**New Application: Colon and Rectal Surgery**

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 the 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 form is 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 (DIO) 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 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/).

Email questions regarding the form’s content to [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org).

Email questions regarding ADS to [ADS@acgme.org](mailto: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 length, in months, of the educational program?

Choose an item.

**Institution**

**Sponsoring Institution**

1. Does the fellowship in colon and rectal surgery function as an integral part of an ACGME-I-accredited residency in surgery? YES NO

Explain if “NO.” (Limit 250 words) For information on independent subspecialty status, email [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org)

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**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 all fellows have the opportunity to interact with the following practitioners?
   1. Enterostomal therapists YES NO
   2. Mid-level practitioners YES NO
   3. Nurses YES NO
   4. Social workers YES NO
   5. Other practitioners YES NO

List any other practitioners with whom fellows will 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 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 magnetic resonance imaging (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 resources?
   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 surgery or a surgery residency acceptable to the Sponsoring Institution’s Graduate Medical Education Committee? YES NO

Explain if ‘NO’ (Limit 250 words)

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**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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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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**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 competence 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, to include all technical aspects, intra-operative decision making, avoidance and management of intra-operative complications, and management of unexpected findings
6. Post-operative management, to include recognition and treatment of complications, appropriate follow-up, and additional treatment

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

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| Click here to enter text. |

* + - 1. How will graduating fellows demonstrate competence 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 human immunodeficiency virus (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. Lower gastrointestinal hemorrhage
8. Other inherited polyposis syndromes and related genetic disorders
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 competence will be evaluated in six of the 10 areas listed. (Limit 600 words)

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* + - 1. How will graduating fellows demonstrate competence in evaluation and management of patients with the following anorectal and perineal disorders?

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 competence will be evaluated in six of the 10 areas listed. (Limit 600 words)

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| Click here to enter text. |

* + - 1. How will graduating fellows demonstrate competence 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 competence will be evaluated in two of the three areas listed. (Limit 250 words)

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| Click here to enter text. |

* + - 1. How will graduating fellows demonstrate competence in the following abdominal procedures 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 competence will be evaluated in five of the nine areas listed. (Limit 500 words)

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* + - 1. How will graduating fellows demonstrate competence 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 competence will be evaluated in five of the eight areas listed. (Limit 500 words)

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* + - 1. How will graduating fellows demonstrate competence 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 competence will be evaluated in three of the four areas listed. (Limit 300 words)

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* + - 1. How will graduating fellows demonstrate competence in pelvic floor procedures, including interpretation of clinical and laboratory study results for the following?

1. Anorectal manometry
2. Anorectal ultrasound/pelvic MRI
3. Defecography
4. Transit time studies

Provide an example of how competence will evaluated in three of the four areas listed. (Limit 300 words)

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**Medical Knowledge**

1. How will graduating fellows 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 300 words)

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

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

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

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

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1. How will graduating fellows demonstrate 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. 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 chronic renal disease; and identifying and avoiding intra-operative injury to the ureters
   10. Vascular and mesenteric disorders affecting the colon and rectum

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

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1. How will graduating fellows demonstrate 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 prolapse, to include rectocele and enterocele repairs
   11. Transanal endoscopic microsurgery

Provide an example of how knowledge 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 lifelong learning?

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

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| Click here to enter text. |

1. How will graduating fellows demonstrate 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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**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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**Regularly Scheduled Educational Activities**

1. Using the format provided, complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Describe how the program will ensure 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
   1. If ‘YES,’ how often they will be scheduled?

Weekly  Monthly  Quarterly  Other (specify in the space below)

|  |
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| Click here to enter text. |

* 1. If ‘YES,’ 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 to 5.-5.b. (Limit 250 words)

|  |
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| Click here to enter text. |

1. Will case presentations be scheduled? YES NO
   1. If ‘YES,’ will cases presented by the fellows? YES NO
   2. If ‘YES,’ will involved faculty members present cases? YES NO
   3. If ‘YES,’ will other faculty members participate? YES NO

Explain any ‘NO’ responses to 6.-6.c. (Limit 250 words)

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1. Will journal club conferences be scheduled? YES NO
   1. If ‘YES,’ how often will they be scheduled?

Weekly  Monthly  Quarterly  Other (specify in the space below)

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* 1. If ‘YES,’ will important articles be presented by fellows and discussed for content and study design?

YES NO

Explain any ‘NO’ responses to 7.-7.b. (Limit 250 words)

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1. Will formal clinical teaching rounds scheduled? YES NO
   1. If ‘YES,’ will faculty members responsible for the rotation conduct these clinical teaching rounds?

YES NO

* 1. If ‘YES,’ will these clinical teaching rounds be conducted on each rotation? YES NO
  2. If ‘YES,’ how often will they be scheduled?

Weekly  Monthly  Quarterly  Other (specify in the space below)

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Explain any ‘NO’ responses to 8.-8.c. (Limit 250 words)

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1. Will related pathology and radiology studies be presented during the conferences noted in Questions 5-8? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

**Clinical Experiences**

1. 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)

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| 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?
   1. Anorectal procedures YES NO
   2. Flexible colonoscopy YES NO
   3. Flexible sigmoidscopy YES NO
   4. Laparoscopic abdominal/pelvic procedures YES NO
   5. Open abdominal/pelvic procedures YES NO

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

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| Click here to enter text. |

1. Will fellows have formal instruction and clinical experiences in all disorders and procedures essential to the practice of colon and rectal surgery? YES NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

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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| Click here to enter text. |

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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1. Will fellows document abdominal surgical case numbers in the ADS Case Log System, including the following?
   1. Laparoscopic resections YES NO
   2. Pelvic dissections YES NO
2. Will fellows document anorectal surgical case numbers? YES NO

Explain any ‘NO’ responses to 7 and 8. (Limit 250 words)

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| Click here to enter text. |

1. Will fellows 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 the 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 post-operative conditions are stable and only non-surgical issues remain? YES NO

Explain if ‘NO.’ (Limit 250 words)

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**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 faculty members YES NO
3. One or more fellow-initiated research project(s) with faculty member 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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| Click here to enter text. |

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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| Click here to enter text. |

**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, 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 fellows rotate, using the format below. If attended by fellows 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-1  01. Introduction to Colon and Rectal Surgery  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of colon and rectal surgery, including approaches to clinical work with minority populations  d) Weekly, for 8 sessions  02. Departmental Grand Rounds  a) Discussion groups  b) Required, Y-1, Y-2, Y-3; Elective Y-4  c) 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 fellow attendance will be monitored, explain how this is accomplished and how feedback will be given regarding non-attendance. (Limit 250 words)

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**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 plan to rotate.

Participating sites are indicated by a number which must correspond to the number designated for that site in ADS. 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 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** |  |  |  |  |

Minimum numbers for graduating fellows are listed in the table 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 |