### Frequently Asked Questions: Craniofacial Surgery

**Review Committee for Plastic Surgery**

**ACGME**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Learning and Working Environment</strong></td>
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<td>Who may supervise residents and fellows in the clinical environment?</td>
<td>Appropriately-credentialed American Board Medical Specialties (ABMS) board-certified surgeons (e.g., thoracic surgeries would be supervised by thoracic surgeons, etc.) may supervise residents and fellows in the surgical clinical environment. In the critical care clinical environment, procedures must be supervised by appropriately-credentialed ABMS board-certified critical care physicians (e.g., anesthesia critical care physicians, critical care medicine physicians, critical care pediatric physicians, etc.).</td>
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| What skills should members of the interprofessional caregiver team have and how should these be ensured across the team? | All members of the interprofessional caregiver team should be provided instruction in:  
1. communication, so that if all required tasks cannot be accomplished in a timely fashion, appropriate methods are established to hand off the remaining task(s) to another team member as necessary;  
2. compliance with work hour limits;  
3. prioritization of tasks as the dynamics of a patient’s needs change;  
4. recognition of and sensitivity to the experience and competence of other team members;  
5. recognizing when an individual becomes overburdened with responsibilities that cannot be accomplished within an allotted time period;  
6. recognizing signs and symptoms of fatigue not only in oneself, but in other team members;  
7. team development; and,  
8. time management. | |
| Are there any circumstances under which residents may stay to care for their patients or return to the hospital with fewer than eight hours free? | Yes. Such circumstances include:  
a) continuity of care for patients, such as for:  
   1. a patient on whom a resident operated/intervened that day who needs to return to the operating room (OR); |
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<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
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| VI.F.4.a)] | 2. a patient on whom a resident operated/intervened that day who requires transfer to the intensive care unit (ICU) from a lower level of care;  
3. a patient on whom a resident operated/intervened that day who is in the ICU and is critically unstable;  
4. a patient on whom a resident operated/intervened during that hospital admission, and who needs to return to the OR for a reason related to the procedure previously performed by the resident; or, a patient or patient’s family with whom a resident needs to discuss the limitation of treatment/DNR/DNI orders for a critically-ill patient on whom the resident operated.  

b) a declared emergency or disaster, for which the residents are included in the disaster plan; or, to perform high profile, low frequency procedures necessary for competence in the field. |