

University of Utah Plastic Surgery Residency
Goals & Objectives
University 3 Service

The junior plastic surgery resident is trained in the evaluation and treatment of patients needing breast, trunk/abdominal reconstruction, hand and extremity reconstruction. Further, this month will provide the junior plastic surgery residents the knowledge and tools required to evaluate and treat general plastic surgery problems including pressure sores, abdominal and chest wall reconstruction and wound care. The University 3 Service is comprised of Dr. Jay Agarwal and Dr. Fatma Tuncer who specialize in breast, extremity, hand, chest and abdominal wall reconstruction. Graduated responsibility for the management and surgical care of these patients will be provided. This will include outpatient evaluation and follow-up care, participation in microsurgical reconstruction of the breast, head and neck, trunk and extremity.

The senior resident should have a working knowledge of the service and thus will be an integral member contributing to the diagnosis, assessment, surgical plan and care of the patient. Further a disposition for each patient will be formulated by the senior resident with faculty oversight. The senior resident should also gain the skills necessary to understand and perform the index operations that the University 3 service faculty engages in. A thorough knowledge base of hand/extremity anatomy, reconstruction and trunk/chest wall and breast reconstruction should be developed by the senior resident and the assessment of that knowledge will be based on the six clinical competencies.

The chief resident should demonstrate competence in hand/extremity reconstruction as well as breast and trunk/chest wall reconstruction. With supervision, the chief resident should be able to diagnose, plan, execute and care for all the patients on the University 3 service. Upon completion of the rotation, the chief resident should be able to demonstrate the skills and techniques required to practice safely and independently based upon the six clinical competencies.

| GOALS & OBJECTIVES | COMPETENCY |
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| Demonstrate knowledge of the anatomy, physiology, and embryology of the trunk and breast, and apply this knowledge to the comprehensive management of a variety of problems in these anatomic areas (10) | MK,PC |
| Demonstrate knowledge of the biologic behavior, histology, physiology and management principles of benign and malignant processes of the breast, and carry out comprehensive medical and surgical management of such problems (11) | MK,PC |
| Demonstrate knowledge of management of problems of the breast and trunk, and carry out surgical management including reconstruction for such disorders (12) | MK,PC |
| Perform reconstructive surgery on the trunk, breast, and abdomen with increasing independence and surgical responsibility | MK,PC |
| Participate in treatment of patients with malignancy of the trunk, thorax and abdominal wall | MK,PC |
| Participate in the surgical management of thoracic and abdominal wall reconstruction with graduated independence (13) | MK,PC |
| Participate in surgical and nonsurgical management of pressure sores including (14) | MK,PC |
| Participate in the full spectrum of reconstructive surgery after breast carcinoma, including procedures on the opposite breast; participate in long-term treatment and follow-up of these patients (15) | MK,PC |
| Participate in the surgical care of common developmental breast anomalies, with graduated surgical independence, including amastia, Poland's syndrome, asymmetry, ectopic mammary tissue, virginal hypertrophy, and gynecomastia | MK,PC |
| Participate in the evaluation and treatment of patients with post surgical breast deformities | MK,PC |
| The resident will achieve a detailed knowledge of the anatomy, physiology, and embryology of the upper and lower extremity and will utilize this knowledge in the complete management of the hand, arm, and brachial plexus as well as complex lower extremity | MK,PC |

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| reconstruction after tumor extirpation (16) | |
| Be familiar with the spectrum of congenital anomalies of the upper and lower extremity, able to diagnose and manage these cases. | MK,PC |
| Know the classification system for congenital hand anomalies (17) | MK,PC |
| Know the operations including timing and techniques used in the surgical management of hand anomalies. | MK,PC |
| Understand the principles of diagnosis and treatment of extremity trauma, and perform comprehensive management of acute injuries and other trauma-related problems of the hand (18) | MK,PC |
| Understand the functional problems of the hand, understand the principles of rehabilitation of the hand and the management including comprehensive rehabilitation (19) | MK,PC |
| The resident apply these to a variety of developmental, traumatic and acquired problems (20,21) | MK,PC |
| The resident will investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and improve patient care practices | PBLI |
| Use information technology to prepare for cases, bringing to the OR the knowledge of current modalities of care and the scientific evidence for that care | PBLI |
| Routinely analyze the effectiveness of own practices in caring for surgery patients | PBLI |
| Improve own practices in the care of patients by integrating appropriately gathered data and feedback | PBLI |
| Function independently with graduated advancement and appropriate faculty supervision | PBLI |
| Educate medical students and other healthcare professionals | PBLI |
| Use library sources to perform research and perform literature searches | PBLI |
| Understand the principles of clinical research and the application of biostatistics | PBLI |
| The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates | ICS |
| Demonstrate compassion for patients and families | ICS |
| Provide adequate counseling and informed consent to patients | ICS |

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| Listen to patients and their families | ICS |
| Assimilate data and information provided by other members of the health care team | ICS |
| Chart and record accurate information | ICS |
| Educate patients and families in post operative and rehabilitative strategies for patients | ICS |
| The resident will demonstrate an awareness of and 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 | SBP |
| Advocate for patients within the health care system | SBP |
| Refer patients to the appropriate practitioners and agencies | SBP |
| Facilitate the timely discharge of same day surgery patients | SBP |
| Work with primary care physicians, and other consultants, toward the safe administration of anesthesia | SBP |
| Demonstrate knowledge of cost-effective surgery | SBP |
| Facilitate the timely discharge of patients undergoing reconstructive plastic surgery | SBP |
| The resident will demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population | P |
| Develop a sensitivity of the unique stresses placed on families under care for surgical diagnoses | P |
| Exhibit an unselfish regard for the welfare of surgical patients | P |
| Demonstrate firm adherence to a code of moral and ethical values | P |
| Be respectful to patients and their families especially in times of stress to the family unit. | P |
| Respect and appropriately integrates other members of the health care team | P |
| Provide appropriately prompt consultations when requested | P |
| Demonstrate sensitivity to individual patient's profession, life goals, and cultural background as they apply to health care | P |
| Understand the concepts of autonomy, beneficence, nonmaleficence, justice, and respect for life | P |
| Maintain patient confidentiality | P |
| Be reliable, punctual and accountable for own actions in the OR and outpatient clinic | P |

