

MANAGING ACGME ACCREDITATION

- What is the ACGME
- Review of Accreditation Calendar and each of its components
- Q&A



ACGME: WHAT IS IT?

The ACGME is a organization that sets standards for US graduate medical education (residency and fellowship) programs and the institutions that sponsors them, and renders accreditation decisions based on compliance with these standards.

<http://www.acgme.org/>



Accreditation Council for
Graduate Medical Education

In Academic Year 2015-2016, there were approximately **10,000** ACGME-accredited residency and fellowship programs in **150 specialties and subspecialties** at approximately **800 Sponsoring Institutions**.

There were approximately **125,000** active full-time and part-time residents and fellows.

1 out of 7 active physicians in the US is a resident or fellow.



- Common Process
- Common Policies
- Common Site Visits
- Common Standard **with**
Specialty Specific
modifications



Accreditation Council for
Graduate Medical Education

ACGME Program Requirements for Graduate Medical Education in General Surgery

III.B. Number of Residents

The program's educational resources must be adequate to support the number of residents appointed to the program. (Core)

III.B.1. **The program director may not appoint more residents than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements.** (Core)

III.B.2. All resident positions must be approved in advance by the Review Committee. (Core)

III.B.3. Residency positions must be allocated to one of two groups: categorical or preliminary positions. (Detail)

ACCREDITATION CALENDAR

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
CASE LOG REPORTING											
ADS ANNUAL UPDATE											
				1 ST MILESTONE							
			PROGRAM SCORECARD								
						ACGME NOTIFICATION LETTERS					
						RESIDENT & FACULTY SURVEY					
										2 ND MILESTONE	
										PEC/APE	

ACCREDITATION CALENDAR

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										2 ND MILESTONE	
										PEC/APE	

- The Resident Case Log System is a web application within ADS where residents and fellows (in certain specialties) are required to log their clinical experiences on an individual case basis.
- Programs have access to the system and are able to review the information logged by their residents or fellows through the reporting and search tools.
- Data is grouped into specialty-specific categories by the Review Committees, and may be used as program performance indicators.

RRC REQUIRED CASE LOG USE

Specialties Required to Use ACGME Case Log Data Collection


Hospital-Based	Medical	Surgical
Medical Genetics	Allergy & Immunology	Surgery <i>(and Subspecialties)</i>
Pathology	Dermatology	Neuro Surgery
Cytopathology	PM&R	Ophthalmology
Hematology		Ortho Surgery <i>(and Subspecialties)</i>
Radiology - Diagnostic		OBGYN <i>(and Subspecialties)</i>
Radiation Oncology		Plastic Surgery
Interventional Radiology		Thoracic Surgery
		Urology
		Colon Rectal
		Otolaryngology
		Vascular Surgery

Program should develop tracking systems with sufficient detail to monitor compliance

Overview Program ▾ Faculty ▾ Residents ▾ Sites Surveys



Reports

Filter Reports 

Survey >

Aggregate program, national, and specialty-specific reports (if applicable)

Graduate Case Log Statistical Reports >

National, Aggregate Program, Individual Resident & Minimums Reports (if applicable)

Case Log Reports >

Reports for residents currently active in a program

Resident Detail >

Resident Detail information for a program.



Accreditation Data System (ADS) 
ACGME Surveys 
Resident Case Log System 

What We Do Designated Institutional Officials Program Directors and Coordinators Residents and Fellows Meetings and Events Data Collection Systems Specialties

Home > Data Collection Systems > Case Log Statistical Reports

Case Logs Statistical Reports

Comparative Case Log Reports

The comparative Case Log Reports for your graduating residents for the specialties below are available in the ACGME Accreditation Data System (ADS); the reports are in an Adobe Acrobat PDF format.

To access the reports:

1. LOG INTO ADS
2. Go to the "Reports" tab
3. Click "Graduate Resident Case Log Reports"
4. Choose "View" next to "National Reports"

National Reports

Specialties not listed either have not been required to submit data to the Review Committee or the Review Committee does not distribute the national reports.

Neurological Surgery	+
Obstetrics and Gynecology	+
Ophthalmology	+
Orthopaedic Surgery	+
Physical Medicine and Rehabilitation	+
Surgery	+
Pediatric Surgery	+
Vascular Surgery	+
Vascular Surgery - Integrated	+
Urology	+
Pediatric Urology	+
National Reports only available through the Accreditation Data System (ADS)	+

Orthopaedic Surgery Minimum Report

ACGME Program - 2600000000

Primary Procedures

Resident: Test, Resident

As of 3/1/2017





Category	KARTHRO	SARTHRO	ACL	THA	TKA	HIP	CARP	SPINE	ANKFRAC	FOR/WR	ANKARTH	HUM	FEM/TIB	PED	ONC
Minimum	30	20	10	30	30	30	10	15	15	20	5	5	25	200	10
Year : 5															
Test, Resident	22	14	6	110	117	30	12	33	21	34	8	14	34	214	38


















ACCREDITATION CALENDAR


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						ACGME NOTIFICATION LETTERS					
						RESIDENT & FACULTY SURVEY					
										2 ND MILESTONE	
										PEC/APE	

PROGRAM ANNUAL REPORTING - OVERVIEW

 Any section with a yellow triangle symbol requires attention.

 Any section with a green check is complete and does not require attention.

Program Information		View
 You must have a primary teaching site.		View
 Update the Duty Hour/Learning Environment section.		
 Update program address information.		
 Update responses for all current citations.		
 Update the major changes section.		
 Update the Overall Evaluation Methods section.		
 Enter a valid Program Director email.		
 Update the Program Director certification information.		
 Update the Sites tab and complete all missing data for each institution.		View
 Upload current block diagram.		View
Resident Information		View
 Confirm all residents.		View
 Update scholarly activity for each resident.		View
Resident Information		View
 Confirm all residents.		View
 Update scholarly activity for each resident.		View
Faculty Information		View
 Enter profile information for all physician and non-physician faculty.		View
 Enter all required CV information for your physician faculty and ALL non-physician faculty (required by your specialty).		View
 Update scholarly activity for each physician faculty member.		View

 Print Annual Update

[Submit Annual Update](#)

ACCREDITATION CALENDAR

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
CASE LOG REPORTING											
ADS ANNUAL UPDATE											
		CCC	1 ST MILESTONE								
			PROGRAM SCORECARD								
						ACGME NOTIFICATION LETTERS					
						RESIDENT & FACULTY SURVEY					
								CCC	2 ND MILESTONE		
										PEC/APE	

- At minimum 3 members of program faculty
- Program Director may appoint more members to the committee
- Additional members must be
 - Physician faculty or other health professionals from same program or other program with substantial exposure to resident
 - Chief residents who have completed core residency program and are eligible for board certification

CLINICAL COMPETENCY COMMITTEE (CCC)

- V.A.1.b) There must be a written description of the responsibilities of the Clinical Competency Committee. ^(Core)
- V.A.1.b).(1) The Clinical Competency Committee should:
- V.A.1.b).(1).(a) review all resident evaluations semi-annually; ^(Core)
- V.A.1.b).(1).(b) prepare and ensure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, ^(Core)
- V.A.1.b).(1).(c) advise the program director regarding resident progress, including promotion, remediation, and dismissal. ^(Detail)

CLINICAL COMPETENCY COMMITTEE (CCC)

- How the CCC does its work can be decided by the Program Director
 - Subcommittees
 - Assigning residents to faculty members for pre-review
 - Pre-review work will vary
 - Scheduling and frequency of meetings

MILESTONES OVERVIEW

- Milestone Evaluations are accessible during the reporting window in ADS under the Milestones tab
- You can review submitted evaluations at any time under the Milestones tab
- Milestones must be entered for all active residents including those who left the program on or after September 1st (for Mid-year) and January 15th (for Year-end)

MILESTONES DATA COLLECTION

Overview Program ▾ Faculty ▾ Residents ▾ Sites Surveys **Milestones** Case Logs ▾ Summary Reports

Instructions

Click the "View Evaluation" button next to a trainee's name to open their evaluation form in a new window. To create a new evaluation, click the "Submit" button at the left of the form to finalize it. Alternatively, click the "Save" button to save changes and complete the form later. You MUST use the "Submit" button to finalize the form. Incomplete evaluations are not accepted. Return to this screen and repeat this process for each trainee in your program.

Pending evaluations are highlighted in red and completed evaluations are highlighted gray. Use the "Refresh" button to update the list of required evaluations.

After submitting (or saving) an individual's evaluation form, changes may be made until the evaluation period is over, all forms are final and cannot be changed. Evaluations must be completed by the end of the evaluation period. Trainees who started the program off-cycle during the first half of the current academic year will not be evaluated during the Mid-Year evaluations.

Use the links below to view the Evaluation Narratives and Evaluation Template for your specialty.

[Click here to view Evaluation Narratives](#)

[Click here to view Evaluation Template](#)

[Refresh List](#)

Resident	Year In Program	Resident Status	Start Date	Expected End Date	Period
Corbett, Miranda	1	Active Full time	Jul 01, 2015	Jun 30, 2017	2015-2016 ACOME Mid-Year Milestone Evaluations
Ghahry, Jaci	1	Active Full time	Jul 01, 2015	Jun 30, 2017	2015-2016 ACOME Mid-Year Milestone Evaluations
Mulaney, Erin	1	Active Full time	Jul 01, 2015	Jun 30, 2017	2015-2016 ACOME Mid-Year Milestone Evaluations
Nayma, Young	2	Active Full time	Jul 01, 2014	Jun 30, 2016	2015-2016 ACOME Mid-Year Milestone Evaluations

Displaying 4 record(s).

Milestone Evaluations

100% Complete

All evaluations have been completed

Currently Scheduled: May 01, 2014 - Jun 20, 2014

Current Milestone Evaluation Completion Rate: 100.0% - [25 of 25]

Last Milestone Evaluation Administration: Oct 31, 2013 - Jan 06, 2014

Compliance Rate: 100.0% - [25 of 25]

[View](#)

[View Evaluation](#)

MILESTONES REPORTS AND DOWNLOADS

Instructions

Select an Academic Year first, then a Milestone Evaluation Schedule Window you wish to review, then click on the "Search" button. Individual trainee narratives and summary reports are posted shortly after the conclusion of each evaluation window. Milestone forms are always available for review using the "View Evaluation" button next to each trainee. After the close of each evaluation window, a raw data file containing each trainee's Milestone evaluation data will be available to download.

Academic Year: 2016-2017
 Schedule Window: 2016-2017 ACGME Mid-Year Milestone Evaluations
 Search

Download Milestone Evaluation Data

MILESTONES

Filter Results

Resident	Year In Program	Resident Status		Narrative Report	Summary Report	View Evaluation
...	2	Active Full time	✓			

Below you will find a list of your current residents and, if available, the last milestone evaluation form completed by their most recent ACGME accredited core residency training program.

A report may not be available if the resident completed core residency training in a program not accredited by the ACGME, if the resident completed core residency training prior to the Milestones implementation, or if the resident's previous training could not be matched to his/her record (based on Name, DOB, SSN, and Medical School or some combination of those elements) when he/she was entered into your program. For those residents below that do not have a milestone report on record, contact the specialty program director to obtain the summative report.

Resident	Previous Program	Specialty	Completed Date	Most Recent Evaluation	
...		Report Unavailable			
...		Report Unavailable			
...	UNIVERSITY OF SOUTH FLORIDA	Internal medicine	Jun 30, 2014	2013-2014 Year-End ...	Summary Report

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										2 ND MILESTONE	
										PEC/APE	

NR = Not Required ND = No Data

Test

ACGME #: 00000000
 Program Director: Test
 Department Chair: Test
 Program Coordinator: Test
 Core Program: None

			Performance Indicator	Not Compliant	Minimum Compliance	Substantial Compliance	Exceeds Compliance	2015-2016	2016-2017
Program Demographics	ADS	1	# of Approved Positions					24	24
	ADS	2	# Trainees in Program FY 16					6	5
	GME	10	# of approved ACGME requested positions next FY					0	0
	ADS	11	Accredited Length of Training	n/a	n/a	n/a	n/a	4	4
ACGME	ADS	12	ACGME Status	Warning or Probation (3)	Initial (2)	Continued (1)	Continued w/ no Citations or AFI (0)	✓	●
	ADS	13	ACGME Self Study Due Date	0-12month	13-24months	>24months	n/a	11/1/16	11/1/16
	ADS	14	ACGME Review visit	0-12month	13-24months	>24months	n/a	ND	ND
	ADS	15	ACGME Citations	≥1	n/a	= 0	n/a	●	●
	ADS	16	ACGME Areas for Improvement	≥3	= 2	1 AFI; 0 AFI w/ ≥1 Citation	= 0 w/ no citations	✓	●

Comments/Suggestions

FY 2016

Recommendations

FY 2016

No Recommendations

Detailed Program Review w/ Possible SPR

Special Program Review

Special Review w/ Internal Probation

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										2 ND MILESTONE	
										PEC/APE	



Key to Standard Notification Letter for Status of Continued Accreditation

(Text in italics provides explanations of the sections in the letter; non-italicized text is standard text of the letter)

**Accreditation Council for
Graduate Medical Education**

515 North State Street
Suite 2000
Chicago, Illinois 60610

Phone 312.755.5000
Fax 312.755.7498
Web www.acgme.org

Date

Program Director Name
Director, Residency Program
Program Name
Address Line 1
Address Line 2
City State Zip

Dear Dr. Program Director:

The Residency Review Committee for X, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Specialty

Name of Program
Sponsoring Institution
City, ST

Program 1000000000

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

Subject: 17.00 The Accreditation Process

Section: 17.60 Continued Accreditation

In the accreditation process, all programs will be reviewed annually by the relevant Review Committee. The Review Committee will confer an accreditation decision of Continued Accreditation based on satisfactory ongoing performance of the program. When a program's performance is deemed unsatisfactory, or when performance parameters are unclear, the Review Committee may change the program's accreditation status or request a site visit and/or additional information prior to rendering a decision.

17.61 Review of Annual Data

The Review Committee may use the following information to assess programs:

a. Continuous Data Collection/Review

- | | |
|---|--|
| (1) ADS annual update | |
| (2) Resident Survey | (6) Case Log data |
| (3) Faculty Survey | (7) Hospital accreditation data |
| (4) Milestone data | (8) Faculty and resident scholarly activity and productivity |
| (5) Certification examination performance | (9) Other |

RESPONSE TO CITATIONS AND AREA FOR CONCERN

Program receives
Citation/AFI



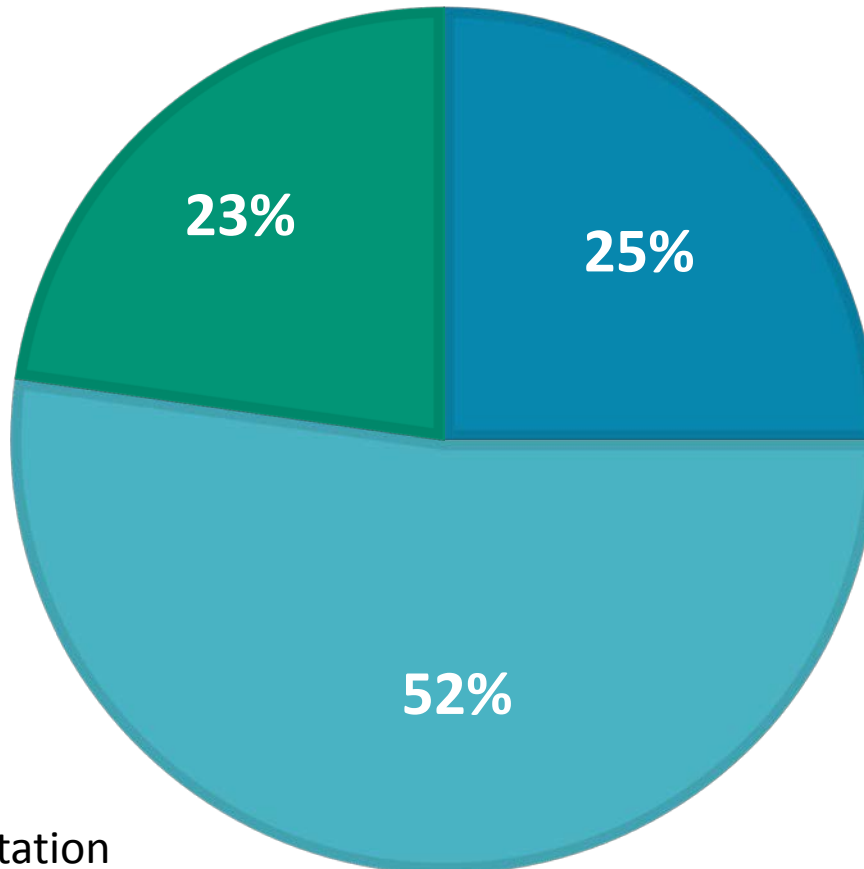
Program receives
citation response
form from GME w/
Action plan



Program receives
feedback from GME
Office on response
to ACGME

CITATION AND AFI AY 17

■ Institution Support ■ The Education Program ■ Evaluation



Total Citation
and AFI 44

Institution Support

- Responsibility of PD
- Qualification of Faculty
- Responsibility of Faculty

The Education Program

- Patient Care
- Patient Care Experience
- Procedural Experience
- Service to Education Imbalance
- Scholarly Activities
- Supervision
- Duty Hours
- Other:

Evaluation

- Evaluation of Resident
- Evaluation of Program
- Performance on Board

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						ACGME NOTIFICATION LETTERS					
						RESIDENT & FACULTY SURVEY					
										2 ND MILESTONE	
										PEC/APE	

SURVEYS GENERAL INFORMATION

ABOUT US CONTACT US NEWSROOM

SEARCH PROGRAMS AND INSTITUTIONS

Type your search here...

LOGIN

Accreditation Data System (ADS)
ACGME Surveys
Resident Case Log System

What We Do Designated Institutional Officials Program Directors and Coordinators Residents and Fellows Meetings and Events Data Collection Systems Specialties

WHAT'S NEW

- FEB 8 2017 Register Today Disparities f
- FEB 2 2017 Second Letter
- JAN 30 2017 CEO Dr. Nas Policy

Overview
Resident Case Log System
Case Logs Statistical Reports
Resident/Fellow and Faculty Surveys
Data Systems Technical Support

- FAQs
- Survey Taker Content and Access Guides
- Link to Access Resident and Faculty Surveys

RESIDENT SURVEY ADMINISTRATION

- Administered annually – Jan-April (5 week reporting windows)
- Requires accurate resident information in ADS
- Includes all active residents (resident=fellow)
- Requires 70% compliance - managed by YOU (program staff)
- Instructions must be emailed to your residents within ADS containing links and logins
- Residents assigned default username/password
 - *a resident must choose a unique username/password upon first login*
- Program staff will receive automated email and phone reminders
- Reports available 1st week of May

FACULTY SURVEY ADMINISTRATION

- Administered with Resident Survey – Jan-April (5 week reporting windows)
- Requires accurate faculty information in ADS
- All accredited programs and combined specialty programs with residents
- Requires 60% compliance - managed by YOU (program staff)
- Instructions must be emailed to your faculty within ADS containing links and logins
- Faculty assigned default username/password for each individual program
 - *a faculty must choose a unique username/password upon first login*
 - *faculty may be surveyed for more than one program*
- Program staff will receive automated email and phone reminders
- Reports available 1st week of May

Overview Program Faculty Residents Sites **Surveys** Milestones Case Logs Summary Reports

1201234567 - Example Residency Program

Family Medicine - Chicago, IL

Resident Survey 60.00% Complete

Currently Scheduled: January 16, 2017 - February 19, 2017
Current Survey Completion Rate: 60.0% - [3 of 5]

[View Current Resident Survey Takers](#)

Last Administration Window: January 11, 2016 - February 14, 2016
Compliance Rate: 100.0% - [5 of 5]

[Program FAQs](#) [View Reports](#)

Faculty Survey 71.00% Complete

Currently Scheduled: January 16, 2017 - February 19, 2017
Current Survey Completion Rate: 71.0% - [5 of 7]

[View Current Faculty Survey Takers](#)

Last Administration Window: January 11, 2016 - February 14, 2016
Compliance Rate: 85.0% - [6 of 7]

[Program FAQs](#) [View Reports](#)

Important Dates ^

- ✔ **Annual Update Status:**
Jul 06, 2016 - Sep 01, 2016
- Next Site Visit:** Not Scheduled
- Self Study Date (Approx):**
Jun 01, 2023
- ✔ **Faculty Survey Status:**
Jan 16, 2017 - Feb 19, 2017
- ⚠ **Resident Survey Status:**
Jan 16, 2017 - Feb 19, 2017

[Annual Reporting Cycle](#) v

Reference Materials ^

- Communicate directly with residents and faculty about survey involvement
- Emails sent by YOU using tool within ADS
- Email includes direct links and default survey login information, sent simply and securely from the servers

Deadline: February 19, 2017
Completion Rate: 60.0% - [3 of 5]

All people listed below have been scheduled to complete this survey. Use this list to help administer the survey by sending emails to your individual survey takers, notifying/reminding them to complete the survey. These emails will contain a link to the survey and access to their login information. To send them, use the individual checkboxes (or the "check all" box at the top of the list next to the Resident header) and click the "Send Emails" button. Residents can also use the "Forgot Username/Password" feature on the survey login screen at any time during the window to access their survey login.

Survey takers identified below with a "Not Submitted" icon have selected a new login and already begun the survey, but have not yet completed it. Survey takers identified with a "Completed" icon have already completed this survey.

[Click Here to View Example Email](#)


Survey Takers [Send Emails](#) [Refresh List](#)

Filter Results

	<input checked="" type="checkbox"/>	Resident	Year In Program	Email	Last Email Sent (CST)	
...	<input checked="" type="checkbox"/>	Janice Jones	2	jjones@usf.edu	Feb 07, 11:06 AM	🕒
...	<input checked="" type="checkbox"/>	Jonathan King	1	jking@usf.edu	Feb 07, 11:06 AM	
...	<input type="checkbox"/>	Jonathan King	2	jking@usf.edu	Feb 07, 11:06 AM	✅
...	<input type="checkbox"/>	John Smith	1	jsmith@usf.edu	Feb 03, 10:31 AM	✅
...	<input type="checkbox"/>	John Smith	1	jsmith@usf.edu	Jan 18, 09:11 AM	✅

RESPONSE MANAGEMENT TRACKING

 **Completed** – survey has been submitted

 **Incomplete** – survey has not yet been saved or submitted

 **Not Submitted** – default survey login has been changed, but survey has not yet been submitted

Deadline: February 19, 2017
Completion Rate: 60.0% - [3 of 5]

All people listed below have been scheduled to complete this survey. Use this list to help administer the survey by sending emails to your individual survey takers, notifying/reminding them to complete the survey. These emails will contain a link to the survey and access to their login information. To send them, use the individual checkboxes (or the "check all" box at the top of the list next to the Resident header) and click the "Send Emails" button. Residents can also use the "Forgot Username/Password" feature on the survey login screen at any time during the window to access their survey login.

Survey takers identified below with a "Not Submitted" icon have selected a new login and already begun the survey, but have not yet completed it. Survey takers identified with a "Completed" icon have already completed this survey.





[Click Here to View Example Email](#)

Survey Takers

Send Emails

Refresh List

Filter Results

	<input checked="" type="checkbox"/> Resident	Year In Program	Email	Last Email Sent (CST)	
...	<input checked="" type="checkbox"/>	2	...	Feb 07, 11:06 AM	
...	<input checked="" type="checkbox"/>	1	...	Feb 07, 11:06 AM	
...	<input type="checkbox"/>	2	...	Feb 07, 11:06 AM	
...	<input type="checkbox"/>	1	...	Feb 03, 10:31 AM	
...	<input type="checkbox"/>	1	...	Jan 18, 09:11 AM	

ACCREDITATION CALENDAR

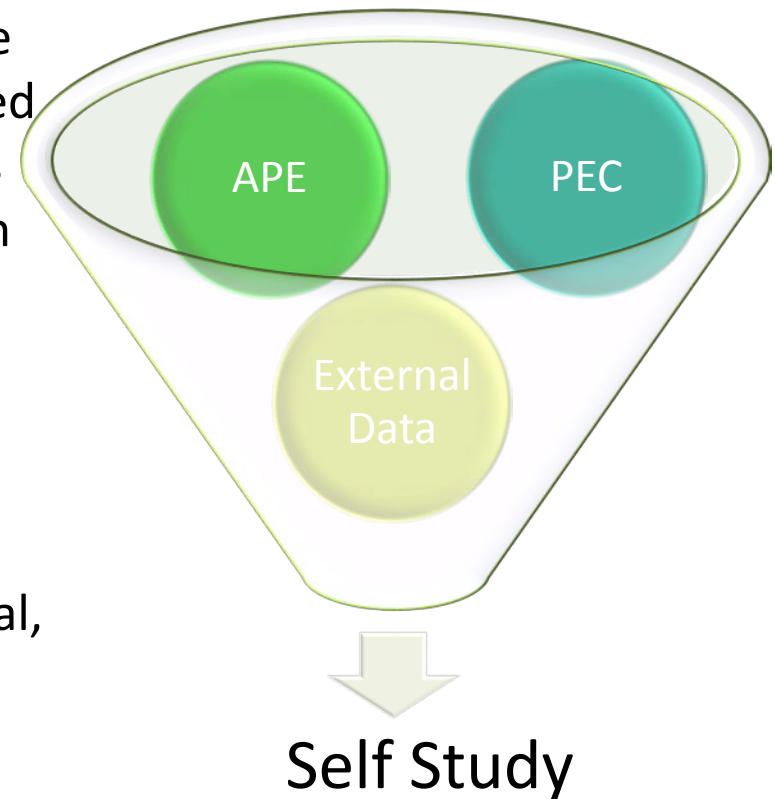
JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
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										2 ND MILESTONE	
										PEC/APE	

- V.C. Program Evaluation and Improvement
- V.C.1. The program director must appoint the Program Evaluation Committee (PEC). ^(Core)
- V.C.1.a) The Program Evaluation Committee:
- V.C.1.a).(1) must be composed of at least two program faculty members and should include at least one resident; ^(Core)
- V.C.1.a).(2) must have a written description of its responsibilities; and, ^(Core)
- V.C.1.a).(3) should participate actively in:
- V.C.1.a).(3).(a) planning, developing, implementing, and evaluating educational activities of the program; ^(Detail)
- V.C.1.a).(3).(b) reviewing and making recommendations for revision of competency-based curriculum goals and objectives; ^(Detail)
- V.C.1.a).(3).(c) addressing areas of non-compliance with ACGME standards; and, ^(Detail)
- V.C.1.a).(3).(d) reviewing the program annually using evaluations of faculty, residents, and others, as specified below. ^(Detail)

V.C.2.

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. *(Core)*

- The self-study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and “self-identified” areas for improvement.
- Two concepts:
 - an exploration of program aims; and
 - an assessment of the program’s institutional, local and, as applicable, regional environment. Both are discussed in detail below.



Q&A

SCHOLARLY ACTIVITY FOR WEBADS ANNUAL UPDATE

- Understand the correlation between ACGME, RRC, and Scholarly Activity
- Recognize the functionality of the Accreditation Data system in regards to Scholarly Activity
- Understand the components of Resident and Faculty Scholarly Activity and how it may expand in the future.
- Learn about programs and resources USF offers to Residents and Fellows to develop scholarly activity
- Learn how to best search for scholarly activity for annual update

Resident Scholarly activity is a requirement for mostly all program accredited by the Accreditation Council for Graduate Medical Education.

There is currently no uniform definition used by all Residency Review Committees (RRCs).

Common Program Requirements

IV.B. Residents' Scholarly Activities

IV.B.1. The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)

IV.B.2. Residents should participate in scholarly activity. (Core)

[As further specified by the Review Committee]

IV.B.3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities. (Detail)

Common Program Requirements 1 year Fellowships

IV.B. Fellows' Scholarly Activities

[As further specified by the Review Committee]

Surgical Critical Care

None

Allergy and Immunology

IV.B. Residents' Scholarly Activities

IV.B.1. The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)

IV.B.2. Residents should participate in scholarly activity. (Core)

IV.B.2.a) Residents must have training in critical thinking skills and research design (e.g., lectures, journal club, etc.). (Core)

IV.B.2.b) During their training, all residents must engage in a scholarly project under faculty supervision. (Core)

IV.B.2.b).(1) This may take the form of laboratory research, or clinical research, or the analysis of disease processes, imaging techniques, or practice management issues. (Detail)

IV.B.2.b).(2) The results of such projects must be published or presented at institutional, local, regional, or national meetings, and included in the resident's learning portfolio. (Outcome)

IV.B.2.b).(3) The program must specify how each project will be evaluated. (Detail)

IV.B.3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities. (Detail)

Maternal-Fetal Medicine

IV.B. Fellows' Scholarly Activities

IV.B.1. The curriculum must advance fellows' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)

IV.B.2. Fellows should participate in scholarly activity. (Core)

IV.B.2.a) The goals and objectives of research rotations must be reviewed by a fellow with his/her research mentor. (Core)

IV.B.2.b) A fellow's research curriculum must include:

IV.B.2.b).(1) biostatistics, epidemiology, research design, and research methods, including basic science techniques; (Core)

IV.B.2.b).(2) opportunities for structured basic, translational, and/or clinical research; (Core)

IV.B.2.b).(3) enhancement of the fellow's understanding of the latest scientific techniques and encouragement of interaction with other scientists; (Core)

IV.B.2.b).(4) the opportunity for the fellow to present his/her academic contributions to the maternal-fetal medicine community; and, (Core)

IV.B.2.b).(5) preparation of the fellow to obtain research funding and academic positions. (Core)

IV.B.2.c) Scholarly Paper (Thesis)

The program must ensure that each fellow completes a thesis and defends it during his/her fellowship program. (Core)

IV.B.2.c).(1) A copy of the manuscript and the thesis defense documentation must be available upon request. (Core)

IV.B.2.c).(2) Under the direction of a faculty mentor, each fellow must complete a comprehensive written scholarly paper (thesis) during the program that demonstrates the following: (Core)

IV.B.2.c).(2).(a) utilization of advanced research methodology and techniques, including research design and quantitative analysis; (Core)

IV.B.2.c).(2).(b) collection and statistical analysis of information obtained from a structured basic, translational, and/or clinical research setting; and, (Core)

IV.B.2.c).(2).(c) synthesis of the scientific literature, hypothesis testing, and description of findings and results. (Core)

IV.B.2.d) Prior to completion of the fellowship, each fellow must have:

IV.B.2.d).(1) a completed thesis of such quality as to allow him/her admittance to the American Board of Obstetrics and Gynecology or American Osteopathic Association Subspecialty Oral Examination for Maternal-Fetal Medicine; (Core)

- II.B.5.a) **The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.** (Detail)
- II.B.5.b) **Some members of the faculty should also demonstrate scholarship by one or more of the following:**
 - II.B.5.b).(1) **peer-reviewed funding;** (Detail)
 - II.B.5.b).(2) **publication of original research or review articles in peer reviewed journals, or chapters in textbooks;** (Detail)
 - II.B.5.b).(3) **publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or,** (Detail)
 - II.B.5.b).(4) **participation in national committees or educational organizations.** (Detail)
- II.B.5.c) **Faculty should encourage and support residents in scholarly activities.** (Core)
- II.B.6.d) **All core physician faculty members must be involved in scholarly activity.** (Core)
 - II.B.6.d).(1) **At minimum, each individual core physician faculty member must produce at least one piece of scholarly activity per year (averaged over the past five years).** (Detail)
 - II.B.6.d).(1).(a) **At minimum, this must include one scientific peer-reviewed publication for every five core physician faculty members per year (averaged over the previous five-year period).** (Detail)

1. **Peer-Reviewed Publications** – Publications recognized by the National Library of Medicine (NLM) Pub Med IDs – up to 4.
2. **Abstracts/Presentations/Posters** - Number of abstracts, posters, and presentations given at international, national, or regional meetings.
3. **Other Presentations and Publications** - Number of other presentations given (grand rounds, invited professorships), published works in non-peer review publications and peer-reviewed publications not recognized by NLM.
4. **Chapters** -Number of chapters or textbooks published.
5. **Grants** - Number of grants for which faculty member had leadership role (Principal Investigator (PI), Co-PI, or site director).

6. **Leadership Role** - An active leadership role (such as serving on committees or governing boards) in national medical organizations, or serving as editorial board member or regular reviewer for a peer-reviewed journal.
7. **Quality Improvement (QI) Leadership** - Leadership of a program/institutional QI project with assessment/reporting of outcomes, or supervising and mentoring residents'/fellows' quality improvement projects and initiatives.
8. **Education Leadership/Materials** - Teaching responsibility for a seminar or conference series, or course coordination (such as development and/or arrangement of materials, assessment of participants' performance) for didactic training within the sponsoring institution or program, or the larger education community through distance learning or review of educational materials for a peer-reviewed resource such as MedEdPortal (<https://www.mededportal.org/>). Formal scholarly work to improve the discipline of teaching. Not a single presentation or lecture.

previous academic year between

<p>Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications in the previous academic year. Articles without PMIDs should be counted in this section. This will include publication which are peer reviewed but not recognized by the National Library of Medicine.</p>	<p>Numl chap textb publi: the p acad year</p>
<p>Other Presentations (#)</p>	<p>Ch: Textl</p>

Articles without PMID numbers can be counted as ‘Other Presentations’. This includes publications which are peer reviewed but not recognized by the National Library of Medicine.

Toma M, Santos A, Chess B: “Endovascular Treatment for Distal Aortic Occlusive Dis-ease with Concomitant Asymptomatic Chronic Mesenteric Ischemia: Successful Revascularization of the Aorta and Inferior Mesenteric Artery Using the Kissing-Stents Technique”, **Journal of Vascular Surgery**, in press, accepted January 2016.

1/2015-6/30/2016

r n s	Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) in the previous academic year	Ha (su col bo: org rev me jou ac:
:/ (#)	Grant Leadership (#)	L

Grants for which faculty member had a leadership role

- Principal investigator
- co-principal investigator
- site director



Residency Training in Primary Care, Principal Investigator, 3 year grant (7/1/05-6/30/08), HRSA, Bureau of Health Professions, Grant # D58HP05137 , effort: 10%, total award \$571,776.



Faculty Advisor
Research Coordinator
Research Assistant

er s (PI, r) in ic	Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal in the previous academic year	In the respon or cour of pres materi; perform the spe include studen profess presen confere
(#)	Leadership or Peer-Review Role (Y/N)	

Had an active leadership role (such as serving on committees or governing boards) in **national medical organizations** or served as a reviewer or editorial board member for a **peer-reviewed journal**

- [2003 - Present] Central Surgical Association
- [2003 - Present] Association of Academic Surgeons
- [2003 - Present] General Surgical Residency Oversight Committee - Allegheny General Hospital
- [2000 - Present] Society of University Surgeons
- [2000 - Present] Society of Vascular Surgery
- [1999 - Present] Eastern Vascular Society, Issues Committee
- [1998 - Present] Society for Clinical Vascular Surgery
- [1997 - Present] American Association of Vascular Surgery
- [1993 - Present] American College of Surgeons, Fellow

TEACHING FORMAL COURSES

e	In the previous academic year, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.
v	Teaching Formal Courses (Y/N)

Held teaching responsibility for seminar, conference series, or course coordination (such as arrangement of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program

This is not a single presentation or lecture.

Template for **Faculty Scholarly Activity** that occurs in a paper

Faculty Scholarly Activity

Definitions:	<p>Pub Med Ids (assigned by PubMed) for articles published in the previous academic year. List up to 4. Pub Med ID (PMID) is an unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.</p>				
	Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4

Publications Recognized by the National Library of Medicine (NLM)

PMID Overlap

	Total Number of PMIDs	
	N	%
Faculty Only	113,645	88.3%
Graduates Only	8,252	6.4%
Both	6,830	5.3%
Total	128,727	100.0%

ACGME RECOGNIZED SCHOLARLY ACTIVITY FOR RESIDENTS AND PROPOSED ADDITIONS

1. **Publications** – Publications recognized by the National Library of Medicine - Pub Med IDs – up to 3.
2. **Abstracts/Presentations/Posters** - Number of abstracts, posters, and presentations given at international, national, or regional meetings.
3. **Other Publications** - Number of published works in non-peer review publications and peer-reviewed publications not recognized by NLM.
4. **Chapters** -Number of chapters or textbooks published.
5. **Research** – Participation in funded or non-funded basic science or clinical outcome research project
6. **Teaching/Education** - Lecture or teaching presentation (such as grand rounds or case presentations) of at least 30 minutes duration at the sponsoring institution or program, and development and/or peer review of educational materials.

Template for **Resident Scholarly Activity** that occurred during the **previous academic year between 7/1/2015-6/30/2016***

Resident Scholarly Activity

Definitions:	Pub Med Ids (assigned by PubMed) for articles published in the previous academic year. List up to 3. Pub Med ID (PMID) is an unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.			Number of abstracts, posters, and presentations given at international, national, or regional meetings in the previous academic year	Number of chapters or textbooks published in the previous academic year	Participated in funded or non-funded basic science or clinical outcomes research project in the previous academic year	Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program in the previous academic year
Resident Name	PMID 1	PMID 2	PMID 3	Conference Presentations (#)	Chapters / Textbooks (#)	Participated in research (Y/N)	Teaching / Presentations (Y/N)

Same for Faculty Scholarly Activity

occurred during the **previou**

led)		
o to que med B he ber ID). ull- an	Number of abstracts, posters, and presentations given at international, national, or regional meetings in the previous academic year	Numt chapt textbo publis the pr academ year
	Conference Presentations (#)	Cha Text

Abstracts/Posters/Presentations given at:

- International
- National
- Regional meetings

Articles without PMID numbers could be counted as 'Conference Presentations' only if the article was presented at an international, national, or regional meeting.

Grand Rounds
Noon Conference

Previous academic

Number of chapters or textbooks published in the previous academic year	Publications in the previous academic year
Chapters / Textbooks (#)	

Chapters in textbooks published

academic year between

<p>Participated in funded or non-funded basic science or clinical outcomes research project in the previous academic year</p>	<p>Let ro 30 in ac</p>
<p>Participated in research (Y/N)</p>	

Participated in funded or non-funded basic science or a clinical outcome research project

etween 7/1/2015-6/30/2016*

al	Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program in the previous academic year
	Teaching / Presentations (Y/N)

Lecture or teaching presentation of at least 30 minutes duration at the sponsoring institution or program, such as:

- Grand rounds
- didactics
- board review
- or case presentations

- PubMed
- Library
- New Innovations