PLASTIC SURGERY ELECTIVE
PGY-2 or 3 (1-Month Rotation)

Description of Rotation

The Plastic Surgery elective rotation is intended to provide Family Medicine residents with experience in caring for patients with cosmetic or reconstructive needs. During this rotation the resident will develop surgical skills such as preoperative and postoperative care, and competency in basic surgical procedures. Resident will interact with patients in both the inpatient and outpatient settings, as well as assist in the operating room.

This rotation is designed to enable residents to achieve competency in the management of and proper referral for a wide variety of both elective and functional procedures typically brought to the attention of family physicians. The structure of the experience entails a one-month rotation on the Plastic Surgery service at Mount Carmel St. Ann’s Hospital during the PGY-2 or 3 year, with a focus on surgical technique and preoperative, operative, and postoperative care in the hospital setting, and exposure to common ambulatory surgical procedures.

Upon completion of the 1-month rotation, residents should be able to:
1. Demonstrate a clear understanding of preoperative assessment, intraoperative care, and postoperative care.
2. Develop the necessary knowledge, skills and attitudes to recognize, manage, and appropriately refer those surgical conditions commonly encountered in family medicine.
3. Develop familiarity with the indications for, risks, benefits, and methods of performance of surgical procedures essential to family medicine.
4. Demonstrate competent suturing skills.
5. Skillfully complete simple in-office surgical procedures, such as mole or cyst removal.

Patient Care

Goal
Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Competencies
Residents are expected to:
1. Communicate effectively.
2. Understand risks, benefits and alternatives to various surgical procedures.
3. Understand the indications for and the basic steps of various procedures.
4. See surgical patients pre-op in the office and counsel and educate them.
5. Manage patients effectively in the hospital during pre-operative/ post-operative periods.
6. See patients in office post-op and provide adequate care of wounds/ surgical incisions.
7. Perform medical procedures considered essential to the specialty of Family Medicine.

Objectives
At the conclusion of the rotation, residents will be able to:
- Identify patients appropriate for Plastic surgery referral.
- Perform a thorough clinical assessment of various surgical problems.
- Skillfully perform a preoperative assessment including these principles:
  - Surgical risk assessment, including identifying the risks of and precautions.
taken for certain co-morbidities.
- Recognize role of antibiotic prophylaxis for certain surgical procedures
- Patient preparation for certain surgical procedures (NPO, bowel prep)

- Demonstrate the following principles of intraoperative care and surgical technique:
  - Basic principles of asepsis and sterile technique, including proper hand washing technique, gloving, and gowning.
  - Monitoring of patients during surgery.
  - Fluid management
  - Indications for and risks of administering blood products
  - Temperature control of patients undergoing surgery.
  - Use/handling of the most common instruments used in surgery.
  - Proficiency in serving as a first-assistant in surgery.

- Develop familiarity with the indications for, risks, benefits, and methods of performance of surgical procedures essential to family medicine.

- Develop the following psychomotor skills:
  - Preoperative risk evaluation
  - Intraoperative skills
    - Incision and dissection, exposure and retraction, hemostasis, wound closure (ligature, staples, adhesive; suture selection, drains, dressings)
  - Postoperative skills (suture/ staple/ drain removal, steri-strips, dressing changes)
  - Minor surgical techniques
    - Local and digital block anesthesia
    - Simple excision
    - Basic laceration repair and skin suturing
    - Incision and drainage of soft tissue abscess and cysts
    - Needle aspiration and needle biopsy
    - Foreign body removal
    - Treatment of minor burns
    - Cauterization and/or electodesiccation
    - Punch biopsy

- Provide routine postoperative care
  - Provide appropriate wound care
  - Early patient mobilization
  - Appropriately manage fluids and electrolytes
  - Appropriately manage postoperative pain
  - Perform various suctions and drains postoperatively
  - Nutrition in the postoperative patient
  - Manage deep venous thrombosis (DVT) prophylaxis

- Recognize and appropriately manage common postoperative complications
  - Fever - identify the major causes
  - Wound dehiscence, and healing by primary and secondary intention
  - Urinary problems - retention, oliguria
  - Hemorrhage or Shock
  - Pneumonia, atelectasis, respiratory insufficiency, pulmonary embolus
  - Transfusion reaction
  - Thrombophlebitis (DVT)
  - Ileus
  - Infection

Medical Knowledge
Goal
Residents must demonstrate knowledge of current standards of care in the field of plastic surgery, as well as the application of this knowledge to patient care.

Competencies
- Clear understanding of the basic principles of surgical diagnosis, preoperative assessment, intra-operative care, and postoperative care.
- Sufficient knowledge of basic anatomy and physiology, and ability to discuss the impact of the aging process and pregnancy, as it relates to common surgical procedures.
- Ability to explain normal wound physiology and the healing process, including:
  - Proper wound care.
  - Identifying conditions that interfere with normal wound healing (e.g., malnutrition, hyperglycemia, immunosuppression, etc).
  - Outlining the approach to abnormal wound healing (e.g., keloid formation, etc).

Objectives
By the end of the rotation the resident will have the knowledge to recognize, manage, and appropriately refer surgical conditions commonly encountered in family medicine, specifically:
- Pathophysiology, presentation, initial evaluation, early stabilization, management and appropriate disposition of patients who have the following surgical conditions (including but not limited to):
  - Neoplasia
  - acute trauma (burn injuries, gunshot/stab wounds, lacerations, blunt trauma)
  - skin problems (abscess, lipoma, sebaceous cyst, pilonidal cyst, decubitus ulcers, other benign and malignant skin lesions)

Practice-Based Learning and Improvement

Goal
Residents must 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 life long learning.

Competencies
Residents are expected to develop skills and habits to be able to:
- Identify and perform appropriate plastic surgery activities
- Incorporate formative evaluation feedback into daily practice.
- Locate, appraise and assimilate evidence from related plastic surgery literature and journal clubs related to patients’ health situation and daily practice.
- Use information technology to optimize learning.

Objectives
At the conclusion of this rotation the Family Medicine resident will be able to:
- Utilize evidence-based medicine to determine appropriate strategies for plastic surgery
- Demonstrate the ability to facilitate the learning of others as with patient education
- Analyze one’s own practice for needed improvement

Systems Based Practice
Goal
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Competencies
Residents are expected to:
- Work effectively in various health care delivery settings relevant to surgical care
- Coordinate patient care within the health care system relevant to surgical care
- Incorporate cost awareness and risk-benefit analysis into patient care

Objectives
- Demonstrate the ability to work as part of a team with other physicians, nursing and ancillary staff to provide comprehensive care to the plastic or reconstructive surgical patient.

Professionalism

Goal
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Competencies
Residents are expected to demonstrate:
- Compassion, integrity, and respect for others
- Responsiveness to patient needs that supersedes self-interest
- Respect for patient privacy and autonomy
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

Objectives
By the end of the rotation, the resident will be able to:
- Demonstrate compassion and understanding to the diverse patient population while showing respect for the patient's privacy and autonomy at all times.
- Define these ethical and legal issues involved with surgery such as informed consent, end-of-life issues, quality of life, and organ donation

Interpersonal and Communication Skills

Goal
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

Competencies
Residents are expected to:
- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians and other health professionals/ agencies
- Work effectively as a member of a health care team
• Maintain comprehensive, timely, and legible medical records

Objectives
At the conclusion of the rotation, the residents will be able to:
• Discuss the importance of family physician and surgeon collaborating as partners in the evaluation of and decision making for the care of the surgical patient.
• Legibly and thoroughly document the findings, impression, and plan for each surgical patient, using the problem-oriented patient care system
• Identify the role of the surgeon and surgical subspecialists as consultants.
• Demonstrate ability to accurately and concisely present findings to surgical attending.
• Demonstrate skill in communicating with patients and families in the surgical setting.
• Effectively and compassionately communicate with patients and their families, being sensitive to multicultural beliefs and habits.
• Demonstrate sensitivity to the patient’s and family’s concerns regarding the surgical intervention.

Teaching Methods
Teaching methods will include clinical real-time teaching, practice, and supervision by Plastic Surgery teaching faculty, as well as teaching conferences such as Grand Rounds, M&M, case presentations and teaching rounds. They will have office hours three half days per week. Resources available to the resident include online computer resources as well as surgical reference materials in the residency library.

American Family Physician articles:


Administrative Information for the Surgery Rotations

Length: One 4 week Rotation  Status: elective  PGY: 2 or 3
Responsibilities to the Department of Family Medicine during this rotation
  # of half-days each week in the FP clinic: 3
  Call required: as determined by family practice in-patient service schedule, to be not more often than once every third night
Responsibilities to Plastic Surgery during this rotation
  Rounds: daily, as determined by the attending
  Call required: as determined by family practice in-patient service schedule, to be not more often than once every third night
  Presentations: as assigned by the plastic surgery attending

Assessment Method (Residents)

1. At the end of the rotation, the Plastic Surgery attending on the service will provide an
evaluation of the residents’ performance, using the evaluation form developed by the Family Medicine residency program. To successfully complete this rotation, the resident will demonstrate competence in all areas outlined in the curriculum. Cognitive competence must include not only familiarity with the factual aspects of Plastic Surgery, but also the ability to integrate such factual knowledge into the daily practice of family medicine.

2. At the end of the rotation, the resident will perform a self-assessment, using the goals and objectives in the rotation description, to assess competency and to determine areas which still need further training and/or exposure.

### Assessment Method (Program Evaluation)

1. The resident will evaluate the faculty and the Plastic Surgery rotation upon its completion by using the evaluation form developed by the Family Medicine residency program.
2. Both residents and faculty will complete the annual standard program evaluation.

### Level of Supervision

Supervision of residents is carried out by both direct and indirect observation by the attending surgeons on the Plastic Surgery service.

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I, ________________________ hereby attest I have read the above goals and objectives of the Plastic Surgery Rotation and have reviewed them with ________________________, who acts as my faculty advisor. I hereby attest that I understand these goals and objectives, how they relate to the 6 core competencies set forth by the ACGME, and agree to work diligently within their constructs.

________________________________________               _____________
resident signature                                                                                         date

________________________________________               _____________
faculty advisor signature                                                                                   date

Last revised: 2-23-12 (AC)