

LONG ISLAND
PLASTIC SURGICAL
GROUP, PC

**Plastic and Reconstructive Surgery
Residency Program
Independent Track PSY 1-3
Integrated Track PGY 1-6**

At

Nassau University Medical Center
East Meadow, New York
www.numc.edu

&

Long Island Plastic Surgical Group
www.lipsg.com

&

Stony Brook Medicine
Stony Brook University
www.stonybrookmedicine.edu

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For 74 years, Long Island Plastic Surgical Group has provided compassionate and comprehensive care, while pioneering and performing the most advanced reconstructive and cosmetic surgical procedures for more than half a million patients. The group's diversity of expertise is reflected in its nine Centers of Excellence: Skin Care and Age Management; Non-invasive and Surgical Facial Rejuvenation; Pediatric Plastic and Craniofacial Surgery; Facial Reanimation and Peripheral Nerve Repair; Microsurgery and Hand Reconstruction; Breast and Body Cosmetic Surgery; Burns and Complex Wound Management; Breast Reconstruction Surgery; and Post-Weight Loss Cosmetic and Reconstructive Surgery.

One of the hallmarks of Long Island Plastic Surgical Group is its decades-long commitment to teaching the art and science of plastic surgery. Only the most skilled, experienced, and innovative plastic surgeons make up our faculty. Each is dedicated to passing their knowledge on to new generations of surgeons who will be the next leaders in the field.

In 1954, Long Island Plastic Surgical Group established a plastic surgery residency program. In the 66 years that followed we have graduated more than 125 fully trained plastic surgeons. Please see the complete history of the residency program at

<http://www.lipsg.com/about-our-practice/historynew-york>



I. Organization

The residency program in Plastic and Reconstructive Surgery parented by the Nassau University Medical Center is a three-year Independent track (six-year Integrated track) program that meets all requirements of the American Board of Plastic Surgery. The programs maintain full continuing accreditation.

The Independent program will train six residents over three years, selecting two each year. Resident rotations are of four months duration and include Nassau University Medical Center (a public teaching institution), two private voluntary hospitals in the community, an ambulatory surgical rotation, a hand surgery experience, and Stony Brook University Hospital. The Integrated program (established in 2017) will select one resident each year for a total of six over six years. During PGY 1-3, the resident will spend 24 of those 36 months in plastic surgical related rotations at Stony Brook University, Long Island Plastic Surgical Group, and the Nassau University Medical Center. PGY 4-6 will follow the curriculum similar to the Independent program.

The parent institution of the programs is the Nassau University Medical Center. This is a 675-bed public hospital in Nassau County, 30 miles east of New York City. Residency teaching programs are present in all disciplines. The Division of Plastic Surgery is a part of the Department of Surgery. One senior and one junior resident are on rotation at the Nassau University Medical Center at all times. The residents are responsible for the selection and management of their patients, and this is considered the high point of their rotations. This schedule allows each senior resident to interact directly with junior residents for a three-month period. General Surgical residents at the PGY-1 level rotate on a regular schedule through the Burn Center service and the Plastic Surgical service. Medical students from the State University of New York as well as those from the New York College of Osteopathy will spend part of their rotations on the Plastic Surgical service. The Medical Center is a level-one trauma center for the region. Plastic Surgical experience includes the full complement of acute, reconstructive, and resident cosmetic procedures.

The Burn Center for the County of Nassau is located at the Medical Center and is under the direction of the Division of Plastic Surgery. A 12-month Burn Fellow is responsible for the acute critical care. This Fellow has completed at least three years of General Surgery. The Fellowship is integrated with the Plastic Surgical Service at the Medical Center. Division of responsibility is established to positively affect each service. Ten beds are available for both adult and pediatric burn injuries. The surrounding population numbers 3 million and the Burn Center admits approximately 150 acute cases yearly. The Burn Fellow is responsible for leading the discussion concerning management of these patients at Burn Grand Rounds. Resuscitation, wound management, and reconstruction principles are discussed with those participating, including physicians, nurses, therapists, dieticians, social workers, and students. Strict attending supervision at the Medical Center is required.

NYU – Long Island Hospital is part of the Ambulatory rotation and is assigned one resident every four months. This 650-bed voluntary hospital has an active Division of Plastic Surgery also under the

auspices of the Department of Surgery. A high volume of private patients is admitted to the hospital and the hospital's ambulatory service. A wide variety of plastic surgical cases and pathology is appreciated with an emphasis on breast reconstruction, facial paralysis reanimation, elective hand surgery, combined procedures with the orthopedic service, maxillofacial surgery, and urology for reconstruction cases.

North Shore University Hospital and Long Island Jewish Medical Center, located eight miles north of the Medical Center, are voluntary hospitals with a combined capacity of 1600 beds. One resident from the Nassau University Medical Center program rotates through the North Shore/LIJ program every four months during the second (fifth) year. Patients are private, and attendings supervise the residents closely in this rotation. Pediatric reconstruction, the Cleft Lip and Palate Center, experience in craniofacial surgery, and reconstruction following ablative oncologic head and neck surgery are some of the variety of areas to which the residents are exposed. Conventional and microsurgical breast reconstructions are performed in conjunction with the General Surgical Service

The ambulatory rotation includes the offices of Long Island Plastic Surgical Group, The Day Op Ambulatory Center, and selected case exposure at Mercy Hospital Medical Center, and South Shore Medical Center, and three additional hospitals. The resident participates in the full spectrum of private plastic surgery including cosmetic surgery during this rotation. The resident is also exposed to issues of office management, current health care policy, and patient satisfaction. The resident does not participate in secretarial duties outside of maintaining his/her case data logs.

A hand surgical rotation includes exposure to acute trauma and detailed reconstruction cases in conjunction with both Plastic Surgeons and Orthopedists specializing in Hand Surgery. A busy clinic as well as the offices of the attending surgeons will provide a complete Hand Surgery experience.

A rotation at Stony Brook University Hospital provides a diverse reconstructive rotation. The operative experience will include 7 plastic surgeons and participation on the hand surgery service. Interaction with medical students will take place daily. The rotating residents will participate in ongoing clinical and basic research as time permits.

Close attending supervision is present in each rotation. Each resident participates in a large volume and a full variety of cases in all areas of Plastic Surgery. Resident responsibility varies according to the postgraduate year, ability, and individual competencies. The overall goal is to bring each resident to the position of responsibility, competency, and independence by the completion of the of training. Evaluation of each resident by the attending faculty is done every six months. Resident review of the program and staff is performed annually at the end of the June rotation. Exit interviews are used as feedback to enhance the program.

II. Training Plan

The education of the first, second, and third year Plastic Surgery residents (fourth, fifth, sixth Integrated) is provided by attending surgeons, who participate in the program on a scheduled basis. The Program Director is responsible for preparing a curriculum meeting the requirements of the

American Board of Plastic Surgery, as well as those detailed in the Special Requirements for Residency Training in Plastic Surgery by the ACGME.

Six residents are appointed to the Independent Residency Program over a three-year period and six residents to the Integrated program over six years. One Burn Fellow at the PGY-3 level or above is selected for a twelve-month period. All rotations of the Plastic Surgical residents are of four-month duration and include Nassau County Medical Center, NYU Long Island Hospital and through the office and ambulatory center of Long Island Plastic Surgical Group and selected community hospitals, the Hand Surgery Rotation, Breast Surgery rotation, and Stony Brook University Hospital.

a. Nassau University Medical Center
www.numc.edu

Two plastic surgical residents are assigned for four-month rotations throughout the year; one resident at the junior level and one with senior responsibility. A General Surgical resident at the PGY-1 level is assigned to the service for a one-month period. General surgery resident responsibilities are divided between the Plastic Surgical service and the Burn Center. The Division offers two positions to medical students as an elective for a minimum of one month. Medical students are from the State University of New York at Stony Brook and the New York College of Osteopathic Medicine, with electives offered to medical students from other schools, as positions are available.



Plastic Surgical residents on rotation at the Nassau University Medical Center are credentialed to admit and care for patients with close attending supervision. Patients with birth defects of the head and neck, trunk and limbs are managed by the Plastic Surgical service. This will include cleft lip and palate, neurologic and other congenital defects requiring composite coverage. Soft tissue reconstruction encompasses a large portion of the residents' work. An excellent continuous working relationship exists with the orthopedic, general surgical, oral surgical, and neurosurgical divisions.

Skin tumors of the head and neck are admitted to the Plastic Surgical division. Intraoral malignancy is admitted to the General Surgical service with definitive reconstruction, either immediate or delayed, performed by Plastic Surgery in a coordinated fashion.

Facial fractures are admitted to either the Plastic Surgical or Oral Surgical divisions. The mandibular fractures are treated by Plastic Surgery and Oral Surgery and all nasal and frontal sinus fractures by Plastic Surgery. The mid facial trauma including occlusal deformities is shared by both services. The residents' experience is now enhanced by both services working together on cases where each resident may benefit from the other's experience. The needs of both services are respected. Detailed instruction of occlusion,

mandibular pathology, and cephalometric concepts are offered to the Plastic Surgical residents. Soft tissue management, nasal, and cranial facial surgery is demonstrated in return to the Oral Surgical service. A single maxillofacial service will provide significant educational value for the residents.

The Plastic Surgical Resident sees an extensive variety and volume of Hand Surgical patients. All hand surgery cases are seen, treated, and admitted as needed by the Plastic Surgical Service. This provides the Plastic Surgical resident with experience in fracture and soft tissue work as well as wrist pathology. All patients for reimplantation and free tissue transfer are treated by the Plastic Surgical Service.

Acute burn patients are admitted to the Burn Center. The acute and critical care is provided by the Burn Fellow. This will include burn wound management, early excision and grafting, and post burn care. Late burn scar reconstruction is admitted to the Plastic Surgical service with residents and fellow formulating plans and working together during the procedures.

Cosmetic surgical cases are admitted by the residents to their service. An increasing number of patients seeking cosmetic surgery are seen in the outpatient department. Selection of patients and choice of procedure complements the training experience. Cosmetic cases for surgery are discussed at the weekly Grand Rounds. An agreement with the Medical Center has permitted affordable elective cosmetic surgery for the residents' experience. Cases are presented at rounds and discussed with the attending surgeon before the surgery is scheduled.

A junior and senior resident are always assigned to each four-month rotation at the Medical Center. The senior resident is responsible for case selection, rounds supervision, case presentation and most of major surgical procedures. He/she is also responsible for teaching the junior resident, the general surgical residents on rotation, and the medical students. Night call responsibility will have the residents taking call from home (within 20 minutes from the hospital). The Chief Resident often takes night call on the same schedule as the General Surgical rotator and the Burn Fellow, thus allowing more time for reading and planning the week's work after hours. Progressive responsibility is given as his / her abilities and levels of confidence improve.

The junior resident has a unique experience at the Medical Center. He/she is exposed to a large variety of cases encompassing the entire spectrum of Plastic Surgery. The resident is given progressive responsibilities by the senior resident and attending staff on service as abilities and working knowledge increase.

The junior Plastic Surgical resident spends a part of his time in the Burn Center managing the patients with the Burn Fellow. This experience lays the foundation for wound care. The resident can gain a valuable experience managing open wounds, and performs many skin grafts, using all methods of skin graft harvest. The burn experience provides a great deal of confidence for future wound management under all conditions. The Burn Fellow provides

most of critical care management, thereby freeing the Plastic Surgical resident to complete his duties.

The outpatient department, under attending supervision exposes the resident to general plastic surgical pathology and encourages problem analysis, decision-making, and one to one patient contact. Teaching amongst the residents in this setting enhances the responsibilities of the senior resident. The attending staff provides consultation, support, and guidance to the residents.

The Plastic Surgery section has elective operating time four days per week. Case selection and preoperative preparation are the responsibility of the senior resident. Presentation, actual examination, and discussion of major cases and cosmetic cases take place at Wednesday Grand Rounds. Attending supervision is required on all cases brought to the operating room. An elective schedule for attending coverage of the operating room and the outpatient clinic is distributed every six months through the Director's office.

Progressive responsibility and teaching is the key element to this rotation. Residents enjoy the Medical Center rotation because it allows them to supervise their own service with continuous availability of the attending staff. Formal attending rounds each week encourage original thinking and decision-making. A higher level of confidence is seen within each resident upon completion of the rotation. Each resident will spend a total of 8 months at the Medical Center in junior and senior responsibility.

The Plastic Surgical suite has enhanced the volume of patients as well as the responsibilities of the residents rotating through the Medical Center. The attending-based model has created an office like structure that replaces the less personal clinic environment in which are patients were previously seen. This concept has increased the efficiency of our service. The increase in volume will continue to improve the experience of this rotation as well as the efficiency in getting patients through their care plan.

b. NYU-Long Island Hospital

www.nyuwinthrop.org

One Plastic Surgical resident is assigned to Winthrop University Hospital for a four-month rotation. NYU-LI is a 650-bed private institution with a large volume of reconstructive Plastic Surgery. The resident is responsible for patient care and management. He/she discusses all cases with the individual attending (27 on staff) and is involved in the surgery. Consultations within the hospital are initially seen by the resident, who may initiate treatment.



Night call on this rotation is coordinated through the Medical Center schedule. Hand injuries presenting to the Emergency Room may be evaluated by the Plastic Surgical Resident on call. The resident is credentialed to initiate care of the patient. The demand at night is relatively light on the resident allowing more efficient use of time to read and prepare for the coming days admissions and surgeries.

No outpatient clinic is present at this hospital. One afternoon per week the resident will participate in the office of Long Island Plastic Surgical Group. There he/she will examine pre and postoperative patients with a variety of attending surgeons. He/she will assist in the minor surgeries and have access to a computer-based library. Selected articles, case reviews, and mandatory viewing lists will be posted.

Responsibility given to each resident rotating through NYU-LI Hospital is individualized. The resident at the senior levels will assume greater responsibility in the operating room. The junior resident is exposed to a wide variety of cases and techniques and builds a foundation while participating in the surgery and postoperative care.

At NYU-LI the resident has participated in pediatric Genito-urinary reconstructions under the guidance a Pediatric Urologist. The Plastic Surgical residents review the cases with urologists and other services (orthopedics, neurosurgery, general surgery) and increase their role in the surgery over the clinical three years. The residents' experience in Facial Paralysis surgery is also unique. These patients are admitted to this hospital for their facial reanimation procedures. Animation exercises and protocol for motion are learned in the office portion of this rotation. The Plastic Surgical Resident may be assigned to selected Oral and Maxillofacial Surgical cases. Experience in TMJ arthroplasty, mandibular reconstruction, and bone grafting is obtained. Planned time for discussion of cephalometrics on selected patients is available with those oral surgeons doing orthognathic reconstruction.

The four-month rotation is a busy and rewarding period. A large volume of reconstructive and emergent cases is present. It is a comfortable rotation for the resident allowing time for preparation as well as independent thinking both pre and post operatively. An ambulatory facility is also present within the hospital in which the resident participates. Dr. Thomas Davenport is the Chief of Plastic Surgery and is responsible as site director for the resident on rotation.

c. *North Shore University Hospital/Long Island Jewish Medical Center*
www.nsu.northwell.edu

One resident from the Nassau University Medical Center program spends four months on the Northwell Plastic Surgery residency program rotation in the second (fifth) year. North Shore University Hospital is a 650-bed private teaching



institution with a large volume of reconstructive and congenital pediatric Plastic Surgery. Thirty-four voluntary attendings on the staff participate in resident teaching and work with the residents in pre- operative planning, surgery, and the postoperative care.

The Cleft Lip and Palate Center for Nassau County is located at the Cohen's Children's Hospital. A team meeting is held every month at which selected patients are reviewed. The residents on service participate in the discussions of the children as additional treatment plans are developed. This will include speech evaluations, psychology, and video fluoroscopy. Dental, orthodontic, oral surgical and prosthodontic evaluation of each child is also performed.

Head and neck ablative surgery has its greatest volume in this rotation. The reconstructive work including flap rotation and free tissue transfer add to the resident's experience. The craniofacial surgery, performed with the plastic surgeons and the pediatric neurosurgeons, will take place here and priority time is allotted to the resident to participate.

Progressive responsibilities are given to the residents. Emergency call is taken from home. Emergencies in the E.D. are often handled primarily by the attending staff. The resident will participate in major soft tissue or hand trauma as well as all cases going to the operating room. The daily work schedule is heavy, but ample time is available for reading and preparation on this rotation.



d. Long Island Plastic Surgical Group Rotation
www.lipsg.com

The intraoffice operating rooms of Long Island Plastic Surgical Group make up part of the operating experience on this rotation. The facility is accredited as ambulatory surgical center for Plastic Surgical procedures (LIPS).

This assigned resident spends four months on this rotation. He/she is assigned to ambulatory surgery in the outpatient centers, and to individually selected cases with attending surgeons at three additional hospitals. Case selections are made based on interest and importance of the surgery to the residents' education. The resident is responsible for familiarizing himself with the details of the case prior to coming to the operating room. A

schedule is distributed in advance of upcoming surgeries over a seven-day period.

Long Island Plastic Surgical Group in Garden City, New York consists of 24 Board certified and eligible plastic surgeons. Five physician assistants are on staff with specific duties within the Group's spectrum of care. The Group occupies a 24,000 sq. ft. facility in which patients are seen and minor and major surgeries are performed. Two state of the art accredited operating rooms are on site further enhancing the experience.

This resident rotation consists of office exposure as well as a continuation of General Plastic Surgical cases. The resident is assigned to attendings' surgeries according to a weekly schedule distributed in advance. Time permits preoperative discussion on all cases. The resident participates in the surgery in the ambulatory center or the affiliated hospitals. He/she will follow the postoperative care of the patients in the hospital and in the office on the days assigned. Two afternoons he is in the outpatient department of the Nassau University Medical Center in the Plastic Surgical and the Hand Surgery Clinics respectively. Night call on this rotation is taken from home.

e. The Hand Surgery Rotation

This rotation was added to the program in July 2000. The purpose is to provide a more concentrated Hand experience to the residents' education. Each resident will rotate through this section for four months during the first year. Experience in both acute and reconstructive adult and pediatric hand surgery will be provided. The resident will be assigned to selected cases. A busy outpatient clinic at the Nassau University Medical Center will provide access to a large variety of hand pathology. Outpatient experience with both plastic surgeons and orthopedists will strive to give each resident the ability to focus on this section of Plastic Surgery with differing points of view. During this rotation the resident may also be available for plastic surgical cases if time permits. Night call will be from home.

f. The Breast Surgery Rotation

This rotation's purpose is to provide a detailed and concentrated Breast Surgery experience to the residents' education. Each resident will rotate through this section for four months during the second (fifth) year. Experience in both reconstructive and cosmetic breast surgery will be provided. The resident will be assigned to selected cases. The resident will be exposed to all aspects of breast pathology interacting with the teams of general surgeons, oncologists, and reconstructive surgeons. Cosmetic procedures for men and women including transgender procedures are part of the rotation. During this rotation the resident may also be available for plastic surgical cases if time permits. Night call will be from home.

g. *Stony Brook University Hospital* www.stonybrookmedicine.edu



The four-month rotation in the first and third years provides experience in advanced reconstruction. Our program includes a dynamic faculty at Stony Brook with a large volume of reconstructive microsurgery, cleft lip and palate reconstruction, and a facial fracture and orthognathic surgical experience that will be a significant asset to our residents' experience. In addition, basic and clinical research at the university level will enhance the residency program. Residents also spend increased time participating in the education process of medical students and general surgical residents who have shown an interest in plastic surgery. The faculty at Stony Brook is interested, accomplished academically, and eager to teach. This has been a positive educational experience for our residents. Dr. Alex Dagum is the division Chief; Dr. Jason Ganz the site director.

A progressive increase in responsibility is noted between the three residency years. Each rotation provides a large variety of Plastic Surgical cases with ample time for advancement of education. Night call is taken from home on a separate schedule (East) from those on the NUMC (West) rotations.

Assignments at the PGY 1-3 Integrated program include the following:

PGY 1: General Surgery, Orthopedics, Pediatric Surgery, Neurosurgery, Dermatology, Plastic Surgery, Vascular Surgery, Breast Surgery, Anesthesiology, Trauma Surgery, Surgical Oncology

PGY 2: Plastic Surgery (LIPS and SB), Acute Burn Surgery (NUMC), Oculoplastic Surgery, Dermatology/Mohs, Breast Surgery, Surgical Critical Care, and General Surgery

PGY 3: Plastic Surgery (LIPS and SB), Orthopedic Hand Surgery, Oral Maxillofacial Surgery, Breast Surgery, Otolaryngology, Orthopedic Oncology, General Surgery

III. Assignment to Other Services

The Burn Center at the Nassau University Medical Center is under the direction of the Division of Plastic Surgery and is included in the residency program. The first year Plastic Surgical resident provides teaching responsibility with the Burn Fellow in patient management. All weekly

conferences include rounds in the Burn Center. Residents participate by offering opinions on wound care, grafting, and rehabilitative measures. Critical care is the domain of the Burn Fellow thereby relieving a large burden from the Plastic Resident and allowing concentration on wound problems and reconstruction. Night call for the Burn Center is shared between the Burn Fellow and the Plastic Resident on rotations. The Burn Fellow is often on call on the same schedule as the Plastic Surgical Senior Resident thereby freeing him/her from burn responsibility.

Microsurgery didactic teaching and laboratory experience brings the resident to a confident position during the first 18 months. Dr. Veeramacheneni assigns faculty to work with the resident one on one and arranges the selection of reading and instructional videos that are required before credentialing the resident in micro-surgical technique. Dr. Dagum will hold several microsurgical teaching sessions throughout the year.

We do not assign our residents to services away from the rotations noted above.

IV. Teaching Staff

The Chief of Plastic Surgery and the attending surgeons who participate in the Plastic Surgical program are reappointed to their respective hospital staffs yearly or biannually as is called for by regulations set forth by their bylaws and the Joint Commission. Reappointment to the attending staff of the residency is based on continuation of their hospital affiliations and their interest in resident teaching.

Dr. Simpson has been the Director of the residency training program since 1989 (succeeding Dr. Leonard Rubin who founded the program in 1954) and is active in overseeing the case assignments, resident rotations, and exposure throughout the year. He will review all resident evaluations, as well as complaints and accolades and discuss them with the individuals. The Program Director also maintains an office at the Nassau University Medical Center.

Assignments of the attending teaching staff are made every six months and will include Nassau University Medical Center operative days, outpatient assignments, and weekly call. Case assignments outside of the Medical Center are made 7 days in advance and are reviewed and distributed to the residents. Residents are responsible to update changes in their operative schedules and alter their assignments accordingly. Residents will occasionally require additional attention or remedial work. This becomes the responsibility of the Director to organize and assign the resident to a specific attending.

Attending Plastic Surgeons are on staff at North Shore University Hospital / Long Island Jewish Medical Center. Dr. Frederick Lukash oversees the residents' rotation as LIPS' site director and is responsible for review of distribution, data collection, and resident evaluations while on this rotation. Our residents are visiting the Northwell program during the four-month rotation. They are

fully integrated into the service and night call responsibilities.

The full-time faculty at Stony Brook Medicine oversees the residents on rotation at Stony Brook. With the accreditation and addition of the Integrated track, a total of six plastic surgery residents are on rotation between the two parallel programs. Dr. Alex Dagum is the Chief of the Division of Plastic Surgery and Dr. Jason Ganz is the site director.

V. Plan of the Out-Patient Clinics

Outpatient clinic experience within the residency is obtained in the Ambulatory rotation and the rotation through Nassau University Medical Center. Responsibilities of the residents differ in each rotation.

At Nassau University Medical Center, the residents have two clinics in Plastic Surgery and one clinic in Hand Surgery weekly. An additional Burn and Wound Clinic sees patients twice weekly in the Burn Center area. The residents will see all patients primarily and seek opinions on care and management from the Chief Resident and/or the attending surgeon present. Three residents (plastic surgery) and one general surgical resident are assigned to Monday and Tuesday clinics; two plastic surgical residents and a general surgeon are assigned to the Wednesday plastic surgical clinic. Scrub suit attire is not in keeping with the standard of professionalism expected for our residents at the Medical Center or at any of the rotations and offices participating in the residency training program.

General plastic surgical cases and referrals are seen in the clinic area. Hand Surgery clinics are entirely the domain of the Plastic Surgical service. A plastic surgeon and at times an orthopedic hand attending may be present in a consulting role. The senior resident has an increased responsibility with respect to teaching. An excellent arrangement exists between Plastic Surgery and Orthopedics at all levels. This makes for an excellent exposure for the resident.

Minor excisions and biopsies are performed on Mondays in the clinic are under attending supervision as credentialed. Minor surgeries will include excision of nevi, cysts, other skin lesions, and closed nasal reductions. Approximately 45 patients are seen in the Plastic Surgical Clinics weekly and 40 patients weekly in the Hand Clinic at the Nassau University Medical Center. An average of 25 patients is seen in the Burn / Wound Clinic twice weekly.

Clinic responsibility increases between the resident level years. Major cases are presented to the Chief Resident and are reviewed prior to surgery either at Wednesday Rounds or with a supervising attending.

Long Island Jewish Hospital has the Cleft Lip and Palate Center. Outpatient visits to the Cleft Lip and Palate Center can be regularly seen by the residents with the individual attendings holding hours in the Center. The resident is encouraged to attend. He /she is obligated to attend the conferences

biweekly in which long term patients will also be studied.

The rotation through the office of Long Island Plastic Surgical Group permits the residents to attend the outpatient clinics at the Nassau University Medical Center (Plastic Surgery and Hand Surgery) as well as see patients with the Attending Surgeons of Long Island Plastic Surgical Group. The interaction between private patients and service patients contributes to the maturing of the resident as is evident in their patient presentations and actions in the clinic areas.

VI. Emergency Department

All emergency call at the Nassau University Medical Center is taken by the residents primarily with attending backup. Residents are credentialed to see patients in this capacity. Consultations between services are handled on a resident to resident level with attending review. Appropriate wound and soft tissue injury including burns are seen and managed by the resident on duty. Hand injuries, fractures, and wrist injuries excluding the proximal radius and ulna, are the responsibility of the Plastic Surgical service. Facial injuries and fractures are managed by Plastic Surgery and Oral Surgery divisions.

An emergency call schedule for the attending staff is available to the resident and discussions regarding approach and technique are frequent. All patients to be transferred to the Medical Center should be approved by the attending Plastic Surgeon on call. The Chief Resident is available for support to the other residents as part of the teaching responsibilities. The Chief Resident on call often has the Burn Fellow as well as the General Surgeon with him to permit this role to be one of consulting and overseeing emergency work. This permits more time for preparation of the next day's work and less fatigue, as the Medical Center rotation has the busiest Emergency Department in the county and is the major level one trauma center.

If the resident feels uncomfortable with a given situation or if inexperienced in certain cases, the attending on call will help the resident manage that case. All cases going to the operating room require attending supervision no matter what time of day. Decision making is an important part of the emergency room experience.

At NYU-LI Hospital, major soft tissue and hand injuries may be evaluated by the residents before the attending has seen the patient. Decision making by the resident in emergency cases is an important part in his/her development. The resident will participate in all major emergent cases; the minor lacerations and hand injuries are handled directly by the attending staff.

The North Shore/LIJ Resident is also involved in the major soft tissue and hand injuries. Major burns are transferred to the Burn Center at the Nassau University Medical Center. Primary emergency call after hours is by the attending staff on direct call from the Emergency Department. Although the resident is involved in all emergent cases going to the operating room, this rotation allows needed time for reading and organization.

VII. Time Spent in Private Offices

The Garden City office of Long Island Plastic Surgical Group is used extensively for resident training. The assigned resident will spend the afternoon with various attendings. Evaluation of selected patients, assistance in minor procedures and accompanying the attending surgeon seeing pre and postoperative patients completes their responsibilities. Prior to seeing the patients, the resident is always introduced to the patients by name and position. Time is allotted for the resident to work in the office on upcoming research responsibilities. Each rotation except the Nassau University Medical Center has time set aside for private office participation weekly.

The other attendings on staff are also available to the residents in the afternoon. A large concentration of post mastectomy patients permits the residents to be exposed to minor procedures including tattooing of nipples, in the final stages of breast reconstruction.

Resident access to Deep Blue Med Spa at Long Island Plastic Group will provide experience in skin management, laser treatment, filler injections, and the use of Botox.

VIII. Level of Responsibility for Pre and Postoperative Care

The level of responsibility differs in the different rotations. At the Nassau University Medical Center rotation, the resident sees all patients and makes the selection of which cases will fill his elective schedule. An appropriate distribution of cases is overseen by the Director. All cases are presented to the attending staff at the clinic or prior to surgery so that discussions and plans can be completed. Major reconstructive and cosmetic cases are presented at Wednesday Rounds prior to surgery for discussion and direct examination by the staff. The residents are responsible for presentation of the history, appropriate facts, and outline of the surgical plan. This will include drawings and pertinent references. All residents' opinions are solicited and their progressive maturation in Plastic Surgery can clearly be seen. This primary responsibility is extremely important in the residents' development. Postoperative patients are seen in the same clinics as described above. An outline of postoperative care is discussed at the time of each surgery. The resident carries out that plan with the attending surgeon responsible. All complications are discussed with the operating attending that will follow that patient with the resident until completion.

The rotations through the voluntary hospitals in which the residents participate will have patients admitted on the day of surgery. The residents are aware of the procedures in advance and discuss the case with the attendings as well as to review the case in the office records before surgery. Many of the patients are seen with the residents in the office during their afternoons. The volume of surgery is ample so that each resident will see many patients with similar diagnoses and thus learn the pathology of the cases that they will later see in the operating rooms. The rotations through the

private hospitals and the greater interactions with the attending staff permit an enhanced understanding of Plastic Surgery and allow the resident to better appreciate the service rotation through the Medical Center. The maturing process increases with passing months.

IX. Schedule of Conferences

Resident Grand rounds are held every Wednesday morning. Rounds include a presentation and discussion of three to four patients selected by the Chief Resident for upcoming surgery. These cases are selected from the clinic visits, and the Plastic Resident is responsible for an organized plan of treatment and alternatives. All resident opinions are solicited with attending discussion following. Presentation of previous postoperative results, as well as several patients of interest is also presented by the residents. These conferences, on a weekly basis, clearly demonstrate the maturation of the residents, allowing them to teach and organize. Patients admitted to the floor (Plastic Surgery) will be presented to the attendings on discussion rounds. Attending surgeons are assigned to each Wednesday session as much as six months in advance. A list of specific topics of presentation, coordinated to the PSEN is assigned to each resident on an alternating schedule.

Rounds in the Burn Center are Tuesday mornings with bedside discussion of each patient. The General Surgeon on the rotation will present the patients at the bedside. Limited discussion is held while all burns are viewed. The Burn Fellow will then continue the discussion in the conference room in greater detail. The treatment plan for all patients is reviewed and all assigned residents participate. Plastic Surgical residents at NUMC are often present at this conference and participate in both the critical care discussion as well as that of the wound management and planned reconstruction planned.

The Medical Center rotation permits each Chief Resident to organize his/her service from case selection through post operative care with close attending consultation. Seeing and listening to each resident review cases that they may have or have not seen before is an excellent source for resident evaluation by the Director.

Upcoming cases are reviewed on Wednesdays as well as complications and difficult cases. The following week's schedule is distributed. Journal Club and a Research Meeting are held monthly. Articles are assigned monthly for review. Dr. Noel Natoli and Dr. Brian Pinsky coordinate this meeting. Formal research meetings where residents' current projects are critiqued for content, quality, and timeliness are held every other week under the direction of Dr. Finny George. Methods of paper writing and medical statistics are reviewed in the context of their current work. Mortality and morbidity conference is held at the end of each month of rotation. A rotating schedule of attending participation is formulated and distributed every six months.

North Shore University/LIJ Hospital rotation offers the twice monthly meeting of the Cleft Lip and Palate Team and all residents on the service are encouraged to attend. Grand Rounds at NS/LIJ

take place every Thursday morning. Protected time is designed for the residents to develop scholarly activity for publication and presentation.

X. Basic Science

Basic Science lectures are held each Wednesday morning at the resident meetings over the summer months. A series of lectures dealing with wound healing, flap design, nerve and bone healing, and transplantation are given to junior and senior residents alike. The senior residents will present the topic with attending participation. Basic science is continually stressed throughout the year during resident teaching. Our philosophy of teaching Plastic Surgery through attention to basic scientific surgical principles is the foundation of the residents' education. Each resident will gain a thorough understanding of why and how these principles will achieve their goal. This portion of the residents' education is clearly demonstrated in their Grand Rounds' presentations and responses.

XI. Research

Research is expected on both an experimental and clinical level. A biweekly research meeting allows attending review and discussion of ongoing clinical projects with input from the attending staff. A project suitable for presentation at ASPS or the National Senior Residents Conference is designed and finalized by the beginning of the residents' senior year.

Microvascular surgery is taught by a didactic course and a hands-on laboratory experience to all Plastic Residents in their first year. Laboratory set up and demonstrations of technique and procedures are reviewed, and residents are assisted by the attending assigned on a regular basis. Each resident is encouraged to refresh his/her technique in microsurgery frequently.

Attending surgeons may also begin a project and incorporate the resident. Both may participate in literature review, data analysis, and presentation of results. All residents are encouraged to do independent research. Case reports are ongoing throughout the year.

The demand on the residents' time is the greatest at the Nassau University Medical Center. A level-one trauma center, the residents are always busy when on call and their daytime hours are filled with assignments. The rotations through the voluntary hospitals permit time to think and reflect on what they saw and did. Night call permits the resident to be home, permitting better concentration and completion of their reading and time for family. Night call at the Medical Center also permits the Chief Resident more time to organize and prepare as he/she is often buffered by the General Surgeon as well as the Burn Fellow.

Time has been made available for cadaver and anatomical specimen review. Trips to the State University of New York at Stony Brook and the Long Island Jewish Medical Center bioskills division

permit focused cadaver work related to ongoing research.

Quality assurance projects are developed throughout the year with assessment, evaluation, planning, and closing the loop with a formal report. All residents will participate.

XII. Other Trainees

The Plastic Surgery service at the Nassau County Medical Center is part of the mandatory General Surgical rotations. The General Surgical resident will spend time with the Plastic Surgical residents and in critical care management in the Burn Center. Patient presentation and assigned reading permit the resident on rotation to gain a better understanding of the spectrum of Plastic Surgery. Management and precise handling of soft tissue as well as an introduction to maxillofacial injuries and hand surgery are important additions to the General Surgical program.

Two positions for clinical clerkships for third and fourth-year medical students are available. Their rotations and exposure are the same as that of the General Surgeon. All medical students on rotation receive lectures on wound healing, pigmented lesions, plastic surgical, and hand surgical overviews, and burn wound management.

XIII. Affiliate Training

The program does not provide training for Plastic Surgical Residents from other programs.

XIV. Teaching Obligations of the Resident

Within the span of the three-year (six) program, the Plastic Surgical Resident is learning new concepts the first year and has an expanded role in teaching the next two years. At the Nassau University Medical Center, the Chief Resident has a role in teaching the junior residents, as well as the General Surgeons and medical students on service. Lectures to the medical students are often given by the Chief Resident and a least one formal lecture on burn care is given by the Burn Fellow to Winthrop University Hospital. The role of the Chief Resident as a teacher is expanded in discussing all burn cases with the Burn Fellow at rounds and leading the discussion among the junior residents during the Plastic Surgical presentations. Organization of the assigned topics for the Wednesday morning meetings is also part of the Chief Residents' teaching role.

Each Chief Resident is offered an educational meeting as part of the residency program organization. This is in addition to the Senior Residents' Conference providing that he/she has produced and submitted a research work suitable for presentation. Each chief resident has a choice of attending the ASPS annual meeting, the Aesthetic Society meeting, the ASSH or AAHS meeting,

or the AAPS.

Local meetings in the New York City area are numerous. The Nassau University Medical Center underwrites all resident lectures and attendance at the four resident oriented meetings yearly. All residents attend the dinners and the academic meeting at no additional cost. A local annual meeting of the Nassau Surgical Society takes place each December. A visiting professor of national prominence reviews the presentations of residents' work and is the highlight this one-day meeting and social gathering. An annual visiting professor is invited to the Medical Center to work with the residents and present the John Swinburne Memorial Lecture each spring.

A full-time program coordinator, Ms. Jeanne Watson, is dedicated to the Division of Plastic Surgery. Ms. Tiana Martucci fills that role at Stony Brook for residents on the East rotations. The residents have an office in the Dynamic Care Building close to their clinical responsibilities.

XV. Voluntary Medical Support in Undeveloped Countries

LIPSG has partnered with ReSurge International, U.S.-based non-profit organization, to help transform lives by restoring the health and dreams of those with deformities and injuries repairable through surgery.

ReSurge International (formerly Interplast) builds surgical capacity and provides reconstructive surgical care for poor children and adults who lack access in 13 developing countries. The organization treats almost every possible scenario that's repairable through reconstructive plastic surgery—from clefts and deformed hands to disabling burns and other injuries.

LIPSG will support the ReSurge / Long Island Plastic Surgical Outreach Program in Ecuador, where ReSurge's local team of physicians provides surgical care year-round for clefts and disabling burn injuries. Additional missions to countries will devote time to repair of cleft lip and palate, hand surgery, burn reconstruction, and post traumatic reconstruction.

Dr. Thomas A. Davenport was awarded the prestigious Webster Fellowship in 2000. As a Webster fellow, Dr. Davenport traveled around the world performing reconstructive surgery and lecturing on plastic surgery. Since his first involvement with ReSurge, Dr. Davenport has been on more than 25 trips. He has served on the board for 6 years and is actively engaged in the ReSurge surgical committee.

Dr. Elliot Duboys, a senior attending, participates in an annual mission trip to the Philippines. He takes one resident annually on this experience. ReSurge is formally inviting resident participation on Visiting Educator missions.

XVI. Practice Management, Ethics, Medical / Legal Issues

Practice management is taught through resident exposure to the workings of the office of the Long Island Plastic Surgical Group. The resident will spend one to two afternoons per week while on rotation seeing both pre and postoperative patients with the attendings. Medical records, patient interviews, use of computers, and the need for careful documentation are demonstrated to the residents during their tenure. The residents receive courses on billing information, insurance coding and a “how to” begin in practice. The use of CPT and ICD-10 coding is ongoing throughout the year as the residents use this information to code their operative log experience. Each senior resident is enrolled in practice management courses at the Senior Residents’ Meeting, which they reported as “extremely valuable”.

Ethics and medical-legal issues are constantly reinforced at the bedside as well as in the classroom. Formal lectures are given by the Nassau University Medical Center as part of their orientation process. Each resident must attend before they receive their final certificates. The State of New York mandates courses in recognition of child abuse for all health care practitioners.

Medical legal issues are reviewed regularly with each resident as a matter of discussion or more formally at rounds. The results and the discussions are then brought to the residents as a matter for discussion. A formal lecture series is also given by the Medical Center requiring all house staff to attend.

Do Not Resuscitate Orders are reviewed and signed for selected patients in the Burn Center. Moral, ethical, and medical decisions are reviewed on a regular proscribed schedule for these patients. The residents’ approach to the Burn patient that is not expected to survive the burn injury calls on issues that surpass objective medical care. Input from all attendings present and on occasion the Ethics Committee of the Medical Center help the resident to act with the families in the best interest of the patient. The attending staff must supervise these decisions.

XVII. Resident Duty Hours

Resident call schedules vary by rotation.

The resident is on duty from 7 AM to 6 PM daily. All elective operating and outpatient clinics are included within this time frame. Residents complete a computer program allowing oversight of compliance with the New York State regulations of an 80- hour work week. Night call is from home when possible at NUMC with the plastic surgical residents taking call from home at all other institutions. The Chief resident will alternate call with the junior residents on rotation having the General Surgeon and the Burn Fellow taking primary call allowing him/her to provide consultation as needed. All residents are relieved from duty should they appear physically tired as is stipulated in the regulations of New York State.

XVIII. Operating Room Supervision

Supervision of residents is mandated by the regulations of New York State. The attending surgeon has the final responsibility for all patients whether service or private. At the Medical Center, the resident will evaluate, coordinate, and schedule all cases. The private cases that are scheduled are reviewed by the resident and fit into their schedule. The preoperative plan is discussed ahead of time, as is the surgical technique. The degree of responsibility given to the resident will be determined on an individual basis according to ability and level of training. The credentialing process plays a significant role in this matter. The attending is in the operating room for the planning and designing, and always the key portion of the procedure. He/she remains responsive to questions until the procedure has been completed. Each attending is familiar with the resident enough to determine the degree of independence permitted. A postoperative plan is discussed, and the attending is kept informed of the patient's progress. The postoperative care will be overseen by an attending in the outpatient clinic. The attending is once again a consultant pointing out areas of importance. The operating room and the clinics are supervised by an attending present in the area.

At the NYU-LI Hospital, North Shore University Hospital, and the Day Op Ambulatory Center, all patients are private. The attending surgeon remains alongside the resident until the patient is returned to the recovery room.

The level of attending supervision is defined in teaching hospitals within New York State. All operating rooms are actively supervised. Patients are induced to the resident when the attending surgeon is present. All attendings taking emergency call must be in the operating room on all cases.

XIX. Burn Fellowship

The Burn Fellowship was created 38 years ago to take the burden of critical care from the Plastic Surgical Residents. One resident usually with a minimum of three years of General Surgical Residency is selected for a twelve-month fellowship in Burn Surgery and Wound Care. The Burn Center at the Nassau University Medical Center is a 10-bed self-contained area excluding operating facilities. Approximately 150 patients are admitted yearly. Both adult and pediatric burns are treated in the Center. Acute and stepdown patients are managed in the Burn Center until discharge to our outpatient treatment center or transfer to the rehabilitation center. Approximately 2000 outpatient burns and wounds are seen yearly. Difficult wound healing patients and exfoliating diseases are also treated in the Burn Center.

The Burn Fellow is responsible for all patients in the Burn Center. He/she will admit the patients and initiate a plan of burn resuscitation. He/she informs the Chief Resident in Plastic Surgery as well as the Director of the Burn Center or his delegate after each admission. The Plastic Surgical resident will provide information and consultation for each admission. The junior Plastic Resident will cross cover the Burn Center at night when on call and receives a status report on each patient in the

afternoon. Depending on the residents' previous burn experience some residents may spend more time acquainting themselves with the criteria for admission, resuscitation, and management. A certain level of burn care is expected of each resident on the Plastic Service.

The goal of the interaction of the Fellow and the Plastic Resident is an expertise in wound management. The burn wound in this program is considered a most difficult entity and respected as such. The Burn Fellow contributes the critical care. The Plastic residents know that they will also be responsible for discussing the wound care plan and the reconstructive possibilities. Harmony exists in that all residents understand that management of the burn patient is truly a team approach and that all opinions are important.

The surgery of the burn patient is a team approach. The protocol at the Nassau University Medical Center calls for early excision and grafting of most major injuries when indicated. Most burn areas are significant, and a two-team approach may be necessary. All forms of skin grafting technique are encouraged and ample experience for the Burn Fellow as well as the junior Plastic Surgical and General Surgical Resident is provided. The fellow and residents will become credentialed in the use of skin substitutes.

As the direction of the Plastic Surgical Service and the Burn Center is one in the same, an excellent experience in critical burn care and wound management is provided to all residents at their appropriate levels. The amount of surgery is ample, and the impact of the Burn Fellowship on the Plastic Surgical Residency is felt to be extremely positive.

XX. Residents' Vacation Schedule

The vacation schedule for all residents by contractual agreement calls for 20 days (Stony Brook may differ) of vacation in each academic year. Three of those weeks should be considered personal vacation time and the fourth week should be used for conference and/or academic time. Vacation days in each year may be taken with appropriate notice. Certain stipulations must be respected:

1. Vacations are permitted while on all rotations.
2. Vacation weeks begin on Saturday morning with a return to work a week from Monday.
3. One resident at NUMC (excluding the Burn Fellow) may be away at any given time. Vacation requests are granted on a first come first served basis.
4. One vacation week per resident is preferred in any given three-month rotation as possible.
5. No vacations are to be scheduled during the last 15 days of June or the month of July. Chief Residents will not be granted vacation during the first week of their NUMC or Stony Brook University rotations.

6. All requests for vacation and/or academic leave are to be discussed with the chief resident and then made in writing to Ms. Jeanne Watson. It is the residents' responsibility to assure that she has received your request and acted on it, taking your name off the schedule for that given week.
7. Each resident has the responsibility to sign out all patients and existing obligations to the covering resident prior to leaving on vacation.
8. Board examinations and appropriate travel time are not considered vacation days although written request for the time away is mandatory.
9. Unused vacation days in any year do not accrued into the following year.
10. Days taken because of limitations of working hours are not considered vacation days.
11. Urgent or emergent days away should be taken to resolve personal issues of importance. Appropriate phone notification is requested.
12. The termination date for senior residents will be announced at the beginning of the last rotation.

There are three years (six years) of plastic and reconstructive surgical residency. The regulations above are in the best interest of the program allowing for organized continuity and an equal opportunity for all residents.