Resident Cosmetic Survey
This is the First of two surveys geared at better understanding Cosmetic experience during residency. The second survey will be sent at the end of the academic year. Each will offer a \$100 Starbucks gift card as a raffle.
* 1. In what state is your program located?
* 2. Are you an Integrated or Independent resident?
Integrated
Independent
* 3. What is your PGY Level?
$\bigcirc$ 1
<ul> <li>○ 2</li> </ul>
○ ○ 3
<u> </u>
5
6
7
8
8+
Other (please specify)
* 4. Do you think cosmetic surgery will be a big part of your practice?
Yes
No
I Don't Know

* 5. Do you think you will i competent in core cosm		-	vship in cosme	etic surgery afte	er residency in	order to be
Yes						
No						
I Don't Know						
* 6. What resources do yo	u have avai	ilable to gain co	osmetic experie	ence? (Select a	all that apply)	
Resident Cosmetic Clinic	2					
Industry Representatives	5					
Symposiums						
Electives						
Private Practice Exposu	e					
Other (please specify)						
* 7. How much time have	you spent u	p till now doing	cosmetic surg	jery?		
Less than 3 Months						
3-6 Months						
6-12 Months						
Greater than 1 Year						
* 8. Do you have the oppo	ortunity to fo	llow-up on you	r cosmetic pati	ents?		
Yes						
Νο						
* 9. Please select the num	ber of case	s vou've comp	leted for FACE	LIFT (Please s	elect one from	each row)
	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Performed Majority of	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Case	$\smile$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

* 10. Would you be comf	ortable doing	this procedure	e alone?			
Yes						
Νο						
Yes, but not fully comfo	rtable with pre-c	op planning and/or	r may need occasi	onal assistance w	ith intra-op executi	on
_						
* 11. Please select the nu each row)	umber of case	es you've com	pleted for BLE	PHAROPLAST	Y (Please sele	ct one from
	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Performed Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
* 12. Would you be comf	ortable doing	this procedure	e alone?			
Yes						
No						
Yes, but not fully comfo	rtable with pre-c	op planning and/o	r may need occasi	onal assistance w	ith intra-op executi	on
<ul> <li>* 13. Please select the nur row)</li> </ul>	umber of case	es you've com	pleted for BRC	W LIFT (Pleas	e select one fro	om each
	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Performed Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
* 14. Would you be comf	ortoble deine	this procedure				
<ul> <li>Yes</li> </ul>	ortable doing		e alone :			
No		,				
Yes, but not fully comfo	rtable with pre-c	op planning and/oi	r may need occasi	onal assistance w	ith intra-op executi	on

15. Please select the n row)	umber of cas	es you've com	pleted for RHI	NOPLASTY (PI	ease select on	e from each
	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Performed Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
16. Would you be comf	ortable doing	this procedure	e alone?			
Yes						
No						
Yes, but not fully comfo	ortable with pre-c	op planning and/o	r may need occasi	onal assistance w	th intra-op executi	on
17. Please select the n from each row)	umber of cas	es you've com	pleted for BRE	AST AUGMEN	TATION (Pleas	se select one
	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Performed Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
18. Would you be comf	ortable doing	this procedure	e alone?			
Yes						
No						
Yes, but not fully comfo	ortable with pre-c	op planning and/o	r may need occasi	onal assistance w	th intra-op executi	on
19. Please select the n row)	umber of cas	es you've com	pleted for MAS	TOPEXY (Plea	ase select one	from each
	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Performed Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

* 20. Would you be comf	ortable doing	this procedure	e alone?			
Yes						
Νο						
Yes, but not fully comfo	rtable with pre-c	p planning and/or	may need occasi	onal assistance w	th intra-op executi	on
* 21. Please select the needed and the needed and the select the select the select the needed and the select the needed and the select the needed and the select t	umber of case	es you've com	pleted for ABD	OMINOPLAST	Y (Please sele	ct one from
	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Performed Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
* 22. Would you be comf	ortable doing	this procedure	e alone?			
Yes						
No						
Yes, but not fully comfo	rtable with pre-c	p planning and/or	may need occasi	onal assistance w	th intra-op executi	on
* 23. Please select the ne each row)	umber of case	es you've com	pleted for BRA	CHIOPLASTY	(Please select	one from
eachiowy	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Performed Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
* 24. Would you be comf	ortable doing	this procedure	e alone?			
* 24. Would you be comf	ortable doing	this procedure	e alone?			
<u> </u>	ortable doing	this procedure	e alone?			
Yes	-			onal assistance wi	th intra-op executi	on
Yes No	-			onal assistance wi	th intra-op executi	on
Yes No	rtable with pre-o	p planning and/or	may need occasi			
Yes No Yes, but not fully comfo	rtable with pre-o	p planning and/or	may need occasi			
Yes No Yes, but not fully comfo	ortable with pre-o	p planning and/or	may need occasi	Y LIFT (Please	e select one fro	m each row)

	0	this procedure				
Yes						
No						
Yes, but not fully comfo	ortable with pre-o	op planning and/or	may need occasi	onal assistance w	ith intra-op execut	ion
27. Please select the normalized row)	umber of case	es you've com	pleted for THIC	GHPLASTY (PI	ease select on	e from each
	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Performed Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
28. Would you be comf	ortable doing	this procedure	e alone?			
Yes						
No						
Yes, but not fully comfo	ortable with pre-o	op planning and/or	may need occasi	onal assistance w	ith intra-op execut	ion
$\sim$						
29. Please select the n	umber of case	es you've com	pleted for BUT	TOCK AUGME	NTATION (Ple	ase select
29. Please select the none from each row)	umber of case	es you've com	pleted for BUT	TOCK AUGME	NTATION (Ple	ase select
	umber of case	es you've com 1-5	pleted for BUT 5-10	TOCK AUGME	NTATION (Ple 20-30	ase select
		-				
one from each row) Assisted Majority of		-				
one from each row) Assisted Majority of Case Performed Majority of Case	Zero	1-5 	5-10			
one from each row) Assisted Majority of Case Performed Majority of Case 30. Would you be comf	Zero	1-5 	5-10			
one from each row) Assisted Majority of Case Performed Majority of Case 30. Would you be comf Yes	Zero	1-5 	5-10			
one from each row) Assisted Majority of Case Performed Majority of Case 30. Would you be comf Yes No	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case Performed Majority of Case 30. Would you be comf	Zero	1-5	5-10	10-20	20-30	>30
one from each row) Assisted Majority of Case Performed Majority of Case 30. Would you be comf Yes No	Zero	1-5	5-10	10-20	20-30	>30
one from each row) Assisted Majority of Case Performed Majority of Case 30. Would you be comf Yes No	Zero	1-5	5-10	10-20	20-30	>30
one from each row) Assisted Majority of Case Performed Majority of Case 30. Would you be comf Yes No	Zero	1-5	5-10	10-20	20-30	>30
one from each row) Assisted Majority of Case Performed Majority of Case 30. Would you be comf Yes No	Zero	1-5	5-10	10-20	20-30	>30
one from each row) Assisted Majority of Case Performed Majority of Case 30. Would you be comf Yes No	Zero	1-5	5-10	10-20	20-30	>30

31. Please select the ne each row)						
	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Performed Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
32. Would you be comf	ortable doing	this procedure	e alone?			
Yes						
No						
Yes, but not fully comfo	rtable with pre-o	op planning and/o	r may need occasi	onal assistance w	ith intra-op executi	on
33. Please select the n row)	umber of cas	es you've com	pleted for LIPC	SUCTION (P	ease select on	e from eacł
	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Performed Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Yes No Yes, but not fully comfo 35. Please select the nu PROCEDURES (i.e. co	umber of cas	es you've com micro-needlin(	pleted for LAS g) (Please sele	ER THERAPY ct one from ea	or other NON-l ch row)	
	Zero	1-5	5-10	10-20	20-30	
						>30
Assisted Majority of Case	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	>30
	0	0	0	0	$\bigcirc$	>30
Case Performed Majority of			0			>30

* 36. Would you be comfortable doing this procedure alone?
Yes
No
Yes, but not fully comfortable with pre-op planning and/or may need occasional assistance with intra-op execution
* 37. What additional opportunities would you like in order to gain experience in cosmetic surgery (if there is currently an inadequacy)?
No inadequacy
Resident Cosmetic Clinic
Industry Representatives
Symposiums
Electives
Private Practice Exposure
Additional Volume
Additional Autonomy with Cases
Other (please specify)
38. If you would like to be entered to win \$100 Starbucks gift card, please provide your email below