University of Louisville

Plastic Surgery Training Manual

Educational Programs, Policies, and Guidelines for Progression and Graduation

PREFACE – THE OATH OF HIPPOCRATES

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Oath of Hippocrates

From HIPPOCRATIC WRITINGS, translated by J. Chadwick and W. N. Mann, Penguin Books, 1950.

I swear by Apollo the healer, by Aesculapius, by Hygeia (health) and all the powers of healing, and call to witness all the gods and goddesses that I may keep this Oath, and promise to the best of my ability and judgment:

I will pay the same respect to my master in the science (arts) as I do to my parents, and share my life with him and pay all my debts to him. I will regard his sons as my brothers and teach them the science, if they desire to learn it, without fee or contract. I will hand on precepts, lectures, and all other learning to my sons, to those of my master, and to those pupils duly apprenticed and sworn, and to none other.

I will use my power to help the sick to the best of my ability and judgment; I will abstain from harming or wrongdoing any man by it.

I will not give a fatal draught (drugs) to anyone if I am asked, nor will I suggest any such thing. Neither will I give a woman means to procure an abortion.

I will be chaste and religious in my life and in my practice.

I will not cut, even for the stone, but I will leave such procedures to the practitioners of that craft.

Whenever I go into a house, I will go to help the sick, and never with the intention of doing harm or injury. I will not abuse my position to indulge in sexual contacts with the bodies of women or of men, whether they be freemen or slaves.

Whatever I see or hear, professionally or privately, which ought not to be divulged, I will keep secret and tell no one.

If, therefore, I observe this Oath and do not violate it, may I prosper both in my life and in my profession, earning good repute among all men for all time. If I transgress and forswear this Oath, may my lot be otherwise.

1. INTRODUCTION AND ACADEMIC MISSION OF THE PROGRAM

A. Welcome

On behalf of the full-time academic faculty and the community volunteer faculty, we welcome you to the University of Louisville Plastic Surgery Training Program. This is an independent model three-year program. As such, it follows prior graduate surgical training that has taught you the fundamental ACGME core competencies and basic surgical skills. Therefore, our program is designed to build upon and further enhance these core competencies and surgical skills, and to teach the art, principles and skills specific to Plastic and Reconstructive Surgery. The operative and clinical experience available to you in this program is renowned for being exceptionally diverse and challenging. We approach this experience systematically, with analytic logic and evidence-based medical principles, in order to give you the finest set of general competencies and surgical skills for independent practice in Plastic Surgery throughout your career. If diligently pursued and fully utilized, this experience will prepare you well for a rewarding lifetime career of excellent patient care. It will also prepare you well for certification by the American Board of Plastic Surgery, which is an essential credential of your career, and which should be achieved at the earliest possible time.

B. Academic Mission

The mission of the University of Louisville Plastic Surgery Training Program is to train surgeons who are compassionate and skillful in patient care; who use scholarly principles to maintain and apply mastery of the knowledge of their discipline; who use good science and analytical logic in effective surgical problem solving and outcome review; who are careful and safe in their application of judgment and technique; who continuously improve their communications, care and care delivery systems; who stand out as impeccable examples of ethical and professional conduct, and who become Board certified and leaders in their profession and communities.

C. Guidelines

The following pages will clearly outline the expectations of this program in order to maximize your experience and facilitate smooth day-to-day function. These guidelines are intended to instill a program of intellectual challenge and active learning, and to provide you with an unambiguous understanding of your obligations, responsibilities, and educational opportunities during your training period.

D. Manuals

This manual is a supplement to the *Department of Surgery House Staff Manual* and *The University of Louisville Resident Policies and Procedures Manual*. You are provided these documents along with this manual and must also review them to fully understand your responsibilities.

E. Attestation

If any element of this document for Plastic Surgery Trainees, the Surgery Department Manual or the University Manual is unclear, contact the Program Director for clarification of policy. When you are finished reading this document you will be required to sign the attestation form at the end.

2. EDUCATIONAL PROGRAM: THE TEACHING PHILOSOPHY, ACGME CORE COMPETENCIES, AND SPECIALTY GOALS

A. Teaching Philosophy of this Program

For each of you, this training follows a completed residency. Therefore, we expect progression beyond the basic competencies and skills that you have already learned into substantially more advanced levels, analogous to progression from undergraduate to graduate school. As such, our educational philosophy emphasizes rapid acquisition of advanced learning methods, development of keen cognitive and analytic skills, refinement of surgical techniques (e.g. microsurgery, gentle handling of tissues, meticulous attention to detail), and advanced applications of ACGME Core Competencies. The key elements and goals of our educational philosophy are summarized below and presented thereafter in greater detail. These key elements are:

Goal 1: Progression in the ACGME Core Competencies and their applications to the specialty of Plastic Surgery.

Goal 2: Insistence on active learning (in contrast to passive) and engagement in a variety of learning experiences and settings. Interactive conferences and the Socratic Method are used extensively.

Goal 3: Use of analytic logic, the scientific method, and evidence-based medicine in patient problem analysis and solution design.

Goal 4: Rapid progression to independent judgment and practice by insisting that the fellow/resident always be challenged and always first take the lead in problem analysis, literature use, solution design, judgment and technical execution, with faculty critique at the conclusion.

Goal 5: Encouraging a diversity of technical and cognitive experience by teaching encounters with a broad array of full-time and volunteer faculty, and asking fellows/resident to critically analyze and rationally select among different approaches and techniques.

B. Explanation of the Goals

Goal 1: Progression in the ACGME Core Competencies.

A primary obligation that you accept in becoming a physician and surgeon is to master the general competencies of medical practice and the specific skills of your discipline, and to maintain that mastery throughout a lifetime of patient care. To this end, the University of Louisville Plastic Surgery Training Program incorporates and emphasizes the six ACGME core competencies in our training, our evaluation process and our goals for the outcome of your experience here. We expect you to come with basic competencies and to further refine them through practice. These six competencies are as follows:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate sciences (e.g. epidemiology and social-behavioral), and the application of this knowledge to patient care.
3. **Practice-Based Learning and Improvement** that incorporates scientific evidence and improvements in patient care into a personal evaluation of your own patient care.
4. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
5. **Professionalism,** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. **Systems-Based Practice,** as manifested by actions that demonstrate an awareness of a responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

We pursue these six ACGME competencies diligently through all components of our educational program and patient encounters. The ACGME core competencies are emphasized in the UofL House Staff Orientation, and then built upon in our Plastic Surgery Trainee Orientation. These core competencies are then reinforced through our weekly Plastic Surgery Grand Rounds and interactions with faculty in surgical care plan formulations for each individual patient.

Goal 2: Engagement and Active Learning.

This program focuses on active (versus passive) learning and continuously challenges the intellectual skills of the fellows/residents. Thus, fellows/residents are given the encouragement and skills to constantly question and verify the validity and scientific accuracy of the information they are given in lectures, conferences, and literature. Each judgment, diagnosis, and selection of technique or design is expected to be logically justified. Participation, rather than observation, is required. The purpose is to develop a more analytic process that upgrades the quality of medical knowledge and ultimately the quality of medical care that results. A welcome side effect is an enhanced acquisition and retention of information for Board and other examination processes.

Goal 3: Use of Analytic Logic, the Scientific Method and Evidence-Based Medicine.

Our philosophy emphasizes the analysis of practice principles and treatment of individual patient problems using logical processes, such as deductive reasoning, inductive reasoning, the scientific method and evidence-based medicine. For example, the scientific method would translate into terms of clinical medicine as follows: observation = disease or deformity; hypothesis = differential diagnosis or suspected condition cause; hypothesis testing = problem analysis, medical workup and data analysis; conclusion = diagnosis and the treatment or reconstructive procedure derived logically from the conclusion.

A classic method used in Plastic Surgery for logical design of reconstructive procedures is to formally analyze the missing elements of a defect needing reconstruction, and to surgically restore or replace “like with like or with the most similar”. Furthermore, we expect the fellow/resident to generate a hierarchy of approaches and solutions and the rank order to be defended by logic and evidence-based citations (e.g., the “reconstructive ladder”). Our approach requires that the fellow/resident be the first to go through this process,

with critique by faculty to follow, rather than the reverse order. This causes judgment and analytic skills to grow most rapidly, and thus best prepares fellows/residents to smoothly make the transition into independent practice. The ability to access the scientific literature of our discipline, and to analyze it critically for acceptance or rejection, is essential to the best quality patient care and to lifelong learning. We emphasize literature use and analysis and evidence-based medicine/evidence-based practice (EBM/EBP) in each clinical challenge. EBM/EBP principles are learned early in our ACGME Core Competency Conference and practiced in each patient care plan formulation, each literature analyses session of Journal Club, and conference presentations.

Goal 4: Accelerated Progression to Independent Practice.

Our educational program is specifically designed to accelerate progression to independence in judgment and practice. We foster this by challenging the fellow/resident to be the first to evaluate the patient, analyze the problem, derive the diagnoses, make the judgments and design the solution. Only then is the faculty critique and input given - rather than in the reverse order as done in many programs. In addition, we strive to provide graduated responsibility based on progressive acquisition of knowledge, progressively increasing judgment challenges, and progressive refinement of technical skills.

Requiring fellows/residents to take the intellectual lead in problem analysis and solution design and presenting increasing challenging judgment decisions with expectations of increasingly skilled performance requires a great degree of interaction between the attending faculty and the fellow/resident. The faculty must constantly encourage and require fellow/resident analytic thinking in surgical problem-solving, fellow/resident application of the scientific method of data analysis, and fellow/resident use of a sound physiologic and evidential basis for surgical practice, all in keeping with the values incorporated in the core competencies.

Optimal growth of technical skills in rapid fashion is also achieved through an analogous process by encouraging the fellow/resident to take the lead as a supervised primary surgeon, rather than an observer. The fellow/resident is given progressive technical responsibility under faculty supervision or rapidly as performance allows. The senior fellows/residents are expected to have progressed further than the junior fellows/residents, but all are encouraged to progress as rapidly and fully as their capabilities permit. Our Microsurgery Laboratory and Fresh Tissue Dissection and Practice Laboratory substantially serve the growth of advanced technical skills.

By the final semester of the senior year, if not sooner, each fellow/resident is expected to have matured sufficiently in judgment, knowledge and technical skill so as to be ready for independent practice and for the Board certification examinations.

Goal 5: Optimal Use of Our Diversity of Experience.

This program has been blessed with a rich amount of clinical material that spans the entire spectrum of the field and gives in-depth challenges of great complexity. We also have an exceptionally large number of complex cases that require interaction with other specialties which provides valuable experience in interdisciplinary case management. Our full-time faculty is supplemented by a large, active, volunteer community faculty who welcome fellow/resident teaching and who participate actively. This provides a diversity of technical and cognitive approaches to problem solving and technical execution. We use this diversity by insisting that the fellows/residents critically analyze the alternative approaches they encounter in order to logically choose the best and most appropriate cognitive approaches and technical procedures for each patient. The fellows/residents are continually challenged to logically justify these choices and defend them with basic anatomic and physiologic rationale and evidence-based practice.

C. The UofL ACGME Core Competency Orientation

The UofL Graduate Medical Education Office holds a full day of orientation in the ACGME Core Competencies during the house staff orientation process that is mandatory for all incoming house staff. Then, our Plastic Surgery Trainee Orientation emphasizes the ACGME Competencies and their application to our specialty. This orientation is mandatory for all fellows, residents, and staff each year.

D. ACGME Core Competency in Conferences

In order to enhance ACGME competencies in our curriculum and to adapt them most accurately to Plastic Surgery, a relevant topic representing an important aspect of every competency is presented and discussed in rotation during each Wednesday Core Competencies Conference session. This conference schedule is posted in the Division offices.

E. ACGME Core Competencies in Each Patient Encounter

This program requires that each new patient or new problem in an established patient be first analyzed by the fellow/resident in perspective of the relevant ACGME competencies, and a solution outlined that is also in perspective of the ACGME competencies and evidence-based practice. This analysis and proposed solution is then presented to the attending (or the Patient Care Plan Conference) and discussed with the same orientation to ACGME competencies and evidence-based practice principles.

F. ACGME Core Competencies in the Clinical Rotations

We have adopted the goals of the curriculum outlined by the American Council of Academic Plastic Surgeons (ACAPS), and administered by the Accreditation Council for Graduate Medical Education (ACGME). This Milestone Project identifies the knowledge and skill sets to be acquired during each clinical rotation. These are to be reviewed by each fellow/resident at the time of each rotation change and midway through each rotation. The ACAPS has organized these Milestones along lines of the ACGME Core Competencies (Section 5: The Clinical Services).

G. ACGME Core Competencies in the Evaluation Process

Evaluation of fellow/fellow performance and progress is done in perspective of the ACGME core competencies. Beginning July 2017, this will be performed with a standardized process uniform to all University of Louisville Graduate Medical Education programs called MedHub. This computer-driven system will be explained to you in great detail.

3. GENERAL OBJECTIVES AND TRAINEE EVALUATION PARAMETERS (COMMON TO ALL CLINICAL SERVICES)

Fundamental skills that are essential objectives common to all clinical rotations also become major components of the fellow/resident performance evaluation process. These skills and evaluation parameters are as follows:

A. Patient Care

1. Fellows/residents must show proficiency in obtaining, documenting, and communicating an **accurate medical history**.
2. Fellows/residents must show proficiency in performing, documenting, and communicating an **accurate physical examination**.
3. Fellows/residents must show proficiency **in judicious selection of laboratory and imaging studies** that are most relevant and specific to the diagnostic workup process.
4. Fellows/residents must show proficiency in integration and analysis of the history, physical findings, laboratory, and imaging data in producing an **accurate diagnosis and patient problem list**.
5. Fellows/residents must **document a comprehensive care plan**, including progress monitoring and follow-up.
6. Fellows/residents must **respond to the psycho-social aspect** of the illness or injury, including disfigurement and functional limitations.
7. Fellows/residents must **promote health education** for prevention of disease and injury.
8. Fellows/residents must **demonstrate commitment** to their role as patient advocate, growing into their role as activists for health equity.

B. Medical Knowledge and Application to Patient Care

1. Fellows/resident must develop a comprehensive and scientifically **accurate medical knowledge base** through advanced literature searches and analysis, plus other scientific inquiry methods.

2. Fellows/residents must develop skill in selection and use of **evidence-based medicine** from texts and journal articles selected by effective library and internet search techniques.
3. Fellows/residents must supply **knowledge of scientific study** design and appropriate statistical methods to the appraisal of medical studies and other information relevant to the diagnostic and therapeutic needs of the patient.
4. Fellows/residents must use Information Technology to **manage and organize information**, to enhance their education.
5. Fellows/residents must **appropriately select the medical knowledge** set relevant to the patient's condition and problems.
6. Fellows/residents must develop skill in **integrating medical knowledge** with clinical data and diagnostic procedures to refine the diagnosis, and problem list and management plan.
7. Fellows/residents must develop skills in **application of medical knowledge** to managing complex problems, such as multiple injuries and co-morbid conditions, with logical prioritization of therapeutic goals and interventions.

C. Practice-Based Learning and Improvement

1. Fellows/residents must develop habits of **continually analyzing practice experience** and converting this to improvements in care.
2. Fellows/residents must develop an openness and eagerness to **seek and accept feedback** from faculty, peers, and patients.
3. Fellows/residents must prepare a portfolio developed around **cases presented in the weekly Indication and Care Plan Conferences** that provide evidence of learning and shows the processes used. This will include PowerPoint summaries of presentations, journal articles, or internet searches demonstrating additional information sources and readings and any correspondence from faculty, staff, or patients.

D. Interpersonal and Communication Skills

1. Fellows/residents must **communicate clearly and accurately to patients and their families**, and confirm understanding of key concepts.

2. Fellows/residents must communicate **clearly and effectively with other health professionals**.
3. Fellows'/residents' medical **records must be completed, timely and legibly**.
4. Fellows/residents must **work effectively in team settings**.
5. Fellows/residents must **develop refined listening skills**.
6. Fellows/residents must **facilitate education of students, staff, therapists, patients and their families.**

E. Professionalism

1. Fellows/residents must develop professional attitudes showing:
   a. **reliability** and **punctuality**;
   b. **ethics** and **integrity**;
   c. **initiative** and **leadership**.
2. Fellows/residents must show **cooperative attitudes that promote teamwork and mutual respect**.
3. Fellows/residents must **accept responsibility for their actions and their consequences**.
4. Fellows/residents must develop humanistic qualities that include:
   a. establishment of **ethically sound patient relationships**;
   b. demonstrations of **compassion, sensitivity, and respect for the dignity of patients and their families**;
   c. and **sensitivity and respect to age, culture, disabilities, ethnicity, gender and sexual orientation**.
5. Fellows/residents must **respect patient confidentiality in all settings and meticulously conform to HIPAA guidelines**.

F. System-Based Practice

1. Fellows/residents must demonstrate a thorough understanding of the systems influencing the delivery of care to their patients, and integrate their practice appropriately within the larger care systems.

2. Fellows/residents must fully evaluate the risks/benefits, limitations, and cost of available resources used in their practices.
3. Fellows/residents should improve the system of care by thoughtful analysis and advocacy for both incremental and innovative improvement in care provision.

4. CLINICAL COMPONENTS OF THE FIELD OF PLASTIC SURGERY

We cover the broad field of plastic surgery in a balanced, comprehensive fashion. The 12 components of the Plastic Surgery field, as designated by the Plastic Surgery Review Committee (RC), are each addressed in our designated reading program, in the topic rotation of our conference schedule (Appendix 7, 8), in our clinical rotations (Attachment 2 of this Manual), and in the description of clinical rotations that follows (Section 5). Within each of the 12 components of the Plastic Surgery field, specific knowledge and skill goals have been outlined by the American Council of Academic Plastic Surgery and published as the Plastic Surgery Curriculum (PSC) (Appendix 1). You are advised to review these PSC components and skill goals at the beginning and mid-point of each clinical rotation.

These 12 areas comprise the basic clinical arenas of the specialty, and the designated goals within each arena must be mastered over the length of the program. Your experience must be reflected in your Plastic Surgery Operative Log (PSOL) with depth and balance in all areas. These 12 areas are as follows:

1. **Congenital defects** of the head and neck, including clefts of the lip and palate, and craniofacial surgery.
2. **Neoplasms** of the head and neck, including the oropharynx, and training in appropriate endoscopy.
3. **Craniomaxillofacial trauma**, including fractures.
4. **Aesthetic** (cosmetic) surgery of the head and neck, trunk, and extremities.
5. **Plastic surgery of the breast.**
6. Surgery of the **hand/upper extremities**.
7. Plastic surgery of the **lower extremities**.
8. **Plastic surgery of congenital and acquired defects of the trunk and genitalia**.
9. **Burn management**, acute and reconstructive.
10. **Microsurgical techniques** applicable to plastic surgery.
11. Reconstruction by tissue transfer, including **flaps and grafts**.
12. Surgery of **benign and malignant lesions** of the skin and soft tissues.

5. THE CLINICAL SERVICES: THE EDUCATIONAL GOALS AND EVALUATION PARAMETERS FOR EACH ROTATION

The 12 areas of plastic surgery are covered by the service rotations of our hospitals, and there are specific educational goals for each rotation. These include the general goals stated above as well as more specific goals of acquiring the knowledge and skills of the clinical focus of each rotation. Each hospital in our program makes a unique and substantial contribution to these goals. Each major rotation is described below, along with the relevant milestones and evaluation parameters from the Plastic Surgery Curriculum (PSC) of the American Council of Academic Plastic Surgeons and background readings. The PSC outline of milestones (Appendix 1) is distributed along with the Plastic Surgery Training Manual annually. It is also accessible on-line. You must review the goals listed below and the related sections of the PSC at the beginning of the program, and again at the midpoint of each rotation. The background readings should be completed by the beginning of each rotation in the first year. They are selected from the current textbook, *Grabb and Smith Plastic Surgery*. By the second year of the plastic surgery training program, fellows/residents are expected to have progressed from textbooks to peer-reviewed journal and review articles.

Additionally, the ACGME has designed a Milestone Project to provide a framework for assessment of the development of the trainee in key dimensions of the elements of physician competency. The Milestones are designed to use in semi-annual review of fellow/resident performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for fellow/resident performance as a fellow/resident moves from entry level through graduation. The Review Committee will examine milestone performance data for each fellow/resident to determine whether they are progressing overall.

The Milestone levels are designed to best describe a fellow's/resident's current performance and attributes. Milestones are arranged into numbered levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert. These levels do not correspond with post-graduate year of education. Selection of a level implies that the fellow/resident substantially demonstrates the milestones in that level, as well as those in lower levels.

Level 1: The fellow/resident demonstrates milestones expected of an incoming trainee.

Level 2: The fellow/resident is advancing and demonstrates additional milestones, but is not yet performing at a mid-trainee level.

Level 3: The fellow/resident continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for training program.

Level 4: The fellow/resident has advanced so that he or she now substantially demonstrates the milestones targeted for the training program. This level is designed as the graduation target.

Level 5: The fellow/resident has advanced beyond performance targets set for the training program and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional fellows/residents will reach this level.

THE UNIVERSITY OF LOUISVILLE HOSPITAL ROTATION

The UofL Hospital rotation has a broad clinical base with a concentration of trauma, burn, and critical care experience. The Hospital is designated as a Level I Trauma Center, and it houses our adult burn unit. Thus, the clinical goals of this rotation are to become skilled in the following principles and techniques:

- critical care;
- trauma and burn resuscitation;
- maxillofacial trauma, extremity trauma, and general trauma surgery;
- burn care, grafting, and reconstruction;
- major flap and microvascular reconstructions.

These clinical goals are supported by several weekly bedside teaching rounds. These include Plastic Surgery Service rounds, with the University attending, interdisciplinary Burn Service rounds, and multidisciplinary Trauma rounds, involving all services participating in trauma care. The multi-disciplinary structure of this service also serves the goal of developing skills in effective interdisciplinary relationships for care of critically ill patients, which is present to a degree found in few other programs.

In addition, the University of Louisville Hospital rotation serves the goal of enhancing progress toward independent judgment and responsibility, as it is a trainee-run service, with the faculty serving in supervisory roles as attending consultants and teaching first assistants. The University clinics serve the goal of developing skills in pre- and post-operative care and in non-operative management of appropriate conditions. The Outpatient Clinic provides progressive responsibilities and continuity for Plastic Surgery fellows/residents. This clinic gives our fellows/residents the experience and responsibility for being the primary plastic surgeon for the patient in the context of appropriately supervised care. Increased responsibility and autonomy are encouraged in progressing PGY-levels. Safe opportunities for independent activity are provided. Supervision by attending surgeons is always present at the clinics. Dr. Joshua H. Choo will provide overall supervision at the University Hospital. He is complemented by all faculty when the needs arise.

University Hospital Level 1 (PGY-6) Goals

The fundamental ability to diagnose patients' medical conditions and initiate a treatment plan will be achieved at this level. The fellow/resident will be responsible for Patient Care with the University Ward Service patients and operations specifically for patients that will be following up at the ACB. The fellow's/resident's primary responsibilities will be to University patients admitted through ER as traumas or that have been preoperatively seen through the ACB. The fellow/resident is expected to evaluate and treat patients with the supervision of the faculty for their level of training using their appropriate level of Medical Knowledge. The fellow/resident is expected to demonstrate Practice-Based Learning and Improvement for their level of training and experience as deemed appropriate by the attending supervising. The fellow/resident is expected to utilize effective Interpersonal and Communications Skills in working with patients, families and other health professionals. Professionalism should be adhered to in performing duties ethically and sensitively with this diverse patient population. Fellows/resident should apply System-Based Practice principles in caring for these patients through effectively using system resources in providing optimal care.

University Hospital Level 2 (PGY-7) Goals

The main objective for fellows/residents to develop on this rotation will be to demonstrate the ability to devise an appropriate treatment plan. The fellow/resident will be responsible for providing Patient Care to ACB initiated or University Plastic Surgery trauma patients. The fellow/resident is expected to evaluate and treat

patients with the supervision of the faculty for their level of training using their appropriate level of Medical Knowledge. The fellow/resident is expected to demonstrate Practice-Based Learning and Improvement for their level of training and experience as deemed appropriate by the attending supervising. The fellow/resident is expected to utilize effective Interpersonal and Communications Skills in working with patients, families and other health professionals appropriate for their level. Professionalism should be adhered to in performing duties ethically and sensitively with this diverse patient population. The fellow/resident should apply System-Based Practice principles in caring for these patients through effectively using system resources in providing optimal care for their level of experience.

University Hospital Level 3 (PGY-8) Goals

In the last year, the fellow/resident is expected to demonstrate superior operative skills to at the level to safely teach other fellows/residents through complex cases. The fellow/resident will also be expected to provide Patient Care for all ACB initiated and University Trauma initiated patients that are admitted to the hospital. The fellow/resident is expected to evaluate and treat patients with the supervision of the faculty for their level of training using their appropriate level of Medical Knowledge. The fellow/resident is expected to demonstrate Practice-Based Learning and Improvement for their level of training and experience as deemed appropriate by the attending supervising. The fellow/resident is expected to utilize effective Interpersonal and Communications Skills in working with patients, families and other health professionals. Professionalism should be adhered to in performing duties ethically and sensitively with this diverse patient population. The fellow/resident should apply System-Based Practice principles in caring for these patients through effectively using system resources in providing optimal care by striving to practice cost-effective measures.

Background Reading: Negligan/Mathes' *Plastic Surgery; Selected Readings in Plastic Surgery*

HAND AND UPPER EXTREMITY ROTATION

This rotation is done with U of L Hand Surgery at Jewish, University and Children's Hospitals. The primary goal that this rotation serves is mastering the principles of management, surgery and therapy of hand and upper extremity disorders in adults and children. It also provides a strong digit and extremity replantation experience and reinforces the goals of strengthening microsurgical experience. This rotation is supplemented by weekly

conferences that covers all areas of hand surgery and by several annual symposia in anatomy, internal fixation and other relevant topics. Dr. Bradon Wilhelmi is charged with the Hand Service.

Hand Level 1 (PGY-6) Goals

The focus of this rotation is to demonstrate the ability to recognize and manage post-operative problems. The fellow/resident will take hand call weekly and see all hand patients admitted to Plastic Surgery with hand conditions. With regard to Patient Care, the fellow/resident is expected to develop and execute a proper patient care plan. In demonstrating Medical Knowledge, the fellow/resident is expected to prepare and have knowledge of operative procedures appropriate for treated patients. The fellow/resident will demonstrate Practice-Based Learning through participation in the education of patients, family and junior learners. Interpersonal and Communication Skills will be developed and demonstrated by counseling and educating these patients and their families in an understandable and respectful manner. Professionalism should be exhibited by consistently demonstrating ethical behavior and recognizing ethical issues in these patients. System-Based Learning will be achieved through recognizing basic elements needed to establish a practice (staffing, insurance, and accreditation).

Hand Level 2 (PGY-7) Goals

The emphasis of this rotation will be on how to manage multiple patients and surgical consultations. Patient Care will be assessed by your demonstration of appropriate manual dexterity for training level. This will be taught and stressed during the rotation. Medical Knowledge will be developed by use of collateral reading in preparing for cases. Practice-Based Learning will be determined by observing and developing the fellow's/resident's ability to critique personal practice outcomes. Interpersonal and Communication Skills will be refined and evaluated through the fellow's/resident's communication with members of the health care team. Professionalism will be taught to extend the fellow's/residents patient management skills through demonstrations of compassion and sensitivity towards others. System-Based Practice will be taught to the fellow/resident at this level through developing the use of tools (checklists, briefings) to prevent adverse events.

Hand Level 3 (PGY-8) Goals

The overall objective of this rotation will be to help the fellow/resident independently perform routine procedures in the care of the hand surgical patient. Patient Care will be assessed by the fellow's/resident's ability to demonstrate a superior manual dexterity and appropriate economy of motion in the operating theatre. Medical Knowledge will be assessed through the fellow's/resident's ability to demonstrate knowledge base in the clinical setting and operating room for their level. Practice-Based Learning will be assessed by the fellow's/resident's ability to discuss on-going research in the field of hand surgery. Interpersonal and Communication Skills will be developed through managing transitions of care and optimizing communications across systems. Professionalism will be emphasized through striving to maintain one's personal health and wellness. System-Based Practice is addressed through discussion of cost-effectiveness in patient care in the hand surgery field (managing length of stay, operative efficiency, etc.).

Background Reading: Green's *Operative Hand Surgery*; Neligan/Mathes' *Plastic Surgery*.

THE ADULT RECONSTRUCTIVE ROTATION

The adult reconstructive service at Jewish and Norton Hospitals provides a rich and diverse exposure to all areas of adult plastic surgery and serves goals of developing general reconstructive judgment and skills. The thoracic and cardiovascular service at Jewish Hospital provides challenging thoracic reconstructions and provides the goals of developing both reconstructive skills and critical care management. This rotation also includes a large transplant service and serves the goals of developing skills and knowledge in difficult wound problems as well as basic transplantation biology. The adult oncologic service at the Norton Hospital Cancer Center and the Brown Cancer Center serves the goal of enhancing judgment and experience in breast reconstruction, head and neck oncologic reconstruction, gynecologic oncologic reconstruction, and orthopedic oncologic reconstruction. Drs. Joshua Choo, Ryan Shapiro, and Gordon Tobin, mentor and direct this service.

Reconstruction I Level 1 (PGY-6) Goals

The overall focus of this rotation will be to develop the ability to recognize and manage post-operative problems. In this rotation, the fellow/resident will work under the direction of Dr. Tobin and Dr. McCurry. Patient Care will be stressed to have the ability to develop and execute patient care plan. Medical Knowledge will be developed through the fellow's/resident ability to prepare and knowledge of operative procedures for reconstructive patients. Practice-Based Learning will be emphasized by having the fellow participate in the

education of patients, families and junior learners. Interpersonal and Communications Skills will be enhanced through observation of counseling and educating patients and their families in an understandable and respectful manner. Professionalism will be developed by the fellow/resident who will be expected to consistently demonstrate ethical behavior and recognize ethical issues in reconstructive patients. System-Based Practice will be enhanced through teaching basic elements needed to establish a practice (staffing, insurance and accreditation).

Reconstruction I Level 2 (PGY-7) Goals

The emphasis of this rotation will be on developing the ability to manage multiple patients and surgical consultations. In this rotation the fellow/resident will work under the direction of Dr. Tobin, Dr. Choo, Dr. Shapiro. Patient Care will be developed by teaching the fellow/resident to have appropriate manual dexterity and technical efficiency. Medical Knowledge will be stressed through providing resources for collateral reading to prepare for reconstructive cases. Practice-Based Learning goals will help the fellow/resident to develop a better ability to critique personal practice outcomes in the outpatient setting. Interpersonal and Communication Skills will be refined through communicating with the members of the health care team effectively. Professionalism requirements will stress performing clinical and administrative responsibilities in a timely manner. System-Based Practice will be demonstrated by observing the fellow's/residents ability to consistently utilize tools to prevent adverse events such as checklists, briefings, smart phone.

Reconstructive I Level 3 (PGY-8) Goals

The thrust of this rotation is for the fellow to demonstrate the ability to independently perform routine procedures in the care of the surgical patient. In this rotation, the fellow/resident will work under the direction of Dr. Tobin and Dr. McCurry. Patient Care will be demonstrated by the fellow's/resident's ability to independently manage multiple patients and surgical consultations. Medical Knowledge will be assessed as demonstrated in practice in the clinical setting. Practice-Based Learning will be reinforced through attention to demonstration and commitment to life-long learning and self-improvement. Interpersonal and Communication Skills will be enhanced through the ability to manage transitions of care and optimizing communication across systems. Professionalism will be developed through demonstration of consistent commitment to continuity of patient care. System-Based Practice will be encouraged through discussions on cost effectiveness (Managing length of stay, operative efficiency) in the reconstructive patient.

Background Reading: Neligan/Mathes' *Plastic Surgery; Selected Readings in Plastic Surgery*.

THE VETERANS AFFAIRS MEDICAL CENTER ROTATION

This trainee-run rotation is based in a large Veterans Affairs Medical Center Hospital ten minutes from the main campus. Its primarily mission serves the goals of acquiring experience in head and neck oncology and reconstruction, cutaneous malignancy oncology and reconstruction, and management of neurological injury complications, such as decubitus ulcers. In addition, this rotation serves the important goal of developing independent judgment and responsibility; both the service and its clinics are trainee-run with a full-time plastic surgeon attending serving in a supervisory role. Dr. Joshua H. Choo provides supervision at the VAMC.

VAMC Level 1 (PGY-6) Goals

On this rotation, the main goal will be to learn how to develop the ability to diagnose conditions and execute patient care plans. Patient Care will develop the ability to recognize and manage post-operative problems. Medical Knowledge will be achieved through the preparation for operative procedures. Practice-Based Learning is attained though the participation in the education of patients, families and junior learners. Interpersonal and Communication Skills will be encouraged by having fellows/residents counsel and educate patients and their families in an understandable and respectful manner. Professionalism is consistently encouraged allowing the fellow/residents to demonstrate ethical behavior and recognize ethical issues in practice. System-Based Practice is optimized though learning how to recognize basic elements (staffing, insurance, accreditation) needed to establish a practice.

VAMC Level 2 (PGY-7) Goals

This rotation will emphasize development of manual dexterity for training level. Patient Care will involve independent management of multiple patients and surgical consultations. Medical Knowledge will be honed in preparation and knowledge of operative procedures. Practice-Based Learning is developed through participation in the education of patients, families and junior learners. Interpersonal and Communication Skills are refined through counselling and educating patients and their families in an understandable and respectful manner. Professionalism is developed through consistent mentoring of ethical behavior and discussing ethical issues in practice. System-Based Practice will be outlined consistently using tools to prevent adverse events.

VAMC Level 3 (PGY-8) Goals

The thrust of this rotation will be developing independence to perform procedures in the care of the plastic surgical patient. Patient care will involve demonstrating the ability to improve operative skills through economy of technique. Medical Knowledge will be attained through application of knowledge base in the unique clinical setting. Practice-Based Learning is obtained through commitment to life-long learning and self-improvement. Interpersonal and Communication Skills are refined by using ability to manage transition of care and optimizing communication across systems and in sign outs. Professionalism is advanced through demonstration of consistent commitment to continuity of patient care. System-Based Practice will be addressed through consistently practicing cost effective care.

Background Reading: Neligan/Mathes' *Plastic Surgery*.

HEAD AND NECK ROTATION

An in-depth head and neck experience is available. This is a rotation covers University Hospital, Norton Hospital, and Norton Children's Hospital under the mentorship and direction of Dr. Terry McCurry. The primary goal of this rotation is to learn the principals of head and neck anatomy, oncology, trauma, and reconstruction. This rotation provides a very diverse exposure to head and neck plastic surgery and other plastic surgery. The goal of learning, evaluation and pre- and post-operative care of the head and neck patient is served by the experience of taking care of these specialized patients at a variety of hospitals to intensively teach these specialized skills. Fellows/residents will learn a multidisciplinary approach to the management of these complex patients from the perspective of an otolaryngology trained plastic surgeon.

Head and Neck Level 1 (PGY-6) Goals

The emphasis of this rotation will be on ability to recognize and manage post-operative problems. Patient Care will be developed through the ability to execute a patient care plan. Medical Knowledge will be achieved through preparation and development of operative plan and procedures. Practice-Based Learning will be learned through participation in the education of patients and their families. Interpersonal and Communication Skills will be obtained through counseling patients and their families in an understandable and

respectful manner. Professionalism will be expected and taught consistently, expecting proper ethical behavior and recognition of ethical issues in practice. System-Based Practice will be reviewed to emphasize the basic elements needed to establish a practice.

Head and Neck Level 2 (PGY-7) Goals

The thrust of this rotation will be to learn how to independently manage multiple patients and surgical consultations. The fellow/resident will be expected to develop the appropriate manual dexterity for level. Medical Knowledge will be facilitating to providing collateral reading for head and neck patients and operations. Practice-Based Learning will be developed by teaching the fellow/resident the ability to critique personal practice outcomes. Interpersonal and Communication Skills will stress effective communication with members on the health care team. Professionalism will be refined by demonstration of compassion and sensitivity towards the head and neck patients. System-Based Practice will be established through consistent use of tools (checklists, briefings) to prevent adverse events.

Head and Neck Level 3 (PGY-8) Goals

The overall objective of this rotation will be to have the fellow/resident independently perform routine procedures in the care of the surgical patient. Patient Care will emphasize management of multiple patients and surgical consultations. Medical Knowledge allow for demonstration of knowledge base in the clinical setting. Practice-Based Learning will be developed through teaching commitment to life-long learning and self-commitment. Interpersonal and Communication Skills will be enhanced through management of transition of care and optimizing communication across systems. Professionalism will be taught and obtained through monitoring own personal health and wellness. System-Based Practice will be attended by striving to achieve and teach cost-effective care.

Background Reading: *Grabb and Smith's Plastic Surgery*; Neligan/Mathes' *Plastic Surgery*

The major rotations listed above provide the major clinical experiences for our program and serve the goals of developing the specialty knowledge and skills associated with the specific patient populations and educational experiences of each hospital. In addition, within these major rotations certain multidisciplinary subspecialty goals and in-depth experiences are incorporated. The Division of Plastic and Reconstructive Surgery supports this interdisciplinary approach to shared educational programs in order to fulfill the goals of providing experiences that utilize specialized skills held or shared by other disciplines.

Short Elective Rotations Level 3 (PGY-8) Goals

Fellows/residents will have an opportunity to select electives as suggested by the RC in the above areas. During these rotations the fellows/residents will be able to further refine their knowledge base and skills in their selected rotation. The fellow/resident is expected to continue to advance their Patient Care skills and operative technique when appropriate. They will have an opportunity to further their Medical Knowledge on that specific elective through collateral reading and preparation for cases. Practice-Based Learning will be addressed varying by rotation and specialty. Interpersonal and Communication Skills will have an opportunity to flourish in working within a new team and system. The fellow/resident will still be expected to demonstrate appropriate Professionalism as a representative of the University of Louisville Plastic Surgery program. These super specialty electives will provide the fellow/resident with a multitude of practice models to help develop practice management strategies with staffing, insurance, and accreditation.

Oculoplastic Surgery

An in-depth Oculoplastic experience is available. This is provided primarily by Dr. Douglas Gossman, a skilled oculoplastic surgeon, and Plastic Surgery volunteer faculty member. His background is in the discipline of ophthalmology, with previous training in neurosurgery. He works closely with the University full-time and volunteer plastic surgery faculty in major reconstructions of orbital trauma, cranial base oncologic resections, and craniofacial operations, as well as providing experience in congenital ptosis and other orbital reconstructions, not common to most plastic surgery programs.

Background Reading: *Grabb and Smith's Plastic Surgery*

Aesthetic Rotation

The primary goals of this rotation are to acquire the principles and techniques of aesthetic surgery and skills in management of the aesthetic patient. Jewish Hospital and the Norton Medical Pavilion house aesthetic units where many plastic surgeons in this community perform aesthetic procedures. This provides a very concentrated aesthetic clinical exposure for the rotating fellow/resident. The goal of learning, evaluation, and pre- and post-operative care of the aesthetic patient is served by experience in the office practice of selected aesthetic surgeons, both voluntary faculty and full-time faculty who are willing to intensively teach these skills. During this rotation fellows/residents are initiated to their own "private practice" in aesthetic surgery by using the office facilities of the full time faculty, to consult with aesthetic patients that they have procured. This is done under the supervision of the full-time faculty. This rotation is supplemented by an aesthetic conference that covers all major areas of aesthetic surgery in sequence over a 2-year period. Dr. Jerry O'Daniel has responsibility for this rotation.

Background Reading: Negligan/Mathes' *Plastic Surgery*; Nahai's *The Art of Aesthetic Surgery*

Burn Surgery

An in-depth experience in burn care and reconstruction is available. Adult burns are treated by Plastic Surgery and General Surgery burn teams based at the University of Louisville Hospital under the supervision of the Plastic and General Surgery faculties. Children's burns are similarly co-managed with the Pediatric Surgery Service at Norton Children's Hospital Burn Unit.

Background Reading: *Grabb and Smith's Plastic Surgery*

The Craniofacial Rotation

This rotation is centered on the Pediatric Plastic Surgery Service of Norton Children's Hospital, and the primary goals of this rotation are to learn the principles and techniques of cleft lip and palate, craniofacial, and pediatric plastic surgery, including pediatric burns. The related goals of out-patient pre- and post-operative evaluation and management of these pediatric subspecialties are gained by attendance at outpatient facilities of *The Cleft and Craniofacial Clinics of the Commission for Children with Special Healthcare Needs*, *The University of Louisville Child Evaluation Center Clinic*, and patient encounters in the office of pediatric plastic surgeons. Dr.

Mark Chariker coordinates the activities of this rotation. Special note must be made concerning the experience in cleft lip and palate surgery. These cases are not numerous in the Commonwealth of Kentucky. They must be considered a precious quantity, and all must be attended by at least one fellow/resident.

Background Reading: *Grabb and Smith's Plastic Surgery*; Neligan/Mathes' *Plastic Surgery*; Millard's *Cleft Craft*; *Selected Readings in Plastic Surgery*

Orthopaedic / Hand Surgery

This rotation is at the Norton Hospital under the direction of Dr. Charity Burke, an orthopedic surgeon. She has a team of orthopaedic surgeons that the plastic surgery fellows/residents rotate with to learn the principles of orthopedic surgery, bone anatomy, and physiology and internal fixation.

Background Reading: Campbell's Orthopaedic Surgery, Green's *Operative Hand Surgery*

Outpatient Anesthesia

This rotation is at an outpatient surgery center called the CaloSpa. During this rotation the fellows/residents learn the principals of outpatient anesthesia in an ambulatory setting under the direction of Dr. Calobrace and his anesthesia team. This is a unique and treasured opportunity for the fellows/residents to learn how to preoperatively assess and provide patients with safe anesthesia for outpatient procedures.

Background Reading: Neligan/Mathes' *Plastic Surgery*; Nahai's *The Art of Aesthetic Surgery*

Cosmetic Dermatology

This rotation is performed under the mentorship and direction of Dr. Marc Salzman and the Jewish East Outpatient Facility. Through this rotation the fellows/residents learn about skin care and skin care products. They also have an opportunity to diagnose and manage unique skin conditions. Ultimately, the fellows /residents obtain experience with chemical peels, dermabrasion, and laser in the management of facial burns, depigmentation, and facial rhytids.

Background Reading: Neligan/Mathes' *Plastic Surgery*; Nahai's *The Art of Aesthetic Surgery*

SPECIAL FACILITIES

The opportunities for fellows/residents to expand and achieve their educational goals are enhanced by several specialized facilities developed within the University and Teaching hospitals of our program. They include the following:

The Microsurgery Training Laboratory

This facility for basic and advance training in microsurgery was developed by the late Dr. Robert Acland and is located in the Price Institute of Surgical Research, in the Medical Dental Research Building. It has trained more micro-surgeons than any other facility in the world. Each of our fellows/residents receives formal training course in microsurgery on matriculation, and can return as needed for additional practice.

Background Reading: Acland's Microsurgical Practice Manual; *Grabb and Smith's Plastic Surgery*

The Fresh Tissue Dissection & Surgical Practice Laboratory

This facility was created by Dr Robert Acland and is devoted to anatomic dissection of fresh cadavers for both training and research purposes. It has become a model for fresh tissue laboratories both nationally and internationally. Our fellows/residents have material available for dissection on a regular basis. This is used for both formal dissection courses, such as the Fresh Tissue Dissection Conference and The Focus on Anatomy Course, as well as informal dissections to learn anatomic detail or practice surgical procedures. Additionally, fellows/residents are encouraged to undertake anatomic research projects.

Background Reading: Dr. Tobin's monograph, Myocutaneous Muscle Flaps in *Grabb and Smith's Plastic Surgery*

The Aesthetic Centers

One of the strengths of our aesthetic rotation is that the overwhelming majority of aesthetic surgery in the community is done in the units specialized for aesthetic surgery in our teaching hospitals. This places the fellows/residents in immediate proximity to virtually all practitioners and exposes them to the full spectrum of technical and conceptual approaches and to the most advanced techniques.

Background Reading: *Grabb and Smith's Plastic Surgery*

6. EDUCATIONAL CONFERENCES AND ROUNDS

The Program goals and ACGME competency of **medical knowledge** are supported by a comprehensive educational program of conferences, rounds, courses, and tests of progress in medical knowledge. Although extensive, these group activities are not intended to be a substitute for a disciplined, regular, individual reading program. Rather, they are intended to guide and supplement such a program. All fellows/residents must attend these conferences, unless specifically designated as limited to fellows/resident on a specific rotation, and these become options to fellows/residents not currently on that rotation.

The University campus, our teaching hospitals, and the Medical Society Buildings are clustered in a four-block area (except the VAMC, which is five minutes away), and all conference sites are within these teaching facilities. Attendance of all fellows/residents is ***mandatory*** at all the below listed conferences, rounds, courses, symposia, Journal Clubs, Visiting Professor lectures, and research seminars except conferences specific to individual rotations, for which mandatory attendance applies only to the fellow on that rotation.

The full-time faculty always attends the plastic surgery conferences when in town. Quite often, members of the volunteer faculty also attend. The educational input from experienced faculty is vital to the success of the education program. Faculty and fellow/resident attendance will be monitored by the Program Director.

GENERAL CONFERENCES – ALL FELLOWS TO ATTEND

Mondays 1-6pm

Basic Science, Research, and Evidence-Based Medicine Conference (Mondays, 1:00 pm, ACB, JDR Memorial Library)

This conference reviews progress of ongoing research projects in our Plastic Surgery Research Laboratory or in clinical studies, and it allows fellows, residents, and faculty to prepare and present scientific papers for upcoming regional and national meetings, such as the annual KSPS presentation each September. It also covers basic science topics relevant to plastic surgery (e.g. wound healing). It is used to teach the principles of evidence-based medicine and demonstrate application to clinical decision making.

Indications and Care Plan Conference (Mondays, 1:30 pm, ACB, JDR Memorial Library)

This weekly conference focuses on management plans for upcoming challenging cases and indications for surgery. The patients are presented to the faculty and fellow/resident group by the trainee responsible for care of the patient. Relevant ACGME core competencies in the plan are cited and emphasized. As with all patient presentations, the fellow/resident must generate and describe a complete management plan prior to faculty input. This plan will then be analyzed and refined by the faculty and other trainees in a Socratic format.

Board Preparation Quiz Sessions (Mondays, 2:30 pm, ACB, JDR Memorial Library)

A 30-minute session with pre-assigned reading and multiple-choice questions from prior exams. Each review covers topics recently presented in Monday and Wednesday conferences. This will be followed by an in-depth discussion of the subject. Practice exams will be graded and tracked throughout your training. Mock-oral exams will also be given simulating examinations given by the American Board of Plastic Surgery. These are completed annually in May.

Hand Case Presentations (Mondays, 3:00pm, ACB, JDR Memorial Library)

The Fellow or resident assigned to the Hand Rotation presents the interesting cases from the prior week of hand call and hand rotation.

Craniofacial Case Presentations (Mondays, 3:15pm, ACB, JDR Memorial Library)

The fellow or resident on the Head & Neck Rotation presents one of the 50 assigned craniofacial syndromes in PowerPoint form, including photos and genetic risk factors.

Hand Conference (Every other Monday, 3:30 p.m., ACB, JDR Memorial Library)

These conferences are given by the faculty, fellows, residents, or the visiting professors to the program. The schedule includes 25 plastic surgery specific hand topics as chosen by the Program Director.

Cosmetic Surgery Clinic (Third Monday, 3:30pm, ACB clinic)

This clinic is held at the private office and is attended by one or more of the full-time faculty.

Fresh Tissue Dissection and Surgical Practice Lab Sessions (~Quarterly, Mondays, 3:30pm, MDR Building)

This exercise is a dissection of clinically relevant anatomy done on a fresh cadaver in our Fresh Tissue Dissection and Surgical Practice Laboratory. Anatomy relevant to clinical practice, such as flap design frequently used on a challenging upcoming case is dissected and discussed. The discussion is led by a designated faculty member or expert, with fellows/residents doing the technical dissection to enhance their skills. Handouts and graphic supplements are frequently used.

Workshops (As needed, Mondays, ACB, JDR Memorial Library)

Discussion on particular topics with hands-on participation in management of specific challenging plastic surgery areas or defects. In these workshops, fellows/residents will learn algorithms and approaches to specific defects.

Wednesdays 7-9am

Reconstructive Conference (Grand Rounds) (Wednesdays, 7:00 a.m., JDR Memorial Library)

This weekly conference progresses through the core curriculum of reconstructive surgery over the year's schedule. These lectures are given by faculty, visiting professors, fellows, and residents, who present topics in their area of interest and expertise. A high degree of interactivity by the trainee is expected. Reconstructive Grand Rounds cover the 11 clinical areas of Reconstructive Plastic Surgery, as defined by the RC (aesthetic topics are covered on alternate weeks). Additionally, ACGME core competencies, medical-legal, ethics, practice management, and basic science topics are covered when relevant. The Conference schedule is Appendix 7.

Facial Trauma Conference (Third Wednesday of every month, 7:00 a.m., ACB, Basement Auditorium)

This is a combined conference with Plastic Surgery, Otolaryngology, Oral/Maxillofacial Surgery, and Oculoplastic Surgery.

ACGME Core Competencies Conference (Wednesday, 8:00 a.m., JDR Memorial Library)

This weekly conference is focused on enhancing the ACGME Core Competencies and applying them to Plastic Surgery. The first half hour is devoted to a discussion of topics from the 6 ACGME Core Competencies in rotating sequence. The second half hour is devoted to the Indications and Care Plan Conference twice monthly, alternatively with faculty meeting and Quality Improvement Conference.

Quality Improvement and Morbidity Analysis Conference (8:00 a.m., one Wednesday each month, JDR Memorial Library)

This monthly conference analytically reviews quality improvement and patient safety issues, including the morbidity and mortality experience of the service. Cases are presented and analyzed first by the fellow or resident involved in the patient's clinical care and then discussed by the other trainees and faculty. The format of the review is to use analytic logic and the scientific method to identify the cause and then the prevention or correction of the complication. A systems approach to patient safety is incorporated and balanced with individual responsibility as appropriate. The ACGME Competency of Practice-Based Learning is directly served by this conference. Each fellow/resident is expected to present all cases of complications, mortality or "near miss" events from the preceding month. The classical patient presentation format will be used and all relevant data (including autopsy results for mortalities) will be made available. The discussion will always include the following components:

- The complication will be clearly stated.
- The case will be presented in classical format.
- A hypothesis of cause based on all available data will be given.
- An analysis of the hypothesis will follow.
- A conclusion and recommendation for future avoidance of such events based on the analysis will be made.
- When relevant, pertinent references regarding the complication should be distributed.

Fridays 7-9am

Surgery Grand Rounds (Fridays, 7:00 a.m., ACB Auditorium)

This weekly conference is presented by faculty or a visiting expert. Plastic Surgery fellows will be notified when the subject is of relevance to our specialty. In such an instance, conference attendance will be required. However, residents are required to attend all Surgery Grand Rounds when assigned to a General Surgery rotation.

Surgery Department Fellow Grand Rounds and Teaching Conferences (Fridays, 8:15 a.m., ACB Auditorium)

This weekly conference is scheduled for fellow/resident education by the Surgery Department for all surgical services. Plastic Surgery fellows and residents are required to attend those which cover ACGME core competency, basic science, medico-legal, ethics, quality improvement, and practice management issues that are relevant to Plastic Surgery. The conference is given by academicians or clinicians from the University faculty or by outside experts in specific topics.

Irregularly

Journal Club Meetings (~Quarterly, usually on the 3rd Monday, 6:30 p.m.)

This quarterly conference uses both classic and current issues of relevant journals to explore a specific topic in greater depth. These meetings are usually held at a restaurant conference room or the home of a Division member. The articles for each topic are chosen by the Educational Chief fellow with faculty guidance. The articles chosen will then be assigned by the Education Chief fellow to each of the other trainees to be briefly summarized, critically analyzed, and related to clinical practice by the presenting trainee, followed by an organized general discussion by other trainees and faculty.

CONFERENCES SPECIFIC TO INDIVIDUAL ROTATIONS:

The following conferences are organized for fellows/residents on specific services. Most of these conferences are multidisciplinary and provide excellent opportunities for interdisciplinary interaction, information exchange and development of professional communication skills. The fellow/resident assigned to the specific rotation identified must attend, and others may attend if interested.

Burn Rounds (Monday, 8:00 a.m., UofL Hospital, 8th Floor Burn Unit)

These multidisciplinary weekly bedside teaching rounds in the University Hospital Burn Unit refine burn care teaching and management judgment for cases in the burn unit. These rounds are held in conjunction with the General Surgery Trauma Service. The patients are presented to the faculty and resident groups by the resident responsible for the patient, and discussion is led by the Plastic and Trauma Surgery Faculty. The Plastic Surgery trainee rotating at University Hospital is to attend.

Multidisciplinary Breast Oncology Conference (Thursday, 8:00 a.m., Brown Cancer Center)

A multidisciplinary team approach to breast cancer is presented and includes representatives from diagnostic radiology, surgical oncology, medical oncology, radiation oncology, plastic surgery, pathology, social services, tumor registry and tumor genetics. This weekly conference is attended by the reconstructive service fellow/resident at Norton and Jewish Hospitals.

Brown Cancer Center Oncology Conference (Friday, noon, Brown Cancer Center, 2nd Floor Conference Room)

A weekly formal presentation on topics relating to cancer care. When relevant topics are presented, this conference is to be attended by the plastic surgery fellow/resident rotating on the University Hospital service. On rare occasions, the plastic surgery fellow/resident is requested to present a case on a topic.

Melanoma Conference (Monthly, Wednesday, 7:00 a.m., ACB Auditorium)

A multidisciplinary team approach to melanoma is presented and includes representatives from diagnostic radiology, surgical oncology, medical oncology, radiation oncology, plastic surgery, pathology, social services, tumor registry and tumor genetics.

7. ETHICS CURRICULUM

Basic knowledge of medical ethics principles and practices is included in our educational curriculum, by case example upon occurrence, by presentations, in the General Competencies Conference, by other conferences and special seminars and printed matter for self-study. These avenues for the ethics curriculum are described below.

A. **ACGME Core Competencies Conference:** An ethics topic is presented at least each semester.

B. **Plastic Surgery Ethics Round-Table Discussion:** An ethics dilemma will be discussed in round-table fashion at least quarterly.

C. **Reconstructive and Aesthetic Conference:** Ethics discussions are integrated into the topic presented whenever relevant.

D. **Surgery Department Fellow Teaching Conference:** Ethics, medical-legal, practice management and basic science topics are regularly scheduled in this weekly conference held every Friday at 8:15 A.M. You will be informed when any of these topics are scheduled. Attendance is mandatory for these topics.

E. Special seminars in medical ethics are regularly held by the UofL, our Teaching Hospitals and the Medical Society. You will be notified of these seminars when they occur.

F. Each fellow/resident will receive a copy of *The Principles of Medical Ethics* and *The Fundamental Elements of the Patient - Physician Relationships* from the *Code of Medical Ethics of the AMA*. They are Attachment 2 of this manual.

G. The current edition of the Code of Medical Ethics of the AMA is available to all trainees in the Division office for reference and self-study, and is provided to all fellows/residents joining the Greater Louisville Medical Society, and Kentucky Medical Association ($40.00 for the entire Fellowship). It is Supplemental Reference Manual #1.

8. MEDICAL-LEGAL CURRICULUM

A. **ACGME Competencies Conference:** A medical-legal topic is given at least each semester.

B. **Reconstructive and Aesthetic Conference:** Medical-legal discussions are integrated into the topics presented whenever relevant.

C. **CD-ROM Course:** Dr. Gordon Tobin has arranged for each trainee to receive a reference on Basic Medical-Legal principles and risk management by joining the Greater Louisville Medical Society and Kentucky Medical Association.

D. **Special seminars** in medical-legal issues are held by the UofL, our teaching hospitals, our Medical Society, and our medical liability carrier. Your attendance is mandatory at all of these. You will be informed when these seminars are scheduled.

E. Fellows/residents will receive a summary of basic medical-legal principles and periodic updates. This summary is reprinted from the *Law and Medicine* series published in the *Journal of the American Medical Association*.

F. The current edition of the *Legal Handbook for Kentucky Physicians* (KMA) is available to all fellows/residents in the Division Reference Library and is provided to all fellows/residents joining the Greater Louisville Medical Society and Kentucky Medical Association.

G. The ASPS manual, *Patient Consultation Resource Book*, is available to all fellows/residents in the Division Reference Library. The informed consent templates it contains may be used to improve your patient informed consent or council you to design your individual informed consent forms.

9. SOCIOECONOMICS & PRACTICE MANAGEMENT EDUCATION

Basic knowledge of socioeconomics and practice management principles are included in our educational curriculum by case example upon occurrence, by presentations in the General Competencies Conference, by other Conferences and by special seminars and self-study courses described below.

A. **ACGME Core Competencies Conference:** A presentation on practice management is given at least once each semester.

B. **Reconstructive and Aesthetic Conference:** Socioeconomic discussions are integrated into the topics presented whenever relevant.

C. **Surgery Department Fellow Teaching Conference:** Practice management topics are regularly scheduled in this weekly conference. You will be informed when any of these topics are scheduled. Attendance is mandatory for these topics.

D. **Special seminars** in practice management are held by the UofL Compliance office, our teaching hospitals and the Greater Louisville Medical Society (GLMS). You will be notified of these seminars when they occur. The GLMS provides a comprehensive on-line course for entering practice that includes contract negotiations with employing groups, contract negotiations with insurers, personnel and office management. This is available to fellow/resident members ($40 for the entire Fellowship).

E. The **UofL Compliance Office** holds an annual seminar in Medicare compliance regulations and documentation at the beginning of each academic year. Attendance is mandatory.

F. The **Department of Surgery** holds an annual seminar in CPT coding early in each academic year. Attendance is mandatory.

G. A summary of Medicare Compliance Regulations is available through the University of Louisville Compliance Office.

H. A set of manuals on basic practice management principles are available to all fellows/resident for a self-study course. These are most useful during the senior year, or whenever practice arrangements are being made.

I. The manual from the AMA course*, Establishing Yourself in Medical Practice* is available. Sections include: personnel, facilities, patient flow, patient records, financial, practice setting and legal.

J. *The Resource Book for Plastic Surgery Fellows* (ASPS) is available to all fellows. The section "How to Select a Practice" is most useful for that purpose. It is Appendix 5 and Supplemental Reference Manual #9.

K. The AMA Handbook, *Marketing Strategies for Private Practice* is available. It contains excellent instructions on good communications to patients and referring physicians. Skill, compassion, good care, and good communications are all the marketing you will ever need. It is Supplemental Reference Manual #5.

L. The Greater Louisville Medical Society Department of Practice Services provides an excellent introduction to managed care issues, and managed care contracts. This information is available by joining the Medical Society. It is Supplemental Reference Manual #6.

M. The ASPS/PSEF Catalogue is an excellent source of practice management information. It is Supplemental Reference Manual #10.

N. The annually updated and issued CPT manual (AMA) contains and defines all the CPT codes, modifiers, and detailed instructions for their use. It is Supplemental Reference Manual #7.

O. The Medicare Billing and Documentation Guidelines (UofL Compliance Office) describes the Medicare Compliance regulations. It is Supplemental Reference Manual #8.

10. ANNUAL SYMPOSIA AND VISITING PROFESSORS

A. Annual Symposia

The Division sponsors or co-sponsors a number of annual courses or symposia. All fellows/residents must attend. These courses include the following:

1. **Microsurgery Course:** At the beginning of the training program, each trainee spends time in the *Microsurgery Training Course* that is offered by our Microsurgery Laboratory (Section 5:8). Additional practice time can be arranged individually thereafter. The course is taught by Dr. Joshua Choo. A widely acclaimed videotape teaching series is used, which was produced by former faculty member Robert Acland, M.D.
2. **Surgical Anatomy Course:** Each year the Divisions of Plastic Surgery and Hand Surgery co-sponsor a surgical anatomy course or flap dissection. The topics covered alternate between flap and upper extremity anatomy. The course uses fresh cadaver dissections done in our Fresh Tissue Dissection

and Surgical Practice Laboratory. Simultaneously, lectures on the dissection topic are given by the faculty of the Divisions of Plastic and Hand Surgery, or by visiting professors and a useful course syllabus of anatomic diagrams and relevant journal reprints are distributed.

3. **Maxillofacial Fixation Course:** Each year a hands-on course in maxillofacial plating and internal fixation is sponsored by the Division and supported by plate manufacturing companies. Demonstrations are given by the faculty, with fellows/residents performing the technical exercises at individual practice stations.

4. **Hand Internal Fixation Course:** Each year a hands-on weekend course in upper extremity plating and internal fixation is sponsored by the Division of Hand Surgery and AO/Synthes for the Hand Trainee and Plastic Surgery Trainee. Demonstrations are given by the faculty, with fellows/residents repeating the technical exercises at individual stations.

5. **Research Symposium:** "Research!Louisville," is a weeklong research symposium that contains courses, a keynote speaker and research presentations, and is sponsored by the University of Louisville and our teaching Hospitals. The keynote speaker has often been Nobel Prize recipients or scientists of international distinction.

6. **Other Courses/Symposium:** At least yearly, other conferences or symposia of value to plastic surgeons are sponsored by the Division, the University, our teaching hospitals or the Medical Society. Recent examples are: the Tri State Craniofacial Symposium (Annual), Grant Writing, Craniofacial/Maxillofacial Techniques, Biomedical Ethics. The ABA Regional Burn Symposium, Burn Care, Research Design, Maxillofacial Distraction, Vascular Lesion/ Hair Removal/Tattoo Removal Lasers, Skin Resurfacing Lasers Composite Allograft Symposium, ASPS CPT Coding. These courses and conferences are given by experts in the respective topics.

7. **Visiting Professors:** The Division of Plastic Surgery, The Kentucky Society of Plastic Surgery, The Louisville Surgical Society, and closely related units such as Hand Surgery, sponsor several visiting professors and invited lecturers each year. Current and recent examples include the following:

James Bradley, M.D. (2023)	Steven Sigalove, M.D. (2022)	Richard Baynosa, M.D. (2022)
Bruce Mast, M.D. (2019)	Kiumars Movassaghi, M.D., D.M.D. (2018)	Maurice Nahabedian, M.D. (2018)
Lawrence J. Gottlieb, M.D. (2018)	William M. Kuzon, M.D., D.M.D. (2018)	Michele Shermak, M.D. (2017)
Randolph Sherman, M.D. (2017)	Robert J. Allen, M.D. (2017)	Joseph P. Hunstad, M.D. (2017)
Steven C. Haase, M.D. (2016)	James R. Payne, M.D. (2016)	Stephen B. Baker, M.D. (2016)

Maurice Nahabedian, M.D. (2016)
Michael R. Zenn, M.D. (2016)
Louis L. Strock, M.D. (2016)
Norman M. Cole, M.D. (2015)
Dennis Hammond, M.D. (2015)
David Netscher, M.D. (2014)
Robert M. Kellman, M.D. (2014)
W. P. Andrew Lee, M.D. (2014)
M. Nahabedian, M.D. (2014)
Albert Losken, M.D. (2014)
C. Scott Hultman, M.D. (2014)
Geoffrey Gurtner, M.D. (2013)
Neil F. Jones (2013)
Navin K. Singh, M.D. (2013)
William H. Bowers, M.D. (2012)
Dean S. Louis, M.D. (2012)
Jeffrey Janis, M.D. (2012)
V. Leroy Young, M.D. (2012)
Peter C. Amadio, M.D. (2012)
Richard A. Mladick, M.D. (2012)
M. Yaremchuk, M.D. (2012)
Charles J. Eaton, M.D. (2012)
Scott L. Spear, M.D. (2011)
Peter C. Amadio, M.D. (2011)
Paul S. Cederna, M.D. (2011)
Richard A. Mladick, M.D. (2011)
J. Peter Rubin, M.D. (2010)
Diego Ribuffo, M.D. (2010)
Maurice Nahabedian, M.D. (2010)
David P. Green, M.D. (2010)
Charles N. Verheyden, M.D. (2010)
Maurice Nahabedian, M.D. (2009)
Charles Butler, M.D. (2009)
Paul N. Manson, M.D. (2009)
Joachim Prein, M.D., D.M.D. (2009)
Randal Rudderman, M.D. (2009)
Warren Schubert, M.D. (2009)
Lt. Col. Robert Hale, D.D.S. (2008)
Ian T. Jackson, M.D. (2008)
Eduardo Rodriguez, M.D., D.D.S. (2008)
Dean Louis, M.D. (2008)
Gregory Ruff, M.D. (2008)
Ron Silverman, M.D. (2008)
Gregory Evans, M.D. (2007)
David Elliot, M.D. (2005)
G Patrick Maxwell, M.D. (2005)
Fu-Chen Wei, M.D. (2004)
Wayne Morrison, M.D. (2003)
Frank D. Burke MB, MS, FRCS (2003)
Julio Taleisnik, M.D. (2002)
Martin Robson, M.D. (2002)
David Evans, MB, BS, FRCS (2001)
James May, M.D. (2001)
Thomas J. Krizek, M.D. (2001)
Raphael Acosta (2001)
Viktor E. Meyer, MD (2000)
Richard Wassermann, M.D. (2000)
Harry Buncke, M.D. (1999)
Richard Roberts, Ph.D. (1999)
Hyrar Shahianian, M.D. (1999)
Alan Dimick, M.D. (1999)
C. Lin Puckett, M.D. (1999)
Helmuth Goepfert, M.D. (1999)
H. Bruce Williams, M.D. (1999)
Christopher Colton, M.D. (1999)
Henry Steve Byrd, M.D. (1998)
Maurice Jurkiewicz, M.D. (1998)
Suzanne Ildstad, M.D. (1998)
Milomir Ninkovic, M.D. (1998)
Michael Chancellor, M.D. (1998)
Arnuf Stenzel, M.D. (1998)

Steve Aryian, M.D. (1997)	Goran Lunborg, M.D. (1998)	Dennis Lynch, M.D. (1997)
Eduardo Zancolli, M.D. (1996)	James Strickland, M.D. (1997)	James May, M.D. (1996)
Susumi Tamai, M.D. (1996)	Jim Urbaniak, M.D. (1997)	Jesse Jupiter, M.D. (1997)

In addition, the Department of Surgery and Louisville Surgical Society maintain active Visiting Professor Programs, including the annual Yandell lectureship. Many of these lectures are relevant to plastic surgery and the fellows and residents will be invited.

11. KEEPING THE PLASTIC SURGERY OPERATIVE LOG (PSOL)

In order for the Division Director to certify program completion and allow you to sit for your Board examinations, you must have gained sufficient clinical experience during your training. The current standard is to have performed enough procedures to be **well above the minimum standards** defined by the Clinical Competency Committee in all 12 PSOL categories (Section 4). PSOL documentation of cases performed is by current procedural terminology (CPT) coded and logged by each fellow/resident **at least weekly**, on both a personal record and on the ACGME website (www.acgme.org) designed for this purpose. You will be given a user I.D. and password to access your log. You are expected to have at least one quality procedure experience each weekday (M-F). A weekly confirmation that your PSOL is up-to-date **with experience recorded each day** must be confirmed with the Division's Program Coordinator, and the quality of experience should be reviewed with the faculty member designated as the service supervisor on your rotation. Vacation approval, elective experience, and operative privileges may not be granted if the case logs are not up to date with daily entries. You are required to be up-to-date on operative logs prior to being allowed to participate in weekly clinical activities on Monday mornings or you will be subject to being placed on probation. Disciplinary actions may be invoked as described in Section 34. You cannot graduate from this training program unless your PSOL logs are completed and reflect an adequate volume and balance of operative experience in every category.

The PSOL documentation of your experience during the training program has become of prime importance in confirming service to the University and its hospitals in maintaining trainee salary lines, and in obtaining your hospital operative privileges after graduation, although these were not the original intent of the PSOL. Be sure that each and every one of your procedures are recorded. If procedures involving new technology (e.g., new lasers, new endoscope, etc.) are not on the document, record them under "other" and record the exact device (e.g., type of laser). Keep a copy of your PSOL for the purpose of credentialing after graduation, with a spare copy in a safe place. The ACGME will keep copies of your operative logs for a short time, but not permanently. The Division will not keep copies beyond your graduation. It is in your best interest for you to keep these records securely and permanently, as all hospital and other credentialing agency requests will be referred to you.

Instructions for the ACGME Data Collection System are online at www.acgme.org.

12. BASIC SCIENCE EDUCATION AND RESEARCH EXPERIENCE

The University of Louisville Division of Plastic Surgery has a strong academic commitment to basic and clinical research. We maintain active basic science and clinical research programs that provide important experience to all fellows and residents. Both fellows/residents who are pursuing an academic career and those who plan a community practice need to understand the principles of scientific analysis and investigation in order to analyze literature and practice evidence-based medicine necessary for optimal patient care.

A. Participation in and reporting of **original research** is an important facet of this program, and we expect all fellows/residents to develop skills in experimental design, data analysis and scientific writing. The standard of care that you practice will be determined to a significant degree by published data and papers. It is essential to be able to critically evaluate scientific papers, to recognize quality versus junk or weak science, and to recognize therapies that are evidence-based. Whether or not your future career plans involve an academic position, this is an essential skill and a requirement for completing this training program.

B. **Grand Rounds Reconstructive and General Competencies Conferences:** Presentations of research topics at least once each semester are included in these conferences.

C. An annual **Basic Science Symposium**, "Research!Louisville" is held each fall. This includes basic science courses, a nationally renowned keynote speaker, grant writing and project design seminars, and presentations of University of Louisville research projects.

D. It is required that each graduating senior will have published or have prepared for submission to a peer reviewed journal at least one article from work largely or completely done during the plastic surgery training here and co-authored with a full-time clinical faculty member. Such publications can include a clinical series, chart review, or basic research from involvement with one of the many basic science studies underway in our laboratory at the Price Institute of Surgical Research, and the subject must be approved by the Program Director and the faculty. Make an appointment with a faculty member early in your program to begin this project. It cannot be realistically accomplished in less than one year. The graduating fellow/resident does

not necessarily need to be the first author on the publication, but they need to perform a sufficient amount of the work and writing to allow authorship and they must write a draft of the manuscript. Failure to satisfy this requirement voids the senior fellow/resident the opportunity to attend a national meeting (Section 26) and the opportunity for an elective at the end of the senior year rotation. Failure to do this also may become grounds for not signing your graduate completion certificate (Section 31) and subsequent ineligibility to sit for the American Board of Plastic Surgery certification examination. Being the primary author of a book, or a book chapter will satisfy the research requirement.

E. It is required that each fellow/resident present a paper, each year, at the annual meeting of the Kentucky Society of Plastic Surgery held each September. This may be the paper described in Section D, or another appropriate clinical or experimental report. Presenting a paper at this conference and preparing it (or another paper) for submission to a peer-reviewed journal is one element of the prerequisites for the senior elective (Section 16) and the senior opportunity to attend a national meeting (Section 24) or the Program Director may not certify the fellow/resident to sit for the American Board of Plastic Surgery Examination.

13. ETHICS, HONESTY AND CONDUCT

A. Absolute honesty, integrity and professional conduct must be maintained in all professional situations and the highest standards of personal and professional ethics always upheld. Physicians are among the most trusted and respected of all members in our society, and this trust must be earned and maintained by each of us on an ongoing basis.

B. Courtesy, respect and professional conduct is expected in all interactions at all times. This standard must be maintained irrespective of the behavior of other parties. Aggravating behaviors is part of human nature and is occasionally encountered from patients or other professionals. You must discipline yourself to not be drawn into lessening your standards, irrespective of the level of aggravation.

C. Dress at work must be neat, professional and traditional at all times. White laboratory coats, with business shirts, ties and slacks (or equivalent dress for women) are acceptable substitutes for suits or conservative business jackets and slacks. For military fellows/residents, uniforms may be worn in appropriate settings, and the uniform protocols of your service apply. We do not observe “casual Fridays” or other breaches of professional dress or demeanor.

14. TEACHING RESPONSIBILITIES

This is a teaching service at all times. Fellows and residents are expected to teach medical students and rotating trainees from other services in all activities whenever they are present. Involve them in all aspects of our educational program. Offer them technical opportunities, such as monitored suturing and wound care when appropriate, and offer them opportunities to develop analytical reasoning skills in patient care in the same manner used by the faculty in your education.

15. SERVICE ROTATION SCHEDULE

The service rotations are designed to provide the plastic surgery fellow/resident with a rich, comprehensive and balanced exposure to all areas of plastic and reconstructive surgery. The primary rotations outlined in the Block Diagram of service rotations (Attachment 1) take place at the following institutions:

1. University of Louisville Hospital
2. Veterans Affairs Medical Center
3. Norton Children’s Hospital
4. Norton Hospital
5. UofL Health Jewish Hospital
6. CaloSpa Surgery Center
7. Louisville Surgical Center
8. Outpatient Operating Suite UL HCOC

These each offer a unique and valuable educational experience to the fellow/resident, and these facilities are considered to be the core facilities of the University of Louisville Plastic Surgery Training Program. Most are in immediate proximity to the conference sites, libraries, and educational services of the program.

The fellow/resident assigned to the service encompassing each of these sites must first cover the cases of their assigned service. To spend any time away from these hospitals, specific permission must be given by either the Program Director or the full-time academic faculty who have cases on that service that day. However, we strongly encourage requesting this permission for cases of strong educational value or critical PSOL need, wherever they might occur.

The service rotation schedule is designated to cluster the educational experience provided by our core facilities into blocks of a meaningful level of concentration for a meaningful length of time. The service rotation schedule (Attachment 1), and the educational goals of each rotation are described in Section 5. The first obligation of the plastic surgery trainee is to significant cases of full-time academic faculty members of the Division, for assisting in surgical cases and supervised patient care. If a conflict occurs between educationally valuable cases of full-time academic faculty members or community faculty members, the conflict must be discussed at least 24-hours in advance in order to allow sufficient time for resolution or arranging alternative assistance if needed. This pertains to all situations including vacation time, any leave of absence, or if the fellow/resident wishes to perform a case with other divisions or with a member of the volunteer faculty. When there are conflicts in staffing cases, it is the responsibility of the Chief Administrative Fellow to resolve the issue. It is the Administrative Chief Fellow's right to assign another fellow/resident to the full-time academic faculty case, if this is discussed with the full-time academic faculty member at least 24-hours ahead of time. If these policies are violated, the offending fellow/resident will be disciplined, including loss of permission to participate in cases of the volunteer faculty for the remaining duration of the rotation. Unexcused absence from cases of the academic full-time faculty, without approval for good educational reason, warrants disciplinary action and possible training termination as detailed in Section 34.

Each hospital has an assigned faculty supervisor, who is also responsible for the service rotation most closely associated with that hospital. These supervisors report to the Program Director. They are as follows:

1. University of Louisville Hospital and Clinics Service: **Dr. Joshua Choo**
2. Adult Reconstruction: **Dr. Ryan Shapiro, Dr. Gordon Tobin, Dr. Joshua Choo**
3. Veterans Affairs Medical Center Hospital and Clinics/Adult Oncology: **Dr. Joshua Choo**
4. Head and Neck Aesthetic and Reconstruction: **Dr. Terry McCurry**
5. Hand Service: **Dr. Bradon Wilhelmi**
6. Norton Children's Hospital/Pediatrics Plastic Surgery Service: **Dr. Mark Chariker**

Note: All cleft lip and palate cases must be attended by at least one fellow/resident. These operations are always performed at Norton Children's Hospital. It is the responsibility of the rotating fellow/resident to always check the schedule for these cases. If a senior fellow/resident is not up to date on the required number of these cases, then these cases will take priority over any other cases being performed in the program. Attendance at cleft cases takes priority over attending requirements or needs.

Plastic surgery service rotation continues until June 30 in the year of your graduation.

16. WORK HOURS LIMITATIONS

The program observes all work hour limits, call structure, and supportive working conditions recommended by the ACGME Common and Plastic Surgery Program Requirements and the University GME Work Hours policy. As such,

- "Work hours" are defined as:
    - Patient care (both inpatient and outpatient);
    - Administrative duties related to patient care (i.e., dictation);
    - In-house call activities;
    - Academic activities (conference attendance).
- "Work site" is defined as all educational sites:
    - University Hospital,
    - University Hospital/Jewish Hospital,
    - Norton Hospital,
    - Norton Children's Hospital,
    - Veterans Affairs Medical Center (VAMC).
- Trainee work hours must not exceed 80 hours per week when averaged over 4 weeks, which is inclusive of all in-house activities and moonlighting.
    - Fellow/resident time spent in the hospital when on second call, reserved call or University call will be counted towards the 80 hours.
- It is the responsibility of each fellow/resident to monitor their own work hours and comply with work hours limitations. When there is about to be a work hour violation, the fellow/resident is to immediately request replacement by another resident or fellow. If the fellow cannot find a replacement, then they are to contact the Program Director immediately.

- Fellows/residents will be given 10 hours off for rest and personal activities between work periods.
- Fellows/residents will be given 1 day off out of 7 free of all educational, clinical and administrative activities, averaged over a four-week period, inclusive of both primary and secondary call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. At-home call cannot be assigned on these days.
- Continuous on-site work, including call ins, will not exceed 24 consecutive hours.
    - No new patients may be accepted by the resident after 24 hours on call.
    - Fellows/residents may remain on work for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics and maintain continuity of medical and surgical care.
- There is no in-house call or night float for this program with the exception of the Hand Service Rotation, and that will be no more frequent than every third night, averaged over a four-week period.
- Fellows/residents will be verbally questioned in regards to their mental alertness whenever necessary. Fellows/residents will have access to on-call rooms during the day for resting as necessary, especially during post-call periods. Any fellow/resident needing back-up support with post-call patient care responsibilities must contact the Program Director immediately. Fellows, residents, and faculty will be constantly on guard for signs of stress and fatigue and take appropriate action whenever needed.
    - The University of Louisville School of Medicine has instituted a safe transport system which is available to all trainees and on-call medical students, 24 hours a day, when they are too fatigued to drive safely. For details, go to: https://louisville.edu/medicine/org/housestaff/cab-voucher-program
- **Monitoring:** Random monitoring by the Program Director and Full Time Faculty will be performed.
- Fellows/residents are required to complete the work duty log every week in MedHub. This will be checked weekly for completeness, timeliness, and compliance.

There will be no repercussion to the trainee regarding a work hour violation. The honest reporting of work hours and any violations is required for individual trainee support and root cause analysis of any systemic problems within the program. All violations of the Duty Hour Policy must be immediately reported to the Program Director regardless of time or date.

A thorough explanation of these rules is available in the *University of Louisville School of Medicine Resident Policies and Procedures Manual*, Section VII.A, Pages 10-11.

17. CALL RESPONSIBILITY

A. During **weekdays**, from 07:00 to 17:00, the fellow/resident on each service will be responsible only for that service and its emergency room consults, intraoperative consults, floor calls and consults, and calls from fellow, resident, or faculty. The only exceptions to the day call responsibilities described in Section 15, above, are when covering for another fellow/resident and true emergencies requiring response from the most readily available fellow/resident, irrespective of rotation assignment. Each fellow/resident in the Division of Plastic Surgery is required to take night and weekend call based upon the monthly call schedule that is posted prior to the first day of each month.

B. **Night and weekend** call and work hours follow Department of Surgery Standards, as outlined in the current House Staff Manual.

C. The overall **attending and trainee call schedule** is made monthly by the Program Director. The administrative chief fellow assists by assigning first call, second call and chief fellow/resident on call, for each day (see below). Modifications to this call schedule may be made after the schedule is posted, if deemed necessary by the Program Director. Weekend call changes at 07:00 the morning of the call day and lasts for 24 hours. Weekday night call is from 17:00 to 07:00 the next morning. On night and weekend call, the first call fellow/resident will cover all teaching services, all consults to them and emergency rooms, and all telephone calls. The second-call fellow/resident will be available as back-up for the first-call fellow/resident and is responsible for VA coverage. The chief fellow/resident on-call is available for physical and/or intellectual support as needed. The second-call fellow/resident and chief fellow on call will be available by pager and telephone contact at all times to provide this back-up support. Both trainee and faculty monthly call schedules are published each month on-line and posted in the Division office.

D. Be reminded that all fellows/residents are acting under the auspices of the University of Louisville and University Surgical Associates. P.S.C., and the Plastic Surgery attending on call in particular. All night and weekend cases that the first-call fellow/resident sees in consultation in the Hospitals or Emergency Rooms, Operating Rooms or Wards, will be presented initially to the senior-call fellow/resident. It is then the responsibility of either the first-call or the senior-call fellow/resident to present each case and all pertinent data pertaining to that case to the attending of record. This may be modified based upon the attending's preference, which should be clearly determined at the beginning of each call period. (For example, some attendings will wish to be called by the first-call fellow/resident, while others may agree to let the senior-call fellow/resident make clinical decisions up to a pre-determined level.) Similarly, any patient phone calls that are not straight-forward and require more complex decision making, or that could significantly impact upon a patient's care should be presented to the senior-call fellow/resident. The need to contact the attending in this situation will be determined by the senior-call fellow/resident, acting on attending guidelines. Outpatient cases at Norton Children's Hospital (NCH) Emergency Room will be discussed directly with the NCH medical staff member on-call that month who has been assigned responsibility for the patient by the NCH call schedule rotation. Admissions by the University faculty to NCH (from ER or direct) and inpatient consults are to be discussed with the faculty attending on call. Similarly, other affiliated hospitals, University faculty cases and referrals will be discussed directly with the responsible attending. Failure to meet call responsibilities may result in disciplinary actions or dismissal, as described in Section 34.

E. First call may be taken from home, if responses are prompt and conscientious. An in-house call room is available if convenient for the fellow/resident on any specific night. All prior consults and obligations must be met promptly, thoroughly, and courteously, both during work hours and while on night call.

F. All admissions to the plastic surgery service must be approved by the attending plastic surgeon, as fellows/residents do not have independent admitting privileges. Failure to obtain attending approval of an admission, transfer or a treatment plan will leave the fellow/resident legally liable for any complications, mismanagement, or malpractice action that ensues. This will also constitute grounds for disciplinary action or dismissal, as described in Section 34.

G. The first-call fellow's/resident's primary responsibility is to see the Emergency Department consultations, ward consultations and patient care calls of the University Plastic Surgery Services at the University of Louisville Hospital, Norton HealthCare Hospitals (Norton, Norton Children's, Alliant Medical Pavilion and the Norton HealthCare affiliates), and Jewish Hospital. However, based upon the request of the full-time faculty, the first-call fellow/resident may be asked to see patients at other emergency departments or hospitals with which the University of Louisville Plastic Surgery full-time faculty are affiliated. Currently, we take no ER calls at hospitals other than those listed above, but we do receive occasional consultation requests. The second-call fellow/resident provides coverage for the Veterans Affairs Medical Center (VAMC) and back-up for primary-call.

H. Calls originating from any of the aforementioned emergency departments or hospitals for consults directed toward volunteer faculty or community surgeons on an affiliated medical staff will be handled as follows:

   a. Based upon the learning value and complexity of the case the fellow/resident may assist in the case as an agent under the supervision of the community surgeon responsible for the patient's care. The primary responsibility for care of these patients cannot be transferred from the responsible community surgeon to the fellow/resident under any circumstances, although the fellow/resident may perform minor outpatient procedures (e.g., lacerations, abrasions, minor burn care, etc.) for the community surgeon under his/her supervision and responsibility and send the patient for follow-up to the community surgeon's office or admit the patient to the community surgeon's service.
   b. If a volunteer faculty member who is an active teacher in the program specifically requests the on-call fellow's/resident's assistance with a case, and the on-call fellow/resident is not engaged in another case, every effort should be made to accommodate that request. The on-call fellow/resident should not, however, be excessively burdened with time-consuming cases of marginal or no educational value. If the fellow/resident feels that he/she is being taken advantage of in this process, the Program Director and the full-time faculty should be informed, and the Program Director will instruct the responsible volunteer faculty member in proper protocol.

I. Consults originating from the affiliated emergency departments (such as Norton Children's) when a community volunteer faculty member is on call will be covered by the on-call fellow/resident only for actively teaching volunteer faculty and only on days (currently every third) when the University of Louisville Hospital Plastic Surgery team is on maxillofacial trauma call. During months when the Plastic Surgery full-time attendings are on call at any of the UofL affiliated hospitals, the on-call fellow/resident will cover consults and admissions to the full-time faculty members at all times, irrespective of the UofL Hospital 3-day rotation maxillofacial trauma call schedule.

J. Plastic surgery fellows/residents do not have independent practice or admitting privileges, therefore, they are not allowed to admit, accept transfer from another institution, nor treat any patient at any hospital without the expressed authorization of the attending or staff surgeon responsible for the patient. At UofL Hospital and VAMC, this is the full-time faculty. At other affiliated hospitals, these actions must be authorized by the fully licensed staff plastic surgeon that is responsible for the specific case and recorded in the patient's medical records. These actions or any other care can be done only on behalf of the staff surgeon. Taking independent action to accept an admission, treat a patient or see a consult without appropriate authorization by the staff surgeon exposes the fellow/resident to liability and is forbidden. This constitutes grounds for disciplinary action and possible dismissal, as described in Section 34.

K. In the event that you are asked to assume responsibility for a patient without prior staff authorization and chart documentation, courteously refer the request to the appropriate surgeon on call at that hospital, or to the service on call if a rotating schedule is in effect, but do not assume independent responsibility or give any impression that you are permitted to do so.

18. FACULTY SUPERVISION AND FELLOW OPERATING ROOM STAFFING

The following fellow/resident supervision guidelines are designed to provide graded, surgical responsibility with a maximum rate of conceptual, judgmental and technical growth while simultaneously providing the highest quality of patient care, and compliance with supervision standards of our hospitals, the

University and all accrediting bodies. These supervisory responsibilities apply to all of our teaching hospitals. The faculty is ultimately responsible for all patient care, and the fellows/residents provide care only under faculty supervision. Fellows and residents are given progressive graded responsibility, but always with accountability to the responsible faculty. As described in Sections 1, 2 and 3, however, the fellow/resident must be fully intellectually accountable for a complete analysis and solution of the medical problem(s). This includes:

a. an evaluation sequence leading to an accurate diagnosis or analysis of a defect;
b. design of an appropriate solution (including non-surgical treatment when indicated); and
c. articulation of the hierarchy of options with a well-supported rationale for their ranking.

This analysis should always be done first and should always be presented to the faculty. The attending should only then give the appropriate feedback and critique of the plan (including probing questions), refinements, other options that merit consideration, references, approval, and ultimately supervised implementation. Further discussions should cover avoidance of complications and plans for follow-up. This interactive process is at the heart of our program to maximize conceptual and judgmental growth. This step should be observed at all levels of fellow/resident experience, even very early in the program when the fellow has incomplete knowledge of many clinical conditions. Ultimately the faculty must be available and present for at least the key portion of the procedure.

RESPONSIBILITIES OF THE TRAINEE

- It is the responsibility of the fellow/resident to communicate about every patient that they see in the course of their duties with an attending physician. If the fellow/resident feels they do not have the appropriate level of faculty supervision, they are to immediately contact the Program Director. If the Program Director is not available, then the fellow/resident can contact the next in line attending on call and back up call fellow/resident.
- It is the responsibility of the fellow/resident to communicate with the attending physician about both inpatients and outpatients referred and/or seen by our service.
- It is the responsibility of the fellow/resident to discuss acceptance of new patients to the service with the appropriate attending physician.
- It is the responsibility of the fellow/resident on-call in the evenings, on weekends, and on holidays to notify the attending physician of any new patients seen, and to communicate and/or round with the attending physician(s) on call.

- It is the responsibility of the fellow/resident to notify the appropriate attending physician of any and all patients going to the operating room.
- It is the responsibility of the fellow/resident to notify the attending physician of any changes in the patient's status.
- It is the responsibility of each fellow/resident to monitor their own Duty Hours thereby assuring the duty hours limitations are not exceeded. When there is about to be a Duty Hour violation, the fellow/resident is to immediately request that another fellow/resident take his/her place. If this is not possible, then the Program Director must be immediately contacted.
- We frequently have medical student rotating on our service. The plastic surgery fellow/residents are the primary teachers of these medical students. It is the responsibility of the fellow/resident to proctor, and even mentor, the students. The fellow/resident is also responsible for the behavior, professionalism, supervision, and education of the medical students.
- The level of technical responsibility given to the fellow/resident will progress sequentially as determined by the growth of technical skill:
    - Fellows/residents will first learn the key elements of new procedures as an observing assistant.
    - The key portions are then progressively turned over to the fellow/resident as their ability permits, with supervision by the attending as a teaching first assistant.
    - In selected procedures, practice in the fresh cadaver lab may be helpful.
    - Next, the fellow/resident assumes the role of surgeon for the entire procedure, with the faculty member observing or serving as a teaching first assistant only as required by the level of complexity or by compliance regulations.
    - As fellow/resident skill further improves, the fellow/resident progresses to full independence in selected teaching settings such as University Hospital, with the attending always readily available for consultation or assistance.
    - Surgery Fellows/residents at the UofL Hospital and the Louisville VAMC (but not at other affiliated hospitals) are allowed to perform certain cases in the operating room under attending supervision and availability, but without the physical presence of an attending in the operating room. However, a plastic surgery fellow/resident cannot take any patient to the operating room without previously discussing the case and receiving approval on an operative and management plan with the attending of record. No operation can be done without previous consultation and notification of scheduling with the attending. The attending must be made aware that an operation is to be

scheduled and exactly when. Failure to do so will leave the fellow/resident legally liable for any potential complications, mismanagement or malpractice that may ensue from such treatment. This may also constitute grounds for disciplinary action and possible dismissal from the University of Louisville Plastic Surgery Training Program, as described in Section 34.

RESPONSIBILITIES OF THE FACULTY (ATTENDING PHYSICIANS)

- It is the responsibility of the attending faculty member of each clinic and service to communicate with the fellow/resident on service regarding all inpatient and outpatient aspects of patient care.
- It is the responsibility of the attending faculty member assigned to rotations/clinics to be available for discussion and examination of patients encountered by the fellow/resident on service.
- It is the responsibility of the attending faculty member to be available by phone or beeper during the normal hours of operation. If a given attending will be unavailable to the fellow/resident for any prescribed period of time (i.e. vacation), that attending must have signed out to another responsible faculty member and notified the Program Director.
- It is the responsibility of the attending faculty member who is on-call to discuss and see patients with the fellow/resident on-call. This means that the fellow/resident will have full access to the on-call faculty member by personal interaction, telephone, and beeper during the call period.
- It is the responsibility of the Program to post an accurate call schedule such that the fellow/resident on service and hospital partners are aware of who is the attending faculty on call at all times.
- It is the responsibility of all faculty members to be aware of the signs and symptoms of stress and fatigue among the fellows/residents, and to immediately notify the Program Director if such are observed.
- When properly informed of scheduling, it will be the attending's responsibility to be physically present in the operating room at the key points of appropriate cases for both supervision and education. The faculty members will also hand-write a note in the chart or complete a UofL attestation form. This type of presence and documentation is required by Medicare compliance, hospital protocol or reimbursement criteria. The same presence and documentation applies for procedures performed in the emergency room or hospital ward, and for consultations and history and physicals (H&Ps) that require physical presence and documentation for compliance or reimbursement. In the University Hospital operating room, the faculty attestation form fulfills the requirement of a hand written note by faculty.

- All cases at University should be staffed by the attending on call when the patient was admitted, first seen, or consulted under.
- All revision surgery for University patients should be staffed by the attending that was initially involved or performed the original surgery.

RESPONSIBILITIES OF THE PROGRAM DIRECTOR

- It is the responsibility of the Program Director to communicate to the fellows/residents at orientation and reiterate throughout the academic year that they must discuss clinical care of all patients with the attending staff.
- It is the responsibility of the Program Director to communicate with the faculty that it is the faculty who is ultimately responsible for all clinical care.
- It is the responsibility of the Program Director to make certain that the faculty call schedule provides an opportunity for 24 hour, seven days per week supervision of fellow/resident clinical activity.
- It is the responsibility of the Program Director to make certain sufficient faculty are available for staffing purposes of all inpatient and outpatient clinical activities involving fellow/resident staff.
- It is the responsibility of the Program Director to be aware of all issues concerning fellow/resident stress and fatigue, and to assure that the fellow is directed for appropriate care of these issues.

CHIEF FELLOW RESPONSIBILITIES

- At any given time, one of the two senior fellows will serve as **Administrative Chief Fellow**. The senior fellow, who is responsible for the UofL Hospital, either primarily or as the main back-up support to a junior for the quarter, will be designated as the **Administrative Chief Fellow** or will carry out the duties associated with this administrative position as follows:
    - They will be responsible for making the monthly on-call schedule and submitting it at least thirty (30) days prior to the start of the month to the Program Coordinator for distribution.
    - They will ensure that cases are adequately covered, and the educational opportunities best used at the affiliated hospitals.
        - The Administrative Chief Fellow is not expected to review the operative schedule at every hospital on a daily basis. However, if a conflict arises, they will correct the

problem to the best of their ability. Consultation with the designated attending supervisor of the hospital service is available, if needed.

- The fellow designated as Chief at University of Louisville Hospital will be responsible for the preparation and the presentation quality of all walk rounds. This includes making certain that any relevant data needed, such as radiographs or prior records are available near the bedside, and to ensure that concise and polished formal presentation of the cases are made in the traditional format and style.

- When not serving as Administrative Chief Fellow, the other senior fellow/resident will serve as **Education Officer**, whose duties are as follows:
  - They will be responsible for organizing the Grand Rounds speaker schedule and for organizing the format along the guidelines of the 12 RRC mandated topics.
    - Each month will be assigned to one of the RRC mandated topics (unless a separate conference is dedicated to that field). Also, medical legal, ethics, practice management and basic science topics will be each included at least once each semester as a Grand Rounds or General Competencies Conferences topic.
  - They will be responsible for collecting attendance sign-in sheets and distributing CME evaluation forms at all conferences and rounds.
    - This may be delegated to a designated junior fellow or resident, with faculty approval.
  - They will be responsible for organizing bedside teaching rounds whenever scheduled, for making certain that each of the other fellows/residents will also have cases to present at Indications Conference and Core Plan, and that Quality Improvement and Morbidity Analysis Conference presentations are organized and timely (Section 6).
  - They will be responsible for assisting with the Journal Club, as detailed in Section 6.

19. THE MEDICAL RECORD

A. Medical records must be kept accurate, current, and neat. Written records and signatures must be **highly** legible. If your signature is not **clearly and easily** readable to our nurses, you must print your name beside it. Also, you must add your pager number to the chart of each patient under your care, and to all admission and postoperative orders. All abbreviations must comply with those approved by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the participating hospitals.

B. The fellow/resident will perform the operative dictation at University Hospital and the VAMC. Some attendings prefer to do the majority of their operative dictations at the Norton and Jewish Hospitals, so clarify this individually. Who is to dictate the operative report and write orders should be clearly decided immediately at or before the completion of the case. All dictations should be done on the day of the procedure, and immediately after the case is completed.

C. The fellow/resident is responsible for dictating all H&Ps, consults, discharge summaries and operative notes, unless otherwise instructed. The attending will write a consultation note and a brief operative note in the chart unless otherwise arranged.

D. For uniformity, the Medicare (HCFA) format for encounters (H&Ps, consultations, and discharge summaries) is used for all patients. This includes the exact elements of the subunits (e.g., chief complaint, referring M.D., history of present illness, past medical and surgical history, review of systems, family/social history) to be documented on the sections of the physical exam, lab diagnosis and recommended plan.

E. A preoperative note is to be written on all patients the night before surgery, after giving informed consent. This should document the discussion of the condition, the treatment offered and recommended, the risks of the offered treatment and alternative treatments (including no treatment), the goals of each, limitations of each, and the patient's decision to accept or reject the offered treatment. The patient's status with respect to laboratory work, insulin use, anticoagulant use, and NPO status should be reviewed.

F. All fellows/residents must complete medical records in a timely manner for the entire length of their training or they may not be eligible to sit for American Board of Plastic Surgery Examination.

20. MEDICAL RECORD DOCUMENTATION FOR MEDICARE COMPLIANCE

Specific documentation guidelines must be followed for the medical records of Medicare and Medicaid patients (Supplemental Reference Manual, UofL Compliance Office Handbook). These guidelines will likely apply to all other records soon enough. All history and physicals (for consults, admissions and office visits) must include:

1. A **Chief Complaint** (one sentence describing the main reason for consultation, admission or evaluation).
2. The **service or referring physician and reason** for the opinion requested must be stated.
3. Documentation must include a **History of Present Illness (HPI)**, which should include all features and associated events of the condition.
4. The **Review of Systems** must systematically cover the standard systems.
5. The **Past Medical/Surgical History PM/SH)** must include a surgical history, a medical history, medication allergy section, and a medication listing.
6. A **Family History and Social History (F/SH)** should be included.
7. The **physical examination** should cover all systems, but focus in detail on the area responsible for the consultation, and significant positive findings. The physical should also include, and specifically list, a general status report, vital signs, a brief examination of the head, eyes, ENT, neck, heart, chest, breasts, lungs, abdomen, each of four extremities and pelvis/genitalia/rectum (if these exams are appropriate).

The University of Louisville Compliance Office annually conducts compliance courses and distributes a comprehensive compliance manual (Medicare Documentation and Billing Guidelines, Supplemental Reference, #8) and pocket reminder cards. Each fellow/resident must attend the compliance course and maintain the manual and cards. If lost, replacements are available from the UofL Compliance office. It is the responsibility of the fellow to determine and inform the faculty member whether or not a patient is a Medicare or Medicaid

patient. This will allow both the fellow/resident and the faculty member to provide the appropriate level of presence and written documentation required for compliance on the patient's chart.

21. ACCURATE BILLING PROTOCOL

Billing for operative procedures, consultations, and admissions done at Norton, Jewish, and Norton Children's Hospitals is the responsibility of the attending surgeons. At University Hospital, all operations, new patient evaluations, H&Ps, consultations and ward, or ER procedures must be documented in the medical record and reported by the plastic surgery fellow/resident using the current system. Currently, yellow cards must be submitted to the Division secretary on a daily basis each morning. The cards must be filled out completely to allow our billing personnel to submit the appropriate charges in an efficient and timely manner. Required data includes the attending of record, the patient's name and hospital number, and the procedure performed with appropriate CPT language or code and appropriate clinical detail to allow for adequate coding and billing. For example, laceration repair should cite the number of centimeters closed, locations of the laceration, and whether or not it was a simple, closed in one layer, intermediate (multiple layers) or complex (with debridement and/or advancement repair). Skin flaps and skin grafts are described in square centimeter of area. These billing protocols serve two main purposes: (1) to fully return appropriate compensations for the services rendered; and (2) to familiarize fellows/residents with proper billing procedures. In your future practices, each of you will be highly dependent upon complete knowledge of the proper coding and billing process. Lack of knowledge, unintended errors, or inadequate documentation of services rendered may subject you to severe penalties for fraud, irrespective of intent. It is in your best interest to now learn how to do this accurately and with precise documentation.

Fellows and residents not yet thoroughly familiar with CPT coding should become so. This will be the language of communication with third party payers for your practice lifetimes. Each fellow/resident must have access to a current CPT manual and one will be made available to you (Supplemental Reference Manual, #7).

22. TRANSITION OF CARE

DEFINITIONS

Transition of Care: Transition of care is when a physician transfers the care of a patient to another physician. This includes sign-out as well as sign-in. It also includes the transfer of a patient from one level of care to

another, e.g. transfer of a patient from the wards to the ICU or vice versa. By definition, transition of care also occurs when a physician transfers the care of a patient at the end of a rotation and a new physician assumes the care of the patients on that service.

Proper Hand-Over of Patients: The proper hand-over of patients should include at least the following. The exiting physician must notify the attending and co-fellow or resident who will be responsible for patient care that they will be leaving. The exiting physician must give a proper verbal checkout which includes the patient's active problems, advanced directives, diagnostic tests pending, current medications, and the diagnostic and therapeutic plan. The exiting physician should also attempt to anticipate any events that may occur with his or her patient in their absence and give the best course of action. The exiting physician should also make the incoming physician aware any orders that have been or need to be placed. This should preferably be done face-to-face to ensure accuracy and proper evaluation of the exiting physician's checkout to ensure patient care and safety as well as improving fellow/resident education.

RATIONALE

Effective communication is vital to safe and effective patient care. Many errors are related to ineffective communication at the time of transition of care. In order to provide consistently excellent care, it is vitally important that we communicate with one another consistently and effectively when the care of a patient is handed off from one physician to another. This policy is meant to define the expected process involved in transition of care, and applies to each of our teaching sites where we provide inpatient and outpatient care. All fellows/residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. It is also essential for fellows and faculty members to do so by abiding by current duty hour policy.

SPECIFICATIONS

Service Schedules

A. It is the duty of the Plastic Surgery Chief Fellow to determine the call schedule at least 1 month prior to the start of the rotation and for this information to be updated at the University of Louisville Hospital Switchboard. It will also be transmitted to each faculty member and fellow/resident via email.
B. It is the duty of the Program Chairman to determine the call schedule for the faculty at least one month in advance. This information will be updated monthly at the University of Louisville Hospital Switchboard and posted on the Division's bulletin board. It will also be transmitted to each faculty member and fellow/resident via email.
C. All vacations and times away from duties will be reported to the Program Coordinator who will inform the faculty and fellows/residents via email.
D. All fellows/residents take call from home. When called into the hospital, the 80-hour Duty Policies will be strictly enforced.
E. With the exception of vacations and illness, all fellows/residents will be available for discussions of patients with the on-call fellow/resident.

On-Call Principles

A. Between the Independent and the Integrated program, there are 12 trainees – currently two each at the PGY-1, PGY-2, PGY-3, and PGY-6, PGY-7, and PGY-8 level.
B. Each night the fellows/residents will sign out to the on-call fellow/resident and transfer care of the patients to the on-call fellow/resident until 7:00 AM the next morning.
C. The hand-off will occur either in person or by telephone. This should not be by text message or email. A list of patients on all services must be transmitted by email or text message.

D. Hand-over information should include the following:
    - Patient location (e.g. Bed # and Institution #).
    - Active problems, including ongoing management plans.
    - Tasks requiring completion or results/findings requiring follow-up.
    - "Watch out for…"
    - Emphasis must be given to critically ill or unstable patients.

End of Rotation/Off Service

A. On completion of an inpatient rotation, the exiting physician must communicate with the incoming physician about the care of his or her patients. This will ensure that each patient on the service continues to receive continuous, high-quality care without interruption.
B. Communication must include an off-service note written by the fellow/resident rotating off service. The off-service note must briefly summarize the patient's course to date, and include any active problems, advanced directives, diagnostic tests pending, current medications, and the diagnostic and therapeutic plan.
C. Communication should also include a face-to-face hand off that provides an opportunity to discuss each patient and allow for questions and clarification of any issues. If for some compelling reason this is not possible, then the fellows/residents should at least review the list of patients over the telephone and a patient list must be left by the fellow/resident rotating off service for the incoming fellow in a prearranged location.

Trainee Evaluation

A. Fellows and residents will be verbally evaluated via in person or by telephone on his or her transfer skills by the attending(s) and/or the senior co-fellows/residents weekly unless otherwise specified above.
B. Quarterly evaluation feedback sessions with the Program Director will include information about each fellow's/residents "transfer of care" performance.

23. HIPAA Compliance

(Excerpted from "Portable Surgical Mentors," Larry D. Florman, M.D., Springer-Verlag, 2007)

The *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* was instituted in the United States to ensure the protection of individuals' health information while also allowing communication between parties involved with patient care. It was not until 1999, however, when the U. S. Department of Health and Human Services developed the Privacy Rule that made implementation of HIPAA mandatory. Effective April 2003, organizations (i.e., "covered entities") subject to HIPAA regulations were required to comply with patient information protection policies. "Covered entities" refers to health plans, healthcare providers, and health care clearinghouses.

Required disclosures of identifiable individual health information include a request by a patient for his/her information or a request by the U.S. Department of Health and Human Services in special instances, such as a review. The privacy rule outlines six permitted disclosures of individual health information, including the following:

1. Per request of the patient.
2. For treatment, payment, and healthcare operations.
3. To individuals identified by the patient, who may be informed; in emergency situations, the healthcare provider must use his/her professional judgment to determine the best interest of the patient.
4. Incidental disclosure.
5. Limited data set with the removal of certain individual identifiers.
6. Public interest, which encompasses disclosures required by law; public health activities; abuse, neglect, and domestic violence; health oversight activities; judicial and administrative proceedings; law enforcement purposes; decedents; cadaver organ and tissue donation; research with permission of governing body, such as Institutional Review Board; threat to health or society; essential government functions; workers compensation.

State governments reserve the right to have supplemental policies to further increase patient privacy protection. Check with your institution to determine additional policies and guidelines. In short, treat identifiable health information as patient property. Be careful how, where, and to whom you discuss and distribute patient information. Protection of patient privacy rights is required by law.

SUGGESTIONS FOR HIPAA COMPLIANCE

- Be aware of your surroundings. Do not discuss patients in public places such as elevators, waiting rooms, public hallways, and lobbies.
- Dispose of identifiable health information, such as patient lists, in the appropriate manner. Most hospitals have labeled containers for material that is to be shredded.
- Do not publicly display patient information. This includes both in hospitals and outpatient clinics (i.e., do not leave patients charts unattended).
- When discussing scenarios or presenting a case to individuals not directly involved in the care of a patient, do not disclose identifiable patient information.
- Do not identify patients over the internet.

HIPAA AT A GLACE

What is HIPAA?

The *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* governs the use and disclosure of protected health information (PHI) that is created or received by a covered entity that relates to:

- The physical or mental health of an individual (living or deceased).
- The provision of health care.
- The payment for health care.
- Identifies the individual or reasonably may be used to identify the individual.

It gives individuals the right to:

- Request restrictions on use or disclosure of their personal health information.
- Access medical records (including research records).
- Amend medical records.
- An accounting of disclosure of their personal health information.
- Request alternate confidential communications.
- Lodge complaint with covered entity and/or the Department for Health and Human Services.

It creates administrative requirements. The covered entity must:

- Designate a privacy official.
- Develop policies and procedures that are HIPAA compliant.
- Provide privacy training to the workforce.
- Implement administrative, technical, and physical safeguards to protect the privacy of personal health information.
- Develop sanctions for violations of the HIPAA Privacy Rule.
- Meet the documentation requirements.

It described individual penalties for noncompliance such as:

- Civil penalties of $100 for each violation, up to $25,000/person/year.
  - Liability exists if a person knew, or reasonably should have known, of a violation and did not try to rectify the situation.
- Criminal penalties
  - Knowing: up to $50,000/year and/or imprisonment of up to 1 year.
  - False pretenses: up to $100,000/year and/or imprisonment of up to 5 years.
  - Intent to sell, transfer, or use for commercial advantage, personal gain or malicious harm: up to $250,000/year and/or imprisonment of up to 10 years

It has had impact on how researchers recruit subjects:

- If a subject refuses to authorize the use and disclosure of public health information, the individual cannot participate in the research study.
- Accounting for disclosures prior to research.
- Waiver of authorization processing.
- Specific uses of decedent data

There are specific allowable uses and disclosures of PHI for research:

- Authorization from subject
- Waiver of authorization from IRB
- Use of de-identified data
- Use of limited data set
- Preparatory to research
- Decedent data

It is obvious that HIPAA has necessitated a whole new nomenclature for physicians, all individuals in the health care industry, and certainly for the patients who are protected by the law. Interestingly, HIPAA is nothing new to physicians. In 400 B.C.E. Hippocrates, acclaimed as the father of medicine, proclaimed in his oath that we should uphold the privacy of our patients.

24. TIME OFF POLICY

BEREAVEMENT, MATERNITY LEAVE/ PATERNITY LEAVE, JOB/INTERVIEWING, SCIENTIFIC MEETING, ETC.

Time off, in addition to regularly scheduled days off, and approved vacation time, may be granted at the discretion of the Program Director or the Associate Program Director for a variety of reasons. These reasons include bereavement, maternity leave/paternity leave, job/fellowship interviewing, attendance at a scientific meeting, etc. In addition, there may be other extenuating reasons that a trainee would request additional time off during the course of their training. The Time-Off Request Form is mandatory for this leave to be approved. The form is available from the Program Coordinator or can be initiated on MedHub. All important elements of this form must be completed in order for a time off request to be approved.

It is the fellow's/resident's responsibility to arrange coverage for their duties during their absences, as well as notification of the attending physician responsible for the educational site at which they are rotating.

Those faculty include Dr. Wilhelmi (ULH/Hand), Dr. Choo (ULH, VAMC), Dr. Shapiro and Dr. McCurry (NH, NHC), and Dr. Tobin (JH). Depending on the timing, the service, and the fellow's/resident's specific duties, additional faculty may require notification to ensure the smooth flow of patient care responsibilities. The Time-Off Request Form must be signed by the Program Director and by both Chief Fellows and checked against the existing schedule by the Program Coordinator before the time off request is approved and valid. These forms will be maintained in the fellow's/resident file and in MedHub as a permanent record of time off during the training program.

As the rotations in the ancillary services (i.e. Anesthesiology, Oral-maxillofacial Surgery, Dermatology, etc) are relatively short, no time off for any reasons will be given. Vacation time is not to be taken during these rotations. Time off is readily granted when a fellow/resident is presenting a paper at a scientific meeting, but also needs to be approved. Time off is typically granted for fellowship and job interviews, but this must be approved and will be limited to 7-10 working days during the course of the year. Additional time off for interviewing may require the use of the fellow's/resident's allotted vacation time. Extended periods of time off for medical leave and maternity/paternity leave may also be necessary and require approval by the Program Director and subsequent notification of the University's GME office depending on the length of time and nature of the request. Additional training time may be required by the American Board of Plastic Surgery. Please refer to the Medical Leave and Maternity/Paternity Policy for additional details.

VACATION TIME

A. The fellows/residents in the University of Louisville Plastic Surgery Fellow Training Program are entitled to 10 (ten) days of vacation annually. Prior approval for any vacation or leave must be requested by submitting both the Time-Off Request Form and a verbal notification to the Division's Program Director at least six weeks prior to the beginning date of absence. The form must be signed first by the covering fellow/resident, by both Chief Fellows, and then by the Program Director. Unauthorized absences will result in loss of subsequent vacation time and disciplinary measures, as described in Section 34.
B. An additional leave of 10 weekdays is available for fellows/residents who qualify for attendance at a national meeting (Section 26), for interviews, and foreign volunteer surgical missions (Section 27). These 10 days are at the discretion of the Division Director. Interviews must be verified in writing, to include who and where the interview is with, and submitted six (6) weeks prior to date of absence to the Division Program Director.

C. Vacations, leave, or interviews may not be taken during the months of June and July, as these are both periods of fellow/resident transition and heavy clinical loads. Time off is also discouraged around UofL's Winter Break, and potential days off during this time will be arranged by the Program Director. Any urgent matters requiring leave during this time require a letter of explanation to be countersigned by the Program Director**.**

D. No more than one week of absence during the three-year training period is allowed from the UofL Hospital Chief rotation, and none between June 15, and September 15 due to trauma coverage responsibilities.

E. Only one fellow/resident can be absent at any given time, be it for vacation, leave, microsurgery lab training, or any other cause. Consult with each other well ahead of vacation plans to prevent overlap.

NATIONAL MEETING ATTENDANCE

Junior and senior fellows/residents may travel to one (1) approved national ASPS, ASPS sponsored, AAAPS or Senior Resident's conference. The fellow/resident must meet the requirements below and must follow current UofL travel guidelines in order to receive reimbursement (up to allotted maximum) from Division funds. Registration, airfare, hotel accommodations, and meals up to the allowable per diem are included in this limitation. Fellow/resident surgeon fees from aesthetic patients may, within certain limits, be used for these activities. However, $1000 is the absolute limit of these contributions. All expenses in excess of $1000 must be borne by the fellow/resident.

The time for these conferences will not be counted against vacation, but it is limited to the length of the conference plus one-day travel time on each end and, must not exceed eight days total. The fellow/resident must notify the Program Director and the faculty in time to submit early ASPS registration and receive the early ASPS registration discount and obtain low airfares for the chosen meeting. For the ASPS meeting, early registration usually closes in late July. A preliminary draft of the paper described in Section 12 must be turned in to the Program Director by senior fellows/residents. If the Senior Resident's Conference is chosen, the registration date is in January. An abstract for presentation at the meeting must be submitted and an advanced draft of the paper described in Section 12 must be submitted to the Program Director.

Also, the fellow/resident must have fulfilled the following requirements:

- The fellow/resident must have demonstrated satisfactory clinical performance as determined by their written evaluations.

- If not presenting a paper, the fellow/resident must have exceeded the 60th percentile overall on the annual Plastic Surgery In-Service Training Examination.
- Senior fellows/residents must have exceeded the RRC minimal required experience in all categories on the Plastic Surgery Operative Log (PSOL).
- The fellow/resident must have given, or be prepared to give, the KSPS presentation.

25. OVERSEAS HUMANITARIAN MISSIONS

An extra week of leave will be available to senior fellows/residents who participate in travel abroad for approved humanitarian activities in the field of cleft lip and palate or craniofacial surgery. This trip will be at your own expense or with travel covered by scholarships. In the past few years, this time has been used to travel with operation HOPE to the Philippines with Dr. Rigor from the UofL Department of Anesthesiology. Permission for this trip is dependent upon completion of the same requirements as listed for conference travel. Contact the Program Director to obtain essential information needed for this opportunity.

26. OUTSIDE EMPLOYMENT

The Plastic Surgery Program follows the "Resident Moonlighting and Extra Duty Pay" policy as established and revised by the Graduate Medical Education Committee of the University of Louisville School of Medicine. Refer to this policy for current institutional requirements around moonlighting. Additional Division requirements are outlined below. Residents in the Integrated program are **not** permitted to moonlight. The following policy applies to fellows in the Independent program.

The Plastic Surgery Program **does not** require fellows to participate in outside employment activities (moonlighting). A fellow may engage in moonlighting to a limited extent in their junior or senior years. This privilege may be withdrawn or denied at any time by the Department Chair, or the Program Director. The Program Director is required to monitor and approve in writing all moonlighting hours and locations for fellows and maintain this information in the fellow's file.

Moonlighting must be done outside of the usual time where the fellow would be expected to be present in the hospital or clinic on a particular service. Chief Fellows on the service must have signed out to an equivalent level fellow to cover during the moonlighting period. Moonlighting internally at University Hospital, Norton Healthcare, Jewish Hospital, or the Veteran's Affairs Medical Center is strictly prohibited. The time that

fellows spend Moonlighting must be counted toward the 80-hour Maximum Weekly Hour Limit. The time that fellows spend Moonlighting must also be logged into MedHub as a part of normal duty hour logging.

Fellow physicians who hold either a Regular or Residency Training (RT) license in the State of Kentucky shall be free to use off-duty hours in appropriate related activities, including engaging in outside employment activities, so long as the fellow obtains the prior approval of the Division Chief/Program Director for such outside employment activities, and so long as such activities do not interfere with the fellow's obligations to the University, impair the effectiveness of the educational program, or cause detriment to the service and reputation of the hospital to which the fellow is assigned. Institutional Practice (IP) and Fellowship Training (FT) licenses are valid only for duties associated with the training program for which the license are issued, and do not cover outside employment activities.

The Division, Department, and University **do not** provide professional liability insurance or any other insurance coverage for fellow off-duty activities of employment and assumes no liability or responsibility for such activities or employment. Confirmation of professional liability insurance for fellow off-duty activities or employment will be the responsibility of the moonlighting employer.

Fellow physicians who hold J-1 visas are not permitted to engage in activities or have additional income other than what is listed on their forms DS2019. Federal regulations specifically prohibit outside or additional income for individuals with J-1 visas.

Fellow's must inform the Program Director in Plastic Surgery of their intent to moonlight and must sign our Moonlighting form. They must provide the location and frequency of moonlighting or any subsequent additions, deletions, or changes in moonlighting activity prior to initiating such activity. This Moonlighting form must be signed by both the Program Director and the fellow and will be kept in the fellow's file.

Fellows who choose not to moonlight must sign our Moonlighting statement indicating they plan to not moonlight. If they choose later to moonlight, this can be reconsidered at the discretion of the Program Director. This Moonlighting form must be signed by both the Program Director and the fellow and will be kept in the fellow's file.

The Program Director will have authority to approve, disapprove, and enforce this policy. The Program Director will monitor the impact of the fellow's moonlighting activity to assure that the activity does not contribute to excess fatigue or become detrimental to the fellow's educational performance. Such findings of

excess fatigue or adverse effect on educational performance are grounds for immediate disapproval and termination of moonlighting privileges.

Fellows are not to represent themselves to moonlight employers as being fully trained in their specialty. Further, fellows who moonlight are not to present themselves as agents of the University of Louisville during moonlighting activities. University lab coats, name badges, and identification cards are not to be worn outside of the fellow's training program activities. It is the fellow's responsibility to assure the billing procedures of the moonlighting employer are conducted in an ethical and legal manner.

27. ROLE OF THE PLASTIC SURGERY TRAINEE IN THE EDUCATION OF THE UNDERGRADUATE MEDICAL STUDENT

While much of any trainees energy and effort is necessarily focused upon his or her own growth and education, a piece of this growth is as a teacher and leader in the community. Fellows/residents are inevitably role models for those around them, especially as examples of professionalism for all medical students with whom they come in contact.

The relationship between students and house officers is, or should be, a uniquely close one; it provides unparalleled opportunities for one-on-one teaching. An important part of the educational process is optimizing personal communication skills with both students and patients, teaching them how best to communicate with one another.

Practice-based learning is one of the six critical components of contemporary graduate education, and it needs to be exemplified in the undergraduate years. When a house officer demonstrates exactly how he does something and why he does it, this often becomes a wonderful educational experience for any student and epitomizes practice-based learning. System-based practice involves realization that the practice of medicine occurs in a vastly complex social and medical system in the United States, which is a system not duplicated around the world. Understanding the greater context in which patients develop illnesses and/or in which patients seek corrective care or alleviation constitutes a very good example of system-based practice. As an

example, correcting a surgical abnormality only to return a patient to an unattainable or intolerable social situation could present little help at all from this perspective.

Students should be treated with respect and collegiality, and at the same time be closely observed and not permitted to take on, nor given, responsibilities beyond their skills. Every effort should be made to permit them a good experience during their rotation with us. The Program Director and the faculty expect that all of our fellows/residents play vital and important roles in medical education, and your performance in that area contributes significantly to our evaluation of your development.

28. ONGOING COMMITTEES

Fellows/residents are encouraged to understand ongoing program improvement processes, and participate where appropriate.

PROGRAM EVALUATION COMMITTEE

The Program Director must appoint the members of the Program Evaluation Committee (PEC). The PEC may be a small group of Associate Program Directors but must be composed of at least two program faculty members and should include at least one trainee from their respective program. The Program Director may be one of those two faculty members. To ensure that everyone agrees on their roles, there must be a written description of the committee's and its members' responsibilities.

The PEC should actively participate in:

- Planning, developing, implementing, and evaluating educational activities of the program;
- reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
- addressing areas of non-compliance with ACGME standards;
- reviewing the program annually using evaluations of faculty, fellows/residents, and others.

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering the Annual Program Evaluation (APE). Through the APE the program must monitor and track each of the following areas:

- fellow/resident performance;

- faculty development;
- graduate performance, including performance of program graduates on the certification examination;
- program quality;
- fellows/residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually;
- the program must use the results of fellows'/residents' and faculty members' assessments of the program together with other program evaluation results to improve the program;
- progress on the previous year's action plan(s).

The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above, as well as delineate how they will be measured and monitored. The action plan should be reviewed and approved by the teaching facility and documented in meeting minutes.

CLINICAL COMPETENCY COMMITTEE

The Clinical Competency Committee (CCC) for the Division of Plastic Surgery Program is comprised of the Program Director as well as site directors from University of Louisville Hospital, Jewish Hospital, and Norton Hospital. The Committee will meet semi-annually in November and May to review and discuss summative evaluation data points on each fellow/resident. Evaluation data includes In-Service scores, operative case logs, faculty/trainee evaluation summaries, duty hour compliance, and other items as necessary. They can also propose improvement strategies for individual fellows who are not successfully meeting the six core competencies.

The purpose of the Clinical Competency Committee (CCC):

- To review all Plastic Surgery Trainee evaluation data semi-annually.
- To advise the Program Director regarding fellow/resident progress, including promotion, remediation, and dismissal.
- To report Milestone Evaluations on each fellow/resident semi-annually to the ACGME.

The Clinical Competency Committee (CCC) must:

- Review all fellow/resident evaluation data semi-annually.
- Meet with the Clinical Competency Committee semi-annually to discuss assigned fellows/residents.

- Prepare a letter of summary for each fellow's/resident's file to include the committee's recommendation regarding fellow progress, promotion, remediation, and dismal.
- Track fellow/resident Progress on an ongoing basis.
- Advise Program Director of fellow/resident progress.
- Prepare detailed Milestone Evaluations semi-annually to the AGCME.
- The Clinical Competency Committee (CCC) will meet semi-annually, or more frequently as needed.

29. ONGOING EVALUATIONS

In order to provide useful data for the educational mission and program improvements regular evaluations are completed by both faculty and fellows/residents. Evaluations are completed as follows:

A. Faculty Review of the Program

The faculty will anonymously review the program goals and objectives at least once a year.

B. Resident & Fellow Review of Program

Once a year, all fellows and residents will be given the opportunity to anonymously evaluate their respective programs (Integrated or Independent). Strict measures are taken to ensure anonymity, in an effort to gather frank and genuine responses. Use this opportunity to strengthen our program and our comment on our educational policies and efforts.

C. Faculty Evaluation of Trainee Performance

At the end of each monthly rotation both full-time and volunteer faculty are given the opportunity to evaluate the fellow's/resident's performance during their rotation. This data is used in performance evaluations as well as Clinical Competence Committee reviews. Faculty is encouraged to be honest and constructive during these evaluations and faculty development activities focused on evaluation skills are offered by the university.

D. Trainee Evaluation of Faculty Performance

At the end of each monthly rotation fellows/residents are given the opportunity to anonymously evaluate the faculty's performance during that rotation. In order to ensure anonymity this information is aggregated and given to individual faculty members by the Program Director during the annual

evaluation of the full-time faculty. An annual report is provided to volunteer faculty for their own awareness and self-development.

E. Implementation of Program Changes

Although review of the program and faculty official occurs at least once a year, improvement is an ongoing process. To keep ourselves focused on continuous improvement all suggestions made by faculty and fellows/residents are evaluated immediately and captured in the Meeting Minutes where the suggestion was made. All implemented suggestions are also revisited in subsequent Faculty Meetings in order to follow up on progress and data analysis.

F. Internal Review

In compliance with ACGME Institutional requirements, the University of Louisville requires an internal review of each program and its educational program and policies between RRC evaluation visits. Fellows and residents, without faculty presence, are interviewed in this process. You are excused from all clinical duties and obligations for these interviews.

G. **ACGME Evaluation**

The Plastic Surgery RRC of the ACGME evaluates all programs every five years. Fellows and residents, without faculty presence, are interviewed in this process. You are excused from all clinical duties and obligations for these interviews.

30. TRAINEE PERFORMANCE EVALUATION

The performance of each fellow/resident will be reviewed and discussed by the faculty twice per year, as described in detail under the “Clinical Competency Committee” section. Significant concerns will be documented and communicated to the fellow/resident at their semi-annual meeting with the Program Director. Any significant concerns from these evaluations will be formally summarized in a letter of advancement or non-advancement and presented to the fellow/resident for his/her review and records. If individual circumstances require more frequent formal reviews and closer monitoring, this will be arranged. The letters of advancement or non-advancement will remain a part of the permanent file of training for the individual.

31. GUIDELINES FOR ADVANCEMENT AND PROGRAM COMPLETION

Advancement and program completion is by judgment of the Program Director with faculty consensus. The principal standards that must be met for progression include the following:

- Absolute honesty, integrity and highest ethical standards must be maintained in all circumstances.
- Upon the admission of every patient, and prior to each and every significant operative procedure, you must contact the responsible University faculty member to present your analysis and your management plan for review, and to arrange scheduling.
- Completion of your Plastic Surgery Operative Log at levels exceeding the minimal standards in all categories.
- Completion of all hospital charts, and full compliance with all required documentation in records for billing and Medicare compliance is required.
- All Medicare patients must be identified to the responsible faculty member at each encounter for proper documentation of Medicare compliance requirements.
- A research project must have been actively pursued with a good chance of ultimate completion and publication.
- A paper must be completed and prepared for a Kentucky Society of Plastic Surgeons presentation, by each fellow/resident, each year, in September.
- Attendance and participation in all conferences must be faithful.
- A strong performance on the in-service examination is expected and you must maintain an active and ongoing program of reading and study.
- Courtesy and respect in all interactions is expected. Responses to consultations and pages must be prompt and courteous
- Your record must be free of sexual harassments, dependency or abuse of drugs or alcohol.
- A certain level of skill must have been gained in the actual performance of the surgical operations that have been learned. These technical skills will be finely tuned during the entire course of your career in plastic surgery.

PROMOTION POLICY

Each fellow/resident will be evaluated and promoted on the basis of clinical judgment, knowledge, technical skills, humanistic qualities, professional attitudes, behavior and overall ability to manage the care of a patient within the 6 core competencies. Formal evaluations will occur at the end of each of the fellow's/resident's rotation as described in the section on Evaluation above. These written evaluations will be discussed with the fellow/resident on a semi-annual basis and placed into the appropriate fellow's/resident's file. The fellows/residents have ready access to their files and shall review them on a regular basis.

If at any time a fellow's/resident's performance is judged to be detrimental to the care of a patient(s), action will be taken immediately to assure the safety of the patient(s). The Program Director will promptly provide written notification to the affiliate program director or department/division chairperson of the fellow's/resident's unacceptable performance or conduct. The faculty will recommend whether promotion will occur at the spring semi-annual fellow/resident evaluation meeting. The Program Director and Department Chair will make the final decision on promotion based on the faculty recommendation. A score of less than 30th percentile on the In-Service exam may result in repetition of the present PG year and lack of promotion to the next PGY level.

All fellows/residents are required to write at least one manuscript. The form of such a project may be a review article, clinical or experimental paper, case report, or book chapter. The manuscript must be considered suitable for submission for publication by the Department Chair or Program Director before it is submitted to a journal 6 months before graduation. A copy of the submitted manuscript must also be given to the Department Chair, Program Coordinator, and Department Medical Editor.

32. IN-SERVICE EXAMINATION

Annual evaluation of core curriculum knowledge in plastic surgery will be measured by the In-Service Examination. The In-Service Examination is a standardized test administered every spring (usually early March) and is offered by the Plastic Surgery Education Foundation (PSEF). The examination takes approximately 5 hours and is given online in one location. The Division of Plastic Surgery will register you for this examination and will also assume all fees involved. All fellows/residents must participate in this examination.

Most training programs in Plastic Surgery administer this examination. Your performance will be compared to that of other plastic surgery fellows/residents overall and in your year of training. The results of your performance will become part of your permanent file and can be used as a deciding factor in determining whether or not advancement to the senior year, as well as if graduation will occur. A score of less than 30th percentile denotes a poor performance and will serve as evidence of failure to acquire sufficient knowledge to pass the written part of the Plastic Surgery Board examination. Also, a score of less than 30th percentile may result in placement of the fellow/resident on academic probation. Fellows or residents may not automatically be signed to sit for the American Board of Plastic Surgery examination if on academic probation. In addition, the exam scores may be distributed to other plastic surgery trainees, full time academic faculty and volunteer

faculty to allow these individuals to assist in providing educational opportunities and counseling. The In-Service Exam scores may be included in any letter of recommendation/support for future employment, as well as toward obtaining hospital-operating privileges.

For trainees who score in the 50th percentile or above in their first year of training (Fellows in PGY-6 or Residents in PGY-1), will receive the Neligan/Mathes' *Plastic Surgery* textbooks, Volumes 1-6, from the Division of Plastic Surgery.

33. FELLOW GRIEVANCES

Fellow or resident grievances will be addressed using the process outlined by the UofL School of Medicine, *House Staff Policies and Procedures Manual*. If discussion with the person involved does not provide resolution, the person's supervisor should be involved. The Program Director and/or the faculty may be asked to become involved at this point. If this does not resolve the issue, the student Grievance Officer may be requested to mediate. If the issue still persists, the formal process will then be used as outlined by the University of Louisville, School of Medicine, *House Staff and Procedures Manual* involving a written statement to the Academic Unit Grievance Committee through the Office of the Dean.

34. DISCIPLINARY ACTIONS AND GROUNDS FOR DISMISSAL

Disciplinary actions include probation, non-advancement to the next semester or year, dismissal and non-award of a certificate of completion.

A. **Probation** involves heightened scrutiny, increased monitoring and specific reporting requirements by the fellow/resident, but without loss of clinical privileges.

B. **Non-advancement** ends training at an annual or semi-annual point short of program completion and prevents eligibility to sit for the certification examination of the American Board of Plastic Surgery. Annual advancement and program completion are confirmed by a formal letter.

C. **<u>Grounds for dismissal</u>** from the training program include, but are not limited to the following infractions:

- **Theft.**
- **Sexual harassment** as defined by the House Staff Policy and Procedures.
- **Cheating** on the in-service training examination.
- **Lying.**
- **Gross acts of insubordination**, as determined by Program Director and the full-time academic faculty.
- **Negligence** or incompetence in patient care.
- **Criminal acts.**
- **Drug, alcohol or substance abuse or dependence**.
- **Medical practice or other employment outside the training program** ("moonlighting"), without the express consent of the Program Director.
- **Failure to complete medical records and dictations and failure to comply with Medicare compliance regulations.**
- **Any other infraction** specifically named as grounds for dismissal by the Department of Surgery or the University of Louisville.

Actions leading to dismissal will be handled with full due process, as defined in the United States Constitution. The process outlined in the *Department of Surgery House Staff Manual* and the *University of Louisville School of Medicine Policies and Procedures Manual* will be followed.

D. **<u>Non-award of the certificate of completion</u>.** It is the right of the Program Director, based upon your performance and/or faculty evaluations, to not sign the certificate of training completion. Without this certificate, a fellow/resident is ineligible to sit for the written and oral examinations of the American Board of Plastic Surgery and he/she cannot claim graduation from this program or be certified by the American Board of Plastic Surgery.

35. POLICY ON TRAINEE RECUITMENT

I. **<u>Purpose</u>**

To insure a fair and equitable process in the evaluation of prospective trainees and the selection of highly qualified individuals for subspecialty training in Plastic Surgery.

II. Eligibility and Program Application

A. The Plastic Surgery Training Program will adhere to all Department of Surgery and University of Louisville institutional policies regarding eligibility for participation in Residency training programs at the University of Louisville.

B. Fellow/resident selection is made without unlawful discrimination in terms of age, color, disability status, national origin, race, religion or sex, in keeping with UofL standards as an Affirmative Action/Equal Opportunity Employer.

C. Independent applicants will complete all of the following prior to entry into the program:

   a. M.D. or D.O. degree at an Accredited Medical School in the United States of America or recognized international medical school with similar accreditation.
   b. Successful completion of residency training in general surgery, orthopedic surgery, otolaryngology, urological surgery, neurosurgery or oral maxillofacial surgery.
   c. Ability to obtain and maintain licensure to practice medicine in the state of Kentucky.
   d. Ability to obtain and sustain a current unrestricted DEA certificate for the prescribing of controlled substances.
   e. Graduates of the medical schools outside of the United States and Canada who have current valid certificates from the Educational Commission for Foreign Medical Graduates (ECFMG) must:
      i. Be officially recognized in good standing in the country where they are located;
      ii. Be registered as a medical school, college or university in the International Medical Education Directory;
      iii. Require that all courses must be completed by physical on-site attendance in the country in which the school is chartered;
      iv. Possess a basic course of clinical and classroom medical instruction that is:
         1. not less than 32 months in length; and
         2. under the educational institution's direct authority

D. Integrated applicants will complete all of the following prior to entry into the program:

   a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
   b. Graduates of medical schools in the United States and Canada accredited by the American Osteopathic Association (AOA).
   c. Graduates of medical schools outside of the United States and Canada who have current valid certificates from the Educational Commission for Foreign Medical Graduates (ECFMG). In addition, as of the 2009-2010 academic year, schools located outside the U.S. and Canada must:
      i. Be officially recognized in good standing in the country where they are located

ii. Be registered as a medical school, college, or university in the International Medical Education Directory
iii. Require that all courses must be completed by physical on-site attendance in the country in which the school is chartered.
iv. Possess a basic course of clinical and classroom medical instruction that is:
    1. not less than 32 months in length; and
    2. under the educational institution's direct authority.

III. Fellow Application Procedures & Selection

The Division of Plastic Surgery at the University of Louisville participates in the Plastic Surgery Matching Program (PSMP) which was established by the American Council of Academic Plastic Surgeons to coordinate appointments for Plastic Surgery Training programs and to relieve the pressure on applicants and program directors resulting from early appointments and uncoordinated appointment dates. The PSMP is administered by the San Francisco Residency and Fellowship Matching Services. All fellows are selected through the SF Match. In the event of transfer of fellows in to fill a vacant position, the policies of the Common Program Requirements of the ACGME and the Residency Review Committee in Plastic Surgery will be strictly adhered to.

To file for the match, the applicant must meet the American Board of Plastic Surgery requirements. Fellows will apply to the SF Match within the specified deadlines for the anticipated academic year in which they will begin as a junior fellow. Once SF Match applications are received for a given year, the Faculty Fellowship Selection Committee will select candidates for an interview. The committee consists of the Program Director and two full time faculty members. Consideration for interviewing is based institutional guidelines. Criterion for interview selection depends on completion of pre-requisite training, quality of training program, quality of medical school, letters of recommendation, USMLE scores, In-Service scores, research quality and quantity. Non-U.S. citizens can apply and will be evaluated based on their qualifications with other applicants.

Approximately 25 candidates will be selected for an interview each year to fill one open positions (beginning 2024). Interviews are conducted by full-time faculty. All fellows will have the opportunity to meet and talk to the candidates. They will provide input and feedback to the Program Director and faculty members. Once all interviews are concluded, the faculty and fellows will meet to discuss the candidates and develop a rank list order. A final rank order list will be transmitted to the SF Match prior to the deadline per their policy.

IV. Resident Application Procedures & Selection

The Division of Plastic Surgery at the University of Louisville participates in the Electronic Residency Application Service® (ERAS®), provided by the Association of American Medical Colleges. All

applicants must abide by both ERAS and National Resident Matching Program (NRMP) rules and apply within the specified deadlines for the anticipated academic year in which they will begin as a junior resident. Once ERAS applications are received for a given year, the Faculty Resident Selection Committee will select candidates for an interview. The committee consists of the Program Director and two full time faculty members. Consideration for interviewing is based on institutional guidelines. Criterion for interview selection depends on quality of medical school, letters of recommendation, USMLE scores, research quality and quantity. Non-U.S. citizens can apply and will be evaluated based on their qualifications with other applicants.

Approximately 25 candidates will be selected for an interview each year to fill two open positions. Interviews are conducted by full-time faculty. All residents will have the opportunity to meet and talk to the candidates. They will provide input and feedback to the Program Director and faculty members. Once all interviews are concluded, the faculty and residents will meet to discuss the candidates and develop a rank list order. A final rank order list will be transmitted to the NRMP prior to the deadline per their policy.

V. The Match

Once the match process has occurred, the Program Director will contact the matched candidates both formally in writing and informally by phone. A letter of intent and a fellow contract will be sent to the candidate in keeping with the institutional policy of the University of Louisville School of Medicine.

VI. Fellow Compliment

The Plastic Surgery Fellowship Program (Independent) at the University of Louisville School of Medicine is approved by the Accreditation Council for Graduate Medical Education (ACGME) for 1 fellow in each of 3 years of training, for a total compliment of 3 fellows.

VII. Resident Compliment

The Plastic Surgery Residency Program (Integrated) at the University of Louisville School of Medicine is approved by the Accreditation Council for Graduate Medical Education (ACGME) for 2 residents in each of the 6 years of training, for a total compliment of 12 residents.

VIII. Falsification of Application or Other Materials

Falsification of information on the NRMP application, Fellow or Resident Contract, or supporting documents for these aforementioned forms may result in termination of the trainee from employment by the University of Louisville School of Medicine. All terminations are subject to the policies and regulations of the University of Louisville Redbook, the School of Medicine, the Department of Surgery and the ACGME.

IX. Conclusion

The system of future trainee selection that we use is quite democratic and well thought out. It assures the Program, the University, and the specialty that we have taken every initiative in selecting the finest representatives of the class.

36. APPLICATION FOR EXAMINATION BY THE AMERICAN BOARD OF PLASTIC SURGERY

The acceptability of a candidate does not depend solely upon the completion of an approved program of education but also upon information available to the Board regarding their professional maturity, surgical judgment, technical competence, and ethical standing. A candidate who has submitted an Application for Examination will be notified by the Board as to their admissibility for examination.

37. STRESS AND FATIGUE IN THE WORKPLACE

The Plastic Surgery Training Program is committed to a healthy and supportive environment for all. The faculty continually strives to provide the fellows and residents with a superior educational environment. The training program will not discriminate based on age, sex, nationality, religion, or sexual orientation. Sexual harassment will not be tolerated or condoned. It is essential that each fellow/resident maintain a healthy diet, sleep, and exercise program. A stable, healthy personal life is valuable to the workplace. There are, however, difficult, and stressful situations for Plastic Surgeons whether in training or beyond. The program has opportunities for each fellow/resident to discuss and resolve stressful situations. It is essential that we work to change and improve the environment. To that end we ask that all fellows/residents discuss any stressful situation with a faculty member as soon as they occur. This should be followed up with a discussion with the Program Director. The quarterly evaluation meeting, the end of rotation evaluation meeting, and the frequent faculty meetings that fellows/residents attend are additional opportunities to discuss and get feedback on stressful situations.

- All isolated events will be handled in the strictest confidence. In the event that a trend is noted by the Program Director, steps will be taken to change the offending situation for the betterment of all fellows/residents.

TRAINEE STRESS AND FATIGUE MONITORING POLICY

Long and strenuous operations are not infrequent occurrences in Plastic Surgery. Fatigue and its role in medical errors are regarded as a challenge to providing quality medical training and care. As such, prevention of fatigue, its recognition, and the early recognition of professional and personal stress reactions are regarded as critical to the safe and effective practice of our specialty.

PREVENTION STRATEGIES

The following policies have been implemented because of their impact on workplace stress and fatigue.

- Work hour limitations – All rotations will adhere to the eighty-hour clinical workweek limitation, including moonlighting.
- Moonlighting time is restricted and will be granted only in unusual circumstances.
- Didactic education on the related topics of the effective regulation of wakefulness; the neurocognitive performance consequences of a disrupted circadian timing system, a disrupted sleep-wake homeostasis with sleep debt; and sleep inertia is provided. Fatigue management strategies and countermeasures are included.
- Didactic education on the signs and symptoms of substance abuse is provided.
- Workplace harassment policies and procedures are reviewed regularly.
- Plastic Surgery faculty promotes the culture of healthy lifestyle strategy and shared responsibility.

MONITORING STRATEGIES

The following monitoring strategies are intended to detect stress and fatigue problems before they have a negative impact on patients and the provider:

- Program Director reviews planned work schedules and moonlighting schedules to assure duty hour requirements are met and circadian scheduling principles are demonstrated.
- House-staff take responsibility to communicate off-service rotation schedules believed to be out of compliance with the ACGME eighty-hour workweek and one day off over four week average.
- Faculty, fellow, or resident direct observations of the signs and symptoms of fatigue, stress, substance abuse, or mental health disorder are discussed and confidentially addressed individually with the Program Director.
    - Some examples of behaviors that are worth mentioning include irritability, distractibility, social isolation, rapid weight shifts, excessive sleepiness, lack of interest in educational offerings, shift tardiness, and acute clinical decision-making difficulty.

- Direct fellow/resident feedback regarding trainee stressors is sought via evaluations of rotations, at the semi-annual performance review, and review of the program's ACGME resident/fellow survey results.
- The Program Director will refer/cooperate with trainee involvement in the Kentucky Physicians Health Foundation, The Counseling Center, and other health services as the need dictates.

In case of fatigue or for security issues, an alternative transportation system has been instituted. For details, consult: https://louisville.edu/medicine/gme/current-residents/cab-voucher-program or the sheet provided in your orientation packet.

38. PERSONAL AND UPFRONT

Fellows and residents will rapidly determine that the Plastic Surgery faculty will not only treat you like a Plastic Surgeon, but also like a colleague, and most often like a friend. That is the way this program is run. We expect meticulous adherence to the principals, rules and purposes of this manual and of your chosen profession. And in return, you will be nourished by us, you will learn from us and others, and you will be held in the highest esteem of any medical professional. The goal of this faculty is to make you the best plastic surgeon. One who will take immense pride in the institution, your instructors, your fellow trainees, and in your specialty.

If there is anything that any of us can do for you on a personal level, do not hesitate to ask. We are available at any time of the day or night. You are one of us, and we expect that relationship to survive this Training program, well into all of our professional careers and perhaps further.

Welcome to the Program!

39. GUIDE TO THE APPENDICES

Curriculum

Appendix 1: The Comprehensive Plastic Surgery Curriculum (ACAPS) (Distributed with Manual)

Appendix 2: The Plastic Surgery Operative Log (PSOL) and instructions for use (www.acgme.org)

Appendix 3: University of Louisville Hospitals House Staff Manual (Distributed with Manual)

Appendix 4: University of Louisville Resident Policies and Procedures (Distributed with Manual)

Appendix 5: The Resource Books for Plastic Surgery Fellows (ASPS)

Appendix 6: Legal Handbook for Kentucky Physicians (Available in Trainee office)

Appendix 7: ACGME Core Competency Conference Schedule (Posted in trainee's office and distributed at Orientation)

Attachments

Attachment 1: Block Outline of the Rotation Schedule

Attachment 2: Principles of Medical Ethics (AMA)

GUIDE TO SUPPLEMENTAL REFERENCE MANUALS

These Reference manuals provide information and self-study courses in ethics, medico legal topics, practice management and continuing education. Appropriate sections may be photocopied. Most of these publications are available on-line or directly from the publishing organizations.

Ethics

- Code of Medical Ethics (AMA)

Medico legal

- Legal Handbook for Kentucky Physicians (KMA and KMIC)
- Patient Consultation Resource Book (ASPS)

Practice Management

- Establishing Yourself in Medical Practice (AMA)
- Marketing Strategies for Private Practice (AMA)
- Basics of Managed Care (JCMS)
- CPT03 (AMA) (Available in trainee's office, Medical Records Department, and Operating Room Doctor's Lounge)
- Billing and Documentation Guidelines (UofL Compliance Office) (Available in Trainee's Office)

Academic Basis for Practice and Continuing Medical Education

- The Resource Book for Plastic Surgery Fellow (ASPS)
- ASPS/PSEF Catalogue

40. CONFIRMATION OF UNDERSTANDING

Plastic Surgery Training Manual

By your signature, you indicate that you have fully read and understand all of the UofL Plastic Surgery Training Manual, revised June 2023. If there is anything you do not understand or if you have any questions, ask the Program Director, and you will receive answers prior to signing. In addition, it is understood that your Plastic Surgery Training will terminate on June 30 in the year of your graduation.

Fellow/Resident Signature: _____ **Date:** _____

Fellow/Resident Print: _____ **Date:** _____

Program Director Signature: _____ **Date:** _____

Department of Surgery House Staff Manual

By your signature, you indicate that you have fully read and understand all of UofL Department of Surgery's House Staff Manual, current revision. If there is anything you do not understand or if you have any questions, ask the Program Director, and you will receive answers prior to signing.

Fellow/Resident Signature: _____ **Date:** _____

Program Director Signature: _____ **Date:** _____

Attachment 1: Block Rotation and Description of Services

University Rotation

- Primary Responsibilities:
  - Primarily a fellow run service
  - ULH ACB Plastics Clinic Monday AM
  - OR days: T-F
  - Cover ULH consults M-F, 7AM-5PM
  - Cover facial trauma calls during week, 24H, Q3
  - ULH burn PT clinic Wednesday at 9 AM – they will contact you (Sydney. NP Helping)
  - Teach medical students and rotators
  - PRS has block OR time Tuesday-Friday, **this gets released the day before at 11:30am (Except for Tuesday, it gets released at 09:30 AM)**
    - Tuesday: Choo
    - Wednesday: Wilhelmi
    - Thursday: Shapiro
    - Friday: Choo/Shapiro

GENERAL ADVICE

Communication is Key!

- Keep in touch with the clinic nurses, they are incredibly helpful.
- Burn Nursing: generally, not as helpful as they should be. Some you can trust, some you cannot
- Michelle (burn coordinator – 502-939-0447) is incredibly helpful. She will even come to ER and clinic if she can and evaluate burns/dressings before you can get there.
- O.R. SCHEDULING: Be sure to plan out your week in advance and have some system in place for organizing the schedule. Phone # 562-3887.
- Ian (502-303-2111) runs the OR board. He is old-school. If you get your first case in the room on time, he will like you. He will randomly text you early in the morning for the day's cases. Even if the patient is not yours, just take care of it. The key with Ian is to be responsible and responsive.
- Close out your service - i.e. you are expected to cover cases on your service regardless of when they start. They do not roll over to the call person for the night.
- Rotators are key. Give them a good experience in the OR, minimize scut. Take time to teach them. They will appreciate it.
- Pay it forward. The more you teach the ER residents how to suture, the less you get called as the year progresses.
- IF IN DOUBT---ASK!
- Check insurance status of patient. Might as well start now in prep for your own practice. Some people will want to know, and it helps with follow-up status.
- If any problem patients in house (or post op flaps, etc.), notify call person
- Keep your service clean and tight – have D/C paperwork, discharge summaries, scripts, etc. done if expect weekend discharge and not on call (this goes for all services); also, get all debridement's and burn grafting/debridement done during the week. Do not schedule cases for the weekend unless you plan to do them

Updated by Dr. MacDavid

06/2023

- **ADVICE WHEN ON CALL**

- Facial Fractures
  - All facial fractures must have vision exam, +/- APD, extraocular muscles.
  - When to consult Ophtho: Most orbital blowout fractures, ZMC with orbital component, proptosis, retrobulbar hematoma, AMS or unreliable visual exam (in setting of periorbital trauma) or any visual changes. When in doubt, get them involved.
- Mandible Fractures
  - CT mandible with panorex. Posterior fractures are more obvious.
  - Most mandible fractures are better served with admission. If open, antibiotic coverage (e.g. PCN, clinda), Peridex rinse, fractured jaw diet, and pain medications are standard.
  - Reduction seldom an emergency. However, consider placement of wires (e.g. bridal wires) if patient is in a lot of pain with mobile fracture or a lot of bleeding.
  - Remember, bilateral anterior mandible fractures may be at risk for airway compromise.
- Burns
  - Most burns do not need to be transferred for management. Can ask to send pictures. Takes 72 hours to really know the depth of the burn so you can consider admission if complicated dressings or severe pain. IN THE BEGINNING IT IS WISE TO SEE EVERYTHING.
  - Send them to follow up at the U of L Burn clinic
  - Hand escharotomies – If circumferential full thickness, or? deep partial thickness
  - Palm burns – almost never need excision and grafting

- **INTERACTIONS WITH OTHER SERVICES**

PRS

- Be prepared for your own cases and be available to help with other ULH PRS cases (e.g., free flaps).
  - Always preview OR schedule
  - Keep in touch with the other fellows and make sure there is acceptable coverage.
    - Ensure cases covered
    - **University Fellow will round on all patients in university, regardless of rotation (But can discuss with the others if assistance is needed, or Recon 2)**
- Let others know if you have a big case (or overbooked clinic) and could use the help.

Ophtho: Will have many patients in common.

Ortho: They currently have their own recon faculty; **we may try to double scrub LE Recon on Recon 2.**

OMFS: Residents and attendings alike are great resources. They have a lot of experience, especially with occlusal injuries and area always willing to help. Get to know them. **Recon 2 – can spend**

General Surgery: Share burn patients (we do hand, feet, genitals, face, +/- neck. They do all else. If multiple areas, they admit, also if possible inhalational.

Gyn Onc: Residents and attendings are incredibly nice. Dr. Choo works with them frequently for pelvic reconstructions.

Updated by Dr. MacDavid

06/2023

MONDAY

8:00am

- Burn Rounds
  - Meet on 6E – present or speak about your burn patients in a MDC

8:30am

- PRS Clinic (ACB 2nd floor)
  - Referrals, New Patients, Follow ups.
  - Take pictures of every patient – will present these in conference

1:00 pm

- Research Conference.

1:30 pm

- Indications Conference
  - University resident reviews clinic cases, imaging, etc from ACB clinic and complex floor cases
  - Get ready to tell everyone your plan and why . . . be prepared

2:30 pm – 5:00 pm

- Conference

TUESDAY

7:30 am

- Choo's OR day
- Keep in contact with the OR about equipment and always be on the lookout for a 2nd room

WEDNESDAY

7:00 am – 9:00 am

- Conference ULH J David Richardson Memorial Library in the ACB Building
- Third Wednesday every month, present a case at facial trauma conference

9:00 am

- Sydney the APRN will contact you for patients she needs you to see
- OR starts at 9-930:
  - Wilhelmi has scheduled cases and add-ons from Tuesday night Hand call
  - Be available to help
  - *Try not to add on cases on Wednesday, we try to leave it for Hand add ons

THURSDAY

7:30 am

- Little's OR day
- Both you and the Head & Neck fellow operate with Little.
- He also reconstructs many of the Dr. McMaster oncological resections – so these days can be busy

FRIDAY

8:30 am

- Choo operates at UofL on the 1st and 3rd Fridays, but at the VA during the 2nd and 4th
- Shapiro operates on the 2nd and 4th Friday's
- Can have cases on Friday, just need to find an attending available to staff the case. Ask Shapiro/Choo if you can use the time before booking the case

Updated by Dr. MacDavid

06/2023

Reconstructive I Service Rotation

- You are responsible for the Private Service mainly at Jewish Hospital and Norton Hospital with Drs. Shapiro, Tobin, and Choo.
    - Attendings
        - Dr. Shapiro
- If there are two cases that are conflicting, pick the more educational of the two, but let the attending know if you are unable to cover the cases. – **Lower Extremity (Recon II) will help.**
- Parking
    - There is free parking at Norton and Pavilion, No free parking at Jewish
        - Norton
            - Get permit from Gray Street Parking Garage (south of Norton Main)
- ID
    - No specific ID for Jewish, but have your UofL ID visible
    - Norton
        - There is a special ID for Norton that is required - obtained through security
- Jewish
    - OR is on 2nd floor of Heart and Lung Building
        - Most door codes are 98765
    - Complete all Discharge Summaries in Powerchart, even if 23 hours obs.
        - This includes dx, med rec, follow up, dc orders.
        - Make sure to do a discharge note (in documentation) for any inpatients/23hr obs
    - Free food in Doctors' Lounge (1st floor HL, code is 98765)
- Norton
    - OR in LL (lower level).
    - ID badge will get you access.
    - Patients are typically on 4th or 5th floor.
        - 4B, 4F, 5B, 5F, 5G, 5H are ICU
    - EPIC for all documentation/orders
    - Free food in Doctors' Lounge - badge will get you access.

- **MONDAY**
    - Dr. Shapiro may have cases.
- **TUESDAY**
    - Dr. Shapiro has clinic at MCNE that you attend
- **WEDNESDAY**
    - Conferences in morning
    - Dr. Shapiro will have cases on that day, it may be at Medical Center East (will be on calendar), or HCOC, or Jewish
- **THURSDAY**

Updated by Dr. MacDavid

06/2023

- Dr. Shapiro – University Lineup
- **FRIDAY**
  - Dr. Shapiro – Cases can be anywhere

Other Responsibilities:

- If coverage conflicts occur, seek more educational opportunity, and try to coordinate coverage with another resident.
- On light days, seek cases with any of the gratis faculty. Since you are primarily at Norton, there are often hand cases going by the Norton hand group that you can do and leave if needed (Burke, Robinson, etc.)
- If Children's Hospital facial fracture comes in on weekend, you will cover case if scheduled during your Recon rotation just like other cases scheduled for your service mentor(s). When Tobin/Shapiro/Choo are on call for ULH, those new consults will usually go to the ULH resident.

Reconstructive II Service Rotation (Lower Extremity)

- You are responsible for the service at Jewish Hospital and Norton Hospital with Dr. Choo.
  - Attendings
    - Dr. Tobin
    - Dr. Choo
      - Complex Wounds
- Assist the Recon Service if more than 1 case. Also, help the University Rotation.
- Prior to leaving for the day, you are to check in with the University Fellow to see if the university service needs help. This is not completely "free" rotation.
- Parking
  - There is free parking at both Norton
- ID
  - No specific ID for Jewish, but have your UofL ID visible
  - Norton
    - There is a special ID for Norton that is required - obtained through security
- Jewish
  - OR is on 2nd floor of Heart and Lung Building
    - Most door codes are 98765
  - Complete all Discharge Summaries in Powerchart, even if 23 hour obs.
    - This includes dx, med rec, followup, dc orders.
    - Make sure to do a discharge note (in documentation) for any inpatients/23hr obs
  - Free food in Doctors' Lounge (1st floor HL, code is 98765)
- Norton
  - OR in LL (lower level).
  - ID badge will get you access.
  - Patients are typically on 4th or 5th floor.
    - 4B, 4F, 5B, 5F, 5G, 5H are ICU

Updated by Dr. MacDavid

06/2023

- EPIC for all documentation/orders
- Free food in Doctors' Lounge - badge will get you access.

- Norton Pavilion: OR is on the second floor near the endoscopy suite

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- **MONDAY**
  - Dr. Choo has clinic
  - Dr. Choo has clinic at 07:30
  - Round with University and assist with cases unless instructed not needed by university fellow
- **TUESDAY**
  - Dr. Choo has cases so you will be at the University
- **WEDNESDAY**
  - Conferences in Morning
  - Dr. Choo is at the VA (VA Resident covers that)
  - Help Recon or University Rotation
- **THURSDAY**
  - Dr. Choo is at the VA (VA Resident covers that)
  - Help Recon or University Rotation
- **FRIDAY**
  - Choo is at the VA every other Friday
  - Help Recon or University Rotation

Other Responsibilities:

- Ensure all cases are covered and help the Recon 1 or University Fellow
- On light days, seek cases with any of the gratis faculty. Since you are primarily at Norton, there are often hand cases going by the Norton hand group that you can do and leave if needed (Burke, Robinson, etc). Check in at the Univeristy first prior to going to any other private cases

VAMC Rotation

- The Resident room is the 4th floor: 55363
- Keys for success when working with Dr Choo:

a) Clinic: (M-W)

i) Do not offer a patient surgery until Dr. Choo has seen them. Likewise, be wary of giving diagnoses, assigning causation/blame, etc.

ii) For surgery scheduling (or informed consent in preop holding), list who is present (i.e., "The risks, benefits, and alternatives were discussed with the patient and his wife. They had the opportunity to ask questions and agree to proceed")

iii) For all clinic notes, list Dr Choo as the primary provider. After signing, right click and add Dr Choo as an additional cosigner. He will complete the encounter information (dx, coding, etc.)

iv) Be sure to always have the patients check out with a nurse before they leave the clinic (this facilitates their return appointments and ensures their surgery visit goes as well as possible)

v) Dr. Choo has clinic Wed

Updated by Dr. MacDavid

06/2023

vi) Dr. Harter clinic M & Tu; you will have a hand fellow as well during Dr. Harter clinic. Harter Cell 502-291-4693

b) OR
   i) There is a scrub machine, and scrubs are not to leave the hospital.
   ii) Cases start at 800 (M-Th) or 830 (Fri), depending on the day.
   iii) All pre-op paperwork to be complete 30 min before the case, so arrive 45-60 minutes early.
      H&P
      Consent
      Rx needed – often just bacitracin
      Site marked
   iv) Preview the surgery schedule at least one day in advance (including relevant imaging, photographs, pathology, etc.)
   v) Try to call the nurses & techs by name
   vi) Dictate op notes in-house on the day of the operation
   vii) After each case, preop the next patient before discharging the patient whose case just ended.
   viii) OR is every Th with Dr. Choo, and every other Friday with Dr. Choo. Every Friday that Dr. Choo is not operating you can schedule 1 morning case with Dr. Harter.

c) ER
   i) You will be called for ER consults. Call Dr. Choo on your way to see consults (or about any problems).
   ii) Typically follows ULH facial trauma schedule, except OMFS. If OMFS is on call for ULH and it is an even day – ENT on for VA. If odd day, it's PRS.
   iii) The VA pays for a full-time resident, and it is not acceptable to say, "I'm busy", etc. Respond to ER pages promptly, and aim to see consults within 30-60 min.
   iv) The ER is good about not calling for small lacerations, etc. But if this happens be polite.
   v) Occasionally, they will call to ask if a patient can be seen in outpatient clinic.
   vi) If closing a laceration, make sure no FB present. For hand lacerations/injuries, always XR.

d) General/misc.
   i) If you get paged to a 5-digit number, it is the VA (i.e., 55xxx, 54xxx)
      Call VA main line (287-4000), then dial extension
   ii) If you are going to miss a day or going to be late, make sure to discuss with Dr Choo ASAP (and if you will need to miss a day, arrange resident coverage).
   iii) Patients like to have a phone number. If there is a problem: Surgery Clinic 287-5618
   iv) Photographs are not allowed at the VA.
      There is an official photographer: Tom Downs 502-287-6330
      All patients must sign consent for use of photography
   v) Be nice to Staff
      Remember - secretaries run the world. You are going to need them before they will ever need you.
   vi) ***You may not "work" elsewhere while on the VA rotation. If you need to be away for any reason (or late), arrange fellow coverage and notify Dr. Choo ASAP.***

Updated by Dr. MacDavid

06/2023

Head and Neck Service Rotation

- Dr. McCurry: Head and Neck reconstruction, Breast Reconstruction, Free Flaps, Extremity Reconstruction, Cosmetics. You are responsible for Dr. McCurry's private service patients at Norton Hospital, Norton Children's. The university fellow will round on them at the university
- Parking:
    - There is free parking at Norton Main and Norton Pavilion.
    - Get permit from Gray Street Parking services. Near blue awning on gray street across from garage entrance
    - Pavilion parking is central and equal distance from Norton and ULH. Enter from Floyd Street where Gray St. runs into Pavilion. BEST TO PLACE PARK IS THE ATTENDING LOT ON THE GROUND FLOOR
- ID
    - Norton/Brownsboro
    - Your ID also unlocks the doors into the OR and ER
    - You need to get your card activated to OBC Brownsboro; the Help Desk by the ER can help you.
    - The Norton ID should also work for NCH
    - ULH
    - You need a HID card to be able to access the doors to the OR and ER
    - Your UL student ID is only needed to get into the medical school for anatomy lab days
- Norton Children
    - OR is on the 8th floor. Get on elevator and hit 8-6-2-1. You need your Norton ID to enter elevator
    - Doctor's lounge on 1st floor has drinks, cold breakfast foods.
    - Medical Records: EPIC
- ULH
    - OR is on 2nd floor, need badge. Has a free soda machine
    - ER is on 1st floor, need badge. First care is also on 1st floor
    - Cafeteria is in basement under ACB
    - Medical Records: Cerner
- MCNE
    - Clinic is on Monday's and Thursday's at 8 AM
- Norton
    - OR in LL.
    - Patients are on 4th or 5th floor.
        - The stairs that lead to 2nd floor are on the same side as R and G (R for right stairs)
        - The other stairs won't let you out onto 2… or 1.
    - Free hot food in Doctors' Lounge on 2nd floor for breakfast and lunch
- As Dr. McCurry is a new faculty member, we do not have a set schedule for the week. Monday's he is in clinic, and you should join him at MCNE. Friday's, he does cases at Norton Brownsboro typically. He is trying to get cases at Norton Main/Pavilion on Tuesday's and Wednesdays. Thursday's he is at clinic at MCNE.

Updated by Dr. MacDavid

06/2023

Hand (Dr. Wilhelmi) Rotation

Primary responsibilities:
- Cover all Dr Wilhelmi cases
- Attend Dr Wilhelmi's office on Tuesday
- Hand call Tuesday 7AM-Wednesday 7AM
  - See all consults and imaging studies
  - Best to add-on cases overnight, if appropriate
  - Be prepared to present/review cases and imaging on Monday at conference

- Monday AM and Fridays are flexible, but use wisely
  - Academic time
  - Search out other cases

MONDAY
- Early morning
  - See any inpatients (Jewish, Norton)
  - Dr. Wilhelmi office procedures or cases occasionally
  - If no cases, seek other learning opportunities
- Afternoon conference (1-5pm)

TUESDAY
- Attire: Shirt, Tie
- HCOC office with Dr Wilhelmi (all day)
  - OK for complex hand patients to follow up here, but clear with Dr Wilhelmi
- See ULH hand consults, as needed (7A-7A)
  - If another staff is covering hand call, Dr. Wilhelmi's resident still covers hand

WEDNESDAY
- 7 AM
  - Conference on 2nd Floor ACB (JDR Memorial Library)
  - Be on time
  - Attire: shirt, tie
- 9 AM
  - Dr. Wilhelmi operates at ULH
    - Ciprofloxacin 2 weeks, Flexeril #42, Ultram #42 Gabapentin 100 mg qday for ALL PATIENTS REGARDLESS OF THE SURGERY

THURSDAY
- Dr Wilhelmi operates at Jewish

FRIDAY
- Flexible time to maximize learning
  - Common options:
    - Early in month/week, call or email Kleinert and Kutz Hand secretary to ask about where cases are on Fridays.
      - Secretary- Laura Rapson- Office # 502-562-0312, email lrapson@cmki.org
    - Spend time with Dr. O'Daniel (or other private practice faculty)
    - Norton Ortho Hand group, Gossman, Calobrace, Salzman

  - On-call for Hand at University
    - Main ER: 502-562-3015
    - First/Urgent Care at University: 502-562-311

Updated by Dr. MacDavid

06/2023

Elective Rotations:

- **Dermatology/Lasers with Dr. Marc Salzman**
  Main Contact: Susan, RN
  4702 Chamberlain Ln, Louisville, KY 40241
  OR Monday, Wednesday, and Friday
  Go to the side door and knock to get in
  Bring or wear own scrubs for OR days
  Clinic Tuesday and Thursday- wear a Suit or white coat

- **Oculoplastic with Dr. Doug Gossman**
  Main contact: Kathie, RN
  2302 Hurstbourne Village Dr, Louisville, KY 40299
  Mostly at Jewish East, some at LSC
  OR on Monday, Wednesday, and Friday
  Clinic on Tuesday and Thursday (~9am-late)
  List of papers/references on website
  https://eyelidsurgerylouisville.com/medical-literature-for-physicians/

- **Orthopedic/Hand - Dr Charity Burke (and partners - Louisville Arm and Hand)**
  Main contact: Dr. Burke – TEXT HER PRIOR TO STARTING ROTATION (Dr. Burke – (502) 551-4625)
  Offer to take call with them or have them call you for replants
  Cases every day, but advisable to talk with Dr Burke prior to establish a core attending to work with.
  Check schedules for Norton Pavilion, Brownsboro
  Try to make it to Dr. Burke's clinic occasionally
  A good opportunity to see pediatric hand

- **Maxillofacial/Craniofacial - Dr Chariker**
  Main contact: Elaine, RN
  310 Whittington Pkwy. Louisville, KY 40222-4927
  Cleft commission usually first Tuesday every month (multidisciplinary)
  Pediatric cases are the priority

- **Anesthesia -- Drs. Jerry O'Daniel/Calobrace/Mays**
  Main contact: Mindy
  2341 Lime Kiln Ln, Louisville, KY 40222
  Cases on Tuesday, Wednesday, and Friday

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06/2023

Attachment 2: Principles of Medical Ethics

I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.

II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interest of the patient.

IV. A physician shall respect the right of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.

VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.

IX. A physician shall support access to medical care for all people.

Adopted by the AMA's House of Delegates, June 17, 2001.

Updated by Dr. MacDavid

06/2023