Frequently Asked Questions: Plastic Surgery
Review Committee for Plastic Surgery
ACGME

Question	Answer
Duty Hours	
Who may supervise residents and fellows in the clinical environment? *[Program Requirement VI.D.1.]*	Appropriately-credentialed and privileged attending physicians in the surgical clinical environment include appropriately-credentialed ABMS surgeons (e.g., thoracic surgeries would be supervised by thoracic surgeons, etc.). In the critical care clinical environment, procedures must be supervised by appropriately-credentialed ABMS-certified critical care physicians (e.g. anesthesia critical care physicians, critical care medicine physicians, critical care pediatric physicians, etc.).
Who may provide direct supervision to PGY-1 residents? *[Program Requirement VI.D.5.a).(1).]*	Each program is responsible for having clear policies for supervision. Direct supervision (physically present) may be provided by individuals who have been credentialed by the program to do a particular procedure or to manage a particular clinical scenario, and includes more senior residents (PGY-2 residents and above who have met the competency requirements for the particular task at hand), fellows, and attending surgeons. Attending physicians such as anesthesia physicians, emergency department physicians, and hospitalists who are appropriately credentialed and with whom the program has a clearly defined relationship outlined in the supervision policy may directly supervise PGY-1 residents.
What is indirect supervision "with direct supervision immediately available"? *[Program Requirement VI.D.5.a).(1).]*	Supervision may be provided "indirectly" (supervising physician not physically present) by phone/text/e-mail discussion. When needed (as outlined by the programs supervision policy) or requested by the resident, the supervising physician must be physically present at the start of non-emergent tasks. For emergency situations, direct supervision should be available within 15 minutes.

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For which tasks may PGY-1 residents be supervised indirectly, and for which tasks should PGY-1 residents have direct supervision until competence is demonstrated? *[Program Requirement VI.D.5.a).(1).]*	Indirect supervision is allowed for the following: a. Patient Management Competencies 1. evaluation and management of a patient admitted to hospital, including initial history and physical examination, formulation of a plan of therapy, and necessary orders for therapy and tests 2. pre-operative evaluation and management, including history and physical examination, formulation of a plan of therapy, and specification of necessary tests 3. evaluation and management of post-operative patients, including the conduct of monitoring, and orders for medications, testing, and other treatments 4. transfer of patients between hospital units or hospitals 5. discharge of patients from the hospital 6. interpretation of laboratory results b. Procedural Competencies 1. performance of basic venous access procedures, including establishing intravenous access 2. placement and removal of nasogastric tubes and Foley catheters 3. arterial puncture for blood gases Direct supervision is required until competency is demonstrated for: a. Patient Management Competencies 1. initial evaluation and management of patients in the urgent or emergent situation, including urgent consultations, trauma, and emergency department consultations (ATLS required) 2. evaluation and management of post-operative complications, including anuria, cardiac arrhythmias, change in neurologic status, change in respiratory rate, compartment syndromes, hypertension, hypotension, hypoxemia, oliguria 3. evaluation and management of critically-ill patients, either immediately post-operatively or in the intensive care unit, including the conduct of monitoring, and orders for medications, testing, and other treatments 4. management of patients in cardiac or respiratory arrest (ACLS required) 5. evaluation of tissue perfusion, including new flaps, and management of flap compromise

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Question	Answer
	6. evaluation and management of pressure sores 7. evaluation patients with wounds and generation of proper wound care recommendations b. Procedural Competencies 1. repair of surgical incisions of the skin and soft tissues 2. repair of lacerations of the skin and soft tissues 3. excision of lesions of the skin and subcutaneous tissues 4. harvest and inset of skin grafts 5. wound debridement
What skills should members of the interprofessional caregiver team have and how should these be ensured across the team? [Program Requirement: VI.E.] *[Program Requirement VI.F.]*	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 at the end of a duty period; 2. compliance with work hour limits imposed at the various levels of education; 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 duties that cannot be accomplished within an allotted time period; 6. 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 on duty to care for their patients or return to the hospital with fewer than eight hours free of duty? *[Program Requirement VI.G.5.c).(1).]*	Yes. Such circumstances include: 1. continuity of care for patients, such as for: a. a patient on whom a resident operated/intervened that day who needs to return to the operating room (OR); b. 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; c. a patient on whom a resident operated/intervened that day who is in the ICU and is critically unstable; d. 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

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Question	Answer
	on whom the resident operated. 2. 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.

PS_ED_02/2012

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