

Plastic Surgery

1. **Overview:** This service is incorporated into Red or Gold General Surgery service. In the first 6 months of the academic year, Red Surgery will cover Plastic Surgery and in the latter 6 months, Gold Surgery will cover it. The residents on the respective General Surgery services will cover plastic surgery outpatients in the clinics and all in-patient care under the direction and supervision of Dr. Prunes and Dr. Tai. This additional coverage of plastic surgery will provide exposure and learning opportunities in the principle and practice of plastic and reconstructive surgery.

2. **GOALS:**
 - Demonstrate an understanding of the nature and principles of correction and reconstruction of congenital and acquired defects of the head, neck, trunk, and extremities.

 - Demonstrate the ability to manage the treatment of acute, chronic, and neoplastic defects not requiring complex reconstruction.

 - Demonstrate an understanding of the approach to head and neck surgery including benign and malignant diseases and reconstructive surgery

 - Demonstrate an understanding of the principle and practice of breast reconstructive surgery

 - Demonstrate and understanding of the principle and practice of microvascular surgery and myocutaneous flap for complex wounds.

3. **OBJECTIVES**
 - a. **Patient Care:** By the completion of this rotation, residents will demonstrate knowledge of and skills in plastic surgery examination of patients with plastic surgery or plastic surgery disease or injury. They will:
 - i. Demonstrate the ability to perform adequate history and physical examination.
 - ii. Demonstrate the ability to perform plastic wound closure, both simple and complex.
 - iii. Demonstrate the ability to perform examination of hand injury and devise treatment plan for various hand injuries.
 - iv. Demonstrate the ability to provide pre-and postoperative care of a variety of plastic surgical procedures.

 - b. **Medical Knowledge:** By the completion of this rotation, residents will be able to:

- i. Demonstrate an understanding the principle and practice of plastic surgery in the management of complex wounds.
 - ii. Demonstrate an understanding of the principles of myocutaneous flaps, skin graft and microvascular techniques
 - iii. Demonstrate an understanding of breast reconstructive surgery
 - iv. Demonstrate an understanding of skin of soft tissue physiology, pathophysiology and pathology.
 - v. Demonstrate an understanding of head and neck surgery including parotid surgery.
- c. **Practice-based learning:** Residents are expected to
 - i. Be able to evaluate own performance,
 - ii. Incorporate feedback into improvement activities;
 - iii. Effectively use technology to manage information for patient care and self-improvement.
- d. **Interpersonal and communication skills:** Residents are expected to:
 - i. Create and sustain a therapeutic and ethically sound relationship with patients.
 - ii. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
 - iii. Work effectively with others as a member of the Plastic surgery team.
- e. **Professionalism:** Residents are expected to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. They are expected to:
 - i. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients that supercedes self-interest; accountability to patients; and a commitment to excellence and on-going professional development.
 - ii. Demonstrate a commitment to ethical principles pertaining to confidentiality of patient information and informed consent.
 - iii. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
- f. **Systems-based practice:** Residents are expected to:
 - i. Demonstrate understanding of how their patient care and other professional practices affect other health care professionals and the hospital.
 - ii. Practice cost-effective health care and demonstrate knowledge of resource allocation that does not compromise quality of care
 - iii. Advocate for quality patient care and assist patients and families in dealing with the complexities of the system.

4. **CLINICAL EXPERIENCE**

The resident on either general surgery service will cover plastic surgery. Experience included outpatient clinics, inpatient pre- and post operative care and intraoperative experiences. The resident will be exposed to a vast variety of cases from simple lacerations to complex microvascular or myocutaneous flap repair of complex wounds. The resident will also have experience in head and neck surgery, including parotid gland surgery and breast reconstructive surgery.

5. **DIDACTIC COMPONENT**

Residents will be given impromptu lectures by the faculty of plastic surgery. They are expected to continue case-based reading from various plastic surgery textbooks and journals available in the library. They are given instructions on the examination of hand injury examinations and head and neck examinations. They are also expected to participate in all departmental educational conferences.

6. **RESPONSIBILITIES**

- a. **Decision-making:** Residents are expected to, based upon information gathered and the clinical situation, make independent decisions for patient care. These decisions are then reviewed with the staff plastic surgeon before being implemented, at any time, day or night, and at least on daily rounds.
- b. **Planning:** Residents planning for patient care with the staff plastic surgeon on a daily basis during patient rounds.
- c. **Direct patient care:** Residents have direct patient care responsibilities on the plastic surgery service with close, direct supervision by the staff plastic surgeons.
- d. **Record keeping:** The resident responsible for the patient, or the covering resident, writes daily notes. Appropriate documentation of surgical and bedside procedures is to occur at the time of the procedures or daily as is required. Discharge summaries are dictated on all. In the clinic, notes are written by the residents, reviewed and signed by the plastic surgery attending. It is the responsibility of the resident to be sure problem lists and medication lists are updated. Consents for surgery are obtained under direct supervision by the staff plastic surgeon. Residents are expected to fill out all necessary paperwork to schedule patients for surgery and to get the necessary consultations before, during and after surgery.
- e. **Order writing:** Only the residents or staff plastic surgeons in charge of the patient write orders. If you are consulting for a patient on another service, recommendations are made, if needed, by phone, to the service responsible for that patient and orders are written only if requested to do so by them.
- f. **Ongoing patient management:** The ongoing plastic surgery patient management remains the responsibility of the plastic surgery service, and the residents caring for that patient until the patient is discharged. While

the plastic surgery patients are in the intensive care unit, the resident must consult SICU or MICU for management of the patients, as the staff plastic surgeons do not have ICU admitting privileges. If the patient has any medical problems, medical consultations are obtained and the patient is then followed in the medicine clinics if he/she has no primary care physician. Patients are seen in follow-up for their plastic surgery complaints in the outpatient plastic surgery clinic.

7. **SUPERVISION:** One or more of the staff plastic surgeons directly and indirectly supervises surgical residents all times in the plastic surgery clinic, in the hospital, and in the operating room. An attending or a resident who has been certified by his/her department to be competent to perform and teach bedside procedures supervises all bedside procedures.
8. **SCHEDULE:** Residents on the appropriate general surgery service will cover all plastic surgery consults from 6 am to 6 pm. The night float resident will take over the plastic surgery coverage from 6 pm to 6 am. The resident assigned to cover plastic surgery will round on all plastic surgery patients and with the plastic attendings as requested. The resident will also cover operative cases as assigned by the chief resident on general surgery service.
9. **DISTRIBUTION OF GOALS, OBJECTIVES:**
Goals and objectives of this rotation are distributed at the beginning of the residency year to each resident. Copies are sent by email to each resident assigned to this rotation prior to the beginning of the rotation. Additional copies can be obtained in the surgery residency coordinator's office. The goals and objectives can also be assessed via the KMC surgery website: www.kmcsurgery.org
10. **METHODS OF IMPLEMENTATION:** Goals and objectives are implemented through one on one precepting, direct staff supervision, faculty and resident role modeling, case-based readings, daily rounds, and spontaneous and planned didactic sessions.
11. **SENIOR RESIDENT CONTACT:** The resident assigned to cover plastic surgery will have direct contact with the chief and senior resident of the general surgery service. Direct contact with the plastic surgery faculty is encouraged.
12. **VACATION:** Vacation may be taken during the general surgery rotation with the approval of the administrative chief resident who has the responsibility of setting up the call schedule. Request for vacation should be submitted at least 6 weeks in advance.

13. **CALL RESPONSIBILITIES:** Call coverage for plastic surgery is only from 6 am to 6 pm. The nighttime calls will be 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 time, the resident assigned will respond to consults in a timely fashion and contact the appropriate plastic surgery faculty as soon as all data is available.