**New Application: Colon and Rectal Surgery**

**Review Committee-International**

401 N. Michigan Ave. • Chicago, IL 60611 • United States • +1.312.755.7042 • www.acgme-i.org

**Submission for initial accreditation:** This Advanced Specialty PIF is for programs applying for **initial Accreditation Only** and is used in conjunction with the Accreditation Data System.

All sections of the form applicable to the program must be completed in order 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 an estimate of last year’s numbers. If any requested information is not available, an explanation must be given and it should be so indicated 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.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Colon and Rectal Surgery. 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).

For questions regarding the form’s content, e-mail acgme-i@acgme-i.org.

For Questions regarding ADS, e-mail 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 an item.

**Program Personnel and Resources**

**Program Director**

1. Will the program director document each fellow’s scholarly activity annually? YES[ ]  NO[ ]

Explain if “NO”. (Limit 250 words)

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**Other Program Personnel**

1. Will fellows have the opportunity to interact with the following providers:
	1. Enterostomal therapists YES[ ]  NO[ ]
	2. Mid-level providers YES[ ]  NO[ ]
	3. Nurses YES[ ]  NO[ ]
	4. Social workers YES[ ]  NO[ ]
	5. Other providers YES[ ]  NO[ ]

List any other providers with whom fellows have the opportunity to interact.

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Explain any ‘NO’ responses to 1.a.-e. (Limit 250 words)

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**Resources**

1. Describe how the program will ensure that all fellows have access to the volume and variety of colon and rectal patients and surgery necessary to perform the required minimum case numbers and achieve all outcomes. (Limit 300 words)

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1. Will fellows have access to the following testing methods:
	1. Anorectal manometry YES[ ]  NO[ ]
	2. Defecography/dynamic MRI YES[ ]  NO[ ]
	3. Directed biofeedback YES[ ]  NO[ ]
	4. Electromyography YES[ ]  NO[ ]
	5. Pudendal nerve testing YES[ ]  NO[ ]
	6. Pelvic floor exercise YES[ ]  NO[ ]
	7. Pelvic floor rehabilitation YES[ ]  NO[ ]
	8. Transit time assessment YES[ ]  NO[ ]

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

|  |
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1. Will fellows be provided with the following?
	1. Assistance locating library references YES[ ]  NO[ ]
	2. Computer hardware YES[ ]  NO[ ]
	3. Computer support YES[ ]  NO[ ]
	4. Internet access YES[ ]  NO[ ]
	5. Office workspace YES[ ]  NO[ ]
	6. Reliable systems for prompt communication with supervising faculty members YES[ ]  NO[ ]
	7. Software YES[ ]  NO[ ]
	8. Statistical support YES[ ]  NO[ ]

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

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**Fellow Appointment**

**Eligibility Criteria**

1. Prior to appointment, will all fellows have successfully completed an ACGME-I-accredited residency program in general surgery? YES[ ]  NO[ ]

Explain if ‘NO’ (Limit 250 words)

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**Specialty-specific Educational Program**

**Regularly Scheduled Didactic Sessions**

1. Using the format provided, please complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Describe how the program will ensure that didactic sessions are held on at least a weekly basis.

(Limit 250 words)

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1. Describe how the program director will coordinate didactic conferences among participating sites to allow attendance by a majority of faculty members and fellows. (Limit 250 words)

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1. Excluding time away for meetings, vacation, or illness, will fellows attend a minimum of 70 percent of all scheduled conferences? YES[ ]  NO[ ]

Explain if ‘NO’. (Limit 250 words)

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1. Will morbidity and mortality conferences be scheduled? YES[ ]  NO[ ]

If ‘YES’

* 1. How often will they be scheduled?

Weekly [ ]  Monthly [ ]  Quarterly [ ]  Other (specify in the space below) [ ]

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* 1. Will all complications occurring on the colon and rectal service(s) be presented for peer-review and follow-up? YES[ ]  NO[ ]

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

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1. Will case presentations be scheduled? YES[ ]  NO[ ]

If ‘YES,’

* 1. Will cases be presented by the fellows? YES[ ]  NO[ ]
	2. Will involved faculty members present cases? YES[ ]  NO[ ]
	3. Will other faculty members participate? YES[ ]  NO[ ]

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

|  |
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1. Will journal club conferences be scheduled? YES[ ]  NO[ ]

If ‘YES,’

* 1. How often will they be scheduled?

Weekly [ ]  Monthly [ ]  Quarterly [ ]  Other (specify in the space below) [ ]

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* 1. Will important articles be presented by fellows and discussed for content and study design?

 YES[ ]  NO[ ]

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

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1. Will formal clinical teaching rounds be scheduled? YES[ ]  NO[ ]

If ‘YES,’

* 1. Will faculty members responsible for the rotation conduct these clinical teaching rounds?

 YES[ ]  NO[ ]

* 1. Will these clinical teaching rounds be conducted on each rotation? YES[ ]  NO[ ]
	2. How often will they be scheduled?

Weekly [ ]  Monthly [ ]  Quarterly [ ]  Other (specify in the space below) [ ]

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

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1. Will related pathology and radiology studies be presented during the conferences in 5 through 8 above? YES[ ]  NO[ ]

Explain if ‘NO’. (Limit 250 words)

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| Click here to enter text. |

**Clinical Experience**

1. Using the format provided, complete Appendix B., Patient Population Data, and attach to submission.
2. Will fellows participate in the evaluation and care of patients in the following settings?
	1. Ambulatory clinic or office YES[ ]  NO[ ]
	2. Ambulatory operating theater YES[ ]  NO[ ]
	3. Emergency Department YES[ ]  NO[ ]
	4. Endoscopy suite or center YES[ ]  NO[ ]
	5. Inpatient hospital YES[ ]  NO[ ]
	6. Inpatient operating theater YES[ ]  NO[ ]

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

|  |
| --- |
| Click here to enter text. |

1. Will fellows be exposed to basic and complex patients with the following conditions?
	1. Anal cancer YES[ ]  NO[ ]
	2. Colon cancer YES[ ]  NO[ ]
	3. Constipation YES[ ]  NO[ ]
	4. Diverticular disease YES[ ]  NO[ ]
	5. Familial adenomatous polyposis YES[ ]  NO[ ]
	6. Fecal incontinence YES[ ]  NO[ ]
	7. Hereditary non-polyposis colorectal cancer YES[ ]  NO[ ]
	8. Inflammatory bowel disease YES[ ]  NO[ ]
	9. Intestinal dysmotility YES[ ]  NO[ ]
	10. Pelvic prolapse YES[ ]  NO[ ]
	11. Rectal cancer YES[ ]  NO[ ]
	12. Rectal prolapse YES[ ]  NO[ ]
	13. The broad spectrum of anorectal disease YES[ ]  NO[ ]
	14. Relevant genetic disorders YES[ ]  NO[ ]
	15. Ulcerative colitis YES[ ]  NO[ ]

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

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| Click here to enter text. |

1. Will fellows’ operative experience include the following procedures?
	1. Anorectal YES[ ]  NO[ ]
	2. Flexible colonoscopy YES[ ]  NO[ ]
	3. Flexible sigmoidscopy YES[ ]  NO[ ]
	4. Laparoscopic abdominal/pelvic YES[ ]  NO[ ]
	5. Open abdominal/pelvic YES[ ]  NO[ ]

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

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1. Will fellows have formal instruction and clinical experiences in all essential disorders and procedures? YES[ ]  NO[ ]

Explain if ‘NO’. (Limit 250 words)

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1. Will fellows participate in the evaluation and treatment of patients with the following anorectal and physiologic disorders?
	1. Absesses YES[ ]  NO[ ]
	2. Constipation YES[ ]  NO[ ]
	3. Fistulas YES[ ]  NO[ ]
	4. Fissures YES[ ]  NO[ ]
	5. Hemorrhoids YES[ ]  NO[ ]
	6. Incontinence YES[ ]  NO[ ]
	7. Pelvic floor problems YES[ ]  NO[ ]

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

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1. Will fellows participate in the evaluation and treatment of patients with the following abdominal disorders?
	1. Diverticular disease YES[ ]  NO[ ]
	2. Inflammatory bowel disease YES[ ]  NO[ ]
	3. Neoplasia of the anus YES[ ]  NO[ ]
	4. Neoplasia of the colon YES[ ]  NO[ ]
	5. Neoplasia of the rectum YES[ ]  NO[ ]
	6. Rectal prolapse YES[ ]  NO[ ]

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

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| Click here to enter text. |

1. Will fellows be able to document abdominal surgical case numbers, including the following?
	1. Laparoscopic resections YES[ ]  NO[ ]
	2. Pelvic dissections YES[ ]  NO[ ]
2. Will fellows be able to document anorectal surgical case numbers? YES[ ]  NO[ ]

Explain any ‘NO’ responses to 8 and 9 above. (Limit 250 words)

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| Click here to enter text. |

1. Will fellows be able to document procedures evaluating the gastrointestinal tract and pelvic floor, including the following?
	1. Anal ultrasound YES[ ]  NO[ ]
	2. Anoscopy YES[ ]  NO[ ]
	3. Colonoscopies YES[ ]  NO[ ]
	4. Interventional procedures YES[ ]  NO[ ]
	5. Pelvic floor evaluation YES[ ]  NO[ ]
	6. Proctoscopy YES[ ]  NO[ ]
	7. Rectal ultrasound YES[ ]  NO[ ]
	8. Sigmoidoscopy YES[ ]  NO[ ]

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

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1. What percent of the total surgical cases will be endoscopic? %
2. During surgery, will colon and rectal surgery fellows share primary responsibilities for the same patient with a chief resident in general surgery or a fellow in another program? YES[ ]  NO[ ]

Explain if ‘YES’. (Limit 250 words)

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1. Will fellows provide post-operative care for their patients until discharge or until the patients’ post-operative conditions are stable and only non-surgical issues remain? YES[ ]  NO[ ]

Explain if ‘NO’. (Limit 250 words)

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| Click here to enter text. |

**Fellows’ Scholarly Activities**

1. Will all fellows have the opportunity to participate in at least two of the following activities?
2. One or more ongoing research studies with the faculty YES[ ]  NO[ ]
3. One or more fellow-initiated research project(s) with faculty supervision YES[ ]  NO[ ]
4. One or more scientific presentations at local, regional, national, or international meetings

 YES[ ]  NO[ ]

1. Preparation/submission of one or more articles for peer-reviewed publication YES[ ]  NO[ ]
2. Writing one or more book chapters or current standards papers YES[ ]  NO[ ]

Explain if ‘NO’. (Limit 250 words)

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1. Will the program provide the following support for fellows involved in research?
2. Research design YES[ ]  NO[ ]
3. Statistical analysis YES[ ]  NO[ ]
4. Technical support YES[ ]  NO[ ]

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

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**ACGME-I Competencies**

**Patient Care**

1. How will graduating fellows 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 fellows demonstrate proficiency in evaluation and management of patients with all of the essential colon and rectal surgical disorders, including in the following?
1. Pre-operative diagnosis, indications, alternatives, risks, and preparation
2. Assessment of patient risk, nutritional status, co-morbidities, and need for pre-operative treatment and peri-operative prophylaxis
3. Interpretation of a variety of testing methods in the evaluation and treatment of patients
4. Appropriate non-operative management
5. Operative management, including all technical aspects, intra-operative decision making, avoidance and management of intra-operative complications, and management of unexpected findings
6. Post-operative management, including recognition and treatment of complications, appropriate follow-up, and additional treatment

Provide an example of how proficiency will be evaluated in four of the six areas listed. (Limit 400 words)

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* + - 1. How will graduating fellows demonstrate proficiency in the evaluation and management of patients with the following abdominal and pelvic disorders?
1. Carcinoma of the colon, rectum, and anus
2. Colorectal infectious diseases, including sexually transmitted diseases (STDs) and other colidities, to include clostridium difficile and HIV-related infection
3. Diverticular disease
4. Gastrointestinal obstruction, including those due to adhesions, malignancy, volvulus, hernias, and pseudo obstruction
5. Inflammatory bowel disease, including Crohn's disease and ulcerative colitis
6. Inherited colorectal disorders, including familial polyposis and hereditary cancer syndromes
7. Other inherited polyposis syndromes and related genetic disorders
8. Lower gastrointestinal hemorrhage
9. Other neoplastic processes, including GIST tumors, lymphoma, carcinoid, desmoids, small bowel, and mesenteric tumors
10. Radiation enteritis and the effects of ionizing radiation

Provide an example of how proficiency will be evaluated in six of the 10 areas listed. (Limit 600 words)

|  |
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* + - 1. How will graduating fellows demonstrate proficiency in evaluation and management of patients with the following anorectal and perineal disorders, including:
1. Anal fissure
2. Anorectal stenosis
3. Fistulas, anorectal, and rectovaginal
4. Hemorrhoids
5. Hidradenitis
6. Meningocele, chordoma, and teratoma
7. Necrotizing fasciitis
8. Pilonidal disease
9. Presacral/retrorectal lesions including cysts
10. Pruritus ani

Provide an example of how proficiency will be evaluated in six of the 10 areas listed. (Limit 600 words)

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* + - 1. How will graduating fellows demonstrate proficiency in the evaluation and management of patients with the following pelvic floor disorders?
1. Constipation, including clinical and physiological evaluation, dysmotility, anismus, and other forms of pelvic outlet obstruction
2. Fecal incontinence
3. Rectal and pelvic prolapse, rectocele, and solitary rectal ulcer syndrome

Provide an example of how proficiency will be evaluated in two of the three areas listed.

(Limit 250 words)

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* + - 1. How will graduating fellows demonstrate proficiency in the following abdominal procedures that are essential to colon and rectal surgery?
1. Abdominoperineal resection and total proctocolectomy
2. Creation of stomas and surgical management of stoma complications
3. Ileal pouch-anal anastomosis
4. Laparoscopic abdominal and gastrointestinal surgery, including colon and rectal resections, ostomy construction, and prolapse repair
5. Low anterior resection with colorectal and coloanal anastomosis
6. Procedures for rectal prolapse
7. Segmental colectomy, including ileocolic resection and colon resection
8. Small bowel resection
9. Stricturoplasty

Provide an example of how proficiency will be evaluated in five of the nine areas listed.

(Limit 500 words)

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* + - 1. How will graduating fellows demonstrate proficiency in the following anorerctal and perineal procedures essential for colon and rectal surgery?
1. Anoplasty
2. Fistulotomies, including primary and staged advancement flap repairs of complex anorectal and rectovaginal fistulas
3. Hemorrhoidectomy, including operative and office treatment
4. Internal sphincterotomy
5. Perineal repairs of rectal prolapse
6. Transanal excision of rectal neoplasms
7. Treatment of hidradenitis
8. Treatment of pilonidal disease

Provide an example of how proficiency will be evaluated in five of the eight areas listed.

(Limit 500 words)

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* + - 1. How will graduating fellows demonstrate proficiency in the following endoscopic procedures essential for colon and rectal surgery?
1. Anoscopy
2. Colonoscopy, including diagnostic and therapeutic
3. Sigmoidoscopy, including rigid and flexible
4. Administration of conscious sedation and local analgesia

Provide an example of how proficiency will be evaluated in three of the four areas listed.

(Limit 300 words)

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* + - 1. How will graduating fellows demonstrate proficiency in pelvic floor procedures, including interpretation of clinical and laboratory study results for the following?
1. Anorectal manometry
2. Anorectal ultrasound/pelvic magnetic resonance imaging (MRI)
3. Defecography
4. Transit time studies

Provide an example of how proficiency will be evaluated in three of the four areas listed.

(Limit 300 words)

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**Medical Knowledge**

1. How will graduating fellows demonstrate proficiency in their 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 this will be evaluated. (Limit 300 words)

|  |
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1. How will graduating fellows demonstrate proficiency in their knowledge of the anatomy, embryology and physiology of the colon, rectum, anus, and related structures?

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

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| Click here to enter text. |

1. How will graduating fellows demonstrate proficiency in their knowledge of the essential colorectal disorders?

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

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1. How will graduating fellows demonstrate proficiency in their knowledge of additional colon and rectal surgery-related issues, including the following?
	1. Congenital disorders to include; congenital pelvic and sacral neoplasms, Hirschsprung's disease, imperforate anus, and urogenital and sacral dysgenesis including spina bifida;
	2. Genetics and molecular biology as they apply to colorectal disorders;
	3. Gynecological disorders, to include endometriosis, considerations in managing the pregnant patient with colorectal disorders, and related intra-operative findings such as ovarian lesions, fibroids, endometrial implants, and gynecological prolapse;
	4. Other pediatric and congenital disorders, to include childhood fissure, encopresis, juvenile polyposis, malrotation, Meckel's diverticulum, and prolapse;
	5. Other pelvic disorders, to include cystocele, enterocele, urinary incontinence, and vaginal and uterine prolapse;
	6. The pathology of colon and rectal disorders;
	7. Radiological and other imaging modalities, to include abdominal ultrasound, angiography, computed tomography (CT), contrast studies, CT colonography MRI, defecography, evaluation for deep vein thrombosis and pulmonary embolism, fistulograms, nuclear medicine scans, plain x-rays, positron emission tomography (PET), and sonograms;
	8. Related medical conditions;
	9. Urological disorders, to include urinary incontinence, fistulas to the urinary tract, involvement of the ureters, bladder and urethra in CRD, and identifying and avoiding intra-operative injury to the ureters; and,
	10. Vascular and mesenteric disorders affecting the colon and rectum.

Provide an example of how proficiency will be evaluated in six of the 10 areas listed. (Limit 600 words)

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1. How will graduating fellows demonstrate proficiency in their knowledge of additional colon and rectal surgery-related procedures, including the following?
	1. abdominal procedures, to include continent ileostomy and pelvic exenteration;
	2. Alternate pelvic pouch techniques, to include colonic J-pouch and coloplasty;
	3. Anastomotic techniques, to include both sewn and stapled methods of colonic and anal anastomoses;
	4. Anorectal procedures, to include alternative methods of fistula repair, including fibrin glue and/or plug placement;
	5. Flaps and grafts for perineal reconstruction;
	6. Indications for and interpretation of CT colonography;
	7. Management of colorectal trauma and foreign bodies;
	8. Other procedures for fecal incontinence, to include alternative methods of sphincter repair, augmentation and implantable devices;
	9. Pelvic floor and gastrointestinal physiological assessment and procedures, their uses, and indications, to include performance and interpretation of anorectal manometry, electromyography and pudendal nerve testing, defecography/dynamic MRI, transit time assessment, pelvic floor exercise, rehabilitation, and directed biofeedback;
	10. Procedures for pelvic prolapse in addition to rectal prolapsed, to include rectocele and enterocele repairs; and
	11. Transanal endoscopic microsurgery.

Provide an example of how proficiency will be evaluated in six of the 11 areas listed. (Limit 600 words)

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**Practice-based Learning and Improvement**

1. How will graduating fellows demonstrate their ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning?

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

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1. How will graduating fellows demonstrate that they have developed skills and habits to be able to meet the following goals:
2. Evaluate and analyze patient care outcomes
3. Utilize an evidence-based approach to patient care

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

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**Interpersonal and Communication Skills**

1. How will graduating fellows 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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**Professionalism**

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

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

|  |
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| Click here to enter text. |

1. How will graduating fellows demonstrate that they have developed skills and habits to be able to meet the following goals:
2. A high standard of ethical behavior
3. A commitment to continuity of care

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

|  |
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| Click here to enter text. |

**Systems-based Practice**

1. How will graduating fellows 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 this will be evaluated. (Limit 300 words)

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Appendix A. Formal Didactic Sessions by Academic Year

For each year of fellowship, please attach (Label: Appendix A) a list of all scheduled didactic courses (which includes discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating institutions attended by fellows using the format below. If attended by fellows from multiple years, list in each year but provide a full description only the first time it is listed.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the program:

Number: Title:

a) Type of Format (e.g., - seminar, conference, discussion groups, etc.)

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

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

|  |
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| Click here to enter text. |

**Appendix B. Patient Population Data**

Please complete and attach the following tables summarizing the total number of cases seen annually at each of the planned participating sites (Label: Appendix B).

Participating sites are indicated by a number that must correspond to the number designated for that site in the Foundational Accreditation Application. The primary site must be designated as Site #1. If additional sites are not planned, columns can be left blank. NOTE: Each surgery may have credit for only one procedure. Choose the most significant component.

The data in the tables below is for the following one-year period:

From: Date To: Date

Table 1. General Case Categories - Surgical Management

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedures** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| **Anorectal Procedures** |  |  |  |  |
| Hemorrhoidectomy – excisional, any kind PPH  |  |  |  |  |
| Fistulotomy, fistula repair  |  |  |  |  |
| Endorectal advancement flap  |  |  |  |  |
| Fecal incontinence procedures  |  |  |  |  |
| Internal sphincterotomy  |  |  |  |  |
| Transanal excision  |  |  |  |  |
| **Total Anorectal Procedures**  |  |  |  |  |
| **Abdominal Procedures** |  |  |  |  |
| Segmental colectomy, including ileocolic resection  |  |  |  |  |
| Laparoscopic resections  |  |  |  |  |
| Low anterior resection, total  |  |  |  |  |
| Abdominoperineal resection |  |  |  |  |
| Proctocolectomy, total |  |  |  |  |
| * + - With ileostomy
 |  |  |  |  |
| * + - With ileoanal reservoir, include proctectomy/ileoanal reservoir
 |  |  |  |  |
| Prolapse repair, total  |  |  |  |  |
| * + - Abdominal
 |  |  |  |  |
| * + - Perineal
 |  |  |  |  |
| Stomas, total  |  |  |  |  |
| - Stoma complications, including parastomal hernia, stenosis retraction prolapse, fistula  |  |  |  |  |
| Total pelvic dissections  |  |  |  |  |
| * + - Rectal cancer, APR, LAR, Coloanal, Proctocolectomy, IPAA
 |  |  |  |  |
| **Total Abdominal Procedures**  |  |  |  |  |
| **Endoscopy/Pelvic Floor** |  |  |  |  |
| Proctoscopy/anoscopy  |  |  |  |  |
| Colonoscopy, total  |  |  |  |  |
| **Procedures** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| * + - Diagnostic, including cold biopsy
 |  |  |  |  |
| * + - With intervention, including hot biopsy, snare polypectomy-15, injection, stenting, dilation, ablation
 |  |  |  |  |
| Pelvic floor evaluation, AR manometry, rectal compliance, balloon expulsion, PNTML, ultradsound, defecography  |  |  |  |  |
| **Total Endoscopy/Pelvic Floor**  |  |  |  |  |

**Table 2. General Case Categories - Disease Management**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Diagnoses** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| **Anorectal Diagnoses** |  |  |  |  |
| Anal Fissure  |  |  |  |  |
| Anal Fistula  |  |  |  |  |
| Hemorrhoids  |  |  |  |  |
| Pelvic Floor  |  |  |  |  |
| Constipation  |  |  |  |  |
| Incontinence  |  |  |  |  |
| **Total Anorectal Medical Management**  |  |  |  |  |
| **Abdominal Diagnoses** |  |  |  |  |
| Carcinoma of the Colon  |  |  |  |  |
| Carcinoma of the Rectum  |  |  |  |  |
| Crohn’s Disease  |  |  |  |  |
| Diverticular Disease  |  |  |  |  |
| Genetic Neoplasia, including FAP, Gardner’s, HNPCC  |  |  |  |  |
| Prolapse  |  |  |  |  |
| Ulcerative Colitis  |  |  |  |  |
| **Total Abdominal Medical Management**  |  |  |  |  |
| **Total All Medical Management**  |  |  |  |  |

For your information, suggested minimum numbers for each graduating fellow are listed in the tables below.

|  |  |
| --- | --- |
| **Procedures** | **Minimum**  |
| **Anorectal Procedures** |  |
| Hemorrhoidectomy – excisional, any kind PPH  | 20 |
| Excisional hemorrhoidectomy | 10 |
| Fistula surgery | 30 |
| Fistula management, complex | 10 |
| Fecal incontinence procedures  | 2 |
| Internal sphincterotomy  | 2 |
| Transanal excision  | 10 |
| **Total Anorectal Procedures**  | **60** |
| **Abdominal Procedures** |  |
| Segmental colectomy, including ileocolic resection  | 50 |
| Laparoscopic resections  | 30 |
| Low anterior resection, total  | 20 |
| Abdominoperineal resection  | 5 |
| Ileal and pouch procedures | 5 |
| Prolapse repair, total  | 6 |
| * + - Abdominal
 | 3 |
| * + - Perineal
 | 3 |
| Stomas, total  | 20 |
| - Stoma complications, including parastomal hernia, stenosis retraction prolapse, fistula  | 5 |
| Total pelvic dissections  | 30 |
| * + - Rectal cancer, APR, LAR, Coloanal, Proctocolectomy, IPAA
 | 20 |
| **Total Abdominal Procedures**  | **120** |
| **Endoscopy/Pelvic Floor** |  |
| Proctoscopy/anoscopy  | 30 |
| Colonoscopy, total  | 140 |
| * + - Diagnostic, including cold biopsy
 |  |
| * + - With intervention, including hot biopsy, snare polypectomy-15, injection, stenting, dilation, ablation
 | 30 |
| Pelvic floor evaluation, AR manometry, rectal compliance, balloon expulsion, PNTML, ultradsound, defecography  | 15 |
| **Total Endoscopy/Pelvic Floor**  | **185** |

|  |  |
| --- | --- |
| **Diagnoses** | **Minimum** |
| **Anorectal Diagnoses** |  |
| Anal fissure  | 15 |
| Anal fistula  | 25 |
| Hemorrhoids  | 15 |
| Pelvic floor and functional GI disorders – constipation incontinence, rectocele, pelvic pain, diarrhea | 25 |
| **Total Anorectal Medical Management**  | 100 |
| **Abdominal diagnoses** |  |
| Carcinoma of the colon  | 17 |
| Carcinoma of the rectum  | 15 |
| Crohn’s disease  | 20 |
| Diverticular disease  | 20 |
| Genetic neoplasia, including FAP, Lynch syndrome, Gardner’s MYH associated polyposis | 3 |
| Prolapse  | 10 |
| Ulcerative colitis  | 15 |
| **Total Abdominal Medical Management**  | 100 |
| **Total All Disease Management**  | 200 |