Rotation Curriculum: Plastic Surgery

I. **Duration and Level:** One month (May) at the PGY2 level.

II. **Location:** Carle Foundation Hospital

III. **Responsible Faculty:**
Jonathan Bailey, MD, DMD, FACS
OMFS Program Director
217-383-3280

Paul Li, MD
Clerkship Director
217-326-2000

IV. **Description of Rotation:** The plastic surgery rotation is designed to provide residents with exposure to the principle and practice of plastic and reconstructive surgery. Residents’ experiences will include outpatient clinics, and all levels of operative care (pre, intra, peri, and post). Over the course of the rotation residents will be exposed to a wide variety of cases from simple lacerations to complex microvascular and myocutaneous flap repair for complex reconstructive problems. The residents will gain experience in head and neck surgery and reconstructive breast surgery. More specifically, OMFS residents on the plastic surgery rotation will:

A. Develop an understanding of the nature and principles of correction and reconstruction of congenital and acquired defects of the head, neck, trunk and extremities.

B. Learn to manage acute, chronic, and neoplastic defects not requiring complex reconstruction.

C. Develop an understanding of benign and malignant diseases of the skin and soft tissues of the head, neck, extremities, and trunk.

D. Develop skills in reconstructive surgery including reconstructive breast surgery.

E. Be able to diagnose and treat all depths of burns.

F. Be able to demonstrate an understanding of the principle and practice of microvascular surgery and myocutaneous flap for complex wound reconstruction.

G. Perform plastic wound closure, both simple and complex, with an understanding of how technique affects the final scar.

H. Perform an examination of hand injuries and devise a treatment plan for those injuries.

I. Be able to provide pre, intra, and postoperative care for a variety of plastic surgery procedures.

J. Practice cost-effective healthcare, and be able to demonstrate knowledge of proper resource allocation without compromising quality of care.
K. Under the supervision of the attending physician, engage in decision-making and planning as it relates to patient care and treatment specific to plastic surgery.

V. Responsibilities: While on this rotation, resident are free from all OMFS service assignments and responsibilities.

A. Daily Schedule: Residents will cover all plastic surgery consults from 6am until 6pm. The night float resident will take over plastic surgery coverage from 6pm until 6am the following morning. Residents assigned to plastic surgery will round on all plastic surgery patients independently as well as with attending physician as requested. The plastic surgery resident may also cover operative cases as assigned by the Chief Resident on the general surgery service.

B. Record Keeping:
1. Residents should write daily notes for all of the patients for whom they are responsible.
2. Documentation of surgical and bedside procedures should occur at the time of the procedure or daily as is required.
3. Discharge summaries are dictated on all patients.
4. Clinic notes are written by the resident and reviewed and signed by an attending.
5. Residents must be certain that problem and medication lists are updated as needed.
6. Consents for surgery are obtained under the direct supervision of an attending.
7. Residents must complete all necessary paperwork to schedule patients for surgery as well as secure the necessary consultations before, during and after surgery.

C. Order Writing: Only the residents or staff plastic surgeons in charge of a patient may write orders. If you are consulting for a patient on another service, necessary recommendations may be made by phone to the service responsible for that patient. Orders should be written for those off-service patients only if requested by the service responsible for the patient.

D. Continuity of Care: Plastic surgery patients remain the responsibility of the plastic surgery service until discharge. If plastic surgery patients are in the ICU, residents must consult SICU or MICU for proper management of patients as the plastic surgery attending physicians do not have ICU admitting privileges. If a plastic surgery patient experiences medical problems, consultations should be obtained and the patient should be followed in the medical clinics so long as he/she does not have a primary care physician. Plastic surgery follow-up visits are scheduled for the outpatient plastic surgery clinic.

E. Conferences: OMFS residents on the plastic surgery rotation should attend all plastic surgery education conferences.

F. Didactic Teaching: Plastic surgery faculty will give impromptu lectures throughout the rotation cycle. Residents are also expected to utilize plastic surgery textbooks and journals to engage in case-based reading.

G. Call: Call coverage for plastic surgery lasts from 6am – 6pm. Night calls are covered by the night float resident. Adequate sign out to and from the night float resident is essential. While on call for plastic surgery during the day, the resident will respond to consults in a timely fashion and contact the appropriate plastic surgery faculty as soon as all data is available.

VI. Resident Evaluation, Progress and Promotion
A. Throughout the rotation residents will be evaluated using direct observation, written and verbal feedback by the rotation coordinator.
B. Remediation procedures for poor evaluations are determined by the Faculty and are subject to approval by the Program Director. Remediation may include repeating the rotation, additional assignments, or further other measures as needed.

C. Residents will be asked to complete an end-of-rotation evaluation.

D. Evaluations are scored on a 5 point scale from 1 (unsatisfactory) to 5 (outstanding). Scores of 2 (incomplete/needs remediation) or lower on any evaluations, including evaluations of rotations or rotation coordinators, will prompt a review and may result in remedial measures led by the OMFS Program Director and/or the DIO.

VII. Resources for Rotation:
A. Readings:

B. Certifications: ACLS certification must be completed by the end of the PGY1 year.

C. Vacation: Residents should not take vacation during the plastic surgery rotation.

VIII. Revision History: Created 10.6.09 MKC; Approved JB 10.23.09; Approved RP 11.5.09; Reviewed 10.21.11 by CLO; Revised updated 10.31.12 by LKA; Approved JB 10.31.12; Approved RP 11.7.12

IX. Document References and Resources: CFH Family Medicine Residency Program; Education Specialist Nancy Barrett; Education Specialist Charmin Olion; Education Specialist Lynda Alper