Plastic Surgery Integrated

PROGRAM HANDBOOK AND POLICY MANUAL 2018-2019

Program Personnel and Contact Information

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Faculty Listing

Faculty	**Clinical / Research Interests**
Joyce Aycock, MD Associate Professor	Breast Reconstruction, Surgical Education
Marian Brinkman, PA-C Instructor	Recon
Joslyn Brown, PA-C Instructor	Hand
Tae Chong, MD Associate Professor	oncologic reconstruction, breast/perineum/chest wall, limb salvage, lymphedema
Leahthan Domeshek, MD Assistant Professor	Peds Hand
Sara Douglass, PA-C Instructor	Recon
Brooke French, MD Assistant Professor	Peds Craniofacial Surgery, 3D imaging
Michael Gordon, MD Associate Professor	Hand, Upper extremity recon
Matthew Iorio, MD Associate Professor	Hand
David Khechoyan, MD Assistant Professor	Orthognathic Surgery
David Mathes, MD Professor, Division Chief	Transplant
Kathryn Miller, PA-C Instructor	Hand
Peggy Walsh, PA-C Instructor	Peds
Kia Washington, MD Associate Professor	Wrist trauma, Peripheral nerve surgery, Wide awake hand surgery

Program Curriculum

Overall Educational Goals

The ultimate goal for any residency program is to train a physician who is capable of safely diagnosing and treating the disease processes usually encountered in his or her specialty. In the case of plastic surgery, this encompasses a wide variety of defects in both form and function throughout the body including the skin and all of its underlying structures: craniofacial, extremities, trunk, breast and genitalia. This encompasses reconstruction of defects secondary to trauma, oncologic and other disease, congenital deformity, and the correction of features found to be not aesthetically pleasing. Consequently, the training of a plastic surgeon is quite broad, but its fundamental requirements include a detailed knowledge of anatomy, a thorough understanding of the principles of wound healing and tissue transfer, the ability to analyze a surgical problem and devise multiple options for treatment, and above all a firm commitment to ethical, safe and responsible care for all patients.

At the University of Colorado our faculty members are dedicated to plastic surgery education. Although each surgeon has an area of specialization, we all perform a wide spectrum of both reconstructive and cosmetic procedures. Since we are located at the only major academic teaching hospital in the state, we see a diverse mix of patients with tertiary care problems from across the region. We draw on these strengths to train plastic surgery residents who will be representatives for our specialty. They will understand the practice and principles of plastic surgery. They will be competent to independently perform all common plastic surgery procedures as well as competent to learn and perform new procedures based on fundamental principles and anatomy. They will understand the scientific process, principles of research, and how to apply new evidence to the practice of plastic surgery. They will be experienced in health care delivery and function as productive members of a health care team. They will be prepared to become board certified by the American board of Plastic Surgery and will understand the importance of doing so. Most importantly, they will be caring physicians who act in accordance with the highest moral and ethical character.

Didactics/Conferences

The didactic program is planned based on the American Council of Academic Plastic Surgeons curriculum goals and objectives along with the Plastic Surgery Education Network. The year will begin with an annual orientation session that will go over expectations, policies and procedures for the residents as well as key topics such as ethics, research skills, duty hours and fatigue and management of common emergency room problems in hand and facial trauma. Conferences will be organized by thematic topics based on the PSEN curriculum modules. Residents are expected to complete each module with a post test score of 85% or greater prior to conference. RESIDENTS MUST EMAIL SCORES TO PROGRAM DIRECTOR BY 10pm SUNDAY.

Some modules will be assigned for independent review without a corresponding case conference. Completion of modules will be monitored on line. At each conference, the didactics will focus on the topic in a case based fashion. Each resident will be responsible for presenting one conference topic. Morbidity and mortality conference will be held

monthly, each resident will be responsible for presenting at least one case. There will be regular presentations by the faculty and/or visiting professors. Journal club will be held quarterly and the chief resident will be responsible for selecting and assigning articles for presentation. The residents will take the general surgery in service exam in their first year of training.

Beginning with the second year of training they will take the plastic surgery in-service exam each March. Beginning in the PGY4 year residents will have a yearly oral examination in plastic surgery. Anatomic dissection courses will be held on at least a yearly basis. 90% attendance is required (excluding excused absences such as vacation and away conferences). Absence from a mandatory conference must be approved by the program director and requires a meeting with the division chief. The conference schedule can be found on MedHUB - https://ucdenver.medhub.com/

Summer Sessions
Monday's 630am-730am

Conference topic
Orientation
Hand 1
Craniofacial 1
Microsurgery 1
Hand 2
Craniofacial 2
Microsurgery 2
Principles PS

Standard Series
Every Monday 4-6pm

	1st hour	2nd hour
Week 1	Core	Hand
Week 2	Core	Hand
Week 3	Core	CF
Week 4	M&M	Research
Week 5	Core	Cosmetic Conference

Research/Scholarly Activity Guidelines
Residents will be expected to participate in scholarly activities. Each resident is expected to write a research or review article yearly in conjunction with a faculty mentor and will be encouraged to submit for publication and presentation at meetings. Residents are required to receive approval for scholarly projects from the Program Director. The project may involve a pre-existing or a new activity. Upon completion of the scholarly project, the resident must submit a document of publishable quality for evaluation and review by the Program Director/Clinical Competency Committee.

General Instructions:

- Only projects approved by the Program Director will be considered for credit as a scholarly project. Projects must be selected and approved by Sept 30 for each year of residency.
- All projects must have a faculty sponsor/mentor.
- The resident is responsible for completing all tasks.
- The project should be simple enough to be completed during the course of residency.
- Progress must be tracked in Medhub. Residents are expected to document progress in the portfolio section of Medhub twice a year, prior to meeting with the program director for semi-annual reviews.
- Presentation of original projects is encouraged at regional or national meetings, and required at divisional conferences.
- The initiation and completion of the project, with final publishable quality manuscript or documents is ultimately the responsibility of the resident and is a requirement for graduation.

Program Manual Statement

The training program complies with Accreditation Council for Graduate Medical Education (ACGME) and CUSOM Graduate Medical Education (GME) policies, procedures and processes that are available on the GME website. In addition, direct access is available by clicking the hyperlinks below. The program reviews all GME and program policies, procedures and processes at least annually with residents/fellows.

GME Policies

Additional Pay for Additional Work Policy
Concern/Complaint Policy
Remediation and Disciplinary Action Policy
Clinical & Educational Work Hours Policy
Eligibility and Selection Policy
Evaluation and Promotion Policy
Grievance Policy
International Residency Rotations Policy
Leave Policy
Medical Records Policy
Moonlighting Policy
Non-Compete Policy
Physician Well-Being & Impairment Policy
Prescriptions: Residents Writing for Staff, Family & Friends Policy
Professionalism Policy
Quality Improvement and Patient Safety Policy
Supervision Policy
Transitions of Care (Structured Patient Hand-off) Policy
USMLE, COMLEX, & LLMC Examinations Policy
Work Environment Policy

Key University of Colorado Policies

Disability Accommodation Policy

HIPAA Compliance

Sexual Misconduct Policy

PROGRAM-SPECIFIC POLICIES

Eligibility and Selection Policy

Eligibility and Selection Policy

In addition to complying with GME **Eligibility and Selection Policy**, the program's policies and procedures are:

We are a six-year clinical program that consists of two residents per year for a total complement of twelve residents. All applicants must apply through ERAS/NMRP. **Please see www.abplsurg.org for eligibility requirements.**

Evaluation and Promotion Policy

ACGME Case Log Minimum Requirements
Core Surgery Case Log Minimums

Evaluation and Promotion Policy

Criteria for Promotion & Graduation

In addition to complying with the GME **Evaluation and Promotion Policy**, the program's policies and procedures are:

Program Advancement/Promotion
The purpose of this policy is to set forth the standards for annual promotion of residents in Plastic Surgery Residency Program.

Promotion Decision
The decision for promotion of a resident is the responsibility of the Plastic Surgery Program Director with the advice and recommendations of the faculty who serve on the Clinical Competency Committee.

Criteria for Promotion
The program director is responsible for interpreting the criteria for promotion with the advice of the full and part-time faculty.

Criteria used in evaluating a resident for promotion are:

- ABS or ASPS In Service Examination Scores (test given annually)
- Evaluations completed by faculty and surgical case evaluations
- Semi-Annual Evaluations by the Program Director
- Feedback from Clinical Competency Committee
- Other written comments by hospital medical and administrative staff (360 evaluations)
- Program Director review of completion of all resident administrative responsibilities
- Academic performance
- Research projects
- Publications
- Meeting presentations
- Teaching

Promotion Decision

All contract renewals will be based on the promotion decision. If promotion is denied, the resident will receive written notice by the second Monday of February. The resident will meet with the program director for semi-annual evaluation. An affirmative promotion decision will result in a house staff contract renewal provided that the resident is in full compliance with all applicable Hospitals' policies, rules, and regulations.

Resident Advancement

Advancement in the training program is based upon the composite performance evaluations by the faculty with the resident demonstrating a progression of acquisition of the essential skills and knowledge base to safely and effectively engage in the practice of plastic and reconstructive surgery. A standard evaluation form for each resident is submitted to the principal attending surgeons on the service through which the resident has rotated at the completion of each rotation. The resident program coordinator collects these forms and submits them for review to the Program Director. Prior to the semi-annual evaluation meeting with each resident, the Program Director presents the summary results of the six-month' evaluations to the Clinical Competency Committee during a special meeting specifically convened to discuss residence performance. Particular emphasis is placed on marginal or negative performance evaluations and deficiencies which need to be corrected prior to completion of the training program. A plan for remediation or correction of the noted deficiencies is proposed and any definite action (probation, for example) voted upon. The program director then meets with each resident to discuss his/her semiannual performance evaluation. The resident is provided with a written summary of the preceding six months performance and both positive and negative items are discussed. The resident is informed of his/her status in the program, the noted areas of strength and weakness and a recommended plan to assist in

improving performance. A written summary of the semiannual meeting is generated from the resident's record and is signed by both program director and resident.

During the course of the academic year, any specific issues of unsatisfactory resident performance are discussed and an action voted upon. The Program Director will meet with the resident in question, define the concerns, and issue a course of resolution. A specific time table for correction or re-addressment of the problem is set and revisited as appropriate. A written record of these activities is maintained in the resident's permanent file in the form of a Focused Review. In the event that the issue is chronic and long standing, the Program director may issue a probationary status for the resident. The status is reserved for those with chronic deficiencies which do not appear to be corrected in the usual course of events.

The ABS/ASPS In Service Examination is administered annually to all residents (Jan/March)**:** although performance on the examination alone will not determine a resident' status in the program, residents are counseled concerning the need to improve scores below the 35th percentile.
The Resident will meet with the Program Director to determine the reason for the low score. If the score is due to the nature of the Plastic Surgery Exam (i.e. minimal difference between scores resulting in exaggerated percentile difference), no further action is required. If the Program Director deems it necessary, the resident will be required to complete the following remediation tasks for a duration of 3 months.

- Document completion of practice In Service exam questions on a weekly basis
- Monthly study session with Program Director or Chief Resident.
- Demonstrate improvement on repeat exam at the end of the 3 month period.

Promotion
The method of evaluation shall consist of direct observation of the resident as well as indirect observation through rotation evaluations, correspondence between programs and written examination (National Board, In-service Exams). It is expected that residents will participate in all aspects of the curriculum, as well as in the periodic evaluation of educational experiences with teachers. It is further expected that residents will complete all administrative responsibilities of a resident (duty hours, case logs etc.). All contract renewals are subject to review by the Hospitals to insure that the resident is in full compliance with all applicable Hospitals' policies, rules and regulations.
Advancement is contingent upon satisfactory completion of the following Criteria for Advancement, which includes compliance with all program policies. Failure to meet any of the listed Criteria for Advancement will lead to Probation and possible Dismissal from the Residency Program.
<u>Criteria to progression from PGY1 to PGY2</u>

- Satisfactory semiannual evaluations by Clinical Competency Committee
- Satisfactory participation and attendance at all mandatory didactic sessions (> 90% attendance, unless specifically excused by the Program Director)
- Up to date completion of surgical case log.
- Completion of administrative duties in a timely fashion- including:

- Compliance with all Program Policies, including Supervision and Vacation Policies as delineated in the University of Colorado Plastic Surgery Resident Handbook.
- Timely attendance to all daily clinical assignments.
- Timely and accurate completion of Medical Records.
- Completes all evaluations and duty hour records in a timely fashion.
- Receives Satisfactory Evaluations by Faculty, Peers, Staff, Patients, and for all Rotations.
- Exhibits a professional attitude toward patients, colleagues, staff, and consultants.
- Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Demonstrates the desire and ability to care for his or her patients in a competent, responsible, compassionate and ethical manner and to always demonstrate professional integrity, intellectual honesty and social responsibility.
- Provides effective and compassionate patient care and demonstrates an understanding of ethical, socioeconomic, and medical/legal issues impacting patient management.
- Demonstrates interpersonal and communication skills that result in effective information exchange and team building with patients, their families, and professional associates.
- Successfully develops and executes personal program of self-directed study including maintenance of a comprehensive surgical technique journal as confirmed by the Program Director.
- Participates and demonstrates adequate preparation for all program conferences, educational activities, and reading assignments.
- Investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
- Achieve a score of 35%tile or greater on the annual In-service Examination and completes assigned remediation activities if score is lower.
- Completes <u>daily</u> rounds and notes on inpatient service.
- Demonstrates the ability to complete intern level patient care duties and ask for help when appropriate.

<u>Criteria to progression from PGY2to PGY3</u>

- Satisfactory semiannual evaluations by Clinical Competency Committee
- Satisfactory participation and attendance at all mandatory didactic sessions (> 90% attendance, unless specifically excused by the Program Director)
- Up to date completion of surgical case log.

- Completion of administrative duties in a timely fashion- including:
- Compliance with all Program Policies, including Supervision and Vacation Policies as delineated in the University of Colorado Plastic Surgery Resident Handbook.
- Timely attendance to all daily clinical assignments.
- Timely and accurate completion of Medical Records.
- Completes all evaluations and duty hour records in a timely fashion.
- Receives Satisfactory Evaluations by Faculty, Peers, Staff, Patients, and for all Rotations.
- Exhibits a professional attitude toward patients, colleagues, staff, and consultants.
- Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Demonstrates the desire and ability to care for his or her patients in a competent, responsible, compassionate and ethical manner and to always demonstrate professional integrity, intellectual honesty and social responsibility.
- Provides effective and compassionate patient care and demonstrates an understanding of ethical, socioeconomic, and medical/legal issues impacting patient management.
- Demonstrates interpersonal and communication skills that result in effective information exchange and team building with patients, their families, and professional associates.
- Successfully develops and executes personal program of self-directed study including maintenance of a comprehensive surgical technique journal as confirmed by the Program Director.
- Participates and demonstrates adequate preparation for all program conferences, educational activities, and reading assignments.
- Investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
- Achieve a score of 35%tile or greater on the annual In-service Examination and completes assigned remediation activities if score is lower.
- Completes <u>daily</u> rounds and notes on inpatient service.
- Demonstrates the ability to evaluate surgery patients, and develop a treatment plan in conjunction with a supervising resident or attending. The resident is responsible for submitting a <u>Surgical Case Evaluation Form</u> to the Program Director for each of the following cases:
    - Layered closure of wound
    - VAC dressing change
    - Central line placement

- Arterial line placement
- Incision and drainage abcess

Criteria to progression from PGY3to PGY4

- Satisfactory semiannual evaluations by Clinical Competency Committee
- Satisfactory participation and attendance at all mandatory didactic sessions (> 90% attendance, unless specifically excused by the Program Director)
- Up to date completion of surgical case log.
- Completion of administrative duties in a timely fashion- including:
- Compliance with all Program Policies, including Supervision and Vacation Policies as delineated in the University of Colorado Plastic Surgery Resident Handbook.
- Timely attendance to all daily clinical assignments.
- Timely and accurate completion of Medical Records.
- Completes all evaluations and duty hour records in a timely fashion.
- Receives Satisfactory Evaluations by Faculty, Peers, Staff, Patients, and for all Rotations.
- Exhibits a professional attitude toward patients, colleagues, staff, and consultants.
- Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Demonstrates the desire and ability to care for his or her patients in a competent, responsible, compassionate and ethical manner and to always demonstrate professional integrity, intellectual honesty and social responsibility.
- Provides effective and compassionate patient care and demonstrates an understanding of ethical, socioeconomic, and medical/legal issues impacting patient management.
- Demonstrates interpersonal and communication skills that result in effective information exchange and team building with patients, their families, and professional associates.
- Successfully develops and executes personal program of self-directed study including maintenance of a comprehensive surgical technique journal as confirmed by the Program Director.
- Participates and demonstrates adequate preparation for all program conferences, educational activities, and reading assignments.
- Investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
- Achieve a score of 35%tile or greater on the annual In-service Examination and completes assigned remediation activities if score is lower.

- Completes daily rounds and notes on inpatient service.
- Demonstrates the ability to complete intern level patient care duties and ask for help when appropriate.
- Initiation of an original clinical research project.
- Demonstrates the ability to evaluate surgery patients, and develop a treatment plan and manage routine surgical inpatients. The resident is responsible for submitting a Surgical Case Evaluation Form to the Program Director for each of the following cases:
    - Split thickness skin graft
    - Upper extremity fracture closed reduction
    - Exploratory laparotomy (opening the abdomen)
    - Fingertip amputation or nailbed injury
    - Facial laceration repair

Criteria to progression from PGY4 to PGY5

- Satisfactory semiannual evaluations by Clinical Competency Committee
- Satisfactory participation and attendance at all mandatory didactic sessions (> 90% attendance, unless specifically excused by the Program Director)
- At least 300 plastic surgery cases logged
- Completion of administrative duties in a timely fashion- including:
- Compliance with all Program Policies, including Supervision and Vacation Policies as delineated in the University of Colorado Plastic Surgery Resident Handbook.
- Timely attendance to all daily clinical assignments.
- Timely and accurate completion of Medical Records.
- Completes all evaluations and duty hour records in a timely fashion.
- Receives Satisfactory Evaluations by Faculty, Peers, Staff, Patients, and for all Rotations.
- Exhibits a professional attitude toward patients, colleagues, staff, and consultants.
- Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Demonstrates the desire and ability to care for his or her patients in a competent, responsible, compassionate and ethical manner and to always demonstrate professional integrity, intellectual honesty and social responsibility.
- Provides effective and compassionate patient care and demonstrates an understanding of ethical, socioeconomic, and medical/legal issues impacting patient management.

- Demonstrates interpersonal and communication skills that result in effective information exchange and team building with patients, their families, and professional associates.
- Successfully develops and executes personal program of self-directed study including maintenance of a comprehensive surgical technique journal as confirmed by the Program Director.
- Participates and demonstrates adequate preparation for all program conferences, educational activities, and reading assignments.
- Demonstrates the ability to collate, understand, and discuss scientific studies related to all core topics in Plastic Surgery and to provide evidence-based healthcare.
- Investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
- Successful completion of an original clinical research project each year.
- Achieves a minimum average score of 85% on all assigned quizzes, including assigned PSEN course post-tests.
- Completes all reading assignments by the deadline determined by the program director.
- Preparation and presentation of one Grand Rounds Conference each year.
- Achieve a score of 35%tile or greater on the annual In-service Examination and completes assigned remediation activities if score is lower.
- Performs daily rounds on inpatient service.
- Communicates daily with supervising attending regarding inpatient service and consults.
- Demonstrates the ability to manage plastic surgery team and effectively lead team rounds on the inpatient service.
- Demonstrates the independent ability to accurately evaluate, diagnose, and create a management plan for plastic surgery consult patients as confirmed by the supervising faculty.
- Demonstrates the ability to make appropriate clinical decisions and to independently diagnose and develop an effective management strategy for patients who have complications after plastic surgery through presentations at Morbidity and Mortality Conference and as confirmed by the supervising faculty.
- Effectively demonstrates leadership ability on the plastic surgery service including oversight of patient management, the delegation of clinical responsibilities, and provision of supervision and education to plastic surgery team members (rotators, students, physician's assistant, and staff).
- Compliance with administrative duties and responsibilities including timely completion of call schedule, preparation for conferences, organization of Journal Club conference (select and present approved articles), and

coordination of activities of members of the plastic surgery team.

- Pursues and maintains a complete and up-to-date ACGME Plastic Surgery Operative Log in accordance with recommendations and monitoring of resident operative experience by the program director during regularly scheduled meetings.
- Demonstrates the ability to INDEPENDENTLY evaluate plastic surgery patients, develop a treatment plan, design and execute the surgical procedure, provide comprehensive perioperative care and manage complications for the following list of Index Cases. The resident is responsible for submitting a Surgical Case Evaluation Form to the Program Director for each of the following cases:
    - Debridement of Wound in Preparation for Repair
    - Skin Graft and Donor Site Management
    - Excision of lesion
    - Liposuction
    - Hand Fracture/Dislocation
    - Pressure Sore Reconstruction with Flap
    - Panniculectomy

Criteria for progression from PGY5 to PGY6

- Satisfactory quarterly faculty evaluations
- Satisfactory participation and attendance at all mandatory didactic sessions (> 90% attendance, unless specifically excused by the Program Director)
- At least 600 plastic surgery cases logged
- Initiation of Quality and Patient Safety project
- Completion of administrative duties in a timely fashion including:
- Compliance with all Program Policies, including Supervision and Vacation Policies as delineated in the University of Colorado Plastic Surgery Resident Handbook.
- Timely attendance to all daily clinical assignments.
- Timely and accurate completion of Medical Records.
- Completes all evaluations and duty hour records in a timely fashion.
- Receives Satisfactory Evaluations by Faculty, Peers, Staff, Patients, and for all Rotations.
- Exhibits a professional attitude toward patients, colleagues, staff, and consultants.
- Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Demonstrates the desire and ability to care for his or her patients in a competent, responsible, compassionate and ethical manner and to always

demonstrate professional integrity, intellectual honesty and social responsibility.

- Provides effective and compassionate patient care and demonstrates an understanding of ethical, socioeconomic, and medical/legal issues impacting patient management.
- Demonstrates interpersonal and communication skills that result in effective information exchange and team building with patients, their families, and professional associates.
- Successfully develops and executes personal program of self-directed study including maintenance of a comprehensive surgical technique journal as confirmed by the Program Director.
- Participates and demonstrates adequate preparation for all program conferences, educational activities, and reading assignments.
- Demonstrates the ability to collate, understand, and discuss scientific studies related to all core topics in Plastic Surgery and to provide evidence-based healthcare.
- Investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
- Successful completion of an original clinical research project each year.
- Achieves an average score of 85% on all assigned quizzes, including assigned PSEN course post-tests.
- Completes all reading assignments by the deadline determined by the program director.
- Preparation and presentation of one Grand Rounds Conference each year.
- Achieve a score of 35%tile or greater on the annual In-service Examination and completes assigned remediation activities if score is lower..
- Performs daily rounds on inpatient service.
- Communicates daily with supervising attending regarding inpatient service and consults.
- Demonstrates the ability to manage plastic surgery team and effectively lead team rounds on the inpatient service.
- Demonstrates the independent ability to accurately evaluate, diagnose, and create a management plan for plastic surgery consult patients as confirmed by the supervising faculty.
- Demonstrates the ability to make appropriate clinical decisions and to independently diagnose and develop an effective management strategy for patients who have complications after plastic surgery through presentations at Morbidity and Mortality Conference and as confirmed by the supervising faculty.
- Effectively demonstrates leadership ability on the plastic surgery service including oversight of patient management, the delegation of clinical

responsibilities, and provision of supervision and education to plastic surgery team members (rotators, students, physician's assistant, and staff).

- Compliance with administrative duties and responsibilities including timely completion of call schedule, preparation for conferences, organization of Journal Club conference (select and present approved articles), and coordination of activities of members of the plastic surgery team.
- Pursues and maintains a complete and up-to-date ACGME Plastic Surgery Operative Log in accordance with recommendations and monitoring of resident operative experience by the program director during regularly scheduled meetings.
- Demonstrates the ability to INDEPENDENTLY evaluate plastic surgery patients, develop a treatment plan, design and execute the surgical procedure, provide comprehensive perioperative care and manage complications for the following list of Index Cases. The resident is responsible for submitting a Surgical Case Evaluation Form to the Program Director for each of the following cases:
    - Breast Reduction
    - Breast Reconstruction with Tissue expander
    - Mandible Fracture
    - ORIF Orbital Fracture
    - Tendon Repair
    - Carpal Tunnel Release
    - Trunk Reconstruction with Flap

Program Graduation Criteria

The Program Director provides a summative evaluation for each resident upon completion of the program. This evaluation is part of the resident's permanent record maintained by the program, and is accessible for review by the resident in accordance with institutional policy. This evaluation documents the resident's performance during the final period of education, and verifies that the resident has demonstrated sufficient competence to enter practice without direct supervision.

Graduation is dependent on successful completion of the following items:

- Demonstration of proficiency in all six competencies as determined by the Program Director and Clinical Competency Committee (Patient Care; Medical Knowledge; Practice-based Learning and Improvement; Interpersonal and Communication Skills; Professionalism; Systems-based Practice).
- Documentation of required procedures as listed below
- Completion of three research or review projects under faculty supervision
- Completion of Quality and Patient Safety Project
- Compliance with all Program Policies, including Supervision and Vacation Policies as delineated in the University of Colorado Plastic Surgery Resident

Handbook.
- Timely attendance to all daily clinical assignments.
- Timely and accurate completion of Medical Records.
- Completes all evaluations and duty hour records in a timely fashion.
- Receives Satisfactory Evaluations by Faculty, Peers, Staff, Patients, and for all Rotations.
- Exhibits a professional attitude toward patients, colleagues, staff, and consultants.
- Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Demonstrates the desire and ability to care for his or her patients in a competent, responsible, compassionate and ethical manner and to always demonstrate professional integrity, intellectual honesty and social responsibility.
- Provides effective and compassionate patient care and demonstrates an understanding of ethical, socioeconomic, and medical/legal issues impacting patient management.
- Demonstrates interpersonal and communication skills that result in effective information exchange and team building with patients, their families, and professional associates.
- Successfully develops and executes personal program of self-directed study including maintenance of a comprehensive surgical technique journal as confirmed by the program director.
- Participates and demonstrates adequate preparation for all program conferences, educational activities, and reading assignments.
- Demonstrates the ability to collate, understand, and discuss scientific studies related to all core topics in Plastic Surgery and to provide evidence-based healthcare.
- Successful completion of an original clinical research project and presentation at scientific meeting each year.
- Achieves an average score of 85% on all assigned quizzes, including assigned PSEN course post-tests.
- Completes all reading assignments by the deadline determined by the program director.
- Preparation and presentation of one Grand Rounds Conference each year.
- Achieve a score of 35%tile or greater on the annual In-service Examination.
- Performs daily rounds on inpatient service.
- Communicates daily with supervising attending regarding inpatient service and consults.

- Demonstrates the ability to manage plastic surgery team and effectively lead team rounds the inpatient service.
- Demonstrates the independent ability to accurately evaluate, diagnose, and create a management plan for plastic surgery consult patients as confirmed by the supervising faculty.
- Demonstrates the ability to make appropriate clinical decisions and independently diagnose and develop an effective management strategy for patients who have complications after plastic surgery through presentations at Morbidity and Mortality Conference and as confirmed by the supervising faculty.
- Effectively demonstrates leadership ability on the plastic surgery service including oversight of patient management, the delegation of clinical responsibilities, and provision of supervision and education to plastic surgery team members (rotators, students, physician's assistant, and staff).
- Effectively assumes the role of Chief Resident and demonstrates leadership ability on the plastic surgery service including oversight of patient management, the delegation of clinical responsibilities, and provision of supervision and education to plastic surgery team members (rotators, students, physician's assistant, and staff).
- Compliance with administrative duties and responsibilities of the Chief Resident role including timely completion of call schedule, preparation for conferences, organization of Journal Club conference (select and present approved articles), and coordination of activities of members of the plastic surgery team.
- Pursues and maintains a complete and up-to-date ACGME Plastic Surgery Operative Log in accordance with recommendations and monitoring of resident operative experience by the Program Director during monthly meetings.
- Demonstrates the ability to INDEPENDENTLY evaluate plastic surgery patients, develop a treatment plan, design and execute the surgical procedure, provide comprehensive perioperative care and manage complications for the following list of Index Cases. The resident is responsible for submitting a Surgical Case Evaluation Form to the Program Director for each of the following cases in addition to the required cases from previous 2 years with achieved rating of "Capable of Independent Function" in all categories.
    - Injection of Soft Tissue Filler
    - Injection of Botox
    - Cleft Lip or Cleft Palate Repair
    - Facial Rejuvenation Procedure or Facial Reconstructive Procedure after Neoplasm
    - Breast Augmentation

- Lower Extremity Reconstruction with Flap
- Free Tissue Transfer

Clinical Competency Committee

The Clinical Competency Committee (CCC), is appointed by the Program Director, meets semi-annually, and assesses and provides input to the Program Director regarding Resident performance to be incorporated into the review process.

CCC Membership:

- Tae Chong, MD (program director, UCH site director)
- Brooke French, MD (CHCO site director)
- Michael Gordon, MD (core faculty)
- Matthew Iorio, MD (assoc. program director)
- David Khechoyan, MD (core faculty)
- Stephanie Malliaris, MD (DHMC site director)
- David Mathes, MD (VAMC site director)
- Kia Washington, MD (core faculty, director diversity/inclusion)
- Corrine Wong, MD (core faculty)

Residents do not serve on the CCC.

The CCC assesses the resident's performance based on skills, goals & objectives of the overall program and clinic rotations. Data considered by the CCC when performing assessment of Milestones:

Evaluations:

- Faculty (end of rotation)
- Peers
- Patient/Family
- Students
- Self
- Nursing/Ancillary Personnel

Other:

- In-Training Exam
- Case Logs
- Oral Exam
- Objective Structured Clinical Exam
- Operative Performance Rating Scales
- Simulation Lab
- Unsolicited Comments
- Conference attendance
- Research/Scholarly activity

- Quality improvement/patient safety projects
- Compliance with Duty/work hours

The CCC follows the GME Evaluation & Promotion Policy and makes recommendations to the Program Director on Resident progress, including promotion, remediation and dismissal. The CCC identifies Resident strengths and areas for improvement and will assign an average score to the Resident for each of the Milestones. This average score takes into consideration the Resident's evaluations as well as the committee's discussion on Resident performance. The CCC ensures the reporting of Milestones to ACGME.

The Program Director meets with the Resident semi-annually to review the CCC report and design a learning plan for the Resident.

Leave Policy

Leave Policy

In addition to complying with the GME **Leave Policy**, the program's policies and procedures are:

Program Leave Process

Vacation

Residents are granted fifteen (15) **weekdays** of paid vacation. It is division policy that residents take one week of vacation at a time (no more than 5 consecutive weekdays). This policy is in place to ensure adequate coverage of all institutions while remaining in compliance with duty hours. **Only one resident may be on vacation at any given time.** Exceptions may only be granted at the discretion of the Program Director. Vacation days cannot be accumulated from year to year.

Vacation dates will be assigned by the program director by June of the year prior to the academic year. **Any specific requests for vacation dates must be made by June 1 prior to the academic year.**

Before starting leave, a resident MUST have completed all patient medical records in all hospitals and case logs must be up to date. Each resident is also responsible for notifying their respective attendings and clinic staff of the dates they will not be available to participate in clinical activities.

Educational Leave
PGY-2s and above may receive up to seven (7) calendar days for paid educational leave in order to attend major scientific meetings/courses in the resident's specialty. Approval for resident attendance at educational meetings must be obtained from the Program Director prior to the meeting.

PGY4 residents will attend the ASMS Basic Maxillofacial Principles and Techniques Course. PGY5 residents will attend the American Association of Plastic Surgeons meeting. PGY6 residents will attend the American Society of Plastic Surgeons meeting/Senior Resident Conference. Any requests to attend an alternate meeting must be made in writing and approved by the program director by August 1 of the academic year

Just as for vacation days, the resident must have completed all patient medical records and case logs before beginning their leave. In addition, the resident is responsible for completing a Resident Vacation / Education Leave Request form. Furthermore, residents must notify their respective attendings and clinic staff of the dates they will not be available to participate in clinical activities. Educational leave may not be accumulated from year to year.

The resident is responsible for confirming registration, hotel and airline tickets for the meeting. All departmental policies and forms must be completed by the resident and all arrangements must be made no less than 4 weeks prior to the meeting, otherwise privileges to attend the meeting will be revoked.

Sick Leave
Residents do not accrue an annual sick leave allotment. However, leaves of absence are granted, as needed, when approved by the Residency Program Director. Residents are encouraged to seek medical attention as necessary so that they may best serve their patients and attend to assigned duties. Sick leave may not be used in lieu of vacation leave, and such substitutions are strictly prohibited. If the resident is sick they are required to **personally** contact the attending they are assigned to work with that day to inform them of the absence. The attending may request the resident to be evaluated by a physician and provide a note for the absence.

Military Leave
Military leave will be considered the same as an approved (NON-medical) leave of absence and requires the same leave documentation as stated in the Housestaff Manual. In the case of a military Leave, the resident must contact the GME office regarding benefits while on military leave prior to the start of the leave. The military leave portion of this policy will adapt to comply with USERRA regulations.

Family and Medical Leave, Maternity/Paternity Leave, Leave of Absences for Other Reasons
Any time a leave of absence is granted (other than vacation or educational leave), the

Resident must receive a letter from the Program Director, co-sign the letter in acknowledgment, and return the letter to the Program Director who must promptly forward a copy to the Associate Dean for Graduate Medical Education. The letter should state the following:

- Reason(s) for the leave
- Beginning and anticipated ending date of the leave
- Time period of paid leave and time period of unpaid leave
- Period of time the department is required to cover benefits during any unpaid portion for up to 12 weeks of Family and Medical Leave
- Period of time the resident is responsible for insurance coverage and information on how the resident may contact the GME office with questions
- A plan for any time and/or rotations that the resident will be required to make up in order to complete the program (consistent with the rules of the RRC) and/or to be eligible to sit for Boards, with a clear indication of whether the make-up time will be paid or unpaid.

Moonlighting Policy

Moonlighting Policy

The Plastic Surgery Integrated program recognizes that moonlighting is not an activity associated with part of the formal educational experience; thus, residents are not allowed to participate in moonlighting activities.

Physician Well-Being & Impairment Policy

Physician Well-Being & Impairment Policy

In addition to complying with the **GME Physician Well-Being & Impairment Policy**, the program's policies and procedures are:

The program hosts an annual resiliency retreat and residents are able to attend health appointments during working hours.

If another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence, this must be reported to the Program Director or Program Coordinator.

Professionalism Policy

Professionalism Policy

The program complies with the **GME Professionalism Policy** and provides a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff. Residents and faculty are educated regarding unprofessional behavior and are provided with a confidential process for reporting, investigating, and addressing such concerns.

The program director provides a culture of professionalism that supports patient safety and personal responsibility. Residents/Fellows and faculty members are educated on sleep deprivation and fatigue to ensure they understand the obligation to be appropriately rested and fit to provide the care required by patients. This is accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, didactic educational events, and/or modules.

Monitoring Resident and Faculty Professionalism

In addition to complying with the GME **Professionalism Policy**, the training program's policies and procedures are as follows:

The program director and faculty monitor resident professionalism by:

- Regular evaluation as one of the competencies on residency evaluation by faculty.
- Regular evaluation by peers, nurses and patients.
- Direct observation.

The program provides the following **professionalism education** to residents:

- Residents are provided professionalism education via GME New Resident Orientation and modules, program didactic conferences and department grand rounds, including American Board of Plastic Surgery Code of Ethics.

Please refer to the GME Professionalism Committee Procedure for method of review of reports of exemplary professionalism or lapses in professionalism by residents.

Program Evaluation

Program Evaluation Committee

The **Program Evaluation Committee (PEC)** documents formal, systematic evaluation of the curriculum on an annual basis and is responsible for the Annual

Program Evaluation (APE). The PEC follows the GME Evaluation & Promotion Policy. The PEC includes at least two faculty members and one resident.

PEC Membership: All program faculty, residents and advanced practice providers are members of the PEC.

PEC Responsibilities include, but are not limited to:

- Planning, developing, implementing, & evaluating educational activities of the program
- Reviewing & making recommendations for revision of competency-based curriculum goals & objectives
- Addressing areas of non-compliance with ACGME standards
- Reviewing the program annually using evaluations of faculty, residents, and others

At a minimum, the PEC monitors and tracks the following areas:

- Resident performance
- Faculty development
- Graduate performance, including performance of program graduates on the certification examination
- Program quality:
  - Resident & Faculty confidential, annual evaluation of the program
  - Use of these assessments of the program with other program evaluation results to improve the program
- Progress on the previous year's action plan(s)

The PEC prepares an Action Plan (per GME Template) documenting initiatives to improve the program, as well as how the initiatives are monitored & measured. The Action Plan serves as the minutes for the PEC and should be reviewed by the teaching faculty.

Quality Improvement/Patient Safety Policy

Quality Improvement and Patient Safety Policy

In addition to complying with the GME **Quality Improvement and Patient Safety Policy**, the program's policies and procedures are:

Residents will be expected to participate in quality improvement and patient safety activities. Each resident is required to write a research or review article in conjunction with a faculty mentor and will be encouraged to submit for publication and presentation at meetings. Residents are required to receive approval for QI projects from the Program Director. The project may involve a pre-existing or a new activity. Upon completion of the QI project, the resident must submit a document of publishable quality for evaluation and review by the Program Director/Clinical Competency Committee.

General Instructions:

- Only projects approved by the Program Director will be considered for credit as a QI project. Projects must be selected and approved by November 30 in Year 4of residency.
- All projects must have a faculty sponsor/mentor.
- The resident is responsible for completing all tasks.
- The project should be simple enough to be completed during the course of residency.
- Progress must be tracked in Medhub. Residents are expected to document progress in the portfolio section of medhub twice a year, prior to meeting with the program director for semi-annual reviews.
- Presentation of original projects is encouraged at regional or national meetings, and required at divisional conferences.
- The initiation and completion of the project, with final publishable quality manuscript or documents is ultimately the responsibility of the resident and is a requirement for graduation.

Each resident is responsible for a quality improvement/patient safety project during his/her residency. The following QI/PS opportunities are underway within the Plastic Surgery Division

- Participation in institutional Quality Management Committees
- Grand Rounds
- Patient Satisfaction Surveys
- Core Measures
- Utilization Management
- Scholarly activity resulting in implementation of initiatives to improve patient quality and safety of care

The Program also participates in Quality Improvement/Patient Safety Conferences during a monthly Morbidity and Mortality conference. Participants complete the prescribed Patient Safety/M&M/Occurrence Review Form if applicable to the institution. Residents present relevant literature regarding evidence-based medicine at this monthly conference.

The resident, along with faculty and relevant staff, helps to identify the quality improvement issue, develops a process to address the issue and then provides follow-up. The results are then presented to the department.

Some examples of quality improvement projects include: 1) tracking patients who develop thromboembolic complications 2) Following outcomes of patients who receive transfusions during surgery 3) Developing a curriculum to improve teaching placement of arterial lines.

Supervision Policy

Supervision Policy

In addition to complying with the **GME Supervision Policy**, the program's policies and procedures are:

Program Supervision Policy

Guidelines for Supervision of Resident Activities
These guidelines are established to help ensure patient safety, enhance the quality of patient care and improve the training experience of the residents. Consistent with the philosophy of progressively increasing individual responsibility, these guidelines are intended to provide the opportunity for graded levels of responsibility on the part of the resident.

These **minimum** guidelines apply to all residents enrolled in the Plastic Surgery Residency Program, and attending surgeons of all institutions affiliated with the University of Colorado Plastic Surgery Residency Program

General Guidelines:
In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care.

- This information should be available to residents, faculty members, and patients.
- Residents and faculty members should inform patients of their respective roles in each patient's care.
- An appropriate level of supervision must exist for all residents providing patient care.
- The level of supervision and communication between the attending surgeon and any resident surgeon will be sufficient to ensure that the clinical care delivered meets the established community standard of care. The ACGME-approved levels of supervision are defined as follows:

Direct Supervision – the supervising physician is physically present with the resident and patient.

Indirect Supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

Indirect Supervision with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone and / or electronic modalities

Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

1. Oversight must exist at all times. The resident surgeon will be able to identify and contact the attending surgeon responsible for a given patient at all times.
2. Indirect Supervision with direct supervision immediately available is

required for all ambulatory or non-urgent care during daytime hours of operation. An attending surgeon is required to be available on-site at the facility during daytime hours of operation.

3. Indirect Supervision with direct supervision available is required for all ambulatory or non-urgent care during evening / nighttime hours of operation. An attending surgeon is required to be available via telephone or pager during evening hours of operation.
4. Oversight is required for all inpatient admissions. For inpatient admissions, an attending surgeon or supervising resident surgeon will be notified of the admission and such notification will be documented in the subordinate resident surgeon's admission note. An attending surgeon will personally see and evaluate each assigned inpatient admission within 24 hours of admission, and co-sign the resident surgeon's admitting note or create their own documentation.
5. Indirect Supervision with direct supervision available is required for the on-going care of all inpatients on the floor. For inpatients, resident surgeons should maintain ongoing communication **at least one time per day** with the designated attending surgeon. The attending surgeon should document such communication by co-signing the resident surgeon's progress note, or the resident surgeon will include in his progress note that the case has been discussed with the attending surgeon.
6. There is a **mutual responsibility** on the part of the attending surgeon and the resident surgeon to recognize the need for increased communication to ensure patient safety. Residents must contact the attending surgeon in the following circumstances: a) limited experience of the resident surgeon b) increased acuity of the patient's condition (e.g. transfer to intensive care unit, need for higher level of clinical care, etc.) c) higher risk of complication or mortality associated with the clinical intervention being considered.

Lines of Supervision and Communication:
Consistent with the philosophy of graded levels of responsibility, it is expected that the subordinate resident surgeon will directly communicate with, and be, in turn, supervised by the most senior supervising resident surgeon on their assigned surgical team. In turn, it is expected that the most senior supervising resident surgeon will directly communicate with the designated attending surgeon. **In urgent or emergency situations, immediate communication with the attending surgeon by any resident surgeon on the team is required.**

Invasive Procedures and Operations:

1. The determination of the level of supervision, either direct supervision or indirect supervision with direct supervision immediately available, is left to the designated attending surgeon within the context of the level of responsibility assigned to the individual resident involved and the complexity of the procedure. Examples of cases for which the attending may choose not to be physically present include—but are not limited to—'simple' cases (incision and drainage, debridement, repair of lacerations, excision of small skin/subcutaneous lesions), and those cases for which the resident has

demonstrated prior competence and the ability to perform the procedure expeditiously.

2. In the event that an attending surgeon elects to provide indirect supervision with direct supervision immediately available for an operation, the supervising resident surgeon will ensure that appropriate documentation of the attending surgeon's notification and approval of the operation was obtained **prior** to proceeding with the operation. In addition, the attending surgeon will be immediately available to provide direct supervision for all key portions of the operation.
3. An attending surgeon will provide direct supervision prior to the operation to see and evaluate each patient to ensure that appropriate documentation of a preoperative note has been performed.
4. An attending surgeon or supervising resident surgeon will ensure that appropriate informed consent has been obtained and documented in the medical record.
5. An attending surgeon or supervising resident surgeon will ensure that appropriate documentation of the procedure has been inserted into the medical record at the time of the procedure or operation.

Supervision of Call:

Residents taking call have attendings/senior residents immediately available by phone, providing indirect supervision with direct supervision available.

Process

The program maintains current call schedules with accurate information enabling residents at all times to obtain timely access and support from a supervising faculty member.

The Program Director will ensure that all program policies relating to supervision are distributed to residents and faculty who supervise residents. A copy of the program policy on supervision is included in the official Program Manual and provided to each resident upon matriculation into the program. This information is available to hospital staff on the intranet system.

Progressive Authority & Responsibility, Conditional Independence, Supervisory Role in Patient Care

Residents are monitored and assessed regularly by the faculty and program director regarding their abilities and progressive responsibilities in the care of patients based on the clinical and technical abilities and skills of the residents. Faculty formally evaluate resident performance in all core competencies at the completion of each rotation. The Clinical Competence Committee meets at least twice each year to review overall resident performance and assist the program director in making decisions regarding progression through the program. Residents must know the limits of their scope of authority, and the circumstances under which they are permitted to act with conditional independence.

Senior residents serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual fellow.

Guidelines for Circumstances and Events When Residents Must Communicate with the Supervising Attending

Residents **must** contact the attending in the event of:

- New patient consult
- Patient who requires operative or life support intervention
- Significant changes in clinical status (i.e. intubation, pressor requirement, flap congestion, need for blood transfusion, mental status change)
- Transfer of patient to/from ICU or to a higher level of care
- Wound complications
- Medication errors
- Formal patient complaints
- Need for cardiopulmonary resuscitation
- Death

Clinical Responsibilities by PGY Levels for Supervision

Appropriate Levels of Resident Supervision per PGY Year

LEVELS OF SUPERVISION

The trainee will not be performing the procedure	**Faculty Present** (Direct)	**Faculty in hospital and available for consultation** (Indirect with direct supervision immediately available)	**Faculty out of hospital but available by phone** (Indirect with direct supervision available)	**Supervising Resident Present** (Direct)	**Supervising Resident in hospital and available for consultation** (Indirect with direct supervision immediately available)	**Supervising Resident out of hospital but available by phone** (Indirect with direct supervision available)
NA	**1**	**2**	**3**	**4**	**5**	**6**

NON-PROCEDURAL ACTIVITIES	**PGY-1**	**PGY-2-5**	**PGY-6**	**PGY-7**	**PGY-8**
Admit patients to this service	5	6	3	3	3
Perform History and Physical Examination for patients on this service	5	6	3	3	3
Treat and Manage patients on this service including complex patients	5	6	3	3	3
Make referrals and request consultations	5	6	3	3	3

Provide consultations within the scope of his or her expertise	5	6	3	3	3
Supervise Allied Health Professionals on this service	NA	6	3	3	3
Transfer patients into our out of the ICU	5	6	3	3	3
Write orders regarding DNR status or other end of life decision	5	6	3	3	3

SOFT TISSUE

PROCEDURAL ACTIVITIES	**PGY-1**	**PGY-2-5**	**PGY-6**	**PGY-7**	**PGY-8**
Laceration repair	4	5	3	3	3
Incision and drainage	4	5	3	3	3
Wound debridement	4	5	3	3	3
Skin biopsy/ excision lesion	4	4	2	2	2
Open and close surgical incisions	4	4	2	2	2
Skin graft	4	4	2	2	2
Pedicled flap	1	1	1	1	1
Free flap	1	1	1	1	1

HAND

PROCEDURAL ACTIVITIES	**PGY-1**	**PGY-2-5**	**PGY-6**	**PGY-7**	**PGY-8**
Closed reduction/ splint fracture	4	5	3	3	3
Laceration repair	4	5	3	3	3
Fingertip amputation	4	5	3	3	3
Extensor tendon repair	4	4	3	3	3
Flexor tendon repair	4	4	1	2	2
Digital nerve repair	4	4	1	2	2
Incision and drainage hand infection	1	1	1	2	2
Fasciotomies	1	1	1	1	2
Major nerve repair	1	1	1	1	1
Carpal tunnel release	1	1	1	1	2
Ulnar nerve transposition	1	1	1	1	1
ORIF fracture	1	1	1	1	1
Arthroplasty	1	1	1	1	1
Dupuytren's release	1	1	1	1	1
Syndactyly repair	1	1	1	1	1
Flap coverage upper extremity	1	1	1	1	1
Replantation	1	1	1	1	1

CRANIOFACIAL

PROCEDURAL ACTIVITIES	PGY-1	PGY-2-5	PGY-6	PGY-7	PGY-8
Laceration repair	4	5	3	3	3
Closed reduction nasal fracture	4	4	3	3	3
Removal arch bars	4	4	3	3	3
ORIF facial fractures	1	1	1	1	1
Cleft lip repair	1	1	1	1	1
Palatoplasty	1	1	1	1	1
Secondary cleft procedures	1	1	1	1	1
Major craniofacial reconstruction	1	1	1	1	1

BREAST AND AESTHETIC

PROCEDURAL ACTIVITIES	PGY-1	PGY-2-5	PGY-6	PGY-7	PGY-8
Incision and drainage	4	5	3	3	3
Removal implant	1	1	2	2	2
Breast reduction	1	1	1	1	2
Breast augmentation	1	1	1	1	2
Breast reconstruction	1	1	1	1	1
Injection of botulinum toxin	NA	NA	1	2	2
Injection of fillers	NA	NA	1	2	2
Laser treatment	NA	NA	1	2	2
Abdominoplasty	1	1	1	1	2
Suction lipectomy	1	1	1	1	2
Blepharoplasty	1	1	1	1	1
Facelift/Browlift	1	1	1	1	1
Septoplasty/Rhinoplasty	1	1	1	1	1

Transitions of Care Guidelines – Hand-off Process

Transitions of Care (Structured Patient Hand-off) Policy

In addition to complying with the GME **Transitions of Care (Structured Patient Hand-off) Policy**, the program's transition of care process that is used is:

Transitions of care are necessary in the hospital setting to ensure quality patient care. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions:

- Change in level of patient care, including inpatient admission from an outpatient

procedure or diagnostic area or ER and transfer to or from a critical care unit
- Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas
- Discharge, including to home or another facility
- Change in provider or service, resident sign-out, and rotation changes for residents

The transition/hand-off process must involve verbal or written communication of the following information in a standardized format that is universal across all services:
- Identification of patient, including name, medical record number, and date of birth
- Identification of admitting/primary physician
- Diagnosis and current status/condition of patient
- Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken
- Changes in patient condition that may occur requiring interventions or contingency plans

University of Colorado Hospital and Children's Hospital Colorado use computerized sign out tools via the EPIC system. These provide a valuable resource in maintaining safe transitions of care. At Denver Health Medical Center and the VA Medical Center, transitions are conveyed in a written format. Signout is also provided verbally between residents at equivalent levels, i.e. intern to intern and resident or mid-level to covering resident. Faculty members who are responsible for the clinical status and care plans are available at all times via pager or telephone as per the supervision policy. This provides an important resource for residents should unanticipated clinical needs arise.

- **P**atient: Communicate the patient's name, identifies, age, sex, and location
- **P**lan: Communicate the patient diagnosis, treatment plan and next steps
- **P**urpose: Provide a rationale for the care plan
- **P**roblems: What's different or unusual about this specific patient?
    - **P**recautions: What's expected to be different or unusual about the patient?

Hospital Specific Protocol

Children's Hospital Colorado - Provide appropriate handoffs in patient care by maintaining accurate patient list on EPIC and coordinating signout between the midlevel PA and backup 3rd year general surgery resident on call. The plastic surgery attending on first call will receive signout directly from other attendings.

Denver Health Medical Center - Provide appropriate handoffs in patient care by maintaining an accurate patient list and coordinating signout between the intern and mid-level PAs to the intern covering at night as well as the supervising senior general surgery resident on call.

University of Colorado Hospital - Provide appropriate handoffs in patient care by maintaining an accurate patient list on EPIC and coordinating signout between the intern and mid-level PAs to the intern covering at night as well as the supervising 3rd year general surgery resident on call.

Veterans Administration Medical Center - Provide appropriate handoffs by maintaining accurate patient list and coordinating signout to general surgery intern or hospitalist and supervising senior general surgery resident.

USMLE, COMLEX, & LMCC Examinations

Policy on USMLE, COMLEX, & LMCC Examinations
In addition to complying with the GME **USMLE, COMLEX, & LLMC Examinations Policy** , the program's policies and procedures are:

Residents must have successfully passed their USMLE Step 3 exam before they can advance to the PGY2 level.

Medical Student Learning Objectives

Core topics for medical students:

- General: wound healing, infections, flaps and grafts
- Peds: cleft lip/palate, craniosynostosis, vascular malformations/skin lesions
- Hand: fractures, nerve compressions, tendons, infections
- Breast: augmentation, reduction, recon (implant and autologous)
- Trunk/Lower Extremity: trunk recon, pressure sores, lower extremity recon
- Head/Neck: facial trauma
- Aesthetic: body contouring, facial aesthetic procedures, injectables and lasers

ACGME Specific Program Requirements

The program will incorporate the current Accreditation Council for Graduate Medical Education program requirements within this Program Manual annually.

Common Program Requirements

Program Requirements – Plastic Surgery