

Goals and Objectives

revised 9/09

OTO4 Facial Plastics and Reconstructive Surgery Rotation, Johns Hopkins University

PGY-4 GBMC/JHH Facial Plastics and Reconstructive Surgery Rotation.

Each OTO4 spends 3 months on the combined GBMC/JHH FPRS service (OTO4 FPRS resident). This rotation ensures that the resident has time dedicated to the spectrum of Facial Plastic and Reconstructive Surgery. Time on this rotation is divided between Dr. Ira Papel and Dr. Theda Kontis at the Facial Plastic Surgicenter, Dr. Randolph Capon at GBMC, and Dr. Patrick Byrne, Dr. Kofi Boahene, and Dr. Lisa Ishii in the Johns Hopkins Division of Facial Plastic and Reconstructive Surgery. The experience is diverse because it allows for experience in a private practice surgicenter (the Facial Plastic Surgicenter), an academic center (Johns Hopkins Division of Facial Plastic and Reconstructive Surgery) and a private hospital setting (GBMC).

Goals and Objectives specific to the OTO4 FPRS resident:

During the OTO4 FPRS rotation, the resident will:

1. Develop competence in the diagnosis and treatment of facial plastic and reconstructive surgery patients.
2. Build upon their general otolaryngology fund of knowledge with detailed study in the subspecialty, facial plastics and reconstructive surgery.
3. Begin to develop advanced surgical techniques by performing progressively more advanced procedures related to facial plastics and reconstructive surgery.
4. Strengthen teaching skill through close interaction where appropriate with medical students and junior residents.
5. Continue to learn the methods of scientific investigation and critical review of scientific literature.

Competency	Educational Method Used	How Assessed
<p><u>Patient Care</u></p> <ol style="list-style-type: none"> 1. Develop competency in obtaining the OHNS history and physical exam primarily in adult patients, with a focus on facial plastics and reconstructive surgery (FPRS) patients. 2. Develop confidence in the diagnosis of facial plastic and reconstructive surgery patients. 3. Develop competence in the formulation of a treatment plan for patients evaluated for facial plastics and reconstructive surgery including the use of digital imaging modalities for preoperative planning. 4. Develop competency in the preoperative evaluation and medical clearance issues with 	<ul style="list-style-type: none"> • Supervised and progressive patient care responsibility: in-patient, out-patient clinic, emergency department • Supervised and progressive intra-operative experience • Surgical laboratories and workshops: soft tissue course, head and neck course, • Didactic and patient care conferences: Division journal club and teaching rounds, weekly resident didactic 	<ul style="list-style-type: none"> • Structured operative skills assessment • Case numbers and distribution • Documented evaluations by faculty, peers, nursing • Pre, mid- and end-of-rotation preceptor feedback • Attendance of didactic program • Feedback by moderator and faculty of morbidity

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<p>FPRS patients, including appropriate preoperative testing, consultations, and informed consent.</p> <ol style="list-style-type: none">5. Continue to develop an understanding of the risks and indications for FPRS surgical intervention, including knowledge of the alternative treatments important in obtaining informed consent.6. Develop competence in the intra-operative preparation of FPRS patients including positioning, surgical prep, pharmacological prophylaxis, premedication and local anesthesia.7. Develop competence in soft and hard tissue surgical techniques relative to cosmetic and reconstructive procedures.8. Develop competence with surgical instrumentation and equipment used in FPRS procedures.9. Develop skills for intensive care and ward unit care of the postoperative FPRS patient including free flap monitoring and donor site wound care.10. Develop competence in recognition of surgical complications, treatment of complications, and ability to discuss complications with patient and family.11. Continue to develop competence and assume leadership in the assessment of emergency department.	<p>conference, grand rounds, morbidity and mortality conference</p> <ul style="list-style-type: none">• Assigned reading• Faculty-mentored research projects, manuscript preparation and lecture presentation	<p>and mortality rounds</p> <ul style="list-style-type: none">• Program director semiannual review
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<p>Medical Knowledge</p> <ol style="list-style-type: none">1. Develop sound knowledge base in FPRS subspecialty through clinical experience, educational conferences, and Otolaryngology textbook and journal assignments2. Interpret CT and MRI imaging of FPRS surgery patients including 3D reconstructions for surgical planning.3. Develop a knowledge base for risks, indications, and alternative FPRS procedures relevant to obtaining informed consent.4. Actively participate in all departmental educational conferences and meetings while on the FPRS rotation.5. Develop competence in critical review of FPRS literature through journal club, assigned and independent reading.6. Continue to develop research skills and methods of scientific investigation through discussions with mentor, the department resident research presentations, and completion of resident research project initiated in PGY-2.7. Continue to develop competency in research by presenting at local/regional/national OHNS conferences and by publication in Peer-reviewed journals.8. Develop teaching skill through clinical interaction with medical students and junior residents on the floor and in the OR.	<ul style="list-style-type: none">• Division journal club and teaching rounds, weekly resident didactic conference, grand rounds, morbidity and mortality conference• Assigned reading• Faculty-mentored research projects, manuscript preparation and lecture presentation• Surgical laboratories and workshops: soft tissue course, head and neck course	<ul style="list-style-type: none">• In-training examinations• In-house testing• Attendance of conferences and didactic program• Faculty evaluation• Pre, mid- and end-of-rotation preceptor feedback• Program director semiannual review
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<p><u>Practice-based Learning and Improvement</u></p> <ol style="list-style-type: none"> 1. Maintain accurate records of operative and clinical cases. 2. Monitoring of outcomes of patients with whom the resident has interacted during the rotation in the clinic and operating room; adjustment of technique/management based on observed outcomes. 3. Apply the principles of evidence-based medicine to one's own practice. 4. Use on-line resources for up-to-date information. 5. Be candid in presenting and critically analyzing one's outcomes and errors. 6. Take the initiative in identifying one's own areas of relative weakness/need for improvement, through consultation with faculty and resident colleagues, and address identified gaps in knowledge/skills. 	<ul style="list-style-type: none"> • Operative skills assessment and formative feedback • Presentation of cases at M&M conference including summary of literature and evidence-based practice • Other presentations in department and at meetings • Journal club and ward rounds • Self-directed reading and study • Chart review for retrospective study • Self-assessment during semi-annual review 	<ul style="list-style-type: none"> • Documented faculty evaluations • Pre, mid- and end-of-rotation preceptor feedback • Program director semiannual evaluation: self assessment, longitudinal assessment of skill development, list of conference presentations and publications, review of learning goals
<p><u>Interpersonal and Communication Skills</u></p> <ol style="list-style-type: none"> 1. Skills necessary to obtain appropriate physician-patient relationships. 2. Clear, concise, accurate and precise reporting of patient history, physical and studies (in discussion, dictations and writing). 3. Effective listening and communication with patients and family members. 4. Clear legible writing. 5. Discussion of risks, expected benefits, likely outcomes, and alternatives of different treatment modalities, as part of a discussion leading to informed consent. 	<ul style="list-style-type: none"> • Supervised and progressive patient care responsibility: in-patient, out-patient, operating room and on-call • Multi-disciplinary conferences • Lectures and discussions: Grand Rounds • Journal reviews and discussions • Self-assessment during semi-annual review • Attend family meetings and 	<ul style="list-style-type: none"> • Documented evaluation by faculty, other health care providers, peers • Pre, mid- and end-of-rotation feedback by preceptor • GR and M&M presentations: Faculty and resident evaluations • Program director semiannual evaluation: list of conference

Goals and Objectives

revised 9/09

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<ol style="list-style-type: none"> 6. Presenting at least one interesting FPRS case to departmental grand rounds during the FPRS rotation. 7. Teaching medical students and OTO2 & 3 residents in the clinic and inpatient setting. 	<p>counseling sessions with attending physicians</p>	<p>presentations and publications, review of documented evaluations, resident self assessment</p>
<p><u>Professionalism</u></p> <ol style="list-style-type: none"> 1. Skills necessary to obtain appropriate physician-patient relationships. 2. Honesty, compassion, level-headedness, decorum, selflessness, integrity and respect for others. 3. Acceptance of accountability and commitment to self-improvement. 4. Maintenance of patient confidentiality; knowledge of HIPAA statutes. 5. Sensitivity to issues involving gender, religion, race, sexual orientation, disability and age. 6. Understanding of ethical issues in clinical and research settings, and critical analysis of novel ethical issues. 7. Appropriate consultation with colleagues within and outside the department. 8. Ability to work as a member of a team. 9. Development of leadership skills. 10. Habits of continual learning. 	<ul style="list-style-type: none"> • Lectures and discussions: Grand Rounds • Journal reviews and discussions • Web-based sleep deprivation module • Web-based HIPAA modules • Web-based Course on Research Ethics • Self-assessment during semi-annual review 	<ul style="list-style-type: none"> • Documented evaluation by faculty, other health care providers, peers • Pre, mid- and end-of-rotation feedback by preceptor • >80% score for web-based modules • Program director semiannual evaluation: review of documented evaluations, resident self assessment
<p><u>Systems-based Practice</u></p> <ol style="list-style-type: none"> 1. Understanding of the organization of the GBMC and JHH FPRS service, including expected responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication. 	<ul style="list-style-type: none"> • Supervised and progressive clinical team responsibilities and leadership • Ward Rounds • Morbidity and Mortality 	<ul style="list-style-type: none"> • Documented evaluation by faculty • Pre, mid- and end-of-rotation feedback by preceptor

Goals and Objectives

revised 9/09

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<ol style="list-style-type: none"> 2. Organizational and time-management skills required for efficient running of the inpatient service 3. Understanding of the systems approach to analysis of sentinel events signifying a potential risk to patient safety. 4. Understanding of each member's contributions to the multidisciplinary patient care team. 5. Identification of opportunities to systematically improve care delivery. 6. Become familiar with the private practice clinical setting, including office management techniques and practitioner business methods. 7. Understanding of macro- and microeconomic forces impacting health care delivery to different populations and to single individuals. 8. Cost-effective use of diagnostic tests and treatment modalities. 	<p>Conference</p> <ol style="list-style-type: none"> (a) Database entry (b) Presentation (c) System error analysis <ul style="list-style-type: none"> • Lectures and discussions: Grand Rounds • Quality Improvement Efforts 	<ul style="list-style-type: none"> • Attendance of M&M, Grand Round conferences, multidisciplinary workshops • Physician Advisor and faculty evaluation/feedback of M&M presentation and proposed system improvements • Program director semiannual evaluation of above and resident self assessment
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Duties:

Outpatient clinical duties: The OTO4 FPRS resident will divide time seeing patients in the outpatient clinics of the Facial Plastic Surgicenter (Drs. Ira Papel and Theda Kontis) and the outpatient clinics of the Johns Hopkins Division of Facial Plastic Surgery (Drs. Patrick Byrne, Kofi Boahene, and Lisa Ishii). They will spend two half-days a week seeing patients in clinic at the Facial Plastic Surgicenter, where they will participate with Drs. Papel and Kontis in cosmetic and reconstructive facial surgery consultations, postoperative visits and follow up visits. They will spend one full day in clinic with Drs. Byrne and Boahene at the Johns Hopkins Outpatient Center and one half-day in clinic with Dr. Byrne at the Center for Facial Plastic and Reconstructive Surgery seeing cosmetic and reconstructive facial plastic surgery patients. They will be responsible for taking a history, performing a focused physical exam, and presenting the patient to the attending. They will then participate in treatment planning.

Surgical duties: The OTO4 on this rotation will spend two half-days per week operating with Drs. Papel and Kontis at the Facial Plastic Surgicenter. They will spend one and one-half day per week operating with Drs. Byrne, Boahene and Ishii at Johns Hopkins Hospital and at the Center for Facial Plastic and Reconstructive Surgery. On a week by week basis, they will alternate half-day

Goals and Objectives

revised 9/09

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operating days with Dr. Randolph Capone at GBMC. They will perform routine preoperative assessment and treatment planning for all FPRS patients. The resident is expected to be familiar with the patient's history, exam and treatment plan, as well as having reviewed all preoperative studies, consultations, and confirmed completion of all necessary documentation (i.e., H&P, informed consent). In addition, the involved resident should have in-depth knowledge of the specific disease process and planned surgical procedure through reading and study. The resident will be the first assist or primary surgeon when possible. The OTO4 will also play a role in teaching more basic surgical skills to medical students and junior residents. The resident is responsible for and assists in care of the patient in the preoperative area until their arrival in the post-anesthesia care unit.

Inpatient duties: The OTO4 resident is responsible for assisting the chief resident in the management of inpatients. In this capacity, the OTO4 will prepare for assuming the chief resident role the following year. The OTO4 will assume a leading role in care of inpatients and consultations pertaining to FPRS. The H&N OTO4 will assume a greater role in management of the H&N inpatient population. The OTO4 is responsible for evening and weekend call and will alternate home call at GBMC with in-house call at JHH.

Academic duties: The OTO4 resident is expected to be promptly present and adequately prepared for all mandatory educational conferences and workshops. The OTO4 resident is expected to exemplify their preparation through active participation. They will present complications and interesting case presentations at the weekly M&M conference. The resident also has direct teaching responsibilities with rotating medical students and junior residents in the clinic, operating room, ICU and the floor. Additionally, they will assist Dr. Byrne and the Facial Plastic and Reconstructive Surgery fellow in the planning and preparation of a quarterly FPRS journal club meeting. In this capacity they will assist in the selection of an FPRS topic and FPRS journal paper and lead a discussion at an informal gathering with other residents and faculty.

Administrative duties: The OTO4 on FPRS is expected to maintain timely, complete, concise, and accurate documentation of all clinical efforts (i.e. clinical progress notes, history and physicals, operative reports, and discharge summaries). The OTO4 is also responsible for accurate documentation as necessary for the residency program, JHH, and the School of Medicine.

Progression of responsibilities:

The OTO4 has a minimum of 12 months and a maximum of 18 months of OHNS experience at the beginning of the OTO4 year. The OTO4 FRPS rotation consists of three consecutive months which gives the resident an opportunity to progress in their clinical skills and leadership development in a longitudinal fashion. At GBMC, emphasis is placed on more independent care of the OHNS patient. Because of the team leadership responsibility placed on the OTO4 resident, the OHNS GBMC faculty closely supervises the team. As the GBMC OTO4 resident gains further experience and becomes more proficient in all aspects of patient care, he/she is allowed to progress in their responsibilities. In the outpatient clinic, the resident is given increasing responsibility through interviewing and examining their own patients and subsequently working with the supervising Faculty in developing a diagnostic and management

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plan. Focus is placed on increasingly more complex FPRS problems as well as increasing independence in formulating diagnostic workups and treatment plans as the rotation progresses. As experience increases, supervised independence is also experienced with clinic procedures. The OTO4 resident assumes a central role in the inpatient and emergency room consultation service as well as making more independent care plan decisions on inpatient OHNS patients. Similarly, in the OR, the resident is allowed significant independence in the performance of basic OHNS surgical procedures, giving the residents more latitude to allow more independent intra-operative decision-making. As abilities and knowledge accelerates, the OTO4 resident rapidly becomes the primary surgeon on increasingly complex procedures under faculty guidance. As skills accelerate, the resident is also allowed to begin to bring medical students and the OHNS OTO3 through basic surgical procedures.

Operative skills:

The OTO4 FPRS resident is expected to become proficient in the following procedures:

- Rhinoplasty
- Management of facial fractures
- Otoplasty
- Rhytidectomy
- Forehead and Browlift
- Bleparoplasty and other peri-orbital procedures
- Extratemporal facial reanimation
- Soft tissue expansion
- Skin resurfacing techniques
- Reconstruction of surgical defects including assisting with free-flaps
- Botulinum toxin and injectable fillers for cosmetic application
- Cleft lip and palate
- Hair transplantation