**New Application: Vascular Surgery (Integrated)**

**Review Committee for Surgery**

**ACGME**

**Oversight**

**Participating Sites**

1. Is there a Program Letter of Agreement (PLA) for each participating site providing a required assignment? [PR I.B.2.]  YES  NO
2. At each participating site, will there be one faculty member, designated by the program director, who is accountable for resident education for that site? [PR I.B.3.a)]  YES  NO
3. Are participating sites geographically proximate, or able to provide for teleconferencing to ensure that all residents are able to participate in joint conferences, as well as grand rounds, basic science and clinical conference lectures, journal club, and ongoing quality improvement and patient safety reviews, such as morbidity and mortality reviews? [PR I.B.5.]  YES  NO

If NO, explain how an equivalent educational program of lectures and conferences will occur. (Limit response to 400 words)

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**Resources**

1. Will the program provide the capability to perform both open and endovascular procedures of sufficient breadth and volume to support the education of residents? [PR I.D.1.a)]  
     YES  NO

Explain if NO.

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1. Will the facilities that provide residents with experience in interpretation of non-invasive vascular laboratory testing be accredited by a recognized organization that would allow residency or fellowship graduates to fulfill the requirements of eligibility for specialty board certification?   
   [PR I.D.1.b)]  YES  NO
2. Will the laboratory have current accreditation in extracranial cerebrovascular, peripheral arterial, and peripheral venous testing? [PR I.D.1.b).(1)]  YES  NO
3. Will the laboratory have substantial experience in abdominal and visceral vascular imaging?   
   [PR I.D.1.b).(1)]  YES  NO

Explain if NO.

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1. In the absence of accreditation of all testing modules (i.e., arterial, cerebrovascular, venous,visceral), describe how substantial resident experience in each testing modality will be demonstrated, and full accreditation in all modules achieved within two years from the time of the most recent annual program update. [PR I.D.1.c)] (Limit response to 400 words)

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**Personnel**

**Program Director**

1. Will the program director’s term of appointment be for the length of the program plus one year? [PRII.A.1.c).(1)]  YES  NO

Explain if NO.

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1. Will the program director devote at least 50 percent of his or her time to program management and administration? [PR II.A.2.a)]  YES  NO

Explain if NO.

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1. Will the program director design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program? [PR II.A.4.a).(2)]  YES  NO

Explain if NO.

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1. Will the program director administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains? [PR II.A.4.a).(3)]………… YES  NO

Explain if NO.

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1. Will the program director have the authority to approve program faculty members for participation in the fellowship program education at all sites? [PR II.A.4.a).(5)]  YES  NO

Explain if NO.

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1. Will the program director have the authority to remove program faculty members for participation in the fellowship program education at all sites? [PR II.A.4.a).(6)]  YES  NO

Explain if NO.

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1. Will the program director provide applicants who are offered an interview with information related to the applicant’s eligibility for the relevant specialty board examination(s)? [PR II.A.4.a).(9)

YES  NO

Explain if NO.

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1. Will the program director provide a learning and working environment in which fellows have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation? [PR II.A.4.a).(10)]  YES  NO

Explain if NO.

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1. Will the program director ensure the program’s compliance with the Sponsoring Institution’s policies and procedures related to grievances and due process? [PR II.A.4.a).(11)] …..………  YES  NO

Explain if NO.

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**Faculty**

1. In addition to the program director, will there be, for each approved residency position, at least one full-time faculty member whose major function is teaching and supervising residents in the program? [PR II.B.1.a)]  YES  NO

Explain if NO.

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1. Will the members of the physician faculty reflect a sufficient diversity of interests to represent the many facets of vascular surgery?  YES  NO

Explain if NO.

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1. Will the faculty devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities? [PR II.B.2.d)]  YES  NO

Explain if NO.

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1. Will the faculty regularly participate in organized clinical discussions, rounds, journal clubs, and conferences? [PR II.B.2.f)]  YES  NO

Explain if NO.

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1. Will the faculty pursue faculty development designed to enhance their skills at least annually?

[PR II.B.2.g)]  YES  NO

Explain if NO.

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**Program Coordinator**

1. Will there be a program coordinator who at a minimum, be supported at 50 percent full time equivalency (FTE) (at least 20 hours per week) for administrative time? [II.C.2]  YES  NO

Explain if NO.

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**Educational Program**

**Curriculum Components**

1. Will the curriculum contain a set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates? [PR IV.A.1]  YES  NO
   1. Will the program’s aims must be made available to program applicants, fellows, and faculty members? [PR IV.A.1]  YES  NO
2. Will the curriculum contain competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice to autonomous practice. Will they be distributed, reviewed, and available to fellows and faculty members?

[PR IV.A.2.]  YES  NO

1. Will the curriculum delineate resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision? [PR IV.A.3]  YES  NO

Explain if NO.

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1. Will residents be provided with protected time to participate in core didactic activities? [PR IV.A.4.a)]  YES  NO

Explain if NO.

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**ACGME Competencies**

**Professionalism**

1. Describe the learning activity(ies), other than lecture, through which residents will demonstrate a commitment to professionalism and an adherence to ethical principles. [PR IV.B.1.a))] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

1. Describe how the program will assess residents’ manual dexterity appropriate for their educational level. [PR IV.B.1.b).(1).(a)] (Limit response to 400 words)

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1. Describe the settings and activities in which residents will develop and execute patient care plans appropriate for their educational level. Indicate the methods used to assess competence. [PR IV.B.1.b).(1).(b)] (Limit response to 400 words)

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1. Indicate the settings and activities in which residents will develop the ability to competently perform all medical, diagnostic, and surgical procedures considered essential. Indicate the method(s) that will be used to assess competence. [PR IV.B.1.b).(2).(a), IV.B.1.b).(2).(d).(i)]

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Performing operative procedures in the following defined list of categories: | | |
| Abdominal  [PR IV.B.1.b).(2).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Cerebrovascular  [PR IV.B.1.b).(2).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Peripheral  [PR IV.B.1.b).(2).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Complex  [PR IV.B.1.b).(2).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Endovascular diagnostic  [PR IV.B.1.b).(2).(a).(v)] | Click here to enter text. | Click here to enter text. |
| Endovascular therapeutic  [PR IV.B.1.b).(2).(a).(vi)] | Click here to enter text. | Click here to enter text. |
| Endovascular aneurysm repair  [PR IV.B.1.b).(2).(a).(vii)] | Click here to enter text. | Click here to enter text. |
| Patient management, including determining an appropriate diagnosis and operative plan, providing pre-operative care, and directing post-operative care  [PR IV.B.1.b).(2).(b)] | Click here to enter text. | Click here to enter text. |
| Assessing the vascular portion of angiography, computed tomography (CT) scanning, and magnetic resonance imaging (MRI) and magnetic resonance angiogram (MRA) images  [PR IV.B.1.b).(2).(c)] | Click here to enter text. | Click here to enter text. |
| The ability to accurately interpret non-invasive laboratory studies, to include the range and number of non-invasive studies that would allow residency or fellowship graduates to fulfill the requirements of eligibility for specialty board certification  [PRs IV.B.1.b).(2).(d); IV.B.1.b).(2).(d).(i)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

1. Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which residents will demonstrate knowledge in each of the following areas. Also indicate the method(s) that will be used to assess knowledge. [PR. IV.B.1.c)]

| **Area of Knowledge** | **Settings/Activities** | **Assessment Method(s)** |
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| Fundamental sciences, including anatomy, biology, embryology, microbiology, physiology, and pathology as they relate to the pathophysiology, diagnosis, and treatment of vascular lesions  [PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Methods and techniques of angiography, CT scanning, and MRI, MRA, and other vascular imaging modalities  [PR IV.B.1.c).(2)] | Click here to enter text. | Click here to enter text. |

1. Describe how residents will demonstrate the ability to apply knowledge of the roles of different specialists and other health care professionals in overall patient management.[PR IV.B.1.c).(3)] (Limit response to 400 words)

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**Practice-based Learning and Improvement**

1. Describe one learning activity in which residents demonstrate the 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. [PR IV.B.1.d)] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Describe one learning activity in which residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Describe how this will be assessed by the program. [PR IV.B.1.e)] (Limit response to 400 words)

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1. Describe one learning activity in which residents develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health-related agencies, and how this will be assessed by the program. [PR IV.B.1.e).(1).(a)-b)] (Limit response to 400 words)

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1. Describe one learning activity in which residents develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR IV.B.1.e).(1)(c)] (Limit response to 400 words)

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1. Describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [PR IV.B.1.e).(1).(e)] (Limit response to 400 words)

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1. Describe how residents will be taught to maintain comprehensive, timely, and legible medical records, and how this will be assessed by the program. [PR IV.B.1.e).(1).(f)] (Limit response to 400 words)

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**Systems-based Practice**

1. Describe the learning activity(ies) through which residents will learn and 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. [PR IV.B.1.f)] (Limit response to 400 words)

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1. Describe the learning activity(ies) through which residents will achieve competence in working effectively in various health care delivery settings and systems, coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty, and advocating for quality patient care and optimal patient care systems. [PR IV.B.1.f).(1).(a)-(c)] (Limit response to 400 words)

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1. Describe the learning activity(ies) through which residents will achieve competence in working in interprofessional teams to enhance patient safety and improve patient care quality and participating in identifying system errors and implement potential systems solutions. [PR IV.B.1.f).(1).(d)] (Limit response to 400 words)

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1. Describe the learning activity(ies) through which residents will achieve competence in incorporating considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate and understand health care finances and its impact on individual patients’ health decisions.[PR IV.B.1.f).(1).(f)-(g)]

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**Curriculum Organization and Resident Experiences**

1. Will the following conferences exist? [PR IV.C.3.a) – d)]

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| A review, held at least biweekly, of all current complications and deaths, including radiological and pathological correlation of surgical specimens and autopsies when relevant | YES  NO |
| A course or a structured series of conferences to ensure coverage of the basic and clinical sciences fundamental to vascular surgery, as well as in the technological advances that relate to vascular surgery and the care of patients with vascular diseases | YES  NO |
| Regular organized clinical teaching | YES  NO |
| A regular review of recent literature in a journal club format | YES  NO |

Explain any NO responses.

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1. Will the program ensure that residents actively participate in the planning and presentation of required conferences? [PR IV C.4]  YES  NO
   1. Will each resident participate in at least 75 percent of all required conferences?

[PR IV C.4.a)]  YES  NO

* 1. Will participation in program conferences by faculty members be at least 50 percent in aggregate? [PR IV C.4.b)]  YES  NO

Explain if NO.

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1. Will the curriculum include core surgical education experience of 18 months, which may include: abdominal and alimentary tract surgery, basic and advanced laparoscopic skills, burn surgery, cardiac surgery, cardiothoracic surgery, congenital cardiac surgery, critical care, general surgery, gynecology, head and neck and endocrine surgery, neurological surgery, pediatric surgery, plastic surgery, surgical critical care, surgical oncology, thoracic surgery, transplantation, trauma, and urology? [PR IV.C.5.a)]  YES  NO
2. Will this experience include: documented educational experiences in core surgical education, including pre- and post-operative evaluation and care; critical care and trauma management; and basic technical experience in skin and soft tissue, abdomen and alimentary track, airway management, laparoscopic surgery, and thoracic surgery?

[PR IV.C.5.a).(1)]  YES  NO

1. Will the curriculum include 30 months of documented educational experiences concentrated in vascular surgery? [PR IV.C.5.b)]  YES  NO

1. Will residents complete the last two years of their vascular surgery education in the same institution? [PR IV.C.6.]  YES  NO
2. Will residents perform a minimum of 500 operations, to include 250 major vascular reconstructive procedures? [PR IV.C.7.]  YES  NO  N/A
3. Will the curriculum for residents include a final year with chief responsibility on the vascular surgery service at the primary clinical site? [PR IV.C.6.]  YES  NO
4. Describe how the program will ensure that, although a senior vascular surgery resident in an integrated program may function with a chief resident in general surgery on the same service with the same junior residents, they will not have primary responsibility for the same patients. [IV.C.8.a)] (Limit response to 400 words)

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1. Describe how resident experiences will include:
   1. primary responsibility for continuity of patient care, including ambulatory care, inpatient care, referral and consultation, and use of community resources [PR IV.C.9.a)] (Limit response to 400 words)

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* 1. progressive senior surgical responsibilities in the total care of vascular surgery patients, including pre-operative evaluation, therapeutic decision making, operative experience, and post-operative management [PR IV.C.9.b)] (Limit response to 400 words)

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* 1. participation in providing consultation with faculty member supervision [PR IV.C.9.c)] (Limit response to 400 words)

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* + 1. Will residents have clearly defined educational responsibilities for other residents, medical students, and professional personnel? [PR IV.C.9.c).(1)]  YES  NO

Explain if NO.

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* + 1. Will these teaching experiences correlate basic biomedical knowledge with the clinical aspects of vascular surgery? [PR IV.C.9.c).(1).(a)]  YES  NO

Explain if NO.

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* 1. experience in the application, assessment, and limitations of non-invasive vascular diagnostic techniques, including didactic and clinical training regarding non-invasive vascular diagnostic testing and interpretation [PR IV.C.9.d) and IV.C.9.d).(1)]

Explain if NO.

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* 1. experience with outpatient activities [PR IV.C.9.e)]

Explain if NO.

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1. Will the residents spend, on average, one half-day per week in the outpatient setting?   
   [PR IV.C.9.e).(1)]  YES  NO

Explain if NO.

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1. Will the program ensure that residents will have experience as teaching assistants, when operative experience justifies a teaching role? [PR IV.C.10]  YES  NO

Explain if NO.

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**Scholarship**

**Program Responsibilities**

1. Will the program, in partnership with its Sponsoring Institution, ensure adequate resources to facilitate fellow and faculty involvement in scholarly activity? [PR IV.D.1.b)]  YES  NO

Explain if NO.

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**Faculty Scholarly Activity**

1. Will the program demonstrate accomplishments in at least three of the domains of scholarly activity as delineated in PR IV.D.2.a)?  YES  NO

**Resident Scholarly Activity**

1. Describe how residents will be provided instruction in critical thinking, design of experiments, and evaluation of data. [PR IV.D.3.a).(1)] (Limit response to 400 words)

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1. Will residents participate in clinical and/or laboratory research? [PR IV.D.3.a).(2)]  
     YES  NO

Explain if NO.

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**Evaluation**

**Resident Evaluation**

1. Will the program ensure that faculty members directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment and document evaluations at the completion of each assignment? [PR V.A.1.a)-b)]  YES  NO
2. Will the program provide an objective performance evaluation based on the ACGME Competencies and the specialty-specific Milestones? [PR V.A.1.c)]  YES  NO
3. Will the program use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members)? [PR V.A.1.c).(1)]  YES  NO

Explain if NO.

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1. Will residents’ semiannual assessment include a review of each resident’s operative experience to ensure breadth and balance of experience in the surgical care of vascular diseases?

[PR V.A.1.d).(1).(a)]  YES  NO

1. Describe how the program director will ensure that the operative experience of individual residents in the same program is comparable. [PR V.A.1.d).(1).(a).(i)] (Limit response to 400 words)

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**The Learning and Working Environment**

**Patient Safety**

1. Will the program provide formal educational activities that promote patient safety-related goals, tools, and techniques? [PR VI.A.1.a).(2)]  YES  NO

Explain if NO.

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1. Will the program ensure that residents participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions? [PR VI.A.1.a).(3).(b)]  
     YES  NO

Explain if NO.

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1. Will the program ensure that residents receive training in how to disclose adverse events to patients and families? [PR VI.A.1.a).(4).(a)]  YES  NO

Explain if NO.

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**Quality Improvement**

* 1. Will the program ensure that residents and faculty members receive data on quality metrics and benchmarks related to their patient populations? [PR VI.A.1.b).(2).(a)]  YES  NO

Explain if NO.

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1. Will residents have the opportunity to participate in interprofessional quality improvement activities? [PR VI.A.1.b).(3).(a)]  YES  NO

Explain if NO.

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**Supervision and Accountability**

* 1. Describe how the program will ensure that the appropriate level of supervision is in place for all residents based on each resident’s level of education and ability, as well as patient complexity and acuity. [PR VI.A.2.b).(1)] (Limit response to 400 words)

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* 1. Will the program set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s)? [PRVI.A.2.e)]  YES  NO

Explain if NO.

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1. Will the program define those physician tasks for which post-graduate year (PGY)-1 residents may be supervised indirectly, with direct supervision available, and define “direct supervision” in the context of the program? [PR VI.A.2.e).(1).(a).(i)]  YES  NO

Explain if NO.

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1. Will the program define those physician tasks for which PGY-1 residents must be supervised directly until they have demonstrated competence as defined by the program director, and maintain records of such demonstrations of competence? [PR VI.A.2.e).(1).(a).(ii)]  YES  NO

Explain if NO.

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**Professionalism**

* 1. Describe how the learning objectives of the program will be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. [PR VI.B.2.a)] (Limit response to 400 words)

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1. Will the program ensure that the learning objectives of the program be accomplished without excessive reliance on residents to fulfill non-physician obligations? [PR VI.B.2.b)]  YES  NO

Explain if NO.

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**Clinical Responsibilities**

1. Indicate whether surgical teams will include the following: [PR VI.E.1.b)]

Attending surgeons  YES  NO

Residents at various PGY levels  YES  NO

Medical students (when appropriate)  YES  NO

Other health care providers  YES  NO

Explain any NO responses.

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1. Describe how the work of the caregiver team will be assigned to team members. [PR VI.E.1.c)]

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1. Will the program ensure that as residents progress through levels of increasing competence and responsibility, work assignments will keep pace with their advancement? [PR VI.E.1.d)]  
     YES  NO

Explain if NO.

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**Teamwork**

1. Describe how the program director will ensure residents collaborate with other surgical residents, and especially with faculty members, other physicians outside of their specialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. [PR VI.E.2.b)] (Limit response to 400 words)

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1. Describe the planned role of faculty members from all disciplines other than vascular surgery in the education of the program’s residents. (Limit response to 400 words)

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1. Describe how the program director will ensure residents assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. Describe how these tasks are completed in the hours assigned, or, if that is not possible, how residents learn and use the established methods for handing off remaining tasks to another member of the team so that patient care is not compromised. [PR VI.E.2.c)] (Limit response to 400 words)

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1. Will lines of authority be defined by the program director, and ensure that all residents have a working knowledge of expected reporting relationships to maximize quality care and patient safety? [PR VI.E.2.d)]  YES  NO

Explain if NO.

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**Maximum Frequency of In-House Night Float**

* 1. Describe resident night float rotations, including: (a) the number of consecutive nights of night float; (b) the maximum number of consecutive weeks of night float per year; (c) the maximum number of months of night float per year; and (d) the frequency of night float rotations. [PR VI.F.6.a)-d)] (Limit response to 400 words)

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**Institutional Data**

For the most recent complete academic year, provide the data requested below for each site that participates in the program. Provide the data requested in the column labeled “Currently Done by VS Fellows or Residents” only if the institution already sponsors an ACGME-accredited vascular surgery program in a different format. [PR I.D.1.a)]

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| **INCLUSIVE DATES:** | Click here to enter a date. To Click here to enter a date. |

|  | Primary Site Name | Site Name | Site Name | **Total** | **Currently Done by GS**  **Residents** | **Currently Done by Other VS Fellows/ Residents** | **Available for This VS Program** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Aneurysm Repair** | | | | | | | |
| Open repair infrarenal aorto-iliac ruptured | # | # | # | # | # | # | # |
| Open repair infrarenal aorto-iliac elective | # | # | # | # | # | # | # |
| Endovascular repair abdominal aorto-iliac | # | # | # | # | # | # | # |
| Endovascular repair of Iliac artery | # | # | # | # | # | # | # |
| Repair suprarenal aortic aneurysm | # | # | # | # | # | # | # |
| Repair thoracic aortic aneurysm | # | # | # | # | # | # | # |
| Endovascular repair thoracic aortic aneurysm | # | # | # | # | # | # | # |
| Repair thoracoabdominal aortic aneurysm | # | # | # | # | # | # | # |
| Repair femoral aneurysm | # | # | # | # | # | # | # |
| Repair popliteal aneurysm | # | # | # | # | # | # | # |
| Repair other major aneurysms | # | # | # | # | # | # | # |
| **Subtotal - Aneurysm Repair** | # | # | # | # | # | # | # |
| **Cerebrovascular** | | | | | | | |
| Carotid endarterectomy | # | # | # | # | # | # | # |
| Reoperative carotid surgery (secondary procedure only) | # | # | # | # | # | # | # |
| Transcatheter placement carotid artery stent | # | # | # | # | # | # | # |
| Excise carotid body tumor | # | # | # | # | # | # | # |
| Vertebral bypass or reimplantation/transposition | # | # | # | # | # | # | # |
| Direct repair aortic arch branches | # | # | # | # | # | # | # |
| Transluminal balloon angioplasty–brachiocephalic | # | # | # | # | # | # | # |
| Transcatheter place of intravascular stent, non-coronary | # | # | # | # | # | # | # |
| Cervical bypass aortic arch branches | # | # | # | # | # | # | # |
| Other major cerebrovascular | # | # | # | # | # | # | # |
| **Subtotal - Cerebrovascular** | # | # | # | # | # | # | # |
| **Peripheral Obstructive** | | | | | | | |
| Aorto-ilio/femoral endarterectomy | # | # | # | # | # | # | # |
| Aorto-ilio/femoral bypass, prosthetic | # | # | # | # | # | # | # |
| Aorto-ilio/femoral bypass, vein | # | # | # | # | # | # | # |
| Transluminal balloon angioplasty aorta or iliac | # | # | # | # | # | # | # |
| Transluminal atherectomy aorta or iliac | # | # | # | # | # | # | # |
| Transcatheter placement of intravascular stentaorta | # | # | # | # | # | # | # |
| Ilio-iliac/femoral endarterectomy | # | # | # | # | # | # | # |
| Excise infected graft, abdomen or chest | # | # | # | # | # | # | # |
| Repair graft-enteric/ aorto-enteric fistula | # | # | # | # | # | # | # |
| Femoral, profunda endarterectomy | # | # | # | # | # | # | # |
| Femoral-popliteal bypass, vein | # | # | # | # | # | # | # |
| Femoral-popliteal bypass, prosthetic | # | # | # | # | # | # | # |
| Transluminal balloon angioplasty femoral-popliteal | # | # | # | # | # | # | # |
| Transluminal atherectomy femoral-popliteal | # | # | # | # | # | # | # |
| Endarterectomy, superficial femoral–popliteal | # | # | # | # | # | # | # |
| Infrapopliteal bypass, vein | # | # | # | # | # | # | # |
| Infrapopliteal bypass, prosthetic | # | # | # | # | # | # | # |
| Transluminal balloon angioplasty, tibioperoneal | # | # | # | # | # | # | # |
| Transluminal atherectomy, tibioperoneal | # | # | # | # | # | # | # |
| Transcatheter place of intravascular stent, non-coronary | # | # | # | # | # | # | # |
| Excise infected graft, peripheral | # | # | # | # | # | # | # |
| Revise arterial bypass |  |  |  |  |  |  |  |
| Arterial embolectomy/thrombectomy by leg incision | # | # | # | # | # | # | # |
| Graft thrombectomy | # | # | # | # | # | # | # |
| Adjunct vein cuff or AVF (secondary only) | # | # | # | # | # | # | # |
| Harvest arm vein (secondary procedure only) | # | # | # | # | # | # | # |
| Composite leg bypass graft (secondary procedure only) | # | # | # | # | # | # | # |
| Re-do lower extremity bypass (secondary procedure only) | # | # | # | # | # | # | # |
| Other major peripheral- defined category credit | # | # | # | # | # | # | # |
| **Subtotal - Peripheral Obstructive** | # | # | # | # | # | # | # |
| **Abdominal Obstructive** | | | | | | | |
| Celiac/Superior mesenteric artery endarterectomy, bypass | # | # | # | # | # | # | # |
| Renal endarterectomy, bypass | # | # | # | # | # | # | # |
| Embolectomy/thrombectomy, renal | # | # | # | # | # | # | # |
| Transluminal balloon angioplasty, renal | # | # | # | # | # | # | # |
| Transluminal atherectomy, renal | # | # | # | # | # | # | # |
| Transcatheter place of stent, renal artery | # | # | # | # | # | # | # |
| **Subtotal - Abdominal Obstruct** | # | # | # | # | # | # | # |
| **Upper Extremity** | | | | | | | |
| Open brachial artery exposure | # | # | # | # | # | # | # |
| Arm bypass, endarterectomy, repair | # | # | # | # | # | # | # |
| Transcatheter place of intravascular stent, non-coronary | # | # | # | # | # | # | # |
| Thoracic outlet decompression | # | # | # | # | # | # | # |
| Embolectomy/thrombectomy, by arm incision | # | # | # | # | # | # | # |
| **Subtotal - Upper Extremity** | # | # | # | # | # | # | # |
| **Extra-Anatomic** | | | | | | | |
| Axillofemoral bypass | # | # | # | # | # | # | # |
| Axillopopliteal-tibial bypass | # | # | # | # | # | # | # |
| Femoral-femoral bypass | # | # | # | # | # | # | # |
| **Subtotal - Extra-Anatomic** | # | # | # | # | # | # | # |
| **Thrombolysis/Mechanical Thrombectomy** | | | | | | | |
| Transluminal mechanical thrombectomy | # | # | # | # | # | # | # |
| Thrombolysis, transarterial, transcatheter | # | # | # | # | # | # | # |
| Exchange of thrombolysis catheter | # | # | # | # | # | # | # |
| **Subtotal - Thrombolysis/Mechanical Thrombectomy** | # | # | # | # | # | # | # |
| **Miscellaneous Endovascular Therapeutic** | | | | | | | |
| Endovascular place of iliac artery occlusion device (secondary procedure only) | # | # | # | # | # | # | # |
| Transcatheter arterial occlusion or embolization | # | # | # | # | # | # | # |
| Transcatheter place of wireless sensor | # | # | # | # | # | # | # |
| Pressure measurements from wireless sensor | # | # | # | # | # | # | # |
| **Subtotal - Miscellaneous Endovascular Therapeutic** | # | # | # | # | # | # | # |
| **Trauma** | | | | | | | |
| Repair thoracic vessels | # | # | # | # | # | # | # |
| Repair neck vessels | # | # | # | # | # | # | # |
| Repair abdominal vessels | # | # | # | # | # | # | # |
| Repair peripheral vessels | # | # | # | # | # | # | # |
| Fasciotomy | # | # | # | # | # | # | # |
| **Subtotal - Trauma** | # | # | # | # | # | # | # |
| **Total Major** | # | # | # | # | # | # | # |
| **Venous** | | | | | | | |
| Portal-systemic shunt | # | # | # | # | # | # | # |
| Operation for varicose veins | # | # | # | # | # | # | # |
| Sclerotherapy, peripheral vein | # | # | # | # | # | # | # |
| Embolectomy/thrombectomy, venous | # | # | # | # | # | # | # |
| Endoluminal ablation | # | # | # | # | # | # | # |
| Operations for venous ulceration | # | # | # | # | # | # | # |
| Venous reconstruction | # | # | # | # | # | # | # |
| Transluminal balloon angioplasty, venous | # | # | # | # | # | # | # |
| Transluminal mechanical thrombectomy, venous | # | # | # | # | # | # | # |
| Thrombolysis, transvenous, transcatheter | # | # | # | # | # | # | # |
| Interruption of IVC | # | # | # | # | # | # | # |
| Repair arteriovenous malformation | # | # | # | # | # | # | # |
| **Subtotal - Venous** | # | # | # | # | # | # | # |
| **Endovascular-Diagnostic** | | | | | | | |
| Arteriography | # | # | # | # | # | # | # |
| Venography | # | # | # | # | # | # | # |
| Angioscopy | # | # | # | # | # | # | # |
| **Subtotal - Endovascular Diagnostic** | # | # | # | # | # | # | # |
| **Miscellaneous Vascular** | | | | | | | |
| Exploration of artery | # | # | # | # | # | # | # |
| Post-operative exploration for hemorrhage, thrombosis, infection | # | # | # | # | # | # | # |
| Major vascular ligation | # | # | # | # | # | # | # |
| Inject pseudoaneurysm | # | # | # | # | # | # | # |
| Spine exposure | # | # | # | # | # | # | # |
| Sympathectomy | # | # | # | # | # | # | # |
| Lymphatic procedure | # | # | # | # | # | # | # |
| Other miscellaneous vascular procedure | # | # | # | # | # | # | # |
| **Subtotal - Miscellaneous Vascular** | # | # | # | # | # | # | # |
| **Vascular Access** | | | | | | | |
| A-V fistula | # | # | # | # | # | # | # |
| A-V graft | # | # | # | # | # | # | # |
| Percutaneous-other access | # | # | # | # | # | # | # |
| Revision, arteriovenous access | # | # | # | # | # | # | # |
| **Subtotal - Vascular Access** | # | # | # | # | # | # | # |
| **Amputations** | | | | | | | |
| Amputation, digit | # | # | # | # | # | # | # |
| Amputation, transmetatarsal | # | # | # | # | # | # | # |
| Amputation, below knee | # | # | # | # | # | # | # |
| Amputation, above knee | # | # | # | # | # | # | # |
| Amputation, upper extremity | # | # | # | # | # | # | # |
| Amputation closure, revision | # | # | # | # | # | # | # |
| **Subtotal - Amputations** | # | # | # | # | # | # | # |
| **Imaging/Diagnostic** | # | # | # | # | # | # | # |
| Carotid duplex ultrasound | # | # | # | # | # | # | # |
| Peripheral arterial duplex ultrasound | # | # | # | # | # | # | # |
| Peripheral arterial physiologic testing | # | # | # | # | # | # | # |
| Transcranial Doppler | # | # | # | # | # | # | # |
| Venous duplex ultrasound | # | # | # | # | # | # | # |
| Visceral vascular ultrasound | # | # | # | # | # | # | # |
| **Subtotal - Imaging/Diagnostic** | # | # | # | # | # | # | # |
| **Total Minor** | # | # | # | # | # | # | # |
| **Total Operations** | # | # | # | # | # | # | # |