

Resident Experience Report

Program ID: 2633621060 Program Name: Wake Forest University School of Medicine Program

Duduoussat Bryan

For Pediatric Patients

Table 1	Incision	Excision	Intro or Removal	Repair/ Revision/ Reconstruction	Fracture and/or Dislocation	Manipulation	Arthrodesis	Amputation	Arthroscopy	Other	Row Total
Shoulder	0	0	0	2	1	0	0	0	0	0	3
Humerus/ Elbow	0	0	0	2	2	0	0	0	5	0	9
Forearm/ Wrist	0	1	0	7	0	0	3	0	1	0	12
Hand/ Fingers	5	0	0	14	0	0	3	1	N/A	0	23
Pelvis/ Hip	0	0	0	0	0	0	0	0	N/A	0	0
Femur/ Knee	0	0	0	0	0	0	0	0	0	0	0
Leg/ Ankle	0	0	0	1	0	0	0	0	0	0	1
Foot/ Toes	0	0	0	1	0	0	0	0	N/A	0	1
Other Musculoskel	3	0	0	0	0	0	0	0	0	0	3
Column Total	8	1	0	27	3	0	6	1	6	0	52

Table 2	Excision	Osteotomy	Fracture and/or Dislocation	Decompression	Arthrodesis Anterior	Arthrodesis Posterior	Arthrodesis/ Deformity	Exploration-	Instrumentation	Other	Spine Total
Spine	0	0	0	0	0	0	0	0	0	0	0

Table 3	Incision/ Excision	Repair (Closure)	Skin Grafts	Flaps	Other	Integument Total	Table 5	Misc.
Integumentary System	1	5	0	0	0	6	Misc.	1

Table 4	Neuroplasty	Transection or Avulsion	Incision/ Excision	Neurolysis	Other	Carpal Tunnel	Nerve Total
Nervous System	1	0	0	2	0	0	3

Oncology Patients: 0

Procedures Involving Microsurgery: 5

Total Tables: 62
(1, 2, 3, 4, & 5)

Resident Experience Report

Program ID: 2633621060 Program Name: Wake Forest University School of Medicine Program
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For Adults Patients

Table 1	Incision	Excision	Intro or Removal	Repair/ Revision/ Reconstruction	Fracture and/or Dislocation	Manipulation	Arthrodesis	Amputation	Arthroscopy	Other	Row Total
Shoulder	0	2	1	26	7	0	0	0	72	0	108
Humerus/ Elbow	1	7	1	18	11	0	0	0	6	0	44
Forearm/ Wrist	8	13	0	33	44	0	3	1	28	0	130
Hand/ Fingers	19	15	0	89	42	0	5	10	N/A	0	180
Pelvis/ Hip	0	0	0	0	0	0	0	0	N/A	0	0
Femur/ Knee	0	0	0	0	0	0	0	0	0	0	0
Leg/ Ankle	0	0	0	0	0	0	0	0	0	0	0
Foot/ Toes	0	0	0	0	0	0	0	0	N/A	0	0
Other Musculoskel	4	0	19	0	0	0	0	0	0	22	45
Column Total	32	37	21	166	104	0	8	11	106	22	507

Table 2	Excision	Osteotomy	Fracture and/or Dislocation	Decompression	Arthrodesis Anterior	Arthrodesis Posterior	Arthrodesis/ Deformity	Exploration-	Instrumentation	Other	Spine Total
Spine	0	0	0	0	0	0	0	0	0	0	0

Table 3	Incision/ Excision	Repair (Closure)	Skin Grafts	Flaps	Other	Integument Total	Table 5	Misc.
Integumentary System	28	3	7	0	0	38	Misc.	52

Table 4	Neuroplasty	Transection or Avulsion	Incision/ Excision	Neurolysis	Other	Carpal Tunnel	Nerve Total
Nervous System	50	0	18	24	0	17	109

Oncology Patients: 0

Procedures Involving Microsurgery: 78

Total Tables: 706
(1, 2, 3, 4, & 5)

Resident Experience Report

Program ID: 2633621060 Program Name: Wake Forest University School of Medicine Program

Duduoussat Bryan

For All Patient Types

Table 1	Incision	Excision	Intro or Removal	Repair/ Revision/ Reconstruction	Fracture and/or Dislocation	Manipulation	Arthrodesis	Amputation	Arthroscopy	Other	Row Total
Shoulder	0	2	1	28	8	0	0	0	72	0	111
Humerus/ Elbow	1	7	1	20	13	0	0	0	11	0	53
Forearm/ Wrist	8	14	0	40	44	0	6	1	29	0	142
Hand/ Fingers	24	15	0	103	42	0	8	11	N/A	0	203
Pelvis/ Hip	0	0	0	0	0	0	0	0	N/A	0	0
Femur/ Knee	0	0	0	0	0	0	0	0	0	0	0
Leg/ Ankle	0	0	0	1	0	0	0	0	0	0	1
Foot/ Toes	0	0	0	1	0	0	0	0	N/A	0	1
Other Musculoskel	7	0	19	0	0	0	0	0	0	22	48
Column Total	40	38	21	193	107	0	14	12	112	22	559

Table 2	Excision	Osteotomy	Fracture and/or Dislocation	Decompression	Arthrodesis Anterior	Arthrodesis Posterior	Arthrodesis/ Deformity	Exploration-	Instrumentation	Other	Spine Total
Spine	0	0	0	0	0	0	0	0	0	0	0

Table 3	Incision/ Excision	Repair (Closure)	Skin Grafts	Flaps	Other	Integument Total	Table 5	Misc.
Integumentary System	29	8	7	0	0	44	Misc.	53

Table 4	Neuroplasty	Transection or Avulsion	Incision/ Excision	Neurolysis	Other	Carpal Tunnel	Nerve Total
Nervous System	51	0	18	26	0	17	112

Oncology Patients: 0

Procedures Involving Microsurgery: 83

Total Tables: 768
(1, 2, 3, 4, & 5)

Signature of Resident:

Signature of Program Director:

Date: _____

Date: _____

NOTE: The Program Director is responsible for validating the accuracy of the data in this record. Records signed by both the resident and Program Director must be kept on file in the Program Office. Records sent to the Residency Review Committee Office MUST be signed by the Program Director.

Resident Experience Report

Program ID: 2633621060 Program Name: Wake Forest University School of Medicine Program

Aaron M. Freilich

For Pediatric Patients

Table 1	Incision	Excision	Intro or Removal	Repair/ Revision/ Reconstruction	Fracture and/or Dislocation	Manipulation	Arthrodesis	Amputation	Arthroscopy	Other	Row Total
Shoulder	2	0	1	2	2	0	0	0	0	0	7
Humerus/ Elbow	0	0	0	2	2	1	0	0	2	0	7
Forearm/ Wrist	0	1	0	5	3	0	0	0	0	0	9
Hand/ Fingers	6	1	0	36	2	0	0	1	N/A	1	47
Pelvis/ Hip	0	0	0	0	0	0	0	0	N/A	0	0
Femur/ Knee	0	0	0	0	0	0	0	0	0	0	0
Leg/ Ankle	0	0	0	0	0	1	0	0	0	0	1
Foot/ Toes	0	0	0	3	0	0	0	0	N/A	0	3
Other Musculoskel	0	0	2	0	0	0	0	0	0	1	3
Column Total	8	2	3	48	9	2	0	1	2	2	77

Table 2	Excision	Osteotomy	Fracture and/or Dislocation	Decompression	Arthrodesis Anterior	Arthrodesis Posterior	Arthrodesis/ Deformity	Exploration-	Instrumentation	Other	Spine Total
Spine	0	0	0	0	0	0	0	0	0	0	0

Table 3	Incision/ Excision	Repair (Closure)	Skin Grafts	Flaps	Other	Integument Total	Table 5	Misc.
Integumentary System	3	1	1	0	0	5	Misc.	7

Table 4	Neuroplasty	Transection or Avulsion	Incision/ Excision	Neurolysis	Other	Carpal Tunnel	Nerve Total
Nervous System	1	0	0	6	0	0	7

Oncology Patients: 1

Procedures Involving Microsurgery: 14

Total Tables: 96
(1, 2, 3, 4, & 5)

Resident Experience Report

Program ID: 2633621060 Program Name: Wake Forest University School of Medicine Program

Aaron M. Freilich

For Adults Patients

Table 1	Incision	Excision	Intro or Removal	Repair/ Revision/ Reconstruction	Fracture and/or Dislocation	Manipulation	Arthrodesis	Amputation	Arthroscopy	Other	Row Total
Shoulder	0	4	0	29	9	0	0	0	61	0	103
Humerus/ Elbow	3	8	1	14	14	0	0	0	7	0	47
Forearm/ Wrist	11	15	0	15	41	0	1	1	12	0	96
Hand/ Fingers	17	28	0	73	33	1	14	27	N/A	0	193
Pelvis/ Hip	0	0	0	0	0	0	0	0	N/A	0	0
Femur/ Knee	0	0	0	0	0	0	0	0	0	0	0
Leg/ Ankle	0	0	0	0	0	0	0	1	0	0	1
Foot/ Toes	0	0	0	0	1	0	0	0	N/A	0	1
Other Musculoskel	1	1	22	0	0	0	0	0	0	6	30
Column Total	32	56	23	131	98	1	15	29	80	6	471

Table 2	Excision	Osteotomy	Fracture and/or Dislocation	Decompression	Arthrodesis Anterior	Arthrodesis Posterior	Arthrodesis/ Deformity	Exploration-	Instrumentation	Other	Spine Total
Spine	0	0	0	0	0	0	0	0	0	0	0

Table 3	Incision/ Excision	Repair (Closure)	Skin Grafts	Flaps	Other	Integument Total	Table 5	Misc.
Integumentary System	25	6	9	5	0	45	Misc.	55

Table 4	Neuroplasty	Transection or Avulsion	Incision/ Excision	Neurolysis	Other	Carpal Tunnel	Nerve Total
Nervous System	42	0	24	23	0	25	114

Oncology Patients: 12

Procedures Involving Microsurgery: 109

Total Tables: 685
(1, 2, 3, 4, & 5)

Resident Experience Report

Program ID: 2633621060 Program Name: Wake Forest University School of Medicine Program

Aaron M. Freilich

For All Patient Types

Table 1	Incision	Excision	Intro or Removal	Repair/ Revision/ Reconstruction	Fracture and/or Dislocation	Manipulation	Arthrodesis	Amputation	Arthroscopy	Other	Row Total
Shoulder	2	4	1	31	11	0	0	0	61	0	110
Humerus/ Elbow	3	8	1	16	16	1	0	0	9	0	54
Forearm/ Wrist	11	16	0	20	44	0	1	1	12	0	105
Hand/ Fingers	23	29	0	109	35	1	14	28	N/A	1	240
Pelvis/ Hip	0	0	0	0	0	0	0	0	N/A	0	0
Femur/ Knee	0	0	0	0	0	0	0	0	0	0	0
Leg/ Ankle	0	0	0	0	0	1	0	1	0	0	2
Foot/ Toes	0	0	0	3	1	0	0	0	N/A	0	4
Other Musculoskel	1	1	24	0	0	0	0	0	0	7	33
Column Total	40	58	26	179	107	3	15	30	82	8	548

Table 2	Excision	Osteotomy	Fracture and/or Dislocation	Decompression	Arthrodesis Anterior	Arthrodesis Posterior	Arthrodesis/ Deformity	Exploration-	Instrumentation	Other	Spine Total
Spine	0	0	0	0	0	0	0	0	0	0	0

Table 3	Incision/ Excision	Repair (Closure)	Skin Grafts	Flaps	Other	Integument Total	Table 5	Misc.
Integumentary System	28	7	10	5	0	50	Misc.	62

Table 4	Neuroplasty	Transection or Avulsion	Incision/ Excision	Neurolysis	Other	Carpal Tunnel	Nerve Total
Nervous System	43	0	24	29	0	25	121

Oncology Patients: 13

Procedures Involving Microsurgery: 123

Total Tables: 781
(1, 2, 3, 4, & 5)

Signature of Resident:

Signature of Program Director:

Date: _____

Date: _____

NOTE: The Program Director is responsible for validating the accuracy of the data in this record. Records signed by both the resident and Program Director must be kept on file in the Program Office. Records sent to the Residency Review Committee Office MUST be signed by the Program Director.