ACGME International

Advanced Specialty Program Requirements for Graduate Medical Education in Plastic Surgery

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I Introduction

I.A. Definition and Scope of Specialty

Plastic surgery residency programs educate physicians in the resection, repair, replacement, and reconstruction of defects of form and function of the integument and its underlying anatomic systems, including the craniofacial structures, the oropharynx, the trunk, the extremities, the breast, and the perineum. This includes aesthetic (cosmetic) surgery of structures with undesirable form. Special knowledge and skill in the design and transfer of flaps, in the transplantation of tissues, and in the replantation of structures are vital to these ends, as is skill in excisional surgery, in management of complex wounds, and in the use of alloplastic materials.

I.B. Duration of Education

I.B.1. The education in plastic surgery must be 72 or 84 months in length.

II Institutions

II.A. Sponsoring Institution

See International Foundational Requirements, Section I.A.

II.B. Participating Sites

See International Foundational Requirements, Section I.B.

III Program Personnel and Resources

III.A. Program Director

The program director must:

III.A.1. compile annually a comprehensive record of the number and type of operative procedures performed by each resident completing the program using the ACGME International (ACGME-I) case log system.

III.A.1.a) This record must include all of the procedures in which the resident was either surgeon or assistant during the program.

III.A.1.b) The case log must be provided as requested in the format and form specified by the Review Committee, and it must be signed by both the resident and the program director as a statement of its accuracy.

III.A.1.c) The record must be maintained by the program director.

III.A.2. document periodic review of the morbidity and mortality experiences of the service; and,

III.A.3. demonstrate that residents have generally equivalent and adequate distribution of categories and cases.

III.B. Faculty

See International Foundational Requirements, Section II.B.

III.C. Other Program Personnel

III.C.1. There must be institutional support for a program coordinator, as follows:

III.C.1.a) 0.5 full-time equivalent for programs with up to six residents; and,

III.C.1.b) 1.0 full-time equivalent for programs with more than six residents.

III.D. Resources

See International Foundational Requirements, Section II.D.

IV Resident Appointments

IV.A. Eligibility Criteria

See International Foundational Requirements, Section III.A.

IV.B. Number of Residents

IV.B.1 There must be at least two residents per year of the educational program.

V Specialty-Specific Educational Program

V.A. Regularly Scheduled Didactic Sessions

V.A.1. Didactic sessions must include basic science subjects pertinent to plastic surgery, including:

V.A.1.a) anatomy and physiology;

V.A.1.b) pathology;

V.A.1.c) embryology;

V.A.1.d) radiation biology;

V.A.1.e) genetics;

V.A.1.f) microbiology; and,

V.A.1.g) pharmacology.

V.A.2. Residents must participate and present educational material at conferences.

V.A.2.a) Adequate time for preparation should be permitted, both to maximize the educational experience for the residents and to emphasize the importance of the didactic experience.

V.A.3. Resident didactic sessions should include sessions related to practice management, ethics, and medico-legal topics.

V.B. Clinical Experiences

V.B.1. The curriculum must contain at least 72 months of clinical surgical education under the authority and direction of the program director.

V.B.1.a) At least 36 months must be concentrated plastic surgery education with no less than 12 months of chief responsibility on the clinical service of plastic surgery.

V.B.2. At least 36 months of clinical experiences with progressive responsibility appropriate to plastic surgery education should be provided in:

V.B.2.a) alimentary tract surgery;

V.B.2.b) abdominal surgery;

V.B.2.c) breast surgery;

V.B.2.d) emergency medicine;

V.B.2.e) pediatric surgery;

V.B.2.f) surgical critical care;

V.B.2.g) surgical oncology;

V.B.2.h) transplant;

V.B.2.i) trauma management; and,

V.B.2.j) vascular surgery.

V.B.3. Residents must have clinical experience during the plastic surgery specific portion of their training in the following areas:

V.B.3.a) congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery;

V.B.3.b) neoplasms of the head and neck surgery, including neoplasms of the head and neck and the oropharynx;

V.B.3.c) craniomaxillofacial trauma, including fractures;

V.B.3.d) aesthetic (cosmetic) surgery of the head and neck, trunk, and extremities;

V.B.3.e) plastic surgery of the breast;

V.B.3.f) surgery of the hand/upper extremities;

V.B.3.g) plastic surgery of the lower extremities;

V.B.3.h) plastic surgery of the trunk and genitalia;

V.B.3.i) burn reconstruction;

V.B.3.j) microsurgical techniques applicable to plastic surgery;

V.B.3.k) reconstruction by tissue transfer, including flaps and grafts; and,

V.B.3.l) surgery of benign and malignant lesions of the skin and soft tissues.

V.B.4. Residents must have a well-organized and supervised outpatient clinic experience operating in relation to an inpatient service used in the program. This experience must include:

V.B.4.a) the opportunity to see patients, establish provisional diagnoses, and initiate preliminary plans prior to patients' treatment;

V.B.4.b) the opportunity for follow-up care so that the results of surgical care may be evaluated by the responsible residents; and,

V.B.4.c) appropriate faculty supervision.

V.B.5. Residents who participate in patient care in a private office setting must function with an appropriate degree of responsibility and adequate supervision, with program director oversight.

V.B.6. Residents should have specific clinical experience in the following areas either in the general or plastic surgery portion of the educational program:

V.B.6.a) acute burn management;

V.B.6.b) anesthesia;

V.B.6.c) oral and maxillofacial surgery;

V.B.6.d) dermatology;

V.B.6.e) oculoplastic surgery or ophthalmology; or

V.B.6.f) orthopedic surgery.

V.C. Residents' Scholarly Activities

See International Foundational Requirements, Section IV.B.

V.D. Duty Hour and Work Limitations

See International Foundational Requirements, Section VI.

VI ACGME-I Competencies

VI.A. Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate proficiency in:

VI.A.1. congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery;

VI.A.2. neoplasms of the head and neck surgery, including neoplasms of the head and neck and the oropharynx;

VI.A.3. craniomaxillofacial trauma, including fractures;

VI.A.4. aesthetic (cosmetic) surgery of the head and neck, trunk, and extremities;

VI.A.5. plastic surgery of the breast;

VI.A.6. surgery of the hand/upper extremities;

VI.A.7. plastic surgery of the lower extremities;

VI.A.8. plastic surgery of the trunk and genitalia;

VI.A.9. burn reconstruction;

VI.A.10. microsurgical techniques applicable to plastic surgery;

VI.A.11. reconstruction by tissue transfer, including flaps and grafts; and,

VI.A.12. surgery of benign and malignant lesions of the skin and soft tissues.

VI.B. Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents must demonstrate proficiency in knowledge of:

VI.B.1. basic science subjects pertinent to plastic surgery, such as anatomy, physiology, pathology, embryology, radiation biology, genetics, microbiology, pharmacology, as well as practice management, ethics, and medico-legal topics;

VI.B.2. surgical design, surgical diagnosis, embryology, surgical and artistic anatomy, surgical physiology and pharmacology, wound healing, surgical pathology and microbiology, adjunctive oncological therapy, biomechanics, rehabilitation, and surgical instrumentation that are fundamental to the specialty; and,

VI.B.3. medical judgment and technical capabilities to achieve satisfactory surgical results.

VI.C. Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

VI.C.1. identify strengths, deficiencies, and limits in one's knowledge and expertise;

VI.C.2. set learning and improvement goals;

VI.C.3. identify and perform appropriate learning activities;

VI.C.4. systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;

VI.C.5. incorporate formative evaluation feedback into daily practice;

VI.C.6. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;

VI.C.7. use information technology to optimize learning; and,

VI.C.8. participate in the education of patients, families, students, residents, and other health professionals.

VI.D. Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must:

VI.D.1. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;

VI.D.2. communicate effectively with physicians, other health professionals, and health related agencies;

VI.D.3. work effectively as a member or leader of a health care team or other professional group;

VI.D.4. act in a consultative role to other physicians and health professionals; and,

VI.D.5. maintain comprehensive, timely, and legible medical records, if applicable.

VI.E. Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents must demonstrate:

VI.E.1. compassion, integrity, and respect for others;

VI.E.2. responsiveness to patient needs that supersedes self-interest;

VI.E.3. respect for patient privacy and autonomy;

VI.E.4. accountability to patients, society, and the profession; and,

VI.E.5. sensitivity and responsiveness to a diverse patient population, including diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

VI.F. Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents must:

VI.F.1. work effectively in various health care delivery settings and systems relevant to their clinical specialty;

VI.F.2. coordinate patient care within the health care system relevant to their clinical specialty;

VI.F.3. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

VI.F.4. advocate for quality patient care and optimal patient care systems;

VI.F.5. work in interprofessional teams to enhance patient safety and improve patient care quality; and,

VI.F.6. participate in identifying system errors and implementing potential systems solutions.