**New Application: Obstetrics and Gynecology**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

**Submission for Initial Accreditation:** This Advanced Specialty application is for programs applying for **Initial Accreditation only** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the forms are complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form, and must sign it. It must also be signed by the designated institutional official of the sponsoring institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Obstetrics and Gynecology. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org).

Email questions regarding the form’s content to acgme-i@acgme-i.org.

Email questions regarding ADS to ADS@acgme.org (type the program number in the subject line).

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| --- |
| Program Name:Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

1. What will be the length, in months, of the educational program?

Choose a length

**Institutions**

**Sponsoring Institution**

Will the Sponsoring Institution also sponsor ACGME-I-accredited programs in the following specialties?

1. Family medicine [ ] YES [ ] NO
2. Internal medicine [ ] YES [ ] NO
3. Pediatrics [ ] YES [ ] NO
4. Surgery [ ] YES [ ] NO

Explain if ‘NO’ (Limit 250 words).

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* + - 1. Will the Sponsoring Institution ensure that there is a process at each participating site for clinical care that does not require residents to be available in circumstances when the maximum duty hour time has been reached or during protected time for resident conferences? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Program Personnel and Resources**

**Program Director**

Will the program director have at least five years of experience post-residency, or fellowship education as a primary health clinician, an educator, and administrator? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

Will the program director:

conduct ongoing reviews of operative logs with residents? [ ] YES [ ] NO

conduct final reviews of operative logs with residents? [ ] YES [ ] NO

document reviews of operative logs? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

* + - 1. Will the program director ensure adequate distribution, volume, and variety of operative experiences for residents? [ ] YES [ ] NO
			2. Will the program director ensure accurate and complete documentation of each resident’s experience?

 [ ] YES [ ] NO

* + - 1. Will the program director ensure that the type and numbers of operative procedures are retained for each year of the program? [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 3-5. (Limit 250 words)

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**Faculty**

Will there be at least one faculty member in the following subspecialties?

Female pelvic medicine and reconstructive surgery [ ] YES [ ] NO

Gynecologic oncology [ ] YES [ ] NO

Maternal-fetal medicine [ ] YES [ ] NO

Reproductive endocrinology and infertility [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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Will all subspecialty faculty members be accountable to the program director for coordination of the residents’ educational experiences? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Resources**

* + - 1. Will the medical record system allow retrieval of the following data to enable efficient, timely, and effective patient care?
				1. Clinical information [ ] YES [ ] NO
				2. Imaging [ ] YES [ ] NO
				3. Laboratory data [ ] YES [ ] NO
				4. Outside investigative data [ ] YES [ ] NO
				5. Pathology [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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* + - 1. Using the numbers assigned in in ADS, indicate if the following resources will be provided at each participating site by checking the appropriate boxes in the table. Note that Site #1 is the primary clinical site.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Resource** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
|  | ***Yes*** | ***No*** | ***Yes*** | ***No*** | ***Yes*** | ***No*** | ***Yes*** | ***No*** | ***Yes*** | ***No*** |
| Pathology |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Radiology |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Laboratory information retrieval systems |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Adequate meeting rooms |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Classrooms with audiovisual aids |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Simulation capabilities |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Office space for staff members |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Describe the resources that will be available at any additional participating sites, if applicable. (Limit 250 words)

|  |
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* + - 1. Will the following clinical facilities be accessible to residents?
				1. Equipment and office space [ ] YES [ ] NO
				2. Inpatient facilities [ ] YES [ ] NO
				3. Outpatient facilities [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Resident Appointment**

**Number of Residents**

1. How will the program ensure there is a minimum of four residents per year of the educational program at all times? (Limit 300 words)

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will graduating residents demonstrate a commitment to fulfilling their professional responsibilities and adhering to ethical principles?

Describe how this will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate the following?
	1. Compassion, integrity, and respect for others
	2. Responsiveness to patient needs that supersedes self-interest
	3. Respect for patient privacy and autonomy
	4. Accountability to patients, society, and the profession
2. Sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
3. Commitment to self-improvement
4. Ability to coach others to improve punctuality and responsiveness
5. Ability to offer assistance to others so that patient care duties are completed in a timely fashion
6. Self-awareness of fatigue and stress, and the ability to mitigate the effects

Provide examples of how skills will be assessed in five of the nine areas listed. (Limit 500 words)

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**Patient Care and Procedural Skills**

1. How will 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)

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* + - 1. How will graduating residents demonstrate competence in evaluating a patient’s complaint, providing an accurate examination, employing appropriate diagnostic tests, arriving at a correct diagnosis, and recommending appropriate treatment?

Describe how competence will be assessed. (Limit 350 words)

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1. How will graduating residents demonstrate competence in the following essential areas of obstetrics and gynecology?
	1. Delivery, including the use of obstetric forceps and/or the vacuum extractor
	2. Diagnosis and non-surgical management of breast disease
	3. Gynecologic surgery
	4. High-risk behaviors, such as multiple sex partners, no contraception, no protection from sexually transmitted disease, or substance abuse
	5. Medical and surgical complications of pregnancy
	6. Normal physiology of reproductive tract
	7. Obstetric and gynecologic pathology
	8. Treating and managing critically ill patients
	9. Normal physiology of reproductive tract
	10. High-risk behaviors, such as multiple sex partners, no contraception, no protection from sexually transmitted disease, or substance use
	11. Diagnosis and nonsurgical management of breast disease
	12. Medical and surgical complications of pregnancy
	13. Delivery, including the use of obstetric forceps and/or the vacuum extractor
	14. Gynecologic surgery
	15. Treating and managing critically ill patients
	16. Obstetric and gynecologic pathology

Provide examples of how competence will be assessed in five of the eight areas listed. (Limit 500 words)

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1. How will graduating residents demonstrate competence in the following essential areas of obstetrics and gynecology?
2. Diagnosis and management of pelvic floor dysfunction, including surgical correction
3. Family planning, genetics, and abortion
4. Geriatric medicine, including ambulatory primary care problems
5. Management of complications of non-reversible methods of contraception and the performance of these procedures
6. Psychosomatic and psychosexual counseling
7. Reproductive endocrinology and infertility

Provide examples of how competence will be assessed in four of the seven areas listed.

(Limit 400 words)

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1. How will graduating residents demonstrate competence in the full range of commonly employed obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques?

Describe how competence will be assessed. (Limit 350 words)

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1. How will graduating residents demonstrate competence in counseling women regarding nutrition, exercise, health maintenance, high-risk behaviors, and preparation for pregnancy and childbirth, and in counseling those who have undergone genetic amniocentesis?

Describe how competence will be assessed. (Limit 350 words)

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1. How will graduating residents demonstrate competence in the following?
2. Appropriate use of community resources and other physicians through consultation when necessary
3. Behavioral medicine and psychosocial problems, including domestic violence, sexual assault, and substance abuse
4. Community medicine, including health promotion and disease prevention
5. Continuous management of the health care of women of all ages
6. Emergency care

Provide examples of how competence will be assessed in three of the five areas listed. (Limit 350 words)

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**Medical Knowledge**

1. How will graduating residents demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge will be evaluated. (Limit 400 words)

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1. How will graduating residents demonstrate knowledge of reproductive health care and ambulatory primary health care for women, including health maintenance, disease prevention, diagnosis, treatment, consultation for co-management, and referral? (Limit 300 words)

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1. How will graduating residents demonstrate knowledge of health care from puberty through adolescence, the reproductive years, menopause, and the geriatric years? (Limit 300 words)

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1. How will graduating residents demonstrate knowledge of the following?
2. Applied surgical anatomy and pathology
3. Physiology and pathophysiology related to reproductive function
4. The fundamentals of basic science as applied to clinical obstetrics and gynecology
5. The principles of genetic diagnosis

Provide examples of how knowledge will be assessed in three of the four areas listed. (Limit 300 words)

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1. How will graduating residents demonstrate knowledge of the following?
2. Data collection and management
3. Epidemiology
4. Statistics
5. The basics of risk-benefit analysis
6. Use of medical literature and assessment of its value

Provide examples of how knowledge will be assessed in three of the five the areas listed.

(Limit 300 words)

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1. How will graduating residents demonstrate knowledge of the behavioral and societal factors that influence health among women of differing socioeconomic and cultural backgrounds?

Describe how knowledge will be assessed. (Limit 300 words)

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**Practice-based Learning and Improvement**

1. How will 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 lifelong learning?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate 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. Identify and perform appropriate learning activities
4. Incorporate formative evaluation feedback into daily practice
5. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
6. Participate in departmental or institutional quality processes or committees
7. Participate in the education of patients, patients’ families, students, other residents, and other health professionals
8. Set learning and improvement goals
9. Systematically analyze clinical practice using quality improvement methods, and implement changes with the goal of practice improvement
10. Use information technology to optimize learning

Provide examples of how skills will be assessed in five of the nine areas listed. (Limit 500 words)

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**Interpersonal and Communication Skills**

1. How will 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?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate their ability to:

a. communicate effectively with patients, patients’ families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;

b. communicate effectively with physicians, other health professionals, and health-related agencies;

c. work effectively as a member or leader of a health care team or other professional group;

d. act in a consultative role to other physicians and health professionals;

e. maintain comprehensive, timely, and legible medical and administrative records;

1. provide counseling, engage in shared decision-making, and obtain informed consent for procedures, including alternative treatments, risks, benefits, complications, and peri-operative course of those procedures;
2. discuss adverse events;
3. inform patients and patients’ families about a medical error that caused harm, incorporating risk management in this process;
4. lead interprofessional and interdisciplinary health care teams to achieve optimal outcomes;
5. lead effective transitions of care and team debriefings;
6. respond to requests for consultation in a timely manner and communicates recommendations to the requesting team; and,
7. organize and participate in multidisciplinary patient/patient’s family/health care team member conferences?

Provide examples of how skills will be assessed in seven of the 12 areas listed. (Limit 700 words)

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**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)

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1. How will graduating residents demonstrate their ability to:
	1. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
	2. coordinate patient care within the health care system relevant to their clinical specialty;
	3. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
	4. advocate for quality patient care and optimal patient care systems;
	5. work in interprofessional teams to enhance patient safety and improve patient care quality;
	6. participate in identifying system errors and implementing potential systems solutions;
	7. report errors and near-misses to the institutional surveillance system and superiors;
	8. analyze patient care options from a quality of life/cost-of-care perspective, and counsel patients on these options; and,
	9. actively participate in quality improvement/patient safety projects?

Provide examples of how skills will be assessed in five of the nine areas listed. (Limit 500 words)

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**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Will educational sessions be:

held regularly? [ ] YES [ ] NO

* 1. scheduled to occur regularly? [ ] YES [ ] NO
	2. structured? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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1. Will educational sessions consist of:

case conferences? [ ] YES [ ] NO

* + - * 1. journal clubs? [ ] YES [ ] NO
				2. patient rounds? [ ] YES [ ] NO
				3. simulation training? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Will residents have protected time for educational activities? [ ] YES [ ] NO

Explain if ‘NO.’ (250 words)

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1. Describe how the program will ensure that educational activities cover all aspects of obstetrics and gynecology, including basic sciences pertinent to the specialty. (Limit 300 words).

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1. Will there be interdisciplinary sessions that include health care providers from appropriate specialties? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Clinical Experiences**

Complete Appendix B., Patient Population Data, and attach to submission.

Within the final 16 months of the program, will each resident serve at least 12 months as chief resident? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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1. Describe how the program will ensure the educational experience as chief resident prepares residents for the independent practice of obstetrics and gynecology. (Limit 350 words)

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1. Describe how the program will ensure the chef resident experience promotes a high level of responsibility and independence. (Limit 350 words)

|  |
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1. Will chief residents have opportunities to develop technical competence and proficiency in the management of patients with the following?

Complex gynecologic conditions [ ] YES [ ] NO

Complicated pregnancies [ ] YES [ ] NO

Conditions that require performance of advanced procedures [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Describe how the program will ensure residents have continuity of care experiences. Include if continuity of care is provided by individual residents, a group of residents, or a team of practitioners. (Limit 350 words)

|  |
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1. Will residents have ambulatory care experiences for a minimum of 120 half-day sessions over the course of the program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Will ambulatory care experiences include up to 30 continuity experiences in which residents provide longitudinal care for a group of patients? [ ] YES [ ] NO

Will the residents be the primary providers of obstetric, gynecologic, or primary care during these experiences? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Will the ambulatory experience include the following?
	1. Evaluation of an action plan to improve patient outcomes at least twice a year [ ] YES [ ] NO
2. Evaluation of performance data for each resident’s patients as related to problem-orientated and preventative health care [ ] YES [ ] NO
3. Faculty member guidance to improve patient care outcomes based on performance data

 [ ] YES [ ] NO

1. Resident participation in coordination of care across hospital and outpatient settings

 [ ] YES [ ] NO

1. Resident participation in management of continuity patients between outpatient visits

 [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Describe how the program will ensure residents have the opportunity to develop competence in peri-operative management. (Limit 250 words)

|  |
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1. Will the educational experience in peri-operative management allow resident involvement in the following?
	* + - 1. Selection of the surgical or therapeutic option [ ] YES [ ] NO
				2. Pre-operative assessment [ ] YES [ ] NO
				3. Post-operative care of patients [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Describe how the program will provide training or access to training in the provision of abortions. Note that residents who have a religious or moral objection may opt out of assisting or performing induced abortions. (Limit 350 words)

|  |
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1. Will residents have experiences in the following?
2. Managing complications of abortions [ ] YES [ ] NO
3. Reversible methods of contraception [ ] YES [ ] NO
4. Sterilization [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

**The Learning and Working Environment**

**Supervision and Accountability**

1. Describe how the program will ensure physician faculty members are immediately available to residents if clinical activity is taking place in operating rooms and/or labor and delivery areas. (Limit 350 words)

|  |
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* + - 1. Will faculty members provide on-site supervision when clinical services are provided in ambulatory or office locations? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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Appendix A. Formal Didactic Sessions by Academic Year

For each year of the residency, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which residents will rotate using the format below. If attended by residents from multiple years, list in each year but provide a full description *only the first time a site 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., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-101. Introduction to Obstetrics and Gynecologya) Seminarb) Required Y-1c) Survey of contemporary methods and styles of gynecological surgery, including approaches to clinical work with minority populations.d) Weekly, for 8 sessions.02. 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 |

If resident attendance will be monitored, explain how this will be accomplished and how feedback will be given regarding non-attendance (Limit 250 words).

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| Click here to enter text. |

**Appendix B. Patient Population Data**

Complete and attach the following tables summarizing the total number of cases seen annually at each of the planned participating sites (Label: Appendix B.). Numbers should reflect total volume at each institution where residents will rotate.

Participating sites are indicated by a number which must correspond to the number designated for that site in the Foundational Accreditation Application. The primary clinical site must be designated as Site #1. If additional sites are not planned, columns can be left blank. If additional sites are planned, add columns as needed.

The data in Table 1 is for the following one-year period:

|  |  |  |  |
| --- | --- | --- | --- |
| From: | Click here to enter text. | To: | Click here to enter text. |

Table 1. General Case Categories

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Procedure** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** | **Site #7** | **Site #8** |
| Spontaneous vaginal delivery | # | # | # | # | # | # | # | # |
| Cesarean delivery | # | # | # | # | # | # | # | # |
| Operative vaginal delivery | # | # | # | # | # | # | # | # |
| Obstetric ultrasound \* | # | # | # | # | # | # | # | # |
| Abdominal hysterectomy | # | # | # | # | # | # | # | # |
| Vaginal hysterectomy | # | # | # | # | # | # | # | # |
| Laparoscopic hysterectomy | # | # | # | # | # | # | # | # |
| Incontinence and pelvic floor procedures (excluding cystoscopy) | # | # | # | # | # | # | # | # |
| Cystoscopy | # | # | # | # | # | # | # | # |
| Laparoscopy | # | # | # | # | # | # | # | # |
| Hysteroscopy | # | # | # | # | # | # | # | # |
| Abortion | # | # | # | # | # | # | # | # |
| Transvaginal ultrasound | # | # | # | # | # | # | # | # |
| Surgery for invasive cancer | # | # | # | # | # | # | # | # |

\*Obstetric ultrasounds include fetal biometry performed at over 14 weeks’ gestation

The following are minimum case numbers for graduating residents.

|  |  |
| --- | --- |
| **Procedure** | **Minimum** |
| Spontaneous vaginal delivery | 200 |
| Cesarean delivery | 145 |
| Operative vaginal delivery | 15 |
| Obstetric ultrasound \* | 50 |
| Abdominal hysterectomy | 35 |
| Vaginal hysterectomy | 15 |
| Laparoscopic hysterectomy | 20 |
| Incontinence and pelvic floor procedures (excluding cystoscopy) | 25 |
| Cystoscopy | 10 |
| Laparoscopy | 60 |
| Hysteroscopy | 40 |
| Abortion | 20 |
| Transvaginal ultrasound | 50 |
| Surgery for invasive cancer | 25 |

\*Obstetric ultrasounds include fetal biometry performed at over 14 weeks’ gestation