

APPENDIX

Resident Aesthetic Clinic: Best Practices Project ACAPS National Survey Distributed October, November, December 2012

The American Council of Academic Plastic Surgeons (ACAPS) would like to develop a set of guidelines that 1) define best practices of Resident Aesthetic Clinics and 2) provide recommendations on how to start and maintain such clinic, for residency programs that are interested in pursuing such an endeavor. The goal of this project is to outline the principles and practices of a successful venture, focusing on the pillars of patient safety, clinical outcomes, financial viability, research opportunities, and resident education.

To help us with this important project, would you please answer the following questions? This survey should take you no longer than 10 minutes to complete. We will share the results of this project at the 2013 Spring Meeting of ACAPS.

Thank you.

GENERAL INFORMATION

1. What is your role as an ACAPS member (please pick the single best answer)?
 - a. residency coordinator
 - b. fellow
 - c. private practitioner
 - d. core faculty member
 - e. program director
 - f. chief/chair
 - g. chief/chair and program director
2. How many years have you been in practice? _____
3. What ratio best describes the mix of your personal clinical practice?
 - a. >90% reconstructive : <10% aesthetic
 - b. 75% reconstructive : 25% aesthetic
 - c. 50% reconstructive : 50% aesthetic
 - d. 25% reconstructive : 75% aesthetic
 - e. <10% reconstructive : >90% aesthetic
4. What type of residency program do you have?
 - a. independent
 - b. integrated
 - c. independent and integrated
5. What type of organizational structure does your practice have?
 - a. Division of Surgery at a Medical School
 - b. Department of a Medical School
 - c. Private Practice
6. Do you have a Resident Aesthetic Clinic, in which plastic surgery residents have a focused cosmetic experience with some degree of autonomy?
Yes
No (NOTE: if respondent answers "No" then go to survey end)

OPERATIONAL DETAILS

7. How many years has the clinic been in practice? _____
8. How many patients are seen in the Resident Aesthetic Clinic each year? _____
9. How many procedures are done in the Resident Aesthetic Clinic each year? _____
10. What are the components of your Resident Aesthetic Clinic? Please check all that apply.
 - a. examination rooms
 - b. skin care center
 - c. minor procedure room
 - d. non-licensed surgical suite
 - e. licensed operating room

EDUCATION

11. Is the Resident Aesthetic Clinic a formal rotation for your residency program?
 - a. yes
 - b. no
12. Which residents participate in the clinic? Please check all that apply.
 - a. interns
 - b. junior residents
 - c. senior residents
 - d. chief residents
 - e. fellows
13. Do residents provide continuity of care for their patients?
 - a. yes
 - b. no
14. Who supervises your Resident Aesthetic Clinic?
 - a. no one
 - b. fellows
 - c. private practice volunteer faculty
 - d. private practice paid faculty
 - e. full-time core faculty
15. What type of resident supervision do you provide?
 - a. none
 - b. preoperative planning only
 - c. preoperative planning, surgical time out
 - d. preoperative planning, surgical time out, key components
 - e. preoperative planning, surgical time out, all components
 - f. preoperative planning, surgical time out, all components, post-operative care

PATIENT SAFETY

16. What type of accreditation does your Resident Aesthetic Clinic have?
 - a. none
 - b. Joint Commission
 - c. AAASF
 - d. AAAHC
 - e. Other
17. Does the Resident Aesthetic Clinic have a list of inclusion/exclusion criteria for procedures done there?

- a. not applicable, because we do not do procedures at our center
 - b. yes
 - c. no
18. Who primarily provides anesthesia for the procedures done at the Resident Aesthetic Clinic?
- a. not applicable, because we do not do procedures at our center
 - b. the surgeon
 - c. the nursing staff
 - d. CRNA
 - e. Anesthesiologist
19. For procedures done at the Resident Aesthetic Clinic, do patients ever stay overnight?
- a. not applicable, because we do not do procedures at our center
 - b. yes
 - c. no
20. Does the Resident Aesthetic Clinic have a Life Safety Plan?
- a. yes
 - b. no
 - c. I am not sure what that is
21. Has the Resident Aesthetic Clinic ever had a patient death in the facility?
- a. yes
 - b. no
22. Has the Resident Aesthetic Clinic ever had a patient death within 30 days of the procedure?
- a. yes
 - b. no
23. Has the Resident Aesthetic Clinic ever had a case of malignant hyperthermia?
- a. yes
 - b. no
24. Has the Resident Aesthetic Clinic or one of its surgeons ever been involved in a lawsuit, regarding a patient treated at the clinic?
- a. yes
 - b. no
25. Please describe your malpractice insurance model
- a. we do not have malpractice insurance
 - b. we are self-insured and pay premiums to a group trust
 - c. we pay for standard malpractice insurance from a commercial carrier
 - d. we pay for standard and supplemental malpractice insurance from a commercial carrier
26. Do patients sign a waiver releasing the residents from malpractice liability or limiting damages that can be obtained?
- a. yes
 - b. no

FINANCIAL CONSIDERATIONS

27. Is your Resident Aesthetic Clinic financially viable?
- a. yes
 - b. no
 - c. I don't know

28. What type of remuneration do the attending surgeons receive for providing oversight and supervision of the Resident Aesthetic Clinic?
- a. nothing
 - b. teaching stipend
 - c. professional fee
 - d. medical directorship
 - e. combination of stipend, professional fee, directorship
 - f. I don't know
29. Which type of patients can receive discounted fees for services provided?
- a. none
 - b. employees only
 - c. patients who respond to an advertisement or special promotional deal
 - d. all
30. Do you charge for the initial patient consultation?
- a. yes
 - b. no
 - c. I don't know
31. The best method for patient recruitment at our Resident Aesthetic Clinic is:
- a. word of mouth
 - b. advertising
 - c. employee discounts
 - d. search-engine optimization
 - e. hospital marketing
 - f. other
32. What resources does your practice commit to the Resident Aesthetic Clinic? Please check all that apply.
- a. nursing support
 - b. clinic space
 - c. scheduling
 - d. disposable supplies
 - e. capital equipment
33. If profitable, where do you transfer the net income? Please check all that apply.
- a. we are not profitable
 - b. operating reserve for the clinic
 - c. back to the Division/Department of Plastic Surgery
 - d. back to the Department of Surgery
 - e. back to the Hospital
 - f. back to the Dean of the Medical School
 - g. residents' educational fund
 - h. incentive plan for faculty to participate in the Clinic

RESEARCH AND OUTCOMES

34. How do you assess the effectiveness of the Resident Aesthetic Clinic? Please check all that apply.
- a. we do not assess the effectiveness of the clinic
 - b. patient satisfaction surveys
 - c. employee satisfaction surveys
 - d. resident case logs
 - e. in-service examination scores
 - f. resident satisfaction surveys

- g. mortality and morbidity conference
- 35. Have you ever presented research, derived from the Resident Aesthetic Clinic, at a national scientific meeting?
 - a. yes
 - b. no
- 36. Have you ever published research, derived from the Resident Aesthetic Clinic, in a peer-reviewed, scientific journal?
 - a. yes
 - b. no

OVERALL SUMMARY

- 37. What is impact of a Resident Aesthetic Clinic on your practice?
 - a. enhances the stature of our practice
 - b. neutral
 - c. serves as a liability for our practice
- 38. What is the effect of a Resident Aesthetic Clinic on surgical training?
 - a. enhances resident education
 - b. no effect on resident education
 - c. detracts from resident education
- 39. If you do not have a Resident Aesthetic Clinic, are you interested in starting one?
 - a. we already have a clinic
 - b. yes
 - c. no
 - d. not sure
- 40. Please provide any additional comments regarding this project.

- 41. If you would like to be contacted, to be interviewed as part of a focus group, please leave your email address.
