



CARE
RESEARCH
PREVENTION
REHABILITATION
TEACHING

Verified Burn Fellowship Training Program Verification Criteria and Pre-Review Questionnaire

Approved March 2020

#	Criteria	Pre-Review Questions (PRQ)
Section 1: ORGANIZATION		
1.1	The fellowship is at an ABA Verified Burn Center.	1.1.a Does fellowship training occur at an ABA verified Burn Center? 1.1.b Date of last verification:
1.2	A single fellowship program director must be responsible for the training program.	1.2.a Burn fellowship program director name. 1.2.b Year fellowship program director was appointed.
1.3	The fellowship program director meets the following qualifications: <ul style="list-style-type: none"> a. Licensed surgeon (MD or DO) with board certification by the American Board of Surgery or the American Board of Plastic Surgery (or equivalent for international burn centers). b. Has completed a one-year fellowship in burn care and/or has experience in the care of patients with acute burn injuries for two or more years during the previous 5 years. c. Has ABLS training (or equivalent) and should be an ABLS Instructor. d. Has administrative responsibility for the Burn Care Fellowship Program. e. Responsible for all fellowship teaching staff of the burn 	1.3.a Attach a current CV for fellowship program director (PDF). 1.3.b Has the fellowship program director completed a burn fellowship? Y/N If no, does the burn fellowship program director have experience in the care of patients with acute burn injuries for two or more years during the previous 5 years? Y/N List experience and the number of years. <i>Data from certification and training table</i> 1.3.c Has the burn center director completed Advanced Burn Life Support (ABLS) (or equivalent) training? Y/N <ul style="list-style-type: none"> o If equivalent, list training?

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	program.	<ul style="list-style-type: none"> ○ Date of last training? ○ Attach certification <p>1.3.d Has the burn center director completed Advanced Burn Life Support (ABLS) Instructor (or equivalent) training? Y/N</p> <ul style="list-style-type: none"> ○ If equivalent, list training? ○ Date of last class instructed: ○ Attach certification <p>1.3.e Describe the administrative responsibilities of the burn fellowship program director with regard to oversight of the burn fellowship.</p> <p>1.3.f How does the burn fellowship program director ensure that all burn fellowship teaching staff conform to the burn fellowship established policies and procedures?</p>
1.4	At least one other general or plastic surgeon assists with the fellowship training.	<p>1.4.a Attach a current CV for all general or plastic surgeons involved in fellowship training (PDF).</p> <p><i>Data from certification and training table</i></p>
1.5	At least one reconstructive surgeon is available for complicated burn reconstruction.	<p>1.5.a Attach a current CV for all reconstructive surgeons involved in fellowship training (PDF).</p> <p><i>Data from certification and training table</i></p>
1.6	The burn fellowship program director and surgical teaching staff have unrestricted privileges regarding the admission, treatment, and discharge of their own patients in the burn center.	<p>1.6.a Do the fellowship program director and surgical teaching staff have unrestricted privileges regarding the admission, treatment, and discharge of their own patients? Y/N</p>
1.7	The clinical fellowship faculty demonstrates commitment to two or more of the following, by documented scholarly pursuits:	<p>1.7.a Give examples of CME programs in the care or prevention of burn injuries that have been attended or</p>

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	<ul style="list-style-type: none"> a. Burn-related continuing education. b. Regional and national burn and scientific societies. c. Presentation and publication of burn-related scientific studies. d. Research as it pertains to burn care. e. Burn quality improvement. 	<p>developed by the clinical fellowship faculty within the last 3 years.</p> <p>1.7.b Provide up to five examples of how the clinical fellowship faculty has participated in regional, national, or international burn meetings (include meeting name, date, and type of participation).</p> <p>1.7.c Provide up to five examples of how the clinical fellowship faculty has presented and published burn-related scientific studies.</p> <p>1.7.d Provide up to five examples of how the clinical fellowship faculty has participated in research as it pertains to burn care.</p> <p>1.7.e Provide up to five examples of how the clinical fellowship faculty has participated in burn quality improvement.</p> <p><i>Data from Education, Meetings and Publication tables</i></p>
Section 2: DURATION AND SCOPE OF TRAINING		
2.1	<p>The training is at least one year in length.</p> <p><i>Burn specific rotation must be at least six months, if less than 12 months, must demonstrate completion of non-burn specific rotations such as trauma critical care, pulmonary critical care, medical critical care, pediatric critical care, or anesthesia as well as appropriate completion of burn cases.</i></p>	<p>2.1 Is the fellowship at least one year in length? y/n</p> <p>Is burn specific rotation at least six months? y/n</p> <p>If less than 12 months, how many burn cases does a burn care fellow complete during the fellowship?</p> <p>Provide burn care fellow's rotation schedule.</p>
2.2	<p>The burn care fellow's time is focused on burn care management in and out of the operating room including:</p> <ul style="list-style-type: none"> a. Patient care. This includes resuscitation, acute 	<p>2.2 Describe how the burn care fellow's time is focused on management in and out of the operating room to include:</p>

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	<p>inpatient care including ICU and management of complications, ward and outpatient treatment.</p> <ul style="list-style-type: none"> b. Teaching c. Patient/family care conferences d. Bedside and operating room procedures e. Quality Improvement conferences f. System improvement g. Clinical documentation h. Innovative knowledge acquisition 	<p>2.2.a. Describe the burn care fellow's time and experience regards to patient care to include but not limited to:</p> <ul style="list-style-type: none"> - resuscitation - acute inpatient care including ICU and ward - management of complications - outpatient treatment <p>2.2.b. Describe the burn care fellow's teaching activities.</p> <p>2.2.c. Describe the burn care fellow's participation in patient/family care conferences and how often.</p> <p>2.2.d. Describe number of bedside procedures performed by the burn care fellow.</p> <p style="padding-left: 40px;">Describe number of operating room procedures performed by the burn care fellow.</p> <p>2.2.e. Describe how the burn care fellow participates in quality Improvement conferences and how often.</p> <p>2.2.f. Describe the burn care fellow's ability to demonstrate system improvement.</p> <p>2.2.g. Describe the burn care fellow's ability for clinical documentation.</p> <p>2.2.h. Describe the burn care fellow's acquisition of innovative knowledge.</p>
2.3	<p>The fellowship includes non-critical care burn patient management including:</p> <ul style="list-style-type: none"> a. Regular outpatient clinics b. Reconstructive surgical procedures c. Educational programs d. Research opportunities 	<p>2.3 Describe non-critical care burn patient management activities to include but not limited to:</p> <p>2.3.a. Does the fellowship include regular outpatient clinics? y/n</p> <p style="padding-left: 40px;">Describe outpatient clinic experience.</p> <p>2.3.b Does the fellowship include reconstructive procedures? y/n</p>

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		<p>Describe type of reconstructive surgical procedures performed by the burn care fellow.</p> <p>List number of reconstructive surgical procedures performed by fellows the past 3 years.</p> <p>2.3.c Describe education program for the fellowship.</p> <p>List educational programs.</p> <p>2.3.d Describe research opportunities available to the burn care fellow.</p> <p>List research projects in which the burn care fellow is involved.</p>
Section 3: THE EDUCATIONAL PROGRAM		
	<i>Burn Fellows must obtain competence in the six areas listed below to the level expected of a new practitioner.</i>	Provide documentation of a robust evaluation process that establishes that the fellow consistently demonstrates each of the following Core Competencies.
3.1	<p><u>Patient care</u> that is compassionate, appropriate, and effective. Burn Fellows must:</p> <ol style="list-style-type: none"> a. Demonstrate manual dexterity appropriate for their training level. b. Independently develop and execute burn-specific patient care plans. 	Covered above
3.2	<p><u>Medical knowledge</u> about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences. Burn fellows are expected to:</p> <ol style="list-style-type: none"> a. Demonstrate application of this knowledge to care of the burn patient. b. Critically evaluate and demonstrate knowledge of pertinent scientific information. 	Covered above
3.3	<p><u>Practice-based learning and improvement</u> that involves the investigation and evaluation of care for patients, the appraisal and assimilation of scientific evidence, and improvements in care of burn patients. Burn fellows are expected to:</p> <ol style="list-style-type: none"> a. Critique personal practice outcomes. b. Demonstrate recognition of the importance of lifelong 	Covered above

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	learning in surgical practice.	
3.4	<p><u>Interpersonal and communication skills</u> leading to the effective exchange of information and collaboration with patients, their families, and other health professionals. Burn fellows are expected to:</p> <ol style="list-style-type: none"> Communicate effectively with other health care professionals. Counsel and educate patients and families. Effectively document practice activities. 	Covered above
3.5	<p><u>Professionalism</u>, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds. Burn fellows are expected to:</p> <ol style="list-style-type: none"> Maintain high standards of ethical behavior. Demonstrate a commitment to continuity of patient care. Demonstrate sensitivity to age, gender and culture of patients and other health care professionals. 	Covered above
3.6	<p><u>Systems-based practice</u> by demonstrating awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Burn fellows are expected to:</p> <ol style="list-style-type: none"> Practice high-quality, cost effective patient care. Demonstrate knowledge of risk-benefit analysis. Demonstrate understanding of the role of different specialists and other health care professionals in interdisciplinary patient management. 	Covered above
Section 4: CORE CURRICULUM		
<i>A formal curriculum must be established in the following areas, with documentation by the program director that proficiency has been achieved:</i>		
4.1	<u>Pre-burn center care.</u> Triage and coordination of transfer of burn injured patients, collaboration with referring providers to develop a plan of care.	Attach a copy of the written fellowship curriculum that is highlighted to show where each of the following components is covered.

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	<p><u>Resuscitation and cardiovascular physiology.</u> Management of acute burn resuscitation, prevention of, and rescue of burn shock. Diagnosis, monitoring and management of dysrhythmias, and all types of shock. Competency in the management of acute kidney injury, metabolic disturbances, and the use of renal replacement therapies.</p> <p><u>Inhalation injury and respiratory failure.</u> Diagnosis and management of inhalation injury, carbon monoxide and cyanide poisonings; airway management; interpretation of radiologic and laboratory data; advanced mechanical ventilation strategies; bronchoscopy; and management of complications</p> <p><u>Wound management.</u> Diagnosis and management of different injury depths and etiologies, performance of escharotomy and fasciotomy, topical wound care and debridement. Develop expertise in surgical wound preparation including specialized areas (face, neck, hands, perineum/genitalia, feet), application of skin substitutes, and skin grafting.</p> <p><u>Infection.</u> Diagnosis and management of common ICU and burn-related infections, antibiotic choice and stewardship, development and maintenance of sound infection control practices.</p> <p><u>Nutrition.</u> Management of nutritional priorities in burn injured patients, assessment of nutritional status, management of enteral and parenteral nutrition, use of metabolic agents to mitigate hypermetabolism.</p> <p><u>Pharmacology.</u> Understanding of appropriate choice and dosing of medications, burn hypermetabolism effects, and drug interactions.</p>	<p>For each area, describe how training is conducted, time spent on this topic, and how proficiency is measured:</p> <ul style="list-style-type: none"> • Pre-burn center care • Resuscitation and cardiovascular physiology • Inhalation injury and respiratory failure • Wound management • Infection • Nutrition • Pharmacology • Psychosocial • Ethics and palliative care • Rehabilitation • Outpatient management • Basic reconstruction • Administration and quality improvement • Pediatric care

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	<p><u>Psychosocial</u>. Understanding of psychological stressors and common psychiatric diagnoses in the burn-injured patient, understanding the role of psychological colleagues and social services available, diagnosis and referral of cases of suspected abuse and addiction.</p> <p><u>Ethics and palliative care</u>. Integration of ethical principles and palliation into curative care, promotion of patient- and family-centered care, and management of end-of-life care.</p> <p><u>Rehabilitation</u>. Collaboration with therapy specialists in formulating a plan of care; understanding principles of positioning, splinting and exercise; understanding of the role of inpatient and outpatient rehabilitation services.</p> <p><u>Outpatient management</u>. Safe transition to outpatient care, wound care, pain and itch management; hypertrophic scar diagnosis and management and accessing psychosocial resources.</p> <p><u>Basic reconstruction</u>. Understanding factors in scar formation, planning and performance of multiple reconstruction techniques (scar excision, tissue rearrangement, basic skin flaps, and laser/injection therapies).</p> <p><u>Administration and quality improvement</u>. Development and maintenance of clinical protocols, review of quality improvement concerns, monitoring outcomes and reporting of complications, loop closure. Understanding of institutional and burn center specific disaster protocols and strategies.</p> <p><u>Pediatric care</u>. In programs that care for burn injured children, the fellow must also demonstrate familiarity in pediatric aspects of: airway and ventilator management, burn resuscitation, pain and sedation strategies, pharmacology, nutrition, rehabilitation, and exposure to non-burn skin and soft tissue diseases seen in the burn center.</p>	

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	Section 5: DIDACTIC EXPERIENCE	
5.1	Fellow attends weekly teaching sessions, morbidity and mortality conference, and regular quality improvement meetings that are burn-specific. The burn fellow is given ample opportunity to lead some of the sessions and meetings.	5.1.a. Describe the various teaching sessions in your organization that are specific to burns and promote quality improvement. Explain the role of the burn fellow in these meetings.
5.2	ABLS training is highly encouraged.	5.2.a. Has the burn fellow completed Advanced Burn Life Support (ABLS) (or equivalent) training? Y/N <ul style="list-style-type: none"> ○ If equivalent, list training? ○ Date of last training? ○ Attach certification (if not ABLS) 5.2.b. Has the burn fellow completed Advanced Burn Life Support (ABLS) Instructor (or equivalent) training? Y/N <ul style="list-style-type: none"> ○ If equivalent, list training? ○ Date of last class instructed: ○ Attach certification (if not ABLS)
5.3	Attendance/presentation at regional and/or national ABA conferences is highly encouraged.	5.3.a. Does your burn center typically provide support for burn fellows to attend the ABA Annual Meeting? 5.3.b. Did a burn fellow from your program attend the last ABA Annual Meeting? 5.3.c. Did a burn fellow from your program present at the last ABA Annual Meeting? If yes, poster or podium? 5.3.d. Does your burn center typically provide support for burn fellows to attend at least one regional burn meeting? 5.3.e. Did a burn fellow from your program attend at least one regional burn meeting in the past year?

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		5.3.f. Did a burn fellow from your program present at a regional meeting in the past year? If yes, poster or podium?																																
Section 6: EVALUATION																																		
6.1	The trainees must be regularly evaluated by the fellowship faculty and Director with written reports covering the six core competencies.	See Section 3 above. Provide documentation of a robust evaluation process that establishes that the fellow consistently demonstrates each of the following Core Competencies.																																
Section 7: CASE REQUIREMENTS																																		
	<i>Fellow is directly involved in:</i>	All questions below are <u>per training year</u> . If more than one fellow, provide a response for EACH burn fellow:																																
7.1	<u>Burn and soft tissue operative cases (125 individual cases, not CPT codes):</u> Includes fasciotomy, surgical debridement, wound bed preparation, application of skin substitutes, skin grafting, amputations, basic reconstruction. Up to 20 laser procedures can count toward this requirement.	How many burn operations has each burn fellow been primarily involved in over the past 12 months? Each operative procedure can only be counted once.																																
		<table border="1"> <thead> <tr> <th>Fellow name:</th> <th colspan="3">Number of procedures, by role</th> </tr> <tr> <th>Category</th> <th>Assistant</th> <th>Surgeon</th> <th>Teaching Assistant</th> </tr> </thead> <tbody> <tr> <td>Fasciotomy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surgical debridement</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wound bed preparation</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Application of skin substitute(s) (number of patients)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Application of skin graft (number of patients)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Amputation (number of digits/limbs)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Fellow name:	Number of procedures, by role			Category	Assistant	Surgeon	Teaching Assistant	Fasciotomy				Surgical debridement				Wound bed preparation				Application of skin substitute(s) (number of patients)				Application of skin graft (number of patients)				Amputation (number of digits/limbs)			
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		Reconstruction operative procedure											
		Laser procedure											
7.2	<u>Escharotomy</u> (10 Separate incisions)	<p>How many escharotomy procedures has the burn fellow performed in the past 12 months?</p> <p>Provide log.</p> <table border="1" data-bbox="1136 509 1839 659"> <thead> <tr> <th data-bbox="1136 509 1661 547">Body location</th> <th data-bbox="1661 509 1839 547">Number</th> </tr> </thead> <tbody> <tr> <td data-bbox="1136 547 1661 583"></td> <td data-bbox="1661 547 1839 583"></td> </tr> <tr> <td data-bbox="1136 583 1661 618"></td> <td data-bbox="1661 583 1839 618"></td> </tr> <tr> <td data-bbox="1136 618 1661 654"></td> <td data-bbox="1661 618 1839 654"></td> </tr> </tbody> </table>				Body location	Number						
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7.3	<u>Resuscitation</u> (10 definitive resuscitations for patients with \geq 20% TBSA burns)	<p>How many definitive resuscitations (for patients \geq 20% TBSA) has the burn fellow actively supervised in the past 12 months?</p> <p>Provide log.</p>											
7.4	<u>Inhalation injury (10 patients)</u> : Diagnosis, active management in the ICU	<p>How many patients with inhalation injury has the burn fellow actively managed in the ICU in the past 12 months?</p> <p>Provide log.</p>											
7.5	<u>Non-operative burn management (50 patients)</u> : Plan of care, topical therapy, transition to outpatient care	<p>How many non-operative burn cases has the burn fellow managed in the past 12 months?</p> <p>Provide log.</p>											

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7.6	<p><u>Outpatient visits (200)</u>: Includes acute burns, healed burns, reconstruction, and management of late effects</p>	<p>How many outpatient burn visits has the burn fellow conducted in the past 12 months?</p> <p>Provide log.</p> <table border="1" data-bbox="1136 310 1835 493"> <thead> <tr> <th data-bbox="1136 310 1484 345">Category</th> <th data-bbox="1484 310 1835 345">Number</th> </tr> </thead> <tbody> <tr> <td data-bbox="1136 345 1484 381">Acute burns</td> <td data-bbox="1484 345 1835 381"></td> </tr> <tr> <td data-bbox="1136 381 1484 417">Healed burns</td> <td data-bbox="1484 381 1835 417"></td> </tr> <tr> <td data-bbox="1136 417 1484 493">Late effects and reconstruction</td> <td data-bbox="1484 417 1835 493"></td> </tr> </tbody> </table>	Category	Number	Acute burns		Healed burns		Late effects and reconstruction	
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