



AMERICAN COLLEGE OF SURGEONS • DIVISION OF EDUCATION
ACCREDITED EDUCATION INSTITUTES™
 ENHANCING PATIENT SAFETY THROUGH SIMULATION

American College of Surgeons
 Division of Education
 Program for Accreditation of Education Institutes
 Level I – Reaccreditation Application

Section 1: General Information about the Education Institute

Name of Education Institute applying for reaccreditation:

Please provide the name, as it should appear on the accreditation certificate for the Education Institute:

Please provide the original date of your accreditation: _____

What type of institution is your Education Institute affiliated with? (Check those that are applicable)

<input type="checkbox"/>	Medical School	<input type="checkbox"/>	Academic Teaching Center
<input type="checkbox"/>	Health Care Delivery System	<input type="checkbox"/>	Community Hospital
<input type="checkbox"/>	Commercial Skills Center	<input type="checkbox"/>	Professional Members Organization
<input type="checkbox"/>	Government or Military Center	<input type="checkbox"/>	Other - please describe in the Executive Summary

Director of the Education Institute

Name:			
Title:			
Address:			
Telephone:		Fax Number:	
Email address:			

Individual Responsible for the Administration/Coordination of the Education Institute.

Name:			
Title:			
Address:			
Telephone:		Fax Number:	
Email address:			

Executive Summary

Please place your Executive Summary behind the tab labeled Executive Summary

Provide a narrative summary (maximum 8 pages, single-spaced, 11 point font) of your Education Institute that includes:

1. A brief history of your Institute that includes, but not limited to, the following information:
 - Date of establishment;
 - How the education institute was formed;
 - What type of institution your education institute is affiliated with;
 - What groups your institute provides education to;
 - Institute's leadership (Director, Surgical Program Director, Administrator)
2. Please describe 2 or 3 activities that either characterize your education institute or have made the greatest impact at your institution.
3. Please provide a brief history of the accomplishments (example: development of new programs, implementation of long-term follow-up, new initiatives, etc.) your education institute has achieved over the past three years. Please choose one accomplishment that best exemplifies how your program has grown or matured since your initial accreditation in relation to your mission statement and describe it in one paragraph.
4. Please provide a brief history of any challenges your education institute has encountered within the past three years (loss of funding, resources, space, personnel, learners). How did you resolve or overcome these challenges?
5. Please provide a brief description of plans or changes in your activities envisioned for the next three years at your education institute, and the ways in which your program will grow and improve to better meet the needs of your learner groups.

Section 2 – Demonstration of Substantial Compliance with the Standards and Criteria of the ACS Program for Accreditation of Education Institutes

Standard I – Learner

Standard I - Learner		
Re-Accreditation Application Criterion 1.1		
Provides education to at least three different specialties/multi-disciplinary groups in addition to Surgeons. Please tick the appropriate boxes. If learner groups have been added to or subtracted from your program, please describe the changes in a brief narrative.		
Learner Groups Served by the AEI		What is the Percentage of Use for Each Learner Group Over the Last 3 Years?
Practicing Surgeons	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physicians	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Residents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Students	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allied Health Professionals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nurses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Others (Please list):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Re-Accreditation Application Criterion 1.2		
Education Institutes must demonstrate the effectiveness of the curriculum based on the following types of mandatory activities listed below. Please provide a narrative description and two examples of supporting evidence or documentation as to how your Institute has implemented <u>each</u> of the listed criterion for this Standard. If not implemented, please describe how you plan to reach full implementation over the next three years.		
<ol style="list-style-type: none"> 1. Curriculum Development 2. Curriculum Validation 3. Expansion of Practice 4. Interdisciplinary Training 5. Introduction of New Skills 6. Long term follow-up of the learner 7. Maintenance of skills 8. Training multiple specialties 9. Research 		

Standard I – Learner (continued)

Re-Accreditation Application Criterion 1.3

Education Institutes that provide the following types of optional activities must demonstrate the effectiveness of the curriculum. Please tick the appropriate box(es) to indicate which of these optional activities you provide and provide a narrative description and one example of supporting evidence or documentation. The expectation is that at least one of the optional activities is provided.

- Collaboration with other Institutes
- Remediation of Practice
- Interdisciplinary Team Training

Standard II – Curriculum

Standard II - Curriculum

Re-Accreditation Application Criterion 2.1

Uses a curriculum for on-going training/education that incorporates both procedural and cognitive skills. Please tick the boxes to signify that your Institute incorporates the both skills. Provide a brief narrative description and one example of supporting evidence or documentation for each.

- Procedural Skills
- Cognitive Skills

Re-Accreditation Application Criterion 2.2

Uses the appropriate education model for the design and delivery of the training/education which demonstrates the following requirements listed below. Please describe in narrative form, using at least two examples, the entire process as to how the requirements are implemented at your education institute. You may wish to note additional examples for each requirement.

1. Assessment of Needs
2. Development of Goals and Objectives
3. Selection of Instructional Methods
4. Creation of Instructional Materials
5. Delivery of Effective Education
6. Assessment of Learners
7. Assessment of Education Programs
8. Measurement of Program Effectiveness

Re-Accreditation Application Criterion 2.3

Education programs offered by the Education Institute are accredited by one of the following bodies: LCME, ACGME, ACCME; and for international Institutes, education programs should be accredited by organizations that have equivalence. Please tick the appropriate boxes (no narrative is required):

- LCME
- ACGME
- ACCME
- Equivalent International Organization

Re-Accreditation Application Criterion 2.4

Uses Faculty/Preceptors who are appropriately trained. Please provide a narrative description and one example of supporting evidence or documentation.

Standard III – Technological Support and Resources

Standard III – Technological Support & Resources

Re-Accreditation Application Criterion 3.1

Space requirements for the Education Institute are met as described. Please tick the boxes to signify that your Institute meets the stated Criterion. No narrative is required; however, please provide a brief narrative description of any plans your institute may have for expansion in the next three years.

- Has no less than 1200 dedicated square feet (contiguous with a face to the public).
- Has no less than 4000 square feet of additional space that shall include conference rooms, equipment storage, lounge, restrooms, lockers, phone services, kitchenette, and an animate lab as needed.
- Has space to accommodate a minimum of 20 trainees at a time for hands-on training.
- Has capability to accommodate teleconferencing and teleproctoring as needed.
- Has space to accommodate skills simulators.
- Connection to Internet.
- Space to accommodate administrative support staff.
- Please provide a well-defined floor plan that demonstrates the layout of your Education Institute.

Re-Accreditation Application Criterion 3.2

Criterion 3.2.1

Please state the name and title of the Director of the Education Institute. Please confirm the following by ticking the appropriate boxes. Please provide a brief narrative of the Director's involvement at the Institute, and one form of supporting evidence or documentation for points 2-4.

1. Name & Title: _____
2. Has protected time of 25%
3. Member of the Education Institute's Steering Committee or Executive Committee
4. Dedicated to teaching (by formal training or a teaching portfolio).

Criterion 3.2.2

Please state the name and title of the Surgical Program Director of the Education Institute. Please confirm the following by ticking the appropriate boxes. Please provide a brief narrative of the Surgical Program Director's involvement at the Institute, and one form of supporting evidence or documentation for points 4 and 5.

1. Name & Title: _____
2. Surgeon
3. Has FACS or equivalent designation (*Will be confirmed by ACS staff*)
4. Has protected time of 10%
5. Appoints and documents credentials for faculty of surgical courses

Standard III – Technological Support and Resources (continued)

Criterion 3.2.3

Please state the Administrator's name and title. Please confirm the following requirements by ticking the appropriate boxes, and provide a brief narrative description of the Administrator's role at the Institute.

- Name & Title: _____
- Minimum of 50% of Administrator's time is devoted to managing the Education Institute
- Does general accounting and budgetary functions
- Serves as a liaison to Industry
- Prepares and documents CME activities for courses and participants
- Orders supplies
- Schedules the use of the Education Institute

Criterion 3.2.4

Please state the Coordinator's name and title. Please confirm the following requirements by ticking the appropriate boxes, and provide a brief narrative description of the Coordinator's role at the Institute.

- Name & Title: _____
- Has minimum of 50% time devoted to Education Institute
- Acquires research data including, measurement of effectiveness and outcomes as needed
- Conducts ongoing inventories of supplies, simulators, equipment. Recommends the acquisition of new supplies to Administrator or Director.
- Organizes resources
- Produces a Policy and Procedures Manual and a Safety Manual.
- Sets-up and takes-down skills stations, as required

Standard III – Technological Support and Resources (continued)

Re-Accreditation Application Criterion 3.3 - Devices

Each Institute must possess the appropriate and necessary devices to effectively teach procedures in order to achieve the goals established in the Education Institute’s curriculum. Not all devices listed are required to be a part of an Institution’s inventory. Please tick the appropriate boxes.

- | | |
|---|---|
| <input type="checkbox"/> Airway models | <input type="checkbox"/> Prostate models |
| <input type="checkbox"/> Anesthesia simulators | <input type="checkbox"/> Pelvic models |
| <input type="checkbox"/> Anatomical human body forms | <input type="checkbox"/> Simulators |
| <input type="checkbox"/> Bench models | <input type="checkbox"/> Standardized patients |
| <input type="checkbox"/> Breast models | <input type="checkbox"/> Ultrasound simulators |
| <input type="checkbox"/> Devices used to do open procedures | <input type="checkbox"/> Urology simulators |
| <input type="checkbox"/> Inguinal hernia models | <input type="checkbox"/> Virtual Reality simulators |
| <input type="checkbox"/> Hybrid mechanical & virtual trainers | <input type="checkbox"/> Virtual Reality (VR) laparoscopic trainers with or without haptics |
| <input type="checkbox"/> Lap Chole simulators | <input type="checkbox"/> Other VR trainers |
| <input type="checkbox"/> GI endoscopy simulators | <input type="checkbox"/> Vascular Anastomosis trainers |
| <input type="checkbox"/> Mirror trainers | <input type="checkbox"/> Ventral hernia models |
| <input type="checkbox"/> Operating microscopes | <input type="checkbox"/> Videotrainers |
| <input type="checkbox"/> Others: _____ | |

Re-Accreditation Application Criterion 3.4

Financial Resources. Please provide letters of support from those individuals or departments who provide your Education Institute financial or administrative support. Please complete the Budget Tables located on Pages 12 & 13 of the application.

Re-Accreditation Application Criterion 3.5

Educational Resources

Each Education Institute will demonstrate the use of resources to support the educational offerings as described. Please tick the boxes to signify that your Institute meets the stated Criterion, and provide a brief narrative description and documentation for each.

- Uses appropriate resources to instruct, teach, or train participants in Procedural skills, Cognitive skills and advanced skills that are curriculum driven.
- Uses simulation when appropriate.
- Uses multimedia and web-based resources to support cognitive components of the skills training (i.e., videos, internet, CD-ROMs), and these resources are accessible to the learners.
- Provides evidence of resources/tools used to demonstrate that the Education Institute is evaluating learners, content curriculum, the overall program, and faculty; and what improvements have been made in each of the elements described.

Re-Accreditation Application Criterion 3.6

Please re-state your Education Institute's Mission Statement from your original application. Please provide a brief history regarding how your education institute has maintained the mission statement over the past three years. If your Mission Statement has been altered from your original application, please provide a brief explanation for the change, and clearly state the revised Mission Statement.

Re-Accreditation Application Criterion 3.7

Please confirm that your Education Institute has completed activities during the last three years by completing Tables 1 & 2, located on pages 10 & 11 of the application. Please feel free to amplify any of the activities listed in Table 2 in narrative form. If you plan to increase the types of activities offered for any of your learner groups over the next three years, please describe these anticipated changes in narrative form.

Re-Accreditation Application Criterion 3.8

Please provide an organizational chart of the governance structure of the Education Institute.

Re-Accreditation Application Criterion 3.9

Utilizes a Steering Committee or Advisory Board to assist the Institute's administrative staff to make decisions about the faculty, facility, educational offerings and device acquisition. Please provide a list of the members of the Steering Committee or Advisory Board and a brief narrative description of its function.

Re-Accreditation Application Criterion 3.10

Reports substantial changes to the actual physical structure (including space), administrative structure or financial status of the Education Institute to ACS in a timely fashion.

- Yes
- No
- N/A

Section 3 – Summary of Data for the Education Institute for the last three years.

Please indicate the year format that your Institute uses:

- Calendar
- Academic
- Fiscal
- Other _____

Table 1 - Please provide the following information about the types of activities held at your Education Institute.

	Number of Activities	Number of Learners	Percentage of Learners
Learner Types			
Physicians (CME activities)			
Residents			
Allied Health Professionals			
Medical Students			
Others			
Totals			

Table 3 – Data Summary of the Budget for the Education Institute

Please provide the information requested in regards to the Education Institute’s Budget. Please report your last completed fiscal year’s findings
Income & Expense Statement

SOURCES OF INCOME

	Total - Last Completed Fiscal Year	Indicate % of total Income for each line item
University or Institution		
Department or Division		
Tuition & Registration Fees		
Private Donors		
Industry		
Other Source (specify)		
OVERALL TOTAL		

OPERATIONAL EXPENSES

	Total - Last Completed Fiscal Year	Indicate % of total Expenses for each line item
Staff Salaries & Wages		
Space & Facilities		
Purchases <ul style="list-style-type: none"> - operational supplies - equipment (simulators) - capital 		
Other (specify)		
OVERALL TOTAL		

***Note: Overall income and overall expenses should be roughly equivalent. Please explain any disparities in narrative form.**

Table 4 – Data Projection Summary of the Budget for the Education Institute

Please provide the information requested in regards to the Education Institute’s Budget. Please report your estimated projections for the following three years

THREE-YEAR PROJECTION TABLE

SOURCES OF INCOME

	Year I Projection	Year II Projection	Year III Projection
University or Institution			
Department or Division			
Tuition & Registration Fees			
Private Donors			
Industry			
Other Source (specify)			
OVERALL INCOME PROJECTION			

OPERATIONAL EXPENSES

	Year I Total Projection	Year II Projection	Year III Projection
Staff Salaries & Wages			
Space & Facilities			
Purchases			
- operational supplies			
- equipment (simulators)			
- capital			
Other (specify)			
OVERALL EXPENSE PROJECTION			

***Note: Overall income and overall expenses should be roughly equivalent. Please explain any disparities in narrative form.**