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

**Review Committee for Plastic Surgery**

**ACGME**

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

**Oversight**

**Participating Sites**

1. Is there a Program Letter of Agreement (PLA) for each participating site providing a required assignment? [PR I.B.2.] [ ]  YES [ ]  NO
2. At each participating site, will there be one faculty member, designated by the program director, who is accountable for resident education for that site? [PR I.B.3.a) [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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**Resources**

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

Explain if NO. (Limit response to 400 words)

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

Explain if NO. (Limit response to 400 words)

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

Provide the following information for all residents and fellows from other ACGME-accredited or non-ACGME-accredited programs and specialties assigned to the plastic surgery service. This list must include other plastic surgery residents or fellows admitted to this program or section, or fellows from other programs or services. [PR I.E.; I.E.1.]

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

**Personnel**

**Program Director**

1. Will program directors be provided dedicated time to oversee the administration of the program as follows: [PR II.A.2.a)]
	1. For programs with six or fewer residents, will the program director be provided a minimum of 20 percent FTE (at least six hours) support for the administration of the program? [PR II.A.2.a).(1)]

 [ ]  YES [ ]  NO [ ]  N/A

* 1. For programs with seven to 10 residents, will the program director be provided a minimum of 25 percent FTE (at least eight hours per week) support for the administration of the program? [PRII.A.2.a).(2)] [ ]  YES [ ]  NO [ ]  N/A
	2. For programs with 11 to 20 residents, will the program director be provided with a minimum of 30 percent FTE (at least 10 hours per week) of support for the administration of the program? [II.A.2.a).(3)] [ ]  YES [ ]  NO [ ]  N/A

Explain if NO. to any of above (Limit response to 400 words)

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1. Will the program director have a medical staff appointment at the primary clinical site for the residency program? [PR II.A.3.d)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will the program director participate in Continuous Certification by the American Board of Plastic Surgery or Maintenance of Certification by the American Osteopathic Board of Surgery – Plastic and Reconstructive Surgery? [PR II.A.3.e)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will the program director design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program? [PR II.A.4.a).(2)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will the program director administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains? [PR II.A.4.a).(3)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will the program director have the authority to approve program faculty members for participation in the fellowship program education at all sites? [PR II.A.4.a).(4)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will the program director have the authority to remove program faculty members for participation in the fellowship program education at all sites? [PR II.A.4.a).(5)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will the program director provide a learning and working environment in which fellows have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation? [PR II.A.4.a).(7)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will the program director ensure the program’s compliance with the Sponsoring Institution’s policies and procedures related to grievances and due process? [PR II.A.4.a).(8)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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**Faculty**

Identify the faculty member(s) designated as at each participating site. [PR II.B.]

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

1. Will the faculty devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities? [PR II.B.2.c)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will the program ensure that faculty will pursue faculty development designed to enhance their skills at least annually? [PR II.B.2.f)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will the faculty regularly participate in organized clinical discussions, rounds, journal clubs, and conferences? [PR II.B.2.e)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Describe the program’s plan for the faculty to collaborate with the program director to organize conferences that allow for the discussion of topics that will broaden knowledge in the field of plastic surgery and evaluate current information. [PR II.B.2.g)]

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**Program Coordinator**

1. Will there be dedicated time and support for a program coordinator, including:
2. 50 percent full time equivalent (FTE) (20 hours per week) for programs with up to six residents? [PR II.C.2.a)] [ ]  YES [ ]  NO [ ]  N/A
3. 70 percent FTE for programs with seven to 10 residents?

[PR II.C.2.a).] [ ]  YES [ ]  NO [ ]  N/A

1. 80 percent FTE for programs with 11 to 15 residents? [PR II.C.2.a).] [ ]  YES [ ]  NO [ ]  N/A
2. 90 percent FTE for programs with 16 to 20 residents? [PR II.C.2.a).] [ ]  YES [ ]  NO [ ]  N/A

Explain if NO to any of the statements above (Limit response to 400 words)

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1. Will the program, in partnership with its Sponsoring Institution, jointly ensure the availability of necessary personnel for the effective administration of the program? [PR II.D.] ☐ YES ☐ NO

Explain if NO. (Limit response to 400 words)

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**Resident Appointments**

**Eligibility Requirements**

1. Will the program inform the Review Committee of all training credit granted by the American Board of Plastic Surgery (ABPS) or the American Osteopathic Board of Surgery – Plastic and Reconstructive Surgery that affects a resident’s required educational program length? [PR III.A.2.b).(1)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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

Explain if NO. (Limit response to 400 words)

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**Resident Transfers**

1. Will integrated program ensure compliance with transfer requirements as outlined in Program Requirements III.C.2.a)-d)? [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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**Educational Program**

**Curriculum Components**

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

Explain if NO. (Limit response to 400 words)

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* 1. Will the program’s aims be made available to program applicants, residents, and faculty members? [PR IV.A.1.] [ ]  YES [ ]  NO
1. Will the curriculum contain competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice to autonomous practice. [PR IV.A.2.] [ ]  YES [ ]  NO
2. Will these goals and objectives be distributed, reviewed, and available to residents and faculty members? [PR IV.A.2.] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will the curriculum delineate resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision? [PR IV.A.3] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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

[PR IV.A.4.a)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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**ACGME Competencies**

**Professionalism**

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

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**Patient Care and Procedural Skills**

1. Describe how the program will ensure that residents in integrated plastic surgery programs will demonstrate competence in the following core surgical clinical areas: alimentary tract surgery; abdominal surgery; breast surgery (oncologic and aesthetic); emergency medicine; pediatric surgery; surgical critical care; surgical oncology (non-breast); transplant; trauma management; and vascular surgery. [PR IV.B.1.b).(1).(a)]

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1. **Indicate the settings and activities in which residents will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.**

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Competence in providing patients with pre-operative evaluation, provisional diagnoses, and initiation of treatment plan(s) prior to treatment and/or surgery[PR IV.B.1.b).(1).(b).(i) | Click here to enter text. | Click here to enter text. |
| Competence in providing patients with peri-operative and extended follow-up care so that the results of surgical care may be evaluated by the responsible residents[PR IV.B.1.b).(1).(b).(ii)] | Click here to enter text. | Click here to enter text. |
| Competence in surgical treatment of congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery[PR IV.B.1.b).(2).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Competence in surgical treatment of neoplasms of the head and neck, including those in the oropharynx[PR IV.B.1.b).(2).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Competence in surgical treatment for craniomaxillofacial trauma, including fractures[PR IV.B.1.b).(2).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Competence in aesthetic (cosmetic) surgery of the head and neck, trunk, and extremities[PR IV.B.1.b).(2).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Competence in reconstruction and cosmetic procedures of the breast[PR IV.B.1.b).(2).(a).(v)] | Click here to enter text. | Click here to enter text. |
| Competence in surgical treatment of the hand and upper extremities[PR IV.B.1.b).(2).(a).(vi)] | Click here to enter text. | Click here to enter text. |
| Competence in surgical treatment of the lower extremities[PR IV.B.1.b).(2).(a).(vii)] | Click here to enter text. | Click here to enter text. |
| Competence in surgical treatment of the trunk and genitalia[PR IV.B.1.b).(2).(a).(viii)] | Click here to enter text. | Click here to enter text. |
| Competence in burn reconstruction[PR IV.B.1.b).(2).(a).(ix)] | Click here to enter text. | Click here to enter text. |
| Competence in microsurgical techniques applicable to plastic surgery[PR IV.B.1.b).(2).(a).(x)] | Click here to enter text. | Click here to enter text. |
| Competence in reconstruction by tissue transfer, including flaps and grafts[PR IV.B.1.b).(2).(a).(xi)] | Click here to enter text. | Click here to enter text. |
| Competence in surgical treatment of benign and malignant lesions of the skin and soft tissues[PR IV.B.1.b).(2).(a).(xii)] | Click here to enter text. | Click here to enter text. |
| Competence in acute burn management[PR IV.B.1.b).(2).(b).(i)] | Click here to enter text. | Click here to enter text. |
| Competence in anesthesia;[PR IV.B.1.b).(2).(b).(ii)] | Click here to enter text. | Click here to enter text. |
| Competence in dermatology[PR IV.B.1.b).(2).(b).(iii)] | Click here to enter text. | Click here to enter text. |
| Competence in oculoplastic surgery or ophthalmology[PR IV.B.1.b).(2).(b).(iv)] | Click here to enter text. | Click here to enter text. |
| Competence in oral and maxillofacial surgery[PR IV.B.1.b).(2).(b).(v)] | Click here to enter text. | Click here to enter text. |
| Competence in orthopaedic surgery.[PR IV.B.1.b).(2).(b).(vi)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

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

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1. Describe how the program will ensure that residents will demonstrate competence in their knowledge of appropriate surgical diagnosis, surgical planning, surgical instrumentation, adjunctive oncological therapy, blood replacement, rehabilitation, care of emergencies, geriatric and end-of-life care, practice management, ethics, and medicolegal topics that are fundamental to plastic surgery. [PR IV.B.1.c).(2)]

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**Practice-based Learning and Improvement**

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

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**Interpersonal and Communication Skills**

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

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1. Describe one learning activity in which residents develop competence in communicating effectively with patients and families across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities and with physicians, other health professionals, and health-related agencies. Include how this will be assessed by the program. [PR IV.B.1.e).(1).(a)-b)] (Limit response to 400 words)

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

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

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

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**Systems-based Practice**

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

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

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1. Describe the learning activity(ies) through which residents will achieve competence in working in interprofessional teams to enhance patient safety and improve patient care quality and participating in identifying system errors and implement potential systems solutions. [PR IV.B.1.f).(1).(b)-(c)] (Limit response to 400 words)

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

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**Curriculum Organization and Resident Experiences**

1. Describe how resident experiences will be carefully structured to ensure graded levels of responsibility, continuity in patient care, a balance between education and clinical service, and progressive clinical experiences. [PR IV.C.3]

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1. Will residents in an integrated program be provided a minimum of 36 months in concentrated plastic surgery education? [PR IV.C.3.a).(1)] [ ]  YES [ ]  NO [ ]  N/A
2. Will residents in either an integrated or independent program have a minimum of 12 months of chief responsibility on the clinical service of plastic surgery? [PR IV.C.3.a).(2)] [ ]  YES [ ]  NO
3. Will residents in an integrated program complete the last 36 months of their education in the same plastic surgery program? [PR IV.C.3.a).(3)] [ ]  YES [ ]  NO [ ]  N/A
4. Will the program ensure that dedicated research time will not exceed 12 weeks for integrated programs, or six weeks for independent programs? [PR IV.C.5. [ ]  YES [ ]  NO
5. Will residents have a supervised experience providing patient care in an outpatient setting? [PR IV.C.4.] [ ]  YES [ ]  NO
6. Describe how the program will ensure that residents will participate in patient care in an ambulatory care setting, and function with an appropriate degree of responsibility and supervision. [PR IV.C.5]

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1. Will the program ensure that residents will have no more than 12 weeks of elective rotations for the duration of the educational program, including domestic elective rotations, domestic observational rotations, international elective rotations, and international observational rotations? [PR IV.C.7]

 [ ]  YES [ ]  NO

Explain if NO.

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**Program Responsibilities**

1. Will the program, in partnership with its Sponsoring Institution, ensure adequate resources to facilitate fellow and faculty involvement in scholarly activity? [IV.D.1.b)] [ ]  YES [ ]  NO

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

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**Faculty Scholarly Activity**

1. Will the program demonstrate accomplishments in at least three of the domains of scholarly activity as delineated in PR IV.D.2.a)? [ ]  YES [ ]  NO

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

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**Resident Scholarly Activity**

1. Will the program ensure that residents will demonstrate annual scholarship and/or academic productivity to include two or more of the domains of scholarly activity as delineated in PRs IV.D.3.a).(1).(a)-(f) ? [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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1. Will the program ensure that residents will participate in and present educational material at conferences? [PR IV.D.3.b)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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**Resident Evaluation**

1. Will the program ensure that residents will be provided a copy of the written evaluation at the completion of each assignment? [PR V.A.1.a).(1)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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

Explain if NO. (Limit response to 400 words)

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

Explain if NO. (Limit response to 400 words)

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1. Describe the program’s policy for residents’ annual advancement. [PR V.A.1.e).(1)]

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**The Learning and Working Environment**

**Patient Safety**

1. Will the program ensure that residents participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions? [PR VI.A.1.a).(2).(b)]

 [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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**Supervision and Accountability**

1. Describe how the program will ensure that the appropriate level of supervision is in place for all residents based on each resident’s level of training and ability, as well as patient complexity and acuity. [PR VI.A.2.b).] (Limit response to 400 words)

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1. Will the program set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s)? [PR VI.A.2.e)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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**Professionalism**

* 1. Describe how the learning objectives of the program will be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. [PR VI.B.2.a)] (Limit response to 400 words)

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1. Will the program ensure that the learning objectives of the program be accomplished without excessive reliance on residents to fulfill non-physician obligations? [PR VI.B.2.b)] [ ]  YES [ ]  NO

Explain if NO. (Limit response to 400 words)

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

* 1. Describe how residents will receive training and experience in effective surgical practices with the involvement of interdisciplinary team members. [PR VI.E.2.a)] (Limit response to 400 words)

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* 1. Describe how residents will demonstrate competence in teamwork by collaborating with other surgical residents, fellows, faculty members, other physicians outside of the specialty, and non-physician health care providers to best formulate treatment plans for an increasingly diverse patient population. [PR VI.E.2.b)] (Limit response to 400 words)

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1. Describe how residents will develop a working knowledge of expected reporting relationships to maximize teamwork, quality care, and patient safety. [PR VI.E.2.c)] (Limit response to 400 words)

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1. Describe how the program will design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. Include a discussion about program and Sponsoring Institution hand-off policies and processes, resident and staff member education, and faculty development. [PR VI.E.3.a)]

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**In-House Night Float**

* 1. Describe resident night float rotations, including: the number of consecutive nights of night float and the maximum number of months of night float per year. [PR VI.F.6.a)] (Limit response to 400 words)

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**Institutional Data**

Report the total number of procedures performed during the most recently completed academic year at each site that will participate in the program. Site numbers must correspond to those in ACGME’s Accreditation Data System (ADS). For additional sites, add columns as necessary.

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

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

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| **Alimentary Tract/Abdominal Surgery** |
| Laparoscopic/endoscopic surgical technique | # | # | # | # |
| Abdominal wall closure | # | # | # | # |
| Herniorrhaphy | # | # | # | # |
| Bowel anastomosis or repair | # | # | # | # |
| Other | # | # | # | # |
| **TOTAL Alimentary Tract/Abdominal Surgery** | # | # | # | # |
| **Breast and Oncologic Surgery** |
| Mastectomy | # | # | # | # |
| Lumpectomy | # | # | # | # |
| Axillary lymphadenectomy | # | # | # | # |
| Soft tissue extremity tumors | # | # | # | # |
| Trunk tumor resection | # | # | # | # |
| Head and neck tumor resection | # | # | # | # |
| Non-axillary lymphadenectomy | # | # | # | # |
| Other | # | # | # | # |
| **TOTAL Breast and Oncologic Surgery** | # | # | # | # |
| **Trauma/Critical Care/Anesthesia Procedures** |
| Central line placement | # | # | # | # |
| Tube thoracostomy | # | # | # | # |
| Tracheostomy | # | # | # | # |
| Intubation | # | # | # | # |
| Fasciotomy | # | # | # | # |
| Management of the critically ill surgical patient | # | # | # | # |
| Initial trauma resuscitation and stabilization | # | # | # | # |
| Burn resuscitation | # | # | # | # |
| Other | # | # | # | # |
| **TOTAL Trauma/Critical Care/Anesthesia Procedures** | # | # | # | # |