

Mapping of Plastic Surgery Curricular Competencies with Assessment Tools

This outline maps curricular competencies/objectives with the assessment tools and potential test type. Tests will emphasize certain parts of the outline, and no single test will include questions on all aspects. Questions may include content that is not included in this outline.

Construct	Domain	Rotation	Year	Code	Performance indicator (Curriculum)	Page #	Learning Domain (1:Cognitive, 2:Skills, 3:Attitude)	Assessment Method			
								MCQ - Part I Written	MCQ - Final Written	OSCE - Final Clinical	SOE - Final Clinical
A. Medical Expert	A1. Basic science	General surgery	Junior	A1.1	Establish and maintain basic science knowledge of surgical anatomy to head and neck, upper extremity, trunk including chest, abdomen, genitalia and lower extremity.	11	1	*	*		*
				A1.2	Establish and maintain basic science knowledge of Physiology: — Impact of age on specific organ systems as it relates to surgical management — Impact of pregnancy on specific organ systems as it relates to surgical management.	11	1	*	*		*
				A1.3	Establish and maintain basic science knowledge of Physiology on the effect of obesity on the surgical patient	11	1	*	*		*
				A1.4	Establish and maintain basic science knowledge of Respiratory system: - Lung volumes. -flow rates. - pressures. - Gas exchange. -Oxygen transport and carbon dioxide elimination.	11 + 12	1	*	*		*
				A1.5	Establish and maintain basic science knowledge of Nutrition: - Metabolic needs. - Caloric, protein, and lipid requirements, fluids, and micronutrients. - Adaptation to starvation as compared to response to surgical stress.	12	1	*	*		*
				A1.6	Establish and maintain basic science knowledge of Hemostasis: - Physiology of coagulation and management of coagulopathy	12	1	*	*		*
				A1.7	Establish and maintain basic science knowledge of Fluid and electrolyte physiology: - Fluid compartments and body water components - Osmotic and volume regulation - Sodium (Na), Potassium (K), Calcium (Ca), Phosphorus (P), and Magnesium (Mg) metabolism - Regulation of acid-base balance.	12	1	*	*		*
				A1.8	Establish and maintain basic science knowledge of Circulatory system: - Hemodynamics of the cardiovascular system	12	1	*	*		*

A1.9	Establish and maintain basic science knowledge of Body response to surgical stress: <ul style="list-style-type: none"> — Metabolic responses, including the catabolic response, need for metabolic support, and endocrine changes not mediated by the neuroendocrine axis. — Mediators and cells involved in the metabolic response. — Neuroendocrine axis. 	12	1	*	*		*
A1.10	Establish and maintain basic science knowledge of Disease states in organ systems and their impact on the surgical patient: <ul style="list-style-type: none"> — Cardiac: <ul style="list-style-type: none"> - Coronary artery disease (CAD): ☑ Valvular disease. ☑ Cardiomyopathy. ☑ Cardiac arrest and arrhythmias, as per advanced cardiovascular life support (ACLS) protocols. — Pulmonary: <ul style="list-style-type: none"> ☑ Chronic obstructive lung disease (COLD). — Renal: <ul style="list-style-type: none"> ☑ Renal failure. — Endocrine: <ul style="list-style-type: none"> ☑ Diabetes. ☑ Physiological complications. ☑ Management of hypo- and hyperglycemia. ☑ Thyroid pathophysiology. ☑ Parathyroid pathophysiology. ☑ Adrenal pathophysiology. — Hepatic: <ul style="list-style-type: none"> ☑ Cirrhosis. ☑ Liver failure. — Hematologic: <ul style="list-style-type: none"> ☑ Screening for diatheses. ☑ Hypocoagulable states ☑ Hypercoagulable states. 	12+13	1	*	*		*
A1.11	Establish and maintain basic science knowledge of Blood products and derivatives, including types and indications.	13	1	*	*		*
A1.12	Establish and maintain basic science knowledge of: Genetics of neoplasia: <ul style="list-style-type: none"> — Genetics of families at risk — Role of environmental carcinogens — Paraneoplastic syndromes — Principles of multi-modality therapy 	13	1	*	*		*
A1.13	The resident will be able to perform a complete and appropriate application of Positron emission tomography (PET) scan: <ul style="list-style-type: none"> — Other emerging technologies 	13					
A1.14	Establish and maintain basic science knowledge of Indications, complications and benefits for nutritional support, including enteral and parenteral feeding.	13	1	*	*		*

A1.15	<p>Establish and maintain basic knowledge of: Diagnostic modalities, including their technology, indications, and limitations:</p> <ul style="list-style-type: none"> — Plain radiography. — Ultrasound. — Computed tomography (CT) scan. — Magnetic resonance imaging (MRI) technology. — Fluoroscopy. — Nuclear Medicine: <ul style="list-style-type: none"> ☐ Positron emission tomography (PET) scan. — Other emerging technologies. — Radiation safety principles as they apply to patients and practitioners. 	13	1	*	*		*
A1.16	<p>Establish and maintain basic science knowledge of Transplantation/implantation:</p> <ul style="list-style-type: none"> — Description of autograft, xenograft, and allograft — Graft rejection - mechanisms and types — Implants <ul style="list-style-type: none"> - Principles of compatibility - Biological reaction/rejection 	13+14	1	*	*		*
A1.17	<p>Establish and maintain basic science knowledge of Wound healing:</p> <ul style="list-style-type: none"> — Classification of wounds — Normal wound healing — Abnormal wound healing — Factors that alter wound healing 	14	1	*	*		*
A1.18	<p>Establish and maintain basic science knowledge of Principles of anesthesia, analgesia, and sedation:</p> <ul style="list-style-type: none"> — Local anesthetic agents: indications, contra-indications, and administration — Regional anesthetics — General anesthetics — Procedural sedation: indications, contra-indications, and administration 	14	1	*	*		*
A1.19	<p>Demnstrate an uderstading of the Principles of energy sources:</p> <ul style="list-style-type: none"> — Electro-cautery — Laser — Emerging energy source modalities 	14	1	*	*		*

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A1.20	<p>Demonstrate an understanding of the pathophysiology in the surgical patient:</p> <ul style="list-style-type: none"> o Cardiac: <ul style="list-style-type: none"> – Principles of advanced cardiac life support – Cardiac failure – Ischemic heart disease – Arrhythmia o Circulatory shock: <ul style="list-style-type: none"> – Distributive – Cardiogenic – Hypovolemic – Obstructive o Multiple organ dysfunction syndrome. o Pulmonary – Respiratory failure: <ul style="list-style-type: none"> ☑ Basic mechanism, indications, contra-indications, and complications of mechanical ventilation. – Pulmonary embolism. – Fat embolism. o Genito-urinary. o Congenital anomalies. o Vascular: <ul style="list-style-type: none"> – Deep venous thrombosis (DVT). o Arterial ischemia. o Endocrine: <ul style="list-style-type: none"> – Glycemic control. – Thyroid storm. – Adrenal insufficiency. – Syndrome of inappropriate antidiuretic hormone secretion (SIADH). o Skin: <ul style="list-style-type: none"> – Pressure sores. o Neurologic: <ul style="list-style-type: none"> – Delirium and altered mental status. 									
		14-15	1	*	*				*	

			<ul style="list-style-type: none"> — Transient ischemic attack (TIA) and stroke. — Principles of brain death assessment. o Psychiatric: <ul style="list-style-type: none"> — Anxiety and depression. — Psychological and emotional response to sensitive disorders. — Post-traumatic stress disorders. o Gastrointestinal: <ul style="list-style-type: none"> — Stress gastritis. — Postoperative Ileus. o Common post-surgical infections, including surveillance, prevention, and judicious use of antibiotics: <ul style="list-style-type: none"> — Pulmonary. — Vascular catheter. — Urinary. — Parotitis. — Surgical site infection, including incisional and organ/space. — Spreading and necrotizing infections. — Hematogenous infections. — Types of bacteria. - Clostridium difficile. - Multi-antibiotic-resistant pathogens. - Methicillin-resistant Staphylococcus aureus. - Multi-resistant gram-negative bacilli. - Vancomycin resistant enterococci. - Common pathogens in the specific surgical site. o Compartment syndromes: <ul style="list-style-type: none"> — Abdominal. — Limb. o Delayed wound healing. 	14					
Orthopedic Surgery	A1.21	Establish and maintain basic science knowledge of Immunology of sepsis and transplantation.		12	1	*	*		*
	A1.22	Establish and maintain basic science knowledge of Sepsis and the inflammatory response: <ul style="list-style-type: none"> — Metabolic and hemodynamic patterns — Mediators and cells in sepsis and inflammation — Impact on organ systems — Sepsis and the inflammatory response in major burn patients. 		12	1	*	*	*	
	A1.23	Demonstrate an understanding of Common infection: <ul style="list-style-type: none"> — Community and hospital acquired bacteria, fungi, and viruses — Impact of bloodborne pathogens, including HIV, Hepatitis B, and Hepatitis C 		13	1	*	*	*	
Plastic Surgery	A1.24	Establish and maintain basic science knowledge of Oncology: <ul style="list-style-type: none"> — Purpose and basis of staging and grading. — Basic principles of neoplastic transformation, including tumor growth and spread. - Pathology requirements for appropriate assessments. - Definition of common pathological terms, including but not limited to neoplasia, malignancy, dysplasia, metaplasia, and atypia. 		13	1	*	*	*	

LOWER EXTREMITY:	A1.30	The resident will demonstrate knowledge of: LOWER EXTREMITY: — Anatomy and physiological function of the lower extremity.	30	1		*	*
BREAST: NON-COSMETIC:	A1.31	The resident will demonstrate knowledge of: BREAST: NON-COSMETIC: — Surgical anatomy of the breast: ☑ Effects of radiation on the breast and implications for breast surgery. — Basic science of silicone, history of the use of silicone breast implants, and the generation of silicone breast implants: ☑ Tissue expanders.	31	1		*	*
ABDOMEN, TRUNK, AND PELVIS:	A1.32	The resident will demonstrate knowledge of: ABDOMEN, TRUNK, AND PELVIS: — Surgical anatomy of the abdominal wall.	31	1		*	*
DERMATOLOGY	A1.33	The resident will demonstrate knowledge of: SKIN: — Macroscopic and microscopic anatomy of the skin.	31+32	1		*	*
PEDIATRIC AND CRANIOFACIAL SURGERY	A1.34	The resident will demonstrate knowledge of: PEDIATRIC AND CRANIOFACIAL SURGERY: — Embryology of the head, neck, and upper extremity.	32	1		*	*
	A1.35	The resident will demonstrate knowledge of: Facial Clefts: ☑ Embryology, genetics, identification, classification, and management. ☑ Epidemiology of facial clefts and associated etiological factors. ☑ Anatomy of the underlying deformity.	32	1		*	*
BURNS AND COLD INJURY	A1.36	The resident will demonstrate knowledge of: BURNS AND COLD INJURY: — Pathophysiology (local and systemic) of burn injuries, including thermal, chemical, electrical, radiation, and friction burns and Inhalation injury.	33	1		*	*
	A1.37	The resident will demonstrate knowledge of: - Nutritional requirements of burn patients. — Available skin substitutes and their appropriate application. — Pathophysiology of cold injury and hypothermia. — Sequelae of cold injury, including effects on growth and development, skin and soft tissues, circulation, bones, and joints.	34	1		*	*

		AESTHETIC (COSMETIC) SURGERY		A1.38	The resident will demonstrate knowledge of: Basic science, anatomy of: ☑ Breast. ☑ Torso. ☑ Upper and lower limb. ☑ Face. ☑ Normal aging process as it affects bone, soft tissue, and skin. ☑ Effects of sun damage, nicotine, and other environmental factors on the normal aging process.	34+ 35	1		*		*
A2. Assessment & Diagnosis		BURNS AND COLD INJURY	Junior	A2.1	Establish and maintain basic knowledge of assessment and monitoring of malnourished surgical/burn patients.	12	1	*	*		*
		HEMATOLOGY		A2.2	Establish and maintain basic knowledge of adverse reactions of Blood products and derivatives,	13	1	*	*		*
		EMERGENCY, PERIOPERATIVE, AND POSTOPERATIVE CARE		A2.3	Establish and maintain basic knowledge of Risk assessment strategies and scores: — Anesthetic risks — Cardiac risk assessment — ICU risk assessment — Trauma assessment, including Glasgow coma scale — Nutritional assessment — Preoperative screening tests and their limitations.	13	1	*	*		*
				A2.4	Establish and maintain basic knowledge of complications arising from the administration of anesthesia	14	1	*	*		*

		GENERAL SURGERY		<p>A2.5 Demonstrate an understanding of the complications in the surgical patient:</p> <ul style="list-style-type: none"> o Cardiac: <ul style="list-style-type: none"> – Principles of advanced cardiac life support. – Cardiac failure. – Ischemic heart disease. – Arrhythmia. o Circulatory shock: <ul style="list-style-type: none"> – Distributive. – Cardiogenic. – Hypovolemic. – Obstructive. o Multiple organ dysfunction syndrome. o Pulmonary – Respiratory failure: <ul style="list-style-type: none"> ☑ Basic mechanism, indications, contra-indications, and complications of mechanical ventilation. – Pulmonary embolism. – Fat embolism. o Genito-urinary. o Congenital anomalies. o Vascular: <ul style="list-style-type: none"> – Deep venous thrombosis (DVT). o Arterial ischemia. o Endocrine: <ul style="list-style-type: none"> – Glycemic control. – Thyroid storm. – Adrenal insufficiency. – Syndrome of inappropriate antidiuretic hormone secretion (SIADH). o Skin: <ul style="list-style-type: none"> – Pressure sores. o Neurologic: <ul style="list-style-type: none"> – Delirium and altered mental status. 		1	*	*		*
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		<ul style="list-style-type: none"> — Transient ischemic attack (TIA) and stroke. — Principles of brain death assessment o Psychiatric <ul style="list-style-type: none"> — Anxiety and depression — Psychological and emotional response to sensitive disorders — Post-traumatic stress disorders o Gastrointestinal <ul style="list-style-type: none"> — Stress gastritis — Postoperative Ileus o Common post-surgical infections, including surveillance, prevention, and judicious use of antibiotics <ul style="list-style-type: none"> — Pulmonary — Vascular catheter — Urinary — Parotitis — Surgical site infection, including incisional and organ/space — Spreading and necrotizing infections — Hematogenous infections — Types of bacteria <ul style="list-style-type: none"> - Clostridium difficile - Multi-antibiotic-resistant pathogens - Methicillin-resistant Staphylococcus aureus - Multi-resistant gram-negative bacilli - Vancomycin resistant enterococci - Common pathogens in the specific surgical site o Compartment syndromes <ul style="list-style-type: none"> — Abdominal — Limb o Delayed wound healing 	14+15					
PERIOPERATIVE CARE	A2.6	<p>The resident will be able to perform a complete and appropriate assessment of a surgical patient:</p> <ul style="list-style-type: none"> -Elicit a history and perform a physical examination that is relevant, concise, and accurately conveys the patient’s context and preferences for the purposes of prevention and health promotion, diagnosis, and/or management. o Identify risk factors for disease or diagnoses o Identify aspects that may affect the surgical management of the patient o Identify physical, mental, and psychosocial issues that may impact post-operative care o Identify opportunities for risk management and prevention. 	16	1,2	*	*	*	*
PHLEBOTOMY	A2.7	<p>The resident will be able to select medically appropriate investigative methods in a resource-effective and ethical manner, including but not limited to:</p> <ul style="list-style-type: none"> o Preoperative screening tests o Laboratory tests and imaging 	16	1	*	*		*
PERIOPERATIVE CARE	A2.8	<p>Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating the information to generate differential diagnoses.</p>	16	1	*	*		*

	GENERAL SURGERY	A2.9	Demonstrate an understanding of preoperative evaluation and optimization of Cardiac disease: - Arrhythmias - Ischemic heart disease - Valvular heart disease - Heart failure - Myopathy	16	1	*	*		*
	PERIOPERATIVE CARE	A2.10	The resident will be able to perform preoperative evaluation of Pulmonary disease: <input checked="" type="checkbox"/> Respiratory failure <input checked="" type="checkbox"/> Chronic lung disease (CLD)	16	1	*	*		*
		A2.11	The resident will be able to perform Preoperative evaluation of Kidney disease: <input checked="" type="checkbox"/> Acid base disorders. <input checked="" type="checkbox"/> Electrolyte disorders (sodium, potassium, calcium, phosphorus, magnesium). <input checked="" type="checkbox"/> Renal insufficiency. <input checked="" type="checkbox"/> Liver disease. <input checked="" type="checkbox"/> Cirrhosis and its complications. <input checked="" type="checkbox"/> Liver failure. <input checked="" type="checkbox"/> Endocrine disease. <input checked="" type="checkbox"/> Diabetes. <input checked="" type="checkbox"/> Thyroid disease. <input checked="" type="checkbox"/> Adrenal disorders.	16	1	*	*		*
		A2.12	The resident will be able to perform preoperative evaluation of Disorders of: — Disorders of hemostasis — Pregnancy — Morbid obesity — Malnutrition	16	1	*	*		*
		A2.13	The resident will be able to perform preoperative evaluation of Patients with immunosuppression: - HIV - Immuno-suppressant drugs - Chronic disease states - Post-transplant states	16	1	*	*		*
		A2.14	The resident will be able to perform preoperative evaluation of: — Trauma — Thermal injury — Major categories of shock — Infections	17	1	*	*		*
		A2.15	The resident will be able to perform preoperative evaluation of Unexpected perioperative bleeding, both surgical and nonsurgical in nature.	17	1	*	*		*

		A2.16	The resident will be able to perform preoperative evaluation of: Prophylaxis: — Antibiotic — Thromboembolic — Immunization, including tetanus	17	1	*	*		*	
		A2.17	The resident will be able to perform preoperative evaluation of: — Trauma — Thermal injury — Major categories of shock — Infections	17	1	*	*		*	
		A2.18	The resident will be able to demonstrate pre-procedural skills: o Appropriate usage of imaging: — Demonstrate proficiency and selectivity in ordering appropriate imaging tests with sufficient attention to clinical details	18	1,3	*	*		*	
	RADIOLOGY	A2.19	Demonstrate an approach to the interpretation of common and simple imaging modalities, including: - Plain chest X-ray - Plain views of the abdomen - Common cross-sectional imaging - Routine trauma imaging - Ultrasound	18	1	*	*		*	
		A2.20	The resident will be able to demonstrate the ability to recognize the importance of organ transplantation: o Identification of potential donors.	23	1	*	*		*	
	EMERGENCY, PERIOPERATIVE, AND POSTOPERATIVE CARE	senior	A2.21	The resident will demonstrate knowledge of: EMERGENCY, PERIOPERATIVE, AND POSTOPERATIVE CARE: — Establishing priorities in the care of a patient with multi-system trauma — Appropriate investigation for a traumatized patient requiring emergency surgery — Appropriate preoperative investigation and collaboration with other consultants prior to proceeding with any surgery, emergent or elective — Identification of post-surgical complications, local and systemic, with appropriate investigation .	29	1		*		*
			A2.22	The resident will be able to demonstrate appropriate and timely application of therapeutic interventions relevant to plastic surgery.	36	1,3		*		*

	HAND AND UPPER EXTREMITY		<p>A2.23 The resident will demonstrate knowledge of: HAND AND UPPER EXTREMITY: — Diagnosis of the following conditions: ☑ Common developmental abnormalities of the upper extremity and their systemic associations. ☑ Dupuytren’s disease. COMPETENCIES: ☑ Vascular disorders of the upper extremity ☑ Arthritis of the hand and wrist ☑ Benign and malignant soft tissue and bone tumors of the hand and wrist ☑ Hand infections ☑ Simple and complex trauma, including but not limited to: ☑ Soft tissue injury and loss ☑ Tendon injury ☑ Nerve injury, including brachial plexus ☑ Fractures, ligament injuries, and joint dislocations ☑ Vascular compromise ☑ Amputations ☑ Burns and frostbite on the hand and upper extremity, to include burns of all etiologies. ☑ Heat. ☑ Chemical. ☑ Electrical. ☑ Radiation. ☑ Friction.</p>	29+30	1		*		*
	DIAGNOSTICS		<p>A2.24 demonstrate knowledge of objective testing methods applicable to upper extremity pathology and trauma, including diagnostic imaging, electrophysiological testing, ultrasound and laser Doppler, and assessment of muscle compartment pressures.</p>	30	1		*		*
	LOWER EXTREMITY		<p>A2.25 The resident will demonstrate knowledge of: LOWER EXTREMITY: — Diabetic foot — Diseases of the peripheral vasculature, including the lymphatic system</p>	30	1		*		*
	BREAST: NON-COSMETIC		<p>A2.26 The resident will demonstrate knowledge of: BREAST: NON-COSMETIC: — Congenital and developmental diseases of the breast and chest, including but not limited to chest wall deformities affecting the breast, breast aplasia, underdevelopment, overdevelopment, constricted breast conditions, and asymmetries. — Gynecomastia, ptosis, breast trauma, and burns. — Benign and malignant tumors of male and female breasts, including but not limited to: ☑ All forms of breast cancer and related issues, including but not limited to genetic markers, premalignant breast disease, and the role of preventative mastectomy. ☑ Effects of radiation on the breast and implications for breast surgery.</p>	31	1		*		*

		ABDOMEN, TRUNK, AND PELVIS	A2.27	The resident will demonstrate knowledge of: ABDOMEN, TRUNK, AND PELVIS: — Chest wall defects from all causes, including but not limited to neoplastic, infective, radiation, trauma, and post-surgical. — Abdominal wall defects from all causes, including but not limited to neoplastic, infective, radiation, trauma, and post-surgical. — Pelvic defects from all causes, including but not limited to neoplastic, infective, radiation, trauma, and post-surgical.	31	1		*	*
		DERMATOLOGY	A2.28	The resident will demonstrate knowledge of: SKIN: — Benign skin lesions — Malignant skin lesions, including but not limited to: ☑ Basal cell carcinoma ☑ Squamous cell carcinoma ☑ Malignant melanoma. — Benign and malignant tumors of adjacent soft tissues, including but not limited to fat, fibrous tissue, muscle, fascia, nerves, blood vessels, and lymphatics.	31+32	1		*	*
		PEDIATRIC AND CRANIOFACIAL SURGERY	A2.29	The resident will demonstrate knowledge of: Vascular Anomalies: ☑ Classification ☑ Clinical, cellular, radiological, hematological, and flow characteristics of vascular anomalies ☑ Vascular malformation syndromes, including but not limited to Sturge-Weber, Klippel-Trenaunay, Parkes-Weber, Maffucci, Rendu-Osler-Weber, and Proteus. ☑ Principles of diagnosis and potential complications.	32	1		*	*
			A2.30	The resident will demonstrate knowledge of: Facial Clefts: ☑ Associated functional problems, including but not limited to problems with feeding, speech, hearing, and dentition.	32	1		*	*
			A2.31	The resident will demonstrate knowledge of: PEDIATRIC AND CRANIOFACIAL SURGERY: — Identification of pediatric craniofacial deformities: ☑ Unisutural and multiple suture craniosynostoses. ☑ Common syndromes associated with multiple craniosynostoses, including but not limited to the following syndromes: Crouzon, Apert, Saethre-Chotzen, Pfeiffer, and Carpenter. ☑ Rare craniofacial clefts, involving both bony and soft tissue ☑ Common pediatric syndromes, sequences, and spectrums, including but not limited to Pierre Marie Robin Sequence, ocular-auricular-vertebral spectrum, Treacher Collins, Naggar, Binder, Romberg, Mobius, Down, Beckwith-Weidemann, Gorlin, neurofibromatosis, fibrous dysplasia, and Klippel-Feil syndrome. ☑ Positional plagiocephaly. ☑ Congenital torticollis.	32	1		*	*

		A2.32	The resident will demonstrate knowledge of: - Identification and classification of Congenital Nevi - Identification of underlying adolescent breast asymmetry, including but not limited to asymmetry of the breast, thorax, or muscle. Identification of associated syndromes, including Poland syndrome	33	1		*		*
	MAXILLOFACIAL TRAUMA	A2.33	The resident will demonstrate knowledge of: MAXILLOFACIAL TRAUMA: — A comprehensive approach to the patient with maxillofacial trauma that includes ATLS protocols: ☑ Assessment of cervical spine injuries. ☑ Assessment for the presence of intracranial trauma. ☑ Ocular trauma. ☑ Cranial nerve trauma. ☑ Assessment of other associated injuries.	33	1		*		*
		A2.34	The resident will demonstrate knowledge of: Principles of managing acute trauma of the face, including but not limited to: ☑ Interpretation of diagnostic imaging studies of the facial skeleton	33	1		*		*
	BURNS AND COLD INJURY	A2.35	The resident will demonstrate knowledge of: BURNS AND COLD INJURY: — Ethical issues surrounding life-threatening burns — Psycho-social issues associated with burns, including but not limited to physical abuse, particularly of children and the elderly, substance abuse, and mental illness.	33	1		*		*
		A2.36	The resident will demonstrate knowledge of: — Sequelae of burn injuries, including but not limited to the effect of burns on growth and development, heterotopic ossification, ocular complications, and the central nervous system (CNS) complications of electrical burns. — Prognostic signs and tests of the severity and extent of cold injury, including the use of diagnostic imaging.	34	1		*		*
		A2.37	The resident will be able to demonstrate an interpretation of imaging modalities where necessary, including radiographs, CT scans, MRI, radionuclide scans, and bronchoscopy, as applicable to plastic surgery: o Clinical assessment of burn wound extent and burn wound depth	41	1		*		*
	AESTHETIC (COSMETIC) SURGERY	A2.38	The resident will demonstrate knowledge of: AESTHETIC (COSMETIC) SURGERY: — Psychological and social forces that contribute to a patient's request for cosmetic surgery.	32	1		*		*

		A2.39	The resident will demonstrate knowledge of: AESTHETIC (COSMETIC) SURGERY: — Psychiatric conditions diagnosed preoperatively that preclude surgery, including an understanding of body dysmorphic disorder and the adverse consequences that can occur if surgery is performed for such patients. — Ethical issues involved in the provision of surgical or non-surgical procedures for normal individuals who are not affected by congenital deformities, trauma, or disease. — Preoperative counselling of the patient requesting aesthetic surgery, including advice on the risks and benefits of both surgical and non-surgical procedures. — Appropriate preoperative discussion of the risks, side effects, and alternative therapies. — Preoperative cosmetic diagnosis when a patient perceives there to be an aesthetic problem.	34	1		*		*
	DIAGNOSTICS	A2.40	The resident will be able to identify and explore issues to be addressed in a patient encounter, including the patient's context and preference in the management of life threatening emergencies	35	1		*		*
		A2.41	The resident will be able to elicit a history that is relevant, concise, and accurately reflects the patient's context and preferences for the purposes of prevention and health promotion, diagnosis, and/or management	35	2			*	
		A2.42	The resident will be able to select medically appropriate investigative methods in a resource-effective and ethical manner.	35	1		*		*
		A2.43	The resident will be able to perform a focused physical examination that is relevant and accurate for the purposes of prevention and health promotion, diagnosis, and/or management	35	2			*	
		A2.44	The resident will be able to demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses .	36	1		*		*
	RADIOLOGY	A2.45	The resident will be able to demonstrate an interpretation of imaging modalities, including radiographs, computerized tomography (CT), magnetic resonance imaging (MRI), radionuclide scans, and angiograms of structures in the head and neck region, as applicable to plastic surgery	37	1		*		*
		A2.46	The resident will be able to demonstrate an interpretation of imaging modalities, including radiographs, fluoroscopy, CT scans, MRI, radionuclide scans, ultrasound, Doppler scans, and angiograms, as applicable to plastic surgery: o Measurement of upper extremity compartment pressures o Interpretation of electrophysiological studies applicable to plastic surgery	38+39	1		*		*
		A2.47	The resident will be able to demonstrate an interpretation of imaging modalities, including mammography, ultrasound scans, and MRI, as applicable to plastic surgery	38	1		*		*
		A2.48	The resident will be able to demonstrate an interpretation of imaging modalities of the abdominal wall, thoracic wall, and pelvis, including radiographs, CT scans, MRI, radionuclide scans, ultrasound, Doppler scans, and angiograms, as applicable to plastic surgery.	38	1		*		*
	DERMATOLOGY	A2.49	The resident will be able to demonstrate an diagnostic techniques, including incisional and excisional biopsies of skin lesions	40	1,2		*	*	*

A3. Management	TRAUMA	Junior	A3.1	The resident will be able to demonstrate an understanding of trauma: — Principles of advanced trauma life support (ATLS) or principles of trauma care, including initial management.	14	1		*		*		
	PREOPERATIVE AND POSTOPERATIVE CARE		A3.2	The resident will be able to demonstrate an understanding of routine postoperative patient care, including: o Fluid management. o Wound care. o Pain management: — Pathophysiology and types of pain — Common analgesic medications — Patient-controlled analgesia — Regional analgesia, including epidural	14	1		*		*		
			A3.3	The resident will be able to demonstrate effective clinical problem solving and judgment to address patient problems to develop management plans.	16	1		*		*		
	GENERAL SURGERY		A3.4	The resident will be able to demonstrate optimization of Pulmonary disease: <input checked="" type="checkbox"/> Respiratory failure <input checked="" type="checkbox"/> Chronic lung disease (CLD)	16	1		*		*		
			A3.5	The resident will be able to demonstrate optimization of Kidney disease: <input checked="" type="checkbox"/> Acid base disorders <input checked="" type="checkbox"/> Electrolyte disorders (sodium, potassium, calcium, phosphorus, magnesium) <input checked="" type="checkbox"/> Renal insufficiency <input checked="" type="checkbox"/> Liver disease <input checked="" type="checkbox"/> Cirrhosis and its complications <input checked="" type="checkbox"/> Liver failure <input checked="" type="checkbox"/> Endocrine disease <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Thyroid disease <input checked="" type="checkbox"/> Adrenal disorders	16	1		*		*		
			A3.6	The resident will be able to demonstrate optimization of Disorders of: — Disorders of hemostasis — Pregnancy — Morbid obesity — Malnutrition	16	1		*		*		
			A3.7	The resident will be able to demonstrate optimization of Patients with immunosuppression: - HIV - Immuno-suppressant drugs - Chronic disease states - Post-transplant states	16	1		*		*		

POSTOPERATIVE CARE

A3.8	The resident will be able to demonstrate optimization of: — Trauma — Thermal injury — Major categories of shock — Infections	17	1		*		*
A3.9	The resident will be able to perform a complete and appropriate application of therapeutic interventions for postoperative management of patients with Uneventful postoperative course.	17	1		*		*
A3.10	The resident will be able to perform a complete and appropriate application of therapeutic interventions for postoperative management of patients with Cardiac disorders: = Ischemia = Arrhythmias = Heart failure	17	1		*		*
A3.11	The resident will be able to perform a complete and appropriate application of preventive and therapeutic interventions for postoperative management of patients with Pulmonary disease: - Aspiration pneumonia - Hospital-acquired pneumonia - Pulmonary embolus - Respiratory insufficiencies - Pneumothorax	17	1		*		*
A3.12	The resident will be able to perform a complete and appropriate application of therapeutic interventions for postoperative management of patients with Kidney disease: - Oliguria or anuria - Renal failure - Electrolyte and acid-base disorders	17	1		*		*
A3.13	The resident will be able to perform a complete and appropriate application of therapeutic interventions for postoperative management of patients with Vascular disease: - Deep venous thrombosis	17	1		*		*
A3.14	The resident will be able to perform a complete and appropriate application of therapeutic interventions for postoperative management of patients with Gastro-intestinal (GI) disease: - GI bleeding - Ileus	17	1		*		*
A3.15	The resident will be able to perform a complete and appropriate application of therapeutic interventions for postoperative management of patients with Sepsis: - Catheter sepsis - Superficial surgical site infection - Deep surgical site infection	17	1		*		*

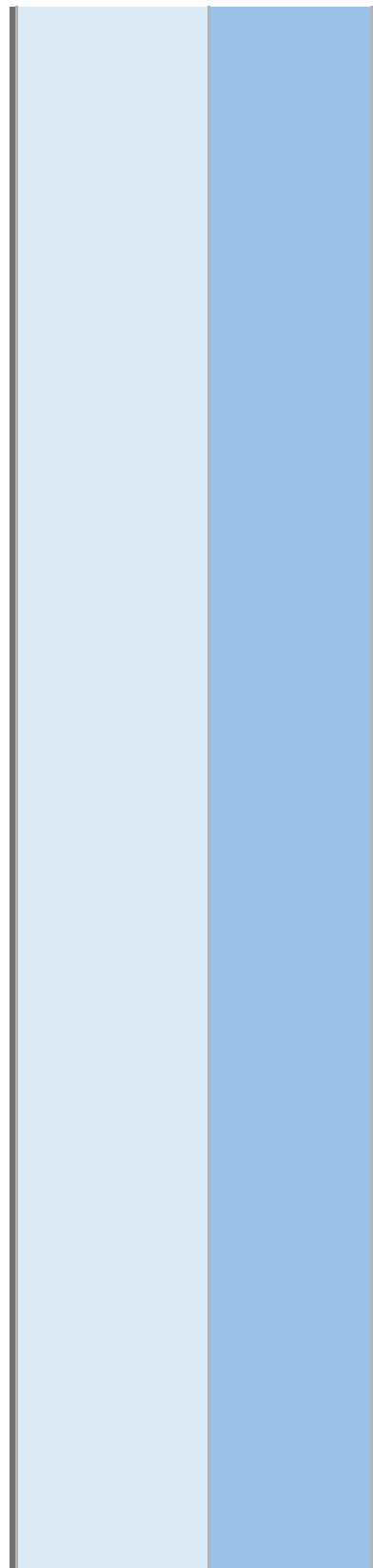
PERIOPERATIVE CARE	A3.16	The resident will be able to perform a complete and appropriate application of therapeutic interventions for postoperative management of patients with Compartment syndromes: -Abdominal -Limb	17	1		*		*
	A3.17	The resident will be able to perform a complete and appropriate application of therapeutic interventions for postoperative management of patients with - Fat embolism: — Pressure sores — Recognition of complications from operative positioning	17	1		*		*
	A3.18	The resident will be able to Ensure appropriate informed consent is obtained for therapies	17	2			*	
	A3.19	The resident will be able to ensure patients receive appropriate end-of-life care	17	1		*		*
	A3.20	The resident will be able to ensure appropriate informed consent is obtained for procedures, including the discussion of appropriate postoperative care and issues with patients and families	17	2			*	
	A3.21	The resident will be able to demonstrate an optimization of Unexpected perioperative bleeding, both surgical and nonsurgical in nature.	17	1		*		*
	A3.22	The resident will be able to demonstrate optimization of: -Prophylaxis — Antibiotic — Thromboembolic — Immunization, including tetanus	17	1		*		*
	A3.23	Demonstrate effective, appropriate, and timely performance of a surgical procedure while maintaining patient and team safety: — Apply the concept of aseptic technique as it is used for all procedures — Gather and manage the availability of appropriate instruments and materials for minor procedures — Obtain appropriate assistance — Demonstrate understanding of the steps to take when there has been a break in universal precautions or a potential contamination	18	1,2		*	*	*
	A3.24	Demonstrate appropriate patient positioning: — Prepare the operative site — Cleanse the operative site — Appropriately hand-cleanse, gown, and glove — Demonstrate appropriate draping — Deliver pre-procedural anesthesia/analgesia if appropriate — Strictly adhere to patient safety guidelines, including the World Health Organization (WHO) 5 steps for patient safety in operative therapy	18	1,2		*	*	*

GENERAL SURGERY	A3.25	The resident will be able to demonstrate complete and appropriate procedural skills: o Demonstrate the application of anatomic knowledge as it relates to the surgical procedure in which the resident is participating	18	1		*		*
	A3.26	— Demonstrate the appropriate use of common surgical instruments, including but not limited to needle drivers, retractors, forceps, clamps, electrocautery, scalpel, and scissors.	18	1,2		*		*
	A3.27	The resident will be able to demonstrate the appropriate choice and use of suture materials	18	1		*		*
	A3.28	The resident will be able to perform the following surgical skills: — Incision using sharp and energy-based instruments. — Knot tying. — 5.3.6.3. Suturing. — Appropriate tissue handling during surgical procedures, paying attention to the preservation of tissue vitality. — Blunt and sharp dissection without injury to adjacent structures. — Vascular control in elective and critical situations. — Closure of simple wounds. — Appropriate use of drains. — Application of appropriate wound dressing. — Urethral catheter insertion. — Insertion of a nasogastric tube. — Tourniquet application. — Splint for bony injury or soft tissue injury. — Remove a superficial skin lesion. — Drain a superficial abscess. — Biopsy (the specifics of tissue type and anatomic locations can be designated as appropriate to the surgical specialty and will be outlined in the relevant OTR). — Secure arterial and venous vascular access in critical and non-critical situations.	18+19	1,2		*	*	*
EMERGENCY MEDICINE	A3.29	Demonstrate the ability to perform the following procedures in critical situations: — Needle thoracostomy — Tube thoracostomy — Needle cricothyroidotomy — Cricothyroidotomy or tracheostomy — Central line insertion	19	1,2		*	*	*
POSTPROCEDURAL CARE	A3.30	The resident will be able to perform a complete and appropriate post-procedural skills: o Preparation and handling of specimens for presentation to a pathologist o Perform appropriate wound surveillance and dressing care	19	1,2		*	*	*

		EMERGENCY, PERIOPERATIVE, AND POSTOPERATIVE CARE	Senior	A3.31	Demonstrate effective use of all CanMEDS competencies relevant to plastic surgery: o Respond appropriately to emergency situations o Manage the perioperative and postoperative care of a patient	28	1,3		*		*
				A3.32	The resident will demonstrate knowledge of: EMERGENCY, PERIOPERATIVE, AND POSTOPERATIVE CARE Principles of: ☑ Advanced Trauma Life Support (ATLS). ☑ Aseptic technique and routine precautions. ☑ Local anesthesia. ☑ Conscious sedation. ☑ Early postoperative patient care, both medical and surgical.	29	1		*		*
				A3.33	The resident will demonstrate knowledge of: EMERGENCY, PERIOPERATIVE, AND POSTOPERATIVE CARE: — Development of treatment plans, including surgical and non-surgical therapies, that recognize the potential psycho-social impact of the condition and its management on the patient and family. — Obtaining appropriate informed consent from patients and/or guardians prior to any medical or surgical treatment, emergent or elective. — use of consultants to promptly develop and introduce treatment plans of post-surgical complications, local and systemic.	29	1		*		*
		HEAD AND NECK		A3.34	The resident will demonstrate knowledge of: o HEAD AND NECK: — Tumors of the head and neck (both benign and malignant) and their surgical and adjuvant management. — Application of aesthetic unit principles in facial reconstruction.	29	1		*		*

HAND AND UPPER EXTREMITY	A3.35	The resident will demonstrate knowledge of: HAND AND UPPER EXTREMITY: — Management of the following conditions: ☑ Common developmental abnormalities of the upper extremity and their systemic associations ☑ Dupuytren’s disease ☑ Vascular disorders of the upper extremity ☑ Arthritis of the hand and wrist ☑ Benign and malignant soft tissue and bone tumors of the hand and wrist ☑ Hand infections ☑ Simple and complex trauma, including but not limited to: ☑ Soft tissue injury and loss ☑ Tendon injury ☑ Nerve injury, including brachial plexus ☑ Fractures, ligament injuries, and joint dislocations ☑ Vascular compromise ☑ Amputations ☑ Burns and frostbite on the hand and upper extremity, to include burns of all etiologies: ☑ Heat ☑ Chemical ☑ Electrical ☑ Radiation ☑ Friction	29+30	1		*		*
	A3.36	The resident will demonstrate knowledge of: Principles of late reconstruction of upper limb deformities, including but not limited to: ☑ Tendon transfers (hand, wrist, and upper extremity). ☑ Thumb reconstruction. ☑ Bone grafting. ☑ Reconstructing scar and soft tissue defects. ☑ Nerve compression syndromes, including principles of tendon transfers, nerve grafting, and the management of complex regional pain syndromes.	30	1		*		*
	A3.37	The resident will demonstrate knowledge of: Principles of splinting and rehabilitation of the hand and the role of multidisciplinary clinics in hand surgery.	30	1		*		*
	LOWER EXTREMITY	A3.38	The resident will demonstrate knowledge of: LOWER EXTREMITY: — Diabetic foot — Management of Diseases of the peripheral vasculature, including the lymphatic system — Principles of reconstruction of the traumatically compromised lower extremity, emphasizing soft tissue coverage, sensory-motor function, segmental bone loss, and vascular status — Principles of reconstruction of lower extremity defects secondary to debridement of acute and chronic osteomyelitis, and resection of tumors while recognizing the effects of adjuvant treatments on wound healing.	30	1		*	

BREAST: NON-COSMETIC		<p>A3.39 The resident will demonstrate knowledge of: BREAST: NON-COSMETIC: — Principles of breast reduction — Principles of breast reconstruction, partial or complete, for defects from any etiology, including but not limited to congenital defects, trauma, infection, tumor, or postsurgical causes: <input type="checkbox"/> Implant reconstruction <input type="checkbox"/> Fat grafting <input type="checkbox"/> Utilizing alternative materials such as acellular dermis <input type="checkbox"/> Flap reconstruction, including local flaps, regional pedicle flaps, or distant flaps <input type="checkbox"/> Breast balancing operations, including but not limited to mastopexy, reduction mammoplasty, or breast augmentation.</p>	31	1		*		*
ABDOMEN, TRUNK, AND PELVIS		<p>A3.40 The resident will demonstrate knowledge of: ABDOMEN, TRUNK, AND PELVIS: — Principles of reconstruction of <input type="checkbox"/> Chest wall defects <input type="checkbox"/> Abdominal wall defects <input type="checkbox"/> Pelvic and perineal defects, including, but not limited to: <input type="checkbox"/> Decubitus ulcers from all causes <input type="checkbox"/> Vaginal reconstruction <input type="checkbox"/> Penile reconstruction</p>	31	1		*		*
DERMATOLOGY		<p>A3.41 The resident will demonstrate knowledge of: SKIN: — Principles of skin tumor surgery and tumor surgery of adjacent soft tissues, including diagnosis, adjuvant therapies, sentinel node biopsy, and Moh's micrographic surgery — Principles of skin defect reconstruction by all methods</p>	31+32	1		*		*
PEDIATRIC AND CRANIOFACIAL SURGERY		<p>A3.42 The resident will demonstrate knowledge of: PEDIATRIC AND CRANIOFACIAL SURGERY: — Management of pediatric craniofacial deformities <input type="checkbox"/> Unisutural and multiple suture craniosynostoses <input type="checkbox"/> Common syndromes associated with multiple craniosynostoses, including but not limited to the following syndromes: Crouzon, Apert, Saethre-Chotzen, Pfeiffer, and Carpenter. <input type="checkbox"/> Rare craniofacial clefts, involving both bony and soft tissue. <input type="checkbox"/> Common pediatric syndromes, sequences, and spectrums, including but not limited to Pierre Marie Robin Sequence, ocular-auricular-vertebral spectrum, Treacher Collins, Nagler, Binder, Romberg, Mobius, Down, Beckwith-Weidemann, Gorlin, neurofibromatosis, fibrous dysplasia, and Klippel-Feil syndrome. <input type="checkbox"/> Positional plagiocephaly <input type="checkbox"/> Congenital torticollis</p>	32	1		*		*
		<p>A3.43 The resident will demonstrate knowledge of: Vascular Anomalies: <input type="checkbox"/> Principles of management, timing of treatment, options for surgical and nonsurgical treatment</p>	32	1		*		*



	A3.44	The resident will demonstrate knowledge of: Ear Reconstruction: ☑ Principles of management for external ear deformities	32	1		*		*
	A3.45	The resident will demonstrate knowledge of: Facial Clefts: ☑ Principles of surgical procedures for patients with cleft lip and palate ☑ Cleft lip repair – unilateral or bilateral ☑ Cleft palate repair ☑ Alveolar bone graft ☑ Ancillary procedures, including pharyngeal flaps, pharyngoplasty, residual nose deformity, and occlusal correction.	32	1		*		*
	A3.46	The resident will demonstrate knowledge of: Ear Reconstruction: ☑ Identification of external ear deformities	32	1		*		*
	A3.47	The resident will demonstrate knowledge of: Congenital hand deformities: --- Principles of management of the following categories of deformity, including but not limited to: ☑ Type I – failure of formation ☑ Type II – failure of differentiation ☑ Type III - duplication ☑ Type IV - overgrowth ☑ Type V - undergrowth ☑ Type VI - constriction bands syndrome ☑ Type VII - generalized anomalies and syndromes --- Embryology, diagnosis, identification, and classification	32+33	1		*		*
	A3.48	The resident will demonstrate knowledge of: - Treatment of Congenital Nevi - Principles of management of adolescent breast asymmetry	33	1		*		*
MAXILLOFACIAL TRAUMA	A3.49	The resident will demonstrate knowledge of: MAXILLOFACIAL TRAUMA: — A comprehensive approach to the patient with maxillofacial trauma that includes ATLS protocols: ☑ Management of the compromised airway ☑ Protection of the cervical spine and assessment of cervical spine injuries ☑ appropriate collaboration and referral to other specialists	33	1		*		*

BURNS AND COLD INJURY	A3.50	The resident will demonstrate knowledge of: Principles of managing acute trauma of the face, including but not limited to: ☑ Reduction and stabilization of facial fractures, with expertise in handling all bones of the face ☑ Treatment of soft tissue injuries of the face and scalp, including skin, subcutaneous tissue, muscles, vessels, and nerves ☑ Principles of dental occlusal relationships and their treatment, including orthognathic surgery ☑ Principles of late reconstruction of deformities secondary to maxillofacial trauma	33	1		*		*
	A3.51	The resident will demonstrate knowledge of: BURNS AND COLD INJURY: — Burn resuscitation and monitoring of the acutely injured patient — Acute and long term burn wound care — Principles of surgical debridement and wound closure — Ethical issues surrounding life-threatening burns	33	1		*		*
	A3.52	The resident will demonstrate knowledge of: — Principles of reconstruction of burn deformities, including resurfacing, release of contractures, reconstruction of facial features, and reconstruction of the hand — Protocols for resuscitation of cold injury and hypothermia — Principles of managing frostbite and immersion injuries — Indications for and timing of surgical debridement and amputation	34	1		*		*
AESTHETIC (COSMETIC) SURGERY	A3.53	The resident will demonstrate knowledge of: AESTHETIC (COSMETIC) SURGERY: — Management of expectations of patients who have had aesthetic surgery and provision of postoperative psychological support, including the recognition of psychiatric symptoms that require referral to the appropriate specialist.	34	1		*		*

BASIC PROCEDURES OF PLASTIC SURGERY	A3.54	<p>The resident will demonstrate knowledge of the principles involved in all standard aesthetic surgical and non-surgical procedures, including but not limited to:</p> <ul style="list-style-type: none"> ☐ Breast ☐ Breast augmentation ☐ Aesthetic breast reduction ☐ Mastopexy ☐ Fat grafting ☐ Nipple aesthetic procedures ☐ Torso ☐ Liposuction ☐ Abdominoplasty ☐ Lower body lift ☐ Buttock lift ☐ Buttock augmentation ☐ Upper and lower limb ☐ LiposuctionCOMPETENCIES ☐ Brachioplasty ☐ Facial ☐ Influences on patient perception of facial normalcy, including ethnicity, age, peer pressure, and psychosocial circumstances ☐ Principles involved in changing aesthetic features of the face that are not related to aging, including but not limited to: <ul style="list-style-type: none"> ☐ Augmentation of the face utilizing alloplastic materials, autogenous grafts (fat, cartilage, fascia, dermis, or bone) in all locations, including but not limited to the cheeks, orbit, and lips ☐ Recontouring the face with open surgery (such as fat or bone removal) or closed methods (such as liposuction) ☐ Aesthetic osteotomies of facial bones ☐ Rhinoplasty, including principles of managing the nasal airway ☐ Principles involved in facial rejuvenation surgery related to the aging process ☐ Normal aging process as it affects bone, soft tissue, and skin ☐ Effects of sun damage, nicotine, and other environmental factors on the normal aging process ☐ Skin restoration, including dermabrasion, chemical peels, the use of retinoids, and light based therapies, including laser treatment ☐ Ablating deeper crease lines utilizing injectable fillers, surgical removal of muscle, and chemical denervation of muscle utilizing botulinum toxin ☐ Facelift surgery, including surgical redistribution of skin, subcutaneous tissue, and the platysma, as well as excision of skin and soft tissue ☐ Blepharoplasty, including surgical manipulation of fat, skin, and muscle, and canthopexy procedures where necessary ☐ Brow lift, including methods to raise or reshape the forehead/eyebrow complex and to alter the position of the anterior hairline as indicated 	34+35	1		*		*
	A3.55	<p>The resident will be able to demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate management plans</p>	36	1		*		*

EMERGENCY, PERIOPERATIVE, AND POSTOPERATIVE CARE	A3.56	The resident will demonstrate knowledge of: Medical (non-operative) management techniques for acute and chronic wounds: <ul style="list-style-type: none"> o Direct wound closure techniques, including, where appropriate, the repair of deep structures including muscle, nerves, tendons, vessels, and bone o Debridement of complex wounds o Techniques for skin graft harvest and skin graft application, both split thickness and full thickness o Harvest from appropriate sites, preparation of the recipient bed, and application of autogenous grafts of mucosa, fat, fascia, nerve, blood vessel, cartilage, tendon, and bone o Use of all forms of flaps for wound reconstruction, including local, regional, distant, and free flaps. Flap tissues include: <ul style="list-style-type: none"> — Skin — Muscle — Fascia — Myocutaneous tissues — Other composite tissues <ul style="list-style-type: none"> o Microsurgical techniques o Endoscopy where indicated o Use of power equipment, including but not limited to drills, dermatomes, saws, liposuction machines, and dermabraders o Use of devices, including but not limited to electrocautery, operative lasers, ultrasound, and radiofrequency systems o Use of biomaterials, including but not limited to human blood products, tissue allografts, and tissue xenografts 	36	1		*		*
	A3.57	The resident will be able to ensure appropriate informed consent is obtained for therapies	36	2			*	
	A3.58	The resident will be able to ensure patients receive appropriate end-of-life care	36	1,3		*		*
	A3.59	The resident will be able to perform a complete and appropriate surgical application of ATLS principles, including but not limited to endotracheal intubation, cricothyroidotomy, and emergency tracheostomy: <ul style="list-style-type: none"> o Application of safe and effective administration of local anesthesia o Application of safe and effective administration of conscious sedation o Application of surgical execution of basic plastic surgical techniques as applicable for each and every clinical situation. o Application of safe and effective use of potentially dangerous equipment, including power tools, electrocautery, and energy-based systems 	37	1,3		*	*	*

	HEAD AND NECK		<p>A3.60 The resident will be able to perform techniques to repair and reconstruct all forms of defects of the soft tissues and skeleton resulting from trauma, tumor excision, infection, inflammation, radiation, and degenerative processes:</p> <ul style="list-style-type: none"> o Perform specific techniques to reconstruct the ear, for conditions including but not limited to microtia, outstanding ears, and defects from all causes o Perform specific techniques to reconstruct the eyelids, including but not limited to: <ul style="list-style-type: none"> – Ptosis repair – Cannulation, stenting, and repair of the lacrimal canaliculi and lacrimal duct – Canthoplasty and canthopexy techniques – Reconstruction of eyelid defects from all causes utilizing, as required: skin grafts, mucosal grafts, local flaps, and distant flaps. o Specific techniques to reconstruct the lips, including cleft lip deformities, and the repair of defects from all causes o Perform rhinoplasty techniques, including but not limited to: <ul style="list-style-type: none"> – Nasal septal resection, repair, or reconstruction – Turbinate revision – Internal valve repair (spreader grafts) – External valve repair – Osteotomies of all types – Nasal tip revision and reconstruction – Nasal dorsum lowering – Nasal dorsum augmentation with autologous tissue o Perform nasal reconstruction techniques, including but not limited to: <ul style="list-style-type: none"> – Skin grafts – Composite grafts – Cartilage grafts – Bone grafts – Fascial grafts – All available flaps: local, regional, and distant o Perform scalp reconstruction utilizing grafts and all available flaps: local, regional, and distant o Perform cheek reconstruction utilizing grafts and all available flaps: local, regional, and distant o Perform dissection of the extra-temporal facial nerve o Perform reconstruction techniques for facial nerve related deformities, as necessary: nerve grafts, static slings, facelift techniques, eyelid procedures, forehead procedures, and free flap techniques o Perform cannulation and repair of the parotid duct o Perform mandibular reconstruction techniques, including bone graft techniques, local flaps, distant flaps, and free flaps 	37	1,2		*	*	*
	HAND AND UPPER EXTREMITY		<p>A3.61</p> <ul style="list-style-type: none"> o Interpretation of imaging modalities, including radiographs, fluoroscopy, CT scans, MRI, radionuclide scans, ultrasound, Doppler scans, and angiograms, as applicable to plastic surgery o Demonstrate an understanding of measurement of upper extremity compartment pressures o demonstrate an interpretation of electrophysiological studies applicable to plastic surgery 	38	1		*		*

		<p>A3.62</p> <ul style="list-style-type: none"> o Establish basic plastic surgical techniques applied to soft tissue defects of the hand: skin grafts, composite grafts, skin flaps (local, regional, and distant), and free flaps of all types o Demonstrate an understanding of hand and wrist fractures - including closed reduction methods, splinting, external fixation, open reduction, and internal fixation using all available methods o Demonstrate the ability to repair hand and wrist ligament disruptions, dislocations, and fracture dislocations utilizing closed reduction methods, splinting, external fixation, open reduction, and internal fixation using all available methods o Demonstrate an understanding of ligament reconstruction o Demonstrate an understanding of joint reconstruction o Demonstrate the ability to perform treatment of non-unions, Kienbock's disease, and other chronic problems, utilizing all available techniques o Demonstrate the ability to perform bone grafting o Demonstrate the ability to perform tendon repair in the acute and chronic setting, including direct suture repair, delayed tendon repair, tendon grafting, and tendon transfers o Demonstrate the ability to perform tendon sheath release o Demonstrate the ability to perform tenolysis o Demonstrate the ability to perform revascularization techniques and all techniques involved in extremity replantation o Demonstrate the ability to perform escharotomy and fasciotomy o Demonstrate the ability to perform peripheral nerve laceration repair o Demonstrate the ability to perform release of compression neuropathies o Demonstrate the ability to perform resection and repair of nerve tumors o Demonstrate an understanding of nerve grafting o Demonstrate the ability to perform fasciotomy and palmar fasciectomy techniques for Dupuytren's disease o Demonstrate the ability to perform joint replacement techniques o Demonstrate the ability to perform incision and drainage techniques for hand and upper extremity infections, including finger tip and finger nail infections and deep space infections of the hand o Demonstrate the ability to perform thumb reconstruction o Demonstrate intraoperative use of appropriate imaging techniques o Demonstrate intraoperative use of power equipment for the fixation of fractures 	38	1,2		*		*
LOWER EXTREMITY		<p>A3.63</p> <ul style="list-style-type: none"> o Demonstrate the ability to perform debridement for major soft tissue injury from any cause, including but not limited to trauma, infection, necrotizing fasciitis, pressure necrosis, and burns o Demonstrate the ability to perform escharotomy and fasciotomy o Demonstrate the ability to perform incision and drainage techniques for lower extremity infections o Demonstrate the ability to perform all basic plastic surgical techniques applied to soft tissue defects of the lower extremity due to any cause to include: skin grafts, composite grafts, skin flaps (local, regional, distant), and free flaps of all types o Demonstrate the ability to perform all techniques involved in extremity replantation o Demonstrate the ability to perform peripheral nerve laceration repair o Demonstrate the ability to perform release of compression neuropathies o Demonstrate the ability to perform resection and repair of nerve tumors o Demonstrate the ability to perform nerve grafting 	38+39	1,2		*		*

	BREAST: NON-COSMETIC	A3.64	<ul style="list-style-type: none"> o Demonstrate an understanding of basic plastic surgical techniques applied to soft tissue defects of the breast from any cause: skin grafts, composite grafts, skin flaps (local, regional, distant), and free flaps of all types. o Demonstrate the ability to perform breast reduction (male and female) o Demonstrate the ability to perform balancing procedures to correct breast asymmetry o Demonstrate the ability to perform mastectomy techniques: prophylactic, skin sparing, and nipple sparing o Demonstrate the ability to perform breast reconstruction for partial or complete defects of the breast from all etiologies, in both the immediate and delayed post-mastectomy phase. Techniques must include all available methods, including but not limited to tissue expansion, prosthetic devices, fat grafting, and autologous reconstruction with local, regional, and distant flaps o Demonstrate the ability to perform nipple-areolar complex reconstruction o Demonstrate the ability to perform techniques to reconstruct congenital breast deformities, including 	38	1,2	*	*	
	ABDOMEN, TRUNK AND PELVIS	A3.65	<ul style="list-style-type: none"> o Demonstrate the ability to perform reconstruction of chest wall defects using all available methods: <ul style="list-style-type: none"> — Sternal osteomyelitis. o Demonstrate the ability to perform reconstruction of abdominal wall defects using all available methods. o Demonstrate the ability to perform panniculectomy o Demonstrate the ability to perform pectus diastasis repair o Demonstrate the ability to perform reconstruction of perineal defects using all available methods: <ul style="list-style-type: none"> — Vaginal reconstruction. — Penile reconstruction. o Demonstrate the ability to perform decubitus ulcer management, including but not limited to appropriate medical management, surgical debridement, the use of wound care systems, and flap reconstruction utilizing all available flaps. 	38	1,2	*	*	*
	DERMATOLOGY	A3.66	<ul style="list-style-type: none"> o Demonstrate the ability to perform closure of skin defects: <ul style="list-style-type: none"> — Medical management without surgery — Suture techniques — Skin grafts of all types — Local, regional, distant, and free flaps o Demonstrate the ability to perform tissue expansion o Demonstrate the ability to perform excision of subcutaneous tumors 	40	1,2	*	*	*

		PEDIATRIC AND CRANIOFACIAL SURGERY		<p>A3.67</p> <ul style="list-style-type: none"> o Demonstrate the ability to manage pediatric patients with uncomplicated single system trauma in a community setting with appropriate facilities and support: <ul style="list-style-type: none"> – Simple and complex lacerations – Simple hand fractures – Simple tendon and nerve lacerations – Hand infections – Simple facial fractures (fractures of the nose and non-displaced midfacial fractures) – Minor burns – Other acute conditions requiring surgical care, including but not limited to meningococemia and necrotizing fasciitis. o Demonstrate the ability to manage pediatric patients with simple and uncomplicated congenital and acquired deformities in a community setting with appropriate facilities and support: <ul style="list-style-type: none"> – Minor hand deformities, including but not limited to: <ul style="list-style-type: none"> ☑ Trigger finger and thumb ☑ Simple polydactyly ☑ Simple clinodactyly ☑ Simple camptodactyly – Small and medium congenital nevi – Positional plagiocephaly and simple torticollis – Prominent ears and other minor ear deformities – Simple hemangiomas and vascular malformations – Simple benign lesions, including but not limited to pilomatrixoma and dermoid, inclusion, and synovial cysts – Adolescent breast asymmetry reconstruction (allogenic, autologous) o Demonstrate the ability to manage pediatric patients with more complex problems by appropriately counseling, referring, and assisting in the pre- and postoperative care of the patient and family, including pediatric patients with: <ul style="list-style-type: none"> – Hemangiomas and vascular malformations, including but not limited to Sturge-Weber, Klippel-Trenaunay, Parkes-Weber, Maffucci, Rendu-Osler-Weber, and Proteus syndromes – Craniosynostosis: unisutural and multiple suture – Other craniofacial syndromes or spectrums, including but not limited to Pierre Marie Robin Sequence, ocular-auricular-vertebral spectrum, Treacher Collins, Nagler, Binder, Romberg, Mobius, Down, Beckwith-Weidemann, Gorlin, neurofibromatosis, fibrous dysplasia, and Klippel-Feil. – Cleft lip/palate and velopharyngeal insufficiency – Major burns – Major limb deformities – Tumors (benign or malignant) 	40	1,2		*	*	*

		MAXILLOFACIAL TRAUMA	A3.68	<ul style="list-style-type: none"> o Demonstrate the ability to perform techniques of ATLS, including endotracheal intubation, cricothyroidotomy, and tracheostomy. o Demonstrate the ability to perform reduction and fixation of facial fractures utilizing all available techniques: intermaxillary fixation, interosseous wires, plates, screws, and external fixators. o Demonstrate the ability to perform reduction and fixation of upper facial fractures: frontal sinus, orbital rims, and orbit. o Demonstrate the ability to perform reduction and fixation of midfacial fractures: nose, nasoethmoidal complex, zygoma, Le Fort fractures. o Demonstrate the ability to perform reduction and fixation of lower facial fractures: alveoli, mandible. o Demonstrate the ability to perform reduction and fixation of panfacial bony injuries. o Demonstrate the ability to perform treatment of penetrating, panfacial injuries, including gunshot wounds. 	40	1,2		*	*	*
		BURN AND COLD INJURY	A3.69	<ul style="list-style-type: none"> o Demonstrate the ability to perform fluid and electrolyte management for the burn patient o Demonstrate the ability to perform respiratory support for inhalational injuries o Demonstrate the ability to perform non-surgical management of burn and cold injuries utilizing topical antibacterial agents and all available techniques for topical wound care. o Demonstrate the ability to perform wound debridement, including full thickness excision and tangential excision o Demonstrate the ability to perform escharotomy and fasciotomy o Demonstrate the ability to perform autograft (split thickness and full thickness) o Demonstrate the ability to perform allograft o Demonstrate the ability to perform xenograft o Demonstrate the ability to perform flaps of all types (local, regional, distant) o Demonstrate the ability to perform late burn wound reconstruction utilizing scar incision, scar excision, tissue expansion, local flaps, regional flaps, and distant flaps o Demonstrate appropriate use of physiotherapy o Demonstrate appropriate use of occupational therapy, including splinting techniques 	41	1,2		*	*	*

		AESTHETIC (COSMETIC) SURGERY	A3.70	<p>Demonstrate an understanding of non-surgical and surgical treatments, including but not limited to:</p> <ul style="list-style-type: none"> — Non-surgical facial rejuvenation techniques ☑ Dermal and soft tissue filler injections ☑ Botulinum toxin injections ☑ Skin resurfacing technologies, including dermabrasion, chemical peel, and laser/light based technologies — Facial recontouring surgery, including the use of prosthetic implants, removal of facial soft tissue or bone, and addition of soft tissue grafts, including autologous fat — Facial rejuvenation surgery, including brow lift, blepharoplasty, and facelift — Rhinoplasty, including management of the nasal dorsum, nasal tip, nostrils, and nasal airway — Breast aesthetic surgery, including breast augmentation, mastopexy, mastopexy combined with augmentation, cosmetic breast reduction, and cosmetic alteration of the nipple-areolar complex — Aesthetic surgery of the trunk, including panniculectomy, abdominoplasty, total body lift (belt lipectomy), and all forms of body contouring, including liposuction and lipoinjection — Aesthetic surgery of the upper and lower extremities, including brachioplasty and suction assisted lipectomy 	41	1,2		*	*	*
		PERIOPERATIVE, AND POSTOPERATIVE CARE	A3.71	The resident will be able to ensure appropriate informed consent is obtained for procedures	42	2			*	
			A3.72	The resident will be able to ensure adequate follow-up is arranged for procedures performed	42	1,3		*		*
			A3.73	The resident will be able to arrange appropriate follow-up care services for a patient and their family	42	3				

			A3.74	<p>The resident will be able to identify the health needs of an individual patient, including but not limited to:</p> <ul style="list-style-type: none"> o Patients requiring contour surgery: <ul style="list-style-type: none"> – Provide potential obesity counseling – Provide dietary counseling – Provide or promote exercise and lifestyle counseling o Patients requesting facial rejuvenation surgery: <ul style="list-style-type: none"> – Advise patients regarding the proper use of sunscreen – Promote smoking cessation initiatives and provide support to patients trying to quit smoking – Provide psychological screening for patients with unrealistic expectations or for patients after a life changing event o Patients requiring breast surgery (reduction, augmentation, or mastopexy): <ul style="list-style-type: none"> – Encourage regular self-examination – Promote mammography screening – Verify family history and other risk factors o Pediatric patients: <ul style="list-style-type: none"> – Identify and respond appropriately in suspected cases of child maltreatment – Promote awareness of methods to reduce the occurrence of accidental injuries – Promote initiatives to prevent dog bite injuries – Promote awareness of measures to prevent the formation of positional plagiocephaly 	46	1		*		*
A4. Health Promotion & Illness Prevention		Junior	A4.1	Demonstrate an understanding of radiation safety principles as they apply to patients and practitioners	12	1	*	*		*
			A4.2	<p>Demonstrate an understanding of the Principles of prophylaxis:</p> <ul style="list-style-type: none"> – Wound and systemic infection – Thromboembolism – Tetanus 	14	1	*	*		*
			A4.3	<p>Demonstrate an understanding of the conduct of a surgical procedure:</p> <ul style="list-style-type: none"> o Principles of patient safety 	14	1	*	*		*
			A4.4	<p>The resident will be able to demonstrate an understanding of the conduct of a surgical procedure:</p> <ul style="list-style-type: none"> o Principles of patient safety o Principles of management of the patient and surgical team, with respect to bloodborne pathogens: <ul style="list-style-type: none"> – Needle stick injury – Mucosal exposure – Smoke plume inhalation 	14	1		*		*
			A4.5	Ensure application of preventive interventions for postoperative management of patients with Uneventful postoperative course.	17	1,3	*	*		*

A4.6	Ensure application of preventive interventions for postoperative management of patients with Cardiac disorders: = Ischemia = Arrhythmias = Heart failure	17	1,3	*	*		*
A4.7	Ensure application of preventive interventions for postoperative management of patients with Vascular disease: - Deep venous thrombosis	17	1,3	*	*		*
A4.8	Ensure application of preventive interventions for postoperative management of patients with Kidney disease: - Oliguria or anuria - Renal failure - Electrolyte and acid-base disorders	17	1,3	*	*		*
A4.9	Ensure application of preventive interventions for postoperative management of patients with Gastro-intestinal (GI) disease: - GI bleeding - Ileus	17	1,3	*	*		*
A4.10	Ensure application of preventive interventions for postoperative management of patients with Sepsis: - Catheter sepsis - Superficial surgical site infection - Deep surgical site infection	17	1,3	*	*		*
A4.11	Ensure application of preventive interventions for postoperative management of patients with Compartment syndromes: - Abdominal - Limb	17	1,3	*	*		*
A4.12	Ensure application of preventive interventions for postoperative management of patients with - Fat embolism — Pressure sores — Recognition of complications from operative positioning	17	1,3	*	*		*
A4.13	Use a preoperative team checklist to improve patient safety	21					

			A4.14	Demonstrate the ability to respond to individual patient health needs and issues as part of patient care. Demonstrate the ability to identify the health needs of an individual patient.	23	1,3	*	*		*
			A4.15	Demonstrate the ability to recognize opportunities for health promotion, and disease prevention with individuals for whom they provide care, such as identifying: o Child abuse o Elder abuse o Domestic violence o Smoking cessation o Substance abuse o Patient behaviors that place them at risk for injury or disease o Disadvantaged populations	23	1	*	*		*
			A4.16	Demonstrate the ability to promote and participate in patient safety: - Describe ways to prevent injury. o Establish basic knowledge of appropriate safety equipment for work and leisure pursuits o Establish basic knowledge of error prevention system in the operating room	23	1,3	*	*		*
		senior	A4.17	The resident will be able to demonstrate appropriate and timely application of preventive interventions relevant to plastic surgery.	36	1,3				
			A4.18	The resident will be able to identify the health needs of an individual patient, including but not limited to: — Provide or promote exercise and lifestyle counseling — Promote smoking cessation initiatives and provide support to patients trying to quit smoking — Encourage regular breast self-examination — Promote mammography screening — Promote awareness of methods to reduce the occurrence of accidental injuries — Promote initiatives to prevent dog bite injuries — Promote awareness of measures to prevent the formation of positional plagiocephaly	46	3				
		B. Communicator	B1. Verbal	junior	B.1	Demonstrate an effective physician-patient communication can foster patient adherence to treatment regimens, improved clinical outcomes, patient satisfaction, and physician satisfaction.	19	2		
			B.2	Ensure adequate follow-up is arranged for procedures performed o Plan and discuss appropriate postoperative care and issues with patients and families o Discuss immediate and long-term follow-up issues with family members or medical power-of-attorney as appropriate o Arrange for appropriate postoperative resources	19	1,2	*	*	*	*
			B.3	Encourage discussion, questions, and interaction in the encounter.	20	3			*	

	B.4	Engage patients, families, and relevant health care professionals in the development of a plan of care using shared decision-making.	20	3			*	
	B.5	Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers, and other professionals	20	3			*	
	B.6	The ability to Deliver information to patients, patients' families, colleagues, and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making	20	3			*	
	B.7	The ability to Plan and discuss appropriate perioperative care and issues with patients and families preoperatively	20	3			*	
	B.8	The ability to Provide informed discharge as it relates to the procedures being performed	20	3			*	
	B.9	the ability to Discuss follow-up issues with family members or medical power-of-attorney as appropriate.	20	3			*	
	B.10	Educate the patient and family concerning alternatives to surgical and non-surgical care	20	3			*	
	B.11	Address challenging communication issues effectively, including: o Delivering bad news o Disclosing adverse events o Discussing end-of-life care o Discussing organ donation o Language barriers	20	3			*	
	B.12	Effectively Present verbal reports of clinical encounters and plans	21	2			*	
senior	B.13	Perform a consultation effectively, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional, including recognition, diagnosis, management, and appropriate counseling	28	2,3			*	
	B.14	Implement a management plan in collaboration with a patient and the patient's family	36	3			*	
	B.15	Deliver information to patients and families, colleagues, and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making	43	3			*	
	B.16	Communicate effectively with families, patients, peers, and health care team members	43	3			*	
	B.17	Communicate appropriately with individuals who are indirectly involved in the delivery of health care, including students, volunteers, and support staff	43	3			*	
	B.18	Identify and explore problems to be addressed from a patient encounter effectively, including the patient's context, responses, concerns, and preferences	43	3			*	

B2. Non-verbal

	B.19	Encourage discussion, questions, and interaction in the encounter	43	3			*	
	B.20	Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care	43	3			*	
	B.21	Present verbal reports of clinical encounters and plans effectively	43	2			*	
	B.22	Present medical information to the public or media about a medical issue o Demonstrate an understanding of the methods of and constraints on communication when dealing with organizations, including but not limited to the media, government, and other regulatory agencies	43	1,3		*		*
	B.23	Provide effective feedback	48	3				
Junior	B.24	Effectively identify and explore issues to be addressed in a surgical patient encounter, including but not limited to the patient's context and preferences, which include items to be addressed such as age, ethnicity, gender, family, and religious beliefs.	19	3			*	
	B.25	Demonstrate the ability to establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty, and empathy.	19	3			*	
	B.26	Demonstrate the ability to document and disseminate information related to procedures performed and their outcomes, including operative reports and other records.	19	2			*	
	B.27	Demonstrate the ability to listen effectively: - Be aware of and responsive to nonverbal cues. - Facilitate a structured clinical encounter effectively.	20	3			*	
	B.28	Demonstrate the ability to gather information about a disease and about a patient's beliefs, concerns, expectations, and illness experience.	20	3			*	
	B.29	Demonstrate effective communication using newer technologies	20	3			*	
	B.30	Respect diversity and differences in decision-making, including but not limited to the impact of: o Gender o Religion o Cultural beliefs o Age o Sexual orientation o Socioeconomic status	20	3			*	

	B.31	Address challenging communication issues effectively, including: o Obtaining informed consent o Addressing anger, confusion, and misunderstanding o Cultural differences	20+21	2,3			*	
	B.32	Effectively Maintain clear, concise, accurate, and appropriate records (e.g., written or electronic) of clinical encounters and plans	21	3			*	
	B.33	Demonstrate an understanding of the use of information technology to enhance surgical practice, including: - Computers - Presentation software - Personal digital assistant (PDA) - Simulation and other technologies	24	2			*	
senior	B.34	Demonstrate effective use of all CanMEDS competencies relevant to plastic surgery: o Manage a patient's progress through the complexities of the health care system	28	3				
	B.35	Recognize that being a good communicator is a core clinical skill for physicians, and understand that effective physician-patient communication can foster patient satisfaction, physician satisfaction, treatment adherence, and improved clinical outcomes	42					
	B.36	Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty, and empathy o Demonstrate the ability to effectively communicate with and support patients and families affected by disease, injury, or congenital defects o Provide emotional support to the trauma patient, including appropriate communication during emergency assessment, operative management, postoperative care, and long term recovery o Demonstrate compassionate understanding of patients' emotional investment when presenting for elective reconstructive surgery of bodily defects caused by congenital, infective, traumatic, or malignant etiologies o Provide family support when children have congenital or acquired conditions requiring surgical correction o Demonstrate understanding of the unique issues related to the patient requesting cosmetic surgery, including preoperative psychological assessment, preoperative understanding of patient motivation, detailed informed consent, counselling to ensure appropriate expectations, and providing emotional support in the postoperative phase o Appreciate the level of communication required with burn patients and their families, including ethical decision making and emotional support during end-of-life care	42	3			*	
	B.37	Respect patient confidentiality, privacy, and autonomy	42	3			*	

			B.38	Demonstrate the ability to listen effectively	42	3			*	
			B.39	Be aware and responsive to nonverbal cues	42	3			*	
			B.40	Facilitate a structured clinical encounter effectively	42	3			*	
			B.41	Demonstrate the ability to document and disseminate information related to procedures performed and their outcomes.	42	2			*	
			B.42	Demonstrate the ability to gather information about a disease and about a patient's beliefs, concerns, expectations, and illness experience	43	3			*	
			B.43	Demonstrate the ability to seek out and synthesize relevant information from other sources, such as a patient's family, caregivers, and other professionals	43	3			*	
			B.44	Respect diversity and difference, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making	43	3			*	
			B.45	Demonstrate the ability to address challenging communication issues effectively, such as obtaining informed consent, delivering bad news, and addressing anger, confusion, and misunderstanding	43	3			*	
			B.46	Demonstrate the ability to maintain clear, accurate, and appropriate records of clinical encounters and plans: o Document and disseminate information related to procedures performed and their outcomes appropriately	43	2			*	
			B.47	Demonstrate an effective lecture or presentation	48	2				
C. Collaborator		junior	C.1	— Demonstrate effective operative assistance — Demonstrate how to provide operative assistance as necessary for the safe and effective performance of operative procedures — Take direction from a lead surgeon	18	3			*	
			C.2	Demonstrate a respectful attitude towards other colleagues and members of a team	21	3				
			C.3	o Describe the surgeon's roles and responsibilities to other professionals o Describe the elements of a good consultation o Recognize one's own limitations and when help is needed from others	21	1,3	*	*	*	*
			C.4	Recognize and respect the diversity of roles, responsibilities, and competencies of other professionals in relation to their own	21	3			*	

	C.5	Demonstrate the ability to work with others to assess, plan, provide, and integrate care for individual patients or groups of patients: o Arrange for the appropriate postoperative resources to be available o Arrange for appropriate postoperative allied health care assistance as necessary	21	3			*	
	C.6	Work with others to assess, plan, provide, and review other tasks, such as research problems, educational work, educational program review, or administrative responsibilities	21	3			*	
	C.7	Participate effectively in inter-professional team meetings.	21	3			*	
	C.8	Demonstrate the ability to enter into interdependent relationships with other professions for the provision of quality care.	21	3			*	
	C.9	Demonstrate the ability to work with other health professionals effectively to prevent, negotiate, and resolve conflicts	21	3			*	
	C.10	Demonstrate the ability to work with other professionals to prevent conflicts	21	3			*	
	C.11	Demonstrate the ability to employ collaborative negotiation to resolve conflicts	21	3			*	
	C.12	Respect differences and address misunderstandings and limitations in other professionals	21	3			*	
	C.13	Recognize one's own differences, misunderstandings, and limitations that may contribute to inter-professional tension	21	3			*	
senior	C.14	The resident will demonstrate knowledge of: EMERGENCY, PERIOPERATIVE, AND POSTOPERATIVE CARE – Collaboration with other consultants prior to proceeding with any surgery, emergent or elective	29	3			*	
	C.15	Demonstrate effective, appropriate, and timely consultation for another health professional as needed for optimal patient care	42	3			*	
	C.16	Describe the plastic surgeon's roles and responsibilities to other professionals	43	3			*	
	C.17	Describe the roles and responsibilities of other professionals within the health care team	44	3			*	
	C.18	Recognize and respect the diversity of roles, responsibilities, and competences of other professionals in relation to their own	44	3			*	

C.19	Work with others to assess, plan, provide, and integrate care for individual patients (or groups of patients) o Demonstrate the ability to collaborate with a wide range of other medical and surgical professionals whose areas of expertise overlap or complement that of plastic surgery o Collaborate with anesthesiologists and other practitioners during the perioperative period	44	3			*	
C.20	Work with others to assess, plan, provide, and review other tasks, such as research problems, educational work, program review, or administrative responsibilities o Interact effectively and professionally with: – Administrators and health authorities – Charitable and volunteer organizations – Educators and universities – Medical legal experts – Multi-disciplinary and interprofessional clinics and services – Professional organizations and regulatory authorities o Participate in multidisciplinary rounds	44	3			*	
C.21	Participate effectively in interprofessional team meetings	44	3			*	
C.22	Enter into cooperative relationships with other professions for the provision of quality care: o Work collaboratively with hand therapists for patients with hand problems, and integrate them appropriately into hand surgery clinics if possible o Work collaboratively with intensivists and nutritionists in the care of trauma and burn patients o Work collaboratively with all other surgical specialties to coordinate the reconstruction of congenital, traumatic, and neoplastic defects o Work and teach collaboratively with the nursing staff in all areas of the hospital for the better care of plastic surgery patients	44	3			*	
C.23	Demonstrate a respectful attitude towards colleagues and other members of an interprofessional team	44	3			*	
C.24	Work with other professionals to prevent conflicts	44	3			*	
C.25	Employ collaborative negotiation to resolve conflicts	44	3			*	
C.26	Respect differences and address misunderstandings and limitations in other professionals	44	3			*	
C.27	Recognize one's own differences, misunderstandings, and limitations that may contribute to interprofessional tension	44	3			*	

			C.28	Demonstrate the ability to reflect on interprofessional team function	44	3			*	
D. Leader		junior	D.1	Demonstrate appropriate use of operative assistance — Recognize when to use operative assistance as necessary for the safe and effective performance of operative procedures — Demonstrate understanding of personal technical limitations — Direct assistants	18	3				
			D.2	the resident will be able to describe the principles of team dynamics in operative and non-operative environments	21	1	*	*		*
			D.3	Respect team ethics, including confidentiality, resource allocation, and professionalism	21	3				
			D.4	Demonstrate progressive leadership in a health care team, as appropriate	21	3				
			D.5	Demonstrate an understanding of the influences that affect the workings of the health care system at various levels, including an understanding of: - Hospital governance - Operating room governance - Worker's compensation main policies - Public Health issues relating to the mandatory reporting of diseases	22	1				
			D.6	Participate in systemic quality process evaluation and improvement, such as patient safety initiatives	22	3				
			D.7	Describe the structure and function of the health care system as it relates to their surgical practice, including the roles of physicians	22	1				
			D.8	Describe principles of health care financing	22	1				
			D.9	Set priorities and manage time to balance patient care, practice requirements, outside activities, and personal life	22	1				
			D.10	Employ information technology appropriately for patient care	22	3				
			D.11	Demonstrate an understanding of the introduction of new technologies and the need for: o Health technology assessment o Education o Credentialing	22	1				

	D.12	Allocate finite health care resources appropriately: - Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care	22	3				
	D.13	Demonstrate and maintain a commitment to delivering the highest quality care	24	3			*	
	D.14	Document the learning process using methods such as: o Surgical logs o Learning portfolios	24	2				
	D.15	Recognize the duality of being a learner as well as a practitioner: o Demonstrate an understanding of the role of appropriate supervision	25	1	*	*		*
	D.16	the resident will be able to participate in peer review	25	3				
	D.17	Balance personal and professional priorities to ensure personal health and a sustainable practice	25	3				
	D.18	Strive to heighten personal and professional awareness and insight	25	3				
	D.19	Recognize other professionals in need and respond appropriately	25	3				
	D.20	Demonstrate an awareness of the risks associated with the high stress environments in which surgeons work	25	3				
	D.21	Demonstrate an understanding of occupational risks and their management	25	1				
	D.22	Promote a healthy lifestyle and demonstrate awareness of personal at risk behaviors: o Substance abuse o Exposure to infection o Sleep deprivation	25	3				
	D.23	Demonstrate an understanding of techniques for stress reduction	25	1				
senior	D.24	The resident will be able to prioritize professional duties when faced with multiple patients and problems	28	3				
	D.25	Demonstrate medical expertise in situations other than patient care, including but not limited to providing expert legal testimony or advising governments, as needed.	28	3				

D.26	Contribute to the enhancement of quality care and patient safety in plastic surgery, integrating the best available evidence and best practices	35	3				
D.27	Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to plastic surgery	36	1,3		*		*
D.28	The resident will be able to demonstrate effective, appropriate, and timely performance of diagnostic and therapeutic procedures relevant to their practice	36	3				
D.29	Demonstrate insight into the resident's own limits of expertise	42	3				
D.30	Describe the principles of team dynamics	44	1				
D.31	Respect team ethics, including confidentiality, resource allocation, and professionalism	44	3				
D.32	Demonstrate leadership on a health care team	44	3				
D.33	Participate in systemic quality process evaluation and improvement, such as patient safety initiatives	45	3				
D.34	Describe the structure and function of the health care system as it relates to plastic surgery, including the roles of physicians	45	1				
D.35	Describe principles of health care financing, including physician remuneration, budgeting, and organizational funding at the hospital, regional, provincial, and national levels	45	1				
D.36	Set priorities and manage time to balance patient care, practice requirements, outside activities, and personal life: o Utilize principles and develop skills to improve time management	45	1				
D.37	Manage a plastic surgery practice, including finances, human resources, an office, outpatient clinics, and specialty care units	45	3				
D.38	Implement processes to ensure personal practice improvement	45	3				
D.39	Employ information technology appropriately for patient care	45	3				

D.40	Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care o Manage patient flow effectively, including admissions, investigations and treatments, surgery, and discharge planning	45	3				
D.41	Apply evidence and management processes for cost-appropriate care	45	3				
D.42	Chair or participate effectively in committees and meetings: o Participate on resident, university, or hospital committees	45	3				
D.43	the resident will be able to lead or implement changes in health care	45	3				
D.44	Plan relevant elements of health care delivery, including operating room and call schedules	45	1				
D.45	Evaluate the impact of any changes in practice	47	1,3				
D.46	the resident will be able to conduct a personal practice audit	47	2				
D.47	the resident will be able to document the learning process	47	2				
D.48	Demonstrate a commitment to delivering the highest quality care and maintenance of competence	48	3			*	
D.49	Demonstrate accountability to professional regulatory bodies	49	3			*	
D.50	Demonstrate the ability to balance personal and professional priorities to ensure personal health and a sustainable practice	49	3			*	
D.51	the resident will be able to participate in peer review	49	3				
D.52	the resident will strive to heighten personal and professional awareness and insight	49	3				
D.53	the resident will be able to recognize other professionals in need and respond appropriately	49	3				

E. Health Advocate

junior	E.1	Demonstrate the ability to recognize opportunities for advocacy with individuals for whom they provide care, such as identifying: o Child abuse o Elder abuse o Domestic violence o Smoking cessation o Substance abuse o Patient behaviors that place them at risk for injury or disease o Disadvantaged populations	23	3				
	E.2	Demonstrate the ability to identify opportunities to advocate for appropriate screening	23	3				
	E.3	Describe and respond to the health needs of the communities that they serve: - Demonstrate an understanding of how they may affect surgical disease prevalence	23	3				
	E.4	Promote the health of individual patients, communities, and populations	23	3				
	E.5	Describe an approach to implementing a change in a determinant of health of the populations that they serve	23	1				
	E.6	Describe how public policy impacts the health of the populations served	23	1				
	E.7	Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, and idealism	23	1				
	E.8	Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community, similar to that of a manager or gatekeeper	23	3				
	E.9	Describe the role of the medical profession in advocating collectively for health and patient safety	23	1				
senior	E.10	Work collaboratively with others in their organizations.	45	3				
	E.11	Describe and respond to the health needs of the communities that they serve	46	1,3				

			E.12	Identify opportunities for advocacy, health promotion, and disease prevention in the communities that they serve, and respond appropriately. Possible approaches include, but are not limited to: o Teach pediatricians about positional plagiocephaly o Provide information regarding excess sun exposure and the use of appropriate clothing and sunscreen o Promote poster placement of anti-burn precautions at campgrounds, of lawn mower precautions at community centers, and of dog precautions in veterinary offices and community centers	46	3					
			E.13	Appreciate the possibility of competing interests between the communities served and other populations	46	3					
			E.14	Identify the determinants of health of the populations, including barriers to access to care and resources	46	1					
			E.15	Identify vulnerable or marginalized populations within those served and respond appropriately: o Populations with low socioeconomic status who may be at risk for burn injury and child abuse o Newborns at risk of deformational plagiocephaly o Those with a family history of skin cancer or breast cancer	47	1					
			E.16	Describe an approach to implementing a change in a determinant of health of the populations they serve	47	1					
			E.17	Identify points of influence in the health care system and its structure	47	1					
			E.18	Describe the role of the medical profession in advocating collectively for health and patient safety	47	1					
F. Scholar		junior	F.1	The resident will be able to describe the principles of lifelong learning	23	1					
			F.2	Describe the principles and strategies for implementing a personal knowledge management system	23	1					
			F.3	The resident will be able to pose an appropriate learning question	23	1					
			F.4	Access and interpret relevant evidence, including an appropriate literature search: - Integrate new learning into practice	23	1					
			F.5	The resident will be able to evaluate the impact of any change in practice	23	1					
			F.6	The resident will be able to critically evaluate medical information and its sources, and apply this appropriately to practice decisions: - Describe the principles of critical appraisal, including statistics and epidemiology - Critically appraise retrieved evidence to address a clinical question - Discuss ways to integrate critical appraisal conclusions into clinical care	24	1					

			F.7	The resident will be able to facilitate the education of patients, families, students, residents, other health professionals, the public, and others - Describe principles of learning relevant to medical education: o Develop the skills to educate medical students, fellow colleagues, and other health care professionals	24	1,3				
			F.8	Identify collaboratively the learning needs and desired learning outcomes of others	24	1				
			F.9	Select effective teaching strategies and content to facilitate others' learning	24	1				
			F.10	Effectively deliver a lecture or formal presentation	24	2				
			F.11	Assess and reflect on a teaching encounter	24	1				
			F.12	Provide effective feedback	24	2				
		senior	F.13	Describe the CanMEDS framework of competencies relevant to plastic surgery	35	1				
			F.14	Apply the lifelong learning skills of the Scholar role to implement a personal program to maintain the most current knowledge and enhance areas of professional competence	35	3				
			F.15	Describe the principles of maintaining competence	47	1				
			F.16	Describe the principles and strategies for implementing a personal knowledge management system	47	1				
			F.17	Recognize and reflect on learning issues in practice	47	1,3				
			F.18	Pose an appropriate learning question	47	1				
			F.19	Access and interpret relevant evidence	47	1,3				
			F.20	The resident will be able to integrate new learning into practice	47	3				
			F.21	Describe the principles of critical appraisal	47	1				
			F.22	Critically appraise retrieved evidence in order to address a clinical question	47	1				
			F.23	Integrate critical appraisal conclusions into clinical care	47	3				
			F.24	Describe principles of learning relevant to medical education	47	1				
			F.25	Identify collaboratively the educational needs and desired educational outcomes of others	48	1				
			F.26	Select effective teaching strategies and content to facilitate others' education	48	1				
			F.27	Assess and reflect on a teaching encounter	48	1,3				
			F.28	Describe the principles of research and scholarly inquiry	48	1				
			F.29	Describe the principles of research ethics	48	1				
			F.30	Pose a scholarly question	48	1				
			F.31	Conduct a systematic search for evidence	48	2				
			F.32	Select and apply appropriate methods to address the question	48	1				
			F.33	Disseminate the findings of a study appropriately	48	3				
G. Professional										
		Junior	G.1	Respect patient confidentiality, privacy, and autonomy: o Demonstrate an understanding of the risk of breaching patient confidentiality as a result of new technologies such as telehealth, internet, or digital storage and transmission devices.	20	3			*	
			G.2	Describe the principles of ethics with respect to teaching	24	3				
			G.3	Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect, and altruism: o Demonstrate the ability to be objective in treating patients regardless of their socioeconomic status or other factors	24	3			*	
			G.4	Recognize and appropriately respond to ethical issues encountered in practice	25	3			*	

	G.5	Demonstrate the ability to manage conflicts of interest: o Demonstrate an awareness of the influence of industry on practice and training	25	3			*	
	G.6	Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law	25	1	*	*		*
	G.7	Maintain appropriate relationships with patients and families	25	3			*	
	G.8	Demonstrate knowledge and an understanding of the professional, legal, and ethical codes of practice	25	1	*	*		*
	G.9	Demonstrate the ability to fulfill the regulatory and legal obligations required of current practice	25	3			*	
	G.10	Demonstrate accountability to professional regulatory bodies	25	3			*	
	G.11	Recognize and respond to others' unprofessional behaviors in practice	25	3			*	
senior	G.12	Demonstrate compassionate and patient-centered care	28	3			*	
	G.13	Recognize and respond to the ethical dimensions of medical decision-making	28	3			*	
	G.14	Identify and appropriately respond to relevant ethical issues arising in patient care	28	1,3		*	*	*
	G.15	Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, and idealism	47	1		*		*
	G.16	Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community, similar to that of a manager or gatekeeper	47	3			*	
	G.17	Describe the principles of ethics with respect to teaching	48	1				
	G.18	Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect, and altruism	48	3			*	
	G.19	Identify the three facets of professionalism: primacy of patient welfare, self-regulation, and physician autonomy	48	1		*		*
	G.20	Describe the nature of the social contract that medicine has with both the patient and society	48	1		*		*
	G.21	Define what is meant by patient autonomy and how it is reflected in the practice of plastic surgery	48	1		*		*

G.22	Recognize and appropriately respond to ethical issues encountered in practice	48	1,3		*	*	*
G.23	Demonstrate the ability to manage conflicts of interest appropriately	48	3			*	
G.24	Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law	48	1		*		*
G.25	Maintain appropriate boundaries with patients	48	3			*	
G.26	Demonstrate knowledge and an understanding of the professional, legal, and ethical codes of practice: o Assess and reflect on the importance of physician autonomy and the high professional standard of behavior expected o Outline the nature of self-regulation and the mechanism by which the issues of professionalism are addressed	49	1		*		*
G.27	Fulfill and understand the regulatory and legal obligations required of current practice o Report suspected cases of child maltreatment appropriately	49	1		*		*
G.28	Recognize and respond to others' unprofessional behaviors in practice	49	1,3		*	*	*