



## Flap Course 2016 2/27-28/2016

This activity was created to address the professional practice gaps listed below:

- Using the appropriate tissue transfer/flap in the surgical treatment of injuries to the upper limbs.
- Proficiently applying the proper use of free tissue transfers/flaps.
- Applying proper techniques and strategies to identify the different types of flaps and when they should be used.
- Recognizing upper extremity needs in patients.

### 1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Disagree		Agree	
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [27-3.70]	(0)	(0)	(8) 29.63%	(19) 70.37%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [27-3.33]	(1) 3.70%	(3) 11.11%	(9) 33.33%	(14) 51.85%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [26-3.46]	(0)	(3) 11.54%	(8) 30.77%	(15) 57.69%

### 2. Please elaborate on your previous answers. (11)

This flap course is very useful because it has live interaction with professors working on cadaveric specimens. It shows many options to consider when reconstructing the upper extremity. It comes with tricks and experience from the instructors. All of the above makes me more confident to use this surgical techniques on my preprofessional practice.

The course gave me understanding of different flaps options for different defects in the upper extremity

This activity indeed increases knowledge on the subject but the lack of a practical part makes competence stay the same

I saw different techniques that I have never seen, so for me was very interesting and educative.

The techniques taught in the course are practical.

By learning the technique to raise new flaps

Good for young doctors

IT is a theoretical course so knowledge changes but competence doesn't unless there is a

skill lab

There was a lot of education on how to harvest the flaps but much less on how to use them, except for finger flaps.

good to have knowledge of flaps instilled

**3. Please evaluate the effectiveness of the following speakers in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)**

	Poor	Fair	Good	Excellent
Tuna Ozyurekoglu, MD [27-3.56]	(0)	(0)	(12) 44.44%	(15) 55.56%
Michelle Palazzo, MD [27-3.52]	(0)	(0)	(13) 48.15%	(14) 51.85%
Rodrigo Moreno, MD [27-3.70]	(0)	(0)	(8) 29.63%	(19) 70.37%
Utkan Aydin, MD [27-3.44]	(0)	(1) 3.70%	(13) 48.15%	(13) 48.15%
Jason Cacioppo, MD [27-3.52]	(0)	(1) 3.70%	(11) 40.74%	(15) 55.56%
Elkin Galvis, MD [27-3.41]	(0)	(3) 11.11%	(10) 37.04%	(14) 51.85%
Huey Tien, MD [27-3.52]	(0)	(2) 7.41%	(9) 33.33%	(16) 59.26%
Tsu Min Tsai, MD [27-3.33]	(0)	(3) 11.11%	(12) 44.44%	(12) 44.44%
Monica Miller, MD [26-3.50]	(0)	(1) 3.85%	(11) 42.31%	(14) 53.85%

**4. Please elaborate on your previous answers. (13)**

All of them did a very good job. A special mention to Drs. Pablo Zancolli and Laxminarayan Bhandari, because they helped a lot during the dissections.

Good quality presentations and cadaveric dissections

All of them were very clear and full of knowledge about the theme.

Everyone seemed very prepared and taught very well.

Good quality presentations, excellent dissections

Thought all were prepared.

need more practicals

Some of the teachers are had to understand, especially under these circumstances.

good lectures provided by the faculty listed above

Excellent demonstrations/dissections. Would like to have had a short presentation before each one like Dr. Miller

**5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (17)**

More cadavers and small groups dissecting on cadavers live with instruction

Practice of flaps

several flaps that I will plan to use in upper extremity and maybe groin flap

I will be more confident to treat this patients with flaps, instead of referring them to another facility/surgeon. I know the indications, complications and proper techniques for the different flaps that were presented.

Possible use of new flaps learn in the course such as elscapilar flap and medial femoral condile

I will able to perform more different kinds of flaps for fingers tips and I will be more confident to suggest another type of flaps.

I will begin to use more advanced flaps to cover soft tissue defects.

More flap options in order to cover the upper extremity

Not sure

need practicals and cadaver to practice

I feel more confident in using fingerflaps

New types of skin flaps

Do more flaps, new flaps

hands on practice for fellows

## 6. How certain are you that you will implement this change?

(19)

N/A <sup>(4-</sup>  
21.05%)

Maybe <sup>(1-</sup>  
5.26%)

Very Certain <sup>(4-</sup>  
21.05%)

Certain <sup>(8-</sup>  
42.11%)

Will not implement <sup>(1-</sup>  
5.26%)

Not Certain <sup>(1-</sup>  
5.26%)

## 7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (8)

It requires a introductory lecture about flaps design and postoperative care.

Techniques for anastomoses of flaps away from the injury zone Regional flaps for lower extremity

After archive the flap. How you put it in the zone of defect.

Nerve repair

lower extremity flap coverage , local regional , free flaps

Vascularized bone grafts

## 8. Were the patient recommendations based on acceptable practices in medicine?

(18)

Yes <sup>(16-</sup>  
88.89%)

No <sup>(2-</sup>  
11.11%)

**9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (3)**

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**10. Do you think the presentation was without commercial bias?**

**(20)**

Yes <sup>(19-</sup>  
95.00%)

No <sup>(1-</sup>  
5.00%)

**11. If you answered No on the above question, please list the topics that were biased? (3)**

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**12. Please provide any additional comments you may have about this educational activity. (10)**

Providing hand outs ahead of time would be useful Hands on guided dissection in addition to prosections would be ideal

I liked this course very much, it is a pity that there was no people assisting form outside.

Great course, would be improved if the fellows do the dissections under attending supervision

It would be great to have a body to do the practice, even if it is for each 3-4 people.

It was very educational

The fellows can do the dissections under the attendings supervision

Feel this is important and educational for the fellows who may not have a chance to see these flaps in practice.

Great course. Would love to have actual cadaver dissection for the fellows in the future

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.