2011 - 2012

Plastic Surgery

Resident’s Manual
AUGUSTA, GEORGIA

Augusta, Georgia is most noted for its world-renowned golf tournament, The Masters, which is held during the first full week of April. However, there are a few other facts and tidbits you may be interested in.

Founded as Fort Augusta by British General James E. Oglethorpe in 1736, Augusta is the oldest city in Georgia. Oglethorpe named the city for Princess Augusta of Saxe Gotha, wife of the Frederick Louis, Prince of Wales. Augusta served as the State Capital of Georgia from 1785 to 1795. It was the home of George Walton, a signer of the Declaration of Independence and the boyhood home of Woodrow Wilson, the 28th President of the United States. Augusta was also home to many neighboring tribes of Creek and Cherokee Indians.

An essential site during the Revolutionary and Civil Wars, Augusta also possess the only structure ever built by the Confederate States of America, the site of the old Confederate Powderworks. With the construction of the Augusta Canal in 1847, Augusta became the second largest inland cotton market in the world during the 1800’s cotton boom and a well-known winter resort until WWII.

Augusta is the 2nd largest city in Georgia with a metropolitan area population of 520,700. "Augusta" often refers to the area including Augusta-Richmond County and Columbia County. Often you will hear about the CSRA (Central Savannah River Area), which includes 5 counties (Richmond, Columbia, Burke, McDuffie and Aiken County in South Carolina) and / or several towns and cities (Augusta, Thomson, Aiken, SC, North Augusta, SC, etc.) The weather in Augusta is relatively mild with summers ranging from 85°-102° and winters ranging from 30°-65°. It snows about every two years, with about an inch or two seasonal accumulations.

Augusta's cost of living is low in comparison to many other cities its size. Rent for apartments or 2-3 bedroom houses ranges from $400-$700/month. Houses with 2-3 bedrooms in Augusta and Columbia County generally can be found from $80,000-120,000. Of course you can always find a house for more.

Columbia County, a western suburb of Augusta, boasts a rolling piedmont and the finest school system in the area. There are also a wide range of private schools from which to choose.

Augusta is a major medical center with nine local hospitals that serve the entire southeast. Four of these hospitals, MCG, Georgia Regional, Veterans Administration, and Eisenhower, serve the entire state.

Downtown Augusta offers a wide array of cultural and recreational activities such as the Augusta Invitation Regatta (a national collegiate rowing event) with teams coming from Oxford, Princeton, Harvard, and many foreign countries. Also held annually are the Augusta Southern Nationals, (drag boat race) and the largest Cutting-Horse Futurity in the eastern United States. Nearby communities, (Aiken, SC), host polo tournaments and other equestrian events.

Our world-class Riverwalk includes Artist's Row - a series of art galleries, shops and numerous restaurants ranging from fine to casual dining, featuring everything from ethnic specialties to burgers. The Amphitheater on Riverwalk host's concerts and movies in the spring, summer, and fall. There are celebrations on the river for the whole family for the Fourth of July, Oktoberfest, St. Patrick's Day, Arts in the Heart of Augusta, and many weekend festivals in the spring and summer.

There are bike paths that run from the Savannah River rapids along the Augusta Canal, including the Riverwalk and going through portions of North Augusta, South Carolina. Strom Thurmond Lake, just a 20 minute ride west, has campsites, hiking, fishing, and water sports.

Augusta has many associations dedicated to performing and visual arts such as the Fort Gordon Dinner Theater, Augusta Opera, Augusta Ballet, Augusta Players, The Augusta Children's Theatre, The Symphony of Augusta and the Augusta Art Association. Presentations at the Bell Auditorium and the James Brown Civic Center have included, Madame Butterfly, Bill Crosby, Bob Dylan, the Allman Brothers, Alabama, REO Speedwagon, and Styx just to name a few.

Augusta is also host to the Augusta Greenjackets, a professional baseball team an affiliate of the Boston Red Sox. Home games are played at the Lake Olmstead Stadium which the Greenjackets have helped transform into a versatile entertainment center for Augusta and the surrounding communities. The stadium seats 4,400 comfortably with a large 500 person picnic area down the left field line and a Grill and Bar area down the right field line.

The city offers kid-friendly entertainment such as: Adventure Crossing Amusement Park, Augusta Ice forum, an ice-skating rink (Closed during the summer) as well as one roller skating facility. The National Science Center’s Fort Discovery, the Morris Museum of Art, the Lucy Craft Laney Museum of Black History, the Augusta Cotton Exchange Welcome Center and Museum and The Augusta Museum of History. (Adults are welcome too.)

There are eleven golf courses in the surrounding area. The National, Home of the Masters, is just one of five vintage golf courses in the area. The course, which is more than 50 years old, has been played by such greats as Bobby Jones, Arnold Palmer, Jack Nicholas and Tiger Woods.

Augusta is centrally located for those who wish to travel on weekends. Atlanta is 150 miles - 2 ½ hours west on I-20. The mountains are 2 ½ - 3 ½ hours away (Dalton, GA, Highlands / Cashiers, NC, Boone/Sugar, NC), and the ocean is 2 ½ - 4 hours away (Hilton Head, SC, Myrtle Beach, SC, Charleston/Kiawah, Edisto, Fripp Island, SC, Savannah, GA, Georgia's Golden Isles).
**Division of Plastic Surgery Faculty**  
**Medical College of Georgia**

**Dr. Jack C. Yu**, is the Milford B. Hatcher Professor & Chief of Plastic Surgery and Chief of Pediatric Plastic Surgery, Director of the GHSU Craniofacial Center at the GHSU Children’s Medical Center and the former Plastic Surgery Residency Program Director, from 2001 to 2008. Dr. Yu leads the monthly Cleft Lip and Palate and the Craniofacial programs at GHSU. He completed medical school at the University of Pennsylvania. He completed his residencies in general surgery and plastic surgery at the Hospital of the University of Pennsylvania. Dr. Yu also completed his craniofacial surgery fellowship at the Hospital of the University of Pennsylvania and Children's Hospital of Philadelphia. Dr. Yu is board certified by the National Board of Dental Examiner, Northeast Regional Board in Dentistry, American Board of Surgery and the American Board of Plastic Surgery. He is currently on the Board of Trustees of the American Society of Maxillofacial Surgeons, Section Editor for the Cleft Palate Craniofacial Journal, and serves on the Continuing Education Committee of the American Cleft Palate-Craniofacial Association, and Development Committee for the Plastic Surgery Research Council, and International Society of Craniofacial Surgeons. His clinical interests focus on deformities of the craniofacial region in both adults and children, application of mesenchymal stem cells in healing chronic wounds, effects of whole body vibration, as well as cosmetic surgeries of the face.

**Dr. Kenna S. Given**, is Professor Emeritus & Clinical Professor of Plastic and Reconstructive Surgery. He was Chief of the Section of Plastic Surgery at GHSU and the VAMC from 1977 to 2001 and again Chief of Plastic Surgery at the VA Medical Center 2007 - 2009. He graduated from Duke University School of Medicine, where he also completed a residency in plastic surgery. He completed a fellowship in hand surgery at the University of Louisville, Kentucky and completed a general surgery residency at Emory University and Grady Memorial Hospital. Dr. Given is board-certified by the American Board of Surgery and American Board of Plastic Surgery. He is past President of the American Association of Plastic Surgeons. He is former Director of the American Board of Plastic Surgery, past President of the American Association of Academic Chairmen in Plastic Surgery, past Chair of the American Board of Plastic Surgery, past President of the Plastic Surgery Educational Foundation, past Chair of the Academic Council for Accreditation Council for Graduate Medical Education, Member, Residency Review Committee for Plastic Surgery, past Chair of the Residency Review Committee, past President of the Southeastern Society of Plastic and Reconstructive Surgeons, past President of the Georgia Society of Plastic Surgery and Secretary of the American Association of Plastic Surgeons. His clinical interests primarily focus on cosmetic surgeries of the face, breast and liposuction.

**Dr. G. Mabel Gamboa**, is Professor of Plastic and Reconstructive Surgery. She completed medical school at the University Federico-Villareal, Lima, Peru and a general surgery residency at Virginia Commonwealth University in Richmond, Virginia. She completed her residency in plastic surgery at The University of Texas Medical Branch in Galveston, Texas. Dr. Gamboa also completed a fellowship in Breast and Aesthetic Plastic Surgery at the University of Alabama in Birmingham and a fellowship in Breast and Soft Tissue Tumor at the National Institute of Neoplastic Diseases in Lima, Peru. Her research interests are endoscopic and minimally invasive procedures applying to plastic surgery, anatomic dissections and diseases and reconstruction of the breast. Dr. Gamboa is board certified by the American Board of Plastic Surgery. Her clinical interests are breast and soft tissue reconstruction and aesthetic facial plastic surgery.
**Dr. Edmond F. Ritter**, is Professor of Plastic and Reconstructive Surgery and our Plastic Surgery Program Director. He completed medical school at Washington University in St. Louis, Missouri. Dr. Ritter completed a general surgery residency at the University of Medicine and Dentistry of New Jersey, and obtained his plastic surgery residency at the University of California, San Francisco. Dr. Ritter then completed a fellowship in Microvascular Surgery at Duke University Medical Center. He is board certified by the American Board of Surgery and the American Board of Plastic Surgery. Dr. Ritter is currently acting as a member of the Regulatory Evaluations Subcommittee, the Government Relations Committee, and the Visiting Professor Committee for the American Society of Plastic Surgery. He is also a member of the Plastic Surgery Research Council, and his clinical interests include microvascular reconstructive procedures and general plastic surgery.

**Dr. Robert C. Dinsmore** joined us as an Assistant Professor of Plastic and Reconstructive Surgery at GHSU on July 1, 2009, and is now serving as the Associate Program Director. He is also the Chief of Plastic Surgery at the VA Medical Center as of June 22, 2009. Dr. Dinsmore graduated from the Uniformed Services University of the Health Sciences in Bethesda, Maryland. He completed a general surgery residency at the Dwight David Eisenhower Army Medical Center (DDEAMC), Ft. Gordon Georgia, and is board certified by the American Board of Surgery. As a General Surgeon he served as the Chief of General Surgery at the 121 General Hospital, Seoul Korea, and as the General Surgery Residency Research Coordinator at D.D. Eisenhower Army Medical Center. He completed his plastic surgery residency at the Medical College of Georgia at GHSU, and is board certified by the American Board of Plastic Surgery. After his plastic surgery residency, Dr. Dinsmore served as a teaching attending in plastic surgery for the DDEAMC general surgery program until leaving service in 2009. He also was an Assistant Clinical Professor in Plastic Surgery at GHSU from 2007 to 2009. His military service included 3 combat tours, serving as a Surgeon in Bosnia, Afghanistan and Iraq.

**Dr. Mirsad Mujadzic** joined the Section of Plastic Surgery at GHSU on July 18, 2011, as an Assistant Professor of Surgery and the Director of the Hand/Upper Extremity Service. He has special interest in Brachial Plexus and Peripheral Nerve Surgery. He will be working with the Departments of Neurosurgery and Neurology to develop a Center of Excellence for Peripheral Nerve Repair. Dr. Mujadzic completed a two year hand and microsurgery fellowship at Christine Kleinert Institute in Louisville, KY. He did fellowship in upper extremity surgery and microsurgery in Innsbruck Austria and breast reconstruction with perforator flaps Munich Germany. He completed a short fellowship in aesthetic surgery and facial rejuvenation course at Wellington Hospital in London. He did a research fellowship in neurophysiology at the University of Louisville. Dr. Mujadzic completed his plastic surgery residency training here at Georgia Health Sciences University in Augusta Georgia and general surgery training at Maimonides Medical Center in Brooklyn, NY.
Welcome!

The Medical College of Georgia at Georgia Health Sciences University, Section of Plastic Surgery offers a fully accredited three year plastic surgery residency leading to board eligibility in plastic surgery. The program began in 1977 under the leadership of Dr. Kenna S. Given, who remained the program director until June 2001.

Dr. Jack Yu assumed the position of Chief and Program Director in August 2001. He joined MCG in 1994. In January 2009, Dr. Yu passed the Program Director torch to Dr. Edmond F. Ritter who arrived in 2003.

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In October 2001, the program was reviewed by RRC and was given the maximum re-accreditation, of three years full accreditation. The next review came in October of 2005 and the Section was again given a full accreditation with the next scheduled site visit being in April 2011.

Your residency begins on July 1st and ends on June 30th of your Chief year at 4:00 pm. Do not make plans to leave prior to this, as NO resident will be given leave during the final 2 weeks of June. This includes graduating residents. You should allow travel time to get to your new job, and plan on starting no sooner than the week after Graduation.
General Responsibilities and Objectives of Plastic Surgery Residency Rotations

In compliance with the ACGME minimum program requirements, the Plastic Surgery Residency Program at MCG requires its residents to obtain competencies in the 6 areas listed below to the level expected of a new practitioner:

1. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
6. Systems-Based Practice, as manifested by actions that 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.

While these competencies have always been a part of residency training, their delineation as requirements has mandated specific competency-directed activities and careful documentation. Toward this end, the following knowledge, skill, and attitude requirements, as well as additional plastic surgery technical ability and institutional requirements, have been defined. We continuously review these evaluations and improve the process as well as the product of this plastic surgery residency program.

Responsibilities and Objectives for All Residents on All Rotations

1. All residents will maintain a full-time position as plastic surgical resident in the Section of Plastic Surgery. All residents will be responsible for the year-specific job description described hereafter.
   Competency or Objective: Plastic Surgery Residency Manual
   Documentation: Plastic Surgery Resident Personal Records

2. Upon receiving and reviewing this Plastic Surgery Resident Manual, all residents should sign the last page, certifying receipt of the Plastic Surgery Residency Manual, tear out the page, and turn it in to the Program Coordinator, Donna Scott.
   Competency or Objective: Plastic Surgery Residency Manual
   Documentation: Receipt of signed certification page by Program Coordinator

3. All residents will engage in the care of patients on the Plastic Surgery in-patient service and the outpatient clinic as well as in the operating room. Residents act as a team, together with the Physician’s Assistants, medical students, and nursing staffs, under the guidance of the attending surgeon to manage all patient care issues, from the preoperative, perioperative, and postoperative time intervals.
   Competency or Objective: Patient Care, Professionalism, Interpersonal and Communication Skills
   Documentation: Faculty, Peer, Nursing Staff, and Anesthesia Evaluations, Clinical Evaluation Examinations, Spot Chart Checks

4. All residents will prepare for, attend, and participate actively in all teaching conferences (Monday Case Conference, journal club, faculty didactic lectures, Core Curriculum in Plastic Surgery, Monthly Mortality and Morbidity Reviews, Visiting Professors and Guest Lecture Programs) grand rounds, and any additional lectures and course instruction deemed mandatory by the faculty. Residents on medical leave, annual leave, or called to see a patient for a matter than cannot be delegated to the physician assistant wait until the conclusion of the conference will be excused.
   Competency or Objective: Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills
   Documentation: Record of Attendance, Faculty Evaluations, In-Service Examination Scores

5. All residents will prepare to take the annual in-service examination sponsored by the Plastic Surgery Education Foundation.
   Competency or Objective: Medical Knowledge
   Documentation: In-Service Examination Scores above the 31st percentile for his or her level of training. Anyone scoring below the 30th percentile will be placed on academic probation, until they are able to pass a re-take exam.

6. Residents are responsible for all histories and physicals as well as obtaining preoperative consent under the supervision of the attending plastic surgeon. Attending notes are added to comply with the rules and regulations of Medicare/Medicaid/any other third party health insurance. The residents are to write daily notes and orders, operative notes and orders. A discharge note and complete orders are to be on the chart on the day of discharge prior to beginning daily duties, such as clinic or operations.
Discharge summaries must contain all the pertinent co-morbidities during the admission and pre-existing complication medical conditions to allow for accurate risk adjustment for DRG, and consultations are to be sent to referring physicians within 24 hours of the encounter. Rounds with faculty responsible for individual in house patients will occur on a daily basis with the exception of weekends. Residents are to contact the appropriate faculty member regarding any patient management questions.

**Competency or Objective:** Patient Care, Professionalism

**Documentation:** Faculty Evaluations, Clinical Evaluation Examination, Spot Chart Checks

7. For surgical cases in which the resident is the only resident and/or is the primary surgeon, residents are expected to:
   a. Have familiarized themselves with the patient, their history, and the operative plan as outlined in the chart.
   b. Complete the appropriate reading prior to any operation
   c. Have all necessary radiographic studies in the O.R. and hanging on the light box (or displayed on the monitor in the case of digital images) prior to the start of the case
   d. Dictate operative reports within 24 hours. If not dictated in 48 hrs, residents will lose O.R. privileges
   e. Write post-operative admission orders or outpatient orders including prescriptions
   f. Enter cases into the ACGME online case log PSOL, and their personal record if they so wish

**Competency or Objective:** Patient Care, Technical Skills, Institutional Requirements, Delinquent Dictation Reports from Medical Records

**Documentation:** Faculty Evaluations, Spot Chart Checks

8. All residents are to adhere to the **80 hour work week** policy described in the Plastic Surgery Resident Manual. They are to tally up on a daily basis and inform the Chief Resident at MCG when the total for the week reached 75 hours. If the time limit of 80 hours is reached, the resident should notify the Chief Resident, Program Coordinator, and the supervising faculty member, sign-out his or her pager, and leave the facility.

**Competency or Objective:** ACGME/Institutional Regulations, Patient Care

**Documentation:** Time Logs, Time Log Audit Reports

9. All residents are responsible for monitoring their level of fatigue. If a resident feels as if their level of fatigue is compromising their ability to provide patient care, the resident should notify the chief resident and/or supervising faculty member, sign-out his or her pager, and go to an appropriate call bedroom (or home if near the end of shift and the resident is not too compromised to drive) and sleep. The resident may return to duty after a nap if he or she feels sufficiently rested and the shift is not completed or the 80 hour work week limits have not been reached. If a resident is judged to be too fatigued to adequately provide patient care by the chief resident and/or supervising faculty, even if the resident does not agree, the same protocol applies.

**Competency or Objective:** Patient Safety

**Documentation:** Faculty and Peer Evaluations

10. All residents will read assigned topics in the Core Curriculum (and are expected to read other topics in conjunction with care of patients with those topics) as part of their personal home study routine. At Monday Morning Case Conference, all residents will be asked questions at random by all the attendings based on the case listed, any incorrect or unclear answers should be looked and reviewed. The use of web-based learning is encouraged but the internet source must be reliable.

**Competency or Objective:** Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning, Web-based learning

**Documentation:** Attendance Record, In-service scores

11. All residents are expected to read the monthly *Plastic Reconstructive Surgery* as it is received as part of their personal home study routine. On the third Wednesday, the articles are reviewed in detail by the entire Section. A subscription for the PRS journal is provided by the Section of Plastic Surgery. *(Please give Donna the bill, should you receive one)*

**Competency or Objective:** Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning

**Documentation:** Resident membership of ASPS, the PRS journal is part of this

12. All residents are expected to read articles in books and journals such as Plastic Surgery Indications and Practice (Guyuron), Principles of Hand Surgery and Therapy (Trumble’s), Grabb & Smiths Plastic Surgery 6th Ed, Cleft Palate Craniofacial Journal, and the Journal of Aesthetic Surgery.

**Competency or Objective:** Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning

**Documentation:** Faculty Evaluations, In-service Examination
14. All residents should demonstrate understanding of socioeconomic issues impacting the practice of Plastic Surgery including but not limited to the lack of awareness or limits of individual patient Medicare, Medicaid, Peach Care, HMO or other insurance coverage; frugal use of expensive tests and medications; and familiarity with social services available to assist patients in need. **Competency or Objective:** Systems-Based Practice, Professionalism  
**Documentation:** Participation in the Sectional Meetings for the review of Operational Performances, attend ICD-9 and CPT coding sessions, faculty evaluation

15. All residents are expected to demonstrate sensitivity to patient diversity issues including but not limited to race, gender, cultural/religious beliefs, sexual orientation, career choice, socioeconomic status, and educational/intelligence level.  
**Competency or Objective:** Professionalism  
**Documentation:** Attend lecture on HIPPA, attend the Graduate Medical Education Lecture Series.

All residents are expected to develop and demonstrate values consistent with the highest ethical practice of medicine.  
**Competency or Objective:** Professionalism  
**Documentation:** Attendance (either live or on-line) and adequate score on post-test for GME Core Competency Lectures related to Ethics, Attendance at urology section didactic lectures by hospital legal counsel, Clinical Examination Evaluation, Evaluations from Faculty, Nursing Staff, Administrative Staff, Peers, Patients

16. During clinic, inpatient rounds, surgical procedures, and conferences, residents are expected to take part in the teaching of students, interns, and more junior residents including but not limited to discussions of normal skin anatomy, physiology and facial embryogenesis; elements of plastic surgical history taking; elements and technique of plastic surgical physical examination; common signs and symptoms related to conditions pertinent to plastic surgery, their implications, and components of appropriate evaluation; patient disease processes and congenital anomalies; rationale, indications, and risks of plastic surgical procedures and medical/minimally invasive interventions; and technique of minor office adjunctive procedures as well as more general topics such as format and content of preoperative history and physical examinations and postoperative progress notes, sterile technique, sharps safety, universal precautions, and perioperative patient care.  
**Competency or Objective:** Medical Knowledge, Interpersonal and Communication Skills, Professionalism  
**Documentation:** Student and Resident Evaluations

17. Residents are expected to participate in academic contributions to the Section of Plastic Surgery by seeking opportunities for involvement in research such as questioning existing data through literature reviews, formulating research questions, and discussing potential research projects with faculty members. Summarizing the history and course of an interesting patient in the form of a case report is also acceptable. Residents are required to understand and comply with the institutional Human Assurance Committee Policies. For projects approved by the involved faculty member, residents can access data from existing databases maintained by that faculty member or establish and collect a novel data set from patient chart reviews. After data analysis and interpretation residents are expected to present their findings via manuscript admission. Submission of associated abstracts to scientific meetings is also encouraged. While the current residency rotations do not allow for dedicated research time with which to perform basic science research, any opportunity for advancing and contributing to the plastic surgery literature should be engaged. For more in-depth research exposure, residents are encouraged to apply for funding for a fellowship position in the Section through the PSEF, ASMS, AO, ACPA, ASPS.  
**Competency or Objective:** Medical Knowledge, Practice-Based Learning  
**Documentation:** Submitted/Accepted Manuscripts and Abstracts, presentation at the regional, national meetings.
SPECIFIC OBJECTIVES FOR EACH ROTATION

ROTATIONS AND SPECIFIC OBJECTIVES:

GEORGIA HEALTH SCIENCES UNIVERSITY (GHSU) ROTATION:

Two residents rotate on the GHSU rotation, one Senior resident and one Junior resident. The Senior Resident on the GHSU rotation also functions as the Academic Chief Resident. The Chief Resident assigns cases for the GHSU rotation, is responsible for the resident call schedule, and for assigning residents to the lecture schedule. The Senior Resident is expected to supervise the resident’s clinic, unless in the OR. The Junior resident is expected to cover resident’s clinic.

This rotation has as its objective to provide experience with the entire range of plastic surgery with the exception of plastic surgery of the upper extremity (see below Hand Rotation). There are three areas of emphasis within this rotation: General Reconstructive Plastic Surgery, Craniofacial Plastic and Pediatric Plastic Surgery, and Cosmetic Surgery.

General Reconstructive Plastic Surgery
General Reconstructive Plastic Surgery covers a wide range of surgeries including post-oncologic reconstruction, Skin Cancer resection and reconstruction, post-bariatric body contouring, breast surgery, and treatment of traumatic and decubitus wounds.

Didactics:
General Reconstructive Plastic Surgery is covered during the Monday morning academic conference. Our core text is *Guyeron's Plastic Surgery: Indications and Practice*. This text is covered over the course of one year. Monday morning conferences are dedicated to General & Reconstructive Plastic Surgery topics for the majority of the year.

Call:
Call is taken from home, although there are sleep rooms available. The call schedule is shared with the plastic surgery residents, and will average one night in five, with approximately one weekend a month.

Clinic / In-patient experience:
Monday clinic is the resident’s clinic, and provides a broad experience in general plastic surgery. New consults are evaluated, under the direction of an attending surgeon. Post-operative patients are also seen in this clinic.

In patients are rounded on as a team each morning. Residents and fellows are expected to be conversant with general inpatient management, but work closely with the attending surgeon for plastic surgery specific issues.

Operating Room:
Case assignments are made by the academic chief resident, to ensure all cases are covered by either a resident or the fellow. Common operative cases include treatment of benign and malignant soft tissue tumors, breast surgery (breast reduction, gynecomastia, asymmetry and reconstructive cases), post-bariatric body contouring, treatment of traumatic wounds, and decubitus wounds.

Craniofacial and Pediatric Plastic Surgery
Craniofacial Plastic Surgery focuses on reconstructive surgery of the head and neck. From the 21st day of the month until the last day of the month, Craniofacial trauma call at GHSU is covered by plastics residents.
All consults from the emergency room for Craniofacial trauma are seen by the plastics resident on call. Reconstructive surgery for head and neck cancer is emphasized. Close association with the Otolaryngology section, and plastic surgery often participates in joint cases to provide reconstructive services following extirpation of head and neck cancers.

Pediatric Plastic Surgery experience provides a broad experience. Typical problems encountered include congenital disorders of the head and neck, including cleft lip and palate, craniofacial anomalies, congenital hand disorders as well as myelomeningocele. Beginning in the 2012-2013 academic year, Craniofacial/Pediatric Plastic Surgery will become its own rotation, with one resident working with Dr Yu in his clinic and covering pediatric cases at the Children’s Medical Center.

**Didactics:**

Wednesday morning conference is dedicated to Craniofacial and Head and Neck surgery topics. *Guyuron’s Plastic Surgery: Indications and Practice* is our core text. A topics includes basic science, congenital abnormalities, and syndromes such as Apert, Crouzon, Pfeiffer, and cleft lip and palate, microtia, hemifacial microsomia, etc. and their treatment. Maxillofacial surgery, trauma, bone fixation, congenital and acquired auricular deformities, vascular malformations, tumor biology, treatment and reconstruction are also covered. These conferences are interactive. The plastic surgery fellow will attend and participate in these conferences, as well as be assigned topics to present themselves.

Craniofacial Trauma Conference is a multi-disciplinary conference held every other month, and includes the ENT, OMFS, Plastic Surgery and Ophthalmology services. Each service presents an interesting case, and reviews the literature regarding current treatment practices. The fellow will participate in these conferences, and may present a case if a case they operated on is selected for presentation. The presenting fellow works closely with the operating surgeon in developing the presentation.

**Call:**

Georgia Health Sciences University is a Level I trauma center, and as such receives a large volume of both blunt and penetrating trauma to the face. The plastic Surgery section covers craniofacial trauma call the last 10 days of each month. The fellow will participate in this call coverage. Joint efforts between plastics and the other two services covering craniofacial call (ENT and OMFS) are common.

**Clinical:**

Resident's clinic is held on Mondays. This clinic affords a wide exposure to various types of cases, including craniofacial cases, both on a pre- and post-operative basis. The plastic surgery fellow will be expected to help cover this clinic while functioning as the GHSU junior resident. Dr Yu, our section chief, is also a cranio-facial trained surgeon. The resident may be asked also to assist in this clinic, when not in the operating room.

**Operating Room experience:**

Dr Yu, our sectional Chief, is craniofacial trained and has a busy pediatric practice including patients cleft-lip palate, craniosynostosis, or other developmental abnormalities. Dr Ritter, the Plastic Surgery Residency Program Director, he has a busy micro-surgical practice and often works with the ENT and Neurosurgery services to provide micro-surgical reconstructive surgery following tumor resection. However, all attending plastic surgeons cover craniofacial call. As a result the fellow will receive exposure to several different management styles and perspectives when treating craniofacial problems.

**Cosmetic Surgery**
A full range of cosmetic surgery is taught. Patients with cosmetic needs are scheduled through the resident’s clinic, as well as from each of the attendings’ private clinics. Common concerns treated include Breast surgery, facial aging, abdominal surgery and liposuction.

**Didactics:**

Cosmetic topics are covered in both the Monday morning and Wednesday morning conferences. *Guyuron's Plastic Surgery: Indications and Practice* is our core text. Residents are also assigned cosmetic articles to present at the monthly Journal Club.

**Clinical:**

Resident's Clinic affords a broad experience in plastic surgery, including cosmetic patients. Residents are encouraged to schedule patients through this clinic, to be seen with the attending covering that month. In addition, each attending has a private clinic. Residents are encouraged to attend the attending clinics, as their operating schedule allows.

**Operating Room Experience:**

Cosmetic surgery is performed at one of two ambulatory surgery centers, the Augusta Surgical Center, and the Columbia County Surgical Center. Residents cover all cases done at these centers.

**HAND & MICRO SURGERY ROTATION (GHSU):**

One resident rotates on the hand and microvascular surgery rotation at GHSU provides extensive exposure to both surgery of the upper extremity and microvascular surgery. The objective of the hand service is to provide instruction in all aspects of plastic surgery of the upper extremity. The following topics are covered: anatomy, physiology, embryology, congenital disorders, benign and malignant tumors, trauma, functional problems and general reconstruction.

Hand Surgery Clinic is held every Monday, and provides exposure to post-operative patients as well non-acute problems such as degenerative joint disease, tenosynovitis, peripheral neuropathies, benign and malignant tumors as well as functional problems of the hand. Residents are expected to cover hand clinic, and any hand cases scheduled through this clinic.

Plastics residents pull hand surgery call on even numbered days. The Georgia Health Sciences University has a level I trauma center which provides a broad experience with acute upper extremity trauma ranging from closed and open fractures, to tendon injuries, amputations and complex crush injuries.

Residents on this service also receive extensive Micro-surgical experience. Within the microsurgical portion, general plastic surgery principles, techniques in microsurgery and implant biomaterials are part of the rotation. The resident will also learn the pre-operative work-up leading to the correct diagnosis, the detailed planning and coordination as well as the execution of the operative plan. Residents cover the micro clinic with Dr. Ritter on Thursdays, and assist with cases requiring micro-surgical treatment.

**Didactics:**

Thursday morning hand conference is dedicated to Hand Surgery topics. We use two core texts, alternating between them each year: *Guyuron's Plastic Surgery: Indications and Practice*, and *Trumble's Principles of Hand Surgery and Therapy*. The topics includes: Functional Anatomy, fracture management, infections, compressive neuropathies, nerve injury, tendon injury, tendon transfers, congenital hand abnormalities, wrist and upper extremity fracture management, and degenerative diseases.

Microsurgery is covered during the Monday lecture series. Our core text is *Guyeron's Plastic*
Surgery: Indications and Practice. These conferences are interactive. The plastic surgery fellow will attend and participate in these conference, as well as be assigned topics to present themselves.

Call:

GHSU Plastic Surgery covers hand call on even numbered days, with orthopedics covering the odd numbered days. Hand call provides a broad diversity of upper extremity trauma, ranging from lacerations and finger tip injuries, to open and closed fractures, tendon injuries, and amputations.

Clinics:

Dr Dinsmore and Dr Mujadzic manage the hand service. Hand Surgery Clinic is held on Fridays with Dr. Dinsmore and Upper Extremity/Peripheral Nerve clinic is held on Monday mornings with Dr. Mujadzic. These clinics afford a wide exposure to various types of cases, ranging from congenital pediatric cases, to trauma and degenerative diseases. The fellow will be expected to assist in clinic on Mondays while rotating on the Hand/Micro service. Dr Ritter heads the Micro-surgical service. His clinic is held on Thursdays. This clinic affords a wide exposure to pre- and post-operative care for microsurgical patients. Doctors Dinsmore and Mujadzic also have microsurgical experience. Together, our attendings provide a broad exposure to the field of microsurgery.

Operating Room Experience:

While on the Hand/Micro rotation, the fellow will operate with one of the three attendings on this service, Dr Ritter, Dr Dinsmore and Dr Mujadzic. Final assignment of cases is made by the GHSU Chief Resident, with input from the Program Director.

VA ROTATION:

The Charlie Norwood VA Medical Center rotation provides an exposure to a broad spectrum of reconstructive plastic surgery. Areas of special emphasis include plastic surgery of the integument, upper extremity surgery and reconstructive surgery. Within plastic surgery of the integument, benign and malignant skin conditions are frequently treated, where as burns and trauma are less commonly seen. Residents are expected to be able to discuss the anatomy and physiology of the skin, common skin malignancies, treatment options and reconstruction.

The VA rotation will afford a strong exposure within the area of upper extremity. Functional problems (Duypuytren’s, carpal tunnel syndrome, ganglion cysts and other benign tumors, and degenerative disease) are the most common problems treated. Other areas include trauma, and late sequela to trauma. Residents will be expected to be familiar with the pertinent anatomy, techniques of physical examination, and with reading various medical imaging diagnostic studies, and the treatment modalities for each case.

The Charlie Norwood VA Medical Center has the largest inpatient spinal cord injury ward in the Southeast. Accordingly, within the area of reconstructive surgery, the greatest number of patients will be patients with pressure sores. Other reconstructive experience is afforded by patients requiring reconstruction following treatment of malignancies or trauma. A majority of patients within this area require trunk and extremity reconstruction. However, a significant number of patients are seen who require reconstructive surgery of the head and neck. Benign and malignant tumors are frequently encountered; somewhat less common are trauma and functional problems such as brow or lid ptosis and blepharoptosis that obscures the upper visual fields.

During the VAMC rotation one of the residents may elect to spend one day per week at Dwight David Eisenhower Medical Center at Fort Gordon, working with the attending plastic surgeons there. The Fort Gordon Plastic Surgery experience offers a wide variety of cases, including aesthetic plastic surgery.

The plastic surgery resident gains further experience supervising a Family Medicine intern during this rotation.

Service Rotation for 2011-12:
**ROUNDS:**
Rounds are to be made on *all in-patients* prior to morning conferences and OR cases. Residents should relate any problems or discuss care plans with the attendings early in the day. Afternoon rounds are conducted with the Attendings and an available resident. Communication with the attending is essential when making decisions.

Weekend rounds are made by the resident on-call on all patients at MCG and the VA. If the Hand resident or VA resident has the weekend duty, *one member of the MCG service MUST make rounds with them* prior to the weekend to ensure they are familiar with all of the patients. The Chief Resident will ensure this occurs.

**DUTY HOURS:**
Duty hours during the regular work week, Monday - Friday, generally are designed to ensure an optimal working environment for both resident education and patient care. Conferences start at 7:00 am and housestaff are expected to have completed inpatient rounds prior to that time. The length on the regular work day is highly dependent on the operative schedule however; in-hospital duty hours are assigned to avoid excessively prolonged duties. Call will be every 5th night on average, and have an average of one day off a week, and usually more than this. *Call is taken at home* as long as the resident can be in the hospital to see urgent consultations in an expeditious fashion. Overall, plastic surgery residents work less than 80 hours per week and no longer than 24 hours on duty in the hospital at any single time, after that an 8 hour off hospital rest period is provided.
Protocol for Plastic Surgery Rotating Intern

Goals

1) To have a thorough understanding of the basic principles of plastic surgery.

2) To develop proficiency in basic operative skills in suturing and knot tying in the settings of the OR and clinic.

3) To demonstrate solid knowledge of basic operative procedures in plastic surgery for common operations identified by the attending surgeon of the beginning of the rotation.

4) To develop organizational skills in managing the floor/ICU patients, seeing patients in clinic and pre and operative time in the OR.

5) To demonstrate excellent pre and post operative patient care using fundamental principles in general surgery.

6) To demonstrate professionalism in patient care and fulfilling the duties of the intern on this rotation.

7) To have clearly assigned daily goals by chief fellow in terms of operative cases, clinic duties, and floor management.

8) To have protected operative time with attending each week.

9) Vacations must be cleared with Plastic Surgery Department and not scheduled by the Chief Resident without approval.

10) All Consultations and procedures are to be supervised.

Duty Hours:

M – Friday: 6:00 a.m. – 5:00 p.m.
Policy on Fatigue/Resident Stress

Department of Surgery, Section of Plastic Surgery

The goal of this policy is to assist the Department of Surgery, Section of Plastic Surgery in its support of high quality education and safe and effective patient care. The Department of Surgery, Section of Plastic Surgery is committed to meeting the requirements of patient safety and resident well being. Excessive sleep loss, fatigue and resident stress are serious matters. In the event that any resident experiences fatigue and/or stress that is interfering with his/her ability to safely perform his/her duties, they are strongly encouraged and obligated to report this to his/her senior resident or attending on service.

Appropriate backup support will be provided when patient care responsibilities are especially difficult and prolonged, and if unexpected needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

All attendings and residents are instructed to closely observe other residents for any signs of undue stress and/or fatigue. Faculty and other residents are to report such concerns of sleepiness, tardiness, resident absences, inattentiveness, or other indicators of possible fatigue and/or excessive stress to the supervising attending and/or Program Director. The resident will be relieved of his/her duties until the effects of fatigue and/or stress are no longer present.

GEORGIA LICENSE
All Plastic Surgery Residents and all residents at the Medical College of Georgia are REQUIRED to apply for and maintain a Georgia License while in training at the Medical College of Georgia. You are required to keep your license current. You will not be reimbursed for the cost of your license or renewal. Allowing your license to lapse is not an option and subject to disciplinary procedures including non-renewal of contracts. The Program Coordinator must have a copy of your current Georgia License at all times and this will also be provided to the Graduate Medical Education Department.

DRUG ENFORCEMENT AGENCY (DEA)
You may use the hospital DEA number while you are in training at the Medical College of Georgia. If you choose to have your own personal DEA number and not use the Hospital DEA then you are responsible for the cost of maintaining this license. The Section of Plastic Surgery is not responsible for the cost of your personal DEA number.

CRIMINAL BACKGROUND CHECK
A House Officer’s contract is contingent upon consenting to a criminal background check through MCG Division of Public Safety, and upon Medical College Georgia’s approval of the results of that background check

SOCIAL SECURITY CARD
Your employment date is contingent upon receiving a social security number (original card must be shown) and providing Human Resources with other appropriate documentation to be eligible for MCG employment processing. You will not be able to begin employment until all the necessary documentation has been provided.

NON U.S. CITIZENS
Non-U.S. citizens will need one or more of the following: Current Passport, valid Permanent Resident Card, valid Employment Authorization Card, valid Re-entry Permit, proper VISA verification and any other information required. See employment verification eligibility form to verify which specific documentation is necessary to be processed in the payroll system.

PRE-EMPLOYMENT DRUG SCREENING
Upon an offer of employment, interns, residents, and fellows (House Officers) entering Training Programs at MCG must adhere to a drug test prior to commencing employment or within ten days after commencing employment. Reference MCG Administrative Policy 1.4.32 http://www.mcg.edu/policies/1432.html

EMPLOYEE HEALTH
MCG Health Systems requires all new resident physicians to complete the employee health process entirely to maintain employment. Employee health screening consists of blood drawn for immunization titers, fit testing for N95 respirator mask, and a 2 step TB skin test. If you have a positive TB skin test then you are required to have a chest x-ray done within the past year. If you have had a TB skin test within the last year, you will need to bring a copy with you. If you have not had a TB skin test within the last year, you will be required to do the 2-step method.
PROFESSIONAL LIABILITY
All members of the Housestaff are covered by Medical College of Georgia for professional liability. This coverage is not limited to the MCGHI Hospitals and Clinics; it goes with you anywhere in the world. However, the coverage is strictly limited to activities which are within the scope and course of your employment with the Medical College of Georgia. So, any moonlighting or other unapproved activities would not be covered. For more information on your professional liability insurance, please contact the Medical College of Georgia Legal Office at 721-4018; Mr. Andrew Newton.

In any major medical incident with possible liability consequence housestaff should:

1. Notify the attending physician
2. With the attending physician, contact the Director of Risk Management at Ext. 1-7475 Monday - Friday (8:00 a.m. - 5:30 p.m.) or the Administrator on-call (pager Ext. 3-5503).

Specific events to be reported immediately include the following:
- Unanticipated Death
- Paralysis
- Brain Damage
- Sexual Dysfunction
- Loss of Limb or Sight
- Neurologically Impaired Infant
- AIDS exposure related cases
- Severe scarring or disfigurement

For any other unusual occurrence that may have quality of care or liability consequences, contact the Director of Risk Management, use the variance reporting form and procedure described in the Hospital and Clinics’ Policy and Procedure I.1.0. and inform the attending physician. If there is any question of potential liability contact the Director of Risk Management or Hospital Administrator on-call.

Any member of the Housestaff named as a party in a lawsuit related to his or her professional activities as a physician or medical student, should immediately contact the MCG Legal Office at Ext. 1-4018. This would also include direct requests for information from an outside attorney.

SUPERVISION:
It is the official policy of the Section of Plastic Surgery that all residents will be supervised at all times on all operative cases. In the outpatient and inpatient operative services they will be supervised by an attending surgeon throughout the conduct of the entire operation. At no time should a resident operate in the operating room without the supervision of the responsible attending physician. All outpatient resident clinics are staffed by attending physicians. The resident shall have direct access to the attendings at all times during the conduct of these outpatient clinics with full consultations on these patients. The residents have the responsibility to evaluate the patients, establish the working diagnosis, formulate the initial treatment plan and discuss this with the attending physician. All in-house clinical activities are directly monitored by the attending physicians with daily updates on the progress of the inpatients and the patients on the consultation list. Minor procedures performed in the emergency room are supervised by the attending plastic surgeon. It is the official policy that the residents are not allowed to engage in the practice of medicine and surgery outside the confines of the residency program. All educational activities including conferences, workshops, preparation for national meetings will be assisted and supervised by the appropriate or responsible attending physicians as well.
2.2 The attending physician has the overall responsibility for the care of the individual patient and supervision of House Officer(s) involved in the care of the patient. However, House Officer(s) must assume progressively increasing responsibility according to their level of education, ability and experience.

2.3 There must be sufficient Institutional oversight to assure that House Officers are appropriately supervised. House Officers must be supervised by teaching staff in such a way that the House Officer assumes progressively increasing responsibility according to their level of education, ability and experience. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to House Officers on duty. The level of responsibility accorded to each House Officer must be determined by the teaching staff. Faculty members must always be immediately available for consultation and support.

2.4 Supervision of House Officers must be specified in the policies, procedures, rule and/or regulations of each Department. Evidence of such supervision must be documented in the form of signed notes in patient charts and or other records and be made available, if requested, by the respective RRC site visitor.

*The term House Officer is use as a generic term to include interns, residents and fellows in an approved ACGME Residency Training Program at Georgia Health Sciences University.*

**Effective Date: Revision/Review Date Number Page** 7/05 12/05 12/09 10/10 2/11 9.0 1 of 1
The Medical College of Georgia, Section of Plastic Surgery participates in the National Resident Matching Program. Qualifications for eligibility for the residency program include having 3 years of requisite training in general surgery, or having completed residencies in otolaryngology, orthopedics or oral maxillofacial surgery with a minimum of two years of general surgery rotation. Additional eligibility requirements follow the guidelines adopted by the Graduate Medical Education Committee for the Medical College of Georgia which includes eligibility for Graduates of Medical Schools in the United States, Graduates Osteopathic Schools in the United States, Graduates of Medical Schools outside the United States that have the appropriate qualifications as determined by the Graduate Medical Education Committee. Applicants are expected to have passed the National Board Part I and II. Selection will be based on the resident’s qualifications including letters of recommendation, results of board score examinations, in-service examinations and a personal interview.

**Note:** As you may be aware, the Residency Review Committee (RRC) for Plastic Surgery has proposed to increase the length of all Independent Plastic Surgery Residencies to a total of three years, we are making the necessary preliminary preparations for such increase should it become mandatory. While this proposal has not been adopted yet and our program at this moment remains a two year program, it is prudent to point out that it is possible that the length of your training may be changed to three years as a result of this new RRC proposal.

**Medical College of Georgia**  
*Graduate Medical Education Policies and Procedures*  
*Office of Primary Responsibility: Graduate Medical Education*  
*No. HS 14.0*

**House Officer Eligibility and Selection**

**1.0 Purpose**  
To officially define Graduate Medical Education eligibility requirements for the Residency Programs at the Medical College of Georgia

**2.0 Procedure**  
The following procedure will be followed by Residency Program officials in evaluating applicant eligibility for Residency positions and the selection of qualified candidates.

2.1 Eligibility Requirements:  
Individuals with the following qualifications are eligible for Residency Programs at the Medical College of Georgia:

2.1.1 Graduates of Medical Schools in the United States, Canada, and Puerto Rico accredited by the Liaison Committee on Medical Education;

2.1.2 Graduates of Osteopathic Schools in the United States accredited by the American Osteopathic Association;

2.1.3 Graduates of medical schools outside of the United States, Canada and Puerto Rico AND:

2.1.4 Possess a current Educational Commission for Foreign Medical Graduates (ECFMG) certificate, valid through the start date of the Program;

2.1.5 Possess one of the following:

- J Visa (exchange visitor), or will consider/review applications on a case by case basis for those who require sponsorship in other nonimmigrant categories such as H-1B, with final determination made by the Senior Associate Dean for GME and VA Affairs
- If a resident on a H-1B visa is approved for a residency program, there is a fee for the H-1B petition that the program must pay annually. See: [H-1B Department Request and Checklist](#)
- Before sending an Acceptance Letter to an H 1B candidate, contact the International & Postdoctoral Service Office for advice/instructions 1-0670
- Valid Permanent Resident status, or

2.2 Graduates of medical schools outside the United States who have completed a Fifth Pathway program, which is an academic year of supervised clinical education provided by a LCME accredited medical school to students who meet the following conditions:

2.2.1 Must present valid copy of 5th Pathway Certificate

2.2.2 Completed an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school;
2.2.3 Studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools at the time of graduation

2.2.4 Completed all of the formal requirements of the foreign medical school except internship and/or social service

2.2.5 Attained a score satisfactory to the sponsoring medical school on a screening examination

2.2.6 Passed either the Foreign Medical Graduate examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or steps 1 and 2 of the United States Medical Licensing Examinations (USMLE)

2.3 Program Requirements

2.3.1 Programs must select from eligible applicants and must not discriminate based on race, sex, age, religion, color, national origin, disability or veteran status.

2.3.2 It is strongly urged that Programs participate in a House Officer matching organization such as the National Residency Matching Program.

2.3.3 Obtain a valid unrestricted Georgia medical license or valid Temporary Training Permit.

Enrollment of non-eligible applicants may be cause for the withdrawal of accreditation of the involved program.

Effective Date: 7/05 Revision/Review Date: 12/05 10/07

EVALUATIONS / RESIDENT ADVANCEMENT:

Residents are evaluated on a quarterly basis by a committee of the attending physicians and support personnel in the Section of Plastic Surgery. We evaluate the resident’s clinical progress both in care of patients and in their operative skill. Additional performance in the conferences including satisfactory completion of presentations as well as satisfactory scores on the yearly in-service exam will be used for criteria. If the in-service exam score is less than 31st percentile, the resident will be placed on academic probation and repeat the exam administered by the Section every two months until it is improved to the 30th percentile.

The residency program requires that each resident submit at least one abstract to a national meeting or publish a scholarly work. Residents will have access to their written evaluations by the faculty at all times. Additionally, residents will meet with the program director once every three months to review their progress.

Promotion from first to second year of plastic surgery residency is mandated by the faculty provided that each resident performs on a satisfactory level on the aforementioned evaluation criteria.

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Medical College of Georgia
Graduate Medical Education Policies and Procedures
Office of Primary Responsibility: Graduate Medical Education
No. HS 18.0

House Officer Performance

1.0 Purpose
To ensure the House Officer is performing at an adequate level of competence for a Residency Training Program.

2.0 Procedure

2.1 The Program Director, upon learning of or observing a performance problem with a House Officer, counsels him/her about it and documents the counseling in the House Officer’s Training file. The Program Director may present the House Officer’s performance issue to the Residency Program Evaluation Committee for additional input and may appoint a mentor to assist the House Officer member in improving their performance.

2.2 If, after documented counseling a House Officer is not performing at an adequate level of competence, demonstrates unprofessional or unethical behavior, engages in misconduct, or otherwise fails to fulfill the responsibilities of the Program in which he/she is enrolled, the House Officer may be placed on formal academic remediation by a Program Director or Residency Program Education Committee (RPEC).

2.3 The House Officer must be informed in person of this decision and must be provided with a formal academic remediation plan document, which includes the following:
2.3.1 Statement of the grounds for the remediation, including identified deficiencies or problem behaviors.

2.3.2 The duration of the remediation, which ordinarily will be at least three months, but may be extended to six months.

2.3.3 A plan for remediation and criteria by which successful remediation will be judged.

2.3.4 Notice that failure to meet the conditions of academic remediation could result in extended probation, additional training time, and/or suspension or dismissal from the Program during or at the conclusion of the remediation period.

2.3.5 Written acknowledgement by the House Officer of the receipt of the remediation document.

2.3.6 A copy of the remediation document will be forwarded to the Senior Associate Dean for Graduate Medical Education and VA Affairs.

2.4 In most cases, the initial period of remediation will be three months. During this time, one of the senior faculty members should be appointed to serve as the House Officer’s mentor. The House Officer is expected to work closely with the mentor and meet with him/her at least once a month to report on and discuss his/her progress. The mentor may also serve as the House Officers advocate and will keep the Program Director informed of the House Officers progress.

2.5 If the decision is made to not renew the contract or to dismiss the House Officer from the Training Program, the House Officer may appeal the adverse decision to the Senior Associate Dean for Graduate Medical Education and VA Affairs as found in the HS Policy 13.0: Resident Evaluation, Grievance and Due Process Policy.

2.6 Pending the results of the appeal, if the non renewal of contract, dismissal recommendation action or other disciplinary action is upheld as per HS Policy 13.0 and involves a J-1 visa holder, the ECFMG will be notified of the failure of progression by the House Officer.

2.7 If the House Officer holds a Temporary Training Permit issued by the Georgia Composite Board of Medical Education, the Board will be notified of the non-renewal of the House Officers contract, the dismissal action, or other significant disciplinary action. The Program Director must report to the Georgia Composite Board of Medical Education within 15 days of a permit holder’s withdrawal or termination from or completion of a Postgraduate Training Program, any disciplinary action regarding the quality of care and/or ability to practice with reasonable skill and safety, or any permit holder who has left the Program for any length of time in excess of two weeks.

Effective Date: 7/05 Revision/Review Date: 12/05 10/07

Promotion Policy

1.0 Purpose
To outline the Institutional policy regarding the promotion of House Officers in training to the next highest level of Training leading to completion of Training

2.0 Procedure
The following procedures will be followed by all Residency or Fellowship Training Programs with appropriate program-specific polices addressing individual Program requirements for House Officer promotion

Promotions to successively higher levels within a Residency or Fellowship programs shall be based on decisions by the Program Director and the Program faculty. A promotion will be based on satisfactory completion of the outlined curriculum and mastery of clinical materials appropriate to the House Officer’s level of training. The House Officer’s progress will have been documented by regular evaluations. Any decisions not to advance a House Officer or to not reappoint a House Officer to the Program will be reviewed by the Senior Associate Dean for Graduate Medical Education and VA Affairs.

The Graduate Medical Education Committee reviews the overall promotion process of each Program each time the Program undergoes an internal review.

Effective Date: 7/05 Revision/Review Date: 12/05 10/07
DISCIPLINARY ACTIONS:

Procedures for disciplinary action will follow the Graduate Medical Education Committee’s procedure for disciplinary problems. The initial action is an in depth discussion with the Program Director. The next occurrence will result in a letter of reprimand which is to be included in his / her permanent file. The third incident requires that the resident be placed on a list for probation consideration. The forth incident will result in probation with suspension of operating privileges as a resident surgeon. The fifth incident will result in a mandatory dismissal from the program.

GRIEVANCE:

Any resident grievances will be handled in a manner consistent with the Graduate Medical Education Committee’s procedure for grievances. This information is also on the Graduate Medical Education website: http://www.mcg.edu/resident/HSPolicies/policy13.htm

Medical College of Georgia Graduate Medical Education
Policies and Procedures
Office of Primary Responsibility: Graduate Medical Education
No. HS 13.0

House Officer Evaluation, Grievance and Due Process Policy

1.0 Purpose
To define the procedure for Residency Program officials to evaluate the educational progress of House Officers and make recommendations regarding disciplinary actions taken against House Officers that could result in:

- Dismissal;
- Non renewal of a House Officers Notice of Appointment; or
- Other actions that could significantly threaten a House Officers intended career development

2.0 Procedure
The following policy and procedure applies to all House Officers in Training and will be followed by officials for each Program evaluating House Officers for promotion or for disciplinary actions.

NOTE: House Officers are encouraged to attempt to first resolve any grievance informally by meeting with the appropriate Program Director or Department Chairperson

2.1 Each Residency Program shall have a Residency Program Evaluation Committee (RPEC). The membership of each individual RPEC shall be determined by the individual Program and may include faculty, administrators and House Officers. The RPEC shall have the following functions:

- To certify that House Officers have met the academic criteria for promotion;
- To periodically review the performance and academic progress of House Officers;
- To recommend feedback and counseling as needed to correct deficiencies;
- To recommend non-renewal or remedial action for House Officers who have failed to make adequate academic progress;
- To recommend disciplinary action, including dismissal, of a House Officer who has violated any applicable law or policy, or otherwise failed to meet the criteria for continued employment according to academic and non-academic guidelines.

2.2 The RPEC shall make recommendations on remedial action, non-renewal, disciplinary actions (e.g., suspension) and dismissal to the Chairperson of the Department of designee. The recommendation must be in writing and a copy on file with the Graduate Medical Education Office.
2.2.1 Recommendations of non-renewal must be made at least four months before the end of the current contract period, unless primary reason(s) for the non-renewal occur(s) within the four months prior to the end of the contract. The House Office must be notified and sign the action form. See H.S. Policy 3.0.

2.2.2 Recommendations shall state reasons for recommendation and suggestion action. The House Officer shall have the right to a hearing by the RPEC or other committee as determined by the Program Director or designee and must be approved by the Senior Associate Dean for Graduate Medical Education and VA Affairs

2.3 The Chairperson or designee shall make decisions, based upon the RPEC recommendation, within 5 days of receipt of the RPEC recommendation.

2.3.1 The decision will be in writing;
2.3.2 Be personally delivered to the House Officer;
2.3.3 Copies to the RPEC and the Graduate Medical Education Office;
2.3.4 Inform House Officer of right to request a hearing in cases of serious disciplinary action.

2.4 The House Officer shall have 10 days to file a request for hearing.

2.4.1 Request for hearing shall be in writing;
2.4.2 Shall state the reason(s) for request with a complete description of the basis for the grievance.

2.5 The Dean, School of Medicine or Senior Associate Dean for Graduate Medical Education and VA Affairs shall appoint an Ad Hoc Committee (AHC) within 5 days or receipt of request for hearing.

NOTE: All times are advisory and may be extended for reasonable cause.

2.6 The Ad Hoc Committee may be composed of any three individuals (faculty, House Officers and administrators). No member of the committee shall have participated in the decision or action that the House Officer is grieving.

NOTE: If the House Officer requests, no member of the committee shall have previously been substantially involved in any other decision or action directly involving the House Officer. Where possible, the committee shall consist of two members of the faculty of the House Officer’s department and one member of the House Staff. If potential conflicts require that one or more committee members come from other Departments, the Dean or Senior Associate Dean for Graduate Medical Education and VA Affairs will attempt to select them from Departments in related disciplines. The Dean or Senior Associate Dean for Graduate Medical Education and VA Affairs shall designate one of the faculty members as the committee chairman.

2.6.1 Parties may request removal of an AHC member for cause;
2.6.2 House Officer has the right to a non-participating advisor (not an attorney);
2.6.3 Affected Program Director shall designate a person to represent the program;
2.6.4 All parties shall receive adequate notice of charges and opportunity to present evidence;
2.6.5 Evidence may be requested by the AHC;
2.6.6 AHC shall conduct a hearing within 10 days of appointment;
2.6.7 There shall be a tape or transcript of the hearing.

2.7 AHC will make recommendation(s) to the Dean, School of Medicine or designee.

2.7.1 Recommendation will be in writing and will state facts and reasons for recommendation;
2.7.2 Recommendation will be within 5 days of the hearing.

2.8 Dean, School of Medicine or designee shall make a decision based upon AHC recommendation, within 5 days of receipt.
2.8.1 Decision shall be in writing;
2.8.2 Delivered to the House Officer, Program Director, Graduate Medical Education Office and AHC;

2.8.3 Inform House Officer of the right to appeal to the President of the Medical College of Georgia.

2.9 Pursuant to Article 2, Chapter 34, Title 43 of the Official Code of Georgia Annotated, a licensed physician who qualifies as a Program Director is required to report to the Board the following within 15 days of the event:

2.9.1 House Officer with a Temporary Training permits who withdraws or is terminated from a postgraduate Training Program and reasons for such termination or withdrawal.

2.9.2 Occurrence of any event identified as grounds for disciplinary action, violations, or practice restriction taken against a Temporary Training permit holder or any disciplinary action regarding quality of care and/or ability to practice with reasonable skill and safety.

2.9.3 Any permit holder who has an unauthorized absence from the Program for any length of time in excess of two weeks and reason.

2.9.4 At the completion of the Program year, Program Directors must report to the Board whether a permit holder has failed to advance in the Program for performance or behavioral reasons.

2.9.5 Failure to notify the Composite State Medical examiners of a House Officers change in status will have negative consequences for the Program Director and the Program Directors shall be subject to disciplinary action(s) by the Board.

2.10 Complete rules may be viewed online.

Effective Date: 7/05 Revision/Review Date: 12/05 10/07

CALL:
Night call begins at 4 pm. Any problem a patient has should be signed out to the call person at this time. Patients seen and admitted at night should be reported to the appropriate team member the next morning. Operating room cases that extend into the evening-nighttime hours should be completed by the team members who started the case but the call person should report to the OR at 4 pm to give assistance.

Emergency cases which begin after 4 pm are usually completed by the call person; however this arrangement should be approved by the attending first. The intern can take first call with a plastics resident but all consults must be seen by a Plastics Resident who should assist the intern with ER procedures.

All pages and consults must be answered promptly and courteously regardless of how inappropriate they seem to be. Transfers from other hospitals have to be cleared with an attending prior to acceptance. In addition, no patient can be denied transfer to MCG unless approved by an attending.

One backup resident should be available during nights and weekends in the event of an emergency such as multiple replants or a particularly busy night. Although such circumstances are rare, one resident should identify him/herself as being available and remain in the Augusta area with his/her beeper on.

NOTE: On-Call Sleep Rooms (Plastic Surgery Residents are not required to stay over night)
Call rooms will be available for residents’ on-call overnight at the MCG Hospitals and Clinics; most are located on the 9th floor of the hospital BB wing. Entry to the area is granted through the use of an I.D. Badge. The I.D. Badge must also be used in the research wing elevator to access the 9th floor. The call rooms on the 9th floor are divided into groups, or "pods"; each House Officers I.D. Badge will allow entrance only to the pod assigned to a specific program. A lounge with refrigerator, microwave, upholstered furniture, cable television and computers is available to all housestaff in this area.

LAUNDRY:
The Section of Plastic Surgery provides laundry service for Lab coats. Dirty lab coats should be placed in the basket outside the residents’ office. No other items should go in the laundry basket. (Blankets, towels, scrubs – should all be returned to the appropriate area)

CONSULTS:
All consults called into the clinic or office are directed to the MCG Chief Resident. The Chief Resident then either sees the consult or
assigns it to another resident. All consults should be seen promptly and must be seen on the day of the consult. If a resident cannot get to it in a reasonable amount of time, he/she should notify the attending. After seeing a consult, the resident should formulate a plan and present it to the Attending who will see the patient and sign the consult. The green sheet on the front of the chart needs to be filled out by the attending on inpatients.

**OPERATING ROOM:** Please be on time

All cases done in the Main OR or ASU should have a resident assignment made at least the evening prior. (Assigned by the Chief Resident) In cases of conflict, the Chief Resident should notify the attending. Residents should be in the room when the patient is brought in (or before if marking needs to be done) and should keep abreast of the status of “to follow” cases and help facilitate a speedy turnover time. The resident is responsible for postop orders and accompanying the patient to the recovery room. The billing sheets should be turned in (usually by the Attending). Coding should be reviewed with the Attending prior to submission of the billing sheet.

The Chief Resident should ensure that all appropriate equipment is available for the OR (hardware, drills, implants, special instruments, etc.) This should be discussed with the Attending and the scheduling secretary (for posting purposes) well ahead of time.

**CLINIC:** (Please be on time)

All VA clinics are staffed by the VA residents and intern. Clinics are held on Tuesdays from 8:00 to 12:00 and Thursdays from 8:00 am to 4:30 pm. The Plastics resident must be present during clinic.

MCG Hand clinic starts at 8:30 am on Mondays and runs until 4:30 pm. Hand clinic is staffed by the hand resident and Ortho residents. Patients seen during call should specifically be given follow-up appointments with the Hand clinic unless otherwise requested by the Attending and cleared by the Hand Service.

The MCG clinics should be attended whenever possible. Due to the nature of the MCG rotation, this is not always feasible—particularly when there are several OR cases going on at once. In these instances, the resident should make every effort to participate and help out in as many clinics as possible. You will find this aspect of your training invaluable. Attendings may ask you to come to clinic (if not in OR) to see a patient you operated on so you can get a good follow-up.

**Monday clinic at MCG is considered the Resident Clinic.** Both the Chief and the junior resident on the MCG service are assigned to this clinic throughout the year. The residents are responsible for the entire clinic and are not excused for other duties during this time. If a vacation is scheduled while you are assigned to this clinic, YOU MUST make arrangements for someone to cover you when you are gone or to reduce the number of patients scheduled. All OR cases, including minor cases must be cleared by the covering Attending prior to scheduling. New patients and problem cases should be discussed with the covering Attending. Dictated notes are required on all new patients seen, and hand written notes on follow-ups. Monday clinic will be staffed by our Attending Physicians on a rotating monthly basis.

**AESTHETIC CLINIC:**

The Monday resident’s clinic can be used to see prospective aesthetic cases (at resident rate). The residents are expected to see the patients independently and contact an appropriate attending to go over the patient and clear an OR date. Distribute the cases among attendings according to their areas of interest. The residents are responsible for seeing the patients preop and postop, even when they have changed services.

**DOCUMENTATION:**

Residents should document that the Attendings examined, and helped develop care plans on all clinic patients, especially those with Medicare or Medicaid. Operative notes should document the presence of the faculty in the body of the report. Describe his or her participation in this key part of the procedure. The operative notes and discharge summaries must be dictated within 24 hours. This is required for reimbursement. Cell phones may NOT be used for dictations.

**UNSECURED WEB SITES:**

It is essential that no patient information including patient lists be posted on non-secured sites. This includes a specific prohibition against the use of Google Docs for posting patients lists.

**HIPAA**

What is HIPAA?
HIPAA stands for "Health Insurance Portability and Accountability Act of 1996." It is a set of federal laws designed in part to ensure the privacy and electronic security of patients’ protected health information (PHI).

Your role as a physician (or IRB-approved clinical researcher) provides you with the necessary authorization to access, use, and disclose PHI for work-related purposes only. You are also required to protect and safeguard PHI appropriately.

**Training**

As a new MCG workforce member, you will automatically be registered for mandatory on-line training, and notified by an email which will explain how to access these web-based HIPAA lessons. If you fail to complete HIPAA training by the emailed deadline, you will be removed from clinical responsibilities.

**Policies and Responsibilities:**

MCG’s HIPAA policy may be read on-line here: [http://www.mcg.edu/policies/6004.html](http://www.mcg.edu/policies/6004.html). There can be serious consequences for intentional HIPAA violations, including disciplinary action from your program, civil fines, and possibly criminal prosecution.

In addition to MCG’s HIPAA policy, you must be aware of and be compliant with HIPAA policies in effect at the facilities where you treat patients. As a physician working with patients (and/or research subjects) at any of the hospitals and clinics operated by MCG Health, Inc., you must comply with MCGHI’s various HIPAA policies ([http://www.hi.mcg.edu/aboutus/policies.htm](http://www.hi.mcg.edu/aboutus/policies.htm)). At the VAMC, or at any other health care institution, you must comply with their HIPAA policies. There can be serious consequences for intentional HIPAA violations, including disciplinary action from your program, civil fines, and possibly criminal prosecution.

**Resources for Help**

The MCG Privacy Officer, Christine Adams, works in the Office of Institutional Audit and Compliance and may be reached at 706-721-2661. The Privacy Officer can assist you with any HIPAA questions or other compliance concerns you may have. Each facility where you are engaged in clinical activities will have its own institutional Privacy Officer or compliance officer who can assist you in interpreting and complying with its policies. You may also access additional HIPAA and other compliance information, including the anonymous Compliance Hotline, at the following link: [http://www.mcg.edu/audits/](http://www.mcg.edu/audits/).

**OPERATIVE LOG:**

As part of RRC requirements, all residents must keep a log of all cases performed during residency. This includes office procedures, ER repairs, (including non-operative assessments) OR cases (MCG, FT Gordon, and VA). **A log must be turned in to Donna/Dr. Ritter bi-monthly, down loaded and printed from the index case repost of PSOL site.** Failure to submit this by the 1st day of the next month will result in suspension of operative privileges until the log is submitted.

**CONFERENCES:** Please sign-in log book provided on the conference table. You will not be given credit for attending conference unless you sign the log book. There are five scheduled conferences each week.

**Monday Morning**

Conference will start promptly at 7:00 am, with a review of current patients. At 7:15 **selected readings** will begin, and run to 8am. Residents will be assigned a topic out of Guyeron's *Plastic Surgery: Indications and Practice*. All residents are expected to have read the chapter, and the presenting residents is expected to summarize the chapter in the 45 minutes allotted. The selected readings consists of a curriculum of plastic surgery will be reviewed throughout the year. Topics will be assigned in advance and readings should have been completed prior to this conference.

Indications Conference will start promptly at 8am, and end at 9am. Residents will be assigned to present upcoming cases for discussion within the group, including presentation, options for treatment, and the proposed plan. Questions about case management will directed to the residents. Residents are advised to view the photos the Friday before and become familiar with the patients history before this conference.

**Wednesday Morning**

Conference will start promptly at 7:00 am, with a review of current patients. At 7:15 **selected readings** will begin, and run to 8am.

**Mortality and Morbidity Conference:** Usually held on the 3rd Wed. of each month and will be held in this time slot instead of selected readings. M & M reports should be prepared by the resident prior to the conference and should have accompanying preop, intraop, and postop photos. This is absolutely essential. The resident should discuss the complication with the Attending prior to presenting it and should have read about the complications of that particular care. **A copy of the M & M report should be given to the Residency Coordinator, Donna Scott, each month.**
Thursday Afternoon

Hand Conference: Hand conference takes place every Thursday Afternoon at 4:30 pm in the 6th floor Conference Room, 6a130. The conference will consist of lectures, case presentations. Assignments will be made by the Chief resident and listed on the academic schedule published the month prior.

MAXILLOFACIAL CONFERENCE:
A Maxillofacial Conference will be held every two months with ENT and OMFS. The Section of Plastic Surgery is responsible for a 15 minute presentation at each conference and a review of cases performed during the two months. It is the Chief Resident’s responsibility to make a copy of the sign-in sheet and give it to the Plastic Surgery Residency Coordinator.

JOURNAL CLUB:
Journal club is held the 2nd or 3rd Wednesday of each month in our conference room or at an area restaurant. Sometimes they’re sponsored by company representatives. The Journal Clubs will review the journals "Plastic and Reconstructive Surgery and Annals of Plastic Surgery. All residents should subscribe to these journals. Each resident is assigned an article to review critically for Journal Club, in addition to reading most of the articles in these journals. The Chief Resident is responsible for setting this up including all arrangements. Please give the information to Kay Potter to post in the Conference Calendar. Kay will also hand out Journal Club assignments. Our library is fairly well stocked. If you use any of these materials please return them promptly.

Borrowing Books from the Attendings: Our Attendings do not mind lending you a book; however, you must ask them directly.

JOSEPH M. STILL RESEARCH FOUNDATION, INC. @ DOCTORS HOSPITAL:
A community research consortium meeting is organized quarterly at Doctors Hospital with guest speakers from all over the globe. The MCG faculty, Plastic Surgery residents, rotating and interns and students are invited.

PHOTOGRAPHY:
All residents must own their own digital camera. Residents should always bring their cameras to the OR and ER. Photos of all ER cases should be taken as well as intraoperative photos on selected OR cases. Photos of all complications should be taken by the residents. **Whenever you photograph anything you must shoot a copy of the PATIENTS ID before and after the photo, so photographs can be properly identified (name and medical record number).** These photos are the property of our section. These files must be downloaded into the H-drive of the Department of Surgery. Pre and Post-op photos should be obtained on all patients in the clinic. This includes small cases too. *The resident needs to give his / her camera card to the secretary who is uploading the photos to the H drive once a week.*

Please abide by the following guidelines:

- **Take a picture of the patient's label before and after taking the patient photos.**
- allows for a clear break between patients
- increases the odds of getting a clear, legible shot of the patient's information
- decreases the odds of forgetting to take a shot of the patient's information/no name photos

Please make sure that all shots are in focus and easy to see the desired area.
- this will decrease the number of patients having to be called in to have photos retaken.

Scheduled Download:
Kay will download the clinic photo card every two or three days. There will always be a photo card in the camera, as we have two cards.

The photos will be made accessible for reviewing/printing on the H Drive.
To access go to:

- My Computer
- Share on "Net3" (H:)
- SURG
The patients will come up listed in alphabetical order with the date of the visit/photo taken following the name.

OTHER FEATURES

Microsurgery:
The Microsurgery Laboratory was developed in 1991. The Microsurgery Course is an intensive course that covers all facets of microsurgery. The design of the course uses videotapes, demonstrations, and "hands on" microsurgery on rats. Each student progresses at his own pace and is coaxed through the most difficult of microsurgical techniques. All Plastic Surgery residents are required to successfully complete the Microsurgery Course.

Research:
The Section of Plastic Surgery is active in clinical and basic science research. All faculty members are actively involved in research projects that might be amenable to resident involvement. Each resident is required to generate either a clinical or basic research paper during the two years here. Research is strongly encouraged; however no schedule block rotations exist at the present to accommodate this.

Clinical Experience:
The clinical program is well balanced and gives residents the exposure of the entire spectrum of plastic surgery. The MCG Service Residents run a staff clinic every Monday which offers a unique opportunity to make independent decisions.

OFFICE PERSONNEL:
The office personnel have their own assigned jobs and ensure the smooth running of our Section. They are available to assist you in scheduling cases, taking and receiving messages and in interfacing with the Attendings. However, they are not required nor expected to help you with your preparation for conferences, travel, writing letters or preparing CV’s or any other personal matters. If they are not busy with other matters--they might (out of the goodness of their hearts) help you in some of these matters, but consider it a favor!

VACATIONS and REQUESTED TIME OFF: (MCG & VAMC) an MCG and VA “Leave Form” is REQUIRED
“All Vacation / Request for time off - must be approved and signed by the Administrative Chief Resident then, submits the “Leave Form” to Donna Scott, our Program Coordinator, 3 WEEKS in ADVANCE and she will notify the appropriate MCG staff.

If rotating on the VA service a (SF 71 Form) must be completed and turned in to Linda Bannister, 3 weeks in advance and she will notify the appropriate VA Staff. (Please do not forget to fill out this form if you are rotating on the VA service – the Federal Government is very strict.

Vacation(s):
- Residents are allowed “two weeks” of vacation a year and a week at the Christmas / New Year holiday. A holiday schedule will be made by the Chief Resident.
- Vacation will be taken one week at a time (7 days); it cannot be “broken” into periods less than one week.
- No more than one leave per rotation.
- The first week of vacation must be taken between August and November and the second week must be taken between January and May. Absolutely, “NO” vacations will be granted during the month of June or July.

*Vacation will not be granted during:
- ASPS Meeting, Association Meeting, or in June or July
- Two Senior residents should not leave Augusta at the same time with the exception of the Senior Resident’s Conference.
- HAND Resident – should not miss more than two clinics due to vacation or meetings.

Your Residency ends on June 30th of your graduating year. You will receive your original diploma on June 30th at 4:00 pm. No one will be permitted to leave any earlier. Please do not submit a request, as it will be denied.

**MEETINGS:** Forms you are responsible for filling out and submitting to the Residency Coordinator:
(Leave Request, Institutional Travel Request, External Meeting Attendance Form, and Institutional Travel Expense Statement on Return)

Each resident can attend one National or Regional Plastic Surgery Conference or Course per year paid for by the Section of Plastic Surgery up to $2,000.00. This meeting will be ASPS for one junior and one senior resident for one year and alternating with one senior and one junior resident for the AAPS meeting. Exceptions can be made at the discretion of the Program Director. Senior residents can also attend the Senior Resident's Meeting each spring provided that they present a paper. In general, if your paper is accepted at a meeting you may also attend that meeting with departmental financial limitations at the discretion of Dr. Yu.

Any additional meetings will be the resident’s financial responsibility unless prior arrangements have been made with Dr. Yu. A LEAVE REQUEST and TRAVEL REQUEST FORM must be completed, signed and approved before you attend any meeting. List the estimated cost of the trip (including hotel, mileage, air fare, food, registration, etc on the travel request. The cost per meeting exceeding $2000.00 will be the resident’s own responsibility. On return you must fill the Institutional Travel Expense Statement for reimbursement of funds. All receipts must be attached/tape small receipts on a 8 ½ x 11 sheet of paper. Examples of forms attached. Also, this is when you turn in your External meeting Attendance Form to the Residency Coordinator along with a copy of what you presented.

**TIME SHEETS:** (Via ONE45 Program)
Your time sheet should be completed online using One 45. Each month should be completed no later than the (fifth) 5th day of the next month. Should you approach 75 hours, please provide a detailed accounting on this time, verbally, in writing and give it directly to the Program Director, with a copy to Donna. This documentation must be attached to your time sheet and placed in your file.

**ADMINISTRATIVE CHIEF RESIDENTS DUTIES:**
- Oversee and provide oversight activities for the MCG service. He/she will make assignments for operations and be able to choose those cases on which to participate.
- Develop the call schedule and mediate any problems associated with the call schedule. This should be given to the Residency Coordinator on the 22nd day of the month for next months call.
- Arrange for Journal Clubs including the local arrangements with the company rep and the reading assignments. This is to be held the 2nd Wednesday of each month. Please give this information to Donna Scott for the monthly calendar.
- Ensure that residents arrive at conference promptly and notify all residents and faculty of changes in the conference schedule.
- Held responsible for all consuls - either seeing them or assigning them to other team members. If you hear about a requested consult while in the hospital, please notify the chief resident so he can make arrangements to see it.
- Manage the for vacation schedule. (Be sure a leave request form is done 3 weeks in advance)
- Ensure that OR assignments are made each day and notify the attending if there is a conflict.
- Supervise the accurate record keeping of the resident time sheets on a weekly basis and forward them to the Program Coordinator every month. Should this number approach 75 hour week the individual resident is to provide detail accounting on this time and report directly to the Program Director.
**SALARY:**

The current annual salary for 7/1/2010 – 6/30/2011:

<table>
<thead>
<tr>
<th></th>
<th>Monthly</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY 6</td>
<td>$4,427.17</td>
<td>$53,126.04</td>
</tr>
<tr>
<td>PGY 7</td>
<td>$4,580.67</td>
<td>$54,968.04</td>
</tr>
</tbody>
</table>

"Moonlighting" is not permitted.

**PAYROLL:**

Members of the Housestaff are paid on the last working day of each month. Payroll checks are sent from the GME Office to the individual department offices. Direct bank deposits can be arranged through the MCG Personnel Division Office.

**MAIL:**

Each department has its own arrangements for House Officer’s mail. **Personal mail should be delivered to the House Officer's home address.** The Medical College's Mail and Messenger Service provides pick up and delivery service daily throughout the Hospital and Clinics and MCG campus, as well as the Veterans Administration Medical Center.

Please visit the GME web site for additional information: [http://www.mcg.edu/resident](http://www.mcg.edu/resident)

Medical College of Georgia

**Graduate Medical Education (GME)**
Contact Information:
GME Office, AE-3042
Medical College of GA
1459 Laney Walker Blvd
Augusta, GA 30912
706 721-3052

Statement of Commitment

Directories and Maps
- Institutional Faculty List Online
- About MCG
- Augusta Map and Driving Directions
- Campus Map and Virtual Campus Tour
- About Augusta, Georgia
- Augusta Community Links

Additional Information:
- Child Care Center
- MCG ExpressCard
- International and Postdoctoral Services Office

GENERAL INFORMATION
- Resident Procedure Competencies
- PPG Health Insurance Letter
- IRCC Noon Conferences
- Residency Programs
- Housestaff By-Laws
- Housestaff Malpractice Insurance
- Housestaff Malpractice Insurance FAQ
- Policies & Procedures
- Housestaff
- MCG Administrative
- MCGHI Policies
- Benefit Plan Summary
  - Health Plan Year Cost FY 09
  - HS Benefits FY 09
- MCG's Family Medical Leave (FMLA) Policy
- Memorandum of Understanding
- General Residency Information FY 09
- National Resident Matching Program (NRMP)
- PIN Card Instructions
- ERAS, Electronic Residency Application Service
- DEA Office and On-Line Forms and Applications
- DEA Application
- Information and Forms
  - Housestaff Manual
  - Housestaff Brochure
- Application for Graduate Medical Education
- Graduate Medical Education Directory (AMA Web Site)

USEFUL WWW RESOURCES
- Currency Converter
- English Language Help:
  - Kaplan TOEFL Exam
  - ETS Practice Test for TOEFL
  - iBT TOEFL Worldwide Introduction Schedule
- Georgia Drivers License
- Maps, Geography, and Flags of the World
  (plus other useful information on countries)
- Map Quest
- Multi-language Translation Site
- Social Security Administration
- Southern Medical Association
- World Clock (find out the time of any city in the world)
- Employee Discount Program
COREQUEST Resident Educational Program

INTRODUCTION:
Plastic Surgery is a field with tremendous scope, which increases daily. Residents are expected to master a majority of it in two or three years. The following program is designed to help residents systematically acquire Plastic Surgery knowledge.

This program is successful because it is based on active, not passive learning. Studies show that if you listen to a lecture on any topic, you will retain 40-60% of it in the immediate hours after the lecture, and by four months, you retain only 25% of the presented material. If the residents prepare for a lecture by reading a text chapter on that subject, they retain significantly more. Furthermore, if a resident prepares a lecture, he or she will gain the maximum amount of long-term benefit and recall. Active, learner-centered education is the basis of this program.

THE COREQUEST RESIDENT EDUCATIONAL PROGRAM
The program consists of a weekly conference in which 50 major plastic surgery topics are reviewed over a year. (See topic index)

Each resident is assigned a question. He or she must prepare a one page handout on that question. They must also read any text book chapter on the general topic.

The first forty minutes of the session is devoted to the residents answering their questions in turn. (We have four residents - 10 minutes per resident). They learn major points of a topic from each other.

A faculty member who is experienced in this topic is present to answer questions, however, the teaching is generally done by each resident, as they answer their questions.

For the final 20 minutes, we may review old in-service exam questions on that topic. Next week’s questions are then distributed.

THE PRINCIPLES:
1. Active learner centered teaching is employed. A lecture by a faculty member will not be remembered. (No matter how brilliant).
2. Residents should have read a text completely by the end of the year. They should read it twice at the end of the two years.
3. Peer pressure requires that they do their homework. It is very obvious if they haven’t.
4. Conference must be at a time when all can attend. No ORs should be operating. The program will not work if ½ of the residents are absent.
5. Residents need to read basic texts. The 1st year residents usually get basic questions. The 2nd or 3rd years get clinical scenarios or classic articles to review.
6. As residents enter the second year of this program, they will review old material but learn from answering different questions and reviewing new articles published in the last year. (No resident answers the same question as in a previous year.)
7. Learning can and should be fun. We joke, make the questions funny, have coffee, etc.
8. Any topic can be covered. We include coding and office management every year.
9. The questions are composite taken from multiple sources including in-service exams, classic articles, text books, and recent publications.

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Educational Program, Clinical Components, Curriculum Objectives
2010 - 2011

A. Congenital Defects of the Head and Neck, Including Clefts of the Lip and Palate, and Craniofacial Surgery

First year:
At the end of the first year, the resident should be able to:

1. Describe the embryonic events of normal craniofacial morphogenesis
2. Describe the demographics of and the embryonic events leading to cleft lip and cleft palate formation
3. Describe the clinical features of and differentiate between positional plagiocephaly from synostotic plagiocephaly
4. Describe a treatment protocol and draw the flap design in the management of cleft lip/palate

Second year:
At the completion of the second year, the resident should be able to:

1. Describe the embryonic events of normal craniofacial morphogenesis and the pathogenesis of rare facial clefts, craniodysostosis, and hemifacial microsomia
2. Describe the demographics of, the embryonic events leading to, and the genetic risks of cleft lip and cleft palate formation
3. Describe the clinical features of and differentiate between positional plagiocephaly from synostotic plagiocephaly
4. Describe a treatment protocol and draw the flap design in the management of cleft lip/palate
5. Surgically repair cleft lip, cleft palate, incompetent velum, and alveolar gap
6. Define the following syndromes: Goldenhar, Nager, Apert, Crouzon, Pfeiffer, Carpenter, Saethre-Chotzen, Pierre-Robin, Treacher Collins, Stickler, VCF
7. Describe the surgical approach to congenital ear anomalies
8. Perform set-back otoplasty
9. Construct an ear cartilage frame from costochondral grafts
10. Diagnose and treat dermoid, vascular lesions, and congenital nevi, including the use of various types of lasers and the rationale for their deployments

B. Neoplasms of the Head and Neck, Including the Oropharynx, and Education in Appropriate Endoscopy

First Year:
The major goal and objective is to provide residents experience with patients that are treated by the specialty of plastic and reconstructive surgery. Emphasis is placed on evaluations, differential diagnosis, staging and understanding the natural evolution and the surgical and non-surgical treatment of head and neck neoplasms.

Objectives learned:
1. Evaluate, diagnose and determine the extent of the oncologic head and neck neoplasms and be familiar with the surgical anatomy of the head and neck area.
2. Learn to organize and formulate the treatment plan in a multidisciplinary setting by working with the faculty.
3. Perform surgical procedures for small and large defects; formulate the treatment plan and execute local and regional flaps.
4. Learn to evaluate recurrence of the disease, treat the complications and understand other reconstruction measurements such as dental rehabilitations.

Second Year:
The resident will concentrate in the management of complex head and neck reconstruction procedures including free tissue transfer and reconstruction for special areas of the head and neck.

Objectives learned:
1. Assist the first year resident in a surgical procedure and will learn to instruct medical students.
2. Become more adept in free tissue transfer; planning technique, post operative monitoring and treatment of complications. The resident will also will participate in the care of oncologic patients and serve as surgeon or assistant surgeon in microvascular procedures for head and neck reconstruction.
3. Formulate and execute reconstructive procedures on post-cancer ablations of the nose, eyelid, ear, lip, oral cavity, mandible, scalp and other areas of the head and neck.

C. Craniomaxillofacial Trauma, Including Fracture

First year:
At the end of the first year, the resident should be able to:

1. Describe the surgical anatomy of the craniofacial region.
2. Perform a complete clinical assessment of the craniofacial region.
3. Identify and describe the fractures on 2-D CT, 3-D CT, orthopantogram, quint series.
4. Formulate treatment plans for patients with craniofacial injuries.
5. Place dentition in normal position of maximum intercuspation and maintain it (MMF)
6. Adapt and deploy fixation hardbakes.
Second year:
At the completion of the second year, the resident should be able to:

1. Describe the surgical anatomy of the craniofacial region, and the approaches to expose the craniofacial Skeleton.
2. Perform a complete clinical assessment of the craniofacial region.
3. Identify and describe the fractures on 2-D CT, 3-D CT, orthopantogram, quint series.
4. Formulate the treatment plans for patients with craniofacial injuries and execute the treatment plans.
5. Place teeth in normal position of maximum intercuspation and maintain it (MMF).
6. Adapt and deploy fixation hardbakes.
7. Elevate local regional flaps such as pericranial, temporalis, trapezius, and forehead flaps for coverage.
8. Treatment plan and perform elective LeFort I osteotomy and anterior horizontal osteotomy of the mandible, including the use of distractors.
9. Obtain and transfer bone grafts or flaps from the cranium, rib, radius, fibula, and iliac crest.
10. Obtain cartilage graft from nasal septum, concha, and rib.

D. Aesthetic (Cosmetic) Surgery of the Head and Neck, Trunk and Extremities

First Year:
1. Know anatomy of the head and neck, trunk and extremities.
2. Have a thorough knowledge and understanding of the following procedures:
   a. Head and Neck
      • Forehead Lift
      • Blepharoplasty
      • Face/Neck Lift
      • Liposuction
   b. Trunk
      • Abdominoplasty
      • Liposuction
   c. Extremities
      • Batwing Procedure
      • Thigh Lifts
      • Liposuction
      – Know the complications of these procedures.
      – Understand the ancillary procedures such as laser, glycolic acid peels, dermabrasion, fat injection and collagen injection.

Second Year:
1. Perform the procedures listed above.
2. Know different approaches, the indications and complications of these approaches.
3. Comprehend how to treat the complications of these procedures.
4. Know the psychological implications of these procedures and how to evaluate the patient.

E. Plastic Surgery of the Breast

First Year:
1. Know the anatomy of the breast including blood and nerve supply.
2. Understand the procedures of the breast including:
   a. augmentation
   b. mastopexy
   c. reduction
   d. gynecomastia
3. Know the complication of these procedures.

Second Year:
1. Perform these procedures.
2. Know different approaches for these problems.
3. Handle the complications from these procedures.
F. Surgery of the Hand / Upper Extremities

Goals for Hand and Upper Extremity Rotation:

First year:
1. Understand the anatomy, physiology and pathophysiology of disorders involving the hand and upper extremities.
2. Recognize the following conditions: Vascular disorders, congenital deformities, degenerative disease (Dupuytren’s disease, arthritis) fractures and dislocations, infections, microsurgical disorders, nerve injury, reconstruction after irreparable nerve injury, burns and tumors.
3. Independently manage non-displaced closed fractures of the hand and carpal bones, lacerations of the hand, lacerations of the extensor mechanism over the hand or fingers, finger tip amputations, uncomplicated dislocations of the MCP, PIP, DIP joints, cellulitis, abscess, and partial thickness burns.
4. Be capable as a first assistant in microsurgery.
5. Manage most conditions in number 2 (above) with faculty assistance.

Second year:
1. Independently manage all of the conditions which fall under #2 above.
2. Accomplish microsurgery and perform tendon transfers with the faculty as an assistant.

G. Plastic Surgery of the Lower Extremity

First year:
1. Describe the surgical anatomy of the lower extremity.
2. Understand the pathogenesis of the congenital malformations and diseases associated with vascular, oncologic, orthopedics and trauma defects.
3. The resident will learn the surgical and non-surgical management of the leg ulcer, pressure sore, lymphedema.
4. The resident will develop progressive understanding and independence in the evaluation and management of soft tissue defects and execute local or regional muscle, musculocutaneous, fasciocutaneous flaps.

Second year:
1. The resident will progress through most independent and complex surgical procedures, is expected to be able to develop a treatment plan for even the most complex and unusual lower extremity problems including free tissue transfer.
2. The resident will help to instruct medical students on the service and assist the junior resident in a surgical procedure.

H. Plastic Surgery of Congenital and Acquired Defects of Trunk and Genitalia

First year:
1. Describe the normal morphogenesis of the neural axis.
2. Describe the pathogenesis of spina bifida and their surgical treatment.
3. Describe the normal embryology of the alimentary tract and the formation of abdominal wall.
4. Describe the pathogenesis of gastroschisis and omphalocele.
5. Develop a treatment plan for gastroschisis.
6. Define Poland Syndrome and describe the treatment of it.

Second year:
1. Describe the normal morphogenesis of the neural axis.
2. Describe the pathogenesis of spina bifida and their surgical treatment.
3. Describe the normal embryology of the alimentary tract and the formation of abdominal wall.
4. Describe the pathogenesis of gastroschisis and omphalocele.
5. Develop a treatment plan for gastroschisis.
6. Define Poland Syndrome and describe the treatment of it.
7. Perform the four-flap techniques in closure of large central lumbo-sacral spinal defects.
8. Define the common congenital urological anomalies and outline their surgical treatments.
9. Describe the common congenital chest wall deformities and their surgical treatment.
10. Insert, inflate tissue expander and utilize the expanded flap in the treatment of congenital defects.

I. Burn Management, Acute and Reconstructive
First Year:
1. Receive progressive experience with evaluation and treatment of acute burns.
2. Help educate the students and junior residents in the evaluation and treatment of acute burns including fluid management.
3. Become more experienced with the operative debridement and resurfacing of acute burns.
4. Become more adept in recognition and treatment of burn complications, particularly infections.
5. Run fluid resuscitations and evaluate the patient for smoke inhalation compartment syndrome and related trauma.

Objectives Learned:
1. Assess and classify burn wounds, including estimations of burn size, depth and reduction of related morbidity and mortality; gaining and appreciation of stress response to acute burn injury, including hemodynamic, metabolic, nutritional and immunologic sequelae, assessing initial management of the acute burn patient, including fluid resuscitation, nutritional support, wound care and ventilatory management.
2. Learn wound management of burn patients including an understanding of wound healing, wound sepsis, topical antimicrobial agents, biological dressings and skin substitutes and skin grafts, developing fundamental surgical skills in treatment of burn patients, including wound debridement, wound dressing and splinting, skin grafting, and scar contracture release.
3. Gain appreciation for burn rehabilitation including physical/occupational therapy, psychosocial support and reconstructive needs. Improving communications and leadership through interactions and coordinated discussions with patients and their families, attending physicians, medical personnel, medical students and fellow residents.
4. Learn principles of management of injuries of a special nature, including inhalation injuries, chemical injuries, electrical injuries and dermatologic conditions necessitating wound and surgical care.

Second Year:
Learn principles and techniques of reconstructive surgery for burns.

Objectives Learned:
1. Evaluate the defect, the available donor sites and construct a surgical treatment plan.
2. Participate in the outpatient evaluation and treatment as well as the inpatient management and surgical procedures.
3. Apply techniques such as skin grafts or flap releases, ear reconstruction, tissue expansion for burn alopecia, face, eyelid, nose, hand, male genitalia, reconstruction and donor site care.

J. Microsurgical Techniques Applicable to Plastic Surgery

Goals for microsurgical experience:

First year:
1. Recognize and diagnose vascular insufficiency and understand the principals of free tissue transfer.

Second year:
1. Understand and differentiate amongst the choices of free tissue for wound coverage.
2. Perform micro-arterial and micro venous repairs.

K. Reconstruction by Tissue Transfer, Including Flaps and Grafts

Goals for residents and reconstruction by tissue transfer:

First year:
1. Understand the principles which determine whether wounds require flaps or grafts.
2. Recognize rotation, transposition, interpolated, and advancement flaps.
3. Perform tissue transfer of local flaps with faculty supervision.
4. Perform split and full thickness skin grafting with minimal faculty supervision.

Second year:
1. Conceptualize tissue transfer and outline a sequence of choices for tissue transfer (including options if the first choice for tissue transfer fails).
2. Independently perform split or full thickness skin grafting and flaps.
L. Surgery of Benign and Malignant Lesions of the Skin and Soft Tissues

First Year:
1. Identify benign lesions.
2. Recognize malignant lesions.
3. Know the tumor classification of malignant lesions.
4. Understand the various types of excisions and repair.

Second Year:
1. Perform various procedures for excision of skin lesions.
2. Treat malignant neoplasms of the skin and soft tissue.
3. Handle complication of these procedures.

(Please Note: Revisions May Be Made Throughout the Year as Needed)

Revised manual: July 1, 2011
Please sign this page and return to the Residency Coordinator: Donna Scott

I have received a copy of the 2011 – 2012 Plastic Surgery Resident’s Manual and have read through it.

Signature: ____________________________ Date: ______________________

Revised manual: July 1, 2011