**New Application: Craniofacial Surgery**

**Review Committee for Plastic Surgery**

**ACGME**

**Institutions**

**Sponsoring Institution**

1. If the craniofacial program is not associated educationally with a plastic surgery residency program, justify how and why this craniofacial program qualifies for accreditation. [PR. I.A.1.]

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1. Describe the educational relationship between the craniofacial program and the core plastic surgery residency. [PR I.A.1.a)] (Limit response to 400 words)

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**Institutional Data**

Submit the following data for the most recent academic year for each site where craniofacial fellows will be assigned for clinical experiences. [PR I.A.1.]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| Total admissions per year | # | # | # | # | # |
| Total craniofacial admissions per year | # | # | # | # | # |
| Number of hospital beds | # | # | # | # | # |
| Average daily census of craniofacial patients | # | # | # | # | # |
| Research laboratory | Y  N | Y  N | Y  N | Y  N | Y  N |
| Outpatient/ambulatory data | # | # | # | # | # |
| Separate craniofacial clinic | Y  N | Y  N | Y  N | Y  N | Y  N |
| Number of days per week: craniofacial clinic | # | # | # | # | # |
| Total craniofacial patient visits per year | # | # | # | # | # |
| Number of craniofacial operative procedures per year | # | # | # | # | # |

**Program Personnel and Resources**

**Faculty**

1. Will the faculty-to-fellow ratio be 1:1? [PR II.B.1.a)]  YES  NO
2. For each participating site, provide the name of the faculty member designated as the local program director to assume responsibility for the day-to-day activities of the program at that site, with overall coordination by the program director. [PR II.B.5.]

| **Participating Site** | **Local Program Director** |
| --- | --- |
| Site #1 | Click here to enter text. |
| Site #2 | Click here to enter text. |
| Site #3 | Click here to enter text. |
| Site #4 | Click here to enter text. |
| Site #5 | Click here to enter text. |

**Other Program Personnel**

Will the craniofacial team include specialists in the following disciplines? [PR II.C.1.]

1. Dentistry  YES  NO
2. Neurological surgery  YES  NO
3. Ophthalmology  YES  NO
4. Otolaryngology  YES  NO
5. Oral surgery  YES  NO
6. Orthodontics  YES  NO

If any “NO,” explain.

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| Click here to enter text. |

**Educational Program**

Each answer should be prepared in a comprehensive, cogent, and thoughtful manner by the program director. This section of the document should provide a complete description of the educational experience and should describe how the program provides an education that meets substantial compliance with the Program Requirements for Graduate Medical Education in Craniofacial Surgery.

**Patient Care**

Indicate the settings and activities in which fellows will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| The four essential phases of total patient care: pre-operative evaluation, therapeutic decision making, operative experience, and post-operative management, including: | | |
| Craniosynostosis  [PR IV.A.2.a).(2).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Congenital and developmental deformities of the face that may be related to craniosynostosis, including midface hypoplasia and facial asymmetries  [PR IV.A.2.a).(2).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Syndromal malformations of the face, such as Treacher Collins, hemifacial microsomia  [PR IV.A.2.a).(2).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Congenital orbital dysmorphologies, including orbitofacial clefts and hypertelorism  [PR IV.A.2.a).(2).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Facial cleft deformities  [PR IV.A.2.a).(2).(a).(v)] | Click here to enter text. | Click here to enter text. |
| Atrophic and hypertrophic disorders, such as Romberg’s disease, bone dysplasia  [PR IV.A.2.a).(2).(a).(vi)] | Click here to enter text. | Click here to enter text. |
| Craniofacial manifestations of systemic disorders, such as neurofibromatosis and vascular malformations and lymphatic disorders  [PR IV.A.2.a).(2).(a).(vii)] | Click here to enter text. | Click here to enter text. |
| Post-traumatic complex skull and facial deformities  [PR IV.A.2.a).(2).(a).(viii)] | Click here to enter text. | Click here to enter text. |
| Congenital and acquired disorders of the facial skeleton and occlusal relationships  [PR IV.A.2.a).(2).(a).(ix)] | Click here to enter text. | Click here to enter text. |
| Craniofacial concepts in the exposure and/or reconstruction in cranial base oncologic surgery  [PR IV.A.2.a).(2).(a).(x)] | Click here to enter text. | Click here to enter text. |
| Surgical methods of craniofacial surgery, including rigid fixation of skull facial bones and training in the fabrication of dental splints  [PR IV.A.2.a).(2).(b).(i)] | Click here to enter text. | Click here to enter text. |
| Pre-operative assessment and decision making regarding methods and timing of intervention in craniofacial disorders  [PR IV.A.2.a).(2).(b).(ii)] | Click here to enter text. | Click here to enter text. |
| Management of craniofacial patients from the pre-operative through the post-operative stages  [PR IV.A.2.a).(2).(b).(iii)] | Click here to enter text. | Click here to enter text. |
| Knowledge of critical care in the post-operative management of craniofacial patient  [PR IV.A.2.a).(2).(b).(iv)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Indicate the settings and activities, (including lectures, conferences, journal clubs, etc.) in which fellows will demonstrate competence in the knowledge of each of the following areas. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| The sciences of embryology, anatomy, physiology, and pathology as these relate to the diagnosis and treatment of diseases of the craniofacial areas, to include knowledge of the diagnosis and management of disease and deformity involving the jaws, teeth, and occlusion  [PR IV.A.2.b).(1)] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one planned quality improvement activity or project that will allow fellows to demonstrate the ability to analyze, improve, and change practice or patient care. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [PR IV.A.2.c).(1)] (Limit response to 400 words)

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1. Briefly describe one example of a learning activity in which fellows engage to develop the skills needed to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR IV.A.2.c).(2)] (Limit response to 400 words)

The description should include:

* Locating information
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care

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**Interpersonal and Communication Skills**

Briefly describe one learning activity in which fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.A.2.d)] (Limit response to 400 words)

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**Professionalism**

Briefly describe the learning activity(ies), other than lecture, by which fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. [PR IV.A.2.e)] (Limit response to 400 words)

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**Systems-based Practice**

Describe the learning activity(ies) through which fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR IV.A.2.f)] (Limit response to 400 words)

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**Fellow Experiences and Curriculum Organization**

1. List the didactic conferences offered. Do not include specific conference schedules, posters, or advertisements. Provide the type and topic of the conference, whether it is required or optional, the frequency of the conferences, and the individual(s) or department responsible for conducting the conference. Insert additional rows as necessary. [PR IV.3.a)-a).(1)]

| **Conference type (basic science, clinical, morbidity and mortality, research, other) and topic** | **R or O (Required or Optional)** | **Frequency** | **Individual(s) or Department Responsible for Conducting Conference** |
| --- | --- | --- | --- |
| Conference type and topic | R  O | Frequency | Party responsible |
| Conference type and topic | R  O | Frequency | Party responsible |
| Conference type and topic | R  O | Frequency | Party responsible |
| Conference type and topic | R  O | Frequency | Party responsible |
| Conference type and topic | R  O | Frequency | Party responsible |
| Conference type and topic | R  O | Frequency | Party responsible |
| Conference type and topic | R  O | Frequency | Party responsible |
| Conference type and topic | R  O | Frequency | Party responsible |
| Conference type and topic | R  O | Frequency | Party responsible |

1. Will the basic science components of the curriculum include the following?
2. Normal and abnormal embryology and fetal development of the head and neck, with special emphasis on the development of the cranium, the maxillary and mandibular complex, the mechanisms of clefting, and the development of the temporomandibular joint and surrounding musculature [PR IV.A.3.b).(1)]  YES  NO
3. Normal growth, development, and anatomy of the cranium and face, with special attention to dental development and occlusion and to the consequences of congenital anomalies, trauma, surgery, and radiation [PR IV.A.3.b).(2)]  YES  NO
4. Interpretation of dental radiographs, cephalometric analysis, and study models [PR IV.A.3.b).(3)]  
     YES  NO
5. Construction of splints and their use in craniofacial and maxillofacial surgery [PR IV.A.3.b).(4)]  
     YES  NO
6. Interpretation of sophisticated diagnostic imaging modalities used in craniofacial surgery, such as computed tomography, magnetic resonance imaging, and arteriography [PR IV.A.3.b).(5)]  
     YES  NO
7. Standards of beauty and normalcy as they relate to the face, and an understanding of the relationship of cephalometric values to soft-tissue features [PR IV.A.3.b).(6)]  YES  NO
8. Bone healing, including primary healing, malunion, nonunion, osteomyelitis, and the physiology and methods of bone grafting [PR IV.A.3.b).(7)]  YES  NO
9. Use of alloplastic materials used for reconstruction [PR IV.A.3.b).(8)]  YES  NO
10. Congenital, developmental, and secondary deformities of the head and face, including the embryology, pathogenesis, anatomy, natural history, and the course of disease following treatment [PR IV.A.3.b).(9)]  YES  NO

3. Will the curriculum provide fellows with education and experience in the following areas?

1. Diagnostic methods and treatment techniques of temporomandibular joint disorders   
   [PR IV.A.3.c).(1)]  YES  NO
2. Aesthetic contour deformities, such as masseteric hypertrophy and frontal cranial remodeling [PR IV.A.3.c).(2)]  YES  NO
3. Elective orthognathic surgery for orthodontic problems [PR IV.A.3.c).(3)]  YES  NO
4. Surgical correction of congenital clefts of the lip and palate, with emphasis on both primary and late repairs and revisions [PR IV.A.3.c).(4)]  YES  NO
5. Reconstructive management of defects after ablative surgery for malignancy about the maxillofacial region, including pedicle and free flap surgery and bone grafting techniques   
   [PR IV.A.3.c).(5)]  YES  NO

4. Briefly describe how the program will ensure that fellows receive sufficient exposure to a wide range of diseases and injuries to the soft and hard tissues of the craniofacial region. [PR IV.A.4.a)] (Limit response to 400 words)

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1. Will fellows actively participate in an integrated craniofacial team with sufficient patient volume to provide an exposure to diverse craniofacial problems? [PR IV.A.4.b)]  YES  NO
2. Will fellows act on a regular basis as teaching assistants to the chief resident in plastic surgery? [PR IV.A.c)]  YES  NO

If “YES”, explain.

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**The Learning and Working Environment**

**Clinical Responsibilities**

1. Lines of authority [PR VI.E.1.a]
2. Will lines of authority be defined by the program?  YES  NO

If “NO”, explain.

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| Click here to enter text. |

1. Describe how the program will ensure that all fellows have a working knowledge of expected reporting relationships to maximize quality care and patient safety.

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2. Will there be written lines of responsibility describing the clinical responsibilities of and relationship between craniofacial surgery fellows and plastic surgery residents? [PR VI.E.1.b]  YES  NO

**Teamwork**

1. Briefly describe the opportunities fellows will have to collaborate with fellow surgical residents, and especially with faculty members, other physicians outside of the specialty, and non-physician health care providers, to best formulate treatment plans for an increasingly diverse patient population. [PR VI.E.2.b] (Limit response to 400 words)

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1. Briefly describe how the program will ensure that fellows assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion, or, if not possible, how the program will ensure fellows learn and utilize the established methods for handing off remaining tasks to another member of the team so that patient care is not compromised. [PR VI.E.2.c] (Limit response to 400 words)

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**Night Float**

1. What will be the maximum length of night float assignment for fellows in the program? [PR VI.F.6.]  
    (Length)
2. What will be the total number of weeks per year each fellow is assigned night float? [PR VI.F.6.]  
    (#)