

GOALS AND OBJECTIVES OF ROTATIONS

Plastic and Reconstructive Surgery – Shands - Furlow Service (General Plastic Surgery)

This service sees the full spectrum of Plastic and Reconstructive Surgery patients, including complex problems and re-operative cases. The service is weighted toward pediatric and craniofacial patients. There is always one fellow (1, 2, or 3) on this service in addition to the 2 attendings and a physician extender to assist with the management of these patients.

1ST Year Resident - Manages inpatients on the adult and pediatric surgical wards, does initial history and physicals as needed when the PA is not available, sees patients in the clinic and establishes formal professional relationships, and participates in the operating room with maximum supervision. Since this is the first rotation for new residents in plastic surgery, the resident is expected to develop a familiarity with the broad spectrum of plastic surgery emergencies and urgent issues. At the completion of the rotation the resident should be able to:

Medical Knowledge

- Discuss the embryogenesis of cleft lip/palate
- The resident will obtain comprehensive knowledge of the anatomy, physiology, and embryology of the lower extremities, and use this information in the management of a variety of surgical problems of the leg.
- Describe the treatment protocol and draw the cleft lip and palate operations.
- Describe the clinical features of positional plagiocephaly, its etiology, and differentiation from lambdoidal synostosis.
- Describe the anatomy and physiology of skin grafts and demonstrate proficiency in these techniques
- The resident will be familiar with aesthetic diagnoses of the head and neck and understand the principles of surgical treatment of such problems.
- Describe the design and physiology of local flaps for facial reconstruction
- Describe the techniques of Mohs surgery, indications for its use and reconstructive options.
- Describe the fundamentals of breast reduction methods and the details of the vertical reduction mammoplasty
- Critically evaluate and demonstrate knowledge of pertinent scientific information.
- Demonstrate knowledge of anatomy and physiology of the hand and forearm
- Understand the criteria for consulting hand therapy
- Understand the different types of hand and forearm splints and indications for placing them
- Diagnose upper extremity compartment syndrome
- Know the threshold to treat a devascularized digit, hand, or extremity with an amputation vs. a revascularization
- Demonstrate ability to diagnose infections of the digits, hand, and forearm

Patient Care

- The resident will provide patient care that is compassionate, appropriate, and effective.
- Formulate definitive treatment plan for particular skin lesions by choosing a surgical or nonsurgical treatment modality (based on size, anatomical location, and physical condition of the patient) with supervision.

- Understand the fundamental differences between hemangiomas and vascular malformations, and the implication for treatment
- Demonstrate the examination of the head and neck
- Understand the fundamentals of facial trauma and its management.
- The resident will demonstrate knowledge of breast reduction with participation in breast reduction operations.
- The resident will demonstrate knowledge of the biologic behavior, histology, physiology and management principles of benign and malignant processes of the breast, and carry out comprehensive medical and surgical management of such problems with supervision.
- The resident will become familiar with aesthetic surgery of the trunk and breast, and undertake comprehensive surgical management of such diagnoses with supervision.
- Apply anatomic and biomedical knowledge to the choice of procedures for lower extremity reconstruction..
- Perform reconstructions of major tendon or nerve injuries of the upper extremity with supervision.
- Understand the basic concepts of laser therapy.
- The resident will demonstrate understanding of various aesthetic procedures and perform aesthetic procedures with increasing levels of independence under appropriate supervision.
- Assist cleft lip/palate and craniofacial surgery
- Demonstrate ability to perform a hand exam after trauma or suspected infection
- Demonstrate ability to perform digital and median nerve blocks in the ER
- Demonstrate ability to reduce finger and hand fractures in the ER and OR
- Demonstrate ability to use the mini fluoroscopy in the OR and ER
- Understand how to place digit, forearm and upper extremity tourniquets and the threshold to reperfusion
- Demonstrate ability to reduce dislocated finger joints
- Perform decompressive fasciotomies of the upper extremity in the OR
- Demonstrate ability to perform digital amputations for trauma
- Demonstrate ability to treat upper extremity infections, both operatively and nonoperatively

Practice-Based Learning and Improvement

- The resident will investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
- Be committed to scholarly pursuits through the conduct and evaluation of research.
- Value lifelong learning as a necessary prerequisite to maintaining surgical knowledge and skill.

Interpersonal and Communication Skills

- Communicate and collaborate effectively with colleagues other health care professionals.
- Counsel and educate patients and families.
- Effectively document practice activities.
- Teach and share knowledge with colleagues, residents, students, and other health care providers.

Professionalism

- Respect the cultural and religious needs of patients and their families, and provide surgical care in accordance with those needs.
- Make sound ethical and legal judgments appropriate for a qualified surgeon.
- Demonstrate a commitment to continuity of patient care

Systems-Based Practice

- Demonstrate understanding of planning and utilizing OR resources
- Provide cost-effective care to surgical patients and families within the community.
- Demonstrate a knowledge of risk-benefit analysis.
- Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

2nd Year Resident - Participates in the middle management of both surgical ward and ICU patients, sees consults, and assists in the operating room with reduced supervision. When he/she is paired with the first year resident, he/she will assume a major responsibility for assisting with the orientation of the new resident. Sees patients in the clinic and establishes formal professional relationships. At the completion of the rotation the resident should be able to:

Medical Knowledge

- Demonstrate understanding of the craniosynostoses, including syndromic and nonsyndromic diagnoses.
- The resident will demonstrate knowledge of the physiology and biochemistry of wound healing and manage complex wounds using a variety of techniques to achieve normal healing and maximum aesthetic benefit.
- Understand the nature and role of dermal fillers and demonstrate the use of HA
- The resident will be familiar with aesthetic diagnoses of the head and neck and understand the principles of surgical treatment of such problems.
- The resident will demonstrate knowledge of the principles of a variety of special techniques in plastic surgery, including: liposuction, tissue expansion, laser treatments and dermabrasion, and utilize the techniques effectively in appropriate clinical scenarios.
- Demonstrate understanding of cleft lip and palate repair and perform these with assist
- Critically evaluate and demonstrate knowledge of pertinent scientific information.
- Know the different local and free tissue transfer reconstructions to treat acquired defects of the digits, hands, and forearm
- Know how to read and interpret upper extremity trauma films

Patient Care

- The resident will provide patient care that is compassionate, appropriate, and effective.
- Demonstrate ability to evaluate cosmetic surgery patients and formulate treatment plan—rhinoplasty, facelift, body contouring, and otoplasty with moderate supervision.
- Demonstrate ability to surgically manage fractures of the mandible and zygoma

- Formulate definitive treatment plan for particular skin lesions by choosing a surgical or nonsurgical treatment modality (based on size, anatomical location, and physical condition of the patient) with moderate supervision.
- Demonstrate understanding strategies for tissue expansion by participating in these cases in the O.R. and clinic.
- Apply anatomic and biomedical knowledge to the choice of procedures for lower extremity reconstruction.
- Participate in the reconstruction of congenital deformities of the upper extremity with moderate supervision.
- Perform reconstructions of major tendon or nerve injuries of the upper extremity with moderate supervision.
- The resident will demonstrate understanding of various aesthetic procedures and perform aesthetic procedures with increasing levels of independence under appropriate supervision.
- Understand and demonstrate the use of Botox in facial aesthetic surgery
- The resident will demonstrate knowledge of the biologic behavior, histology, physiology and management principles of benign and malignant processes of the breast, and carry out comprehensive medical and surgical management of such problems with moderate supervision.
- Execute the different local and free tissue transfer reconstructions, with assist
- Perform microsurgical vascular anastomoses on finger, hand, and forearm traumas, with assist
- Perform microsurgical nerve, tendon, and vein grafts to reconstruct acquired defects of the digits, hand, and forearm, with assist
- Demonstrate ability to treat devascularized digits and hands with vein grafts under the microscope, with assist
- Demonstrate ability to perform a CRIF/ORIF of hand and finger fractures in the OR, with assist

Practice-Based Learning and Improvement

- The resident will investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
- Be committed to scholarly pursuits through the conduct and evaluation of research.
- Value lifelong learning as a necessary prerequisite to maintaining surgical knowledge and skill.

Interpersonal and Communication Skills

- Communicate and collaborate effectively with colleagues other health care professionals.
- Counsel and educate patients and families.
- Effectively document practice activities.
- Teach and share knowledge with colleagues, residents, students, and other health care providers.

Professionalism

- Respect the cultural and religious needs of patients and their families, and provide surgical care in accordance with those needs.
- Make sound ethical and legal judgments appropriate for a qualified surgeon.
- Demonstrate a commitment to continuity of patient care

Systems-Based Practice

- Demonstrate understanding of planning and utilizing OR resources
- Provide cost-effective care to surgical patients and families within the community.
- Demonstrate knowledge of risk-benefit analysis.
- Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

Chief Resident - Works with the 1st year and 2nd residents and physician extenders to manage pre and postoperative patients. Responds to consults and formulates plan to present to the attending. Is responsible for patients in the intensive care units. Participates in operative procedures with minimal supervision. Sees patients in the clinic and establishes formal professional relationships. Prepares material for conferences and helps to coordinate medical student education. The 3rd year resident will function as the administrative chief resident for the residency program. At the completion of the rotation the resident is expected to:

Medical Knowledge

- Describe the body dysmorphic syndrome and understand its importance in plastic surgery .
- The resident will be familiar with aesthetic diagnoses of the head and neck and understand the principles of surgical treatment of such problems.
- The resident will demonstrate knowledge of the biologic behavior, histology, physiology and management principles of benign and malignant processes of the breast, and carry out comprehensive medical and surgical management of such problems with minimal supervision.
- Demonstrate knowledge and ability to code accurately.
- Critically evaluate and demonstrate knowledge of pertinent scientific information.

Patient Care

- The resident will provide patient care that is compassionate, appropriate, and effective.
- Demonstrate proficiency in executing the design and conduct of cleft lip and palate repair
- Demonstrate proficiency in breast reduction
- Demonstrate proficiency in breast augmentation planning and execution.
- Apply anatomic and biomedical knowledge to the choice of procedures for lower extremity reconstruction.
- Participate in the reconstruction of congenital deformities of the lower extremity with minimal supervision.
- Perform reconstructions of major tendon or nerve injuries of the lower extremity with minimal supervision.
- The resident will demonstrate understanding of various aesthetic procedures and perform aesthetic procedures with increasing levels of independence under appropriate supervision.
- Formulate definitive treatment plan for particular skin lesions by choosing a surgical or nonsurgical treatment modality (based on size, anatomical location, and physical condition of the patient) with minimal supervision.
- Demonstrate proficiency in liposuction and indications for its use.
- Demonstrate ability to use lasers to treat vascular lesions
- Demonstrate mastery of microsurgical techniques to reconstruct acquired defects of the upper extremity

- Demonstrate mastery of microsurgical techniques to reperfuse an ischemic digit or extremity
- Demonstrate mastery of different local and free tissue transfers to reconstruct acquired defects of the upper extremity

Practice-Based Learning and Improvement

- The resident will investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
- Be committed to scholarly pursuits through the conduct and evaluation of research.
- Value lifelong learning as a necessary prerequisite to maintaining surgical knowledge and skill.

Interpersonal and Communication Skills

- Communicate and collaborate effectively with colleagues other health care professionals.
- Counsel and educate patients and families.
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Professionalism

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- Make sound ethical and legal judgments appropriate for a qualified surgeon.
- Demonstrate a commitment to continuity of patient care

Systems-Based Practice

- Demonstrate understanding of planning and utilizing OR resources
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- Demonstrate knowledge of risk-benefit analysis.
- Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

Goals and Objectives

BURN Rotation

The rotation involves all aspects of care of the thermally injured patient. The residents participate in initial patient evaluation, admission to the Burn Center and all aspects of care throughout the hospital course. As an integral part of the Burn Care Team, the resident interacts with the multi-specialty ancillary staff and the Critical Care Medicine Service on a daily basis. The resident participates in all surgical procedures required by the burn patients and is available for outpatient burn clinic. At the completion of the burn rotation the resident should:

Demonstrate an understanding of the concepts of burn injury and its pathophysiology

Demonstrate the ability to apply these concepts to the evaluation, resuscitation, clinical management, and rehabilitation of the burned patient

Patient Care

Provide emergency burn patient evaluation and monitoring. Assess the appearance of the burn wound in relation to its depth, bacteriologic condition, healing potential, and requirement for intervention

Manage systemic effects of the burn wound in the critically injured surgical patient, considering:

- Sepsis
- Gastrointestinal (GI) effects
- Immunologic problems
- Cardio-respiratory effects

Manage treatment of inhalation injury:

- Flexible laryngotracheoscopy
- Ventilator management
- Manage wound therapy, including:
- Eschar formation and slough
- Re-epithelization

Manage eschar contracture and edema control:

- Techniques of escharotomy
- Techniques of fasciotomy

Evaluate electrical burns, including:

- Entrance and exit wound
- Cardiac, vascular, neurologic, ophthalmologic effects of deep tissue destruction.
- Determine the level of care and need for transfer to a burn facility
- Select and apply appropriate dressings and antibacterials
- Implement fluid resuscitation protocols for children and adults

Summarize the activities of a specialized burn team or unit in the overall management of the burn patient to include the following:

- Physical therapy
- Occupational therapy
- Psychological counseling
- Recreational therapy
- Burn nursing

Use critical thinking when making decisions affecting the life of a patient and the patient's family.

Medical Knowledge

Review the criteria for adequate evaluation of a burned patient, including historical aspects of the type of burn and subjective physical findings

Outline the principles of burn shock, immunologic alteration, and bacteriologic pathology of burned skin

Review the basic principles and controversies concerning the management of the burn wound, and describe a clinical plan for its care

Describe and explain the following terms:

- Compartment syndrome
- Burn eschar contraction

Fasciotomy and escharotomy incisions and techniques

Analyze the principles of systemic and local antibacterial agents in the burn wound

Review and analyze the special circumstances, management, and rehabilitation of burns in the pediatric patient

Describe the pathology and management of inhalation injury, noting its relation to mortality, morbidity, and time course of patient recovery

Discuss an initial treatment plan for stabilization and fluid

Explain the special circumstances created by electrical, chemical, and inhalation burn injury, and apply their relation to management

Summarize the treatment of chemical burns to include pathology, sources, decontamination, and management

Manage surgical disorders based on a thorough knowledge of basic and clinical science.

Practice-Based Learning and Improvement

Be committed to scholarly pursuits through the conduct and evaluation of research.

Value lifelong learning as a necessary prerequisite to maintaining surgical knowledge and skill.

Interpersonal and Communication Skills

Collaborate effectively with colleagues and other health professionals.

Teach and share knowledge with colleagues, residents, students, and other health care providers.

Professionalism

Respect the cultural and religious needs of patients and their families, and provide surgical care in accordance with those needs.

Make sound ethical and legal judgments appropriate for a qualified surgeon

Systems-Based Practice

Describe the indications, techniques for harvest, application, immobilization, and care of split- and full - thickness skin grafts

Provide cost-effective care to surgical patients and families within the community.

Be prepared to manage complex programs and organizations.

Goals and Objectives

Plastic and Reconstructive Surgery – Shands - Jurkiewicz Service (General Plastic Surgery and Microsurgery)

This service treats the full spectrum of Plastic and Reconstructive surgery, including adults and children. There is always one plastic surgery resident on this service. There are two faculty and one physician-extender. This service has particular emphasis on reconstructive microsurgery, head and neck surgery, cleft lip/palate surgery, and cosmetic surgery. The resident is expected to manage the patients in the hospital with the assistance of the mid-level provider. The resident is expected to participate in clinic at least ½ day weekly. The more junior resident will be in charge of responding to emergency room consultations and coordinating the evaluation of inpatient consultations with the mid-level provider. The resident will perform operative procedures with the faculty. The amount of supervision and independence will be determined by faculty based on the resident's level within the program, the case complexity, and the resident's ability.

1st Year Resident- Manages the day to day inpatient care on the pediatric and adult wards, does initial history and physicals when the PA is unavailable, and participates in the operating room with maximum supervision. Evaluates patients in the emergency department and makes appropriate treatment decisions with an intermediate level of supervision. At the completion of the rotation the resident should be able to:

Medical Knowledge

- The resident will demonstrate knowledge of the physiology and biochemistry of wound healing and manage complex wounds using a variety of techniques to achieve normal healing and maximum aesthetic benefit.
- The resident will demonstrate knowledge of the histology, function, and development of the skin.
- The resident will demonstrate knowledge of the common congenital disorders and disease processes of the skin, as well as the pathophysiology of aging.
- The resident will demonstrate knowledge of the physiology and flaps and grafts, will be familiar with surgery in all types of flaps and grafts, and will utilize these effectively in the full spectrum of plastic surgical practice.
- The resident will demonstrate knowledge of the principles of microsurgery, and develop skills in basic microsurgery techniques including microneural repair and microvascular anastomosis.
- The resident will demonstrate knowledge of both biology and physiology of various implant materials including bone, cartilage, and alloplasts.
- The resident will demonstrate knowledge of the principles of a variety of special techniques in plastic surgery, including: liposuction, tissue expansion, laser treatments and dermabrasion, and utilize the techniques effectively in appropriate clinical scenarios.
- The resident will be familiar with aesthetic diagnoses of the head and neck and understand the principles of surgical treatment of such problems.
- The resident will demonstrate knowledge of the basic principles of immunology and tissue transplantation techniques for treatment of common plastic surgical problems.
- Critically evaluate and demonstrate knowledge of pertinent scientific information.

Patient Care

- The resident will provide patient care that is compassionate, appropriate, and effective.
- Participate in the care and treatment of scars and keloids
- Diagnose and treat patients with surgical wound infections.
- Evaluate patients and their nutritional status as related to wound healing
- The resident will demonstrate knowledge of the biologic behavior, histology, physiology and management principles of benign and malignant processes of the breast, and carry out comprehensive medical and surgical management of such problems with maximum supervision.
- Utilize splints, casts, dressings, topical agents, etc., to optimize healing.
- Utilize biologic and artificial skin substitutes in wound management.
- Participate in the surgery of grafts and flaps including: skin, dermis, cartilage, bone, tendon, muscle, fascia, and combined tissue.
- Participate in obtaining informed consent from patients; effectively documenting that agreement
- Treat patients with physical deformities and explore the psychological aspects of their care.
- The resident will demonstrate understanding of various aesthetic procedures and perform aesthetic procedures with increasing levels of independence under appropriate supervision.
- Formulate definitive treatment plan for particular skin lesions by choosing a surgical or nonsurgical treatment modality (based on size, anatomical location, and physical condition of the patient) with supervision.
- Participate in surgery on patients with congenital skin disorders.
- The resident will demonstrate knowledge of the pharmacology of drugs used in plastic surgical practice including antibiotics, anti-inflammatory agents, analgesics, and effectively utilize such drugs in a wide variety of settings.

Practice-Based Learning and Improvement

- The resident will investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
- Be committed to scholarly pursuits through the conduct and evaluation of research.
- Value lifelong learning as a necessary prerequisite to maintaining surgical knowledge and skill.

Interpersonal and Communication Skills

- Communicate and collaborate effectively with colleagues other health care professionals.
- Counsel and educate patients and families.
- Effectively document practice activities.
- Teach and share knowledge with colleagues, residents, students, and other health care providers.

Professionalism

- Respect the cultural and religious needs of patients and their families, and provide surgical care in accordance with those needs.
- Make sound ethical and legal judgments appropriate for a qualified surgeon.
- Demonstrate a commitment to continuity of patient care

Systems-Based Practice

- Demonstrate understanding of planning and utilizing OR resources
- Provide cost-effective care to surgical patients and families within the community.
- Demonstrate knowledge of risk-benefit analysis.
- Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

2nd Year Resident – When the most junior resident on the service, the second year resident manages the day to day care of inpatients on the pediatric and adult wards. Otherwise, helps the first year resident manage the inpatients, does initial history and physicals when the PA is unavailable and participates in the operating room with supervision. At the completion of the rotation the resident should be able to:

Medical Knowledge

- The resident will demonstrate knowledge of benign and malignant lesions, recognize the morphologic and histologic features of the more common lesions, and effectively manage small and large skin tumors using a variety of treatment methods.
- The resident will achieve detailed knowledge of the anatomy, physiology, embryology of the head and neck, and will apply this knowledge to the medical management of disorders and processes in this anatomic area.
- The resident will obtain knowledge of benign and malignant tumors of the head and neck, understand the biologic basis of treatment options for these lesions, and perform supervised management of such lesions including diagnosis, surgery and nonsurgical therapy.
- The resident will be familiar with aesthetic diagnoses of the head and neck and understand the principles of surgical treatment of such problems.
- The resident will be familiar with the mechanisms of traumatic head and neck injuries, understand the diagnostic techniques and therapeutic options for such problems, and perform supervised management of traumatic injuries of the head and neck.
- The resident will demonstrate knowledge of the anatomy, physiology, and embryology of the trunk and breast, and apply this knowledge to the supervised management of a variety of problems in these anatomic areas.
- The resident will demonstrate knowledge of management of problems of the breast and trunk, and carry out surgical management including reconstruction for such disorders.
- The resident will obtain comprehensive knowledge of the anatomy, physiology, and embryology of the lower extremities, and use this information in the management of a variety of surgical problems of the leg.
- Critically evaluate and demonstrate knowledge of pertinent scientific information.

Patient Care

- The resident will provide patient care that is compassionate, appropriate, and effective.
- Formulate definitive treatment plan for particular skin lesions by choosing a surgical or nonsurgical treatment modality (based on size, anatomical location, and physical condition of the patient) with moderate supervision.

- Demonstrate proficiency in extirpative surgery for a variety of benign and malignant skin lesions and associated locoregional disease, choosing the optimal treatment for the particular region to be treated.
- Participate in the Cleft-Craniofacial Team's multidisciplinary evaluation and treatment planning for congenital disorders of the head and neck.
- Provide perioperative care and participate in surgical treatment of patients with craniofacial anomalies with moderate supervision.
- Perform reconstructive surgery on the trunk, breast, and abdomen with increasing independence and surgical responsibility.
- Participate in the surgical management of thoracic and abdominal wall reconstruction with graduated independence
- Participate in reconstructive surgery on patients with developmental chest deformities with moderate supervision.
- Participate in surgical and nonsurgical management of pressure sores.
- The resident will demonstrate knowledge of the biologic behavior, histology, physiology and management principles of benign and malignant processes of the breast, and carry out comprehensive medical and surgical management of such problems.
- Participate in the evaluation of patients with developmental breast abnormalities and perform diagnostic studies; interact with appropriate consultants in allied areas.
- Participate in the full spectrum of reconstructive surgery after breast carcinoma, including procedures on the opposite breast; participate in long-term treatment and follow-up of these patients
- Participate in the reconstruction of posterior trunk congenital defects with moderate supervision.
- Critically analyze patients with developmental chest wall deformities for aesthetic and functional reconstruction.
- Participate in the reconstruction of major vascular lesions or injuries of the lower extremity with moderate supervision
- Evaluate and treat patients with lymphedema of the lower extremity.
- Undertake perioperative management and surgical treatment of patients with devascularizing injuries or conditions of the lower extremity with moderate supervision.
- Apply anatomic and biomedical knowledge to the choice of procedures for lower extremity reconstruction
- Participate in the reconstruction of congenital deformities of the lower extremity with moderate supervision.
- Perform reconstructions of major tendon or nerve injuries of the lower extremity with moderate supervision.
- The resident will demonstrate understanding of various aesthetic procedures and perform aesthetic procedures with increasing levels of independence under appropriate supervision.
- Perform aesthetic reconstruction and liposuction of the lower extremities with moderate supervision.

Practice-Based Learning and Improvement

- The resident will investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
- Be committed to scholarly pursuits through the conduct and evaluation of research.
- Value lifelong learning as a necessary prerequisite to maintaining surgical knowledge and skill.

Interpersonal and Communication Skills

- Communicate and collaborate effectively with colleagues other health care professionals.
- Counsel and educate patients and families.
- Effectively document practice activities.
- Teach and share knowledge with colleagues, residents, students, and other health care providers.

Professionalism

- Respect the cultural and religious needs of patients and their families, and provide surgical care in accordance with those needs.
- Make sound ethical and legal judgments appropriate for a qualified surgeon.
- Demonstrate a commitment to continuity of patient care

Systems-Based Practice

- Demonstrate understanding of planning and utilizing OR resources
- Provide cost-effective care to surgical patients and families within the community.
- Demonstrate knowledge of risk-benefit analysis.
- Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

Chief Resident: The chief resident is expected to oversee the service and help the more junior residents with medical decision making. Occasionally history and physicals need to be performed when the PA is unavailable. The chief resident is expected to participate in the operating room with minimal supervision. At the completion of the rotation the resident should be able to:

Medical Knowledge

- The resident will demonstrate a clear understanding of medicolegal and psychiatric aspects of plastic surgery practice, regularly obtain informed consent from patients, and perform a basic psychological evaluation when appropriate.
- The resident will demonstrate knowledge of the principles of microsurgery, and master basic microsurgery techniques including microneural repair and microvascular anastomosis.
- The resident will be familiar with the mechanisms of traumatic head and neck injuries, understand the diagnostic techniques and therapeutic options for such problems, and perform complete management of traumatic injuries of the head and neck.
- The resident will demonstrate knowledge of the anatomy, physiology, and embryology of the trunk and breast, and apply this knowledge to the comprehensive management of a variety of problems in these anatomic areas.
- The resident will obtain knowledge of benign and malignant tumors of the head and neck, understand the biologic basis of treatment options for these lesions, and perform complete management of such lesions including diagnosis, surgery and nonsurgical therapy.
- The resident will be familiar with aesthetic diagnoses of the head and neck and understand the principles of surgical treatment of such problems.
- The resident will demonstrate knowledge of patient evaluation, ICD-9 and CPT terminology, and office operating room management.

- Critically evaluate and demonstrate knowledge of pertinent scientific information.

Patient Care

- The resident will provide patient care that is compassionate, appropriate, and effective.
- Formulate definitive treatment plan for particular skin lesions by choosing a surgical or nonsurgical treatment modality (based on size, anatomical location, and physical condition of the patient) with minimal supervision.
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- Provide perioperative care and participate in surgical treatment of patients with craniofacial anomalies (cleft lip and palate) with minimal supervision.
- Perform reconstructive surgery on the trunk, breast, and abdomen with increasing independence and surgical responsibility.
- The resident will demonstrate understanding of various aesthetic procedures and perform aesthetic procedures with increasing levels of independence under minimal supervision.
- Participate in the surgical management of thoracic and abdominal wall reconstruction with minimal supervision
- Participate in reconstructive surgery on patients with developmental chest deformities with minimal supervision.
- Participate in the evaluation of patients with developmental breast abnormalities and perform diagnostic studies; interact with appropriate consultants in allied areas.
- The resident will demonstrate knowledge of the biologic behavior, histology, physiology and management principles of benign and malignant processes of the breast, and carry out comprehensive medical and surgical management of such problems with minimal supervision.
- Participate in the full spectrum of reconstructive surgery after breast carcinoma, including procedures on the opposite breast; participate in long-term treatment and follow-up of these patients
- Participate in the reconstruction of posterior trunk congenital defects with minimal supervision.
- Critically analyze patients with developmental chest wall deformities for aesthetic and functional reconstruction.
- Participate in the reconstruction of major vascular lesions or injuries of the lower extremity with minimal supervision.
- Evaluate and treat patients with lymphedema of the lower extremity.
- Undertake perioperative management and surgical treatment of patients with devascularizing injuries or conditions of the lower extremity.
- Apply anatomic and biomedical knowledge to the choice of procedures for lower extremity reconstruction.
- Participate in the reconstruction of congenital deformities of the lower extremity with minimal supervision.
- Perform reconstructions of major tendon or nerve injuries of the lower extremity with minimal supervision.
- Perform aesthetic reconstruction and liposuction of the lower extremities with minimal supervision.

Practice-Based Learning and Improvement

- The resident will investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
- Be committed to scholarly pursuits through the conduct and evaluation of research.
- Value lifelong learning as a necessary prerequisite to maintaining surgical knowledge and skill.

Interpersonal and Communication Skills

- Communicate and collaborate effectively with colleagues other health care professionals.
- Counsel and educate patients and families.
- Effectively document practice activities.
- Teach and share knowledge with colleagues, residents, students, and other health care providers.

Professionalism

- Respect the cultural and religious needs of patients and their families, and provide surgical care in accordance with those needs.
- Make sound ethical and legal judgments appropriate for a qualified surgeon.
- Demonstrate a commitment to continuity of patient care

Systems-Based Practice

- Demonstrate understanding of planning and utilizing OR resources
- Provide cost-effective care to surgical patients and families within the community.
- Demonstrate knowledge of risk-benefit analysis.
- Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

Plastic and Reconstructive Surgery – General Plastic and Hand Surgery at VA

This service treats a large number of patients with cutaneous malignancies, acute and chronic diseases of the hand, acquired defects of the breast, and facial dermatochalasis. Plastic and Reconstructive Surgery residents will accurately and effectively diagnose and treat both emergent and elective disorders of the hand. They will become skilled in the diagnosis of head and neck skin cancers and with varying degrees of supervision be able to excise and reconstruct these lesions. Residents will demonstrate excellent communication skills as they collaborate with the other health care professionals involved in comprehensive patient treatment, particularly the dermatologists, general surgeons, occupational therapists, orthopedists, and otolaryngologists. Residents will grow to independently offer the spectrum of breast reconstruction, including tissue expanders, pedicle flaps, and perforator free flaps. They will learn ethical, productive, and efficient ways to bill and code for procedures. On this service residents will become familiar with ways of instructing the next generation of surgeons, in the form of medical students, residents, or fellows. They will safely diagnose and treat as well as avoid surgical complications. Supporting this rotation is one physician extender and one general surgery resident (half of the year). The resident is supervised by UF/VA plastic surgery faculty in the both the clinic and the OR. The OR is also covered by

contract plastic surgeons with years of experience in private practice. The physician extender is an ARNP who streamlines the scheduling of surgery, freeing the resident for more educational endeavors, and sees urgent follow ups when the resident is scrubbed in the OR. The rotating general surgery intern gives the plastic surgery resident the chance to teach in both clinic and the operating room settings. Experienced RN's in clinic help with new patient consults and return patient visits.

1st Year Resident - The first year resident sees, evaluates, and presents new consults to the attending, manages the in-house plastic surgery patients, and is responsible for the preoperative and postoperative care. The resident will see patients in the clinic and establish a formal and professional relationship with patients. He/she will perform all operative procedures with maximum supervision. At the completion of the rotation the resident should be able to:

Medical Knowledge

- Understand the difference between urgent, emergent, and elective plastic surgery
- Demonstrate understanding of indications to perform local tissue transfers to chronic wounds.
- The resident will demonstrate knowledge of the physiology and biochemistry of wound healing and manage complex wounds using a variety of techniques to achieve normal healing and maximum aesthetic benefit.
- Understand the criteria for sending patients to hand therapy
- Have the ability to interpret EMG's and advise patients of options based on those studies
- Understand the different types of splints and indications for using them
- Understand the indications for dupuytren's surgery
- Understand the different surgical options for CMC arthritis
- Learn the indications for referral to Moh's surgery and perform local flap reconstructions with assist
- Diagnose and treat upper extremity compartment syndrome.
- Critically evaluate and demonstrate knowledge of pertinent scientific information.

Patient Care

- The resident will provide patient care that is compassionate, appropriate, and effective.
- Demonstrate ability to perform a hand exam
- Demonstrate ability to perform simple and complex wound closures
- Formulate definitive treatment plan for particular skin lesions by choosing a surgical or nonsurgical treatment modality (based on size, anatomical location, and physical condition of the patient) with supervision.
- Demonstrate the ability to administer digital and median nerve blocks in the clinic, OR, and ER
- Demonstrate ability to administer steroid injections for tendonitis, arthritis, and nerve compression relief
- Demonstrate ability to perform tendon repairs, nerve repairs, nerve decompression, tendon release, and digit amputations in the OR.
- Demonstrate ability to diagnose and treat skin cancers on the head, neck, and hand both in the office and the OR
- Demonstrate ability to evaluate hand trauma patients in urgent care and in the ER
- Demonstrate ability to surgically and medically treat hand and digit infections in urgent care, ER, and OR
- Demonstrate ability to reduce hand and finger fractures in the clinic, ER, and OR

- Demonstrate ability to use the fluoroscopy in the OR
- Demonstrate ability to use the mini fluoroscopy in the ER and OR
- Understand how to place digit, forearm, and arm tourniquets and the threshold to reperfusion
- Demonstrate ability to reduce dislocate finger joints
- Demonstrate ability to perform local tissue transfers and skin grafts to cover acquired defects in digits and face secondary to trauma or oncologic resection
- Apply anatomic and biomedical knowledge to the choice of procedures for lower extremity reconstruction.
- Demonstrate ability to diagnose and treat hand and finger burns
- Demonstrate ability to diagnose and manage facial trauma in ER (lacerations and fractures)
- Demonstrate ability to place and manage tissue expanders

Practice-Based Learning and Improvement

- The resident will investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
- Be committed to scholarly pursuits through the conduct and evaluation of research.
- Value lifelong learning as a necessary prerequisite to maintaining surgical knowledge and skill.

Interpersonal and Communication Skills

- Communicate and collaborate effectively with colleagues other health care professionals.
- Counsel and educate patients and families.
- Effectively document practice activities.
- Teach and share knowledge with colleagues, residents, students, and other health care providers.

Professionalism

- Respect the cultural and religious needs of patients and their families, and provide surgical care in accordance with those needs.
- Make sound ethical and legal judgments appropriate for a qualified surgeon.
- Demonstrate a commitment to continuity of patient care

Systems-Based Practice

- Demonstrate understanding of planning and utilizing OR resources
- Provide cost-effective care to surgical patients and families within the community.
- Demonstrate knowledge of risk-benefit analysis.
- Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

2nd Year Resident - The second year resident sees new office consults, makes decisions with direction from the attending about operative vs nonoperative management of plastic surgery problems, manages floor patients and in-house consults, and operates with reduced, but obvious supervision. At the completion of the rotation the resident should be able to:

Medical Knowledge

- Demonstrate ability to choose among various reconstructive options and defend that decision
- Demonstrate ability to diagnose and plan treatment for complex regional pain syndrome
- Demonstrate ability to identify and harvest sural nerve and PIN for sensory nerve grafts
- Demonstrate ability to perform an endoscopic carpal tunnel release and understand threshold to convert to an open procedure.
- Critically evaluate and demonstrate knowledge of pertinent scientific information.

Patient Care

- The resident will provide patient care that is compassionate, appropriate, and effective.
- Demonstrate ability to perform ORIF/CRIF of hand/finger fractures
- Demonstrate ability to execute CMC arthroplasty
- Demonstrate ability to perform an endoscopic carpal tunnel release and understand threshold to convert to an open procedure
- Demonstrate ability to independently perform (with assist) partial fasciectomy of Dupuytren's cords
- Demonstrate ability to reconstruct acquired defects of the upper extremity with local pedicle flaps (radial forearm, PIA, first dorsal interosseus)
- Demonstrate ability to harvest a free tissue transfer, with assist
- Demonstrate ability to perform ORIF of facial fractures
- Demonstrate ability to perform local tissue transfers to acute and chronic acquired defects.
- Formulate definitive treatment plan for particular skin lesions by choosing a surgical or nonsurgical treatment modality (based on size, anatomical location, and physical condition of the patient) with moderate supervision.
- Demonstrate ability to obtain informed consent
- Demonstrate ability to plan and execute local tissue flap reconstructions after Moh's surgery with assist
- Apply anatomic and biomedical knowledge to the choice of procedures for lower extremity reconstruction.

Practice-Based Learning and Improvement

- The resident will investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
- Be committed to scholarly pursuits through the conduct and evaluation of research.
- Value lifelong learning as a necessary prerequisite to maintaining surgical knowledge and skill.

Interpersonal and Communication Skills

- Communicate and collaborate effectively with colleagues other health care professionals.
- Counsel and educate patients and families.
- Effectively document practice activities.
- Teach and share knowledge with colleagues, residents, students, and other health care providers.

Professionalism

- Respect the cultural and religious needs of patients and their families, and provide surgical care in accordance with those needs.
- Make sound ethical and legal judgments appropriate for a qualified surgeon.
- Demonstrate a commitment to continuity of patient care

Systems-Based Practice

- Demonstrate understanding of planning and utilizing OR resources
- Provide cost-effective care to surgical patients and families within the community.
- Demonstrate knowledge of risk-benefit analysis.
- Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

Chief Resident - The chief resident assumes considerable responsibility and autonomy on this rotation. The chief is expected to take personal responsibility for the patients on the service and to be available to completely care for these patients. He/she manages floor patients, makes operative and nonoperative decisions about plastic surgery patients with reduced, but available attending supervision, does initial history and physicals, and executes decisions in the operating room with attending supervision. The chief is supervised by and has frequent contact with the attending. The chief prepares conference material and must be involved in the daily teaching of the junior residents and students. At the completion of the rotation the resident should be able to:

Medical Knowledge

- Demonstrate ability to interpret angiograms
- Demonstrate ability to diagnose and know treatment options for wrist arthritis
- Demonstrate ability to diagnose and know treatment options for Kienbock's disease
- Demonstrate ability to diagnosis and plan treatment options for Rheumatoid arthritis
- Demonstrate ability to diagnosis and plan tendon transfers
- Execute definitive treatment plan for particular skin lesions by choosing a surgical or nonsurgical treatment modality (based on size, anatomical location, and physical condition of the patient) with minimal supervision.
- Demonstrate ability to diagnose and plan for the treatment vascular disorders of the hand (Raynauld's disease, acute and chronic ischemia)
- Demonstrate ability to formulate a plan for cosmetic and reconstructive eyelid surgery
- Demonstrate ability to formulate plan for local flap reconstructions after Moh's surgery with minimal assistance.
- Critically evaluate and demonstrate knowledge of pertinent scientific information.

Patient Care

- The resident will provide patient care that is compassionate, appropriate, and effective.
- Demonstrate ability to interpret angiograms
- Demonstrate ability to execute treatment options for wrist arthritis
- Demonstrate ability to execute treatment options for Rheumatoid arthritis

- Execute definitive treatment plan for particular skin lesions by choosing a surgical or nonsurgical treatment modality (based on size, anatomical location, and physical condition of the patient) with minimal supervision.
- Demonstrate ability to plan and execute tendon transfers
- Apply anatomic and biomedical knowledge to the choice of procedures for lower extremity reconstruction.
- Demonstrate ability to treat vascular disorders of the hand (Raynaud's disease, acute and chronic ischemia)
- Demonstrate mastery of microsurgical tissue transfer, vessel, and nerve repair
- Demonstrate ability to plan and execute cosmetic and reconstructive eyelid surgery
- Demonstrate ability to plan and execute local flap reconstructions after Moh's surgery with minimal assistance

Practice-Based Learning and Improvement

- The resident will investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices.
- Be committed to scholarly pursuits through the conduct and evaluation of research.
- Value lifelong learning as a necessary prerequisite to maintaining surgical knowledge and skill.

Interpersonal and Communication Skills

- Communicate and collaborate effectively with colleagues other health care professionals.
- Counsel and educate patients and families.
- Effectively document practice activities.
- Teach and share knowledge with colleagues, residents, students, and other health care providers.

Professionalism

- Respect the cultural and religious needs of patients and their families, and provide surgical care in accordance with those needs.
- Make sound ethical and legal judgments appropriate for a qualified surgeon.
- Demonstrate a commitment to continuity of patient care

Systems-Based Practice

- Demonstrate understanding of planning and utilizing OR resources
- Provide cost-effective care to surgical patients and families within the community.
- Demonstrate knowledge of risk-benefit analysis.
- Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.