

**UT SOUTHWESTERN
PLASTIC SURGERY
WOUND FELLOWSHIP
2021-2022 CURRICULUM MANUAL**

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Introduction

The Department of Plastic Surgery at UT Southwestern offers a one-year fellowship program in the prevention, diagnosis and treatment of wounds. The fellow is a fully integrated member of a team that currently has more than 9000 patient visits per year. The Wound Fellowship Program is a one-year educational experience designed to comprehensively cover clinical practice and clinical and basic science research.

The primary goal of this program is to prepare individuals for an academic career in the prevention, diagnosis and treatment of wounds and related pathology and to train physicians to become successful competent wound specialists. A competent physician must have clinical expertise in all aspects of clinical care (prevention, treatment, surgical intervention). The competent wound specialist must also have skills to teach other residents, fellows, medical students, nurses, physical/occupational therapists, emergency medicine personnel, and physicians in practice.

A successful wound specialist must be trained to conduct research, both clinical and basic science. Such training allows a greater appreciation and understanding of published research and greatly enhances one’s ability to determine whether a literature report has merit. This is necessary to set the framework for continued self-education after training, and advances the science of Wound pathology.

Finally, the wound specialist must also understand principles of administration. Wound Fellows must become knowledgeable about financial matters, third party payers, and hospital staff privileges as well as medical-legal issues. They must be facile in interacting with others outside their institution and in Wound discord when it arises.

Thus, the successful competent wound specialist will be well-trained in patient care, teaching, research and administration. These goals are readily available both verbally and in writing to all fellows and faculty of the program. In addition, annual fellowship reviews attended by faculty, residents and fellows reassess how these goals are being addressed.

The Wound Fellow must be an expert in treating all aspects of wounds including management of traumatic wounds, neuropathic wounds, diabetic foot wounds, ischemic wounds, venous stasis ulcers, and burns. This expertise includes learning to interact with other subspecialties. Through consultations on other services and to other services there is interaction with orthopedic faculty, residents and fellows, physical medicine and rehabilitation, endocrinology, general surgery, anesthesiologists/pain management specialists, emergency room physicians, and hospitalists.

The overall program's goals are to provide trainees with the knowledge and basic experience in the following areas:

Patient Care:

	The University of Texas Southwestern Plastic Surgery Wound Fellowship 2021-2022 Curriculum Manual	
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Fellows are expected to provide care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life.

Objectives:

- Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures. *Examples:* Resident will obtain an accurate history, perform an appropriate physical exam, form an assessment and therapeutic plan.
- Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference. *Examples:* Evaluation of a foot ulcer in a patient who requires a skin graft
- Develop, negotiate and implement effective patient management plans and integration of patient care. *Examples:* Patient who requires a surgical debridement for diabetic foot ulcer
- Understand the diagnostic and therapeutic procedures considered essential to the practice of advanced wound care. *Examples:* Role of off-loading in a patient who has had a partial foot amputation.

Medical Knowledge:

Fellows are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.

Objectives:

- Apply an open-minded, analytical approach to acquiring new knowledge. *Examples:* Understand relative importance of biopsy of certain wounds.
- Access and critically evaluate current medical information and scientific evidence. *Examples:* Recognize the importance of surgical procedures for tissue coverage
- Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of advanced wound care.
- Apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking. *Examples:* Evaluate patients with wounds requiring intervention and make recommendations for management considering available treatment options including traditional and bioactive dressings, negative pressure wound therapy, extracellular matrix materials, surgical intervention and ongoing evaluation.

Practice-Based Learning and Improvement:

Fellows are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices:

Objectives:

- Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care. *Examples:* Improve understanding of emerging treatments in advanced wound care by reviewing current literature in the area.
- Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice. *Examples:* Develop a process to ensure patient education regarding smoking cessation in patients with non-healing wounds.
- Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care. *Examples:* Review management plans and support each recommendation.
- Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education. *Example:* Use of online textbooks and websites discussing advanced wound care.

Interpersonal and Communication Skills:

Fellows are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health care teams.

Objectives:

- Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues. *Examples:* Verbally and in writing, communicate with consultants regarding the diagnostic and therapeutic evaluation of the patient with a wound requiring surgery
- Use effective listening, nonverbal, questioning, and narrative skills to communicate the patients. *Examples:* When interviewing a patient requiring amputation revision, use appropriate communication skills.
- Interact with consultants in a respectful, appropriate manner. *Examples:* Discuss evaluation and recommendations of patients seen in consultation.
- Maintain comprehensive, timely, and legible medical records. *Examples:* Thorough and complete progress notes reflecting the diagnostic and therapeutic approach to the patient with osteomyelitis requiring surgical intervention.

Professionalism:

	The University of Texas Southwestern Plastic Surgery Wound Fellowship 2021-2022 Curriculum Manual	
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Fellows are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society.

Objectives:

- Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues. *Example:* Treat all patients and staff with respect.
- Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues. *Example:* Avoid differential treatment of patients or staff regardless of status.
- Adhere to principles of confidentiality, scientific/academic integrity, and informed consent. *Examples:* Avoid discussing patient in their presence and acknowledging uncertainties in medical treatment to peers.
- Recognize and identify deficiencies in peer performance. *Examples:* Watch for incompetence in peers and discussing it with them or reporting it to supervisor.

Systems-Based Practice:

Fellows are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

Objectives:

- Understand, access and utilize the resources, providers and systems necessary to provide optimal care. *Examples:* Be aware of patient's support system, third party payor, pharmacy and community resources.
- Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient. *Examples:* Manage outpatients with an understanding of when surgical intervention would be required.
- Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management. *Examples:* Surgical treatment of a patient with a non-healing diabetic foot wound.
- Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care. *Examples:* Work with staff for obtaining and interpreting imaging procedures (i.e. x-ray, MRI) to assure optimal treatment planning for a Charcot patient.

	The University of Texas Southwestern Plastic Surgery Wound Fellowship 2021-2022 Curriculum Manual	
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Research

Fellows will be expected to participate and complete clinic research projects during their training. These will be facilitated by a faculty member with the assistance of the director of fellowship. The resident is expected to write and publish a research manuscript while in the course of training. A topic is to be presented to the Director of the Fellowship Program at one month; an outline of that paper is to be presented and put in file at three months: and the paper is to be completed. Complete necessary training

- a. Required for IRB: (available online)
 - i. HIPAA training
 - ii. Human Subjects Protection
 - iii. Good Clinical Practice (for industry-sponsored research)
- b. Required for animal training:
 - i. See attached Research Training Checklist
5Currently, that checklist includes:
 - ii. Course on humane care and use of animals. (2 hours)
 - iii. Course on Pathogen Control (1 hour)
 - iv. Enrollment in Worker Protection Program (online form)
 - v. Course on surgical techniques for your specific animal – there are generic mouse/rat/rabbit courses or you can have your PI train and sign-off on your abilities.
 - vi. Add name to existing IACUC protocol, complete necessary security forms, and obtain badge access and necessary keys.
2. Complete necessary documentation
 - a. For Clinical Research:
 - i. Project Protocol
 - ii. Information and Consent Form (ICF) - English
 - iii. Spanish Short Form Consent (on IRB website). If required by the IRB, a full consent to be translated by UT Southwestern Translation Services after IRB approval
 - iv. HIPAA Authorization - English
 - v. HIPAA Authorization Form – Spanish (as in iii above)
 - vi. NR-3 form (for Parkland Health & Hospital Systems – PHHS)
 - vii. Recruitment documents (flyers, etc.)
3. Conduct research project study
4. Present to division on at least 3 occasions
5. Present to research director
6. Enroll and take specialty courses for clinical or basic science program as is appropriate
7. Complete study
8. Present to Director of Research at least once prior to final submission and/presentation
9. Present at Department Research Conference during the fellowship year with at least two faculty in attendance, one being the mentor of the project.
10. Present at national meeting
11. Prepare and submit manuscript

COMPETENCIES

	The University of Texas Southwestern Plastic Surgery Wound Fellowship 2021-2022 Curriculum Manual	
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The wound fellowship program requires its' fellows to develop the competencies in the six areas below to the level expected of a new attending.

Competency	Required Skills	Instruction Methods	Evaluation Methods
<i>Patient Care</i> Fellows are expected to become competent in all aspects of Pre, Intra and Post-Operative Care. Fellows will be able to actively participate in all aspects of patient care, with increasing responsibility under the direct supervision of the faculty.	<i>Caring & respectful behaviors</i>	Clinic, ER, OR, Rounds all rotations	Global performance ratings; Focused observation and evaluation
	<i>Interviewing</i>	Clinics	Global performance ratings; Focused observation and evaluation
	<i>Informed decision making</i>	Clinic, ER, OR, Rounds all rotations, conferences	Global performance ratings; Focused observation and evaluation
	<i>Develop & carry out patient management plans</i>	Clinic, ER, OR, Rounds all rotations and conferences	Global performance ratings; Focused observation and evaluation
	<i>Counsel & educate patients and their families</i>	Clinics, rounds all rotations	Global performance ratings; Focused observation and evaluation
	<i>Physical exams</i>	Clinics, consultations all rotations	Global performance ratings; Focused observation and evaluation
	<i>Medical procedures</i>	Emergency and operating rooms all rotations	Global performance ratings; Focused observation and evaluation; Review of case/procedure log; Review of patient outcomes
	<i>Technical skills</i>	Clinic, Emergency and operating rooms—all rotations, Simulation in laboratory	Global performance ratings; Focused observation and evaluation; Review of case/procedure log; Review of patient outcomes
	<i>Preventive health services</i>	Clinics all rotations	Global performance ratings; Focused observation and evaluation

M&M = Morbidity and mortality conference (quality assurance conference)

Competency	Required Skills	Instruction Methods	Evaluation Methods
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**The University of Texas Southwestern Plastic Surgery
Wound Fellowship
2021-2022 Curriculum Manual**

Medical Knowledge	Investigational & analytic thinking	Conferences, journal clubs, clinical and basic science laboratory involvement	Global performance ratings; Focused observation and evaluation; Review of patient outcomes
	Knowledge & application of basic sciences	Conferences, journal clubs, clinical and basic science laboratory involvement	Global performance ratings; Focused observation and evaluation; Review of patient outcomes

Competency	Required Skills	Instruction Methods	Evaluation Methods
Practice-Based Learning and Improvement Fellows are expected to participate in research projects throughout the year. In addition they are expected to attend the weekly conferences, Grand Rounds, at which they present regularly, M&M conferences and the Journal Clubs.	Analyze own practice for needed improvements	Conferences, journal clubs	Global performance ratings; Focused observation and evaluation; Review of patient outcomes
	Use of evidence from scientific studies	Conferences, journal clubs,	Global performance ratings; Focused observation and evaluation; Grand Rounds presentations
	Application of research & statistical methods	Conferences, journal clubs, clinical and basic science laboratory involvement	Global performance ratings; Focused observation and evaluation; Research Publications and Presentations
	Use of information technology	Clinics, emergency and operating rooms	Global performance ratings; Focused observation and evaluation; Research Publications and presentations
	Facilitate learning of others	Clinics, operating and emergency rooms, conferences, journal clubs, clinical and basic science laboratory involvement—all rotations	Global performance ratings; Focused observation and evaluation; Grand Round Presentations

Competency	Required Skills	Instruction Methods	Evaluation Methods
Interpersonal and Communication Skills	Creation of therapeutic relationship with patients	Clinics, emergency and operating rooms	Global performance ratings; Focused observation and evaluation;
	Listening skills	Clinics, conferences, journal clubs, laboratory	Global performance ratings; Focused observation and evaluation

Competency	Required Skills	Instruction Methods	Evaluation Methods
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	The University of Texas Southwestern Plastic Surgery Wound Fellowship 2021-2022 Curriculum Manual	
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Professionalism The institution has monthly Ethics Grand Rounds. In addition the faculty place a priority on Professionalism	<i>Respectful, altruistic</i>	Clinics, operating and emergency rooms, conferences, journal clubs, clinical and basic science laboratory involvement—all rotations	Global performance ratings; Focused observation and evaluation;
	<i>Ethically sound practice</i>	Clinics, operating and emergency rooms, conferences, journal clubs, clinical and basic science laboratory involvement—all rotations	Global performance ratings; Focused observation and evaluation;
	<i>Sensitive to cultural, age, gender, disability issues</i>	Clinics, operating and emergency rooms, conferences, journal clubs, clinical and basic science laboratory involvement—all rotations	Global performance ratings; Focused observation and evaluation;

Competency	Required Skills	Instruction Methods	Evaluation Methods
System-Based Practice Clinical Fellows are expected to organize the service under the direct supervision of the faculty. This will stress the importance of a System-based practice.	<i>Knowledge of practice & delivery systems</i>	Parkland hospital rotations	Global performance ratings; Focused observation and evaluation
	<i>Practice cost-effective care</i>	Parkland hospital rotations	Global performance ratings; Focused observation and evaluation
	<i>Advocate for patients within the health care system</i>	Parkland hospital rotations	Global performance ratings; Focused observation and evaluation

Program Curriculum / Required Scholarly Activities
Clinical Duties and Responsibilities

The fellow will have progressive responsibility based on experience and capability. All rotations will be at Parkland Health. The fellow's responsibilities will continue to advance, dependent upon his or her skills. The wound experience will be determined by the fellow's ability and understanding of the complexities of the prevention, diagnosis and treatment (surgical and non-surgical) of Wound disease. It will be designed toward gradual, but progressive responsibility commensurate with the fellow's training and expertise.

Fellows will assist the attending physician with wound cases. They will be expected to understand fully the anatomy, physiology, and planning of prevention, courses of treatment and surgical procedures as well as the technical performance of these activities. A thorough understanding of the anatomy and physiology will be gained through clinical and operative experience, individual study, didactic conferences, and direct communication with the program director.

Academic / Educational Experiences

Clinical education is primarily derived from lectures and rounds as well as in the course of the Wound fellow's clinical duties, interacting with the attending staff in orthopedics, plastic surgery, and all other subspecialists. Numerous special conferences are also designed primarily for the instruction of the

	The University of Texas Southwestern Plastic Surgery Wound Fellowship 2021-2022 Curriculum Manual	
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fellows. When not involved in clinical activities, fellows are expected to attend all wound meetings and academic activities throughout the year. Additionally, fellows are required to be involved in the education of the residents and medical students rotating through the service.

Evaluation

Fellows will be evaluated bi-annually by each attending physician and will also evaluate each attending physician. They will be required to complete a confidential bi-annual rotation evaluation, and an annual program, faculty and program director evaluation. The program director will also complete bi-annual and final (exit) evaluations of the fellow. At the end of this time, if the fellow has successfully fulfilled all the evaluation periods (see below) the fellow will receive a certificate of completion.

Faculty

Listed below are the faculty members involved in the supervision of the Wound fellows. The program has three (3) full time physicians that have extensive experience in wound care and reconstruction, and hold a current Texas Podiatric Medical License. These physicians include:

University Hospitals & Clinics
Lawrence A. Lavery, DPM, MPH
Javier La Fontaine, DPM, MS
Paul Kim, DPM, MS

Parkland Health & Hospital Systems

Fatigue/Fellow Wellness

All trainees and fellows are expected to follow ACGME, UT Southwestern Graduate Medical Education and Plastic Surgery Training Program Policies on Duty Hours, Fatigue, and Sleep Deprivation. This includes non-ACGME approved programs. Please visit the ACGME website at <http://www.acgme.org/acgmeweb/tabid/145/ProgramandInstitutionalGuidelines/SurgicalAccreditation/PlasticSurgery.aspx>, the UT Southwestern Graduate Medical Education website at <http://www.utsouthwestern.edu/education/graduate-medicaleducation/policies.html> for more information on specific guidelines.

Compliance will be monitored and notification will be given to the all fellows when there are violations and also at least semiannually. These requirements apply to all institutions, office, outside rotations at which the resident may/will rotate. Noncompliance will be addressed immediately.

Discipline and Complaints

From time to time conflict may arise between the fellow and podiatrists and physicians on staff at UTSW or between fellow and employees at UTSW. If a problem does arise, it should be handled in a professional manner and an attempt should be made to work that problem out with that individual. If this matter involves another physician or a conflict between physicians, it shall be brought to the Director of the Fellowship Program's attention immediately. Any conflict involving the administration shall be brought to the attention of the Fellowship Director, including all contract program disputes. If it is found that the fellow requires disciplinary actions for non-compliance with fellow duties, and/or unprofessional

conduct, the matter will be handled by the Fellow Director. Discipline will or can include banning the fellow from certain cases, and possible dismissal from the program.

Dress Code
Due Process
Evaluation

HARASSEMENT PROHIBITED

Harassment by a medical staff member, house staff, hospital employee or patient against a fellow on the basis of race, religion, color, national origin, ancestry, physical disability, mental disability, medical disability, marital status, sex, gender, or sexual orientation shall not be tolerated.

“Sexual harassment” is unwelcome verbal or physical conduct of a sexual nature which may include verbal harassment (such as epithets, derogatory comments or slurs), physician harassment (such as unwelcome touching, assault, or interference without movement or work), and visual harassment (such as the display of derogatory cartoons, drawings, or posters).

Sexual harassment includes unwelcome advances, requests for sexual favors, and any other verbal, visual, or physical conduct of a sexual nature when (1) submission to or reflection of this conduct by and individual is used as a factor in decisions affecting contract, evaluation, retention, or other aspects or (2) this conduct substantially interferes with the individual’s program or creates an intimidating hostile or offensive work environment.