

Common and Specialty Program Requirements: Citations

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Learning Objectives

- Discuss areas of non-compliance that result in citations
- Understand current citation language

Extracted from
Institutional Requirement (IR I.B.5.b);

- Commitment to Graduate Medical Education (GME)
The Sponsoring Institution must provide sufficient institutional resources to ensure the effective implementation and support of its programs in compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements. The Sponsoring Institution must ensure that program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities to their respective programs.

Extracted from
Program Requirement (PR I.A.2.)

Sponsoring Institution

The program director must be provided with a minimum of 30% protected time, which may take the form of direct or indirect salary support, such as release from clinical activities provided by the institution.

IR I.B.5.b. and PR I.A.2.

Citation

- The sponsoring institution must provide sufficient institutional resources to ensure that the program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities (IR I.B.5.b; PR I.A.2). *The site visit report indicated that several interviews pointed to the need for additional support at the associate/assistant program director level.*

Extracted from

Program Requirement I.B.3.b(2)

- A participating non-integrated site should supplement resident education by providing focused clinical experience not available at the primary clinical site or at the integrated site.
- Advance approval of the Review Committee is required for resident assignment of six months or more at a participating non-integrated site.

PR I.B.3.b(2)

Citation

- Advance approval of the Review Committee is required for resident assignment of six months or more at a participating *non-integrated site* (PR I.B.3.b(2)). *The program has largely implemented pediatric surgery and transplant surgery rotations without requesting approval from the RRC.*

Program Requirement II.A.4.f

- The program director must prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete.

PR II.A.4.f

Citation

- It is the responsibility of the program director to prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete (PR II.A.4.f). *The faculty curriculum vitas contained bibliographic entries that were published more than five years ago.*

Program Requirement II.A.4.t

- The program director must ensure that conferences should be scheduled to permit resident attendance on a regular basis, and resident time must be protected from interruption by routine clinical duties. Documentation of attendance by 75% of residents at the core conferences must be achieved.

PR II.A.4.t

Citation

- The program director must ensure that conferences be scheduled to permit resident attendance on a regular basis, and resident time must be protected from interruption by routine clinical duties (PR II.A.4.t). *Conference time is not sufficiently protected as resident attendance at conferences is frequently disrupted by emergency and/or surgical activities.*

Program Requirements

II.D.4 and II.A.4.w Program A

- II.D.4: The institutional volume and variety of operative experience must be adequate to ensure a sufficient number and distribution of complex cases (as determined by the Review Committee) for each resident in the program.
- II.A.4.w: The program director must ensure that each resident has at least 750 major cases across the five years of training. This must include a minimum of 150 major cases in the resident's chief year.

***PR II.D.4 and II.A.4.w
Citation #1 Program A***

- The institutional volume and variety of operative experience must be adequate to ensure a sufficient number and distribution of complex cases for each resident in the program (PR II.D.4). *The 2007 surgical operative log indicates that one graduating resident was deficient in liver cases.*

***PR II.D.4 & II.A.4.w
Citation #2 Program B***

- Additionally, the program director must ensure that each resident has at least 750 major cases across the five years of training. This must include a minimum of 150 major cases in the resident's chief year (PR II.A.4.w). *There was significant variation among resident case totals. The 2004-2005 range of cases for graduating residents was 959 to 1403. The 2005-2006 range of cases for graduating residents was 821 to 1482. The 2006-2007 range of cases for graduating residents was 929 to 1461. The variations suggest that the residents are not obtaining equivalent experiences.*

Program Requirement II.B.5

- The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.

PR II.B.5

Citation

- The faculty must establish and maintain an environment of inquiry and scholarship with an active research component (II.B.5). ***While an elective course is available, the residents do not receive a standard research principles course.***

***Program Requirement II.B.5.d and
Program Requirement II.B.5.e.(1)***

- II.B.5.d: The faculty must collectively document active involvement in scholarly activity.
- II.B.5.e.(1): While not all members of the faculty can be investigators, clinical and/or basic science research must be ongoing in the residency program.

***PR II.B.5.d and PR II.B.5.e.(1)
Citation***

- The faculty must collectively document active involvement in scholarly activity (PR II.B.5.d). Moreover, while not all members of the faculty can be investigators, clinical and/or basic science research must be ongoing in the residency program (PR II.B.5.e.(1)). ***The faculty members are not sufficiently active in scholarly activities. Most of the activity reported is the efforts of two faculty members. There appears to be no basic science research and little clinical research. While a basic research conference is part of the curriculum, it was instituted a few months before the site visit.***

Program Requirement III.B.2.a

- Both temporary and permanent increases in resident complement must be approved in advance by the Review Committee.

PR III.B.2.a

Citation

- Both temporary and permanent increases in resident complement must be approved in advance by the Review Committee (PR III.B.2.a). ***It appears that there was an unapproved NDP PGY-1 resident hired in November 2007.***

Program Requirement III.C.1

- Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.

PR III.C.1

Citation

- Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident (PR III.C.1). ***There appears to be a high level of attrition in the program. From 2002 - 2006 seven residents left the program, nine residents completed the program. Documentation regarding the reasons the seven residents left the program appears to be incomplete. The Committee will pay close attention to this issue at the time of the next program review.***

Program Requirement III.C.2

- A program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.

PR III.C.2

Citation

- A program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion (PR III.C.2). ***The files of some residents leaving the program contain no information on verification of resident education or provision of evaluations to their subsequent institutions. The Committee will pay close attention to this issue at the time of the next program review.***

Extracted from
Program Requirement IV.A.2

- The curriculum must contain the following educational components:
- Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty annually, in either written or electronic form. These should be reviewed by the resident at the start of each rotation.

PR IV.A.2
Citation

- The curriculum must contain competency-based goals and objectives for each assignment at each educational level, which the program must distribute annually to residents and faculty in either written or electronic form. These should be reviewed by the resident at the start of each rotation (PR IV.A.2). The goals are very general in their descriptions.
The goals and objectives provided by the program in the program information form were neither level-specific nor competency-based.

Extracted from PR IV.A.5.a.(3)

- Residents will participate in a program that must document a clinical curriculum that is sequential, comprehensive, and organized from basic to complex. The clinical assignments should be carefully structured to ensure that graded levels of responsibility, continuity of care, a balance between education and service, and progressive clinical experiences are achieved for each resident.

PR IV.A.5.a.(3)

Citation

- Residents must participate in a program that must document a clinical curriculum that is sequential, comprehensive, and organized from basic to complex. The clinical assignments should be carefully 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.A.5.a.(3)). ***The residents confirmed that some services with private attending surgeons do not grant adequate increasing responsibility and authority to upper level residents.***

Program Requirement

IV.A.5.a.(3).(g).(v)

- Each program is required to provide residents with an outpatient experience to evaluate patients both pre-operatively, including initial evaluation, and post-operatively. At least 75% of the assignments in the essential content areas must include an outpatient experience of ½ day per week.

PR IV.A.5.a.(3).(g).(v)

Citation

- Each program is required to provide residents with an outpatient experience to evaluate patients both pre-operatively, including initial evaluation, and post-operatively. At least 75% of the assignments in the essential content areas must include an outpatient experience of 1/2 day per week (PR IV.A.5.a.(3).(g).(v)).

Resident outpatient experience and continuity of care appears to be secondary to other clinical responsibilities.

*Extracted from
Program Requirement PR V.C.1.d.(1)*

V. Evaluation

C. Program Evaluation and Improvement

1. The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas:

d) program quality. Specifically:

(1) Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually,

PR V.C.1.d.(1)

Citation

- Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually PR V.C.1.d.(1).

There appears to be no written confidential program evaluations by faculty, nor did the program document an annual program review meeting.

Program Requirement V.C.3

- The performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. At minimum, for the most recent five-year period, 65% of the graduates must pass each of the qualifying and certifying examinations on the first attempt.

PR V.C.3

Citation

- The performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. At minimum, for the most recent five-year period, 65% of the graduates must pass each of the qualifying and certifying examinations on the first attempt (PR V.C.3). ***For the period of 2003-2007, 64% of candidates passed the certifying examinations on their first attempt.***

Program Requirement V.A.2

- The program director must provide a summative evaluation for each resident upon completion of the program. This evaluation must become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy.

PRV.A.2

Citation

- The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution (PR V.A.2). ***A statement verifying the resident's ability to practice competently and independently was not included in the residents' summative evaluations.***

Institutional Requirement IV.A.2

- Internal reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.

IR IV.A.2

Citation

- Internal reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle (IR IV.A.2)

The internal review of the program took place in February 2007, while the scheduled date of the internal review was February 2006. As of the site visit date, it did not appear that outcomes from the late internal review had an impact on the program.



**PROGRAM DIRECTOR GUIDE TO THE
COMMON PROGRAM REQUIREMENTS**

VERSION 2.2
DATE: JANUARY, 2009

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***RESIDENT SURVEY
CITATIONS***

*Extracted from
Program Requirements II.B.1.a
and II.B.5.a*

- II.B.1.a: The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents,
- II.B.5.a: The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.

*PR II.B.1.a. and II.B.5.a.
Citation*

- The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences and devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities (PR II.B.1.a. and II.B.5.a). *The PIF states that basic science lectures are given by upper level residents and critiqued by a faculty mentor. The Committee notes that while it is appropriate for residents to provide some teaching, the faculty must assume primary teaching responsibility in the didactic portion of the program.*

PR II.B.1.a. and PR II.B.5.a.

Citation

- The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents and (PR II.B.1.a). Moreover, the faculty must regularly participated in organized clinical discussions, rounds, journal clubs, and conferences (PR II.B.5.a). ***On the 200__ Resident Survey only 25% of residents reported that faculty members regularly participate in rounds.***

Program Requirement VI.A.2

- The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service requirements.

PR VI.A.2

Citation

- The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations (PR VI.A.2). ***On the 200__ Resident Survey, 42% of residents stated that rotations and other major assignments emphasize other concerns, such as fulfilling service obligations, over clinical education.***

Program Requirement VI.B.1

- The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of the resident involved in the care of that patient.

PR VI.B.1

Citation

- The attending physician has both an ethical and legal responsibility for the overall care of the individual patient and for the supervision of the resident involved in the care of that patient (PRVI.B.1). *There appears to be a lack of faculty oversight of the residency, with heavy reliance on chief residents' supervision of junior residents.*

Program Requirement VI.D.1

- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

PR VI.D.1

Citation

- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities (PR VI.D.1). ***On the 200__ Resident Survey, 17.9% of the residents stated that duty hours are not limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities.***

Institutional Requirement II.F.1

- The Sponsoring Institution and its programs must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation.

IR II.F.1

Citation Program A

- The Sponsoring Institution and its programs must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation (IR II.F.1). ***On the 200__ Resident Survey 58% of the residents stated that they are not able to raise and/or resolve issues without fear of intimidation or retaliation.***

IR II.F.1

Citation Program B

- The Sponsoring Institution and its programs must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation (IR II.F.1). Moreover, the program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment (PR VI.A.1). ***The 2007 resident survey, noted that over 43% of the respondents answered that they are "sometimes" or "not at all" able to speak freely about issues and problems in the program without fear of intimidation or retaliation.***



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VERSION 2.2
DATE: JANUARY, 2009

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**One program's
citations leading
to probation**

***Program Requirements
II.D.4 and II.A.4.w***

- II.D.4: The institutional volume and variety of operative experience must be adequate to ensure a sufficient number and distribution of complex cases (as determined by the Review Committee) for each resident in the program.
- II.A.4.w: The program director must ensure that each resident has at least 750 major cases across the five years of training. This must include a minimum of 150 major cases in the resident's chief year.

***PR II.D.4 and II.A.4.w
Citation***

The resident operative experience should be monitored at frequent intervals...one of the recent graduate's experience was imbalanced as compared to the cohort. The operative logs demonstrate great variability, especially "total majors" with wide ranges (in 2004-05: 683-858; in 2003-04: 561-943; in 2002-03: 517-959).

***PR II.D.4 and II.A.4.w
Citation (cont'd)***

In spite of monitoring the case distribution remains unbalanced, reflecting a lack of optimal monitoring, despite discussions at the site visit to the contrary. This citation recurs and has not been corrected.

Program Requirement II.D.4

- The institutional volume and variety of operative experience must be adequate to ensure a sufficient number and distribution of complex cases (as determined by the Review Committee) for each resident in the program.

PR II.D.4

Citation

- The volume and variety of operative experiences must ensure a *sufficient number and distribution of complex cases...* In spite of monitoring, *deficiencies in the defined categories remain.* For successive years, 2004-2005; 2003-2004; 2002-2003, graduates have had *deficiencies in the Defined Category for "Pancreas".* In addition, in the 2002-2003 academic year, a graduate had a *deficiency in the "Endoscopy" category.* Only *3 of 15 graduates exceeded 200 cases during the chief year, most documented the minimum of 150 or slightly more; 4 graduates had a total major case volume between 500-600.* Both the Program Director and the residents confirm that from 2001-03 there was a considerable decline in the total operative volume. Volume has increased due to the Program Director's clinical practice, as well as recruitment of other faculty, but it remains marginal for 4 chief residents.

Program Requirement II.C.

■ Other Program Personnel

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.

***PR II.C.
Citation***

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.

Transport services continue to be insufficient.

Program Requirement II.D.1.a and II.D.1.c

- The institution and the program must jointly ensure the availability of adequate resources for resident education... these resources must include:
 - a) common office space for residents that includes a sufficient number of computers and adequate workspace at the primary clinical site;
 - c) on-line radiographic and laboratory reporting systems at the primary clinical site and integrated sites;

PR II.D.1.a and II.D.1.c

Citations

The program must ensure that adequate resources are available for resident education.

It was confirmed that pathology services are problematic as residents cannot obtain reports during the night (PR II.D.1.c). In addition, there is no centralized computer system (II.D.1.a).

Program Requirement III.B.1.c.2

- Documentation of continuation in graduate medical education for the NDP residents must be provided at the time of each site visit.

PR III.B.1.c.2
Citation rescinded

- The Program is *noncompliant with documenting the nondesignated preliminary residents' continuation in graduate medical education.* Tracking information was not available for all designated and nondesignated preliminary residents. *It was confirmed at the site visit that the program did not formally track residents who left the program as required.*

Program Requirement II.A.4.u.1

- The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas.
 - Ensure that the following types of conferences must exist within a program:
 - A course or a structured series of lectures that ensures education in the basic and clinical sciences fundamental to surgery...

PR II.A.4.u.1

Citations

A course or a structure series of conferences to ensure coverage of the basic and clinical science fundamental to surgery in general are required (PR II.A.4.u.1)

- a. The site visitor confirmed that the *conferences have been “very deficient this year”* and most of the scheduled topics are *“scarcely done.”* It was specifically stated that *“didactic conferences are not happening. We come and they are cancelled every Friday.”* The site visitor confirmed that the residents could only recall *5 topics presented this year.*

PR II.A.4.u.1

Citations continued

- b. The residents present all the basic science *conferences that began in March 2006, 2 months before the site visit.* Although these were said to occur with faculty participation, the residents confirm that *the only faculty participation is occasional feedback on the clinical aspects of the topic.*

PR II.A.4.t.

- The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas.
- Ensure that conferences should be scheduled to permit resident attendance on a regular basis, and resident time must be protected from interruption by routine clinical duties. Documentation of attendance by 75% of residents at the core conferences must be achieved;

Extracted from PR II.A.4.t.

Citation

Ensure that conferences should be scheduled to permit resident attendance on a regular basis, and resident time must be protected from interruption by routine clinical duties (PR II.A.4.t).

The residents do not have protected time to attend all the major conferences, e.g., the Friday conference was specified.

Program Requirement II.A.4.x

- The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas.
- Ensure that residents have required experience with a variety of endoscopic procedures,...

Extracted from PR II.A.4.x

Citation

The program director must administer and maintain an educational environment conducive to educating residents.

Ensure that residents have required experience with a variety of endoscopic procedures (PR II.A.4.x),

The endoscopy “rotation” is described as an activity the residents “scrape together” themselves and is not a rotation.

Program Requirement IV.A.5.a.(b)

- Educational Program /The curriculum must contain the following educational components:
- ACGME Competencies: The program must integrate the following ACGME competencies into the curriculum
 - Patient Care
 - 42 months of these 54 months must be spent on clinical assignments in the essential content areas of surgery. The essential content areas are: the abdomen and its contents; the alimentary tract; skin, soft tissues, and breast; endocrine surgery; head and neck surgery; **pediatric surgery**; ...

Extracted from PR IV.A.5.a.(b) ***Citation***

- Educational Program / Patient Care
42 months of these 54 months must be spent on clinical assignments in the essential content areas of surgery. The essential content areas are: the abdomen and its contents; the alimentary tract; skin, soft tissues, and breast; endocrine surgery; head and neck surgery; pediatric surgery (PR IV.A.5.a.(b)); ...

Pediatric surgery experience is non-existent since the group of pediatric Surgeons left the institution.

Program Requirement III.B.2.a

- The program director may not appoint more residents than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. The program's educational resources must be adequate to support the number of residents appointed to the program.
 - Increases in resident complement:
 - Both temporary and permanent increases in resident complement must be approved in advance by the Review Committee.

PR III.B.2.a

Citation

The program is noncompliant with the approved resident complement without prior RRC approval:

It was confirmed at the site visit that 6 NDP residents were recruited when only 4 positions were RRC approved. The Committee commented that to increase the number of NDP positions because the Program could not recruit Designated Preliminary residents is inappropriate, noncompliant, and reflects an imbalance of service to education.

Program Requirement PR V.C.1.d.1

- Evaluation / Program Evaluation and Improvement
- The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas: Program quality. Specifically:
 - Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually.

PR V.C.1.d.1

Citation

The educational effectiveness of a program must be evaluated at least annually in a systematic manner. *The Program Director provides no documentation that a formal annual review of the Program's effectiveness is accomplished as required.*

Program Requirement III.B.1.c.2

- Number of Residents / Residency positions
 - Non-designated preliminary (NDP) residents are accepted into the program for one or two years before continuing their education. At the time of recruitment these residents will not have obtained a position for further residency education.
 - Documentation of continuation in graduate medical education for the NDP residents must be provided at the time of each site visit.

PR III.B.1.c.2

Citation

The Program Director does not fulfill his responsibilities for Program oversight in that the following areas were noncompliant:

NDP tracking of residents who leave the program with no apparent awareness of the requirement.

Program Requirement III.C.1.

- Resident Appointments / Resident Transfers
 - Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.

PR III.C.1.

Citation

The Program Director does not fulfill his responsibilities for Program oversight in that the following areas were noncompliant:

Incomplete information on residents transferring into the Program.

Program Requirement IV.A.3

- Educational Program --The curriculum must contain the following educational components:
 - Regularly scheduled didactic sessions;

PR IV.A.3 Citation

The Program Director does not fulfill his responsibilities for Program oversight in that the following areas were noncompliant:

Inconsistent information in the PIF and the interviews during the site visit, e.g., the conference schedule.

Program Requirement II.B.1.a

- At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all residents at that location. The faculty must:
 - devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents,

PR II.B.1.a

Citation

The Program Director does not fulfill his responsibilities for Program oversight in that the following areas were noncompliant:

The role of residents and faculty in didactic teaching.

Program Requirement II.A.4.s

- The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must
 - along with the faculty, be responsible for the preparation and implementation of a comprehensive, effective, and well-organized educational curriculum;

PR II.A.4.s

Citation

The Program Director does not fulfill his responsibilities for Program oversight in that the following areas were noncompliant:

Conference curriculum development

Program Requirement II.A.4.f

- The program director must administer and maintain an educational environment conducive to educating the residents ... The program director must:
 - prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete;

PR II.A.4.f

Citation

The Program Director does not fulfill his responsibilities for Program oversight in that the following areas were noncompliant:

The PIF was inaccurate and inconsistent, e.g., faculty CVs, page 6 indicates that no residents have been dismissed from the program, but page 20 documents 2 residents have been dismissed from the program.

Program Requirement V.C.1

- Program Evaluation and Improvement
 - The program must document formal, systematic evaluation of the curriculum at least annually.

PR V.C.1 Citation

The Program Director does not fulfill his responsibilities for Program oversight in that the following areas were noncompliant:

Inadequate documentation of the annual meeting at which the program is evaluated.

Program Requirement II.A.3.e

- Qualifications of the program director must include:
 - scholarly activity in at least one of the areas of scholarly activity delineated in Section II.B.5 of this document.

Program Requirement II.B.5.d

- The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.
 - The faculty must collectively document active involvement in scholarly activity.

Program Requirement II.B.5.b.1-4

- Some members of the faculty should also demonstrate scholarship by one or more of the following:
 - (1) peer-reviewed funding;
 - (2) publication of original research or review articles in peer-reviewed journals, or chapters in textbooks;
 - (3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings;
 - (4) participation in national committees or educational organizations.

PR II.A.3.e, II.B.5.d, II.B.5.b.1-4 Citations

Faculty scholarly activity is inadequate & noncompliant.

- a. The ***Program Director did not document bench/lab research, lists 1 non-peer reviewed publication*** in Surgical Rounds, ***documents no leadership roles*** except in the department and the hospital, and has ***no presentations except 1 at a meeting in the West Indies.***
- b. Only the ICU chief, documents sufficient activities: ***8 projects*** with extensive details, with ***no publications or presentations.***
- c. ***Almost all of the faculty list no research,*** no publications; no leadership activities in the field; and no presentations. The faculty list only meetings attended for continuing medical education credit.

Program Requirement II.A.4.t

- The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must:
 - Ensure that conferences should be scheduled to permit resident attendance on a regular basis, and resident time must be protected from interruption by routine clinical duties. Documentation of attendance by 75% of residents at the core conferences must be achieved.

PR II.A.4.t

Citation

The sign-in sheets for conferences are not an accurate reflection of faculty and resident attendance. It was confirmed at the site visit that a ***sign-in sheet is circulated 1 day per week*** to document attendance at all conferences that week. ***Attendees sign even if they have not attended or the conference has not been held.***



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Acknowledgement

We wish to extend a sincere thank-you to all of the coordinators who shared their program citations to further the knowledge of residency coordinators in surgery.