**APPENDIX – BURNS SUBTRACK SUPPLEMENTAL FORM**

**SECTION 2. PARTICIPATING SUBTRACK INSTITUTIONS**

|  |  |  |
| --- | --- | --- |
| **SPONSORING INSTITUTION:** (The university, hospital, or foundation that has ultimate responsibility for this subtrack program.) | | |
| Name of Sponsor: | | |
| Address: | | |
| City, State, Zip code: | | |
| Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School) | | |
| Ownership Type: (e.g., State, Corporation, Church) | | |
| Name of Designated Institutional Official: | | |
| Name of Chief Executive Officer: | | |
| Does SPONSOR have an affiliation with a medical school (could be the sponsoring institution)? | ( ) YES | ( ) NO |
| If yes, name the medical school below and have an affiliation agreement that describes the effect of these arrangements on this program available. | | |
| Name of Medical School #1: | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PRIMARY INSTITUTION FOR BURN SUBTRACK (Institution #1)** | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | |
| City, State, Zip Code: | | | | | | | | | | | | | | | |
| Type of Relationship with Program: | | | Sponsor () | | | Major () | | | Clinical ( ) | | | Other ( ) | | | |
| Type of Rotation | Elective ( ) | Required ( ) | | | Both ( ) | | | (select one) | | | | | | | |
| Length of Fellow Rotation (in months) | | | | Year 1: |  | | Year 2: | | |  | | | | | |
| CEO/Director/President’s Name: | | | | | | | | | | | JCAHO Approved? | | ( ) YES | ( ) NO | ( ) NA |
| Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School) | | | | | | | | | | | | | | | |
| Ownership Type: (e.g., State, Corporation, Church) | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADDITIONAL INSTITUTION FOR BURN SUBTRACK (Institution #2)** | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | |
| City, State, Zip Code: | | | | | | | | | | | | | | | |
| Type of Relationship with Program: | | | Sponsor () | | | Major () | | | Clinical ( ) | | | Other ( ) | | | |
| Type of Rotation | Elective ( ) | Required ( ) | | | Both ( ) | | | (select one) | | | | | | | |
| Length of Fellow Rotation (in months) | | | | Year 1: |  | | Year 2: | | |  | | | | | |
| CEO/Director/President’s Name: | | | | | | | | | | | JCAHO Approved? | | ( ) YES | ( ) NO | ( ) NA |
| Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School) | | | | | | | | | | | | | | | |
| Ownership Type: (e.g., State, Corporation, Church) | | | | | | | | | | | | | | | |

**SECTION 3. ACUTE CARE SURGERY FELLOWS BURN SUBTRACK**

**A. Number of Burn Subtrack Positions to be Offered (**For the current academic year)

|  |  |
| --- | --- |
| **Positions** |  |
| Number of ACS Burn Subtrack Fellowship Requested Positions |  |

**SECTION 4. FACULTY / TEACHING STAFF FOR BURN SUBTRACK**

**A. Burn Faculty Roster**

List all faculty of the Acute Care Surgery program involved in burn surgery. List individuals in order by institution, starting with sponsoring and integrated then other participating institutions. Within each institution, list the surgeon responsible for training at that institution first.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Primary and Secondary Specialties / Field** | |
| **Name (Position)** | **Degree** | **Based Primarily at Institution #\*** | **Specialty / Field** | **Board Certification (Y/N)†** |
| (PD) |  |  | ~~General Surgery~~ |  |
| ~~Surgical Critical Care~~ |  |
| Burn Surgery |  |
|  |  |  | ~~General Surgery~~ |  |
| ~~Surgical Critical Care~~ |  |
| Burn Surgery |  |
|  |  |  | General Surgery |  |
| Surgical Critical Care |  |
| Burn Surgery |  |
|  |  |  | General Surgery |  |
| Surgical Critical Care |  |
| Burn Surgery |  |
|  |  |  | General Surgery |  |
| Surgical Critical Care |  |
| Burn Surgery |  |
|  |  |  | General Surgery |  |
| Surgical Critical Care |  |
| Burn Surgery |  |

\*as listed in Section 2 of the appendix/subtrack PIF.

† Certification for the primary specialty refers to ABMS Board Certification. Certification for the secondary specialty refers to sub-Board certification in a subspecialty or another specialty area.

**SECTION 5. HISTORY OF THE BURN CENTER, BURN FELLOWSHIP (IF APPLICABLE) AND SUBTRACK PROGRAM**

Please note that while all Burn Subtrack sites will be ABA verified burn centers, not all sites will have devoted Burn Fellowship programs. Leave the sections pertaining to “Burn Fellowship” blank if the institution does not host a Burn Fellowship program.

**A. Please provide the ABA Institutional Identification # for the Burn Center Verification and date of last successful verification. If applicable, please also include ID # for Burn Fellowship Verification.**

|  |
| --- |
| Burn Center Verification:  Burn Fellowship Verification: |

**B. Total number of years the Burn Center has been approved by the ABA. If applicable, please also include total number of years the Burn Fellowship has been approved by the ABA.**

|  |
| --- |
| Burn Center:  Burn Fellowship: |

**C. Total number of fellows that completed training in the Burn fellowship (if applicable) and the AAST ACS fellowship with Burn Subtrack certification in last 5 years AND place of employment at the completion of the fellowship. Leave blank if there are no graduates in the last 5 years.**

|  |
| --- |
| Burn Fellowship:  Burn Subtrack Program: |

**D. Changes in the Burn Fellowship (if applicable) and the ACS Burn Subtrack Fellowship Program since the last site visit (if any)**

Describe the major changes since the last site visit. For example: program leadership, faculty, institutions used for clinical experience, outpatient surgery sites established since the last review, additional resources to support the duty hours policies, improvements to the program.

|  |
| --- |
| Burn Fellowship:  Burn Subtrack Program: |

**E. Previous areas of Deficiencies or Weaknesses and how they were addressed for the Burn Fellowship (if applicable) and ACS Burn Subtrack Training Program** (if any)

|  |
| --- |
| Burn Fellowship:  Burn Subtrack Program: |

**F. Number of ACS/Burn/ACS Burn Subtrack Positions** (For the current academic year)

|  |  |  |  |
| --- | --- | --- | --- |
| **Positions** | **ACS\***  **(\*including both subtrack and non-subtrack fellows)** | **Burn** | **ACS Burn Subtrack** |
| Number of Positions Filled |  |  |  |
| Number of Positions Available |  |  |  |

**SECTION 6. FACILITIES AND RESOURCES (PERTAINING TO BURN SUBTRACK)**

1. Briefly describe the care settings/hospitals in which fellow education takes place (relevant to the Burn Subtrack). What are the educational and clinical resources available for resident education? What are the unique learning or teaching advantages of each individual site?

|  |
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2. Briefly describe each clinical site with regard to size, type, services, patient population, and operative cases. Please add columns as needed.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Institution #1 (Sponsoring) | Institution #2 | Institution #3 |
| Total Number of Inpatient Burn Beds |  |  |  |
| # Burn ICU beds |  |  |  |
| # Average daily census of Burn ICU |  |  |  |
| # Annual ED Visits for Burns |  |  |  |
| # Annual ED Admissions for Burns |  |  |  |
| # Annual Burn alerts/activations |  |  |  |
| # Annual patients with inhalation injury |  |  |  |
| # Annual Burn Procedures |  |  |  |
| # Annual Burn Admissions with TBSA > 20% |  |  |  |
| # Annual Escharotomies |  |  |  |

3. Which of the participating institutions is a verified ABA Burn Center? Please give date of last successful verification, and Level of Designation.

|  |
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|  |

4. Are the following fellowship training programs available in the participating institutions? If so, please delineate number of fellowship positions for each institution.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Number of Fellowship Positions | | |
| Institution #1 (Sponsoring) | Institution #2 | Institution #3 |
| Pediatric Surgery |  |  |  |
| Burn Surgery |  |  |  |
| Plastic Surgery |  |  |  |
| Hand Surgery |  |  |  |
| Others (specify) |  |  |  |

**SECTION 7. FELLOWS**

1. Describe the exact educational relationship of the ACS Burn Subtrack fellow to the Burn Fellow (if any) and General Surgery resident on each of the core rotations. The appointment of the Acute Care Surgery Burn Subtrack fellow must not dilute or detract from the educational opportunities available to the general surgery residents or ABA Burn Fellows.

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| --- | --- |
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2. Please insert the block schedule for the Burn Subtrack fellows during the 2-year fellowship in the following format.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year 1** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **Rotation** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Site** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Core faculty a surgeon?**  **(Y/N)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Type(s) of patients** |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year 2** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **Rotation** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Site** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Core faculty a surgeon?**  **(Y/N)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Type(s) of patients** |  |  |  |  |  |  |  |  |  |  |  |  |

3. There may be instances where the ACS Burn Subtrack fellow may not be able to get the minimum experiences needed during their time on the burn service (ie patients with escharotomies, inhalation injuries, etc). What provision, if any, is made to give the ACS Burn Subtrack fellow additional experiences to meet requirements for certification?

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4. Regarding potential case volume for the fellows, please pull and provide the American Association for the Surgery of Trauma (AAST) Minimum report for current fellows in the Burn Subtrack as well as the Archived American Association for the Surgery of Trauma (AAST) Minimum Report for recent graduate fellows from the Burn Subtrack found in the Caselog System’s standard reports.

**SECTION 8. PROGRAM DIRECTOR**

Is the ACS Program Director is also the Director of the Burn Subtrack?

If yes, please skip to section B

If no, please complete the following for the Director of the Burn Subtrack

1. **ACS Burn Subrack Program Director Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | | | | | | | | | | |
| Title: | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | |
| City, State, Zip code: | | | | | | | | | | | | | | |
| Telephone: | | | FAX: | | | | | | | | Email: | | | |
| Date First Appointed as PD: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| General Surgery Board Certification | | | | | | | | | | Most Recent Date: | | | | |
| Surgical Critical Care Board Certification | | | | | | | | | | Most Recent Date: | | | | |
| ABA Burn Certification | | | | | | | | | | Most Recent Date: | | | | |
| Number of years spent teaching in GME in this specialty: | | | | | | | | | | | | | | |
| Director based at primary teaching institution? | | | | | ( ) YES | | | ( ) NO | | | | | | |
| Percentage split Director Spends in (must total 100%): | | | | | | | | | | | | | | |
| Clinical Supervision (%): |  | Administration (%): | | | |  | | | Research (%): | | |  | Didactics/Teaching (%): |  |
| How much protected time or % FTE does the sponsoring institution provide the program director? | | | | | | |  | | | | | | | |
| Is Program Director also Department Chair? | | | | ( ) YES | | | ( ) NO | | | | | | | |
| If No, Chair Name: | | | | | | | | | | | | | | |
| **The signatures of the director of the program, the chief of the department and the designated institutional official attest to the completeness and accuracy of the information provided on these forms.** | | | | | | | | | | | | | | |
| Signature of Program Director (and date): | | | | | | | | | | | | | | |
| Signature of Chief/Department Chair if different from Program Director (and date): | | | | | | | | | | | | | | |
| Signature of Designated Institutional Official (DIO) (and date): | | | | | | | | | | | | | | |

**B. Qualifications**

1. The program director is certified in Surgical Critical Care……………….…( ) YES ( ) NO

2. The program director is a fellow of the AAST………….………………….( ) YES ( ) NO

3. The program director is a fellow of the ABA ………………………….………( ) YES ( ) No

4. The program director has the administrative responsibility for the Acute Care Surgery Burn Subtrack educational program and appoints all fellows and faculty………………………………………………………………... ( ) YES ( ) NO

5. The Burn Subtrack program director determines all rotations and assignments of both the Acute Care Surgery fellows and faculty involved in the Burn Subtrak ( ) YES ( ) NO

6. The Burn Subtrack program director actively participates in the Burn call schedule………………………………………………………………………..( ) YES ( ) NO

|  |
| --- |
| Explain all NO responses: |
|  |

**C. Administrative Responsibilities Pertaining to the Burn Subtrack**

1. Goals and objectives are available to the faculty. ( ) YES ( ) NO

2. Goals and objectives are made available to the fellows. ( ) YES ( ) NO

3. Fellow evaluation is competency based. ( ) YES ( ) NO

4. Written descriptions of supervisory lines of responsibility for care of patients are documented. ( ) YES ( ) NO

5. Written policies for academic discipline are available. ( ) YES ( ) NO

**\* Have documentation available for review at the site visit**

|  |
| --- |
| Explain all NO responses: |
|  |

**SECTION 9. EDUCATIONAL PROGRAM**

1. Describe the organization of the conference schedule, including the specific schedule as it pertains to the Burn Subtrack.

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| --- |
|  |

2. Fellow participation in burn M & M/QI activities is mandatory and is monitored: ( ) YES ( ) NO

3. Source of curriculum materials:

A defined curriculum is used: ( ) YES ( ) NO

A cyclical presentation of materials is utilized: ( ) YES ( ) NO

The texts recommended to ACS Burn Subtrack fellows for learning include:

|  |
| --- |
|  |

4. The ACS Burn Subtrack fellows have protected time to attend the scheduled burn conferences (both locally and via webinars hosted by the ABA)?: ( ) YES ( ) NO

5. Accommodations are made for the ACS Burn Subtrack fellow to attend one (1) annual meeting of the ABA during their 2 year fellowship? …….. ( ) YES ( ) NO

6. Accommodations are made for the ACS Burn Subtrack fellow to attend an ABLS course and become ABLS Certified? …… ( ) YES ( ) NO

7. In addition to the ACS Fellowship curriculum, all Burn Subtrack fellows must be provided with a structured curriculum in the following areas. Under each sub-heading, please describe how each area is taught.

Resuscitation - Ability to perform initial resuscitation of burns, particularly burns >20% TBSA

1. Basic principles of resuscitation based on burn size, depth, and estimating TBSA in adults +/- children
2. Adjusting resuscitation based on low/high urine output, and the principles of nurse-driven/ computerized resuscitation protocols
3. Recognize instances where resuscitation volumes and goals may need to be adjusted – extremes of age, electric and chemical burn, and combined burn and trauma cases, for example
4. Strategy for care in cases complicated by development of acute renal failure.

|  |  |
| --- | --- |
| **Settings/Activities** | **Assessment Method(s)** |
|  |  |

Inhalation Injury - Ability to diagnose and treat smoke inhalation, and carbon monoxide poisoning

1. Knowledge of pathophysiology of smoke inhalation, basic principles of diagnosis including likely mechanisms, clinical symptoms and signs, and bronchoscopic features, and knowledge of treatment including mucolytics, heparin, and ventilator modes.
2. Diagnosis of carbon monoxide poisoning, and immediate treatment.
3. Understand risk for upper airway swelling and obstruction in facial burns, and indications for intubation. Recognize when prophylactic intubation may not be necessary, based on low risk mechanism and no clinical signs of airway injury.

|  |  |
| --- | --- |
| **Settings/Activities** | **Assessment Method(s)** |
|  |  |

Escharotomy

1. Recognize when tissue loss may occur due to swelling following a burn, and when an area may be at risk due to circumferential burn.
2. Monitor for perfusion and need for decompression via escharotomy.
3. Perform escharotomy, which includes being able to describe reasonable sites of incisions, appropriate analgesia, and necessary equipment.

|  |  |
| --- | --- |
| **Settings/Activities** | **Assessment Method(s)** |
|  |  |

Fasciotomy

1. Recognize when tissue loss may occur due to a deep burn that is causing compartment syndrome, not relieved by escharotomy alone, and be able to describe clinical signs that would cause concern.
2. Diagnose and treatment compartment syndrome in extremities or abdomen with appropriate fasciotomy.

|  |  |
| --- | --- |
| **Settings/Activities** | **Assessment Method(s)** |
|  |  |

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Recognition of need for operative intervention, and initial management of the burn wound.

1. Identify different mechanisms of injury, including flame, scald, electrical, chemical and contact burns.
2. Discern between full and partial thickness burns, and identify when skin grafting is likely to be required.
3. Benefits of early excision and grafting when surgery is indicated.
4. Describe at least two reasonable methods of initial topical management of a burn wound.
5. Describe various operative options, including use of at least 2 methods for temporary coverage of excised wounds and why this might be necessary, and occasions when delayed grafting might be preferred eg. Electric injury.
6. Shall be aware of the existence of methods to reduce donor site burden
7. Articulate strategies for minimizing blood loss
8. Articulate strategies for securing airway
9. Articulate strategies for managing access through operative course
10. Articulate strategies for avoiding hypothermia
11. Articulate concerns for nutrition
12. Describe multimodal pain management strategies

|  |  |
| --- | --- |
| **Settings/Activities** | **Assessment Method(s)** |
|  |  |

**B. Unique or Innovative Educational Opportunities**

Please describe any unique or innovative educational opportunities that are available to the Acute Care Surgery Burn Subtrack Fellow.

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| --- |
|  |

**C. Research Training and Activities**

Please describe the research and investigative opportunities that are available to the Acute Care Surgery Burn Subtrack Fellow. Include a description of resources available to the fellow to facilitate scholarly activity.

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|  |

**D. Adjunctive Educational Offerings**

Please describe the availability of adjunctive educational opportunities pertinent to burn surgery, including, but not limited to activities such as ABLS (Advanced Burn Life Support).

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**SECTION 12. ADDITIONAL COMMENTS**

Please include any additional information you feel the AAST site reviewers would be interested in learning prior to their visit.

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