

Iowa Methodist Medical Center
Department of Surgery Education
Organization of the Faculty

MISSION

The Department of Surgery Education and its faculty and residents will be dedicated to training and mentoring high quality surgeons and will.....

- Prepare residents for careers across the spectrum of general surgery or fellowship training in a surgical subspecialty
- Provide quality surgical education for medical students and promote interest in surgery as a career
- Encourage a strong spirit of research, inquiry and scholarship
- Foster an environment of lifelong learning
- Embody camaraderie among surgeons at all levels of learning

I. DIRECTOR OF SURGERY EDUCATION

The Director of Surgery Education shall be appointed and compensated by Iowa Methodist Medical Center to direct the Department of Surgery Education and its residency program. Appointment shall be by the President/CEO of the Central Iowa Health System upon recommendation of a duly constituted search committee. Criteria for appointment will be those defined by the Accreditation Council for Graduate Medical Education (ACGME) and the Program Requirements for Residency Education in General Surgery. The Director will report to the Senior Vice President for Medical Education and Research of the Central Iowa Health System. The Director will make all faculty appointments.

II. PRIMARY FACULTY

Surgeons possessing demonstrated qualifications in surgery will be appointed as primary faculty members by the Director based on the following criteria:

- A. American Board of Surgery certification or equivalent as determined by the Director of Surgery Education.
- B. Demonstrated need for faculty in their area of specialization
- C. Demonstrated evidence of call coverage for their teaching patients by other teaching staff members
- D. Dedication to the educational mission of the department, allowing departmental learners full access to their inpatient and outpatient activities. Primary faculty members must be credentialed for surgical activities within the residency system, and a majority of their patient care activity must occur within the hospital system of the residency.
- E. Provision of direct supervision to learners while fostering progressive resident autonomy.
- F. Compliance with faculty requirements in an appropriate and timely fashion. This includes not only providing didactic instruction when requested but also by regularly participating in departmental educational activities including weekly Grand Rounds and Surgical M&M Conferences, and afternoon resident teaching conferences.
- G. Dedication to surgical scholarship, not only through American Board of Surgery certification and recertification, but also as documented by their curriculum vitae. Scholarly activities shall include not only departmental teaching and administrative support, but also:
 - 1. Continued surgical education.
 - 2. Participation in regional and national surgical scientific societies.
 - 3. Presentations and publications of scientific studies in peer reviewed forums.
 - 4. Demonstration of active interest in research as it pertains to their own surgical interest as defined by the ACGME Program Requirements for Residency Education in General Surgery. Support of resident scholarly activity is also implicit in this criterion.
- H. Commitment to prompt communication with the Department of Surgery Education via access to an email address, with review of communications once weekly.

III. ASSOCIATE FACULTY

Credentialed members of the surgical staff choosing not to meet the primary faculty criteria may be eligible for appointment to the Associate Faculty of the Department of Surgery Education. Members at this faculty status will be appointed by the Director based on the following criteria:

- A. Must be highly qualified in surgery or their area of specialization.
- B. Must be receptive to learner interactions and foster an educational environment.
- C. Make available to learners any cases of particular educational merit to the learner, while providing appropriate supervision.
- D. Participate in timely evaluation of learner progress.
- E. Participate in educational conferences of the department and satisfy departmental committee assignments as requested.

IV. EMERITUS FACULTY

Designation of emeritus faculty will be utilized for all faculty members in good standing primary faculty status, and who wish to maintain active in the educational programs of the residency. Appointment will be by the Director on majority recommendation by the Surgery Education Committee.

V. ADJUNCT FACULTY

Distinguished clinicians or scientists holding faculty status at another institution may be given internal program faculty status by this designation. Criteria for this designation would be significant educational or scientific contributions to the educational program. This faculty status would confer no surgical privileges or medical staff privileges unless specified.

VI. FACULTY REAPPOINTMENT OR STATUS CHANGE

- A. All faculty appointments to the department are reviewable for reappointment by the Director following the same criteria every two (2) years. Based on review of the criteria, a faculty member may be reappointed, reappointed to an alternate category as appropriate, or faculty status may be withdrawn.
- B. Any faculty member may seek alternate faculty status by writing to the Director of Surgery Education. Voluntary withdrawal from the faculty may occur after a minimum sixty (60) day written notice to the office of Surgery Education to minimize program and learner disruption.

- C. Any faculty member in disagreement with the appointment status specified by the Director may submit a written appeal to the Director for review by the Surgery Education Committee. Upon review the committee will make a recommendation to the Director.

VII. FACULTY ORGANIZATIONS

A. Faculty Assembly

A meeting open to faculty at all levels will be held a minimum of four (4) times annually. The primary function of this meeting will be dissemination of information to the entire faculty. The Director of Surgery Education will chair the faculty meetings, and concerns of the department and faculty will be considered. These will include reviews of educational policies, learner and faculty evaluations and program status. Any decisions of the faculty will be by majority vote of primary faculty present and voting will be advisory to the Surgery Education Committee.

B. Surgery Education Committee

The Surgery Education Committee serves in an advisory capacity to the Director of Surgery Education in matters of policy, program development, faculty appointment, and resident promotion. It oversees instruction in graduate medical education and in medical student educational experiences. It serves as an appeals board in matters concerning surgical house staff grievances. It advises and supports the Director in the recruitment of capable residents.

The committee will meet a minimum of six (6) times annually and will be chaired by the Director of Surgery Education or his/her designee.

Appointment to the Surgery Education Committee will be done biennially in July. Members may succeed themselves. There will be fifteen (15) voting members as follows:

1. Director of Surgery Education.
2. Teams A, B, Vascular, Pediatric/Plastics/Transplant/, Lakeview and Trauma shall each designate a Rotation Director who will be charged with representing the service on the committee, providing liaison and communication from the program administration to the faculty of the service and providing mid-rotation evaluation to the learners on service. The Rotation Director will also bring issues of concern from the service faculty to the attention of the program administration.
3. Ex officio members as follows:
 - A. Elected chairman of Surgery Section
 - B. Associate Program Director at Broadlawns Medical Center

- C. Associate Program Director at VA Central Iowa Healthcare System
- D. Assistant Program Director at Iowa Methodist Medical Center
- E. Director of Surgical Research

An ex officio member may function only in one voting capacity.

- 4. The resident staff of the Department of Surgery Education will elect two (2) voting representatives to serve on the committee.

All decisions of the Committee will require the majority of affirmative votes of those voting members present except for revision to this document pursuant to Article X.

The Surgery Residency Coordinator will be a non-voting member and will be responsible for maintaining and distributing records of the activities of the committee.

C. Surgery Education Executive Committee

A Surgery Education Executive Committee appointed and shared by the Director of Surgical Education will meet between scheduled meetings of the Surgical Education Committee as necessary. The Executive Committee will make recommendations to the Director of Surgical Education and the Surgical Education Committee for further action.

VIII. PROMOTIONS COMMITTEE

The Surgery Education Committee shall function as the constituted Promotions Committee at the scheduled May and November meetings. However, the Promotions Committee will meet as needed throughout the academic year.

IX. ANNUAL PROGRAM EVALUATION

The educational effectiveness of the program will be evaluated annually in a systematic manner at the scheduled November meeting. At that meeting, program goals and objectives and the effectiveness of program achieving them will be reviewed. In the evaluation process, the Surgery Education Committee will take into consideration written comments from the faculty, resident's confidential written evaluations of the program, and the most recent internal review report from the Iowa Health-Des Moines GMEC. If/when deficiencies are found, the committee will prepare an explicit plan of action which will be documented in the minutes.

At the same annual program evaluation meeting, resident performance and outcome assessment will be utilized in the evaluation of the educational effectiveness of the program. Resident performance assessment results together with other program evaluation results will be used to improve the residency program.

X. REVISION POLICY

Periodic review of this document shall be made consistent with the faculty review cycle every two (2) years. Revisions to this document may be made upon a two-thirds (2/3) majority vote of the whole committee.

Richard A. Sidwell, M.D., FACS
Director of Surgery Education
Iowa Methodist Medical Center

Michael P. Rodemyer
Director of Medical Education Services
Iowa Health-Des Moines

Approved 07/03