**New Application: Plastic Surgery (Integrated and Independent)**

**Review Committee for Plastic Surgery**

**ACGME**

The term resident is used throughout this document to describe individuals in an Integrated Plastic Surgery program and in the Independent Plastic Surgery program. Any difference in program requirements and/or training needs are identified by the type of program (i.e., Integrated or Independent).

**Oversight**

**Participating Sites**

1. For each participating site, indicate the faculty member, designated by the program director, who will

 be accountable for resident education for that site.  (add rows as necessary) [PR 1.5]

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| --- | --- | --- |
| **Site Number & Site Name** | **Site Director Name** | **Primary work location of Director** |
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**Resources**

1. Will the program, in partnership with its Sponsoring Institution, ensure the availability of adequate resources for resident education? [PR 1.8] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will the Sponsoring Institution and participating sites have an adequate number and variety of adult and pediatric patients for resident education? [PR 1.8.c) [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will there be residents/fellows in both ACGME-accredited and non-accredited programs at the primary clinical site and at participating sites that may impact the educational experience of the program residents? [PR 1.11.] [ ]  YES [ ]  NO

Provide the following information for all residents and fellows from other ACGME-accredited or non-ACGME-accredited programs and specialties assigned to the plastic surgery service. This list must include other plastic surgery residents (Independent and Integrated) and residents and fellows from other programs or services. [PR 1.11]

| **Program Name** | **Specialty** | **Number of Residents/ Fellows** | **Length of Rotation** | **Required or Elective** |
| --- | --- | --- | --- | --- |
| Program name | Specialty | # | Length | [ ] Required[ ] Elective |
| Program name | Specialty | # | Length | [ ] Required[ ] Elective |
| Program name | Specialty | # | Length | [ ] Required[ ] Elective |
| Program name | Specialty | # | Length | [ ] Required[ ] Elective |
| Program name | Specialty | # | Length | [ ] Required[ ] Elective |
| Program name | Specialty | # | Length | [ ] Required[ ] Elective |
| Program name | Specialty | # | Length | [ ] Required[ ] Elective |

**Personnel**

**Program Director**

1. Describe the qualifications of the program director, including certifications, and their type and frequency of clinical activity. As appropriate, include their current participation in national committees or educational organizations, and their experience and length of time involved in the education of vascular surgery residents/fellows. [PR 2.5 a-d),] (Limit response to 400 words)

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1. How much dedicated time and support will the program director, and as applicable the leadership team, be provided for the administration of this program? Enter a FTE percentage. [PR 2.4.a]

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| Program Director | FTE % |
| Additional Leadership Team Support | Click or tap here to enter text. |
| Total | Click or tap here to enter text. |

1. Will the same program director oversee the following plastic surgery programs: [PR 2.4.c.]

Independent [ ]  Yes [ ]  No [ ]  N/A

Integrated [ ]  Yes [ ]  No [ ]  N/A

If the program director oversees both the independent and integrated programs, what is the total FTE allocated for administration of both programs? Enter a FTE percentage.

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1. Name the Assistant/Associate Program Director.[PR 2.4.b.]

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1. Will the program director have a medical staff appointment at the primary clinical site for the residency program? [PR 2.5.c.] [ ]  YES [ ]  NO

Explain if NO.

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| Click here to enter text. |

1. Will the program director participate in Continuous Certification by the American Board of Plastic Surgery or Maintenance of Certification by the American Osteopathic Board of Surgery – Plastic and Reconstructive Surgery? [PR 2.5.d.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the program director design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program? [PR 2.6.b.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the program director administer and maintain a learning environment conducive to educating residents in each of the ACGME Competency domains? [PR 2.6.c.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the program director have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members? [PR 2.6.d.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the program director have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program? [PR 2.6.e.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the program director provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation? [PR 2.6.g.] [ ]  YES [ ]  NO

If YES, how? Explain if NO. (Limit response to 400 words)

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1. Will the program director ensure the program’s compliance with the Sponsoring Institution’s policies and procedures related to grievances and due process, as well as policies related to employment and non-discrimination? [PR 2.6.h-i] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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**Faculty**

Identify the faculty member(s) designated as site directors for each participating site. Add rows as necessary [PR 1.5.]

| **Site #** | **Name of Local Director** | **Is the individual core faculty?** | **Will the local site director provide didactics and conferences and ensure all faculty members are provided with goals and objectives and program policies? Check Yes/No (If NO, provide an explanation in the box below)**  |
| --- | --- | --- | --- |
| **#1** | Name | [ ]  YES [ ]  NO | [ ]  YES [ ]  NOClick here to enter text. |
| **#2** | Name | [ ]  YES [ ]  NO | [ ]  YES [ ]  NOClick here to enter text. |
| **#3** | Name | [ ]  YES [ ]  NO | [ ]  YES [ ]  NOClick here to enter text. |
| **#4** | Name | [ ]  YES [ ]  NO | [ ]  YES [ ]  NOClick here to enter text. |
| **#5** | Name | [ ]  YES [ ]  NO | [ ]  YES [ ]  NOClick here to enter text. |

1. Will the faculty devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities? [PR 2.8.b] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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| Click here to enter text. |

1. Will the faculty regularly participate in organized clinical discussions, rounds, journal clubs, and conferences? [PR 2.8.d.] [ ]  YES [ ]  NO

If YES, how will this be achieved? Explain if NO. (Limit response to 400 words)

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1. Will the program ensure that faculty will pursue faculty development designed to enhance their skills at least annually? [PR 2.8.e.] [ ]  YES [ ]  NO

If YES, how? Explain if NO. (Limit response to 400 words)

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1. Describe how the faculty will collaborate with the program director to organize conferences that allow for the discussion of topics that will broaden knowledge in the field of plastic surgery and evaluate current information. [PR 2.8.f.] (Limit response to 400 words)

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5. List the ABPS or AOBS board-certified plastic surgeon(s) designated as core faculty (do not include the program director). (Add rows as necessary) [PR 2.11.b-c]

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| **Role** | **Name** |
| Board-Certified Plastic Surgeon | Click or tap here to enter text. |
| Board-Certified Plastic Surgeon | Click or tap here to enter text. |
| Board-Certified Plastic Surgeon | Click or tap here to enter text. |
| Board-Certified Plastic Surgeon | Click or tap here to enter text. |
| Board-Certified Plastic Surgeon | Click or tap here to enter text. |

**Program Coordinator**

1. How much dedicated time and support will the program coordinator be provided for administration of the program? Enter a FTE percentage. [PR 2.12.b.]

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1. Is the program coordinator also the coordinator of another plastic surgery program? (i.e. the coordinator of an independent and integrated program at the same institution)

 [ ]  YES [ ]  NO [ ]  N/A

1. If YES, what is the total FTE allocated to the coordinator to support both programs? Enter an FTE percentage. [PR 2.12.c.]

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1. Will the program, in partnership with its Sponsoring Institution, jointly ensure the availability of necessary personnel for the effective administration of the program? [PR 2.13.]

 [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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**Resident Appointments**

**Eligibility Requirements**

1. Will the program inform the Review Committee of all training credit granted by the American Board of Plastic Surgery (ABPS) or the American Osteopathic Board of Surgery – Plastic and Reconstructive Surgery that affects a resident’s required educational program length? [PR 3.3.a.1] [ ]  YES [ ]  NO

Explain if NO.

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| Click here to enter text. |

1. Will independent programs verify and document that each entering resident has completed one of the following: a residency in general surgery, neurological surgery, orthopaedic surgery, otolaryngology, thoracic surgery, urology, or vascular surgery that satisfies Program Requirement 3.3? [PR 3.3.a.2.] [ ]  YES [ ]  NO

Explain if NO.

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| Click here to enter text. |

**Resident Transfers**

1. Will the program director ensure compliance with transfer requirements as outlined in Program Requirements 3.5.a-d)? [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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**Educational Program**

**Curriculum Components**

1. Will the curriculum contain a set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates? [PR 4.2.a.] [ ]  YES [ ]  NO

a. Will the program’s aims be made available to program applicants, residents, and faculty members? [ ]  YES [ ]  NO

If YES, how? Explain if NO. (Limit response to 400 words)

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1. Will the curriculum contain competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice? Will they be distributed, reviewed, and available to residents and faculty members? [PR 4.2.b.] [ ]  YES [ ]  NO

Explain if NO.

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1. Will the curriculum delineate resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision? [PR 4.2.c.] [ ]  YES [ ]  NO

If YES, how? Explain if NO. (Limit response to 400 words)

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1. Will residents be provided with protected time to participate in core didactic activities?

[PR 4.11.] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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**ACGME Competencies**

**Professionalism**

1. Describe the learning activity(ies), other than lecture, through which residents will demonstrate a commitment to professionalism and an adherence to ethical principles. [PR 4.3.] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

1. Describe how the program will ensure that residents in integrated plastic surgery programs will demonstrate competence in the following core surgical clinical areas: alimentary tract surgery; abdominal surgery; breast surgery (oncologic and aesthetic); emergency medicine; pediatric surgery; surgical critical care; surgical oncology (non-breast); transplant; trauma management; and vascular surgery. [PR 4.4.a.] Enter N/A if this is an independent application.

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1. Indicate the settings and activities in which residents will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence. [PR 4.4.b- 4.5.b.6.]

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Competence in providing patients with pre-operative evaluation, provisional diagnoses, and initiation of treatment plan(s) prior to treatment and/or surgery | Click here to enter text. | Click here to enter text. |
| Competence in providing patients with peri-operative and extended follow-up care so that the results of surgical care may be evaluated by the responsible residents | Click here to enter text. | Click here to enter text. |
| Competence in surgical treatment of congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery | Click here to enter text. | Click here to enter text. |
| Competence in surgical treatment of neoplasms of the head and neck, including those in the oropharynx | Click here to enter text. | Click here to enter text. |
| Competence in surgical treatment for craniomaxillofacial trauma, including fractures | Click here to enter text. | Click here to enter text. |
| Competence in aesthetic (cosmetic) surgery of the head and neck, trunk, and extremities | Click here to enter text. | Click here to enter text. |
| Competence in reconstruction and cosmetic procedures of the breast | Click here to enter text. | Click here to enter text. |
| Competence in surgical treatment of the hand and upper extremities | Click here to enter text. | Click here to enter text. |
| Competence in surgical treatment of the lower extremities | Click here to enter text. | Click here to enter text. |
| Competence in surgical treatment of the trunk and genitalia | Click here to enter text. | Click here to enter text. |
| Competence in burn reconstruction | Click here to enter text. | Click here to enter text. |
| Competence in microsurgical techniques applicable to plastic surgery | Click here to enter text. | Click here to enter text. |
| Competence in reconstruction by tissue transfer, including flaps and grafts | Click here to enter text. | Click here to enter text. |
| Competence in surgical treatment of benign and malignant lesions of the skin and soft tissues | Click here to enter text. | Click here to enter text. |
| Competence in acute burn management | Click here to enter text. | Click here to enter text. |
| Competence in anesthesia | Click here to enter text. | Click here to enter text. |
| Competence in dermatology | Click here to enter text. | Click here to enter text. |
| Competence in oculoplastic surgery or ophthalmology | Click here to enter text. | Click here to enter text. |
| Competence in oral and maxillofacial surgery | Click here to enter text. | Click here to enter text. |
| Competence in orthopaedic surgery. | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

1. Describe how the program will ensure that residents will demonstrate competence in their knowledge of basic science, including anatomy, biochemistry, biomechanics, biostatistics, embryology, fluid and electrolytes, genetics, microbiology, nutrition, pathology, pharmacology, physiology, radiation biology, shock, and wound healing. [PR 4.6.a.]

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1. Describe how the program will ensure that residents will demonstrate competence in their knowledge of appropriate surgical diagnosis, surgical planning, surgical instrumentation, adjunctive oncological therapy, blood replacement, rehabilitation, care of emergencies, geriatric and end-of-life care, practice management, ethics, and medicolegal topics that are fundamental to plastic surgery. [PR 4.6.b.]

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**Practice-based Learning and Improvement**

1. Describe one learning activity in which residents demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. [PR 4.7.] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Describe one learning activity in which residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Include how this will be assessed by the program. [PR 4.8.] (Limit response to 400 words)

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1. Describe one learning activity in which residents will develop competence in communicating effectively with patients and patients’ families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities to provide appropriate care to each patient. Include how this will be assessed by the program. [PR 4.8.a.] (Limit response to 400 words)

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1. Describe one learning activity in which residents develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR 4.8.c.] (Limit response to 400 words)

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1. Describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [PR 4.8.e.] (Limit response to 400 words)

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1. Describe how residents will be taught to maintain comprehensive, timely, and legible health care records, and how this will be assessed by the program. [PR 4.8.f.] (Limit response to 400 words)

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**Systems-based Practice**

1. Describe the learning activity(ies) through which residents will learn and demonstrate an awareness of and responsiveness to the larger context and system of health care, including structural and social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR 4.9.] (Limit response to 400 words)

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1. Describe the learning activity(ies) through which residents will achieve competence in working effectively in various health care delivery settings and systems, coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty, and advocating for quality patient care and optimal patient care systems. [PR 4.9. a-b.] (Limit response to 400 words)

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1. Describe the learning activity(ies) through which residents will achieve competence in incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate; explain how residents will demonstrate an understanding of health care finances and its impact on individual patients’ health decisions. [PR 4.9.e.-f.]

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**Curriculum Organization and Resident Experiences**

1. Describe how resident experiences will be carefully structured to ensure graded levels of responsibility, continuity in patient care, a balance between education and clinical service, and progressive clinical experiences. [PR 4.11.a.] (Limit response to 400 words)

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1. Will residents in an integrated program be provided a minimum of 36 months in concentrated plastic surgery education? [PR 4.11.b.1.] [ ]  YES [ ]  NO [ ]  N/A
2. Will residents in either an integrated or independent program have a minimum of 12 months of chief responsibility on the clinical service of plastic surgery? [PR 4.11.b.2.] [ ]  YES [ ]  NO
3. Will residents in an integrated program complete the last 36 months of their education in the same plastic surgery program? [PR 4.11.b.3.] [ ]  YES [ ]  NO [ ]  N/A
4. Will the program ensure that dedicated research time will not exceed 12 weeks for integrated programs, or six weeks for independent programs? [PR 4.11.b.4.] [ ]  YES [ ]  NO
5. Will residents have a supervised experience providing patient care in an outpatient setting? [PR 4.11.c.] [ ]  YES [ ]  NO

If YES, describe the experience. If NO, explain.

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1. Describe how the program will ensure that residents will participate in patient care in an ambulatory care setting, and function with an appropriate degree of responsibility and supervision. [PR 4.11.d.]

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1. Will the program ensure that residents will have no more than 12 weeks of elective rotations for the duration of the educational program, including domestic elective rotations, domestic observational rotations, international elective rotations, and international observational rotations? [PR 4.11.f.]

 [ ]  YES [ ]  NO

Explain if NO.

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| Click here to enter text. |

**Program Responsibilities**

1. Will the program, in partnership with its Sponsoring Institution, ensure adequate resources to facilitate resident and faculty involvement in scholarly activity? [PR 4.13.] [ ]  YES [ ]  NO

If YES, how? Explain if NO. (Limit response to 400 words)

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| Click here to enter text. |

**Faculty Scholarly Activity**

1. Will the program demonstrate accomplishments in at least three of the domains of scholarly activity as delineated in PR 4.14.)? [ ]  YES [ ]  NO

Explain if “NO.” (Limit response to 400 words)

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| Click here to enter text. |

**Resident Scholarly Activity**

1. Will the program ensure that residents demonstrate annual scholarship and/or academic productivity to include two or more of the domains of scholarly activity as delineated in PR 4.15.a? [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will the program ensure that residents participate in and present educational material at conferences? [PR 4.15.b.] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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| Click here to enter text. |

**Resident Evaluation**

1. Will the program ensure that residents are provided a copy of the written evaluation at the completion of each assignment? [PR 5.1.a.3.] [ ]  YES [ ]  NO

If YES, how will this be accomplished? Explain if NO. (Limit response to 400 words)

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1. Will the program provide an objective performance evaluation based on the ACGME Competencies and the specialty-specific Milestones? [PR 5.1.b.] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will the program use multiple evaluators (e.g., faculty members, peers, patients, self, other professional staff members)? [PR 5.1.b.1.] [ ]  YES [ ]  NO

If YES, identify all the types of evaluations that will be routinely included in the residents’ performance evaluation.  (Select all that apply)

 [ ]  Faculty member (including the program director)

 [ ]  Peer

 [ ]  Residents and fellows in other specialties

 [ ]  Self

 [ ]  Patient and family members

 [ ]  Other professional staff members (e.g., nursing, respiratory therapy, administration)

Explain if NO.

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| Click here to enter text. |

1. Describe the program’s policy for residents’ annual advancement. [PR 5.1.f.1.] (Limit response to 400 words)

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1. Will the resident’s final evaluation: [PR 5.2.b.-d.] (Select all that apply)

[ ]  become part of the resident’s permanent record, maintained by the institution, and accessible for review by the resident?

[ ]  verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice?

[ ]  be shared with the resident upon completion of the program?

1. Will the program evaluate each faculty member’s performance annually?  [PR 5.4.]  [ ]  YES [ ]  NO
2. Will the evaluation include a review of the faculty member’s: [PR 5.4.a.-b.)] (select all that apply)

[ ]  Clinical Teaching Abilities

[ ]  Engagement with the educational program

[ ]  Participation in faculty development

[ ]  Clinical Performance

[ ]  Professionalism

[ ]  Scholarly Activities

[ ]  Confidential Resident Evaluations of the Faculty

**The Learning and Working Environment**

**Patient Safety**

1. Will the program ensure that residents participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions? [PR 6.3.]

 [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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**Supervision and Accountability**

1. Describe how the program will ensure that the appropriate level of supervision is in place for all residents based on each resident’s level of training and ability, as well as patient complexity and acuity. [PR 6.6.] (Limit response to 400 words)

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1. Will the program set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s)? [PR 6.10.] [ ]  YES [ ]  NO

If YES, how will these be communicated to residents, faculty, and staff? Explain if NO.

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| Click here to enter text. |

**Professionalism**

1. Will the program ensure that the learning objectives of the program be accomplished without excessive reliance on residents to fulfill non-physician obligations? [PR 6.12.a.] [ ]  YES [ ]  NO

Explain if NO.

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**Clinical Responsibilities, Teamwork, and Transitions of Care**

* 1. Describe how residents will receive training and experience in effective surgical practices with the involvement of interdisciplinary team members. [PR 6.18.a.] (Limit response to 400 words)

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* 1. Describe how residents will demonstrate competence in teamwork by collaborating with other surgical residents, fellows, faculty members, other physicians outside of the specialty, and non-physician health care providers to best formulate treatment plans for an increasingly diverse patient population. [PR 6.18.b.] (Limit response to 400 words)

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1. Describe how residents will develop a working knowledge of expected reporting relationships to maximize teamwork, quality care, and patient safety. [PR 6.18.c.] (Limit response to 400 words)

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1. Describe how the program will design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. Include a discussion about program and Sponsoring Institution hand-off policies and processes, resident and staff member education, and faculty development. [PR 6.19.-b.]

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**In-House Night Float**

* 1. Describe resident night float rotations, including: the number of consecutive nights of night float and the maximum number of months of night float per year. [PR 6.26-a.] (Limit response to 400 words)

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| Click here to enter text. |

**Institutional Operative Experience**

Enter the total number of procedures for a recent one-year period (e.g., academic year, calendar year) at each participating site. Do not limit reported cases to those in which a resident has participated and do not enter Case Log data. If the procedural count is zero, enter 0, leaving no cell empty.

The site number must match the site number listed in the Accreditation Data System (ADS) (Sites tab>Participating Site Information). Please ensure that the site number in ADS matches the site number on this form. If a new participating site will be added, include that site and its corresponding volume in the table even if the site has not been approved. Add columns as necessary.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| **Head and Neck Congenital Defects** |
| Primary cleft lip repair | # | # | # | # |
| Primary cleft palate repair | # | # | # | # |
| Secondary cleft lip or palate repair | # | # | # | # |
| Cleft lip nasal deformity repair | # | # | # | # |
| Craniomaxillofacial reconstruction | # | # | # | # |
| Vascular malformation (laser) | # | # | # | # |
| Other head and neck congenital defect procedures | # | # | # | # |
| **TOTAL Head and Neck Congenital Defects** | # | # | # | # |
| **Head and Neck Neoplasms** |
| Reconstruction after neoplasm resection with skin graft | # | # | # | # |
| Reconstruction after neoplasm resection with local flap | # | # | # | # |
| Reconstruction after neoplasm resection with free flap | # | # | # | # |
| Resection of skin cancer | # | # | # | # |
| Resection of other head and neck neoplasm | # | # | # | # |
| Other head and neck neoplasms procedures | # | # | # | # |
| **TOTAL Head and Neck Neoplasms** | # | # | # | # |
| **Head and Neck Trauma** |
| Treat occlusal injury | # | # | # | # |
| Treat upper midface fracture | # | # | # | # |
| Treat nasal fracture | # | # | # | # |
| Treat complex soft tissue injury | # | # | # | # |
| Other head and neck trauma procedures | # | # | # | # |
| **TOTAL Head and Neck Trauma** | # | # | # | # |
| **Breast Macromastia** |
| Breast reduction | # | # | # | # |
| **TOTAL Breast Macromastia** | # | # | # | # |
| **Absent Breast** |
| Breast reconstruction with implant or expander | # | # | # | # |
| Breast reconstruction with pedicle flap | # | # | # | # |
| Breast reconstruction with free flap | # | # | # | # |
| Secondary procedures | # | # | # | # |
| Fat grafting (absent breast) | # | # | # | # |
| **TOTAL Absent Breast** | # | # | # | # |
| **Other Deformities of Breast (Reconstructive)** |
| Treat other deformities | # | # | # | # |
| **TOTAL Other Deformities of Breast (Reconstructive)** | # | # | # | # |
| **TOTAL BREAST PROCEDURES (RECONSTRUCTIVE)** | **#** | **#** | **#** | **#** |
| **Wounds or Deformities of Trunk** |
| Treat pressure ulcer - debridement or vacuum assisted closure (VAC) | # | # | # | # |
| Treat pressure ulcer with flap | # | # | # | # |
| Treat wounds of trunk with flap | # | # | # | # |
| **TOTAL Wounds or Deformities of Trunk** | # | # | # | # |
| **Other Deformities or Disease Processes of Trunk** |
| Treat other deformities | # | # | # | # |
| **TOTAL Other Deformities or Disease** **Processes of Trunk** | # | # | # | # |
| **TOTAL TRUNK PROCEDURES** | **#** | **#** | **#** | **#** |
| **Hand and Upper Extremity Wound Requiring Reconstruction** |
| Reconstruction by primary closure | # | # | # | # |
| Reconstruction with skin graft | # | # | # | # |
| Reconstruction with flap | # | # | # | # |
| Amputation | # | # | # | # |
| **TOTAL Hand and Upper Extremity Wound** **Requiring Reconstruction** | # | # | # | # |
| **Tendon (Extensor or Flexor)** |
| Repair/reconstruct tendon with or without graft | # | # | # | # |
| Operative release of tendon adhesion/tendon lengthening | # | # | # | # |
| Tendon transfer | # | # | # | # |
| **TOTAL Tendon (Extensor or Flexor)** | # | # | # | # |
| **Nerve Injury** |
| Repair/reconstruct nerve with or without graft | # | # | # | # |
| **TOTAL Nerve Injury** | # | # | # | # |
| **Fracture or Dislocation** |
| Operative repair of fracture or dislocation | # | # | # | # |
| Release of joint contracture | # | # | # | # |
| **TOTAL Fracture or Dislocation** | # | # | # | # |
| **Dupuytren's Contracture** |
| Operative treatment of Dupuytren’s contracture (including needle and collagenase codes) | # | # | # | # |
| **TOTAL Dupuytren's Contracture** | # | # | # | # |
| **Nerve Compression** |
| Nerve decompression | # | # | # | # |
| **TOTAL Nerve Compression** | # | # | # | # |
| **Arterial Insufficiency or Traumatic Amputation of Digit, Hand, or Upper Extremity**  |
| Arterial repair, revascularization, or replantation of digit, hand, or upper extremity | # | # | # | # |
| **TOTAL Arterial Insufficiency or Traumatic Amputation of Digit, Hand or Upper Extremity** | # | # | # | # |
| **Other Deformity or Disease Process**  |
| Arthroplasty/arthrodesis | # | # | # | # |
| Treat congenital deformity | # | # | # | # |
| Treat neoplasm (benign or malignant) | # | # | # | # |
| Other deformity or disease process procedures | # | # | # | # |
| **TOTAL Other Deformity or Disease Process** | # | # | # | # |
| **TOTAL HAND and UPPER EXTREMITY PROCEDURES** | **#** | **#** | **#** | **#** |
| **Lower Extremity Wounds and Deformities** |
| Treatment with graft | # | # | # | # |
| Treatment with local flap | # | # | # | # |
| Treatment with free flap or revascularization/replantation | # | # | # | # |
| **TOTAL Lower Extremity Wounds and Deformities** | # | # | # | # |
| **Other Deformities of Lower Extremity** |
| Treat other deformities | # | # | # | # |
| **TOTAL Other Deformities of Lower Extremity** | # | # | # | # |
| **TOTAL LOWER EXTREMITY PROCEDURES** | **#** | **#** | **#** | **#** |
| **Integument Burns**  |
| Burn reconstruction | # | # | # | # |
| Other integument burns procedures | # | # | # | # |
| **TOTAL Integument Burns** | # | # | # | # |
| **Lesions of the Integument** |
| Treat benign lesions | # | # | # | # |
| Treat malignant lesions | # | # | # | # |
| **TOTAL Lesions of the Integument** | # | # | # | # |
| **Wounds and Other Lesions of the Integument** |
| Treat deformities | # | # | # | # |
| **TOTAL Wounds and Other Lesions of the Integument** | # | # | # | # |
| **TOTAL RECONSTRUCTIVE PROCEDURES** | **#** | **#** | **#** | **#** |
| **Head and Neck Aesthetic Deformity** |
| Face lift | # | # | # | # |
| Brow lift | # | # | # | # |
| Blepharoplasty | # | # | # | # |
| Rhinoplasty | # | # | # | # |
| Other head and neck aesthetic deformity procedures | # | # | # | # |
| **TOTAL Head and Neck Aesthetic Deformity** | # | # | # | # |
| **Breast Micromastia** |
| Breast augmentation | # | # | # | # |
| Fat grafting (breast micromastia) | # | # | # | # |
| **TOTAL Breast Micromastia** | # | # | # | # |
| **Breast Ptosis** |
| Mastopexy | # | # | # | # |
| **TOTAL Breast Ptosis** | # | # | # | # |
| **Other Deformities of Breast (Aesthetic)** |
| Other deformities of breast procedures | # | # | # | # |
| **TOTAL Other Deformities of Breast (Aesthetic)** | # | # | # | # |
| **TOTAL BREAST PROCEDURES (AESTHETIC)** | **#** | **#** | **#** | **#** |
| **Trunk/Extremity Aesthetic Deformities** |
| Brachioplasty | # | # | # | # |
| Abdominoplasty | # | # | # | # |
| Body lift | # | # | # | # |
| Thighplasty | # | # | # | # |
| Suction assisted lipoplasty | # | # | # | # |
| Other trunk/extremity aesthetic deformities procedures | # | # | # | # |
| **TOTAL Trunk/Extremity Aesthetic Deformities** | # | # | # | # |
| **TOTAL OF AESTHETIC PROCEDURES** | **#** | **#** | **#** | **#** |
| **TOTAL OF INDEX PROCEDURES** | **#** | **#** | **#** | **#** |
| **Microvascular/Free Tissue Transplant** |
| Microvascular/free tissue transplant | # | # | # | # |
| **TOTAL Microvascular/Free Tissue Transplant** | # | # | # | # |
| **Tissue Expansion** |
| Tissue expansion | # | # | # | # |
| **TOTAL Tissue Expansion** | # | # | # | # |
| **Suction Assist Lipoplasty** |
| Head and neck suction assist lipoplasty | # | # | # | # |
| Trunk suction assist lipoplasty | # | # | # | # |
| Extremity suction assist lipoplasty | # | # | # | # |
| **TOTAL Suction Assist Lipoplasty** | # | # | # | # |
| **Use of Injectables** |
| Botulinum toxin injection | # | # | # | # |
| Soft tissue fillers | # | # | # | # |
| Autologous fat | # | # | # | # |
| **TOTAL Use of Injectables** | # | # | # | # |
| **Laser** |
| Aesthetic laser | # | # | # | # |
| Reconstructive laser | # | # | # | # |
| **TOTAL Laser** | # | # | # | # |

**All applications for integrated programs must also complete the following:**

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| **Alimentary Tract/Abdominal Surgery** |
| **TOTAL Alimentary Tract/Abdominal Surgery** | # | # | # | # |
| **Breast Surgery/Other Oncologic Tumor Surgery** |
| **TOTAL Breast Surgery/Other Oncologic Tumor Surgery** | # | # | # | # |
| **Trauma/Critical Care/Anesthesia Procedures** |
| **TOTAL Trauma/Critical Care/Anesthesia Procedures** | # | # | # | # |