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OF PHYSICIANS AND SURGEONS OF CANADA
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DES MÉDECINS ET CHIRURGIENS DU CANADA

Objectives of Training in Plastic Surgery

2013
VERSION 2.1

This document applies to those who begin training on or after July 1, 2013.

DEFINITION

Plastic Surgery is that branch of surgery whose focus is the management of complex composite tissue defects or deformities. The word "plastic" is derived from the Greek "plastikos", meaning to mould or to give form. The specialty is defined by its approach to problems and specialized surgical techniques rather than any one anatomical area. There are two main components: reconstructive surgery and cosmetic or aesthetic surgery.

Reconstructive Plastic Surgery is based on the concept of restoration in both the form and function of the affected region of the body. Plastic Surgeons operate on most anatomical areas of the body to correct deformities which may be caused by congenital birth defects, by trauma, benign and malignant tumours, infections and wound healing problems both simple and complex. Reconstructive surgery can involve any tissue, but most commonly skin, underlying soft tissue and bone as well as specific structures including nerves, blood vessels and tendons. The knowledge and techniques of Plastic Surgery are well suited to the surgical care of certain complex anatomic regions such as the hand, head and neck, and the breast.

Aesthetic (Cosmetic) Plastic Surgery is an area of surgery where the purpose is to improve the appearance of a specific body region, in the absence of any functional problem or defects caused by congenital deformity, trauma or a disease process. This enhancement of appearance leads to an overall sense of well-being.

The *two components* of Plastic Surgery are complementary in nature. The techniques of reconstructive Plastic Surgery lend themselves to the successful correction of problems in the cosmetic domain, while aesthetic considerations play an integral part in reconstructive surgery. The combination of reconstructive and cosmetic techniques enhances the surgeon's ability to correct physical impairments while preserving the most natural possible appearance.

Plastic Surgery training is designed to foster expertise in basic surgical principles which are applied in the care of multiple anatomical areas, and in subspecialty fields, including pediatric, craniofacial, maxillofacial, burns, upper extremity and aesthetic surgery. In addition, Plastic Surgery training requires interaction with many other surgical specialties, necessitating a collaborative approach in the care of complex reconstructive problems. The successful trainee in Plastic Surgery will possess a broad range of diagnostic and procedural skills to manage tissues throughout the body in a wide variety of clinical circumstances.

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GOALS

Upon completion of training, a resident is expected to be a competent specialist in Plastic Surgery, capable of assuming a consultant's role in the specialty. The resident must acquire a working knowledge of the theoretical basis of the specialty, including its foundations in the basic medical sciences and research.

Residents must demonstrate the requisite knowledge, skills, and behaviours for effective patient-centred care and service to a diverse population. In all aspects of specialist practice, the graduate must be able to address issues of gender, sexual orientation, age, culture, ethnicity and ethics in a professional manner.

PLASTIC SURGERY COMPETENCIES

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

Medical Expert

Definition:

As *Medical Experts*, Plastic Surgeons integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centred care. *Medical Expert* is the central physician Role in the CanMEDS framework.

Key and Enabling Competencies: Plastic Surgeons are able to…

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care

1.1. Perform a consultation effectively, including the presentation of well-documented assessments and recommendations in oral, written, and/or electronic form in response to a request from another health care professional, including the recognition, diagnosis, management, and appropriate counseling

1.2. Demonstrate effective use of all CanMEDS competencies relevant to Plastic Surgery

1.2.1. Apply knowledge of all forms of acute and chronic wounds and reconstructive defects in all areas of the body

1.2.2. Respond appropriately to emergency situations

1.2.3. Manage the perioperative and post-operative care of the patient

1.2.4. Manage a patient's progress through the complexities of the health care system

1.3. Identify and appropriately respond to relevant ethical issues arising in patient care

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1.4. Demonstrate the ability to prioritize professional duties effectively when faced with multiple patients and problems

1.5. Demonstrate compassionate and patient-centred care

1.6. Recognize and respond to the ethical dimensions in medical decision-making

1.7. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed

2. Establish and maintain clinical knowledge, skills and behaviours appropriate to their practice

2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Plastic Surgery. The resident will demonstrate knowledge of:

2.1.1. **PRINCIPLES OF PLASTIC SURGERY**

2.1.1.1. Advanced principles of wound healing

2.1.1.2. Advanced principles of wound care

2.1.1.3. Advanced principles of wound closure

2.1.1.4. Skin grafting

2.1.1.5. Tissue grafting including but not limited to cartilage, bone, fat, tendon, nerve, muscle, fascia and blood vessels

2.1.1.6. Skin flaps

2.1.1.7. Muscle flaps and composite flaps

2.1.1.8. Transplant biology

2.1.1.9. Tissue expansion

2.1.1.10. Microsurgery

2.1.1.11. Energy sources used in Plastic Surgery, including but not limited to:

2.1.1.11.1. Electrocautery

2.1.1.11.2. Lasers

2.1.1.11.3. Ultrasound

2.1.1.11.4. Radiofrequency systems

2.1.1.11.5. Standard power equipment, including, but not limited to: drills, saws, dermatomes and liposuction devices

2.1.1.12. Endoscopy and other techniques specific to Plastic Surgery procedures

2.1.1.13. Biomaterials, including but not limited to:

2.1.1.13.1. Human blood products

2.1.1.13.2. Tissue allografts

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2.1.1.13.3. Tissue xenografts

2.1.2. EMERGENCY, PERIOPERATIVE AND POST-OPERATIVE CARE

2.1.2.1. Principles of

2.1.2.1.1. Advanced Trauma Life Support (ATLS)

2.1.2.1.2. Aseptic technique and routine precautions

2.1.2.1.3. Local anesthesia

2.1.2.1.4. Conscious sedation

2.1.2.1.5. Early post-operative patient care, both medical and surgical

2.1.2.2. Establishing priorities in the care of the patient with multi system trauma

2.1.2.3. Appropriate medical support and investigations for the traumatized patient requiring emergency surgery

2.1.2.4. Appropriate pre-operative investigations and collaboration with other consultants prior to proceeding with any surgery – emergent or elective

2.1.2.5. Development of treatment plans including surgical therapy and non-surgical therapies, which recognize the potential psycho-social impact of the condition and its management on the patient and family

2.1.2.6. Obtaining appropriate informed consent for patients and/or guardians prior to any medical or surgical treatment – emergent or elective

2.1.2.7. Identification of post-surgical complications, local and systemic, with appropriate investigations and the use of consultants to promptly develop and introduce treatment plans

2.1.3. HEAD AND NECK

2.1.3.1. Detailed surgical anatomy of the head and neck

2.1.3.2. Principles of anatomic and functional defects (from all causes) of the head and neck, including but not limited to scalp, skull, forehead, periorbital (eyelids and orbit), cheeks, nose, lips, ears, midfacial and mandibular skeleton, facial nerve, upper airway and digestive tract

2.1.3.3. Vascular and lymphatic malformations of the head and neck

2.1.3.4. Tumours of the head and neck (both benign and malignant) and their surgical and adjuvant management

2.1.3.5. Infectious, inflammatory, and degenerative processes that cause significant dysfunction or disfigurement in the head and neck

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2.1.3.6. Application of aesthetic unit principles in facial reconstruction

2.1.4. HAND AND UPPER EXTREMITY

2.1.4.1. Anatomy and physiologic function of the hand including vascular, musculoskeletal, nervous, and cutaneous systems

2.1.4.2. Diagnosis and management of the following conditions:

2.1.4.2.1. Common developmental abnormalities of the upper extremity and their systemic associations

2.1.4.2.2. Dupuytren's disease

2.1.4.2.3. Vascular disorders of the upper extremity

2.1.4.2.4. Arthritis of the hand and wrist

2.1.4.2.5. Benign and malignant, soft tissue and bone tumours of the hand and wrist

2.1.4.2.6. Hand infections

2.1.4.2.7. Simple and complex trauma including but not limited to:

2.1.4.2.7.1. Soft tissue injury and loss

2.1.4.2.7.2. Tendon injury

2.1.4.2.7.3. Nerve injury, including brachial plexus

2.1.4.2.7.4. Fractures, ligament injuries and joint dislocations

2.1.4.2.7.5. Vascular compromise

2.1.4.2.7.6. Amputations

2.1.4.2.8. The burned and frostbitten, hand and upper extremity, to include burns of all etiologies:

2.1.4.2.8.1. Heat

2.1.4.2.8.2. Chemical

2.1.4.2.8.3. Electrical

2.1.4.2.8.4. Radiation

2.1.4.2.8.5. Friction

2.1.4.3. Principles of late reconstruction of upper limb deformities including but not limited to:

2.1.4.3.1. Tendon transfers (hand, wrist and upper extremity)

2.1.4.3.2. Thumb reconstruction

2.1.4.3.3. Bone grafting

2.1.4.3.4. Reconstructing scar and soft tissue defects

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2.1.4.3.5. Nerve compression syndromes, including principles of tendon transfers, nerve grafting, and the management of complex regional pain syndromes

2.1.4.4. 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

2.1.4.5. Principles of splinting and rehabilitation of the hand and the role of multidisciplinary clinics in hand surgery

2.1.5. **LOWER EXTREMITY**

2.1.5.1. Anatomy and physiologic function of the lower extremity

2.1.5.2. Diabetic foot

2.1.5.3. Diseases of the peripheral vasculature including the lymphatic system, and principles of their management

2.1.5.4. Principles of reconstruction of the traumatically compromised lower extremity emphasizing soft tissue coverage, sensory-motor function, segmental bone loss and vascular status

2.1.5.5. Principles of reconstruction of lower extremity defects secondary to debridement of acute and chronic osteomyelitis, and resection of tumours recognizing the effects of adjuvant treatments on wound healing

2.1.6. **BREAST**

2.1.6.1. Surgical anatomy and embryology of the breast

2.1.6.2. Congenital and developmental diseases of the breast and chest, including but not limited to chest wall deformities affecting the breast, breast aplasia, breast underdevelopment, overdevelopment, constricted breast conditions and asymmetries

2.1.6.3. Gynecomastia

2.1.6.4. Benign and malignant tumours of male and female breast, including, but not limited to:

2.1.6.4.1. All forms of breast cancer and related issues including but not limited to genetic markers, premalignant breast disease, and the role of preventative mastectomy

2.1.6.4.2. Effects of radiation on the breast and implications for breast surgery

2.1.6.5. Principles of breast reduction

2.1.6.6. Basic science of silicone, history of the use of silicone breast implants and generations of silicone breast implants

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2.1.6.7. Principles of breast reconstruction, partial or complete, for defects from any etiology including, but not limited to congenital, trauma, infection, tumour, or post-surgical

2.1.6.7.1. Tissue expanders

2.1.6.7.2. Implant reconstruction

2.1.6.7.3. Fat grafting (including reconstructive and aesthetic indications/uses)

2.1.6.7.4. Utilizing alternative materials such as acellular dermis

2.1.6.7.5. Flap reconstruction, including local flaps, pedicle regional flaps, or distant flaps

2.1.6.7.6. Breast balancing operations, including mastopexy, reduction mammoplasty, or breast augmentation

2.1.6.7.7. Breast augmentation

2.1.6.7.8. Aesthetic breast reduction

2.1.6.7.9. Mastopexy; ptosis

2.1.6.7.10. Nipple aesthetic procedures

2.1.6.7.11. Transgender surgery

2.1.7. **ABDOMEN, TRUNK AND PELVIS**

2.1.7.1. Surgical anatomy of the abdominal wall

2.1.7.2. Chest wall defects from all causes, including but not limited to neoplastic, infective, radiation, trauma, and post-surgical

2.1.7.3. Abdominal wall defects from all causes including but not limited to neoplastic, infective, radiation, trauma, and post-surgical

2.1.7.4. Pelvic defects from all causes, including but not limited to neoplastic, infective, radiation, trauma and post-surgical

2.1.7.5. Principles of reconstruction of

2.1.7.5.1. Chest wall defects

2.1.7.5.2. Abdominal wall defects

2.1.7.5.3. Pelvic and perineal defects, including, but not limited to:

2.1.7.5.3.1. Decubitus ulcers from all causes

2.1.7.5.3.2. Vaginal reconstruction

2.1.7.5.3.3. Penile reconstruction

2.1.8. **SKIN**

2.1.8.1. Macroscopic and microscopic anatomy of the skin

2.1.8.2. Benign skin lesions

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2.1.8.3. Malignant skin lesions, including but not limited to:

2.1.8.3.1. Basal cell carcinoma

2.1.8.3.2. Squamous cell carcinoma

2.1.8.3.3. Malignant melanoma

2.1.8.4. Benign and malignant tumours of adjacent soft tissues including but not limited to fat, fibrous tissue muscle, fascia, nerves, blood vessels and lymphatics

2.1.8.5. Principles of skin tumour surgery and tumour surgery of adjacent soft tissues, to include diagnosis, adjuvant therapies, sentinel node biopsy and Moh's micrographic surgery

2.1.8.6. Principles of skin defect reconstruction by all methods

2.1.9. **PEDIATRIC AND CRANIOFACIAL SURGERY**

2.1.9.1. Embryology of the head and neck and the upper extremity

2.1.9.2. Identification and management of pediatric craniofacial deformities

2.1.9.2.1. Unisutural and multiple suture craniosynostoses

2.1.9.2.2. Common syndromes associated with multiple craniosynostoses, including, but not limited to the following syndromes: Crouzon, Apert, Saethe Chotzen, Pfeiffer, and Carpenter

2.1.9.2.3. Rare craniofacial clefts, both bony and soft tissue

2.1.9.2.4. Common pediatric syndromes, sequences and spectrums including, but not limited to Pierre Marie Robin Sequence, ocular-auricular-vertebral spectrum, Treacher Collins, Nagar, Binder, Romberg, Mobius, Down, Beckwith-Weidemann, Gorlin, neurofibromatosis, fibrous dysplasia, and Klippel-Feil

2.1.9.2.5. Positional plagiocephaly

2.1.9.2.6. Congenital torticollis

2.1.9.3. Facial Clefts

2.1.9.3.1. Embryology, genetics, identification, classification and management

2.1.9.3.2. Epidemiology of facial clefts and associated etiological factors

2.1.9.3.3. Anatomy of the underlying deformity

2.1.9.3.4. Associated functional problems, including but not limited to problems with feeding, speech, hearing and dentition

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2.1.9.3.5. Principles of surgical procedures for patients with cleft lip and palate:

2.1.9.3.5.1. Cleft lip repair – unilateral or bilateral

2.1.9.3.5.2. Cleft palate repair

2.1.9.3.5.3. Alveolar bone graft

2.1.9.3.5.4. Ancillary procedures to include pharyngeal flap, pharyngoplasty, residual nose deformity and occlusal correction

2.1.9.4. Vascular Anomalies

2.1.9.4.1. Classification

2.1.9.4.2. Clinical, cellular, radiological, hematological and flow characteristics of vascular anomalies

2.1.9.4.3. Vascular malformation syndromes, including but not limited to Sturge-Weber, Klippel-Trenaunay, Parkes-Weber, Maffucci, Rendu-Osler-Weber and Proteus

2.1.9.4.4. Principles of management, to include diagnosis, the timing of treatment, options for surgical and nonsurgical treatment, and potential complications

2.1.9.5. Ear Reconstruction

2.1.9.5.1. Identification of external ear deformities

2.1.9.5.2. Principles of management for external ear deformities

2.1.9.6. Congenital hand deformities

2.1.9.6.1. Embryology, diagnosis, identification and classification

2.1.9.6.2. Principles of management of the following categories of deformity, including but not limited to:

2.1.9.6.2.1. Type I – failure of formation

2.1.9.6.2.2. Type II – failure of differentiation

2.1.9.6.2.3. Type III - duplication

2.1.9.6.2.4. Type IV - overgrowth

2.1.9.6.2.5. Type V - undergrowth

2.1.9.6.2.6. Type VI - constriction bands syndrome

2.1.9.6.2.7. Type VII - generalized anomalies and syndromes

2.1.9.7. Congenital Nevi

2.1.9.7.1. Identification, classification, and treatment

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2.1.9.8. Adolescent breast asymmetry

2.1.9.8.1. Identification of underlying asymmetry including but not limited to asymmetry of the breast, the thorax, muscle

2.1.9.8.2. Principles of management

2.1.9.8.3. Identification of associated syndromes, to include Poland syndrome

2.1.10. MAXILLOFACIAL TRAUMA

2.1.10.1. A comprehensive approach to the patient with maxillofacial trauma, to include ATLS protocols

2.1.10.1.1. Management of the compromised airway

2.1.10.1.2. Protection of the cervical spine and assessment of cervical spine injuries

2.1.10.1.3. Assessment for the presence of intracranial trauma

2.1.10.1.4. Ocular trauma

2.1.10.1.5. Cranial nerve trauma

2.1.10.1.6. Assessment of other associated injuries with appropriate collaboration and referral to other specialists

2.1.10.2. Principles of managing acute trauma of the face, including but not limited to:

2.1.10.2.1. Reduction and stabilization of facial fractures, with expertise in handling all bones of the face

2.1.10.2.2. Treatment of soft tissue injuries of the face and scalp, to include skin, subcutaneous tissue, muscles, vessels, and nerves

2.1.10.2.3. Principles of dental occlusal relationships and their treatment to include orthognathic surgery

2.1.10.2.4. Interpretation of diagnostic imaging studies of the facial skeleton

2.1.10.2.5. Principles of late reconstruction of deformities secondary to maxillofacial trauma

2.1.11. BURN AND COLD INJURY

2.1.11.1. Pathophysiology (local and systemic) of burn injuries including thermal, chemical, electrical, radiation and friction burns

2.1.11.2. Inhalation injury

2.1.11.3. Burn resuscitation and monitoring of the acutely injured patient

2.1.11.4. Acute and long term burn wound care

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2.1.11.5. Principles of surgical debridement and wound closure

2.1.11.6. Ethical issues surrounding life-threatening burns

2.1.11.7. Psycho-social issues associated with burns including but not limited to physical abuse, particularly of children and the elderly, substance abuse, and mental illness

2.1.11.8. Nutritional requirements of the patient with a burn

2.1.11.9. Available skin substitutes and their appropriate application

2.1.11.10. Sequelae of burn injuries including but not limited to the effect on growth and development, heterotopic ossification, ocular complications and the central nervous system (CNS) complications of electrical burns

2.1.11.11. Principles of reconstruction of burn deformities including resurfacing, release of contractures, reconstruction of facial features and reconstruction of the hand

2.1.11.12. Pathophysiology and protocols for resuscitation of cold injury and hypothermia

2.1.11.13. Principles of managing frostbite and immersion injuries

2.1.11.14. Prognostic signs and tests of severity and extent of cold injury including use of diagnostic imaging

2.1.11.15. Indications for and timing of surgical debridement and amputations

2.1.11.16. Sequelae of cold injury on growth and development, skin and soft tissues, circulation, bones and joints

2.1.12. **AESTHETIC (COSMETIC) SURGERY**

2.1.12.1. Psychological and social forces which contribute to a patient's request for cosmetic surgery

2.1.12.2. Psychiatric conditions diagnosed preoperatively, which preclude surgery, to include an understanding of body dysmorphic disorder and the adverse consequences which can occur if surgery is done for such patients

2.1.12.3. 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

2.1.12.4. Preoperative counselling of the patient requesting aesthetic surgery, including advice on the risks and benefits of both surgical or non-surgical procedures

2.1.12.5. Appropriate preoperative discussion of the risks, side effects and alternative therapies

2.1.12.6. Pre-operative cosmetic diagnosis when a patient perceives there to be an aesthetic problem

2.1.12.7. Management of expectations of patients who have had aesthetic surgery and provision of post-operative psychological support,

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including the recognition of psychiatric symptoms which require referral to the appropriate specialist

2.1.12.8. Basic science, anatomy, and principles involved in all standard aesthetic surgical and non-surgical procedures including, but not limited to:

2.1.12.8.1. Torso

2.1.12.8.1.1. Liposuction

2.1.12.8.1.2. Abdominoplasty

2.1.12.8.1.3. Lower body lift

2.1.12.8.1.4. Buttock lift

2.1.12.8.1.5. Buttock augmentation

2.1.12.8.2. Upper and lower limb

2.1.12.8.2.1. Liposuction

2.1.12.8.2.2. Brachioplasty

2.1.12.8.3. Facial

2.1.12.8.3.1. Influences on patient perception of facial normalcy, including ethnicity, age, peer pressure and psychosocial circumstances

2.1.12.8.3.2. Principles involved in changing aesthetic features of the face which are not related to aging including but not limited to:

2.1.12.8.3.2.1. 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

2.1.12.8.3.2.2. Recontouring the face with open surgery (such as fat or bone removal), or with closed means (such as liposuction)

2.1.12.8.3.2.3. Aesthetic osteotomies of facial bones

2.1.12.8.3.2.4. Rhinoplasty, to include principles of managing the nasal airway

2.1.12.8.3.3. Principles involved in facial rejuvenation surgery related to the aging process

2.1.12.8.3.3.1. Normal aging process as it affects bone, soft tissue and skin

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2.1.12.8.3.3.2.	Effects of sun-damage, nicotine, and other environmental factors on the normal aging process
2.1.12.8.3.3.3.	Skin restoration, including dermabrasion, chemical peels, light based therapies, including laser treatment and the use of retinoids
2.1.12.8.3.3.4.	Ablating deeper crease lines utilizing injectable fillers, surgical removal of muscle and chemical denervation of muscle utilizing botulinum toxin
2.1.12.8.3.3.5.	Facelift surgery including surgical redistribution of skin, subcutaneous tissue and the platysma, as well as excision of skin and soft tissue
2.1.12.8.3.3.6.	Blepharoplasty, including surgical manipulation of fat, skin and muscle, and canthopexy procedures where necessary
2.1.12.8.3.3.7.	Browlift, including methods to raise or reshape the forehead/eyebrow complex, and to alter the position of the anterior hairline as indicated

2.2. Describe the CanMEDS framework of competencies relevant to Plastic Surgery

2.3. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up to date, and enhance areas of professional competence

2.4. Integrate the available best evidence and best practices to enhance the quality of care and patient safety in Plastic Surgery

3. Perform a complete and appropriate assessment of a patient

3.1. Identify and effectively explore issues to be addressed in a patient encounter, including the patient's context and preference in the management of life threatening emergencies

3.2. Elicit a history that is relevant, concise, and accurate to context and preferences for the purposes of diagnosis, management, health promotion, and disease prevention

3.3. Perform a focused physical examination that is relevant and accurate for the purposes of diagnosis, management, health promotion, and disease prevention

3.4. Select medically appropriate investigative methods in a resource-effective and ethical manner

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3.5. Demonstrate effective clinical problem solving and judgment to address patients' problems, including interpreting available data and integrating information to generate differential diagnoses and management plans

4. Use preventive and therapeutic interventions effectively

4.1. Implement a management plan in collaboration with a patient and the patient's family

4.2. Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Plastic Surgery

4.3. Ensure appropriate informed consent is obtained for therapies

4.4. Ensure patients receive appropriate end-of-life care

5. Demonstrate proficient, effective, appropriate, and timely use of procedural skills, both diagnostic and therapeutic relevant to Plastic Surgery

5.1. Demonstrate effective, appropriate, and timely performance of diagnostic and therapeutic procedures relevant to their practice

BASIC PROCEDURES OF PLASTIC SURGERY

5.1.1. Medical (non-operative) management techniques for acute and chronic wounds

5.1.2. Direct wound closure techniques, including, where appropriate, the repair of deep structures including muscle, nerves, tendons, vessels and bone

5.1.3. Debridement of complex wounds

5.1.4. Techniques for skin graft harvest and skin graft application – both split thickness and full thickness

5.1.5. 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

5.1.6. Use of all forms of flaps for wound reconstruction, including local, regional, distant, and free flaps. Flap tissues include:

5.1.6.1. Skin

5.1.6.2. Muscle

5.1.6.3. Fascia

5.1.6.4. Myocutaneous tissues

5.1.6.5. Other composite tissues

5.1.7. Microsurgical techniques

5.1.8. Endoscopy where indicated

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5.1.9. Use of power equipment including but not limited to drills, dermatomes, saws, liposuction machines, dermabraders

5.1.10. Use of devices including but not limited to electrocautery, operative lasers, ultrasound and radiofrequency systems

5.1.11. Use of biomaterials, including but not limited to human blood products, tissue allografts and tissue xenografts

EMERGENCY, PERIOPERATIVE AND POST-OPERATIVE CARE

5.1.12. Surgical application of ATLS principles, including but not limited to endotracheal intubation, cricothyroidotomy and emergency tracheostomy

5.1.13. Safe and effective administration of local anesthesia

5.1.14. Safe and effective administration of conscious sedation

5.1.15. Surgical execution of basic plastic surgical techniques as applicable for each and every clinical situation

5.1.16. Safe and effective use of potentially dangerous equipment including power tools, electrocautery, and energy based systems

HEAD AND NECK

5.1.17. Interpretation of imaging modalities, including radiographs, computerized tomography (CT), magnetic resonance imaging (MRI), radionucleotide scans and angiograms of structures in the head and neck region applicable to Plastic Surgery

5.1.18. Techniques to repair and reconstruct all forms of defects of the soft tissues and skeleton resulting from trauma, tumour excision, infection, inflammation, radiation and degenerative processes

5.1.19. Specific techniques to reconstruct the ear, including but not limited to microtia, outstanding ears, and defects from all causes

5.1.20. Specific techniques to reconstruct the eyelids including but not limited to:

- 5.1.20.1. Ptosis repair
- 5.1.20.2. Cannulation, stenting and repair of the lacrimal cannaliculi and lacrimal duct
- 5.1.20.3. Canthoplasty and canthopexy techniques
- 5.1.20.4. Reconstruction of eyelid defects from all causes utilizing, as required: skin grafts, mucosal grafts, local flaps and distant flaps

5.1.21. Specific techniques to reconstruct the lips, including cleft lip deformities, and the repair of defects from all causes

5.1.22. Rhinoplasty techniques including but not limited to:

- 5.1.22.1. Nasal septal resection, repair or reconstruction
- 5.1.22.2. Turbinate revision

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5.1.22.3. Internal valve repair (spreader grafts)

5.1.22.4. External valve repair

5.1.22.5. Osteotomies of all types

5.1.22.6. Nasal tip revision and reconstruction

5.1.22.7. Nasal dorsum lowering

5.1.22.8. Nasal dorsum augmentation with autologous tissue

5.1.23. Nasal reconstruction techniques including but not limited to:

5.1.23.1. Skin grafts

5.1.23.2. Composite grafts

5.1.23.3. Cartilage grafts

5.1.23.4. Bone grafts

5.1.23.5. Fascial grafts

5.1.23.6. All available flaps: local, regional and distant

5.1.24. Scalp reconstruction utilizing grafts and all available flaps: local, regional and distant

5.1.25. Cheek reconstruction utilizing grafts and all available flaps: local, regional and distant

5.1.26. Dissection of the extra-temporal facial nerve

5.1.27. Reconstruction techniques for facial nerve related deformities, as necessary: nerve grafts, static slings, facelift techniques, eyelid procedures, forehead procedures and free flap techniques

5.1.28. Cannulation and repair of the parotid duct

5.1.29. Mandibular reconstruction techniques to include bone graft techniques, local flaps, distant flaps and free flaps

HAND AND UPPER EXTREMITY

5.1.30. Interpretation of imaging modalities, including radiographs, fluoroscopy, CT scans, MRI, radionucleotide scans, ultrasound, Doppler scans and angiograms applicable to Plastic Surgery

5.1.31. Measurement of upper extremity compartment pressures

5.1.32. Interpretation of electrophysiological studies applicable to Plastic Surgery

5.1.33. Basic plastic surgical techniques applied to soft tissue defects of the hand: skin grafts, composite grafts, skin flaps (local, regional, distant), and free flaps of all types

5.1.34. Hand and wrist fractures - including closed reduction methods, splinting, external fixation, open reduction and internal fixation using all available methods

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5.1.35. Repair of 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

5.1.36. Ligament reconstruction

5.1.37. Joint reconstruction

5.1.38. Treatment of non-unions, Kienbock's disease and other chronic problems, utilizing all available techniques

5.1.39. Bone grafting

5.1.40. Tendon repair in the acute and chronic setting, including direct suture repair, delayed tendon repair, tendon grafting and tendon transfers

5.1.41. Tendon sheath release

5.1.42. Tenolysis

5.1.43. Revascularization techniques and all techniques involved in extremity replantation

5.1.44. Escharatomy and fasciotomy

5.1.45. Peripheral nerve laceration repair

5.1.46. Release of compression neuropathies

5.1.47. Resection and repair of nerve tumours

5.1.48. Nerve grafting

5.1.49. Fasciotomy and palmar fasciectomy techniques for Dupuytren's disease

5.1.50. Joint replacement techniques

5.1.51. Incision and drainage techniques for hand and upper extremity infections, including fingertip and finger nail infections and deep space infections of the hand

5.1.52. Thumb reconstruction

5.1.53. Intraoperative use of appropriate imaging techniques

5.1.54. Intraoperative use of power equipment for the fixation of fractures

LOWER EXTREMITY

5.1.55. Interpretation of imaging modalities, including radiographs, fluoroscopy, CT scans, MRI, radionucleotide scans, ultrasound, Doppler scans and angiograms applicable to Plastic Surgery

5.1.56. Measurement of lower extremity compartment pressures

5.1.57. Interpretation of electrophysiological studies applicable to Plastic Surgery

5.1.58. Debridement for major soft tissue injury from any cause, including but not limited to trauma, infection, necrotizing fasciitis, pressure necrosis, and burns

5.1.59. Escharotomy and fasciotomy

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5.1.60. Incision and drainage techniques for lower extremity infections

5.1.61. 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

5.1.62. All techniques involved in extremity replantation

5.1.63. Peripheral nerve laceration repair

5.1.64. Release of compression neuropathies

5.1.65. Resection and repair of nerve tumours

5.1.66. Nerve grafting

BREAST

5.1.67. Interpretation of imaging modalities, including mammography, ultrasound scans, and MRI applicable to Plastic Surgery

5.1.68. Basic plastic surgical techniques applied to soft tissue defects of the breast from whatever cause (trauma, burns, tumour, infection): skin grafts, composite grafts, skin flaps (local, regional, distant), and free flaps of all types

5.1.69. Breast reduction (male and female)

5.1.70. Balancing procedures to correct breast asymmetry

5.1.71. Mastectomy techniques: prophylactic, skin sparing, nipple sparing

5.1.72. 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, and autologous reconstruction with local, regional, and distant flaps

5.1.73. Nipple-areolar complex reconstruction

5.1.74. Techniques to reconstruct congenital breast deformities including aplasia and tuberous breast

5.1.75. Fat grafting, including reconstructive and aesthetic indications

5.1.76. Breast aesthetic surgery, including breast augmentation, mastopexy, mastopexy combined with augmentation, cosmetic breast reduction, and cosmetic alteration of the nipple-areolar complex

ABDOMEN, TRUNK AND PELVIS

5.1.77. Interpretation of imaging modalities of the abdominal wall, the thoracic wall and the pelvis, including radiographs, CT scans, MRI, radionucleotide scans, ultrasound, Doppler scans and angiograms applicable to Plastic Surgery

5.1.78. Reconstruction of chest wall defects using all available methods

5.1.78.1. Sternal osteomyelitis

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5.1.79. Reconstruction of abdominal wall defects using all available methods

5.1.80. Panniculectomy

5.1.81. Rectus diastasis repair

5.1.82. Reconstruction of perineal defects using all available methods

5.1.82.1. Vaginal reconstruction

5.1.82.2. Penile reconstruction

5.1.83. 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

SKIN

5.1.84. Diagnostic techniques including incisional and excisional biopsies of skin lesions

5.1.85. Closure of skin defects

5.1.85.1. Medical management, without surgery

5.1.85.2. Suture techniques

5.1.85.3. Skin grafts of all types

5.1.85.4. Local, regional, distant and free flaps

5.1.86. Tissue expansion

5.1.87. Excision of subcutaneous tumours

PEDIATRIC AND CRANIOFACIAL SURGERY

5.1.88. Manage pediatric patients with uncomplicated single system trauma in a community setting with appropriate facilities and support

5.1.88.1. Simple and complex lacerations

5.1.88.2. Simple hand fractures

5.1.88.3. Simple tendon and nerve lacerations

5.1.88.4. Hand infections

5.1.88.5. Simple facial fractures (nose, undisplaced midfacial)

5.1.88.6. Minor burns

5.1.88.7. Other acute conditions requiring surgical care including but not limited to meningococcemia and necrotising fasciitis

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5.1.89. Manage pediatric patients with simple and uncomplicated congenital and acquired deformities in a community setting with appropriate facilities and support

5.1.89.1. Minor hand deformities including but not limited to:

5.1.89.1.1. Trigger finger and thumb

5.1.89.1.2. Simple polydactyly

5.1.89.1.3. Simple clinodactyly

5.1.89.1.4. Simple camptodactyly

5.1.89.2. Small and medium congenital nevi

5.1.89.3. Positional plagiocephaly and simple torticollis

5.1.89.4. Prominent ears and other minor ear deformities

5.1.89.5. Simple hemangiomas and vascular malformations

5.1.89.6. Simple benign lesions including but not limited to pilomatrixoma and dermoid, inclusion, and synovial cysts

5.1.89.7. Adolescent breast asymmetry reconstruction (allogenic, autologous)

5.1.90. Manage pediatric patients with more complex problems by appropriately counseling, referring and assisting in the pre and post-operative care of the patient and the family, including pediatric patients with:

5.1.90.1. Hemangiomas and vascular malformations including, but not limited to Sturge-Weber, Klippel-Trenaunay, Parkes-Weber, Maffucci, Rendu-Osler-Weber and Proteus

5.1.90.2. Craniosynostosis: unisutural and multiple suture

5.1.90.3. Other craniofacial syndromes or spectrums including, but not limited to Pierre Marie Robin Sequence, ocular-auricular-vertebral spectrum, Treacher Collins, Nagar, Binder, Romberg, Mobius, Down, Beckwith-Weidemann, Gorlin, neurofibromatosis, fibrous dysplasia, and Klippel-Feil

5.1.90.4. Cleft lip/palate and velopharyngeal insufficiency

5.1.90.5. Major burns

5.1.90.6. Major limb deformities

5.1.90.7. Tumours (benign or malignant)

MAXILLOFACIAL TRAUMA

5.1.91. Techniques of ATLS including endotracheal intubation, cricothyroidotomy and tracheostomy

5.1.92. Reduction and fixation of facial fractures utilizing all available techniques: intermaxillary fixation, interosseous wires, plates, screws and external

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fixators

5.1.93. Reduction and fixation of upper facial fractures: frontal sinus, orbital rims and orbit

5.1.94. Reduction and fixation of midfacial fractures: nose, nasoethmoidal complex, zygoma, Le Fort fractures

5.1.95. Reduction and fixation of lower facial fractures: alveoli, mandible

5.1.96. Reduction and fixation of panfacial bony injuries

5.1.97. Treatment of penetrating, panfacial injuries, to include gunshot wounds

BURN AND COLD INJURY

5.1.98. Interpretation of imaging modalities, where necessary, including radiographs, CT scans, MRI, radionucleotide scans and bronchoscopy applicable to Plastic Surgery

5.1.99. Clinical assessment of burn wound extent and burn wound depth

5.1.100. Fluid and electrolyte management for the burn patient

5.1.101. Respiratory support for inhalational injuries

5.1.102. Non-surgical management of burn and cold injuries utilizing topical antibacterials and all available techniques for topical wound care

5.1.103. Wound debridement, including full thickness excision and tangential excision

5.1.104. Escharotomy and fasciotomy

5.1.105. Autograft (split thickness and full thickness)

5.1.106. Allograft

5.1.107. Xenograft

5.1.108. Flaps of all types (local, regional, distant)

5.1.109. Late burn wound reconstruction utilizing scar incision, scar excision, tissue expansion, local flaps, regional flaps and distant flaps

5.1.110. Appropriate use of physiotherapy

5.1.111. Appropriate use of occupational therapy, including splinting techniques

AESTHETIC (COSMETIC) SURGERY

5.1.112. Non-surgical and surgical treatments including but not limited to:

5.1.112.1. Non-surgical facial rejuvenation techniques:

5.1.112.1.1. Dermal and soft tissue filler injections

5.1.112.1.2. Botulinum toxin injections

5.1.112.1.3. Skin resurfacing technologies including dermabrasion, chemical peel, and laser / light based technologies

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5.1.112.2. Facial recontouring surgery including the use of prosthetic implants, the removal of facial soft tissue or bone, and the addition of soft tissue grafts, including autologous fat

5.1.112.3. Facial rejuvenation surgery including browlift, blepharoplasty and facelift

5.1.112.4. Rhinoplasty, including management of the nasal dorsum, nasal tip, the nostrils, and the nasal airway

5.1.112.5. Aesthetic surgery of the trunk, including panniculectomy, abdominoplasty, total body lift (belt lipectomy), and all forms of body contouring including liposuction and lipoinjection

5.1.112.6. Aesthetic surgery of the upper and lower extremities, including brachioplasty and suction assisted lipectomy

5.2. Ensure appropriate informed consent is obtained for procedures

5.3. Document and disseminate information related to procedures performed and their outcomes

5.4. Ensure adequate follow-up is arranged for procedures performed

6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

6.1. Demonstrate insight into their own limits of expertise

6.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care

6.3. Arrange appropriate follow-up care services for a patient and their family

Communicator

Definition:

As *Communicators*, Plastic Surgeons effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Key and Enabling Competencies: Plastic Surgeons are able to…

1. Develop rapport, trust, and ethical therapeutic relationships with patients and families

1.1. Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence, and improved clinical outcomes

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1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty, and empathy

1.2.1. Demonstrate the ability to effectively communicate with and support patients and families affected by disease, injury, or congenital defects

1.2.2. Provide emotional support of the trauma patient, including appropriate communication during emergency assessment, operative management, post-operative care, and long term recovery

1.2.3. Demonstrate compassionate understanding of patients' emotional investment when presenting for elective reconstructive surgery of bodily defects caused by congenital, infective, traumatic or malignant etiologies

1.2.4. Provide family support when children have congenital or acquired conditions requiring surgical correction

1.2.5. 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 around appropriate expectations and providing emotional support in the post-operative phase

1.2.6. Appreciate the level of communication required with burn patients and their families, including ethical decision making and emotional support during end of life care

1.3. Respect patient confidentiality, privacy, and autonomy

1.4. Listen effectively

1.5. Be aware and responsive to nonverbal cues

1.6. Facilitate a structured clinical encounter effectively

2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals

2.1. Gather information about a disease and about a patient's beliefs, concerns, expectations, and illness experience

2.2. Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers, and other professionals, while respecting individual privacy and confidentiality

3. Convey relevant information and explanations accurately to patients and families, colleagues and other professionals

3.1. Deliver information to a patient and family, 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

3.2. Communicate effectively with families, patients, peers and health care team members

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3.3. Communicate appropriately with individuals who are indirectly involved in the delivery of health care including students, volunteers and support staff

4. Develop a common understanding on issues, problems, and plans with patients, families, and other professionals to develop a shared plan of care

4.1. Identify and effectively explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences

4.2. Respect diversity and differences, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making

4.3. Encourage discussion, questions, and interaction in the encounter

4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care

4.5. Address challenging communication issues effectively, including but not limited to obtaining informed consent, delivering bad news, and addressing anger, confusion, and misunderstanding

5. Convey oral, written, and/or electronic information effectively about a medical encounter

5.1. Maintain clear, concise, accurate, and appropriate records of clinical encounters and plans

5.1.1. Document and disseminate information related to procedures performed and their outcomes appropriately

5.2. Present oral reports of clinical encounters and plans

6. Present medical information effectively to the public or media about a medical issue

6.1. 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

Collaborator

Definition:

As *Collaborators*, Plastic Surgeons effectively work within a health care team to achieve optimal patient care.

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Key and Enabling Competencies: Plastic Surgeons are able to…

1. Participate effectively and appropriately in an interprofessional health care team

1.1. Describe the Plastic Surgeon's roles and responsibilities to other professionals

1.2. Describe the roles and responsibilities of other professionals within the health care team

1.3. Recognize and respect the diverse roles, responsibilities, and competences of other professionals in relation to their own

1.4. Work with others to assess, plan, provide, and integrate care for individuals and groups of patients)

1.4.1. 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

1.4.2. Collaborate with anesthesiologists and other practitioners during the perioperative period

1.5. Work collaboratively in other activities and tasks; examples are research, educational work, program review, and/or administrative responsibilities

1.5.1. Interact effectively and professionally with:

1.5.1.1. Administrators/ health authorities

1.5.1.2. Charitable and volunteer organizations

1.5.1.3. Educators/ universities

1.5.1.4. Medical legal experts

1.5.1.5. Multi-disciplinary and interprofessional clinics and services

1.5.1.6. Professional organizations and regulatory authorities

1.5.2. Participate in multidisciplinary rounds

1.6. Participate in interprofessional team meetings

1.7. Enter into cooperative relationships with other professions for the provision of quality care

1.7.1. Work collaboratively with hand therapists for patients with hand problems, and integrate them appropriately into hand surgery clinics if possible

1.7.2. Work collaboratively with intensivists and nutritionists in the care of trauma and burn patients

1.7.3. Work collaboratively with all other surgical specialties to coordinate the reconstruction of congenital, traumatic, and neoplastic induced problems

1.7.4. Work and teach collaboratively with the nursing staff in all areas of the hospital for the better care of Plastic Surgery patients

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1.8. Describe the principles of team dynamics

1.9. Respect team ethics, including confidentiality, resource allocation, and professionalism

1.10. Demonstrate leadership in a health care team, as appropriate

2. Work effectively with other health professionals to prevent, negotiate, and resolve interprofessional conflict

2.1. Demonstrate a respectful attitude towards colleagues and other members of an interprofessional team

2.2. Work with other professionals to prevent conflicts

2.3. Respect differences and the scopes of practice of other professions

2.4. Recognize one's own differences, misunderstandings, and limitations that may contribute to interprofessional tension

2.5. Reflect on interprofessional team function

2.6. Employ collaborative negotiation to resolve conflicts and address misunderstandings

Manager

Definition:

As *Managers*, Plastic Surgeons are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: Plastic Surgeons are able to…

1. Participate in activities that contribute to the effectiveness of their health care organizations and systems

1.1. Work collaboratively with others in their organizations

1.2. Participate in systemic quality process evaluation and improvement, including patient safety initiatives

1.3. Describe the structure and function of the health care system as it relates to Plastic Surgery, including the roles of physicians

1.4. Describe the principles of health care financing, including physician remuneration, budgeting, and organizational funding at the hospital, regional, provincial and national levels

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2. Manage their practice and career effectively

2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities, and personal life

2.1.1. Utilize principles and develop skills to improve time management

2.2. Manage a Plastic Surgery practice, including finances, human resources, an office, outpatient clinics, and specialty care units

2.3. Implement processes to ensure personal practice improvement

2.4. Employ information technology appropriately for patient care

3. Allocate finite health care resources appropriately

3.1. Demonstrate an understanding of the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care

3.1.1. Manage patient flow effectively, including admissions, investigations and treatments, surgery, and discharge planning

3.2. Apply evidence and management processes for cost-appropriate care

4. Serve in administration and leadership roles

4.1. Chair or participate effectively in committees and meetings

4.1.1. Participate on resident, university or hospital committees

4.2. Lead or implement change in health care

4.3. Plan relevant elements of health care delivery, including operating room and call schedules

Health Advocate

Definition:

As *Health Advocates*, Plastic Surgeons responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Key and Enabling Competencies: Plastic Surgeons are able to…

1. Respond to individual patient health needs and issues as part of patient care

1.1. Identify the health needs of an individual patient, including but not limited to:

1.1.1. Patients requiring contour surgery

1.1.1.1. Provide potential obesity counseling

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1.1.1.2. Provide dietary counseling

1.1.1.3. Provide or promote exercise and life style counseling

1.1.2. Patients requesting facial rejuvenation surgery

1.1.2.1. Advise about proper use of sunscreen

1.1.2.2. Promote smoking cessation initiatives and provide support to patients trying to quit smoking

1.1.2.3. Provide psychological screening for patient with unrealistic expectations, or after a life changing event

1.1.3. Patients requiring breast surgery (reduction, augmentation, mastopexy)

1.1.3.1. Encourage regular self-examination

1.1.3.2. Promote mammography screening

1.1.3.3. Verify family history and other risk factors

1.1.4. Pediatric patients

1.1.4.1. Identify and respond appropriately in suspected cases of child maltreatment

1.1.4.2. Promote awareness of methods to reduce the occurrence of accidental injuries

1.1.4.3. Promote initiatives to prevent dog bite injuries

1.1.4.4. Promote awareness of measures to prevent the formation of positional plagiocephaly

1.2. Identify opportunities for advocacy, health promotion, and disease prevention with individuals to whom they provide care

1.3. Demonstrate an appreciation of the possibility of competing interests between individual advocacy issues and the community at large

2. Respond to the health needs of the communities that they serve

2.1. Describe the practice communities that they serve

2.2. 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:

2.2.1. Teach pediatricians about positional plagiocephaly

2.2.2. Provide information regarding excess sun exposure and the use of appropriate clothing and sunscreen

2.2.3. Promote poster placement of anti-burn precautions at camp grounds, of lawn mower precautions at community centres, and of dog precautions in

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veterinary offices and community centres

2.3. Demonstrate an appreciate the possibility of competing interests between the communities served and other populations

3. Identify the determinants of health for the populations that they serve

3.1. Identify the determinants of health of the population, including barriers to access to care and resources

3.2. Identify vulnerable or marginalized populations within those served and respond appropriately

3.2.1. Populations with low socioeconomic status who may be at risk for burn injury and child abuse

3.2.2. Newborns at risk of deformational plagiocephaly

3.2.3. Those with a family history of skin cancer or breast cancer

4. Promote the health of individual patients, communities, and populations

4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve

4.2. Describe how public policy impacts on the health of the populations served

4.3. Identify points of influence in the health care system and its structure

4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, and idealism

4.5. Demonstrate an appreciation of the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper

4.6. Describe the role of the medical profession in advocating collectively for health and patient safety

Scholar

Definition:

As *Scholars*, Plastic Surgeons demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

Key and Enabling Competencies: Plastic Surgeons are able to…

1. Maintain and enhance professional activities through ongoing learning

1.1. Describe the principles of maintenance of competence

1.2. Describe the principles and strategies for implementing a personal knowledge management system

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1.3. Recognize and reflect learning issues in practice

1.4. Conduct a personal practice audit

1.5. Pose an appropriate learning question

1.6. Access and interpret the relevant evidence

1.7. Integrate new learning into practice

1.8. Evaluate the impact of any change in practice

1.9. Document the learning process

2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions

2.1. Describe the principles of critical appraisal

2.2. Critically appraise retrieved evidence in order to address a clinical question

2.3. Integrate critical appraisal conclusions into clinical care

3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others

3.1. Describe principles of learning relevant to medical education

3.2. Identify collaboratively the learning needs and desired learning outcomes of others

3.3. Select effective teaching strategies and content to facilitate others' learning

3.4. Demonstrate effective lectures or presentations

3.5. Assess and reflect on teaching encounters

3.6. Provide effective feedback

3.7. Describe the principles of ethics with respect to teaching

4. Contribute to the development, dissemination, and translation of new knowledge and practices

4.1. Describe the principles of research and scholarly inquiry

4.2. Describe the principles of research ethics

4.3. Pose a scholarly question

4.4. Conduct a systematic search for evidence

4.5. Select and apply appropriate methods to address the question

4.6. Disseminate the findings of a study

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Professional

Definition:

As *Professionals*, Plastic Surgeons are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Key and Enabling Competencies: Plastic Surgeons are able to…

1. Demonstrate a commitment to their patients, profession, and society through ethical practice

1.1. Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect, and altruism

1.2. Identify the three facets of professionalism: primacy of patient welfare, self-regulation and physician autonomy

1.3. Describe the nature of the social contract that medicine has with both the patient and society

1.4. Define what is meant by patient autonomy and how it is reflected in the practice of Plastic Surgery

1.5. Demonstrate a commitment to delivering the highest quality care and maintenance of competence

1.6. Recognize and appropriately respond to ethical issues encountered in practice

1.7. Identify, declare, and manage perceived, potential, and actual conflicts of interest

1.8. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law

1.9. Maintain appropriate boundaries with patients

2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation

2.1. Demonstrate knowledge and understanding of professional, legal, and ethical codes of practice

2.1.1. Assess and reflect on the importance of physician autonomy and the resultant expected high professional standard of behaviour

2.1.2. Outline the nature of self-regulation and the mechanism by which the issues of professionalism are addressed

2.2. Fulfil and understand the regulatory and legal obligations required of current practice

2.2.1. Report suspected cases of child maltreatment appropriately

2.3. Demonstrate accountability to professional regulatory bodies

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2.4. Recognize and respond appropriately to others' unprofessional behaviours in practice

2.5. Participate in peer review

3. Demonstrate a commitment to physician health and sustainable practice

3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice

3.2. Strive to heighten personal and professional awareness and insight

3.3. Recognize other professionals in need and respond appropriately

This document is to be reviewed by the Specialty Committee in Plastic Surgery by December 2019.

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