

Report on the 2009-10 Chapter Performance Checklist and Performance Indicators

Governors Committee on Chapter Activities
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Background: Since 2002, the Governors Committee on Chapter Activities (GCCA) has conducted a survey entitled, Chapter Performance Checklist. The Checklist was created because the GCCA believed that the performance of the College's Chapters should be measured. In addition, if Chapters' performance could be measured and documented, College resources could be specially targeted to assist certain Chapters. In addition, a secondary goal of the Checklist was to identify "successful" Chapters, with a view of using these Chapters as "models" for all of the College's Chapters. Finally, the GGCA also sought to determine if "large" Chapters performed better than "small" Chapters.

In 2005-06, the Checklist was revamped, and the Chapter Performance Indicators (PIs) were created.* There are four PIs:

1. Enthusiastic Member Involvement (EMI)
2. Supportive Administrative Structure (SAS)
3. Sustainable Leadership (SL)
4. Worthwhile Member Services (WMS)

Each PI is composed of various Chapter activities, services, and programs. For example, the Enthusiastic Member Involvement PI includes the following types of activities:

- Provided an education program for Residents
- Included Residents' participation in CME program
- Included Residents' competition and/or awards
- Membership communications
- Membership "market share"
- Committees to support volunteer participation

The components of each PI for the College's Chapters are listed in Attachment 1.

Several new items were added to the 2009-10 Chapter Checklist; these new Indicators related to advocacy and diversity among Chapter leaders.

Chapters' Performances:

Young Fellows and Residents: For many years, the Chapters have been encouraged to engage young surgeons within the organizational structure of the Chapters, as well as provide stimulating, engaging, and educational activities for Young Fellows and Residents. The Indicators to measure Chapters' performance relative to Young Fellows and Residents are included in Enthusiastic Member Involvement (EMI) and Sustainable Leadership (SL). As

shown in Table 1, large Chapters—as a percentage of Chapters reporting—are more likely than small or medium Chapters to engage young surgeons via leadership and education opportunities. A few examples include:

TABLE 1						
Performance Indicator	Chapter Size					
	Large (N=26)		Medium (N=12)		Small (N=16)	
	Number	%	Number	%	Number	%
EMI—Provided education program for Residents	19	73	7	58	6	38
EMI—Included Residents’ competition and/or awards	25	96	9	75	8	50
EMI—Committees—Resident-Associate Society	15	58	2	17	2	13
EMI—Committees—Young Fellows Association	19	73	3	25	3	19
SL—Council representation—3 or more Young Fellows	19	73	4	33	2	13

Advocacy: With regard to advocacy activities and programs, again, large Chapters scored higher than small and medium Chapters. Table 2 illustrates a few examples.

TABLE 2						
Performance Indicator	Chapter Size					
	Large (N=26)		Medium (N=12)		Small (N=16)	
	Number	%	Number	%	Number	%
SAS—Created or maintained an advocacy committee	11	42	2	17	1	6
WMS—Regularly communicated with membership re: advocacy issues	16	62	6	50	7	44
WMS—Sponsored a “Day at the Capitol”	7	27	0	0	1	6
WMS—Participated in state medical society advocacy activities	17	65	5	42	9	56

Diversity: Since 2000, the GCCA has studied the topic of diversity among Chapters’ leaders. In fact, in 2001, the College’s Board of Regents adopted a diversity statement that was drafted and developed by the GCCA. It states (from ACS website--
http://www.facs.org/fellows_info/statements/st-37.html):

The American College of Surgeons wishes to promote full participation in College activities by all surgeons; young surgeons, women surgeons, surgeons from minority groups, and surgeons from all practice venues. The College strongly supports and is committed to ensuring pluralism and equal opportunity which recognizes and respects the diversity of its members in order to maintain the highest standards of leadership in the profession. Specific recruitment of Fellows from under-represented groups within the American College of Surgeons, including women, minorities, young surgeons, and private practitioners, is essential to maintain the strength of the College.

Furthermore, the American College of Surgeons will underscore this commitment to diversity by ensuring that meaningful positions of leadership within the College are held by Fellows derived from all groups of members, including young surgeons, women surgeons, surgeons of minority origin, and surgeons from all types of surgical practices. Nominations for leadership positions should be based on individual qualifications, willingness and ability to participate in and attend meetings, and expertise.

Several items addressed the topic of diversity at the Chapter level (Table 3). On two items for Sustainable Leadership (SL), large Chapters scored higher than small or medium Chapters. However, on an item for Supportive Administrative Structure (SAS) that was added

this year, Chapters were asked to “compare” the diversity of leaders, volunteers, and faculty members to the College members in the Chapter’s geographic area. For this PI, the three groups of Chapters scored similarly. It should be noted, though, that fewer Chapters responded to this item, so the results could be considered incomplete.

TABLE 3						
Performance Indicator	Chapter Size					
	Large (N=26)		Medium (N=12)		Small (N=16)	
	Number	%	Number	%	Number	%
SL—Council representation-Diversity in gender	19	73	8	67	8	50
SL—Council representation-Diversity in ethnicity	17	65	6	50	5	31
SAS—Management & Administration—The diversity of the Chapter’s council, volunteers and education-program speakers accurately reflects the diversity of the Chapter’s geographic area	15	58	2	17	2	13
Diversity—1	2	8	1	8	4	25
Diversity—2	7	27	3	25	3	19
Diversity—3	0	0	0	0	3	19

Membership Communications: Successful Chapters have an active membership communications program, and as Table 4 shows, as a percentage, large Chapters reported sending more newsletters and maintaining web sites than small or medium Chapters.

TABLE 4						
Performance Indicator	Chapter Size					
	Large (N=26)		Medium (N=12)		Small (N=16)	
	Number	%	Number	%	Number	%
WMS—Distributed 1-3 newsletters via surface mail	12	46	3	25	3	19
WMS—Distributed 1 or more email newsletters/year	21	81	5	42	3	19
WMS—Maintained an active Chapter web site	26	100	6	50	5	31

Scatter Grams: The scatter grams on pages 8 and 9 depict Chapters’ performances relative to each of the Chapters that participated in this year’s Checklist.

How the 2007-08 Chapter Performance Checklist Was Conducted: Chapter Executives were contacted via e-mail and directed to a special Web site. If a Chapter did not have an Executive Director or a Chapter Administrator, the elected Secretary (or Governor) was contacted. This year’s responses included:

Size of ACS Chapters	ACS USA Chapters	Chapters Responding
Small (less than 399 members)	21	16
Medium (400—999 members)	16	12
Large (more than 1,000 members)	29	26

* The Performance Indicators were developed by Peggy Hoffman, president, Mariner Management & Marketing, LLC, Laurel, Maryland, an association management company. For a copy of the research article, contact Rhonda Peebles at rpeebles@facs.org.

Attachment 1— Report on the 2009-10 Chapter Performance Checklist and Performance Indicators

Performance Indicators--Descriptions	Chapter Size					
	Large (N=26)		Medium (N=12)		Small (N=16)	
	Number	Percent	Number	Percent	Number	Percent
Performance Indicator: Enthusiastic Member Involvement (EMI)						
Provided education program for Residents	19	73	7	58	6	38
Included Residents' participation in CME program	24	92	9	75	10	63
Included Residents' competition and/or awards	25	96	9	75	8	50
Included Medical Students as presenters and/or attendees	18	69	9	75	8	50
Included an exhibit of scientific/clinical posters	11	42	2	17	3	19
Membership Activities (Check as many as apply to your Chapter.)						
Contacted new Initiates within 4 weeks of Congress	22	85	8	67	5	31
Utilized quarterly address change lists to contact FACS moving into your Chapter's area	23	88	11	92	12	75
What percentage of eligible FACS are Chapter members						
Market share 25-50%	13	50	8	67	7	44
Market share 51-75%	6	23	2	17	6	38
Market share 76%+	3	12	0	0	1	6
Committees & Ad Hoc Groups (Check as many as apply to your Chapter.)						
Resident-Associate Society (RAS)	15	58	2	17	2	13
Young Fellows Association (YFA)	19	73	3	25	3	19
Finance/Audit Committee	13	50	2	17	1	6
Nominating Committee	24	92	10	83	6	38
Advocacy & Health Policy Committee	12	46	3	25	1	6
CME Program Committee	21	81	7	58	6	38
Executive Committee	24	92	10	83	9	56
Membership Committee	17	65	4	33	3	19
Women Surgeons Committee	12	46	2	17	2	13
Other (please list:)						
How many Residents-Associates or Medical Students attended your Chapter's CME program or Annual Meeting?						
Less than 10	5	19	7	58	12	75
11 to 25	10	38	2	17	2	13
More than 26	10	38	2	17	2	13
Performance Indicator: Supportive Administrative Structure (SAS)						
Council meetings per year						
Once per year	5	19	5	42	5	31
Two-three times per year	15	58	4	33	7	44
More than three times	6	23	2	17	2	13
Conference calls per year				0		0
Once per year	10	38	4	33	6	38
Two-three times per year	7	27	2	17	3	19
More than three times	6	23	1	8	0	0
Utilized e-mail and/or fax for official council business	25	96	12	100	14	88

Bylaws						
Reviewed within last 3 years, but not revised	18	69	7	58	9	56
Contains gender-neutral language	22	85	9	75	11	69
Management and Administration (Check as many as apply to your Chapter.)						
Conducted annual membership needs survey to assist with Chapter strategic planning and development and to identify the needs of the membership	9	35	3	25	6	38
Number of representatives sent to annual Leadership Conference						
Sent 1 representative	4	15	5	42	8	50
Sent 2 representatives	11	42	4	33	0	0
Sent 3 or more representatives	7	27	1	8	1	6
Number of Young Fellows sent to annual Leadership Conference						
Sent 1 YFA representative	8	31	5	42	10	63
Sent 2 YFA representatives	7	27	2	17	0	0
Sent 3 or more YFA representatives	11	42	0	0	0	0
Send Chapter Admin. or Exec. Director to Leadership Conference	9	35	5	42	3	19
Select and send 1 or more representatives to the Resident-Associate Society Annual Meeting	3	12	2	17	0	0
Contributed to ACS endowment funds this past year	13	50	2	17	2	13
Achieved Life Membership in the ACS Fellows Leadership Society	6	23	0	0	0	0
Chapter's financial position is adequate, i.e., there are reserves to cover two-three years' operating expenses	17	65	5	42	12	75
Chapter has a succession plan for leadership (may be specified in the bylaws)	25	96	12	100	11	69
The diversity of the Chapter's executive council members, volunteers, and education-program speakers accurately reflects the diversity of the Chapter's membership within the Chapter's geographic area.						
Diversity--1	2	8	1	8	4	25
Diversity--2	7	27	3	25	3	19
Diversity--3	0	0	0	0	3	19
Performance Indicator: Sustainable Leadership (SL)						
Chapter Council Representation (Check as many as apply to your Chapter.)						
How Many Council members are Young Fellows (Fellows age 45 or younger)?						
YFA Council Members-0	0	0	2	17	5	31
YFA Council Members-1	2	8	5	42	5	31
YFA Council Members-2	4	15	1	8	4	25
YFA Council Members-3 +	19	73	4	33	2	13
Residents (Resident-Associate Society)	13	50	5	42	2	13
Retired Surgeons	8	31	6	50	7	44
Specialty Society Representatives (Check as many as apply to your council.)						0
Colon-Rectal Surgery	13	50	3	25	7	44
Thoracic Surgery	17	65	8	67	12	75
Urology	3	12	2	17	0	0
Vascular Surgery	4	15	2	17	2	13
General Surgery	4	15	2	17	2	13
Neurological Surgery	5	19	2	17	2	13
Obstetrics-Gynecology	4	15	1	8	2	13

Ophthalmology	10	38	2	17	4	25
Otorhinolaryngology	9	35	3	25	3	19
Orthopaedic Surgery	13	50	5	42	5	31
Pediatric Surgery	7	27	1	8	5	31
Plastic Surgery	16	62	3	25	7	44
ACS Cancer Liaison Physician	26	100	10	83	10	63
ACS Committee on Trauma Representative	24	92	9	75	11	69
Surgical Department Chairs	12	46	6	50	7	44
ACS Governors-at Large	24	92	9	75	11	69
Diversity in gender	19	73	8	67	8	50
Diversity in ethnicity	17	65	6	50	5	31
Performance Indicator: Worthwhile Member Services (WMS)						
Education Programs (Check as many as apply to your Chapter.)						
Number of CME hours per year						
CME hrs 1-8	8	31	5	42	7	44
CME hrs 8-15	16	62	6	50	5	31
CME hrs 15 +	1	4	0	0	1	6
Provided 4-8 hours “hands-on” CME program	8	31	1	8	3	19
Included one or more socioeconomic speakers	22	85	6	50	8	50
Included surgical specialty participation	21	81	9	75	10	63
Membership Communications (Check as many as apply to your Chapter.)						
Distributed 1-3 newsletters via surface mail per year	12	46	3	25	3	19
Distributed 1 or more e-mail newsletters per year	21	81	5	42	3	19
Maintained an active Chapter Web site	26	100	6	50	5	31
Included information from ACS mailings in Chapter newsletters	21	81	6	50	0	0
Advocacy Activities (Check as many as apply to your Chapter.)						
Regularly communicated with Chapter membership regarding advocacy issues and initiatives	16	62	6	50	7	44
Sponsored or hosted an advocacy presentation/session with College staff (could be at an annual meeting or some other event)	14	54	5	42	7	44
Encouraged Chapter leaders and members to utilize the on-line federal Legislative Action Center to send letters to members of Congress supporting ACS positions and issues	24	92	7	58	14	88
Sponsored an annual Day at the Capitol, either solely as a Chapter or in collaboration with other state specialty organizations	7	27	0	0	1	6
Participated in state medical society advocacy committees and/or other policy making opportunities such as state medical society House of Delegates	17	65	5	42	9	56
Worked with College staff to utilize the on-line state legislative action center to advocate on proposed legislation or regulations	10	38	2	17	0	0
Developed or maintained a Private Sector Advocacy Committee to help members deal with private insurer issues	1	4	0	0	0	0
Created or maintained a Chapter Committee on Advocacy that is responsible for developing and carrying out the Chapter’s advocacy agenda	11	42	2	17	1	6
Contracted with a lobbyist to help carry out the Chapter’s advocacy agenda	5	19	1	8	2	13
Considered or implemented a statewide PAC	6	23	2	17	1	6

Participated in Medicare carrier advisory committee activities	11	42	3	25	5	31
Select and send at least 1 Resident or Medical Student to Clinical Congress	4	15	2	17	0	0
Conducted at least one meeting for general membership	26	100	12	100	13	81
Provided Category 1 CME hours via an ACCME-accredited sponsor	24	92	9	75	9	56
Conducted more than one meeting for general membership	7	27	3	25	6	38
Applied for a state-advocacy grant to help support "A Day at the Capitol"	1	4	0	0	0	0
Contacted state-level surgical specialty societies regarding state legislation and/or advocacy activity	9	35	5	42	4	25



