

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?

- 1
- 2
- 3
- 4
- 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

* 10. 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

* 11. Please select the number of cases you've completed for BLEPHAROPLASTY (Please select one from each row)

	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed Majority of Case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 12. 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

* 13. Please select the number of cases you've completed for BROW LIFT (Please select one from each row)

	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed Majority of Case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 14. 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

* 26. 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

* 27. Please select the number of cases you've completed for THIGHPLASTY (Please select one from each row)

	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed Majority of Case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 28. 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

* 29. Please select the number of cases you've completed for BUTTOCK AUGMENTATION (Please select one from each row)

	Zero	1-5	5-10	10-20	20-30	>30
Assisted Majority of Case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed Majority of Case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 30. 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

* 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