| 1. head and neck surgery
 | Click or tap here to enter text. |
| 1. paediatric surgery
 | Click or tap here to enter text. |
| 1. surgical critical care
 | Click or tap here to enter text. |
| 1. surgical oncology
 | Click or tap here to enter text. |
| 1. Trauma
 | Click or tap here to enter text. |
| 1. non-operative trauma \*
 | Click or tap here to enter text. |
| 1. vascular system
 | Click or tap here to enter text. |
| **Total time in the above** | Click or tap here to enter text. |
| \*burn experience that includes patient management may be counted toward non-operative trauma |
| 1. Explain if the total time in the essential content areas of surgery indicated above is less than 42 months (limit 300 words).

Click or tap here to enter text. |
| 1. Does the program include rotations in burn care, gynecology, neurological surgery, orthopaedic surgery, cardiac surgery, or urology? (note: these rotations are not required)

[ ]  Yes [ ]  No |
| If ‘YES’, will clearly documented goals and objectives be provided to residents?  [ ]  Yes [ ]  NoExplain if ‘NO’ (limit 250 words).Click or tap here to enter text. |
| 1. Does the program include a transplant rotation?

 [ ]  Yes [ ]  NoExplain if ‘NO’ (limit 250 words).Click or tap here to enter text. |
| 1. If ‘YES’, does the transplant rotation:
 |
| 1. Include patient management.
 | [ ]  Yes [ ]  No |
| 1. Cover knowledge of the principles of immunology.
 | [ ]  Yes [ ]  No |
| 1. Cover knowledge of the principles of immunosuppression.
 | [ ]  Yes [ ]  No |
| 1. Include management of general surgical conditions arising in transplant patients.
 | [ ]  Yes [ ]  No |
| 1. Provide clearly documented goals and objectives to residents.
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (limit 250 words).Click or tap here to enter text. |
| 1. Will residents be assigned to number of months of night float in their rotations?
 | [ ]  Yes [ ]  No |
| Explain if ‘YES’. (Limit 250 words):Click or tap here to enter text. |
| 1. Complete the table below by indicating the amount of time in months for the following clinical assignments. If these areas are not included, indicate zero (0) months.
 |
| **Content Area** | **Clinical assignments in months** |
| 1. Research
 | Click or tap here to enter text. |
| 1. Anesthesiology
 | Click or tap here to enter text. |
| 1. Internal medicine
 | Click or tap here to enter text. |
| 1. Paediatrics
 | Click or tap here to enter text. |
| 1. Surgical pathology
 | Click or tap here to enter text. |
| 1. Other non-surgical disciplines (specify)
 | Click or tap here to enter text. |
| Enter other | Duration |
| Enter other | Duration |
| **Total time in the above** |  |
| 1. Explain if the total time in areas listed in number 12 is more than six months (limit 300 words).

Click or tap here to enter text. |
| 1. Describe how the program ensures that each resident performs at least 750 major cases upon completion of the program (limit 400 words).

Click or tap here to enter text. |
| 1. Describe how the program ensures that during the chief year, residents perform at least 150 major cases (limit 400 words).

Click or tap here to enter text. |
| 1. Do residents have experience with endoscopic procedures, including:
 |
| * 1. Esophogastro-duodenoscopy.
 | [ ]  Yes [ ]  No |
| * 1. Colonoscopy.
 | [ ]  Yes [ ]  No |
| * 1. Bronchoscopy.
 | [ ]  Yes [ ]  No |
| * 1. Advanced laparoscopy.
 | [ ]  Yes [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| 1. Do residents have experience with evolving diagnostic and therapeutic methods? [ ]  Yes [ ]  No

Explain if ‘NO’ (limit 250 words).Click or tap here to enter text. |
| 1. Do residents have outpatient experiences? [ ]  Yes [ ]  No

Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| If ‘YES’ to number 18, do these experiences include: |
| 1. Evaluating patients pre-operatively, including conducting an initial evaluation
 | [ ]  Yes [ ]  No |
| 1. Evaluating patients post-operatively
 | [ ]  Yes [ ]  No |
| 1. Are at least 75 percent of the outpatient experiences in the essential content areas of surgery?
 | [ ]  Yes [ ]  No |
| 1. Will these experiences be scheduled for at least one half-day per week?
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (limit 250 words).Click or tap here to enter text. |
| 1. Describe how the program ensures that there is documentation that residents are performing a sufficient breadth of complex procedures prior to graduation from the program (limit 400 words).

Click or tap here to enter text. |
| 1. Describe how the program ensures that all residents, including those admitted to the preliminary year; enter their operative experience concurrently during each year of the program in the case log system (limit 400 words).

Click or tap here to enter text. |
| 1. Describe how the program ensures that a chief resident and a fellow will not have primary responsibility for the same patient (residents and fellows can co-manage non-operative care of the same patient) (limit 400 words).

Click or tap here to enter text. |
| 1. Is a resident considered as surgeon when he/she can document a significant role in determination or confirmation of the diagnosis, provision of pre-operative care, selection and accomplishment of the appropriate operative procedure, and management of post-operative care?

 [ ]  Yes [ ]  NoExplain if ‘NO’ or if other criteria are used. (limit 300 words)Click or tap here to enter text. |
| 1. Does the program schedule chief residents’ clinical assignments in the final year of the program?

 [ ]  Yes [ ]  NoExplain if ‘NO’ (limit 300 words).Click or tap here to enter text. |
| 1. Are the chief residents’ assignments scheduled at a participating site? [ ]  Yes [ ]  No

If ‘YES’, answer questions 27 through 33. If ‘NO’, skip to question 34. |
| 1. Does the program director appoint members of the teaching staff and the local program director for the participating site?

 [ ]  Yes [ ]  No |
| 1. Do all faculty members at the participating site demonstrate commitment to scholarly pursuits?

 [ ]  Yes [ ]  No |
| 1. Are clinical experiences in the essential content areas of surgery available at the participating site?

 [ ]  Yes [ ]  NoIf ‘NO’ to questions 27 through 29 above, explain (limit 250 words).Click or tap here to enter text. |
| 1. Are all participating sites in geographical proximity to allow all residents to attend core conferences?

 [ ]  Yes [ ]  No |
| 1. If ‘NO’, is there an equivalent educational program of lectures and conferences at the participating site?

 [ ]  Yes [ ]  No |
| 1. Are lectures and conferences at the participating site documented?

 [ ]  Yes [ ]  No |
| 1. Do morbidity and mortality conferences occur at the participating site or at a combined central location?

 [ ]  Yes [ ]  NoExplain any ‘NO’ responses to questions 30 or 33 (limit 250 words).Click or tap here to enter text. |
| 1. Is the participating site the primary site of another NIHS-accredited surgical residency program?

 [ ]  Yes [ ]  NoExplain if ‘YES’ (limit 250 words). Click or tap here to enter text. |
| 1. Describe how the program ensures that assignments during the chief resident year include the essential content areas of general surgery (limit 400 words).

Click or tap here to enter text. |
| 1. Describe how the program ensures that no more than four months of the chief resident year be devoted to any one content area (limit 400 words).

Click or tap here to enter text. |
| 1. Describe how the program counts cases when the chief resident acts as a teaching assistant to a more junior resident. Include in your answer how the cases are credited toward the required minimum during the chief resident year and if junior residents are credited for the same, cases (limit 400 words).

Click or tap here to enter text. |
| **C. Residents’ Scholarly Activities**  |
| 1. Do all residents engage in a scholarly activity under faculty supervision?
 | [ ]  Yes [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| 1. Describe how the program ensures that all resident research projects are published or presented at institutional, local, regional or national meetings. (Limit 300 words).

Click or tap here to enter text. |
| 1. Describe how resident research projects are evaluated. (Limit 300 words).

Click or tap here to enter text. |
| **D. Duty Hour and Work Limitations** |
| 1. Are all residents working duties compliant with duty-hour regulations:
 |
| 1. Duty hours are limited to 80-hours per week averaged over 4-weeks.
 | [ ]  Yes [ ]  No |
| 1. Residents have one day off in seven free from all clinical and educational duties, averaged over 4-weeks.
 | [ ]  Yes [ ]  No |
| 1. A minimum of 10-hours off in between all duty periods.
 | [ ]  Yes [ ]  No |
| Explain if ‘NO’. (Limit 250 words).Click or tap here to enter text. |
| 1. Describe how the program ensures compliance with duty-hour regulations. (Limit 300 words).

Click or tap here to enter text. |
| 1. Describe how faculty provides appropriate supervision to residents in patient care activities. (Limit 400 words)

Click or tap here to enter text. |
| **6. CORE COMPETENCIES** |
| **A. Patient Care** |
| 1. How will all graduating residents demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health? Describe how this will be evaluated. (Limit 300 words)

Click or tap here to enter text. |
| 1. How will all graduating residents demonstrate proficiency in:
	1. manual dexterity appropriate for their level
	2. developing and executing patient care plans appropriate for their level, including management of pain
	3. managing patients with severe and complex illnesses and with major injuries
	4. managing surgical conditions arising in transplant patients

Describe how proficiency is assessed in each of the above areas (limit 400 words).Click or tap here to enter text. |
| 1. How do graduating residents demonstrate proficiency in the essential content areas of:
	1. the abdomen and its contents
	2. the alimentary tract
	3. skin, soft tissues, and breast
	4. endocrine surgery
	5. head and neck surgery
	6. pediatric surgery
	7. surgical critical care
	8. surgical oncology
	9. trauma and non-operative trauma
	10. vascular system

Describe how proficiency is assessed in **six** of the ten areas listed above (limit 600 words).Click or tap here to enter text. |
|  **B. Medical Knowledge** |
| 1. How will all graduating residents demonstrate proficiency in their knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences, as well as the application of this knowledge to patient care? Describe how these traits will be evaluated. (Limit 400 words).

Click or tap here to enter text. |
| 1. How will all graduating residents demonstrate proficiency in their knowledge of:
	1. critical evaluation of pertinent scientific information
	2. the fundamentals of basic science as applied to clinical surgery
	3. applied surgical anatomy and surgical pathology
	4. the elements of wound healing
	5. homeostasis, shock, and circulatory physiology
	6. hematologic disorders
	7. immunobiology and transplantation
	8. oncology
	9. surgical endocrinology
	10. surgical nutrition and fluid and electrolyte balance
	11. metabolic response to injury
	12. burn physiology and initial burn management

Describe how proficiency is assessed in seven of the 12 areas listed above (limit 700 words).Click or tap here to enter text. |
| **C. Practice-Based Learning and Improvement** |
| 1. How do graduating residents demonstrate their 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? Describe how these will be evaluated. (Limit 300 words)

Click or tap here to enter text. |
| 1. How will graduating residents demonstrate that they have developed skills and habits to be able to meet the following goals:
2. identify strengths, deficiencies, and limits in one’s knowledge and expertise
3. set learning and improvement goals
4. identify and perform appropriate learning activities
5. systematically analyse clinical practice using quality improvement methods, and implement changes with the goal of practice improvement
6. incorporate formative evaluation feedback into daily practice
7. locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
8. use information technology to optimize learning
9. participate in the education of patients, families, students, residents, and other health professionals
10. participate in morbidity and mortality conferences that evaluate and analyse patient care outcomes
11. utilize an evidence-based approach to patient care

Describe how skills are assessed in six of the ten areas above (limit 600 words). Click or tap here to enter text. |
| **D. Interpersonal and Communication Skills** |
| 1. How do graduating residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals?

Click or tap here to enter text.1. Describe how these skills will be evaluated. (Limit 300 words)

Click or tap here to enter text. |
| 1. How will graduating residents demonstrate their ability to:
2. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
3. Communicate effectively with physicians, other health professionals, and health-related agencies
4. Work effectively as a member or leader of a health care team or other professional group
5. Act in a consultative role to other physicians and health professionals
6. Maintain comprehensive, timely, and legible medical records
7. Counsel and educate patients and their families
8. Effectively document practice activities

Provide an example of how skills are assessed in four of the seven areas listed above (limit 400 words).Click or tap here to enter text. |
| **E. Professionalism** |
| 1. How do graduating residents demonstrate a commitment to fulfilling their professional responsibilities and to adhering to ethical principles?

Describe how these traits are evaluated (limit 300 words).Click or tap here to enter text. |
| 1. How do graduating residents demonstrate:
2. Compassion, integrity, and respect for others.
3. Responsiveness to patient needs that supersedes self-interest;
4. Respect for patient privacy and autonomy.
5. Accountability to patients, society, and the profession.
6. Sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
7. High standards of ethical behaviour.
8. A commitment to continuous patient care.

Provide an example of how traits will be assessed in three of the five areas listed above. (Limit 300 words)Click or tap here to enter text. |
| **F. Systems-Based Practice** |
| 1. How will graduating residents 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?

Describe how these skills will be evaluated. (Limit 300 words)Click or tap here to enter text. |
| 1. How will graduating residents demonstrate their ability to:
2. Work effectively in various health care delivery settings and systems relevant to their clinical specialty.
3. Coordinate patient care within the health care system relevant to their clinical specialty.
4. Incorporate considerations of cost awareness and risk-benefit analysis in-patient and/or population based care as appropriate.
5. Advocate for quality patient care and optimal patient care systems.
6. Work in inter-professional teams to enhance patient safety and improve patient care quality.
7. Participate in identifying system errors and implementing potential systems solutions.
8. Practice high quality, cost-effective patient care.
9. Demonstrate knowledge of risk-benefit analysis.
10. Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

Provide an example of how skill will be assessed in five of the nine areas listed above? (Limit 500 words)Click or tap here to enter text. |
| **7. APPENDIX** |
| A. Formal Didactic Sessions by Academic Year  |
| 1. For each year of residency, please attach a list of all scheduled didactic courses (including discussion groups, lectures, grand rounds, basic science, skills labs, and journal club) at all participating sites attended by residents, using the format below. If attended by residents from multiple years, list in each year but provide a full description **only the first time it is listed.**Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows.**Year in the program:Number: Title:a) Type of Format (e.g., lecture, discussion groups, etc.)b) Required or electivec) Brief description (three or four sentences)d) Frequency, length of session, and total number of sessions**Example:**

|  |
| --- |
| Y-101. Introduction to surgerya) Seminarb) Required Y-1c) Survey of contemporary methods and styles of surgery, including approaches to clinical work with minority populations.d) Weekly, for 8 sessions02. Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective Y-4c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

 |
| 2. If attendance will be monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words).Click or tap here to enter text. |

|  |
| --- |
| **B. Residency Program Block Diagram/Schedule** |
| A block diagram is a representation of the rotation schedule for a resident in a given post- graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include resident names.* Create and upload a PDF of your program’s block diagram using the information below as a guide.
* Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a “Notes” section accompanying the block diagram.
* In constructing the block diagram, include the **participating site** in which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.
* **Group the rotations by site.** For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc.
* When “elective” time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site.
* Clinical rotations for some specialties may also include structured outpatient time. For each rotation, the percentage of time the resident spends in outpatient activities should be noted.
* Clinical rotations for some specialties may also include structured research time. The fourth line of the schedule should be used to represent the percentage of time devoted to structured research on a clinical rotation. If a block is purely research, it should be labeled as such, and should not be associated with a participating site.
* If needed, additional information to aid in understanding your program’s block diagram may be entered in a “Notes” section at the end of the Block Diagram Data Collection Form.

**Sample Block Diagrams****Block Diagram 1(1)** *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.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Block** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** |
| **Site** | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 2 | Site 2 | Site 2 | Site 2 | Site 3 | Site 3 | Site 3 |  |
| **Rotation Name** | General Surgery | General Surgery | General Surgery | Vascular Surgery | Vascular Surgery | Urology/Anesthesia | Bariatric Surgery | Bariatric Surgery | ICU | ICU | Pediatric Surgery | Pediatric Surgery | Elec/Vac |
| **% Outpatient** | 30 | 30 | 30 | 30 | 30 | 10 | 30 | 30 | 0 | 30 | 30 | 30 |  |
| **% Research** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |

|  |  |  |
| --- | --- | --- |
| **Notes** | Possible electives: |  |
|  | Vascular Surgery | Endocrine Surgery | Colorectal Surgery |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **% Research** | 0 | 40 | 0 | 100 |

(1) In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a “Notes” section must indicate how vacation time is taken. |