ROTATION: PLASTIC SURGERY

ROTATION DIRECTOR: Tim Miller, M.D.

CHIEF OF PLASTIC SURGERY:
Timothy Miller, M.D. Chief Division of Plastic and Reconstructive Surgery University of California, Los Angeles
Chief of Plastic and Reconstructive Surgery, Wadworth VA Hospital
James Bradley, M.D. Chief Plastic Surgery Olive-View Medical Center

SITES: UCLA Medical Center; Greater Los Angeles VA Medical Center, Olive View UCLA Medical Center

GOALS:

1) Obtain clinical experience in the management of both simple and complex wounds.
2) Obtain experience in the perioperative management of patients undergoing reconstructive procedures.

LEVEL OF TRAINEE: R1

ASSESSMENT:

Monitoring of the accomplishment of the stated objectives will be performed using the following methods:

1. Global Rating: end of rotation evaluation of resident performance to assess the resident’s demonstration of Core Competencies with respect to the stated objectives by faculty, other team members, students, and nursing staff.
2. Case Logs: auditing of operative cases pertinent to the specialty in the Surgical Operative Log.
3. Written Examination: performance on the annual ABSITE examination, Head & Neck, Skin, Muscular and Nervous systems section
4. Patient Survey: performance will be assessed by patient surveys administered through the rotation.

DESCRIPTION OF THE ROTATION:

The plastic surgery rotation will consist of 1 month at the PGY1 level. The rotations will take place at the CHS UCLA Medical Center, Greater Los Angeles VA Medical Center, or Olive View UCLA Medical Center
1. The rotating residents will provide in-patient and outpatient care of patients requiring plastic surgery services including routine and emergency admissions, inpatient and outpatient consultations, and office visits.

2. They will further participate in surgical operations needed on these patients under direct supervision by the surgical faculty.

3. The rotating residents will participate in all Department of Surgery educational conferences and didactic presentations.

4. They are also expected to actively participate and present at the weekly Plastic Surgery Conference.

COMPETENCY BASED LEARNING OBJECTIVES

**Patient care:**

1. Complete a comprehensive physical examination and clinical data history, including pertinent diagnostic laboratory and radiographic findings.

2. Evaluate and treat simple and intermediate abrasions and burns of the face, trunk, and extremities.

3. Perform simple incisional biopsies and excise small lesions on the skin and subcutaneous tissue of the trunk or extremities.

4. Provide definitive treatment plans for superficial incised and lacerated wounds of the neck, trunk, and extremities.

5. Participate in the perioperative evaluation and management of congenital or acquired defects (traumatic and surgical).

6. Apply and remove dressings of the head, neck, hand, trunk, and extremities, including:
   - Occlusive
   - Non-occlusive
   - Wet to dry
   - Casts
   - Alginate
   - Colloidal

7. Debride and suture major non-facial wounds and burns.

8. Harvest and apply split-thickness skin grafts.

9. Participate in the evaluation and formulation of treatment plans for:
   - Hand injuries
   - Facial fractures
   - Breast deformities
   - Head and neck cancer

10. Assess and act as first assistant for the following:
    - Complex soft tissue injury
    - Fractures requiring operative and non-operative reduction
    - Nerve, tendon, and bone surgery of the hand
    - Vascular injuries

11. Act as first assistant for any of the following:
    - Reconstruction and reparative surgery of the hand
    - Surgical repair of facial trauma
c. Resection of neoplasms of the head and neck
d. Resection of major skin and soft tissue neoplasms requiring complex reconstruction
e. Reconstruction of the breast

Medical Knowledge:

1. Outline the components of a comprehensive focused history and physical examination pertinent to the evaluation and correction of congenital or acquired defects under the realm of plastic and reconstructive surgery.
2. Discuss and compare skin and connective tissue.
3. Explain the basic techniques for surgical repair of superficial incisions and lacerations of the head, neck, trunk, and extremities to include the following considerations:
   a. Skin
   b. Subcutaneous tissue
   c. Superficial muscle and fascia
   d. Dressings
   e. Splints
   f. Suturing and knot tying
4. Describe the physiology of various techniques of skin and composite tissue transplantation with particular regard to component tissue circulation:
   a. Skin grafts (split- vs. full- thickness)
   b. Bone (cartilage grafts)
   c. Composite grafts
   d. Skin flaps
   e. Muscle flaps
   f. Myocutaneous flaps
   g. Bone flaps
   h. Osteocutaneous flaps
   i. Myo-osseous flaps
   j. Vascularized versus nonvascularized flaps
   k. Neurocutaneous flaps
5. Explain the assessment of facial skeletal trauma according to the following systems:
   a. LeFort I, II, and III classification of maxillary fractures
   b. Nasoethmoidal disruption classification
   c. Zygomatic, orbit, and mandibular fractures
5. Disruption classification
6. Discuss epidemiology, risk factors, treatment, and prevention of cutaneous malignancies in the geriatric patient, including:
   a. Skin cancer rates (basal cell carcinoma [BCC], squamous cell carcinoma [SCC])
   b. Average age of onset for BCC/ SCC
   c. Etiology of BCC/ SCC
   d. Usual modes of treatment for BCC/ SCC (Mohs Technique, radiation, chemotherapy)
   e. Prevention using medications (isotretinoin, beta- carotene)
7. Explain the methods for performing incisional and excisional biopsies of skin and oral cavity.
8. Demonstrate the systematic examination of the hand to assess motor and sensory function, including:
   a. Intrinsic tendon and muscle function
   b. Extensive tendon and muscle function
   c. Median nerve
   d. Ulnar nerve
   e. Radial nerve
   f. Circulation
   g. Bones
9. Outline appropriate diagnostic studies needed to supplement the physical examination when developing a treatment plan for:
   a. Surgery of the hand
   b. Facial fractures
10. Summarize the evaluation of patients with head and neck cancer, and develop a treatment plan according to the following criteria:
    a. Location of lesion
    b. Size of primary lesion
    c. Presence of metastatic disease
11. Discuss the use of the reconstructive ladder (including skin grafts, local flaps, and regional and free microvascular flaps) in the definitive management of traumatic or excised wounds.
12. Discuss the surgical treatment of:
    a. Common hand injuries
    b. Surgical repair of facial trauma, soft tissue, and bony defects
    c. Resection and reconstruction of the simple, soft tissue defects following resection of neoplasms of the head and neck
    d. Resection of skin and soft tissue neoplasms requiring complex reconstruction
13. Summarize currently accepted surgical techniques for treating the following:
    a. Craniofacial anomalies, including cleft lip and palate
    b. Breast reconstruction after mastectomy
    c. Reconstruction and ablative head and neck surgery
    d. Aesthetic rejuvenation of the face and body

**Practice Based Learning:**

1. Develop a personal program of self-study and professional growth with guidance from the teaching staff and senior residents. An understanding of the etiology, pathogenesis, pathophysiology, diagnosis and management of common plastic surgery conditions will allow for sound surgical judgment, which relies on knowledge, rational thinking and the surgical literature.
2. Utilize current literature resources to obtain up-to-date information in the care of plastic surgery patients and practice evidence-based medicine.
3. Participate in teaching and organization of the educational weekly plastic surgery conference. All rotating residents will be expected to present at the conference with the guidance of faculty (please refer to the attached schedule for more details)
4. Participate in activities of the Department of Surgery (including all teaching conferences) and assume responsibility for teaching and supervision of subordinate surgical house staff, and medical students.
5. Participate in the Department Morbidity & Mortality conference and utilize information to further improve patient care.
6. Participate in faculty teaching rounds and be able to present patients in an organized and complete fashion

**Professionalism:**

1. Practice compassionate patient care maintaining the highest moral and ethical values with a professional attitude.
2. Demonstrate understanding of the needs and feelings of others, including the patient's family members, allied health care personnel (nurses, clerical staff, etc.), fellow residents, and medical students.
3. Communicate and collaborate effectively in a team of health care providers
4. Demonstrate respect, compassion and integrity in the care of patients on a daily basis
5. Demonstrate mature and educated approach to Ethical issues commonly encountered in a plastic surgery care setting.
6. Show sensitivity to patients culture, age, gender and disabilities
7. Be self-aware and have knowledge of professional limits by practicing on-going medical education and self-improvement.
8. Be accountable to profession in their actions and decisions

**Interpersonal Relationships And Communication:**

1. Create and sustain a therapeutic and ethically sound relationship with patients and patient families
2. Work effectively with other members of the medical team including allied health care personnel (nurses, clerical staff, etc.), fellow residents, and medical students.
3. Maintain professional interactions with other health care providers and hospital staff

**Systems Based Practice:**

1. Understand how the health care organization affects surgical practice
2. Demonstrate cost effective health care
3. Be able to coordinate multi-specialty and multidisciplinary care including discharge planning, social service, rehabilitation, and long term care
4. Follow established practices, procedures, and policies of the Department of Surgery and integrated and affiliated hospitals.
5. Maintain complete of medical records operative notes staff sheets and notes, patient database cards and other patient care related documentation in a timely, accurate and succinct manner.

**REFERENCES**
TYPICAL WEEK

OR=operating room  
CLIN= clinic  
CON= conference

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