



UAEU

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NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Plastic Surgery

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List of EPAs:

EPA 1: Assessing patients with a traumatic injury relevant to Plastic Surgery...	5
EPA 2: Assessing and providing initial management for patients with skin and soft tissue infections and wounds	6
EPA 3: Assessing and providing initial management for patients with an acute hand injury	7
EPA 4: Performing an initial assessment of patients with craniofacial trauma ...	9
EPA 5: Assessing and providing initial management for patients with burns ...	10
EPA 6: Integrating Plastic Surgery scientific literature into clinical practice	11
EPA 7: Documenting clinical information	12
EPA 8: Closing abdominal incisions	13
EPA 9: Assessing patients with breast cancer.....	14
EPA 10: Managing patients with emergency conditions.....	15
EPA 11: Managing the Plastic Surgery inpatient service	17
EPA 12: Managing adverse events	19
EPA 13: Performing reconstruction with local flaps	20
EPA 14: Performing reconstruction with pedicled flaps.....	21
EPA 15: Performing reconstruction with free flaps	22
EPA 16: Performing autogenous & other grafts	24
EPA 17: Providing surgical management for patients with major soft tissue defects and deformities of the face	26
EPA 18: Assessing and developing a management plan for patients with composite defects of the head and neck	27
EPA 19: Providing surgical assessment and consultation for patients with complex wounds of the abdomen/trunk/pelvis	28
EPA 20: Performing surgical interventions for patients with complex wounds of the abdomen/trunk/pelvis	29

EPA 21: Providing consultation and definitive management for patients with lower extremity soft tissue defects.....	30
EPA 22: Providing assessment and definitive management for patients with simple craniofacial trauma.....	32
EPA 23: Managing patients with hand fractures.....	34
EPA 24: Assessing patients with non-traumatic hand and/or wrist conditions .	35
EPA 25: Managing patients requiring surgery for joint, ligament, fascia and/or soft tissue pathology of the hand.....	36
EPA 26: Managing patients with tendon injuries	38
EPA 27: Managing patients with peripheral nerve injuries	40
EPA 28: Assessing patients with a mangled upper extremity and providing initial management.....	42
EPA 29: Providing consultation and definitive management for patients with invasive melanoma	43
EPA 30: Providing consultation and definitive management for patients with non- melanoma cutaneous malignancies.....	45
EPA 31: Managing patients with minor burns.....	47
EPA 32: Providing initial management for patients with major burns	49
EPA 33: Managing patients with secondary burn deformities	51
EPA 34: Assessing patients for non-surgical facial rejuvenation procedures, and performing injections.....	53
EPA 35: Providing comprehensive assessment and consultation for patients presenting for aesthetic surgery	55
EPA 36: Performing facial aesthetic surgery	57
EPA 37: Performing body contouring surgery.....	59
EPA 38: Performing aesthetic breast augmentation surgery	61
EPA 39: Providing comprehensive assessment and consultation for patients presenting for reconstructive breast surgery.....	62

EPA 40: Performing breast reconstruction surgery	63
EPA 41: Performing breast reduction surgery.....	64
EPA 42: Assessing and managing pediatric patients with hand fractures.....	66
EPA 43: Managing pediatric patients with common plastic surgery conditions.	68
EPA 44: Performing the surgical skills of cleft lip and palate procedures	70
EPA 45: Communicating with patients and families with specific needs	72
EPA 46: Applying the principles of biomedical ethics	73
EPA 47: Teaching junior learners	74
EPA 48: Executing scholarly work	75
EPA 49: Implementing the principles of quality improvement and patient safety	76
EPA 50: Managing an outpatient clinic	77
EPA 51: Coordinating, organizing and completing a surgical day of core procedures	78
EPA 52: Managing a Plastic Surgery practice	80
EPA 53: Developing a personal learning plan for continuing personal and professional development.....	81

Plastic Surgery

EPA 1: Assessing patients with a traumatic injury relevant to Plastic Surgery

Key Features: This EPA includes gathering a history, performing a physical examination relevant to the injury, and synthesizing the findings for presentation to a supervisor.

- It also includes recognizing emergencies and obtaining help in a timely manner.
- Developing a complete, appropriate management plan is not an expectation of this stage of training.
- This EPA may be observed in any clinical experience that offers opportunities to assess patients with a simple traumatic injury commonly referred to Plastic Surgery for management; examples include facial lacerations or simple hand injuries.

Assessment Plan:

Direct observation or case review by plastic surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Type of injury (write in):

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 1

Relevant Tasks:

- 1 COM 1.2 Optimize the physical environment for patient comfort and privacy
- 2 COM 1.1 Establish rapport and explain the purpose of the visit
- 3 ME 2.2 Gather a relevant clinical history
- 4 ME 2.2 Perform a physical examination and interpret the clinical significance
- 5 COM 2.3 Identify other sources of information (e.g., family, medical record) that may assist in a patient's care
- 6 ME 2.2 Select appropriate labs, imaging and testing
- 7 ME 1.4 Apply knowledge of anatomy
- 8 ME 2.1 Determine the acuity of the condition and the priorities for patient care
- 9 ME 2.2 Synthesize information from the clinical assessment for the purpose of written or verbal summary to a supervisor
- 10 ME 2.4 Develop and implement a plan for initial management
- 11 ME 3.3 Recognize situations requiring emergent or urgent surgical intervention
- 12 COM 3.1 Share information and explanations with the patient/family

Plastic Surgery

EPA 2: Assessing and providing initial management for patients with skin and soft tissue infections and wounds

Key Features: This EPA includes the clinical assessment and management of complex lacerations, soft tissue infections, and wounds.

- The procedural components of this EPA include closure of complex lacerations, incision and drainage of abscesses and other soft tissue infections, and debridement of wounds.
- This includes the choice of suture material, determining the need for multilayer closure and/or bridging modalities (negative pressure dressing), selection/application of appropriate dressings, and other aspects of wound care.
- This EPA must be observed in a clinical setting.

Assessment Plan:

Direct observation or case review by plastic surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Case mix: complex laceration; infection; wound care
- Procedure: incision and drainage of abscess; debridement of wound; multilayer closure

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 1 of each procedure

When is unsupervised practice expected to be achieved: PGY 1

Relevant Tasks:

- 1** ME 1.5 Perform a clinical assessment that addresses all relevant issues
- 2** ME 1.5 Recognize urgent problems and seek assistance
- 3** ME 2.4 Develop and implement a plan for initial management
- 4** ME 3.2 Obtain informed consent for minor procedures
- 5** ME 3.4 Gather appropriate instruments and materials, including choice of suture
- 6** ME 3.4 Select and provide local analgesia
- 7** ME 3.4 Demonstrate aseptic technique: skin preparation, draping, establishing and respecting the sterile field
- 8** ME 3.4 Perform the procedure in a skillful, fluid and safe manner
- 9** COM 3.1 Communicate effectively with the patient during the procedure
- 10** ME 2.4 Provide wound care, including appropriate dressings, anti-bacterial and/or wound care systems as needed
- 11** ME 4.1 Establish a plan for ongoing care and/or follow-up of results of investigations

Plastic Surgery

EPA 3: Assessing and providing initial management for patients with an acute hand injury

Key Features: This EPA includes a complete assessment of the patient with a hand injury, including: the mechanism of injury and relevant patient factors (occupation, handedness, immunization status, etc.), examination of the hand, and selection and interpretation of imaging studies.

- This EPA also includes the following procedural skills: local anesthesia for repair and reduction, splinting of a hand fracture, closed reduction of a hand fracture, revision amputation or fingertip repair, and extensor tendon repair.
- The observation of this EPA is divided into two parts: patient assessment; and procedural skills.
- The procedural skills may be observed in a simulation setting.

Assessment Plan:

Part A: Patient assessment

Direct observation and/or case review by plastic surgeon or entrusted resident/fellow.
Use assessment form.

Part B: Procedure

Direct or indirect observation by plastic surgeon, entrusted fellow, or resident

Assessment form collects information on:

- Procedure (select all that apply): local anesthesia; splinting; reduction; finger amputation/fingertip repair; extensor tendon repair.
- Setting: clinical; simulation

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 1 of each procedure

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

Part A: Patient assessment

- 1 ME 2.2 Gather a relevant clinical history
- 2 ME 2.2 Perform a physical examination and interpret the clinical significance
- 3 ME 2.2 Select and interpret imaging
- 4 ME 2.4 Develop and implement a plan for initial management
- 5 COM 3.1 Share information and explanations with the patient/family
- 6 ME 1.5 Recognize urgent problems and seek assistance

Part B: Procedural skills

- 1 ME 3.2 Demonstrate knowledge of the indications and contraindications for the procedure
- 2 ME 3.2 Obtain informed consent for minor procedures
- 3 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 4 ME 3.4 Select and provide local analgesia
- 5 ME 3.4 Demonstrate aseptic technique: skin preparation, draping, establishing and respecting the sterile field
- 6 COL 1.2 Work effectively with nurses and/or other assistants
- 7 ME 3.4 Develop and implement a plan for post-procedure care
- 8 COM 5.1 Document the procedure

Plastic Surgery

EPA 4: Performing an initial assessment of patients with craniofacial trauma

Key Features: This EPA focuses on the initial assessment of patients with an acute craniofacial injury, including facial fractures and complex injuries.

- This includes taking a history of the injury, and performing a physical examination of ocular, dental, airway and/or neurovascular anatomy, determining indications for imaging, recognizing the need to consult other services (such as ophthalmology, dentistry, or neurosurgery) and providing pre-operative management and/or preparation for the OR.
- At this stage the resident is not expected to provide definitive management of the injury.
- This EPA may include recognizing indications to escalate care, such as airway and c-spine compromise.

Assessment Plan:

Direct observation by plastic surgeon or entrusted resident/fellow

Assessment form collects information on:

- Presentation (write in):

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- No more than 1 nasal fracture

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1 ME 1.5 Recognize urgent problems and seek assistance
- 2 ME 2.2 Gather a relevant clinical history
- 3 ME 2.2 Perform a physical examination and interpret the clinical significance
- 4 ME 2.2 Select and interpret appropriate labs, imaging and testing
- 5 ME 4.1 Determine the need and timing of referral to another service
- 6 COM 3.1 Share information and explanations with the patient/family

Plastic Surgery

EPA 5: Assessing and providing initial management for patients with burns

Key Features: This EPA focuses on clinical assessment and urgent initial management.

- This includes estimation of TBSA and identification of a major burn (> 10% TBSA), fluid resuscitation, application of dressings, and identification of indications for transfer to a burn center and preparation for transport, as needed.
- It also includes outpatient management of minor uncomplicated burns.
- It may also include recognizing indications to escalate care, such as airway compromise, c-spine injury, and compartment syndrome (extremity and abdominal), including the need for immediate escharotomies.

Assessment Plan:

Direct observation and/or case review by plastic surgeon or entrusted resident/fellow
Assessment form collects information on:

- Burn: major; minor
- TBSA% (write in):
- Escalation of care: yes; no

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 1 major burn
- At least 1 minor burn

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks:

- 1 ME 2.2 Assess burn wound extent and depth
- 2 ME 2.1 Determine the acuity of the condition and the priorities for patient care
- 3 ME 2.4 Provide resuscitation, including fluid and electrolyte management
- 4 ME 3.4 Provide airway management and/or respiratory support
- 5 ME 2.4 Provide non-surgical management using topical antibacterials and all available techniques for topical wound care
- 6 ME 2.4 Assess the need and timing of transfer to another level of care
- 7 ME 2.4 Develop a plan for ongoing care and/or for care prior to and during transfer
- 8 COM 3.1 Share information and explanations with the patient/family

Plastic Surgery

EPA 6: Integrating Plastic Surgery scientific literature into clinical practice

Key Features: This EPA focuses on identifying a clinical question, and performing and appraising a literature search, as well as effective presentation skills.

- This EPA will be observed at the time of a resident's presentation at journal club, divisional rounds, or quality assurance rounds.

Assessment Plan:

Direct observation by plastic surgeon or entrusted resident/fellow

Assessment form collects information on:

- Setting: journal club; divisional rounds; quality assurance rounds

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 1 journal club
- At least 1 divisional round

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1 S 3.1 Generate focused questions that address practice uncertainty and knowledge gaps
- 2 S 3.2 Identify, select, and navigate pre-appraised resources
- 3 S 3.3 Identify relevant material via a search of the medical literature
- 4 S 3.3 Interpret study findings, including a critique of their relevance to practice
- 5 S 3.3 Determine the validity and risk of bias in a source of evidence
- 6 S 3.4 Integrate best evidence and clinical expertise
- 7 S 2.4 Present information in an organized manner to facilitate understanding
- 8 P 2.1 Demonstrate a commitment to maintaining and enhancing competence

Plastic Surgery

EPA 7: Documenting clinical information

Key Features: This EPA focuses on the application of written communication skills in a variety of formats: consultation, operative note, discharge summary, including a synthesis of the procedure and pertinent clinical findings and/or management plan.

- The documents submitted for review must be the sole work of the resident.

Assessment Plan:

Review of clinical documentation by plastic surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Document: consultation; admission; operative note; transfer of care note; discharge summary
- Setting: inpatient; outpatient clinic; OR; procedure clinic; ER

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 2 operative notes of different procedures
- At least 1 discharge summary or transfer of care note
- At least 2 consultations or admissions

When is unsupervised practice expected to be achieved: PGY 1

Relevant Tasks:

- 1 COM 5.1 Organize information in appropriate sections
- 2 COM 5.1 Convey clinical reasoning
- 3 COM 5.1 Document all relevant findings
- 4 COM 5.1 Complete clinical documentation in a timely manner

Plastic Surgery

EPA 8: Closing abdominal incisions

Key Features: This EPA focuses on the basic surgical skills of closing an abdominal incision, including appropriate technique, selection of suture materials, and knowledge of the indications and options for mesh closure.

- This EPA may be observed in any abdominal surgery or in a simulation setting.

Assessment Plan:

Direct observation by surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Setting: clinical; simulation

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1 ME 1.4 Apply knowledge of anatomy, key landmarks and the surgical procedure
- 2 ME 3.4 Close the layered abdominal incision
- 3 ME 3.4 Respect tissue vitality when handling tissue and instruments
- 4 P 1.1 Work within personal limits, asking for help as needed
- 5 COL 1.2 Work effectively with the OR team

Plastic Surgery

EPA 9: Assessing patients with breast cancer

Key Features: This EPA focuses on the clinical assessment of a patient presenting for treatment of a newly diagnosed breast cancer.

- This includes an assessment of factors to determine optimal treatment, including those related to the patient's history, physical examination, and pathology findings.
- It also includes consideration of the options for surgical treatment (mastectomy vs breast-conserving surgery, skin sparing vs nipple sparing mastectomy) and factors determining the need for adjuvant therapy (i.e. radiation therapy and/or systemic therapy); however, at this stage, the resident is not expected to provide a plan for comprehensive management.

Assessment Plan:

Direct observation and/or case review by surgeon or entrusted resident/fellow.

Use assessment form.

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 1

Relevant Tasks:

- 1 COM 1.1 Recognize and respect the patient's psychological and emotional needs
- 2 ME 2.2 Gather a relevant clinical history
- 3 ME 2.2 Perform a physical examination and interpret the clinical significance
- 4 ME 1.4 Apply knowledge of the indications for breast cancer treatment options, including surgical interventions and adjuvant therapy
- 5 ME 1.4 Apply knowledge of the surgical techniques used in the management of breast cancer
- 6 ME 2.2 Interpret a pathology report
- 7 ME 2.4 Identify indications for adjuvant therapy
- 8 ME 3.1 Describe the indications, contraindications, risks, and alternatives for a proposed procedure

Plastic Surgery

EPA 10: Managing patients with emergency conditions

Key Features: This EPA focuses on recognition, diagnosis, and expeditious treatment of critical emergencies in Plastic Surgery.

- Examples of emergencies include compartment syndrome, necrotizing infections, suppurative tenosynovitis, septic arthritis, uncontrolled bleeding, and acute hematoma.
- This EPA includes performing the clinical assessment in a timely manner, recognizing clinical features, and interpreting the clinical findings as well as any adjunctive testing to establish a diagnosis and expedite definitive surgical care.
- This EPA also includes performing procedures: extremity compartment release; debridement of necrotizing soft tissue infections; incision & drainage of suppurative tenosynovitis.
- This observation of this EPA is divided into two parts: patient assessment; and procedure.

Assessment Plan:

Part A: Patient assessment

Direct observation or case review by plastic surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Emergency presentation (write in):

Part B: Procedure

Direct observation by plastic surgeon, entrusted resident/fellow.

Assessment form collects information on:

- Case mix: active bleeding/acute hematoma; compartment syndrome; necrotizing infection; suppurative tenosynovitis; septic arthritis

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 2 different clinical emergencies

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

Part A: Patient assessment

- 1 ME 2.1 Prioritize patients based on the acuity of the clinical presentation
- 2 ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements
- 3 ME 2.2 Select and interpret investigations
- 4 ME 2.4 Develop a plan for definitive management which may include observation,

surgical intervention and/or non-operative intervention

- 5 ME 3.3 Book cases with appropriate urgency
- 6 ME 4.1 Determine the need and timing of referral to another service
- 7 COL 3.2 Provide safe handover of care

Part B: Procedure

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 8 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 9 COL 1.2 Make effective use of operative assistants
- 10 P 1.1 Work within personal limits, asking for help as needed
- 11 COL 1.2 Work effectively with the OR team
- 12 COM 5.1 Document the surgical procedure in a complete and timely manner
- 13 ME 3.4 Establish and implement a plan for post-procedure care

Plastic Surgery

EPA 11: Managing the Plastic Surgery inpatient service

Key Features: This EPA focuses on the efficient management of an inpatient service.

- This includes providing peri-operative and non-operative management for routine and complex patients.
- It also includes managing the service, including making discharge plans, working effectively with other health care professionals, and supervising junior learners, as well as performing administrative duties relevant to the organization of a team of physicians (triaging and delegating tasks, scheduling elective students, coordinating junior residents).
- The observation of this EPA is divided into two parts: overall patient care; and working effectively with the interprofessional team.
- Both aspects of the EPA are based on at least a month of observation.

Assessment Plan:

Part A: Overall patient care

Direct and indirect observation by plastic surgeon

Use assessment form.

Part B: Working effectively with the interprofessional team

Multiple observers provide feedback individually, which is then collated into one report.

Assessment form collects information on:

- Observer role: attending physician; nurse; social worker; other health care professional; entrusted fellow; entrusted resident; other resident or student

Basis for formal entrustment decisions:

Collect 2 observations from multiple observers.

- Each report should include input from at least 3 observers, including 1 attending physician and 1 junior learner.

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

Part A: Overall patient care

- 1 ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care
- 2 ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
- 3 ME 2.4 Develop and implement plans for ongoing care, discharge and follow-up
- 4 ME 4.1 Determine the need and timing of referral to another health care professional
- 5 S 3.4 Integrate best evidence and clinical expertise into decision-making

- 6 COM 1.5 Manage disagreements and emotionally charged conversations with patients and/or families
- 7 HA 1.1 Facilitate timely patient access to services and resources
- 8 L 2.1 Allocate health care resources for optimal patient care
- 9 L 4.1 Manage time and prioritize tasks
- 10 L 3.1 Plan work schedules for the service team
- 11 L 4.2 Run the service efficiently, safely, and effectively
- 12 S 2.3 Supervise junior learners to ensure they work within their limits

Part B: Working with an interprofessional team

- 1 P 1.1 Exhibit appropriate professional behaviors
- 2 P 1.1 Respond punctually to requests from patients or other health care professionals
- 3 COL 1.2 Make effective use of the scope and expertise of other health care professionals
- 4 COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner
- 5 COL 1.3 Communicate effectively with physicians and other health care professionals
- 6 S 2.4 Provide formal and informal teaching for junior learners
- 7 S 2.5 Provide junior learners with useful timely feedback

Plastic Surgery

EPA 12: Managing adverse events

Key Features: This EPA focuses on the application of communication skills, surgical expertise and knowledge of medico-legal obligations and professional support to manage an adverse event/patient complication.

- This includes knowledge of the legal and ethical requirements to divulge complications, techniques to mitigate patient concerns such as enhanced follow-up and securing second opinions, and knowledge of how to access legal assistance (e.g., CMPA).
- It also includes skills in communicating the occurrence of complications with patients and families, and the surgical expertise to develop a management plan to restore function/form for complications.
- This EPA may be observed in simulation.

Assessment Plan:

Direct observation by plastic surgeon

Assessment form collects information on:

- Description of adverse event (write in):
- Setting: clinical; simulation

Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks:

- 1 ME 1.5 Recognize an adverse event arising from patient care and develop a plan for appropriate follow-up and care
- 2 COM 5.1 Document a clinical encounter to adequately convey a procedure, its outcome and the rationale for decisions
- 3 COM 3.2 Communicate the reasons for unanticipated clinical outcomes and disclose adverse events
- 4 COM 4.3 Answer questions from the patient and/or family
- 5 P 3.1 Describe how to respond to, cope with, and constructively learn from a complaint or legal action
- 6 P 3.1 Access support for a medico-legal issue, such as via a medical protective association
- 7 P 4.3 Use strategies to mitigate the personal impact of a patient adverse event

Plastic Surgery

EPA 13: Performing reconstruction with local flaps

Key Features: This EPA focuses on reconstruction of cutaneous defects with common local flaps.

- This includes identifying indications for the procedure, applying key theoretical points (such as lines of maximal tension, use of backcuts, how to orient flaps with respect to relaxed skin tension lines) and planning and performing advancement, rotation, and transposition flaps.

Assessment Plan:

Direct or indirect observation by plastic surgeon, entrusted resident/fellow.

Assessment form collects information on:

- Procedure: advancement; rotation; transposition; Z-plasty

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 1 Z-plasty
- At least 2 different flaps

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 8 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 9 COL 1.2 Make effective use of operative assistants
- 10 P 1.1 Work within personal limits, asking for help as needed
- 11 COL 1.2 Work effectively with the OR team
- 12 COM 5.1 Document the surgical procedure in a complete and timely manner

Plastic Surgery

EPA 14: Performing reconstruction with pedicled flaps

Key Features: This EPA focuses on reconstruction of defects with pedicled flaps.

- This includes applying knowledge of the anatomy of pedicled flaps, including pectoralis major, latissimus dorsi, radial forearm (including reverse radial forearm), transverse rectus abdominis myocutaneous, vertical rectus abdominis myocutaneous, groin, gastrocnemius, soleus, gracilis, reverse sural, tensor fascia lata, first dorsal metacarpal artery, medial plantar, forehead and propeller.
- It includes recognizing indications for these flaps and planning and performing the procedure.

Assessment Plan:

Direct observation by plastic surgeon

Assessment form collects information on:

- Procedure (write in):

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- 2 different flaps

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks:

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 8 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 9 COL 1.2 Make effective use of operative assistants
- 10 P 1.1 Work within personal limits, asking for help as needed
- 11 COL 1.2 Work effectively with the OR team
- 12 COM 5.1 Document the surgical procedure in a complete and timely manner

Plastic Surgery

EPA 15: Performing reconstruction with free flaps

Key Features: This EPA focuses on reconstruction of complex defects with free tissue transfer.

- This includes identifying indications for the procedure and applying knowledge of the anatomy of free flaps.
- The technical skills of this procedure include planning the flap based on anatomy and defect, marking the patient, and positioning the patient in the OR, raising the flap including pedicle dissection, preparing recipient site vessels, and completing the microvascular anastomoses (hand sutured).
- The observation of this EPA is divided into three parts: raising a free flap; preparation of recipient vessels; and performance of microvascular anastomoses.

Assessment Plan:

Direct observation by plastic surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Flap utilized (write in):
- Recipient site: breast; upper extremity; lower extremity; head and neck; other site [write in]

Basis for formal entrustment decisions:

Collect 6 observations of achievement.

- At least 2 different flaps
- Two different recipient sites
- At least 2 Microvascular anastomoses (hand sutured)

When is unsupervised practice expected to be achieved: PGY 5/6

Relevant Tasks:

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): raise portion of flap while protecting pedicle/perforators, dissect portions of pedicle/perforators with assistance
- 8 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward

progression

- 10** COL 1.2 Make effective use of operative assistants
- 11** P 1.1 Work within personal limits, asking for help as needed
- 12** COL 1.2 Work effectively with the OR team
- 13** COM 5.1 Document the surgical procedure in a complete and timely manner

Plastic Surgery

EPA 16: Performing autogenous & other grafts

Key Features: This EPA focuses on knowledge and skills in the use of grafts in Plastic Surgery including tissues (skin, cartilage, bone, nerve, others) and source (autogenous, allograft, substitutes).

- This includes applying knowledge of biology and source(s) of graft materials including skin substitutes (e.g., acellular dermal matrix [ADM]), bone grafts and substitutes, nerve grafts (autogenous and allograft), and others.
- The technical skills of this EPA include harvest and use of autogenous bone grafts (e.g., iliac crest, distal radius, calvarium, others), harvest and use of nerve autografts (sural, LABC, others), and use of non-autogenous grafts such as ADM, bone graft substitutes, nerve allografts, and others.

Assessment Plan:

Direct observation by plastic surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Procedure: autogenous; non-autogenous
- Graft: skin; bone; nerve; tendon; cartilage

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 1 skin graft
- At least 1 other type of graft

When is unsupervised practice expected to be achieved: PGY 3/4

Relevant Tasks:

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): prepare donor site, harvest autogenous tissue, fix graft
- 8 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10 COL 1.2 Make effective use of operative assistants

- 11** P 1.1 Work within personal limits, asking for help as needed
- 12** COL 1.2 Work effectively with the OR team
- 13** COM 5.1 Document the surgical procedure in a complete and timely manner

Plastic Surgery

EPA 17: Providing surgical management for patients with major soft tissue defects and deformities of the face

Key Features: This EPA includes management of soft tissue injuries or defects of the face arising from any cause including oncologic, traumatic, or congenital.

- This includes defects of the following regions: nose, eyelid, cheek, lip, ear, and scalp.
- It includes assessment of the defect or deformity and surrounding donor sites.
- For the observation of this EPA, the procedure must be performed as a flap and the defect must be satisfactorily reconstructed.

Assessment Plan:

Direct or indirect observation by plastic surgeon, entrusted resident/fellow

Assessment form collects information on:

- Anatomical region (select all that apply): nose; eyelid; cheek; lip; ear; scalp
- Flap utilized (write in):

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 4 different anatomical regions

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks:

- 1** P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2** ME 3.4 Set-up, position, and drape the patient for the procedure
- 3** ME 5.2 Participate in the surgical safety checklist or equivalent
- 4** ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5** ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6** ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7** ME 3.4 Perform key technical skill(s): prepare recipient site, elevate and inset flap, close donor site
- 8** ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9** ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10** COL 1.2 Make effective use of operative assistants
- 11** P 1.1 Work within personal limits, asking for help as needed
- 12** COL 1.2 Work effectively with the OR team
- 13** COM 5.1 Document the surgical procedure in a complete and timely manner

Plastic Surgery

EPA 18: Assessing and developing a management plan for patients with composite defects of the head and neck

Key Features: This EPA focuses on composite defects of the head and neck, oncologic and non-oncologic, involving the following tissues: skin, cartilage, bone, mucosa.

- The anatomy involved includes the skull and scalp, orbit, midface, lower face, aerodigestive tract, and nose.
- The EPA includes clinical assessment, interpretation of relevant investigations including imaging and specialized tests and requests for appropriate consultations.
- It also includes describing the defect and presenting options for composite reconstruction.
- The procedural aspect of this EPA includes participating in the relevant surgeries.

Assessment Plan:

Direct observation by plastic surgeon

Assessment form collects information on:

- Anatomic region (select all that apply): skull/scalp; orbit; midface; lower face; aerodigestive tract; nose.
- Flap(s) utilized (write in):

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- 2 different anatomic regions

When is unsupervised practice expected to be achieved: PGY 1

Relevant Tasks:

- 1 ME 1.5 Perform a clinical assessment that addresses all relevant issues
- 2 ME 2.2 Select and interpret imaging
- 3 ME 4.1 Determine the need and timing of referral to other physicians
- 4 ME 2.2 Assess the defect, including extent and tissue type
- 5 ME 3.1 Describe options for each component of the reconstruction
- 6 ME 3.1 Develop a plan for reconstruction, including preferred flap(s) and specifics of harvesting

Plastic Surgery

EPA 19: Providing surgical assessment and consultation for patients with complex wounds of the abdomen/trunk/pelvis

Key Features: This EPA focuses on patient assessment, relevant investigations including medical imaging/wound biopsy, and determination of suitability for surgical intervention in complex wounds of the abdominal wall, chest wall and trunk, pelvis and perineum, and decubitus ulcers of the trunk, pelvis, lower extremities, and perineum.

- This includes history and physical examination, identification of risk factors/risk stratification (i.e. nutrition, smoking, diabetes, ambulatory status, moisture, pressure relief), clinical decision making/procedure selection and discussion of treatment options and potential risks/complications.
- This EPA may be observed in the clinic or on the inpatient service.

Assessment Plan:

Direct observation or case review by plastic surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Site: abdomen; chest wall/trunk; pelvis/perineum; decubitus ulcer

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 1 decubitus ulcer
- At least 1 other complex wound

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1 ME 2.1 Determine the acuity of the condition and the priorities for patient care
- 2 ME 1.5 Perform a clinical assessment that addresses all relevant issues
- 3 ME 2.2 Assess tissue perfusion and viability, including use of bedside ultrasound as appropriate
- 4 ME 2.2 Select and interpret investigations
- 5 COL 1.2 Consult, as needed, with the wound care team
- 6 ME 2.4 Develop a management plan, including non-operative and surgical intervention as appropriate
- 7 ME 3.2 Obtain informed consent, explaining the risks and benefits of, rationale for, and alternatives to a proposed procedure or therapy
- 8 COM 3.1 Convey the treatment options to the patient/family clearly and compassionately
- 9 COM 5.1 Document a clinical encounter to convey the clinical assessment and rationale for decisions/recommendations

Plastic Surgery

EPA 20: Performing surgical interventions for patients with complex wounds of the abdomen/trunk/pelvis

Key Features: This EPA includes closure of complex wounds such as pressure sores, perineal defects, thoracic defects, and abdominal wall defects.

- This EPA focuses on peri-operative planning and wound preparation, pre-operative marking, definitive wound closure, and post-operative recommendations.

Assessment Plan:

Direct observation by plastic surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Case mix: pressure sore; perineal defect; thoracic defect; abdominal wall defect; other complex wound [write in]

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 1 surgical debridement and reconstruction of pressure sore
- At least 1 other anatomic site

When is unsupervised practice expected to be achieved: PGY 3/4

Relevant Tasks:

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): pre-operative marking, debridement, obliteration of dead-space, flap elevation
- 8 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10 COL 1.2 Make effective use of operative assistants
- 11 P 1.1 Work within personal limits, asking for help as needed
- 12 COL 1.2 Work effectively with the OR team
- 13 COM 5.1 Document the surgical procedure in a complete and timely manner
- 14 ME 3.4 Establish and implement a plan for post-procedure care

Plastic Surgery

EPA 21: Providing consultation and definitive management for patients with lower extremity soft tissue defects

Key Features: This EPA focuses on patient assessment, interpretation of relevant investigations including imaging, determination of suitability for surgical intervention and appropriate timing of the intervention, and selection of the most appropriate reconstructive option as well as its execution.

- This includes patients with defects due to traumatic, oncologic, infectious, neuropathic, or vascular soft tissue conditions.
- Procedures relevant to this EPA include gastrocnemius muscle flap, reverse sural artery flap, free flap, sartorius flap, soleus flap and other major reconstructive flaps for lower extremity coverage.
- The observation of this EPA is divided into two parts: patient assessment; and procedure.

Assessment Plan:

Part A: Patient assessment

Direct observation by plastic surgeon or entrusted resident/fellow.

Use assessment form.

Part B: Procedure

Direct observation by plastic surgeon, entrusted resident/fellow

Assessment form collects information on:

- Procedure: gastrocnemius muscle flap; reverse sural artery flap; free flap; sartorius flap; soleus flap; other major reconstructive flap [write in]

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 1 gastrocnemius
- At least 1 other flap

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

Part A: Patient assessment

- 1 ME 2.2 Assess the defect, including extent and tissue type
- 2 ME 2.2 Assess tissue perfusion and viability, including use of bedside ultrasound as appropriate
- 3 ME 2.2 Select and interpret imaging
- 4 ME 2.4 Determine suitability for surgical management
- 5 ME 3.1 Develop a plan for reconstruction, including preferred flap(s) and specifics of

harvesting

- 6 COM 3.1 Provide information about the diagnosis and plan of care to the patient/family
- 7 ME 2.3 Ascertain and manage patient expectations
- 8 COL 1.3 Consult with other physicians, as needed

Part B: Procedure

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): prepare recipient site, elevate and inset flap, close donor site
- 8 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10 COL 1.2 Make effective use of operative assistants
- 11 P 1.1 Work within personal limits, asking for help as needed
- 12 COL 1.2 Work effectively with the OR team
- 13 COM 5.1 Document the surgical procedure in a complete and timely manner

Plastic Surgery

EPA 22: Providing assessment and definitive management for patients with simple craniofacial trauma

Key Features: This EPA includes a clinical assessment, including a complete craniofacial examination and interpretation of CT or X-ray imaging, and development and implementation of an appropriate management plan and surgical approach.

- It also includes performing the surgical management of zygomatic, mandibular, orbital floor and nasal fractures.
- The observation of this EPA is divided into two parts: patient assessment; and procedure.

Assessment Plan:

Part A. Patient assessment

Direct observation by plastic surgeon, entrusted resident/fellow.

Assessment form collects information on:

- Case mix: zygoma fracture; orbital floor fracture; nasal bones fracture; mandible fracture

Part B. Procedure

Direct observation by plastic surgeon, entrusted resident/fellow.

Use assessment form.

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 1 of each type of fracture

When is unsupervised practice expected to be achieved: PGY 1

Relevant Tasks:

Part A: Patient assessment

- 1 ME 1.5 Perform a clinical assessment that addresses all relevant issues
- 2 ME 2.2 Select and interpret imaging
- 3 ME 2.4 Develop a management plan including surgical intervention and/or non-operative intervention, as appropriate
- 4 ME 3.1 Integrate the clinical information to determine the surgical approach
- 5 COM 3.1 Provide information about the diagnosis and plan of care to the patient/family
- 6 COL 1.3 Consult with other physicians, as needed

Part B: Procedure

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure

- 3** ME 5.2 Participate in the surgical safety checklist or equivalent
- 4** ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5** ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6** ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7** ME 3.4 Perform key technical skill(s): use intra-operative imaging, expose and reduce fracture, apply fixation
- 8** ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9** ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10** COL 1.2 Make effective use of operative assistants
- 11** P 1.1 Work within personal limits, asking for help as needed
- 12** COL 1.2 Work effectively with the OR team
- 13** COM 5.1 Document the surgical procedure in a complete and timely manner

Plastic Surgery

EPA 23: Managing patients with hand fractures

Key Features: This EPA focuses on performing procedures to manage acute hand fractures.

- This includes CRPP (closed reduction percutaneous pinning), and ORIF (open reduction internal fixation) including phalanges, metacarpals, and carpal bones.
- It also includes making plans for post-operative rehabilitation with a hand therapist.

Assessment Plan:

Direct observation by plastic surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Procedure: CRPP; ORIF other [write in]
- Setting: OR; minor procedure room

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- 2 CRPP
- 2 ORIF

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks:

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): use intra-operative imaging, reduce fracture, apply fixation device, ensure alignment
- 8 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10 COL 1.2 Make effective use of operative assistants
- 11 P 1.1 Work within personal limits, asking for help as needed
- 12 COL 1.2 Work effectively with the OR team
- 13 COM 5.1 Document the surgical procedure in a complete and timely manner
- 14 ME 3.4 Establish and implement a plan for post-operative rehabilitation

Plastic Surgery

EPA 24: Assessing patients with non-traumatic hand and/or wrist conditions

Key Features: This EPA includes a history, physical examination, interpretation of investigations and imaging, consideration of a differential/working diagnosis, and recommendation of a management plan.

- This EPA may be observed in the outpatient clinic setting or on the inpatient service.

Assessment Plan:

Direct observation and/or case review by plastic surgeon or entrusted resident

Assessment form collects information on:

- Diagnosis (write in):
- Setting: outpatient; inpatient

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- 3 different diagnoses
- At least 1 direct observation

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1 ME 2.1 Determine the acuity of the condition and the priorities for patient care
- 2 ME 1.5 Perform a clinical assessment that addresses all relevant issues
- 3 ME 2.2 Select and interpret investigations
- 4 ME 2.4 Develop a management plan, including non-operative and surgical intervention as appropriate
- 5 ME 3.2 Obtain informed consent, explaining the risks and benefits of, rationale for, and alternatives to a proposed procedure or therapy
- 6 COM 3.1 Provide information about the diagnosis and plan of care to the patient/family
- 7 COM 5.1 Document a clinical encounter to convey the clinical assessment and rationale for decisions/recommendations
- 8 COL 1.3 Communicate effectively with physicians and other health care professionals

Plastic Surgery

EPA 25: Managing patients requiring surgery for joint, ligament, fascia and/or soft tissue pathology of the hand

Key Features: This EPA focuses on the performance of a distinct group of surgeries relating to management of pathology of the hand involving joints, ligaments, fascia, or other soft tissue structures.

- This includes surgical management of basal thumb joint osteoarthritis, Dupuytren's disease, and stenosing tenosynovitis, as well as arthrodesis, arthroplasty, common ligament repair, needle fasciotomy for Dupuytren's, ganglion excision, and excision of benign soft tissue tumors.
- It also includes making plans for post-operative rehabilitation with a hand therapist.

Assessment Plan:

Direct observation by plastic surgeon

Assessment form collects information on:

- Procedure: surgical management of basal thumb joint osteoarthritis; surgical management of Dupuytren's disease; surgical management of stenosing tenosynovitis; arthrodesis; arthroplasty; common ligament repair; needle fasciotomy for Dupuytren's disease; operative joint reduction; ganglion excision; excision of benign soft tissue tumor

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 1 surgical management of basal thumb joint osteoarthritis
- At least 1 surgical management of Dupuytren's disease
- At least 1 surgical management of stenosing tenosynovitis
- Any 2 additional procedures

When is unsupervised practice expected to be achieved: PGY 4/5

Relevant Tasks:

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): repair or reconstruct joint/ ligament/fascia/ soft tissue, use implants appropriately

- 8** ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9** ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10** COL 1.2 Make effective use of operative assistants
- 11** P 1.1 Work within personal limits, asking for help as needed
- 12** COL 1.2 Work effectively with the OR team
- 13** COM 5.1 Document the surgical procedure in a complete and timely manner
- 14** ME 3.4 Establish and implement a plan for post-operative rehabilitation

Plastic Surgery

EPA 26: Managing patients with tendon injuries

Key Features: This EPA focuses on the performance of a distinct group of surgeries relating to management of patients with tendon injuries, acute and delayed presentation.

- This includes surgical repair of flexor and extensor tendon lacerations, as well as delayed tendon reconstruction (single or two stage), tenolysis, tendon grafting, and tendon transfer.
- It also includes making plans for post-operative rehabilitation with a hand therapist.
- This EPA can be observed in the ER, minor surgery suite, or OR.

Assessment Plan:

Direct observation by plastic surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Procedure: flexor tendon repair; extensor tendon repair; delayed tendon reconstruction (single or two stage); tenolysis; tendon grafting; tendon transfer
- Setting: ER; OR; minor surgery

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 2 flexor or extensor tendon repairs
- Any 2 additional procedures

When is unsupervised practice expected to be achieved: PGY 5/6

Relevant Tasks:

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 8 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 9 COL 1.2 Make effective use of operative assistants
- 10 P 1.1 Work within personal limits, asking for help as needed
- 11 COL 1.2 Work effectively with the OR team
- 12 COM 5.1 Document the surgical procedure in a complete and timely manner
- 13 ME 3.4 Establish and implement a plan for post-operative rehabilitation

Plastic Surgery

EPA 27: Managing patients with peripheral nerve injuries

Key Features: This EPA focuses on management of patients with compression neuropathies, traumatic peripheral nerve and brachial plexus injuries, and benign peripheral nerve tumors.

- This includes the physical examination techniques specific to nerve assessment in the upper extremity, and interpretation of electrodiagnostic studies.
- Procedures relevant to this EPA include primary repair of a major nerve, carpal tunnel release surgery, ulnar nerve decompression +/- transposition, brachial plexus exposure, radial nerve decompression, nerve grafting, neuroma management, nerve transfers, and benign nerve tumor extirpation.
- This EPA includes making plans for post-operative rehabilitation with a hand therapist.
- The observation of this EPA is divided into two parts: patient assessment; and procedure.

Assessment Plan:

Part A: Patient assessment

Direct observation by plastic surgeon

Use assessment form.

Part B: Procedure

Direct observation by plastic surgeon

Assessment form collects information on:

- Procedure: primary repair of a major nerve; carpal tunnel release surgery; ulnar nerve decompression +/- transposition; brachial plexus exposure; radial nerve decompression; nerve grafting; neuroma management; nerve transfer; benign nerve tumor extirpation

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 1 primary repair of a major nerve
- At least 1 carpal tunnel release surgery
- At least 1 ulnar nerve decompression +/- transposition
- At least 1 of the other procedures

When is unsupervised practice expected to be achieved: PGY 5/6

Relevant Tasks:

Part A: Patient assessment

- 1 ME 2.2 Elicit information regarding the impact of the disorder on the patient's functional ability

- 2 ME 2.2 Perform sensory and motor examination relevant to peripheral nerve injury
- 3 ME 2.2 Select and interpret investigations
- 4 ME 2.2 Interpret electrodiagnostic evaluations
- 5 ME 2.4 Determine the need for, plan for, and timing of surgical intervention
- 6 ME 2.4 Provide non-operative management options, when relevant
- 7 COM 3.1 Convey the treatment options to the patient/family clearly and compassionately

Part B: Procedure

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): repair or reconstruct nerve, use nerve graft or transfer as necessary
- 8 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10 COL 1.2 Make effective use of operative assistants
- 11 P 1.1 Work within personal limits, asking for help as needed
- 12 COL 1.2 Work effectively with the OR team
- 13 COM 5.1 Document the surgical procedure in a complete and timely manner
- 14 ME 3.4 Establish and implement a plan for post-operative rehabilitation

Plastic Surgery

EPA 28: Assessing patients with a mangled upper extremity and providing initial management

Key Features: This EPA focuses on the assessment and initial stabilization of the mangled hand, including injuries that may require replantation, and development of a plan for definitive management, including the required operative procedure(s) and timing/urgency of surgery.

- For referrals from outside centers this EPA includes providing guidance for initial stabilization and transport.
- This EPA may be observed in the ER or outpatient clinic setting.

Assessment Plan:

Direct observation or case review by plastic surgeon

Assessment form collects information on:

- Referral from outside center: yes; no
- Potential replantation or revascularization: yes; no

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 1 observation must be a potential replantation or revascularization.

When is unsupervised practice expected to be achieved: PGY 5/6

Relevant Tasks:

- 1 COM 2.3 Gather and synthesize pertinent patient information from a referring physician
- 2 ME 2.4 Establish a plan for care prior to and during transfer
- 3 ME 1.5 Perform a clinical assessment that addresses all relevant issues
- 4 ME 2.2 Determine extent of injury
- 5 ME 2.4 Develop and implement a plan for resuscitation, management of other injuries and/or pre-operative optimization
- 6 ME 2.4 Formulate a plan for peri-operative management, including surgical approach, timing and need for coordination with other specialists
- 7 COL 1.3 Consult and work effectively with other physicians to provide all needed aspects of care
- 8 COM 3.1 Convey the treatment options to the patient/family clearly and compassionately

Plastic Surgery

EPA 29: Providing consultation and definitive management for patients with invasive melanoma

Key Features: This EPA focuses on surgical management of patients with invasive melanoma including determination of margins for wide local excision and sentinel lymph node biopsy.

- This includes interpretation of a synoptic pathology report, interpretation of appropriate investigations and utilization of appropriate staging protocol.
- This EPA also incorporates the multidisciplinary nature of invasive melanoma management including collaboration with surgical oncology, medical oncology, radiation oncology and/or medical imaging.
- The observation of this EPA is divided into two parts: patient assessment; and surgical excision.

Assessment Plan:

Part A: Patient assessment

Direct observation by plastic surgeon

Use assessment form.

Part B: Surgical excision

Direct observation by plastic surgeon

Use assessment form.

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 4

Relevant Tasks:

Part A: Patient assessment

- 1 ME 1.5 Perform a clinical assessment that addresses all relevant issues
- 2 ME 2.2 Interpret a synoptic pathology report
- 3 ME 2.2 Select investigations to complete staging evaluation
- 4 ME 2.4 Formulate a plan for peri-operative management, including surgical approach, timing and need for coordination with other specialists
- 5 ME 3.1 Formulate a plan for sentinel lymph node biopsy
- 6 ME 3.1 Determine appropriate margins for excision
- 7 ME 2.4 Identify indications for adjuvant therapy
- 8 ME 4.1 Determine the need and timing of referral to other physicians

Part B: Surgical excision

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative

assessments/consults

- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): excise lesion with appropriate margins, close defect with local flap or skin graft
- 8 COM 5.1 Document the surgical procedure in a complete and timely manner

Plastic Surgery

EPA 30: Providing consultation and definitive management for patients with non-melanoma cutaneous malignancies

Key Features: This EPA focuses on assessment and non-operative and surgical management of non-melanoma cutaneous malignancy.

- This includes performing a biopsy using the appropriate technique (e.g., punch biopsy, shave biopsy, excisional biopsy, fine needle aspiration).
- It also includes interpreting a pathology report, determining appropriate surgical margins, considering alternative therapies, performing the excision, and performing reconstruction with skin graft and/or local flaps.
- The observation of this EPA is divided into two parts: patient assessment and biopsy; and surgical excision.

Assessment Plan:

Part A: Patient assessment and biopsy

Direct observation by plastic surgeon or entrusted fellow

Use assessment form.

Part B: Surgical excision

Direct observation by plastic surgeon

Assessment form collects information on:

- Procedure (select all that apply): wide local excision with appropriate margins and advancement flap closure; elevation and inset of local flap; skin graft (full or split thickness)

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 2 wide local excisions
- At least 2 local flaps
- At least 1 skin graft

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks:

Part A: Patient assessment and biopsy

- 1 ME 1.5 Perform a clinical assessment that addresses all relevant issues
- 2 ME 2.2 Develop a differential diagnosis as well as most likely diagnosis

- 3 ME 3.1 Select the most appropriate biopsy technique
- 4 ME 3.4 Perform incisional or excisional biopsy as appropriate
- 5 ME 3.1 Describe alternative therapies to patients, such as Moh's, radiotherapy and medical therapies
- 6 HA 1.3 Counsel patients regarding the adverse effects of sun exposure

Part B: Surgical excision

- 1 ME 2.2 Interpret a pathology report
- 2 ME 3.1 Determine appropriate margins for excision
- 3 ME 3.4 Set-up, position, and drape the patient for the procedure
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): excise lesion with appropriate margins, close defect with local flap or skin graft

Plastic Surgery

EPA 31: Managing patients with minor burns

Key Features: This EPA encompasses complete non-surgical and surgical management of pediatric and adult patients with burns that would be appropriate for management in a community hospital or outpatient setting.

- This EPA includes assessment of burn depth and extent, formulation of a wound care plan for partial thickness burns, and performance of basic burn wound debridement and split thickness skin grafting.
- This EPA may be observed in the office, ER, the outpatient clinic, or the OR.
- The observation of this EPA is divided into two parts: assessment and non-operative treatment; and operative treatment.

Assessment Plan:

Part A: Assessment and non-operative treatment

Direct observation by plastic surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Patient age: adult; pediatric

Part B: Operative treatment

Direct observation by plastic surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Procedure (select all that apply): debridement; skin grafting

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 1

Relevant Tasks:

Part A: Assessment and non-operative treatment

- 1 ME 1.5 Perform a clinical assessment that addresses all relevant issues
- 2 ME 2.2 Assess social factors contributing to the risk of burn injury
- 3 ME 2.2 Recognize findings suggestive of non-accidental injury
- 4 ME 2.2 Assess burn wound extent and depth
- 5 ME 2.2 Determine area of burn using age-appropriate clinical tools
- 6 ME 2.4 Develop a management plan, including non-operative and surgical intervention as appropriate

- 7 ME 2.4 Provide non-surgical management using topical antibacterials and all available techniques for topical wound care
- 8 HA 1.2 Counsel patients regarding strategies for injury prevention

Part B: Operative treatment

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): use blood loss mitigation techniques, debride to viable wound bed, harvest and apply skin graft
- 8 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10 COL 1.2 Make effective use of operative assistants
- 11 P 1.1 Work within personal limits, asking for help as needed
- 12 COL 1.2 Work effectively with the OR team
- 13 COM 5.1 Document the surgical procedure in a complete and timely manner
- 14 ME 3.4 Develop and implement a plan for post-operative care

Plastic Surgery

EPA 32: Providing initial management for patients with major burns

Key Features: This EPA encompasses the initial management of pediatric and adult patients with burn injuries which are large enough to require formal resuscitation and admission to a specialized burn unit.

- This EPA includes assessment of burn depth and burn extent, assessment and collaboration in airway management, initial fluid resuscitation, determination of need for escharotomy/fasciotomy and performance of that procedure when indicated.
- It also includes working effectively with the multidisciplinary team and providing handover and guidance for ongoing management to the receiving physician in the ICU/Burn unit.
- This EPA may be assessed in the ER, ICU, or the Burn Unit.

Assessment Plan:

Direct observation and/or case review by plastic surgeon

Assessment form collects information on:

- Setting: ER; ICU; Burn Unit
- Patient age: adult; pediatric

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 4

Relevant Tasks:

- 1 ME 2.2 Perform a primary and secondary survey, including estimate of TBSA and assessment of inhalation injury
- 2 ME 2.4 Estimate fluid requirements and provide resuscitation
- 3 ME 2.2 Recognize risk factors for compartment syndrome
- 4 ME 2.1 Recognize the need to escalate care, including airway compromise, c-spine injury and/or compartment syndrome
- 5 ME 3.4 Provide airway management and/or respiratory support
- 6 ME 3.4 Perform escharotomy/fasciotomy, when necessary
- 7 COL 1.3 Consult and work effectively with other physicians to provide all needed aspects of care
- 8 COM 3.1 Convey information about diagnosis/prognosis clearly and compassionately
- 9 COM 1.5 Support patients/families in discussions and decision-making regarding poor

prognosis

- 10** ME 2.3 Establish goals of care
- 11** ME 2.4 Develop and implement a plan for wound management including dressings, and timing and technique for debridement and grafting
- 12** ME 4.1 Develop plans for ongoing management, including titration of fluid management and changes in the patient's clinical status

Plastic Surgery

EPA 33: Managing patients with secondary burn deformities

Key Features: This EPA includes patient assessment and selection of non-surgical scar management modalities and/or appropriate reconstructive methods applying the principles of reconstruction of burn deformities: resurfacing, release of contractures, and reconstruction of facial features and hand.

- This EPA includes selection of the appropriate reconstructive method (e.g., full thickness skin grafts, tissue expansion, local flap, regional flap, or free flap) and performance of that reconstruction in a specific anatomic region (e.g., eyelid ectropion, lip ectropion, cicatricial alopecia, neck contracture, joint contracture).
- This EPA may be assessed in the office, outpatient clinic, OR, or in simulation.
- The observation of this EPA is divided into two parts; patient assessment; and procedure.

Assessment Plan:

Part A: Patient assessment

Direct observation or case review by plastic surgeon or entrusted fellow

Use assessment form.

Part B: Procedure

Direct observation by plastic surgeon, entrusted resident/fellow.

Assessment form collects information on:

- Anatomic location: lid ectropion; lip ectropion; cicatricial alopecia; neck contracture; joint contracture
- Procedure: full thickness skin graft; tissue expansion; local flap; regional flap; free flap
- Setting: office; outpatient; OR; simulation

Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

Part A: Patient assessment

- 1 ME 2.2 Gather information about the injury and any past treatments
- 2 ME 2.2 Assess functional and aesthetic concerns
- 3 ME 2.2 Perform a physical examination to define extent of injury/wound and potential

donor sites

- 4 ME 2.4 Develop a management plan, including non-operative and surgical intervention as appropriate
- 5 ME 4.1 Coordinate involvement of the multidisciplinary team in the patient's care
- 6 HA 1.1 Assess and facilitate the patient's access to health services, financial resources and psychological support

Part B: Procedure

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): anticipate wound size/contours post-release, release contractures, harvest skin graft or flap, set graft or flap, apply appropriate dressing/immobilization
- 8 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10 COL 1.2 Make effective use of operative assistants
- 11 P 1.1 Work within personal limits, asking for help as needed
- 12 COL 1.2 Work effectively with the OR team
- 13 COM 5.1 Document the surgical procedure in a complete and timely manner

Plastic Surgery

EPA 34: Assessing patients for non-surgical facial rejuvenation procedures, and performing injections

Key Features: This EPA includes clinical assessment, review and selection of appropriate non-surgical options, and a review of risks and complications in a discussion of informed consent.

- Non-surgical options include laser facial resurfacing, dermabrasion, chemical peel, neurotoxin, and filler.
- This EPA includes performance of facial filler and neurotoxin injections.
- The observation of this EPA is divided into two parts: patient assessment; facial filler and neurotoxin injections.

Assessment Plan:

Part A: Patient assessment

Direct observation and/or case review by plastic surgeon

Assessment form collects information on:

- Procedure discussed: laser facial resurfacing; dermabrasion; chemical peel; neurotoxin; filler

Part B: Facial filler and neurotoxin injections

Direct observation by plastic surgeon or clinic injector

Assessment form collects information on:

- Procedure: facial neurotoxin injection; facial filler injection
- Setting: private clinic/office; resident clinic

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- 2 different procedures

When is unsupervised practice expected to be achieved: PGY 4

Relevant Tasks:

Part A: Patient assessment

- 1 ME 2.2 Perform an assessment of facial aging, including soft tissue and bony deformities
- 2 COM 1.1 Recognize and respect the patient's psychological and emotional needs
- 3 ME 2.2 Assess the psychological and social factors contributing to a request for

aesthetic/cosmetic surgery

- 4 ME 2.3 Ascertain and manage patient expectations
- 5 ME 3.1 Determine the appropriate non-surgical facial rejuvenation technique
- 6 ME 3.1 Describe the indications, contraindications, risks, and alternatives for a proposed procedure
- 7 COM 5.1 Document discussions regarding informed consent in an accurate and complete manner

Part B: Facial filler and neurotoxin injections

- 1 ME 1.4 Apply knowledge of facial anatomy with respect to safety and injection danger zones
- 2 ME 3.1 Select the appropriate dosing and volume for correction of the patient's deformities
- 3 ME 3.4 Demonstrate proper injection technique including sterile technique, plane of injection and filler position

Plastic Surgery

EPA 35: Providing comprehensive assessment and consultation for patients presenting for aesthetic surgery

Key Features: This EPA focuses on the assessment of the patient presenting for aesthetic facial, breast, or body contouring surgery.

- This includes consideration of the following procedures: blepharoplasty, facelift, brow lift, rhinoplasty, otoplasty, breast augmentation, augmentation mastopexy, mastopexy, liposuction of the trunk, abdominoplasty, body lift, brachioplasty/thigh lift, and labiaplasty.
- This EPA includes a history and physical examination, identification of risk factors/risk stratification (including risk of VTE), clinical decision making/procedure selection and discussion of treatment options and potential risks/complications.

Assessment Plan:

Direct observation and/or case review by plastic surgeon

Assessment form collects information on:

- Site: facial; breast; trunk/extremity
- Proposed procedure: blepharoplasty; facelift; brow lift; rhinoplasty; otoplasty; breast augmentation; augmentation mastopexy; mastopexy; liposuction; abdominoplasty; body lift; brachioplasty/thigh lift; labiaplasty
- Setting: resident aesthetic clinic; outpatient clinic; private cosmetic facility

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 1 facial assessment
- At least 1 breast assessment
- At least 2 trunk/extremity assessments

When is unsupervised practice expected to be achieved: PGY 5/6

Relevant Tasks:

- 1 ME 1.5 Perform a clinical assessment that addresses all relevant issues
- 2 COM 1.1 Recognize and respect the patient's psychological and emotional needs
- 3 ME 2.2 Assess the psychological and social factors contributing to a request for aesthetic/cosmetic surgery
- 4 ME 2.2 Select and interpret investigations
- 5 ME 2.3 Ascertain and manage patient expectations

- 6** ME 2.4 Develop a management plan, including non-operative and surgical intervention as appropriate
- 7** ME 4.1 Identify indications for pre-operative psychological assessment
- 8** ME 3.2 Provide pre-operative counselling, including discussion of the risks and benefits of, and alternatives to, surgical intervention
- 9** COM 3.1 Use appropriate language and terminology to optimize patient understanding
- 10** COM 4.1 Facilitate the discussion in a way that is respectful and non-judgmental
- 11** COM 5.1 Document discussions regarding informed consent in an accurate and complete manner

Plastic Surgery

EPA 36: Performing facial aesthetic surgery

Key Features: This EPA focuses on performance of facial aesthetic surgery including blepharoplasty, facelift, brow lift, rhinoplasty and otoplasty.

- This EPA includes appropriate pre-operative marking, peri-operative management, surgical execution, and post-operative recommendations.

Assessment Plan:

Direct observation by plastic surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Procedure: blepharoplasty; facelift; brow lift; rhinoplasty, otoplasty; other procedure
- Setting: outpatient clinic; private cosmetic clinic

Basis for formal entrustment decisions:

Collect 4 observation of achievement:

- At least 3 different facial aesthetic procedures

When is unsupervised practice expected to be achieved: PGY 6

Relevant Tasks:

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): pre-operative marking, protection of adjacent structures
- 8 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10 COL 1.2 Make effective use of operative assistants
- 11 P 1.1 Work within personal limits, asking for help as needed
- 12 COL 1.2 Work effectively with the OR team
- 13 COM 5.1 Document the surgical procedure in a complete and timely manner

14 ME 3.4 Establish and implement a plan for post-procedural care

Plastic Surgery

EPA 37: Performing body contouring surgery

Key Features: This EPA focuses on aesthetic body contouring surgery of the trunk and extremities including liposuction of the trunk, abdominoplasty, body lift, brachioplasty/thigh lift, and labiaplasty.

- This EPA includes appropriate pre-operative marking, peri-operative management, surgical execution, and post-operative recommendations.

Assessment Plan:

Direct observation by plastic surgeon

Assessment form collects information on:

- Procedure (select all that apply): liposuction; abdominoplasty; body lift; brachioplasty/thigh lift; labiaplasty; other procedure [write in]
- Setting: outpatient clinic; private cosmetic facility

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 4 different body contouring procedures
- At least 1 abdominoplasty
- At least 1 liposuction (in combination with another procedure or in isolation)

When is unsupervised practice expected to be achieved: PGY 5/6

Relevant Tasks:

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): pre-operative marking, flap elevation, tension free closure
- 8 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression

- 10** COL 1.2 Make effective use of operative assistants
- 11** P 1.1 Work within personal limits, asking for help as needed
- 12** COL 1.2 Work effectively with the OR team
- 13** COM 5.1 Document the surgical procedure in a complete and timely manner
- 14** ME 3.4 Establish and implement a plan for post-procedural care

Plastic Surgery

EPA 38: Performing aesthetic breast augmentation surgery

Key Features: This EPA focuses on the technical skills of primary breast augmentation surgery.

Assessment Plan:

Direct observation by plastic surgeon or entrusted fellow
Use assessment form.

Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 5/6

Relevant Tasks:

- 1** P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2** ME 3.4 Set-up, position, and drape the patient for the procedure
- 3** ME 5.2 Participate in the surgical safety checklist or equivalent
- 4** ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5** ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6** ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7** ME 3.4 Perform key technical skill(s): pre-operative marking, handle implants safely, ensure symmetry
- 8** ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9** ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10** COL 1.2 Make effective use of operative assistants
- 11** P 1.1 Work within personal limits, asking for help as needed
- 12** COL 1.2 Work effectively with the OR team
- 13** COM 5.1 Document the surgical procedure in a complete and timely manner
- 14** ME 3.4 Establish and implement a plan for post-procedural care

Plastic Surgery

EPA 39: Providing comprehensive assessment and consultation for patients presenting for reconstructive breast surgery

Key Features: This EPA includes male and female patients presenting for reconstruction after cancer, injury, or complications of surgery.

- This EPA includes taking a focused history and performing a physical examination, taking pertinent measurements as applicable, interpreting investigations, formulating a management plan, and communicating the pertinent options/risks/benefits/expected outcomes to the patient.

Assessment Plan:

Direct observation or case review by plastic surgeon or entrusted resident/fellow
Use assessment form.

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 5/6

Relevant Tasks:

- 1 ME 2.1 Determine the acuity of the condition and the priorities for patient care
- 2 ME 1.5 Perform a clinical assessment that addresses all relevant issues
- 3 ME 2.2 Select and interpret investigations
- 4 ME 2.2 Synthesize patient information to assess perioperative risk and/or determine suitability for surgical management
- 5 ME 2.4 Develop a management plan, including non-operative and surgical intervention as appropriate
- 6 ME 3.2 Obtain informed consent, explaining the risks and benefits of, rationale for, and alternatives to a proposed procedure or therapy
- 7 ME 2.4 Formulate a plan for peri-operative management, including surgical approach, timing and need for coordination with other specialists
- 8 COM 5.1 Document a clinical encounter to adequately convey the clinical assessment and the rationale for decisions/recommendations

Plastic Surgery

EPA 40: Performing breast reconstruction surgery

Key Features: This EPA focuses on the performance of common breast reconstruction procedures: direct to implant reconstruction, insertion of breast tissue expander, latissimus dorsi reconstruction, and autologous reconstruction.

Assessment Plan:

Direct observation by plastic surgeon or entrusted resident/fellow

Assessment form collects information on:

- Procedure: direct to implant reconstruction; insertion of breast tissue expander; latissimus dorsi reconstruction; autologous reconstruction

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 1 of each procedure

When is unsupervised practice expected to be achieved: PGY 5/6

Relevant Tasks:

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): pre-operative marking, develop subpectoral pocket, handle implants/ADM safely, inset autologous graft, shape reconstruction
- 8 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10 COL 1.2 Make effective use of operative assistants
- 11 P 1.1 Work within personal limits, asking for help as needed
- 12 COL 1.2 Work effectively with the OR team
- 13 COM 5.1 Document the surgical procedure in a complete and timely manner
- 14 ME 3.4 Establish and implement a plan for post-procedural care

Plastic Surgery

EPA 41: Performing breast reduction surgery

Key Features: The observation of this EPA is divided into two parts: marking; and performance of breast reduction surgery.

- Breast reduction surgery will typically be observed with the resident performing one side of the procedure.

Assessment Plan:

Part A: Marking

Review of marking by plastic surgeon
Use assessment form.

Part B: Breast reduction

Direct observation by plastic surgeon
Use assessment form.

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 5/6

Relevant Tasks:

Part A: Marking

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 3 ME 3.4 Mark: incisions, design of pedicle, extent of skin resection, new nipple-areolar positioning

Part B: Breast reduction

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle

tissue handling

- 7** ME 3.4 Perform key technical skill(s): design and develop pedicle, de-epithelialization, final breast shaping
- 8** ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9** ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10** COL 1.2 Make effective use of operative assistants
- 11** P 1.1 Work within personal limits, asking for help as needed
- 12** COL 1.2 Work effectively with the OR team
- 13** COM 5.1 Document the surgical procedure in a complete and timely manner

Plastic Surgery

EPA 42: Assessing and managing pediatric patients with hand fractures

Key Features: This EPA includes clinical assessment, interpretation of imaging, diagnosis and development of a treatment plan.

- This includes fractures specific to this pediatric population (e.g., Salter-Harris/growth plate fractures).
- This EPA may include technical components, such as closed reduction of the fracture and application of immobilization, along with appropriate post-reduction/casting education and timing for follow-up.
- This EPA may be observed in OR, ER, or clinic setting.

Assessment Plan:

Direct observation and/or case review by plastic surgeon or entrusted resident/fellow.

Assessment form collects information on:

- Setting: ER; OR; clinic
- Portion observed (select all that apply): assessment; closed reduction; application of splint or cast

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 1 assessment
- At least 1 closed reduction
- At least 1 application of splint or cast

When is unsupervised practice expected to be achieved: PGY 5/6

Relevant Tasks:

- 1 ME 2.2 Gather a relevant clinical history
- 2 ME 2.2 Perform a physical examination and interpret the clinical significance
- 3 ME 2.2 Recognize findings suggestive of non-accidental injury
- 4 ME 2.2 Select and interpret imaging
- 5 ME 2.2 Adapt the clinical assessment to the child's age and development stage
- 6 ME 2.4 Develop a management plan, including non-operative management or surgical intervention as appropriate
- 7 COM 3.1 Share information and explanations with the patient/family
- 8 ME 3.4 Select and provide analgesia and/or sedation
- 9 ME 3.4 Perform closed reduction

- 10** ME 3.4 Apply a cast or splint
- 11** ME 3.4 Assess and manage alignment
- 12** ME 4.1 Develop a plan for ongoing care and timing of follow-up

Plastic Surgery

EPA 43: Managing pediatric patients with common plastic surgery conditions

Key Features: This EPA includes clinical assessment, interpretation of imaging, diagnosis, and development of a treatment plan (including medical and/or surgical management) and performance of the relevant surgical procedure.

- Common conditions include dermoids, ear deformities (prominauris, microtia, cup ear, etc.), hand anomalies (polydactyly, syndactyly) and vascular anomalies.
- The observation of this EPA is divided into two parts: patient assessment; and procedure.

Assessment Plan:

Part A: Patient assessment

Direct observation or case review by plastic surgeon or entrusted resident
Use assessment form.

Part B: Procedure

Direct observation by plastic surgeon

Assessment form collects information on:

- Procedure: dermoid; otoplasty, cup ear or cryptotia repair; syndactyly repair; polydactyly repair; trigger thumb

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 1 direct observation for Part A
- At least 2 different procedures

When is unsupervised practice expected to be achieved: PGY 5/6

Relevant Tasks:

Part A: Patient assessment

- 1 ME 2.2 Adapt the clinical assessment to the child's age and development stage
- 2 ME 2.2 Gather a relevant clinical history
- 3 ME 2.2 Perform a physical examination and interpret the clinical significance
- 4 ME 2.2 Assess the impact of the condition on the child and family
- 5 ME 2.2 Select and interpret imaging
- 6 ME 2.4 Develop a management plan, including non-operative management or surgical intervention as appropriate

- 7 COM 3.1 Share information and explanations with the patient/family

Part B: Procedure

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 8 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 9 COL 1.2 Make effective use of operative assistants
- 10 P 1.1 Work within personal limits, asking for help as needed
- 11 COL 1.2 Work effectively with the OR team
- 12 COM 5.1 Document the surgical procedure in a complete and timely manner

Plastic Surgery

EPA 44: Performing the surgical skills of cleft lip and palate procedures

Key Features: This EPA focuses on distinct groupings of surgical skills, rather than the performance of a specific case from beginning to end.

- Observation of these skills focuses on distinct components including marking of a cleft lip and/or palate, demonstrating adequate soft tissue handling, performing complex layered closure and anatomical correction, and intra-oral suturing.
- This EPA may be observed in a simulation setting.

Assessment Plan:

Direct observation by plastic surgeon

Assessment form collects information on:

- Procedure: lip; palate
- Skills (select all that apply): marking; complex layered closure and anatomical correction; intra-oral suturing.
- Setting: clinical, simulation

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 1 of each procedure
- At least 1 marking
- At least 1 intra-oral suturing
- At least 2 cleft lip repairs
- At least 2 palate repairs

When is unsupervised practice expected to be achieved: PGY 6

Relevant Tasks:

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Perform key technical skill(s): marking, intra-oral suturing, complex layered

closure and anatomical correction

- 8** ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
- 9** ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
- 10** COL 1.2 Make effective use of operative assistants
- 11** P 1.1 Work within personal limits, asking for help as needed
- 12** COL 1.2 Work effectively with the OR team
- 13** COM 5.1 Document the surgical procedure in a complete and timely manner

Plastic Surgery

EPA 45: Communicating with patients and families with specific needs

Key Features: This EPA focuses on the application of communication skills in interactions with pediatric patients, the elderly, patients who have physical challenges or developmental disabilities, or interactions when language interpretation is required.

- This EPA includes using language that is age and developmentally appropriate.
- This EPA also includes communication with parents, guardians, or the family of the patient when appropriate.

Assessment Plan:

Direct observation by plastic surgeon

Assessment form collects information on:

- Case mix: pediatric; elderly; physically challenged; developmental disability; translation; other issue [write in]

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 1 pediatric patient

When is unsupervised practice expected to be achieved: PGY 4

Relevant Tasks:

- 1 COM 1.1 Demonstrate empathy, respect, and compassion
- 2 COM 1.4 Use appropriate non-verbal communication to demonstrate attentiveness, interest, and responsiveness
- 3 COM 3.1 Use clear and concise language; avoid or adequately explain medical jargon
- 4 COM 2.1 Actively listen and respond to patient cues
- 5 COM 4.3 Answer questions from the patient and/or family
- 6 COM 1.6 Adapt to the unique needs and preferences of each patient/family
- 7 P 1.1 Exhibit appropriate professional behaviors

Plastic Surgery

EPA 46: Applying the principles of biomedical ethics

Key Features: This EPA focuses on ethical decision-making.

- The observation of this EPA is based on the identification, preparation and presentation of a case from the resident's training experiences with discussion of the ethical principles relevant to the case.

Assessment Plan:

Direct observation by attending physician.

Use assessment form.

Basis for formal entrustment decisions:

Collect 1 observation.

When is unsupervised practice expected to be achieved: PGY 5/6

Relevant Tasks:

- 1 P 1.3 Recognize and respond to ethical issues encountered in practice
- 2 S 3.3 Identify sources of information relevant to a question arising in practice
- 3 P 1.3 Apply the principles of ethics to address clinical issues

Plastic Surgery

EPA 47: Teaching junior learners

Key Features: This EPA focuses on the supervision, management and teaching of medical students and junior residents on a clinical teaching unit or in a resident educational activity.

- This EPA involves demonstrating effective teaching strategies, providing feedback to learners, and ensuring safe patient care.

Assessment Plan:

Direct and/or indirect observation by supervisor with feedback provided by learners.

Assessment form collects information on:

- Setting: clinical; simulation

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 1 from clinical setting

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1 ME 1.6 Carry out professional duties in the face of multiple competing demands
- 2 S 2.1 Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
- 3 S 2.3 Provide appropriate supervision of the learner, balancing patient safety, dignity, confidentiality, and care with educational needs
- 4 S 2.4 Choose appropriate content, teaching format, and strategies tailored to both the learner and Plastic Surgery setting
- 5 S 2.4 Provide bedside teaching, including teaching procedural skills
- 6 S 2.5 Provide junior learners with useful timely feedback
- 7 S 3.4 Teach learners to effectively find, appraise and integrate evidence into decision making in their practice

Plastic Surgery

EPA 48: Executing scholarly work

Key Features: This EPA includes using appropriate methods, analyzing results, critically reflecting on the findings, and disseminating results.

- This may include basic, clinical science or medical education research related to Plastic Surgery.
- The achievement of this EPA may be observed via submission of a suitable manuscript to a peer-reviewed journal, or presentation of the project at a peer-reviewed regional (including formal Residents' Day) or national scientific meeting.

Assessment Plan:

Review of resident's submission and/or presentation of the research project by supervisor
Use assessment form.

Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1 S 4.4 Generate focused questions for scholarly investigation
- 2 S 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3 S 4.5 Summarize the findings of a literature review
- 4 S 4.4 Select appropriate methods of addressing a given scholarly question
- 5 S 4.4 Design and execute a research plan including securing ethics approval where required
- 6 S 4.4 Collect and analyze data using appropriate statistical methods
- 7 S 4.5 Summarize and communicate the findings of research and scholarly inquiry

Plastic Surgery

EPA 49: Implementing the principles of quality improvement and patient safety

Key Features: This EPA focuses on applying the principles of quality improvement and implementation strategies for patient and system level solutions.

- This includes identifying a patient safety issue, performing an analysis of the issue and proposing a solution.
- This EPA may be observed via presentation of findings (e.g., at a quality improvement rounds, morbidity and mortality rounds or adverse events committee review board) or via submission of written report.

Assessment Plan:

Direct observation of presentation and/or review of submitted report by supervisor.

Use assessment form.

Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1 L 1.1 Gather information for the purposes of quality assurance or improvement
- 2 S 4.4 Perform data analysis
- 3 L 1.1 Integrate existing standards for health care delivery with findings of data collection
- 4 L 1.1 Identify potential improvement opportunities
- 5 L 1.1 Identify the impact of human and system factors on health care delivery
- 6 S 3.4 Integrate best evidence and clinical expertise into decision-making
- 7 P 2.2 Demonstrate a commitment to patient safety and quality improvement initiatives within their own practice environment

Plastic Surgery: Transition to Practice

EPA 50: Managing an outpatient clinic

Key Features: This EPA integrates the resident's medical decision-making abilities for individual cases with their abilities to function effectively in the outpatient setting; managing a clinic load, making appropriate clinical decisions, staying on time, and working effectively with other health professionals.

- This EPA may be observed in any outpatient clinic setting with any patient mix.
- The observation of this EPA is based on at least a half day of clinic.

Assessment Plan:

Direct and/or indirect observation by plastic surgeon, which may include input from office or clerical staff, and other health care professionals.

Use assessment form.

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 2 different plastic surgeons

When is unsupervised practice expected to be achieved: PGY 5/6

Relevant Tasks:

- 1 ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
- 2 L 4.2 Manage bookings to optimize clinic scheduling
- 3 COM 5.1 Document clinical encounters in an accurate, complete and timely manner
- 4 L 4.2 Book operative cases with appropriate urgency, duration, and including requesting specialized equipment
- 5 L 4.1 Manage time effectively in the ambulatory clinic
- 6 L 4.1 Review and act on test results (including imaging) in a timely manner
- 7 COL 1.3 Communicate effectively with physicians and other health care professionals
- 8 P 1.1 Communicate in an efficient and respectful manner with patients and other health care providers
- 9 L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the outpatient clinic

Plastic Surgery: Transition to Practice

EPA 51: Coordinating, organizing and completing a surgical day of core procedures

Key Features: This EPA integrates the resident's surgical abilities for individual cases with their abilities to function effectively and manage the completion of an entire operative day; this includes time management, efficient and effective surgical technique, supervising junior learners and working effectively with the OR team.

- The observation of this EPA is divided into two parts: integration of surgical skills; and working effectively with the interprofessional team.
- The observation of this EPA is based on a full day's list in the operating room.

Assessment Plan:

Part A: Integration of surgical skills

Direct observation by plastic surgeon

Assessment form collects information on:

- Procedure (select all that apply): general; hand; lower extremity; skin; breast; aesthetic; head and neck; abdomen/trunk/pelvis; pediatric; other procedure [write in].

Part B: Interprofessional teamwork

Multiple observers provide feedback individually, which is then collated to 1 report.

Assessment form collects information on:

- Observer role: anesthetist; nurse; other observer [write in]

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 3 different observers
 - o At least 1 anesthetist
 - o At least 2 nurses

When is unsupervised practice expected to be achieved: PGY 6

Relevant Tasks:

Part A: Integration of surgical skills

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
- 2 ME 5.2 Lead the team in the use of the surgical safety checklist
- 3 ME 3.4 Perform procedures in a skillful and safe manner, including effective use of surgical assistants

- 4 ME 3.4 Manage unexpected intraoperative findings and perioperative issues, adjusting the procedure as appropriate
- 5 ME 4.1 Establish plans for post-operative care
- 6 L 4.1 Manage required time for entire surgical list in efficient and effective manner
- 7 COM 3.1 Convey information about the procedure, operative findings and patient status to the family clearly and compassionately
- 8 COM 5.1 Document surgical procedures in an accurate, complete and timely manner
- 9 P 4.1 Maintain professional clinical performance in demanding or stressful clinical settings

Part B Working effectively with the interprofessional team

- 1 L 4.2 Demonstrate leadership skills in the operating room
- 2 COL 1.2 Make effective use of operative assistants
- 3 COL 1.2 Work effectively with the OR team
- 4 S 2.3 Provide junior learners with opportunities for appropriate clinical responsibility
- 5 S 2.5 Provide feedback to learners to enhance learning and performance
- 6 P 1.1 Intervene when behaviors toward colleagues and/or learners undermine a respectful environment
- 7 P 1.1 Exhibit appropriate professional behaviors

Plastic Surgery: Transition to Practice

EPA 52: Managing a Plastic Surgery practice

Key Features: This EPA focuses on managing the practice of a plastic surgeon: triaging and prioritizing referrals, coding for billing, and demonstrating leadership during on-call duties.

- This EPA may be observed in any clinical setting and must be based on a block of time of at least a month during which the resident has responsibilities in at least two clinical settings (e.g., clinic, operating room, emergency, minor procedure room).

Assessment Plan:

Direct and/or indirect observation by plastic surgeon based on a block of time of at least 1 month.

Use assessment form.

Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 6

Relevant Tasks:

- 1 ME 2.2 Assess the suitability of requests for consultation
- 2 ME 2.1 Prioritize referrals on the basis of clinical acuity
- 3 ME 1.5 Manage the on-call duties of Plastic Surgery
- 4 L 4.2 Apply knowledge of billing practices

Plastic Surgery: Transition to Practice

EPA 53: Developing a personal learning plan for continuing personal and professional development

Key Features: This EPA may include a variety of scenarios. Examples include: a plan to act on the performance gaps identified in another EPA; a plan to prepare for fellowship training; a plan to prepare for practice in a specific setting (i.e. community) and/or a setting requiring distinct skills; a review of medical literature to enhance care of a specific clinical problem.

- The plan should be SMART (specific, measurable, attainable, realistic, timely).

Assessment Plan:

Supervisor review of resident's personal learning plan submission
Use assessment form.

Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 6

Relevant Tasks:

- 1 ME 1.1 Demonstrate an awareness of what is required to practice safely and effectively in the setting of future practice
- 2 S 1.2 Interpret data on personal performance to identify opportunities for learning and improvement
- 3 L 4.2 Examine personal interests and career goals
- 4 S 1.1 Define learning needs related to personal practice and/or career goals
- 5 S 3.1 Generate focused questions that address knowledge gaps
- 6 S 1.1 Create a learning plan that is feasible, includes clear deliverables and a plan for monitoring ongoing achievement
- 7 S 1.1 Identify resources required to implement a personal learning plan
- 8 L 4.2 Adjust educational experiences to gain competencies necessary for future practice
- 9 P 2.1 Demonstrate a commitment to maintaining and enhancing competence

