

AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA

633 North Saint Clair St, Suite 2600, Chicago, IL 60611 • (312) 202-5252 • www.aast.org

PROGRAM INFORMATION FORM (PIF) – ACUTE CARE SURGERY

FOR NEW APPLICATIONS ONLY

GENERAL INSTRUCTIONS

APPLICATION FOR A NEW PROGRAM: This form is for use by programs making **initial application only**. The information provided should describe the proposed program. For items that do not apply, indicate N/A in the space provided. Where patient numbers are requested, estimate what you expect will occur. If any requested information is not available, an explanation should be given and it should be so indicated in the appropriate place on the form. The requested program title should be entered but is subject to change. Mail four copies of the completed form to the Executive Director for the American Association for the Surgery of Trauma at the above address.

The Program Requirements, the Institutional Requirements, and Program Information Form (PIF) may be downloaded from the AAST Website (www.aast.org) and should be reviewed carefully.

For questions regarding the site visit, contact the writer of the letter announcing the site visit.

For questions regarding the completion of the form, contact the Executive Director AAST (Phone: 312-202-5252).

For a glossary of terms, use the following link – http://www.acgme.org/acWebsite/GME_info/gme_glossary.asp

SPECIFIC INSTRUCTIONS

The attached forms are designed so that all information regarding multi-institution programs can be included on one set of forms. The Program Director is responsible for collecting data for each participating institution.

Whenever additional participating institutional rotations totaling six months or more for each fellow are planned to be added to an accredited program, prior approval must be obtained from the AAST.

The completed form should be assembled with all requested sections and accompanying appendices in proper sequence. Do not use any staples at all in the form; do not bind or cover the form - use a large clip or rubber band. Do not attach any unnecessary materials such as reprints, brochures, annual reports, schedules, minutes of meetings and conferences, etc.

It is the policy of the AAST to stipulate the number of fellows that may be trained in each year of the program.

PART 1, SECTION 4: List all faculty of the Acute Care Surgery program. List individuals in order by institution, starting with sponsoring and integrated, then other participating institutions. Within each institution, list the surgeon responsible for training at that institution first.

REVIEW OF A NEW PROGRAM: Follow the provided instructions to create the correct PIF. Complete all items (as appropriate), **print all sections of Part 1** of the PIF and sign the form. Complete Part 2 of the PIF using your preferred word processor (only after Part 1 has been completed). Combine Part 1 and Part 2, number the pages consecutively on the upper right corner, beginning with Part 1 Section 1 and complete the Table of Contents (found with the Part 2 instructions). At least 14 days prior to visit, send one copy of the entire packet to the site visitor(s) identified in your letter of notification. After the visit send 3 copies to the Executive Director, American Association for the Surgery of Trauma, at the address delineated above.

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PROGRAM INFORMATION FORM – ACUTE CARE SURGERY

(FOR OFFICE USE ONLY)

10 Digit AAST Program I.D. #:

Program Name:

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When you have the completed forms, **number each page sequentially in the upper right hand corner**. Start on Part 1, Section 1 of the PIF. Report this pagination in the Table of Contents and submit this cover page with the completed PIF.

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PROGRAM INFORMATION FORM – ACUTE CARE SURGERY
(Part 1)

FOR NEW APPLICATIONS ONLY

SECTION 1. GENERAL PROGRAM INFORMATION

A. Accreditation Information

| |
|--|
| Date: |
| Title of Program: |
| AAST Program ID# (to be assigned by AAST): |

B. Program Director Information (Program Director of Acute Care Surgery must be certified in General Surgery and achieved Added Qualifications in Surgical Critical Care)

| | | | |
|---|-----------------|-------------------|---------------------|
| Name: | | | |
| Title: | | | |
| Address: | | | |
| City, State, Zip code: | | | |
| Telephone: | FAX: | Email: | |
| Date First Appointed: | | | |
| Principal Activity Devoted to Fellow Education: | | | |
| Term of PD Appointment: | | | |
| Primary Specialty Board Certification: | | Most Recent Date: | |
| Secondary Specialty Board Certification: | | Most Recent Date: | |
| Number of years spent teaching in GME in this specialty: | | | |
| Director based at primary teaching institution? () YES () NO | | | |
| Number of hours per week Director Spends in: | | | |
| Clinical Supervision: | Administration: | Research: | Didactics/Teaching: |
| Is Program Director also Department Chair? () YES () NO | | | |
| If No, Chair Name: | | | |
| The signatures of the director of the program, the chief of the department and the designated institutional official attest to the completeness and accuracy of the information provided on these forms. | | | |
| Signature of Program Director (and date): | | | |
| Signature of Chief/Department Chair if different from Program Director (and date): | | | |
| Signature of Designated Institutional Official (DIO) (and date): | | | |

SECTION 2. PARTICIPATING INSTITUTIONS

| | |
|--|--|
| SPONSORING INSTITUTION: (The university, hospital, or foundation that has ultimate responsibility for this program.) | |
| Name of Sponsor: | |
| Address: | |
| City, State, Zip code: | |
| Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School) | |
| Ownership Type: (e.g., State, Corporation, Church) | |
| Name of Designated Institutional Official: | |
| Name of Chief Executive Officer: | |
| Does SPONSOR have an affiliation with a medical school (could be the sponsoring institution)? () YES () NO | |
| If yes, name the medical school below and have an affiliation agreement that describes the effect of these arrangements on this program available. | |
| Name of Medical School #1: | |

| | |
|--|---------------------------------------|
| PRIMARY INSTITUTION (Institution #1) | |
| Name: | |
| Address: | |
| City, State, Zip Code: | |
| Type of Relationship with Program: Sponsor () Major () Clinical () Other () | |
| Type of Rotation Elective () Required () Both () (select one) | |
| Length of Fellow Rotation (in months) Year 1: Year 2: | |
| CEO/Director/President's Name: | JCAHO Approved? () YES () NO () NA |
| Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School) | |
| Ownership Type: (e.g., State, Corporation, Church) | |

| | | |
|--|---------------------------------------|--|
| PARTICIPATING INSTITUTION (Institution #2) | | |
| Name: | | |
| Address: | | |
| City, State, Zip Code: | | |
| Type of Relationship with Program: Sponsor () Major () Clinical () Other () | | |
| Does this institution also sponsor its own program in this specialty? | | |
| Does it participate in any other ACGME accredited programs in this specialty? | | |
| Distance between 2 & 1: Miles: Minutes: | | |
| Type of Rotation Elective () Required () Both () (select one) | | |
| Length of Fellow Rotation (in months) Year 1: Year 2: | | |
| CEO/Director/President's Name: | JCAHO Approved? () YES () NO () NA | |
| Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School) | | |
| Ownership Type: (e.g., State, Corporation, Church) | | |

| | | |
|---|--|--|
| PARTICIPATING INSTITUTION (Institution #3) | | |
| Name: | | |
| Address: | | |
| City, State, Zip Code: | | |
| Type of Relationship with Program: Sponsor () Major () Clinical () Other () | | |

| | |
|--|---------------------------------------|
| Does this institution also sponsor its own program in this specialty? | |
| Does it participate in any other ACGME accredited programs in this specialty? | |
| Distance between 3 & 1: | Miles: Minutes: |
| Type of Rotation Elective () Required () Both () (select one) | |
| Length of Fellow Rotation (in months) Year 1: Year 2: | |
| CEO/Director/President's Name: | JCAHO Approved? () YES () NO () NA |
| Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School) | |
| Ownership Type: (e.g., State, Corporation, Church) | |

| | | |
|---|---------------------------------------|--|
| PARTICIPATING INSTITUTION (Institution #4) | | |
| Name: | | |
| Address: | | |
| City, State, Zip Code: | | |
| Type of Relationship with Program: Sponsor () Major () Clinical () Other () | | |
| Does this institution also sponsor its own program in this specialty? | | |
| Does it participate in any other ACGME accredited programs in this specialty? | | |
| Distance between 4 & 1: Miles: Minutes: | | |
| Type of Rotation Elective () Required () Both () (select one) | | |
| Length of Fellow Rotation (in months) Year 1: Year 2: | | |
| CEO/Director/President's Name: | JCAHO Approved? () YES () NO () NA | |
| Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School) | | |
| Ownership Type: (e.g., State, Corporation, Church) | | |

| | | |
|---|---------------------------------------|--|
| PARTICIPATING INSTITUTION (Institution #5) | | |
| Name: | | |
| Address: | | |
| City, State, Zip Code: | | |
| Type of Relationship with Program: Sponsor () Major () Clinical () Other () | | |
| Does this institution also sponsor its own program in this specialty? | | |
| Does it participate in any other ACGME accredited programs in this specialty? | | |
| Distance between 5 & 1: Miles: Minutes: | | |
| Type of Rotation Elective () Required () Both () (select one) | | |
| Length of Fellow Rotation (in months) Year 1: Year 2: | | |
| CEO/Director/President's Name: | JCAHO Approved? () YES () NO () NA | |
| Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School) | | |
| Ownership Type: (e.g., State, Corporation, Church) | | |

SECTION 3. ACUTE CARE SURGERY FELLOWS

A. Number of Positions to be Offered (For the current academic year)

| Positions | Year 1 | Year 2 | Total |
|-------------------------------|--------|--------|-------|
| Number of Requested Positions | | | |
| Number of Filled Positions* | | | |

* Not applicable to new programs.

SECTION 4. FACULTY / TEACHING STAFF

A. Faculty Roster

List all core faculty of the Acute Care Surgery program (general/trauma/burn/surgical critical care/acute care surgery). There must be a minimum of two Acute Care Surgery faculty and one faculty with Added Qualifications in Surgical Critical Care per fellow. List individuals in order by institution, starting with sponsoring and integrated then other participating institutions. Within each institution, list the surgeon responsible for training at that institution first.

| Name (Position) | Degree | Based Primarily at Institution #* | Primary and Secondary Specialties / Field | | | Years as Faculty in Specialty | Average Hours Per Week Spent On | | | |
|--------------------|--------|---|--|----------------------------------|---|--|---------------------------------|-------|----------------------|----------|
| | | | Specialty / Field | Board Certification (Y/N)† | Most Recent Certification Date | | Clinical Supervision | Admin | Didactic Teaching | Research |
| (PD) | | | General Surgery | | | | | | | |
| | | | Surgical Critical Care | | | | | | | |
| | | | General Surgery | | | | | | | |
| | | | Surgical Critical Care | | | | | | | |
| | | | General Surgery | | | | | | | |
| | | | Surgical Critical Care | | | | | | | |
| | | | General Surgery | | | | | | | |
| | | | Surgical Critical Care | | | | | | | |
| | | | General Surgery | | | | | | | |
| | | | Surgical Critical Care | | | | | | | |
| | | | General Surgery | | | | | | | |
| | | | Surgical Critical Care | | | | | | | |

| | | | | | | | | | | |
|--|--|--|------------------------|--|--|--|--|--|--|--|
| | | | General Surgery | | | | | | | |
| | | | Surgical Critical Care | | | | | | | |
| | | | General Surgery | | | | | | | |
| | | | Surgical Critical Care | | | | | | | |
| | | | General Surgery | | | | | | | |
| | | | Surgical Critical Care | | | | | | | |
| | | | General Surgery | | | | | | | |
| | | | Surgical Critical Care | | | | | | | |
| | | | General Surgery | | | | | | | |
| | | | Surgical Critical Care | | | | | | | |

*as listed in Part 1, Section 2.

† Certification for the primary specialty refers to ABMS Board Certification. Certification for the secondary specialty refers to sub-Board certification in a subspecialty or another specialty area.

B. Faculty Roster for Specialty Rotations

List Program Directors (or service chiefs if no program director) of core Acute Care Surgery specialty rotations (e.g., Transplant, Hepatobiliary Surgery, Vascular Surgery, Interventional Radiology, Thoracic Surgery, etc). List individuals in order by institution, starting with sponsoring and integrated, then other participating institutions. These individuals are responsible for organization and oversight of the Acute Care Surgery specialty rotations.

| Name (Position) | Degree | Based Primarily at Institution #* | Primary and Secondary Specialties / Field | | | Years as Faculty in Specialty | Average Hours Per Week Spent On | | | |
|--------------------------|--------|-----------------------------------|---|----------------------------|--------------------------------|-------------------------------|---------------------------------|-------|-------------------|----------|
| | | | Specialty / Field | Board Certification (Y/N)† | Most Recent Certification Date | | Clinical Supervision | Admin | Didactic Teaching | Research |
| Transplant | | | | | | | | | | |
| Hepatobiliary | | | | | | | | | | |
| Vascular Surgery | | | | | | | | | | |
| Interventional Radiology | | | | | | | | | | |
| Thoracic Surgery | | | | | | | | | | |
| Burn Surgery | | | | | | | | | | |
| Pediatric Surgery | | | | | | | | | | |

| | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--|
| Vascular Surgery | | | | | | | | | | |
| | | | | | | | | | | |
| Neurosurgery Orthopedic Surgery | | | | | | | | | | |
| | | | | | | | | | | |
| ENT Plastic Surgery Urology | | | | | | | | | | |
| | | | | | | | | | | |
| Anesthesia Emergency Medicine | | | | | | | | | | |
| | | | | | | | | | | |
| Pulmonology Cardiology | | | | | | | | | | |
| | | | | | | | | | | |
| Gastroenterology Other | | | | | | | | | | |
| | | | | | | | | | | |

**PROGRAM INFORMATION FORM – ACUTE CARE SURGERY
(PART 2)**

FOR NEW APPLICATIONS ONLY

SECTION 5. HISTORY OF THE SURGICAL CRITICAL CARE (SCC) PROGRAM

- A. Please provide the ACGME Institutional Identification # for the Surgical Critical Care Fellowship and date of last successful verification. Please provide a copy of ACGME approval letter.**

- B. Total number of years the Surgical Critical Care Fellowship has been approved by ACGME**

- C. Total number of fellows that completed training in the Surgical Critical Care Fellowship Program**

- D. Total number of fellows that completed Surgical Critical Care Fellowship training and passed ABS Certification in Surgical Critical Care**

- E. Changes in the SCC Fellowship Program since the last site visit (if applicable)**

Describe the major changes since the last site visit. For example: program leadership, faculty, institutions used for clinical experience, outpatient surgery sites established since the last review, additional resources to support the duty hours policies, improvements to the program.

- F. Previous areas of noncompliance in the SCC Training Program (if applicable)**

List previous citations and areas of non-compliance outlined in the last accreditation action. Discuss each briefly and describe the program's corrective action.

| |
|--|
| |
| |

- G. Number of SURGICAL CRITICAL CARE Positions (For the current academic year)**

| Positions | Year 1 | Year 2 | Total |
|---|--------|--------|-------|
| Number of Positions | | | |
| Number of Positions Available via the SCC Match | | | |

| | | | |
|----------------------------------|--|--|--|
| Number of Match Positions Filled | | | |
| Number of Filled Positions | | | |

SECTION 6. FACILITIES AND RESOURCES

1. Briefly describe each clinical site with regard to size, type, services, patient population, and operative cases potentially available for Acute Care Surgery training per annum.

| | Institution #1 (Sponsoring) | Institution #2 | Institution #3 |
|---|-----------------------------|----------------|----------------|
| Bed Size | | | |
| Annual Admissions | | | |
| # ICU beds | | | |
| # ICU admissions | | | |
| # Surgical ICU beds | | | |
| # Surgical ICU admissions | | | |
| # ED Visits | | | |
| # ED Admissions | | | |
| # Annual Trauma alerts/activations | | | |
| # Annual Trauma Admissions | | | |
| # Annual Trauma ICU Admissions | | | |
| # of Annual Trauma or Emergency Laparotomies | | | |
| # of Annual Trauma or Emergency Thoracotomies | | | |
| # Solid organ transplants | | | |
| # of Annual Elective Thoracotomies | | | |
| | | | |

Comments:

2. Are any of the participating institutions a designated or verified Trauma Center? If so, give date of last successful verification, name of designating agency, and Level of Designation.

| |
|--|
| |
|--|

3. Are these fellowship level training programs available in the participating institutions? If so, please delineate number of fellowship positions for each institution and whether ACGME-approved.

| | Institution #1 (Sponsoring) | Institution #2 | Institution #3 |
|---|-----------------------------|----------------|----------------|
| Cardiothoracic Surgery | | | |
| Vascular Surgery | | | |
| Neurosurgery | | | |
| Orthopedic Surgery | | | |
| Interventional Radiology | | | |
| Transplant Surgery | | | |
| Hepatobiliary Surgery | | | |
| Pediatric Surgery | | | |
| Burn Surgery | | | |
| Surgical Oncology | | | |
| Surgical Endoscopy/GI or Minimally invasive surgery | | | |
| Others | | | |

4. Provide the total number of annual operations in each of these services:

| | Institution #1 (Sponsoring) | Institution #2 | Institution #3 |
|--------------------------|-----------------------------|----------------|----------------|
| Cardiothoracic Surgery | | | |
| Open Vascular Surgery | | | |
| Endovascular Surgery | | | |
| Neurosurgery | | | |
| Orthopedic Surgery | | | |
| Interventional Radiology | | | |
| Transplant Surgery | | | |
| Hepatobiliary Surgery | | | |
| Pediatric Surgery | | | |
| Burn Surgery | | | |
| Surgical Oncology | | | |
| Surgical Endoscopy/ | | | |

SECTION 7. FELLOWS (special trainees and other fellows)

1. Describe the exact educational relationship of the Acute Care Surgery fellow to the primary surgery resident on each of the following rotations. The appointment of the Acute Care Surgery fellow must not dilute or detract from the educational opportunities available to the primary surgery residents. Acute Care Surgery fellows and General Surgery chief residents cannot share responsibilities for direct operative patient care.

| Rotation | Number of Fellows | ACS Fellow relationship to primary trainees |
|--------------------------|-------------------|---|
| Trauma | | |
| Acute Care Surgery | | |
| Thoracic Surgery | | |
| Transplant Surgery | | |
| Hepatobiliary Surgery | | |
| Pancreatic Surgery | | |
| Vascular Surgery | | |
| Interventional Radiology | | |
| Other: | | |

SECTION 8. PROGRAM DIRECTOR

A. Qualifications

1. The program director is certified in Surgical Critical Care. () YES () NO
2. The program director has the administrative responsibility for the Acute Care Surgery educational program and appoints all fellows and faculty. () YES () NO
3. The program director determines all rotations and assignments of both the Acute Care Surgery fellows and faculty. () YES () NO
4. The program director actively participates in the Trauma call schedule . () YES () NO
5. The program director actively participates in the Emergency Surgery call schedule. () YES () NO

| |
|--|
| Explain all NO responses: |
| |

B. Administrative Responsibilities

- *1. Goals and objectives are available to the faculty. () YES () NO
- *2. Goals and objectives are made available to the fellows. () YES () NO
- *3. Goals and objectives used in fellow evaluation. () YES () NO
- *4. Written descriptions of supervisory lines of responsibility for care of patients are documented.() YES () NO
- *5. Written policies for academic discipline are available..... () YES () NO

*** Have documentation available for review at the site visit**

| |
|--|
| Explain all NO responses: |
| |

SECTION 9. FACULTY CV and CASE LOGS

- A. Submit a faculty form for each faculty member listed in Section 4 (A and B), including the program director.

| |
|--------------------------------|
| Name: |
| Principle Institution: |
| Current Professional Activity: |

1. Compensated for teaching? () YES () NO

2. Time spent in fellow activities?

| | | | | | |
|-----------|--|-----------|--|-----------|--|
| Full-time | | Part Time | | Voluntary | |
|-----------|--|-----------|--|-----------|--|

3. Funding Source?

| | | | | | |
|----------|--|------------|--|-------|--|
| Hospital | | University | | Other | |
|----------|--|------------|--|-------|--|

4. List awards during your career:

| |
|--|
| |
|--|

5. Teaching Activity in local conferences in program for most recent year. Supporting documentation should be available at the time of the site visit.

| Type | Percent Attendance | # of presentations / conferences directed | Role* |
|-------------------------------------|--------------------|---|-------|
| Grand Rounds | | | |
| Basic Science | | | |
| Mortality and Morbidity Conferences | | | |
| Journal Club | | | |
| Specialty Conferences (specify) | | | |
| Other (mock, orals, etc., specify) | | | |

* Roles: Coordinator, Presenter, Participant, Other (specify)

B. Research Activity (Last 5 years)

1. Basic
- a. Basic Science..... () YES () NO
- b. Funded? () YES () NO

If yes:

| Source | Amount/Years |
|--------|--------------|
| | |

2. Clinical Research Activity

- a. Current clinical studies in progress () YES () NO

b. Types of Clinical Research (list title of projects)

Retrospective:

Prospective:

Pharmaceutical:

Therapeutic/Interventional:

Other:

c. Publications

List no more than 5 in each category

Peer Reviewed

Non- Peer Reviewed Articles/chapters/proprietary journals

Other (e.g. editorials, etc.)

C. Leadership

1. Local:

a. Medical Society

b. Surgical Society:

c. Other:

2. Hospital (e.g. Chief of staff, etc. - no committees)

3. Regional (e.g. ACS chapter, etc.)

4. National Committees (e.g. COT, Advisory Council, etc.)

5. Specialty Society

D. Other Related Professional Activities

1. Presentations at regional/national meetings (i.e. ACS, AAST, SWS, SSA, etc.)

2. Non-local Surgical CME hours for the last 2 years

Regional Surgical Societies

| Meetings | Location | Date |
|----------|----------|------|
| | | |

National

| Meetings | Location | Date |
|----------|----------|------|
| | | |

International

| Meetings | Location | Date |
|----------|----------|------|
| | | |

E. Operative Caseload for last two years for combined faculty listed in Section 4.A (core Acute Care Surgery Faculty)

| Year | | |
|---|--|---------|
| Total Operative cases | | |
| | | # CASES |
| AIRWAY | | |
| Tracheostomy, open and percutaneous | | |
| Cricothyroidotomy | | |
| Nasal and oral endotracheal intubation including rapid sequence induction | | |
| | | |
| HEAD/FACE: | | |
| Nasal packing | | |
| ICP Monitor | | |
| Ventriculostomy | | |
| Lateral canthotomy | | |
| | | |
| NECK: | | |

| | |
|--|--|
| Exposure & definitive management of vascular and aerodigestive injuries | |
| Thyroidectomy | |
| Parathyroidectomy | |
| | |
| CHEST: | |
| Exposure & definitive management of cardiac injury, pericardial tamponade | |
| Exposure & definitive management of thoracic vascular injury | |
| Repair blunt thoracic aortic injury | |
| Partial left heart bypass | |
| Elective pulmonary resections | |
| Exposure & definitive management of tracheo-bronchial & lung injuries | |
| Diaphragm injury, repair | |
| Definitive management of empyema: decortication (open and VATS) | |
| Video-assisted thoracic surgery (VATS) for management of injury and infection | |
| Bronchoscopy: diagnostic and therapeutic for injury, infection and foreign body removal | |
| Exposure & definitive management of esophageal injuries & perforations | |
| Spine exposure, thoracic & thoraco-abdominal | |
| Advanced thoracoscopic techniques as they pertain to the above conditions | |
| Damage control techniques | |
| | |
| ABDOMEN & PELVIS | |
| Exposure & definitive management of gastric, small intestine and colon injuries. | |
| Exposure & definitive management of gastric, small intestine and colon inflammation, bleeding, perforation & obstructions. | |
| | |
| Gastrostomies (open and percutaneous) and jejunostomies | |
| Exposure & definitive management of duodenal injury | |
| Management of rectal injury | |
| | |
| Management of severe liver injury | |
| Elective hepatic resection & organ harvesting | |
| Management of severe splenic injury, infection, inflammation or diseases | |
| Management of pancreatic injury, infection and inflammation | |
| Elective pancreatic resection | |
| Management of renal, ureteral and bladder injury | |
| Management of injuries to the female reproductive tract | |
| Management of acute operative conditions in the pregnant patient | |
| Management of abdominal compartment syndrome | |
| Damage control techniques | |
| Abdominal wall reconstruction | |

| | |
|--|--|
| Radical soft tissue debridement for necrotizing infection | |
| Spine exposure | |
| Advanced laparoscopic techniques as they pertain to the above procedures | |
| | |
| Exposure & definitive management of major abdominal and pelvic vascular injury | |
| Exposure & definitive management of major abdominal and pelvic vascular rupture or acute occlusion | |
| Place IVC filter | |
| | |
| EXTREMITIES | |
| On-table arteriography | |
| Exposure and management of upper extremity vascular injuries | |
| Exposure and management of lower extremity vascular injuries | |
| Damage control techniques in the management of extremity vascular injuries, including temporary shunts | |
| Acute thrombo-embolectomy | |
| Hemodialysis access, permanent | |
| | |
| Fasciotomy, upper extremity | |
| Fasciotomy, lower extremity | |
| Amputations, lower extremity (Hip disartic., AKA, BKA, Trans-met.) | |
| Reducing dislocations | |
| Splinting fractures | |
| Applying femoral/tibial traction | |
| | |
| OTHER PROCEDURES | |
| Split thickness, full thickness skin grafting | |
| Multi-cavity organ harvest | |
| Operative management of burn injuries | |
| | |
| Upper GI endoscopy | |
| Colonoscopy | |
| Core re-warming (CAVR, CVVR) | |
| Diagnostic and therapeutic ultrasound | |
| Other procedures required by RRC for Surgical Critical Care | |
| | |

SECTION 10. EDUCATIONAL PROGRAM

A. Goals and Objectives

List the goals and objectives of the Acute Care Surgery Fellowship for each specific fellow rotation, i.e., trauma, transplant, thoracic, burns, vascular, pediatric surgery, etc. :

| |
|--|
| |
|--|

B. Unique or Innovative Educational Opportunities

Please describe any unique or innovative educational opportunities that are available to the Acute Care Surgery Fellow.

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C. Research Training and Activities

Please describe the research training and investigative opportunities that are available to the Acute Care Surgery Fellow. Include a description of resources available to the fellow to facilitate scholarly activity.

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D. Adjunctive Educational Offerings

Please describe the availability of adjunctive educational opportunities, including, but not limited to activities such as Advanced Trauma Life Support Course, Advanced Trauma Operative Management course, American College of Surgeon Ultrasound Course.

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SECTION 11. EVALUATION TOOLS – LINKING OUTCOMES TO IMPROVEMENT

A. Evaluation Tools (examples or templates available from the AAST Offices).

1. Types
 - a. Fellow
 - b. Faculty
 - c. Rotation
 - d. Fellow's final checklist
2. Use of Evaluation Tools
 - a. All four evaluations must be completed in a timely manner and with appropriate frequency.
 - b. Each competency should be assessed using at least two different evaluation tools.
 - c. Rotation evaluation tools must reflect the objectives of that specific rotation. (One generic evaluation tool cannot be used for all rotations.)
 - d. An acceptable rating, i.e., a "passing grade" must be agreed upon by the faculty and the fellow made aware of this benchmark prior to beginning the rotation.

B. Linking Outcomes to Improvement

1. All four evaluation tools should be completed in a timely manner and be placed in the fellow's file.
2. Each fellow should be evaluated at least semi-annually.
3. Evaluation tools must be signed. Fellow evaluation tools must be signed by the fellow and there must be documentation that this evaluation was discussed with him/her.
4. Data should be collected and analyzed from all evaluation tools. These aggregate data (outcomes) should be linked to improvements in the program.

C. Site Visit Requirements

1. One of each of the four completed evaluation tools from a fellow's file..... () YES () NO
2. Evidence of a process in place whereby aggregate data from evaluation tools are used to link outcomes to program improvements () YES () NO
3. Evidence that the fellow participates in the program improvement process (e.g., ACS Fellow sits on ACS Education Committee and his/her input is demonstrated in the minutes). () YES () NO
4. Fellow learning portfolio with the following criteria..... () YES () NO
 - a. Presence of clear and specific learning objectives
 - b. Consistency between objectives and educational activities (methods)
 - c. Discussion of the extent to which objectives (new and established) are met
 - d. Completion of a learning cycle (evidence of all of the above)
 - e. Inclusion of critical incidents (e.g., major complications)

- f. Demonstration that the learning process is understood
- g. Evidence of at least 15 hours of learning activities recorded

*** Have documentation available for review at the site visit.**

SECTION 12. SUPERVISION

1. The ACS fellows are provided with progressive responsibility in patient care:
 - a. In OR () YES () NO
 - b. In management of complex cases () YES () NO
 - c. In ICU..... () YES () NO

2. The fellows write orders:
 - a. In the medical records on their patients..... () YES () NO
 - b. On inpatients () YES () NO
 - c. On ICU patients () YES () NO
 - d. On outpatient surgery patients..... () YES () NO

3. Insert the program written policy on ACS fellow supervision following this page.

SECTION 13. ACADEMIC COMPONENT

1. Describe the organization of the conference schedule.

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2. The ratio of lectures by staff/fellows is: staff ____ fellows ____

3. Fellow attendance at weekly surgical M & M conference at the sponsoring institution is mandatory and is monitored: () YES () NO

4. The percent attendance of both staff and fellows at conferences: % staff ____ % fellows ____

5. Source of curriculum materials:

A defined curriculum is used: () YES () NO

A cyclical presentation of materials is utilized: () YES () NO

The texts recommended to ACS fellows for learning include:

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6. The ACS fellows have protected time to attend the scheduled conferences: () YES () NO

7. Insert an outline of the basic science, didactic, non-clinical educational curriculum following this page, and complete Section 14.

SECTION 14. CLINICAL COMPONENT

A. Topic Outline and Teaching Methods

All Acute Care Surgery fellows must be provided with a structured curriculum in the following areas. Denote how each area is taught using the following chart:

| | Patient Management | Conference/ Lectures | Self-directed study | Computer /AV | Special Courses/ Other |
|---|---------------------------|-----------------------------|----------------------------|---------------------|-------------------------------|
| I. GENERAL AREAS | | | | | |
| A. Pre-hospital and EMS system management | | | | | |
| B. Initial assessment and early resuscitation | | | | | |
| C. Diagnostic imaging | | | | | |
| D. Airway management in the emergency setting | | | | | |
| E. Surgical Critical Care | | | | | |
| II. REGIONAL ANATOMY/INJURIES/DISEASES | | | | | |
| A. Cervical: Oral Cavity/Pharyngeal/ | | | | | |
| B. Cervical: Laryngeal/Tracheal | | | | | |
| C. Neck Vascular | | | | | |
| D. Thorax – Heart, Hilum, Great Vessels | | | | | |
| E. Thorax – Lung, Esophagus | | | | | |
| F. Abdomen | | | | | |
| G. Gastroduodenal | | | | | |
| H. Small Bowel/Colon/Rectum/Anus | | | | | |
| I. Hepatic | | | | | |
| J. Pancreatic | | | | | |
| K. Splenic | | | | | |
| L. Vascular | | | | | |
| J. Urogenital/Obstetric/Gynecologic | | | | | |
| M. Extremity: Soft Tissue/Bone/ Peripheral Vascular | | | | | |
| N. Neurological | | | | | |
| III. SPECIAL AREAS of INTEREST | | | | | |
| A. QA-PI management | | | | | |
| B. Administration: leadership, finance, personnel | | | | | |
| C. Development of trauma systems | | | | | |
| D. Acute Care Surgery in the non-academic setting | | | | | |
| E. Critical conditions in the elderly | | | | | |
| F. Critical pediatric conditions | | | | | |
| G. Trauma, Thermal, Electrical, Radiation injuries | | | | | |
| H. Disaster and mass casualties | | | | | |
| I. Educational principles and techniques including simulation | | | | | |
| J. Research methods | | | | | |
| K. Prevention: principles and methodology | | | | | |

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|---|--|--|--|--|--|
| L. Ethical and legal aspects | | | | | |
| M. End of life care including organ procurement | | | | | |

B. Clinical Skills Acquired

Optimally all ACS fellows should be provided with supervised clinical educational experiences in the following skills.

Confirm which of the following skills the ACS fellow will be specifically taught and expected to perform:

1. Airway management – () YES () NO
 - a. Larygocopy () YES () NO
 - b. Tracheal intubation () YES () NO
 - c. Bronchoscopy () YES () NO
2. Circulatory/Hemodynamic
 - a. Invasive monitoring () YES () NO
 - b. Non-invasive monitoring () YES () NO
 - c. Hemodynamic ultrasound () YES () NO
 - d. Cardiac assist devices () YES () NO
 - e. Rapid Infusion Devices () YES () NO

NO
3. Neurologic
 - a. Intracranial pressure monitoring and management () YES () NO
4. Renal
 - a. Evaluation of renal function () YES () NO
 - b. Peritoneal dialysis and hemofiltration () YES () NO
5. Gastrointestinal
 - a. GI intubation () YES () NO
 - b. Endoscopic techniques
 - i. upper: diagnostic / therapeutic () YES () NO
 - ii. lower: diagnostic / therapeutic () YES () NO
 - c. Enteral feeding () YES () NO
6. Hematologic & Hemostasis
 - a. Autotransfusion () YES () NO
 - b. Reversal of coagulopathy () YES () NO
7. Infectious disease
 - a. Isolation technique () YES () NO
 - b. Drug therapy with/without organ failure () YES () NO
8. Nutritional
 - a. Parenteral & enteral () YES () NO
 - b. Assessing metabolism and nutrition () YES () NO
9. Other
 - a. IVC filter placement () YES () NO
 - b. Vessel cannulation for partial cardiac bypass () YES () NO
 - c. Total hepatic isolation () YES () NO
 - d. Vascular shunts () YES () NO
 - e. Ultrasound of the abdomen & pericardium (FAST) () YES () NO
 - f. Ultrasound for line placement () YES () NO

g. Invasive rewarming techniques () YES () NO

SECTION 15. ACUTE CARE SURGERY LOG

Essentials in Acute Care Surgery

Each fellow is to develop an Acute Care Surgery Index Case (ACS) log of fifty patients who best represent the full breadth of Acute Care Surgery. The completed ACS log should include experience, with at least one patient in each of the essential surgical categories delineated in the curriculum. This log is to be submitted annually to the AAST.