

University of Utah
Division of Plastic Surgery
Standards of Performance and Evaluation Policy

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.

Any disciplinary action or evidence of poor performance will follow the steps and guidelines set forth by the University of Utah 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 1st 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.

Resident evaluation:

The residents are evaluated by faculty, nursing and staff members following each rotation. The residents also evaluate one another and are evaluated by the rotating medical students and interns. These evaluations are available and reviewed by the resident in MedHub.

The Clinical Competency Committee (CCC) convenes on a semi-annual basis to review all resident evaluations. The CCC prepares and assures the reporting of Milestones evaluations of each resident semi-annually to the ACGME. Finally, the CCC advises the program director regarding resident progress, including promotion, remediation and dismissal. If remediation or dismissal are recommended the Program Director follows the guidelines set forth by the University of Utah GME policies. The CCC is headed by Dr. Courtney Crombie and members include the core program faculty. The committee keeps all of these discussions completely confidential.

Semi-annually, residents meet with the Program Director individually to review their evaluations of performance, including the progress of their milestones. They develop an individualized learning plan, using their strengths and areas of growth, and discuss the resident's goals. A summative evaluation of each resident is performed and reviewed, which includes their readiness to progress to the next year of training/graduation.

A final evaluation is completed by the program director. The final evaluation includes a review of the resident/fellow's performance during the final period of education and verifies that the resident/fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation is part of the resident/fellow's permanent record and verifies if the resident has demonstrated the knowledge, skills and behaviors necessary to enter autonomous practice. This evaluation is shared with the resident upon completion of the program.

Faculty evaluation by the residents:

The residents evaluate the faculty at the end of each rotation and the residency in whole in June each year. The residents provide these evaluations through MedHub. The individual evaluations are completely anonymous. At the end of the year, an aggregate evaluation is pulled for each faculty member. The attendings are completely unaware as to which resident provided specific comments and scores. This is completely confidential process to protect the residents.

Internal evaluation of the program:

A monthly conference is held among the full time faculty to discuss residency and office concerns. Minutes are recorded and filed. A semi-annual residents' review meeting is attended by program director and residents. All aspects of clinical rotations, case logs and research are reviewed. Minutes are recorded. The confidentiality of these discussions is emphasized to all that attend this meeting.

There are two weekly resident teaching conferences. A Tuesday evening conference involves a resident led review of a specific topic from the Plastic Surgery Curriculum followed by a Faculty led clinical case presentation. There is a Thursday morning conference led by Dr. Rockwell and Dr. Gociman during which there is a review of In-service exam questions followed by an oral board exam exercise. This allows residents to assess their understanding of the assigned topic. These measures are intended to

broaden the residents' general education and better prepare them for Board examinations.

The residents are also welcome to approach the faculty at any time to suggest changes or discuss concerns.

Daily resident assignments to the operating room and to the outpatient clinic are made by the administrative Chief Resident. This allows maximal educational benefit in the operating room and in the clinic setting. Overall, three residents remain at University Hospital with one at Huntsman Cancer Hospital, one at Primary Children's Hospital and one at the VA.

Program Evaluation Committee

The Program Evaluation Committee (PEC) convenes to plan, develop, implement and evaluate educational activities of the program. The PEC reviews and makes recommendations for revision of competency-based curriculum goals and objectives as well as addressing areas of non-compliance with ACGME standards. The PEC reviews the program annually based on evaluations of faculty, residents, assessment of program quality and graduate performance. The PEC must prepare an Annual Program Evaluation (APE), a formal evaluation of the curriculum.

Specifically, the program, through the PEC, monitors and tracks:

- Resident Performance

- Faculty Development

- Graduate Performance (certification exams)

- Program Quality

- Residents and faculty confidentially evaluate the program annually

- Resident and faculty evaluations together with other program evaluations are used to improve the program

- Progress on Previous Year's Action Plan(s)

The PEC prepares a written plan of action to document initiatives to improve performance in the above areas and to outline how they will be measured and monitored. This action plan is reviewed by teaching faculty and documented in minutes. The PEC is headed by Dr. Fatma Tuncer and includes a chief resident, incoming chief resident, Dr. Jay Agarwal, Dr. Faizi Siddiqi, and Dr. Dana Johns.

This plan is disseminated to all faculty and residents.