

University of Utah
Division of Plastic Surgery
Standards of Performance

Residents in Plastic and Reconstructive Surgery should possess a wide spectrum of clinical and academic competence given their advanced stage of training. Residents will be required to demonstrate an adequate fund of knowledge both in clinical management and by results of in-service examinations on Plastic and surgery, including Reconstructive Surgery, including surgery of the hand, breast, maxillofacial trauma, aesthetic surgery, congenital abnormalities of the musculo-skeletal system, reconstruction of the lower of the extremity, head and neck surgery, surgery of cutaneous disorders, and microsurgical technique. Evaluation of the resident's competence by the faculty will be based on his/ her clinical work, quality of lectures and discussions by that resident, and to a lesser extent, result of in-service examinations.

The resident will at all times exhibit appropriate and professional behavior toward patients, staff and fellow residents. Residents are expected to be knowledgeable about their patient's history and physical examination, and to be prepared to participate in their operations or care.

Residents are expected to respect the patient's rights, have skill at communicating and interacting appropriately with patients, families and health care personnel, and to have empathy and compassion for the needs of patients and their families. Residents should be aware of the psycho-social aspects of patients' illness and be able to work harmoniously with other physicians and allied health care personnel. Residents are expected to adhere to the highest standards of personnel integrity, including strict avoidance of substance abuse, theft of other criminal activity, deceitful medical practices, breach of patient confidentiality, behavioral abuse to patients and/or their families as well as other health care professionals, and a pattern of unexcused absences or tardiness.

The resident will be promoted to the next year of training, or graduation and allowed to sit for his/ her Board Examinations upon successful completion of his/ her rotations. The faculty will evaluate each resident at the end of each rotation. More details on resident advancement and evaluation are in the respective policies.

Any disciplinary action or evidence of poor performance will follow the steps and guidelines set forth by the University GME policies.

Independent residents must ensure that a certificate of satisfactory completion of prerequisite training is in their file with the Division before their interview process is complete. Integrated residents will complete the ABPS Evaluation of Training Form prior to completing the 2nd year of his/her residency.

Resident rounds are to be made on all patients **PRIOR** to commencement of the day's activities. Residents are required to round on patients twice daily. Details regarding this are in the rounding policy.

Residents are expected to be in the operating room 10 minutes prior to the scheduled starting time with history and physical completed. This will be a prerequisite to any consideration by the attending that the fellow will be the surgeon of record.

Unless specifically directed to the contrary by the attending, the resident shall, immediately following each procedure, dictate the operating record. Then seek out and reassure the relatives that the patient is well;

Notification of all emergency cases and consultations should be made to the appropriate attending and should be seen in his/ her presence. An email with all consultations must be sent to the appropriate attending and his/her secretary.

Residents may be allowed to attend professional meetings. Details regarding this are in the Meeting Travel Policy.

The Division of Plastic and Reconstructive Surgery prohibits moonlighting.

Details of operative procedure should **not** be discussed with the family, as this remains the responsibility of the attending surgeon.

Details on call responsibilities are in the Clinical and Educational Work Hours policy.

Any changes to the call schedule, once published, must be sent to the Program Manager and the administrative resident.

Beepers (in the **ON** mode) are to be carried by residents at all times when not on approved vacation.

MEDICAL RECORD KEEPING

1. Discharge summaries must be dictated the morning of discharge.
2. Operating reports must be dictated the day of the operation.
3. An accumulation of undictated reports or summaries will be recorded into your permanent file. Notification will be given to all subsequent prospective employers. Hospital Policy requires that time lost through suspension as a result of medical records violations will be made up at the end of the residency.
4. Every patient admitted to the hospital must have history and physical by a licensed physician.
5. Every patient admitted to the hospital should have a note by the fellow/ senior resident within 24 hours of admission.
6. A daily progress note should be written to reflect all pertinent clinical events. Supplementary notes should be written as needed.
7. A preoperative note should be placed in the chart by the operating resident before the procedure.
8. At the time of dictation, you should note the date and time of the dictation on the Discharge Summary Sheet for Discharge Summaries, and in the Progress Notes (Op Note) for the Report of Operation.
9. All residents with incomplete charts will be denied OR privileges until those charts have been completed.