

# The Plastic Surgery Milestone Project: Assessment Tools

A Joint Initiative of  
The Accreditation Council for Graduate Medical Education  
and  
The American Board of Plastic Surgery, Inc.

Milestone evaluation is completed by the Clinical Competency Committee using resident assessments completed throughout resident education. These assessments are completed by faculty members, other care providers, and patients. The Plastic Surgery Milestone Working Group altered exiting assessment tools to simplify evaluating the Milestones. Use of these assessment tools are not required.

## CHART AUDIT of PATIENT ENCOUNTER in PLASTIC SURGERY

(Clinical Evaluation Exercise-CEX)

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Setting: Ambulatory Inpatient ED Other \_\_\_\_\_

Feedback given: Y N

	Yes	Partial	No	N/A
<b>History</b>				
Chief complaint documented				
History of present illness recorded				
Pertinent past history documented				
<b>Physical Exam</b>				
Exam includes all appropriate elements				
<b>Medical Decision Making and Plan</b>				
Testing/imaging results available				
Interpretation of diagnostic studies included				
Documents appropriate evaluation/treatment options				
Documents discussion of risks/benefits/alternatives				
Procedure (if done) documented accurately				
<b>Record Keeping</b>				
Note is timely				
Note is concise and complete				
No unapproved abbreviations				
Coding is accurate and supported by this note				
<b>Overall Clinical Competence</b>				

Comments:

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## EVALUATION of PRESENTATION in PLASTIC SURGERY

Presentation Title: \_\_\_\_\_

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_  Resident  Fellow  Faculty  Other \_\_\_\_\_

Feedback Given: Y N

	1 = Poor, 2 = Fair, 3 = Average, 4 = Very Good, 5 = Excellent					
1. Overall Organization: (e.g., conciseness, logical, smooth introduction, well-integrated, appropriate conclusion and closure)	1	2	3	4	5	
2. Discussion of Objectives: (e.g., objectives covered, necessity, relevancy, disclosures)	1	2	3	4	5	
3. Verbal Communication: (e.g., volume, tone, rate of delivery, punctuality, timeliness)	1	2	3	4	5	
4. Non-verbal Communication: (e.g., eye contact, body language, appears comfortable and confident, use of notes, distracting mannerisms or gestures)	1	2	3	4	5	
5. Audiovisual Materials and Hand-outs: (e.g., usefulness, organization, content, neatness, typos, readability, use of relevant graphics)	1	2	3	4	5	NA
6. Content: (e.g., relevant to topic, accurate, references and citations, depth, evidence-based)	1	2	3	4	5	
7. Audience Engagement: (e.g., elicits participation, has appropriate response to questions or comments, expands on the information presented)	1	2	3	4	5	
8. Overall, I would rate this presentation as:	1	2	3	4	5	

9. Please list comments that may help the resident improve further presentations:

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## OBSERVATION of PATIENT ENCOUNTER in PLASTIC SURGERY

(Clinical Evaluation Exercise-CEX)

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Diagnosis \_\_\_\_\_ Setting: Ambulatory Inpatient ED Other \_\_\_\_\_

	Yes	Partial	No	N/A
<b>History</b>				
Obtains history in organized/focused way				
Is attentive, good eye contact				
Introduces self, addresses patient by name				
Responds appropriately to affect/non-verbal cues				
<b>Physical Exam</b>				
Obtains physical in organized way				
Exam includes all appropriate elements				
<b>Humanistic Qualities/Professionalism</b>				
Shows respect, compassion, empathy, confidentiality				
Works effectively with ancillary staff				
<b>Decision Making</b>				
Communicates possible diagnoses/avoids jargon				
Communicates appropriate evaluation/treatment options				
Discusses risks/benefits/alternatives				
Allows further questions/elicits patient preference				
Communicates what to expect				
Encounter is timely and succinct				
Considers cost-effectiveness of testing and treatment				
<b>Record Keeping</b>				
Note is timely, concise, and complete				
Coding is accurate and supported by documentation				
<b>Overall Clinical Competence</b>				

Comments:

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Patient Comments (if any):

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## QUALITY IMPROVEMENT REVIEW (M&M) IN PLASTIC SURGERY

Presentation Title: \_\_\_\_\_

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_  Resident  Fellow  Faculty  Other \_\_\_\_\_

Feedback Given: Y N

Initial Procedure:

Brief Description of Complication:

<b>Medical Knowledge</b>	Yes	No	NA
Understands the root cause of the morbidity/mortality			
Understands the management options of the original patient issue			
Understands the management options of the resulting complication			
<b>Patient Care</b>			
Appropriately obtained/documentated informed consent			
Appropriately managed original patient issue			
Appropriately managed complication			
<b>Practice-based Learning and Improvement</b>			
Effectively reviewed the literature and scientific evidence relative to this complication			
Suggests appropriate practice modifications to prevent future occurrences			
<b>Interpersonal and Communication Skills</b>			
Presented in a succinct and engaging manner with the appropriate AV enhancements.			
Presented information appropriate to the range of the learner backgrounds present at conference.			
<b>Professionalism</b>			
Disclosed information to the appropriate parties/patient			
Appropriate medico-legal documentation			
<b>Systems-based Practice</b>			
Demonstrated an understanding of the resources available to provide optimal patient care			
Demonstrated cost-conscious, evidence-based treatment strategies			
Report to Quality Improvement committees to improve practices			

Steps to improve quality of patient care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RESIDENTS as TEACHERS in PLASTIC SURGERY

**Instructions:** Please use the scale to rate the above-named resident on his or her teaching skills during your clerkship rotation. This should be a resident with whom you have had at least a minimal amount of contact during this clerkship. Please add any comments as indicated. The results of this evaluation will be shared with the resident, the residency program director, and the clerkship director. **Your comments will remain anonymous.**

**Resident Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clerkship Rotation:** \_\_\_\_\_

**Extent of contact with resident during rotation:**

Minimal (<1 day)    Moderate (<1 week)    Extensive (>1 week)

- |  |     |         |    |
|--|-----|---------|----|
| 1. The resident clearly communicated the learning goals. (Interpersonal and Communication Skills)  | Yes | Partial | No |
| 2. The resident clearly delineated my roles and responsibilities. (Systems-based Practice)   | Yes | Partial | No |
| 3. The resident exercised team leadership. (Systems-based Practice)  | Yes | Partial | No |
| 4. The resident demonstrated a positive attitude toward teaching and learners. (Professionalism)   | Yes | Partial | No |
| 5. The resident demonstrated knowledge in plastic surgery and recommended resources for study. (Medical Knowledge)                       | Yes | Partial | No |
| 6. The resident demonstrated clinical knowledge and abilities (Patient Care) and provided an opportunity for clinical skill development. | Yes | Partial | No |
| 7. The resident provided timely, constructive feedback. (Practice-based Learning and Improvement)  | Yes | Partial | No |
| 8. The resident provided a supportive environment that promoted collaborative learning.  | Yes | Partial | No |
| 9. The resident served as a mentor or role model for me. (Practice-based Learning and Improvement)                                       | Yes | Partial | No |

10. Provide an overall rating for this resident:  Excellent    Very Good    Average    Fair    Poor

11. Overall Comments:

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## SURGICAL SKILLS EVALUATION in PLASTIC SURGERY

Resident: \_\_\_\_\_ Resident Level: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Procedure \_\_\_\_\_

Feedback Given: Y N

**1. Pre-operative Preparation (Labs, Photographs, Imaging, Consults)**

1	2	3	4	5
Deficient pre-operative preparation and planning		Mostly complete pre-operative preparation, still with missing components		Thorough pre-operative preparation and planning

**2. Justification of Procedure Selected and Knowledge of Alternatives**

1	2	3		4
Limited understanding of appropriate procedure and inability to list alternative options		Adequate understanding of procedure of choice, with incomplete understanding of benefits, risks, and alternative options		Appropriate choice of procedure with clear insight into benefits, risks, and alternative options

**3. Attention to Safety (consent, site marking, time out)**

1	2	3	4	5
Lack of understanding of patient safety		Commitment to patient safety, occasionally missing minor details		Thorough attention to details of patient safety

**4. Surgical Marking, Positioning and Prep/Drape**

1	2	3	4	5
Inappropriate positioning and/or inaccurate marking		Adequate positioning with some refinements required in surgical marking		Appropriate positioning and completely accurate marking

**5. Knowledge of Surgical Steps and Flow of Operation**

1	2	3	4	5
Needs specific instruction at most steps and seemed unsure of next move		Knows the important steps with reasonable progression of the procedure		Familiar with all steps of operation and effortless flow from one step to the next

**6. Handling of tissue, instruments, and devices**

1	2	3	4	5
Tentative or awkward moves resulting in damage of tissues		Occasionally awkward movements and unnecessary force to tissue		Fluid movement with appropriate tissue handling

**7. Time and motion and use of assistants**

1	2	3	4	5
Many unnecessary movements, fails to use assistants appropriately		Some unnecessary movements, appropriate use of assistants most of the time		Economy of movement with maximum efficiency and strategic use of assistants



**8. Demeanor, temperament, and team interactions**

1	2	3	4	5
Inappropriately timid or overly aggressive		Generally appropriate temperament and demeanor with occasional lapse under stressful conditions		Even temperament and calm demeanor at all times

**9. Handling of intra-operative events and complications**

1	2	3	4	5
Unable to anticipate and address unplanned events or complications		Able to appropriately address most untoward events and complications		Effortlessly handles unplanned events/complications with thorough appreciation of life-boats

**10. Analysis of procedure and immediate post-operative result**

1	2	3	4	5
Unable to evaluate outcome or critique the process		Has general appreciation of outcome and partial ability to objectively critique the process		Has realistic appreciation of the results and able to objectively critique process

**11. Dressing/splinting and post-operative plan**

1	2	3	4	5
Inappropriate choice of dressings/splints, with incomplete post-operative plan		Generally acceptable dressing/splint, with partial post-operative plan, occasionally missing details		Appropriate application of dressings/splints, and thorough post-operative plan

**12. CPT coding**

1	2	3	4	5
Lacks ability to choose correct CPT code		Demonstrates general understanding of appropriate CPT coding		Sophisticated understanding and ethical choice of CPT coding and modifiers

**13. Overall Performance Level**

1	2	3	4	5
Unable to perform independently		Able to perform with some assistance		Capable of performing independently

**14. Comments:**

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