

Guidelines for Interaction Between Residents and Fellows

General Principles

The provision of clinical fellowship training is an important priority in the Division of Plastic and Reconstructive Surgery.

The presence of clinical fellows from various locations around the world is beneficial to the overall educational experience of the residents.

The clinical fellows are expected to augment the educational experience of the residents.

The educational priority on all rotations that accept clinical fellows is with the plastic surgery resident first and then the clinical fellow.

Clinical fellows are expected to provide service on the ward as well as the on call schedule in addition to any experience that they gain in the operating room and surgical clinic.

At the beginning of every resident and fellow rotation, the chief of service will meet with the resident and fellow to explain the expected interaction between resident and fellow. This will be monitored regularly by the chief of service to ensure that both the resident and the fellow are receiving appropriate exposure and opportunity to participate in clinical activity.

The Program Director will monitor any potential effect of having a clinical fellow on the resident experience by monitoring case logs on each clinical rotation and by direct discussion with the residents at the semi annual resident meetings.

The residents will provide feedback on the impact of clinical fellows to the Residency Program Committee at the time of the annual rotation evaluation, which takes place at the Residency Program Committee (RPC).

There is a standing agenda item at all RPC meetings entitled "Resident Fellow Interactions" and this topic will be discussed at every RPC meeting.

Management of Clinical Responsibilities

1. The staff will direct the surgical experience of fellows and residents.
2. If the staff is not present, the fellow will act as the staff, functioning as first assistant to the senior resident, taking over when the resident is

unable to perform a particular task.

3. The fellow shall work to foster the educational experience of residents and medical students.
4. The fellow shall provide educational teaching sessions for the residents and students.
5. Fellows shall support the resident's requirement to meet surgical experience objectives to demonstrate competency.
6. Fellows are expected to round on patients that they are significantly involved with their surgical care both preoperatively and postoperatively.
7. Fellows are expected to be available for the patients they have been involved with that require Emergency Return to the Operating Room.

Approved by RPC
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Minor Revision done by Dr. Wanzel January 14, 2018
(to include the standing RPC agenda item description)