



Trial to Harness Inclusion and foster Resilient Departments of Surgery (THIRD)
Department of Surgery Enrollment Form

Please answer the following questions regarding your department. **Complete, sign, and return this form to SENTteam@iu.edu.** You may use this email to contact the research team with any questions. We are happy to arrange a call to discuss any issues, as needed. You may also go to senttrials.org/third for more information on this study.

SECTION A.

ACGME-accredited sponsoring institution: _____

Sponsoring institution 6-digit ACGME number: _____

General Surgery Residency Program Name: _____

General Surgery Program 10-digit Number: _____

Department Chair Name: _____

Department Chair Email: _____

Vice Chair of Diversity, Equity, and Inclusion (or equivalent) Name: _____

Vice Chair of Diversity, Equity, and Inclusion (or equivalent) Email: _____

Vice Chair of Faculty Development (or equivalent) Name: _____

Vice Chair of Faculty Development (or equivalent) Email: _____

Vice Chair of Wellness Name: _____

Vice Chair of Wellness Email: _____

Department Administrative Director Name: _____

Department Administrative Director Email: _____

Residency Program Coordinator Name: _____

Residency Program Coordinator Email: _____

Designated Institutional Official Name: _____

Designated Institutional Official Email: _____



1) How many surgeons are on faculty are in your department (excluding 100% research faculty with no clinical role)?

_____ surgeons total

_____ surgeons based at the main hospital

_____ surgeons based at other hospitals within our system

2) How many hospitals are in your system, including the main hospital?

_____ hospitals (including the main hospital)

3) Please describe your institution (select all that apply):

- University-based
- University-affiliated
- Independent (no affiliation with a university)
- Military
- Not-for-profit
- For-profit
- Government
- Critical access/safety net

4) How many general surgery residents does your program match each year?

_____ category residents

_____ preliminary residents (If variable, provide the number for AY 2023-2024)

5) Are any of the following integrated residency programs also present at your primary hospital (e.g., 1+5, 2+4, 3+3, etc.)?

- Cardiothoracic
- Plastics
- Vascular
- Other: _____

Section B.

To participate in this study, the following are required by your Department; further, by signing below, on behalf of your Department, you hereby agree as follows:

1. Agree to randomization to one of the two study arms



2. Agree to share your reports with members of your program (e.g., residents, faculty)
3. Agree to implement interventions based on your department's data and your team's preference if in the intervention arm
4. Agree that your leadership will complete a brief annual inventory form to collect which interventions are underway or have been initiated at your program. (*As was done for the FIRST and SECOND Trials*)
5. As the reports provided by the THIRD Trial are for internal evaluation and process improvement, you agree not to advertise any of the data provided to you by the THIRD Trial regarding department performance on any metric (e.g., "we have the lowest burnout or best diversity") in any public forum designed for recruitment purposes, including, but not limited to, social media, department website, and recruitment/interview discussions and materials
6. Agree to not share access or content of THIRD Trial Toolkit with surgery departments randomized to the control arm during the course of the Trial. All participating programs will receive access to the THIRD Trial interventions at the end of the study
7. Acknowledge that your residents and faculty will complete a brief survey annually for the THIRD Trial (*As was done for the FIRST and SECOND Trial*)

In addition, we will work with our partner organizations to obtain the data needed for the THIRD Trial (*the language below is identical to what was done for the SECOND Trial*). You hereby agree as follows:

- Agree that the American Board of Surgery (ABS) can share de-identified data with the THIRD Trial Coordinating Center, including (1) de-identified American Board of Surgery In-Training Examination (ABSITE) scores, (2) de-identified post-ABSITE survey responses, (3) de-identified ABS written Qualifying Examination and oral Certifying Examination scores and pass rates; (4) and potentially de-identified Entrustable Professional Activities data if allowed by the ABS (*Similar to the FIRST and SECOND Trial*)
- Agree the Accreditation Council of Graduate Medical Education (ACGME) can share electronic data for years 2014-2028 with the THIRD Trial Coordinating Center, including (1) de-identified Annual Resident Survey data; (2) de-identified Annual Faculty Survey data ; (3) de-identified Case Log data (i.e., to examine resident case volumes for the surgical defined categories); (4) any general descriptive information on programs (e.g., size, geography); (5) de-identified individual-level data on residents who did not graduate from their programs (e.g., demographics, year of departure, PGY level, and reasons for leaving if available); (6) contact information for Program Director(s), Program Coordinator(s), Designated Institutional Official, and Chair for each program; and (7) other relevant program-level data that may be beneficial for the THIRD Trial. Programs will be identified via ACGME program identifier, and no ACGME data will be transmitted if there are less than four responses per program per survey in any given year or the programs failed to meet the minimum compliance rate. All data will be at the resident level and de-identified at the resident level, but program identifiers are needed to know whether the program was in the intervention or control arm.
- Agree to allow the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) to link patient safety and quality data to the THIRD Trial data (*As was done for the FIRST and SECOND Trial*)
- Agree to allow the Association of American Medical Colleges (AAMC) to share de-identified data with the THIRD Trial Coordinating Center, including (1) medical school graduate survey; (2) resident, faculty, leadership characteristics/demographics; and (3) other relevant program-level data that may be beneficial for the THIRD Trial

Section C.

The Department participates in the THIRD Trial, sponsored by the American College of Surgeons (ACS) and the Accreditation Council for Graduate Medical Education (ACGME). To separate the funding sources from study coordination and analytics, the study will be administrated by Indiana University’s Surgical Outcomes and Quality Improvement Center (SOQIC) at the request of the ACGME and the ACS, as was done for the FIRST and SECOND Trials.

The Department authorizes and directs ACGME, ACS, ABS, and AAMC to Disclose Program’s Data to Indiana University SOQIC for Program to participate in the “Trial.” In making such Disclosures, the Department authorizes ACGME, ACS, ABS, or AAMC to specifically identify Program, as this is needed for the analysis to know to which study arm the Program/hospital is assigned and to merge with other data sources for the THIRD Trial (e.g., ABSITE survey data). No data that allows identification of an individual resident will be shared with the SOQIC/THIRD Trial Coordinating Center. The THIRD Trial Coordinating Center will not make public to which study arm, Intervention or Control, the Program is assigned.

SOQIC, the THIRD Trial Coordinating Center, will not share your Program and/or THIRD Trial-related data with the ACGME or any other third party.

Additionally, as part of the THIRD Trial, we may provide you with educational materials or data about your Department. There are no warranties or requirements with respect to such materials or data; they are provided “as is” and are not guaranteed to be fit for any particular purpose regardless of what your program does with such materials or data. By signing below, you acknowledge and agree that you and/or your Department are solely responsible for how you and/or your Department utilize any such materials or data, and you and/or your Department further agree to hold Indiana University and its trustees, directors, officers, agents, employees, and contractors from and against any and all claims arising out of your and/or your Department’s use of such materials or data.

Please return this form to SENTteam@iu.edu.

By signing below, we agree to the study requirements and terms and conditions outlined above.

Surgical Chair: Name (print)	Signature	Date
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Residency Program Director: Name (print)	Signature	Date
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Karl Bilimoria, MD MS (on behalf of THIRD Trial team)	Signature	Date
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