

**TJUH Department of Otolaryngology-Head & Neck Surgery  
Program #2804121093**

**JEFFERSON MEDICAL COLLEGE  
THOMAS JEFFERSON UNIVERSITY**

**DEPARTMENT OF OTOLARYNGOLOGY  
HEAD AND NECK SURGERY**

**RESIDENT MANUAL  
2017-2018**



Program Director: Maurits Boon, MD  
Associate Program Directors: Stanley Pelosi, MD; Colin Huntley, MD  
Residency Program Administrator: Karen Keane, BA  
Program Number 2804121093

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**OTOLARYNGOLOGY RESIDENTS**

(Faculty Mentors)

2017-2018

**PGY-1**

Kurren Gill, MD	
Kealan Hobelmann, MD	
Kathryn Landers, MD	
Julianna Rodin, MD	
Vivek Varma, MD	

**PGY-2**

Cory Bovenzi, MD	
Tyler Cebulko, MD	
Mark Chaskes, MD	
Jared Goldfarb, MD	
Brian Swendseid, MD	

**PGY-3**

Gregory Epps, MD	
Lauren Galinat, MD	
Nikolas Hjelm, MD	
Erin Reilly, MD	
Ryan Rimmer, MD	

**PGY-4**

Meghan Crawley, MD	
Dominick Gadaleta, MD	
Ryan Gerritsen, MD	
Michael Topf, MD	
Adam Vasconcellos, MD	

**PGY-5**

James Hamilton, MD	M. Rosen
Candace Mitchell, MD	Cognetti
Akshay Sanan, MD	Heffelfinger
Patrick Tassone, MD	Spiegel
Kiley Trott, MD	Willcox

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**Otolaryngology Program Description**

The residency in Otolaryngology-Head and Neck Surgery at Thomas Jefferson University consists of five years of progressive clinical training in all aspects of otology, rhinology, allergy, maxillofacial surgery, head and neck surgery, facial plastic and reconstructive surgery, laryngology, sleep surgery, and bronchoesophagology. The training is carried out under the supervision of the faculty of the Department of Otolaryngology-Head and Neck Surgery at Thomas Jefferson University Hospital and DuPont Hospital for Children.

Residents successfully completing the TJUH curriculum demonstrate a broad fund of knowledge in the specialty. Moreover, they effectively apply and communicate concepts learned through independent scholarship and formal didactic education. The faculty is singularly dedicated to the curriculum: resident attendance at Wednesday morning conferences is mandatory—no conflicting clinical responsibilities are scheduled.

PGY 2-5 residents spend all Wednesday mornings and 33 of 48 rotation months at TJUH, the sponsoring institution. An appropriate educational rationale exists for each participating institution. Each participating institution provides unique educational opportunities for the residents. The director and faculty strongly feel that an otolaryngology residency must provide an opportunity for the resident to experience the practice of the specialty in different institutional settings. The following types of institutions and practice have been identified and incorporated at the appropriate level into the resident educational program:

**Breakdown of PGY 2-5**

1. Academic University Hospital Based Practice (TJUH)	118 wks
2. Basic Science Research (TJUH)	20 wks
3. Laryngology (TJUH Outpatient)	10 wks
4. Reconstructive and Facial Cosmetic Surgery (TJUH Outpatient)	10 wks
5. Otology (Outpatient and Jefferson Hospital for Neuroscience)	20 wks
6. Childrens' Hospital Practice (DuPont Children's Hospital)	20 wks
7. Academic Chief (TJUH)	10 wks

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All academic and clinical activities are organized to provide each resident with a progressive educational experience. Therefore, each rotation offers significant educational opportunities designed to fulfill the individual goals for the residency year. As per the recommendations of the ACGME, the PGY-1 year includes 1 month rotations in anesthesiology, neurological surgery and the surgical intensive care unit and 3 months of the following: general surgery, trauma surgery, and plastic surgery. The remaining six months of structured education are spent on the Head and Neck Oncology Team at TJUH, Otolaryngology Consult Team at TJUH and A.I. Dupont Hospital for Children. During the PGY-2 year, rotations include a dedicated 10 week block for detailed investigation of the field of reconstructive and facial cosmetic surgery, 10 weeks at A.I. Dupont Hospital for Children, and in-depth exposure to the broad field of Otolaryngology-Head and Neck Surgery. During the PGY-3 year, residents learn to apply their knowledge through a 10 week outpatient Laryngology rotation, 10 weeks on a dedicated Otology service (primarily at the adjacent Jefferson Hospital for Neurosciences), as well as 30 weeks of rotations through TJUH. The PGY-4 year is structured to provide an environment wherein new questions are invited and past concepts challenged through organized scientific methods. Toward this end, residents complete “physician-educator” rotations at TJUH, A.I. Dupont Hospital for Children, and within the laboratory. Finally, PGY-5 residents cultivate the skills necessary to become leaders in the hospital community through rotations at TJUH, a dedicated 10 week Otology rotation at the adjacent Jefferson Hospital for Neurosciences, and 10 weeks as administrative Chief Resident at TJUH.

Broad goals of the curriculum include the development of

1. Core specialty knowledge
2. Personal scholarship and scientific inquiry including critical evaluation of medical literature
3. Principles of study design, performance, analysis and reporting
4. Clinical and surgical Expertise
5. Ethical practice and community leadership
6. Successful completion of the ABO (American Board of Otolaryngology) certification examination

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- Core Specialty Knowledge

The Basic Science Core Curriculum covers all topics specified by the RRC in its specialty content section in a formal didactic manner over a two-year period. The class meets each Wednesday morning during the months the course is offered. The subject matter includes anatomy and embryology, physiology, histology and pathology, infectious diseases, microbiology and immunology, biochemistry, pharmacology and anesthesiology, and radiation biology. Each faculty director is responsible for providing references prior to the course and these references are forwarded to the residents so that they can be read prior to attending the lecture series. The course in physiology is enhanced by the participation of the faculty in Audiology and Speech Pathology.

Residents must successfully complete the AAO/HNS Home Study Course, which is paid for by the department.

Specific anatomical cadaver dissection courses are designed to provide intensive education in anatomy and pathology with clinical correlation. These include Head & Neck Anatomy: Cadaver Dissection, Rhinoplasty: Cadaver Dissection, Rhytidectomy: Cadaver Dissection, Temporal Bone Dissection Practicum and Temporal Bone Dissection Courses. During the week-long temporal bone dissection course as well as the other courses, residents are relieved of all day-time clinical responsibilities.

- Personal scholarship and scientific inquiry including critical evaluation of medical literature

Residents learn how to apply and convey their knowledge through Grand Rounds, Head & Neck Tumor Conference, Thyroid & Parathyroid Conference, Facial Reconstructive Conference, Head & Neck Radiology Conference and Morbidity and Mortality Conference. In all these sessions, residents must effectively communicate their understanding of a clinical scenario and demonstrate their ability to successfully manage its outcome. In the above conferences and especially in Journal Club, residents learn to read and listen critically. In doing so, they hone their clinical judgment and prepare themselves for a lifetime of self-education after the completion of their formal residency training.

The department encourages personal scholarship and scientific inquiry by dedicating substantial departmental resources to the residency program. For example, facilities are available year round for residents to perform anatomic dissections on their own time. Their use is reinforced by regular coursework such as the Temporal Bone Dissection Practicum. The resident office is fully equipped with five computers, two portable computers, 21" monitor, flat bed scanner, slide scanner, digital cameras, color inkjet printer, laser printer, and associated software. The resident on-call room is similarly supplied with a computer and color inkjet printer, and collection of AAO-HNS and AAFPRS videotapes. The department pays for residents to attend all local meetings of the Philadelphia Laryngological Society, the Section of Otolaryngology of the Philadelphia College of Physicians, and the Philadelphia Society of Facial Plastic Surgeons. Residents regularly attend state and national meetings with full departmental support.

- Principles of study design, performance, analysis and reporting

Residents learn the principles of study design, performance, analysis and reporting through their Clinical & Basic Science Research rotation. In their PGY-3 year, they choose a faculty mentor who assists them in designing a successful clinical research project including the



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identification of clinical question, literature review, outline of methods and materials, budget, and timeline. Their mentor guides them through the statistical analysis, presentation and publication of their research. During the Clinical & Basic Science Research rotation the resident may pursue an independent project under the direction of an advising attending or engage in an established project in corroboration with one of Jefferson Universities laboratories. Residents must design and execute a clinical or basic science project, which addresses a specific question in clinical medicine related to ongoing research in the department. Journal Club also provides a formal education in research methodology and in critical analysis of the medical literature. PGY-3 & PGY-4 are required to present their research proposals (including relevant literature review, hypothesis, study design, and clinical relevance) to Dr. Pribitkin and their fellow residents during this conference for review and approval.

- Clinical Expertise

Within their first two months of training, residents begin didactic instruction meant to hone clinical skills by attending the Introduction to Basic Clinical Otolaryngology. Although the operative experience in this residency is varied and extensive, the faculty realizes that clinical expertise encompasses more than technical abilities. PGY-2 residents on the Reconstructive and Facial Cosmetic Surgery Rotation spend dedicated time in the office with the attending physicians throughout the week. PGY-2 residents on the Head and Neck Rotation spend time with their respective faculty instructor (Dr. David Cagnetti and Dr. Joseph Curry). PGY-3 residents on the Laryngology Rotation spend the majority of their time in an outpatient setting seeing patients and learning procedural skills, including transnasal esophagoscopy and videostroboscopy. The Otology Rotation for the PGY-3 and PGY-5 allow for an equal mix between operative exposure and office clinic. PGY-5 residents on the Head and Neck Rotation attend all office hours with Chairman, Dr. William Keane. Moreover, the clinic experience through the A.I. Dupont Hospital for Children rotations during the PGY-2 and PGY-4 years provides an environment where residents can participate in continuity of patient care. Much of the Grand Rounds, Head & Neck Tumor Conference and Morbidity and Mortality Conference schedule is dedicated toward fostering clinical expertise. Important diagnostic skills are also taught in dedicated courses such as Radiology Case Conference and the TJUH Head & Neck Anatomy Practicum. Teaching continues at the bedside, in the operating room, in the classroom, and in the office to insure that graduating residents honor the concept of the physician as educator.

- Ethical practice and community leadership

Residents assume a leadership role during their Administrative Chief Resident rotation. Numerous lectures in the Otolaryngology Grand Rounds series as well as the Basic Science Core Curriculum address issues of ethical medical practice. Moreover, these issues are addressed every 4-5 weeks in Service Management Conference. Above all, the faculty's commitment to thoughtful, compassionate medical care remains the foundation of the teaching program.

- Successful completion of the ABO certification examination

In order to improve the performance of residents taking the ABO certification examination, formal didactic conferences, such as the Mock Oral Board conference have been instituted. PGY-5 residents undergo a true mock oral board examination during their basic science core curriculum with all other residents in silent participation. All residents must complete the American Academy of Otolaryngology-Head and Neck Surgery Home Study

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Course, which is paid for by the department. Results are monitored on an ongoing basis and residents are counseled regarding deficiencies in performance. Residents also attend regular In-Training examination study sessions directed by the chief residents. Released In-Training examination questions provided by the American Academy of Otolaryngology-Head and Neck Surgery are distributed among the residents, who prepare each assigned question, identify the correct answer and cite an appropriate reference. All residents must take the annual ABO Trainee Examination. The program director and faculty analyze the examination results to identify individual performance deficiencies. Residents performing poorly on the examination are counseled by the program director regarding the need for personal scholarship.

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**Policies and Procedures for Resident Selection**

All policies and procedures for Resident Selection, Evaluation, Promotion, and Dismissal are in compliance with both ACGME requirements and with the institutional policies and procedures of Thomas Jefferson University Hospital.

(<http://www.jefferson.edu/content/dam/Hospitals/physicians/PDFs/GME%20Institutional%20Policies%20and%20Procedures.pdf>)

All candidates applying to the Department of Otolaryngology-Head & Neck Surgery Residency Program must, as a requirement for application, meet all ABMS Specialty Board-related eligibility prerequisites required to enter training in the related specialty program at Jefferson.

Further, all candidates must satisfy the requirements of the State of Pennsylvania Board of Medical Licensure for appointment at the specific level of training for which the position is offered.

In addition, applicants must meet one of the following qualifications to be eligible to apply for the Otolaryngology-Head & Neck Surgery Residency Program:

- a. Graduates of medical schools in the United States or Canada accredited by the LCME;
- b. Graduates of osteopathic medicine in the United States accredited by the AOA;
- c. Graduates of medical schools outside the United States who meet one of the following qualifications:
  1. Have received a currently valid certificate from the ECFMG; or
  2. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
- d. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

Resident applicants will be evaluated on the basis of their preparedness, ability, aptitude, academic credentials, communication skill, and personal qualities such as motivation, honesty, and integrity. The program does not discriminate with regard to sex, race, age, religion, color, national origin, disability, sexual orientation, or veteran status.

All prerequisite prior training must be successfully completed prior to beginning a residency in the Department of Otolaryngology-Head & Neck Surgery.

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All applications are initially reviewed by Otolaryngology-Head & Neck Surgery Fulltime Academic Faculty. The decision to offer an interview to an applicant is made by Otolaryngology-Head & Neck Surgery Fulltime Academic Faculty based upon the following criteria:

1. Medical School Performance
2. Letters of Recommendation
3. Research Publications and Interests
4. Performance on Clinical Rotations at TJUH or affiliated institutions
5. Board Examination Scores

All interviews are conducted in person. Interviews are conducted on Saturday mornings and Wednesday afternoons throughout the Winter months. The interviewing committee consists of the Chairman, program director, associate program director, and 4-6 faculty members.

After the interview process, the interview committee constructs the match list by reviewing the candidate's criteria listed above and their interview performance.

If a resident is trying to transfer from another educational program (prior to the completion of the training offered in that discipline in that institution) the Program Director or Chairman of the Department of Otolaryngology-Head & Neck Surgery will call the referring Program Director or Chairman to check the references PRIOR to making any offer of employment in the Department. If a resident is attempting to enter training at TJUH after completing a phase of training in another institution, a final letter of recommendation and evaluation must be obtained from the referring Program Director PRIOR to submitting the resident's application for Jefferson Graduate Medical Education Committee [GMEC] approval.

**All offers of employment at TJUH are contingent upon approval of the GMEC, licensure, and satisfactory completion of training in an ACGME-approved program or, where applicable, an AOA-accredited program. Residents entering their first year of training must have passed USMLE Steps I and II (or COMLEX I and II) in order to qualify for appointment.**

**RESIDENT CLINICAL RESPONSIBILITY**

- **LINES OF AUTHORITY**

The purpose of these diagrams is to clearly delineate the lines of authority that must be followed by attending physicians and residents for the delivery of care to patients on the team. Ultimately, attending physicians are responsible for the care of their patients.

Residents can determine to whom they report by following the lines from their box up to the gray box above them. The gray box indicates the person who is “in charge” of the team. For example on the Head & Neck team, junior residents (PGY-2, PGY-3) and a senior resident (PGY-4) report directly to the PGY-5 resident-in-charge of the team. Note that the PGY-4 resident is depicted at a level higher than the PGY-2 residents are, but that the box branches off to the side. The PGY-2 resident may utilize the PGY-4 resident for advice and assistance but must always **officially** report to the designated resident-in-charge, i.e. the PGY-5.

The Head and Neck and Subspecialty teams have physician extenders (nurse practitioner and physician assistants) that directly report to the resident-in-charge. In the flow diagrams below the dashed line depicts an assistant relationship to the other residents on the team.

It is the responsibility of the resident-in-charge to be aware of what is happening on their team at all times. It is the responsibility of all subordinate residents to keep the resident-in-charge informed of any problems or changes effecting their patients. All key patient management decisions must be decided by the resident-in-charge, with the approval of the specified attending physician. The resident-in-charge is responsible for keeping the attending physicians informed at all times and for facilitating communications between all parties involved in the care of a given patient.

Attending physicians and residents may utilize the resources of any persons directly under them on the diagram. However, attending physicians should strive to keep the resident-in-charge, indicated by the gray box, as their primary contact for questions regarding their patients. Occasionally, subordinate residents may be instructed directly by the attending physician to alter a patient’s management plan. It is the obligation of the attending to either instruct the subordinate resident to inform the resident-in-charge of these changes or inform the resident-in-charge him/herself. Thus, the resident-in-charge may continue to manage the team in an efficient manner.

Residents on the laryngology and facial plastics rotations do not carry an inpatient responsibility. Should one of the patients from these services require inpatient admission it is then this residents responsibly to inform the chief resident-in-charge of the inpatient team that will assume responsibility for the patient.

The senior resident on call must review all management issues on call. All consultations, admissions and key changes in patient management must be communicated to the attending physician on call. The resident on call is responsible for transferring care of the patient to the resident and attending physician in charge of the team to be caring for the patient.

The administrative chief acts as a substitute chief who covers responsibility in the lines of communication when a fellow senior resident is not available.

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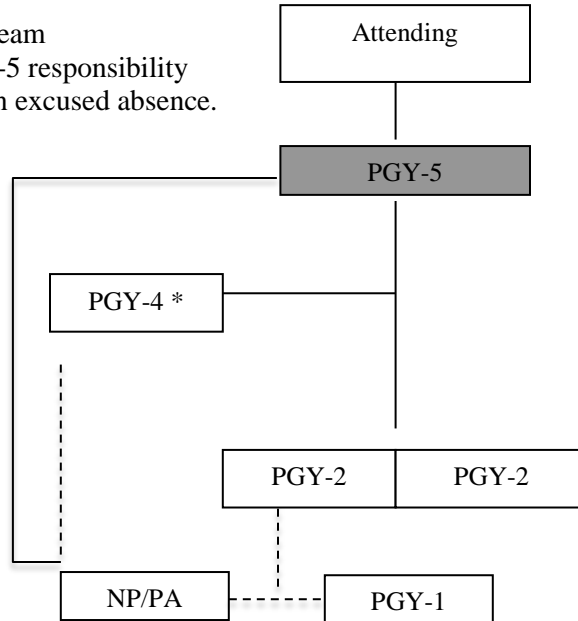
- Resident Clinical Responsibility

Lines of Authority

Thomas Jefferson University Hospital

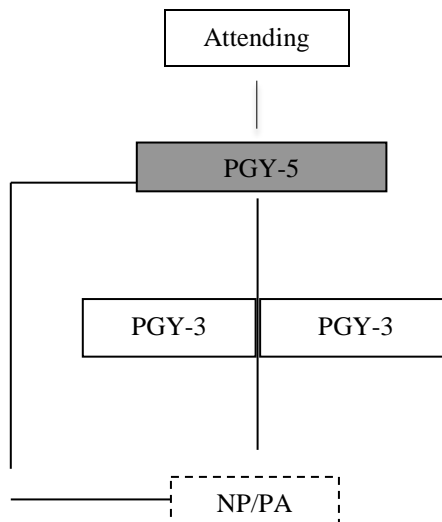
Head & Neck Team

\*Assumes PGY-5 responsibility  
when PGY-5 on excused absence.



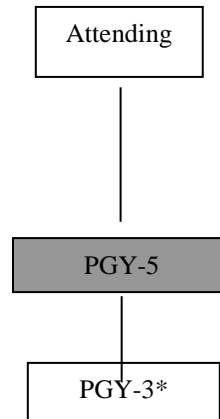
Jefferson Team

\*Assumes PGY-5 responsibility  
when PGY-5 on an excused absence.

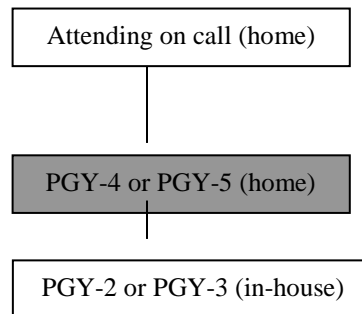


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Otology Team  
\*Assumes PGY-5 responsibility  
When PGY-5 on excused absence

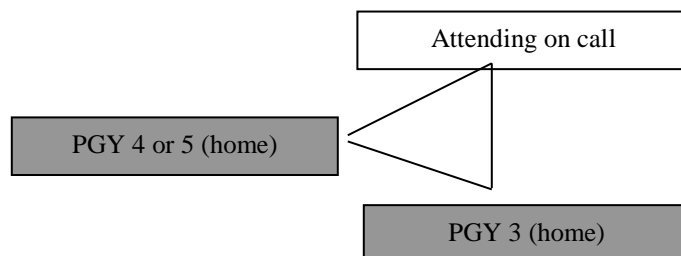


On-Call Team



Office On-Call Team (Home Call)

In the event an after hours call to the office requires admission or ER consultation the PGY 3 will contact both the attending and the on-call senior resident who will assume responsibility once the patient arrives at the hospital.



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**In-Patient Responsibilities TJUH**

1. Individual training year resident responsibilities are listed in the Program Information Form [PIF] Resident Goals & Objectives document available from the residency program administrator. Similarly, Lines of Authority for each clinical rotation are depicted in the PIF Lines of Authority document.
2. The resident will report to the assigned hospital at the time designated by the chief resident to make rounds and to discharge patients. Patient management should be in keeping with instructions and guidelines given by attending physicians. Chief residents assign resident responsibility for follow-up care and progress notes for patients on the assigned service.
3. Attending staff physicians make rounds at different times. The resident must make arrangements with the attending physician to round together. The more personal contact between the staff and the residents, the greater the degree of responsibility is usually delegated to the resident.
4. Each resident is responsible for histories and physicals, surgical assignments, and follow-up according to the Resident Goals & Objectives document. There are times when some services will be less busy, and it is expected that residents will distribute the workload evenly among themselves. In order that all residents complete their daily responsibilities within the 80 hour work week limits, COMMUNICATION & CO-OPERATION are of prime importance.
5. Residents should go to surgery with patients they have worked-up whenever possible. Decisions as to the cases on which residents will assist should be made between the residents and attending staff on a day prior to surgery. Assignments to major surgical cases will be made by the Chief Resident on that rotation.
6. Although residents are immediately responsible for routine and emergency in-patient care, the attending physician must be notified of any developments with patients. **WHEN IN DOUBT, CALL THE ATTENDING PHYSICIAN.**
7. The resident on-call team should make every reasonable effort to assist in emergency surgical cases performed between 5:00 p.m. and 7:00 a.m. at Thomas Jefferson University Hospital. Appropriate arrangements for consultations and floor work must be made while the team is in the operating room.
8. Emergency consultations from Thomas Jefferson University Hospital or the other Hospitals within the TJU system will be seen by the resident or attending on-call for that particular hospital. The attending physician should be notified **immediately** of any patient admitted anytime to Otolaryngology.
9. If it ever becomes necessary for a resident to leave a service when on active duty or call, the request (including relevant circumstances) shall be presented directly to the Administrative Chief Resident for a decision.
10. On-call coverage of Dupont Children's Hospital, and consultations to TJU University Hospital must remain the responsibility of the resident on-call overnight until residents

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individually responsible for the various services are available in the morning. Sign out rounds must be completed to maintain continuity of patient care.

11. Histories and Physicals will be done by the on-call resident team on Saturdays and Sundays. All admissions of patients during the evening and weekend are to be seen by both the junior and senior on-call residents.

13. The junior resident in house on Saturday will not leave the hospital until all patient care has been discussed with the resident coming in for in-house Sunday call. Sign out rounds always involve the senior resident.

14. If hearing tests, electronystagmography, hearing aid, or other audiology services are required, call the Divisional Audiology Section at 215-955-6760. Bedside services are available.

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- Consultations-TJUH

When a consultation for otolaryngology evaluation is desired, the following steps are taken:

1. Monday - Friday (8:00 a.m. - 5:00 p.m.). The consulting service calls the otolaryngology consult resident (PGY-2/3) through the paging system (SR 6389) and discusses the clinical question at hand. Alternatively the unit clerk, or nursing station reviewing the order for consultation should telephone 215-955-6760 to request consultation from the Otolaryngology Administrative Office. The Office will page **the appropriate PGY-2/3 resident covering consultations that day** for all consultations. The consult beeper must be answered at all times and should be held by another resident if the resident normally holding this beeper is unavailable for consultation (e.g. Vacation).

Evening consultation (5:00 p.m. to 8:00 a.m. or weekends). The party desiring a consultation should telephone 877-656-5972 and talk directly to the in-house resident (PGY 2 or 3). If they cannot be reached, the university operator then can page the attending otolaryngology staff physician on call.

Emergency/STAT (e.g. Airway) consultation (24 hours). The party desiring consultation should call the airway pager (SR 1821). This will be answered by junior resident who will activate the response team. This includes contacting an attending, senior resident and bringing the emergency airway cart to the bedside. In the event of an emergency airway consultation during nights and weekends the junior resident will first notify the senior resident and then call the OR charge nurse at pager number 2349 who will be responsible for bringing the airway cart to the bedside. The in house resident will establish emergent airway access as dictated by the clinical situation.

2. The following information should be recorded for prompt processing of the consultation:
  1. Patient name & Medical record number
  2. Location of patient
  3. Referring physician
  4. Reason for consultation
  5. Date of consultation request
  6. Time of consultation request
3. The Consultation Resident will be responsible for seeing all consults as soon as possible and writing an appropriate report including history and physical examination. All daytime consults not directed to a particular attending physician will be seen by the consult attending physician as follows:

Monday:	Richard Goldman, MD
Tuesday:	Richard Goldman, MD
Wednesday:	Fellow (Facial plastics, Rhinology, or Head & Neck)
Thursday:	David Rosen, MD
Friday:	Richard Goldman, MD

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In the event of his/her absence (e.g. vacation), the consult attending physician must identify another attending to take consults.

4. The consult team will present the case to the attending physician and will continue to follow the patient and write appropriate daily notes. The attending physician will either assume care for the patient or transfer the case to another attending.
5. The attending physician is responsible for review of the consultation note and submission of an appropriate progress note with signature. Residents should make sure the attending receives a duplicate of the consultation note.

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- Scheduled Conferences-TJUH
  1. HISTORIES/PHYSICALS AND ROUNDS SHOULD BE COMPLETED BEFORE OR AFTER CONFERENCES. CONFERENCES ARE DESIGNED FOR THE BENEFIT OF THE RESIDENT'S EDUCATION AND NO EXCUSES FOR LATENESS OR ABSENCE FROM THESE WILL BE TOLERATED, EXCEPT UNDER UNUSUAL OR EMERGENCY CIRCUMSTANCES.
  2. Residents must report to their respective rotations **no later than 1PM** on Wednesday following morning conferences. This is especially important for the duPont rotation.
- Controlled Substances in the TJUH Clinical Offices

To meet record-keeping requirements and cost-containment goals, all controlled drugs will be stocked in the Jefferson Apothecary. In the most unusual circumstance where Lidocaine is not effective, topical Cocaine 4 cc of 4% by unit dose will be available, as will other controlled substances by prescription through the Apothecary. If the use of a controlled substance is anticipated, the following steps are taken:

1. A prescription must be written.
2. The prescription is taken to the Apothecary by the patient, members of the family, or an accompanying person.
3. The prescription is filled in the Apothecary.
4. The medicine is brought to clinical office for the use of the patient.

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**Resident Duty Hours Policy**

During the residency education process, residents assume progressive responsibility for the care of patients. Of necessity, these experiences require the opportunity to care for patients at all hours, and in varied settings. The Department of Otolaryngology Head and Neck Surgery recognizes that residency is demanding of both time and energy, and that the educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill service obligations. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. Duty hours are consistent with the Institutional and Program Requirements, in accordance with current ACGME guidelines.

ACGME Guidelines (Updated 7-1-17):

- 80 hours per week average over 4 weeks inclusive of all in-house activities and moonlighting
- At least one day (24 hours) in 7 off when averaged over 4 weeks
- At least 10 hours between daily duty shifts or after in-house on-call
- On-call shifts no more frequent than 1 out of 3, when averaged over a 4-week period.
- Continuous on-site duty, including in-house call, may not exceed 24 hours; residents may remain on duty for 6 additional hours for didactics, to maintain continuity of care, to transfer care or to attend outpatient continuity clinics.
- No new patients may be assigned after 24 hours except in outpatient continuity clinics
- At-home call is not subject to the 1 in 3 limit; however, if the resident comes into the hospital, that time in the hospital counts towards the 80-hour limit

The Department of Otolaryngology Head and Neck Surgery ensures that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged. Under these circumstances residents who are not directly involved in clinical care (PGY-4 research rotation, PGY-5 administrative chief rotation) will provide appropriate backup support.

Residents in Otolaryngology training must obtain adequate rest in order to function optimally. One objective of duty and on-call schedules is to avoid excessive institutional service obligations, including especially prolonged periods of patient care responsibility without rest. **To insure compliance with this policy, it is the obligation of residents to make their academic advisors and the Department Chairman aware of conflicts between this objective and actual practice.**

**RESIDENT ON CALL DUTIES & RESPONSIBILITIES**

The Resident call schedule will be made by the designated Administrative Chief Resident and submitted to the Administrative Office by the 20th day of the preceding month. Failure to submit a schedule by the 20th of the month may result in a repeat of the previous

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month's call schedule. Residents should submit requests for days/nights off to the Chief Resident by the 15<sup>th</sup> day of the month. Schedule changes that occur after the distribution of the on-call schedule can be made, but the resident is responsible for notifying appropriate Administrative Office staff, residents and page operator.

The intern will take no overnight call, but will serve as short call resident and work no more than 80 hours per week averaged over a four-week period. The intern will be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period.

Junior residents (PGY-2/3's) will take in-house call (3-5 per month). Junior residents when on-call will either come in at noon the day of call or will go home by noon the following post-call day such that the consecutive work hours do not exceed 24+6 limitation. A PGY 3 resident will cover the answering service during evenings and weekends. There is no in house responsibility during this time.

Senior residents (PGY-4/5's) will take home call. Home call will not be so frequent as to preclude rest and reasonable personal time for each resident. If the senior resident is required to come into the hospital, this time spent working will count toward the 80 work week limit. Senior residents will be provided with at least one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period. It is encouraged that senior residents live within 20 minutes from the hospital. The PGY-5 that is on call Friday night will be available on Sunday to cover for the PGY-4 if the PGY-4 was in-house Saturday day and night and Sunday morning without a reasonable amount of time at home. If this is the case, the PGY-5 will cover home-call for the remainder of Sunday. If a senior resident is called into the hospital during off hours and has to remain in house past midnight, they should be dismissed at 12 noon the following day.

For months in which there are 5 weekends, the PGY-5 residents will cover the extra weekend. Holidays will be covered by and divided amongst both PGY-2s and 3s in-house and PGY-4s and 5s from home.

The call schedule will be structured such that both the junior and senior residents on call will be the residents least likely to be needed for operative or other clinical duties the following day. For example, off service seniors would be the first to take call on Mondays, given that Tuesdays are busier OR days. Also depending upon the OR schedule, in house junior resident will either arrive late on the call day or be dismissed early on the post call day.

The following are responsibilities of the residents on call:

- 1) The on call senior resident will make rounds on the inpatient service prior to going home. Specifically, this applies to off-service senior residents taking call. E.g. Free flaps will be evaluated prior to departure to assess appearance should any problems arise.
- 2) After appropriate discussion with the evaluating resident, select consults may be deferred for senior resident evaluation no later than the next morning. Urgent consults or other patient issues will be directly evaluated by the senior resident, and subsequently discussed with the attending on call.
- 3) Patients requiring admission will be evaluated by the senior resident, with select exceptions. The attending on call will be immediately informed by the senior resident on call of any admission.
- 4) All situations which the junior resident suspects may require attending intervention will be directed through the senior on-call resident, who will call the attending directly after taking the necessary actions. The exception is the rare case that the situation is perceived to be urgent enough to directly call the attending (immediately after which the senior resident would be called by the junior resident).
- 5) On Saturdays, the post-call junior resident and on-call junior resident, and intern will write notes on the in-patient services and essential consults. The on-call senior resident will directly round on all in patients, and new and relevant consults that were deferred until rounds.



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6) On Sundays, the post call junior resident and on call junior resident will write notes on the in-patient services and essential consults. The on-call senior resident will directly round on all in patients, and new and relevant consults that were deferred until rounds.

7) Sign out will directly occur between the primary team seniors and senior and junior on call on weekdays. Weekend sign-out will occur directly between the senior who is post call and the senior who is on call. The on call and post call juniors will sign out to the on call senior.

8) For all office based calls to the PGY-3 home call resident a note will be put into the Electronic Medical Record and the primary attending will be tasked/emailed or called to notify them of the phone call.

- Long Range Call Schedule

**The on-call resident will advise the resident-in-charge and attending physician about any changes in patients before the resident-in-charge assumes regular daytime duties at all institutions.**

- On Call Facilities

TJUH maintains individual junior and senior call rooms for resident use. These are additionally equipped with library, computer and video facilities by the department. They must be maintained in good order by the residents for privileges to continue.

- Meals on call

The cafeteria is open daily until 7:30 p.m. Residents will receive compensation equivalent to two meals at the cafeteria for each in-house call day. In addition, vending machines are available and numerous restaurants in the immediate area will deliver to Jefferson.

- Staff Call

Faculty and residents in the Department of Otolaryngology cannot cover hospitals or physicians not part of the TJU system. The following guidelines should be observed:

Private physicians (otolaryngologists) who are not part of the TJU full-time faculty may refer patients to the Thomas Jefferson University Emergency Room or other TJU clinical facilities for clinical evaluation. Any arrangements for patients referred to TJUH from outside physicians must be made through TJU referral system and approved by the attending staff physician on-call.

The Department does not accept transfers of patients from outside hospitals unless there is direct physician-to-physician contact to assure continuity of care and delegation of responsibility.

**Patients not registered at TJUH, the Jefferson Hospital for Neurosciences, Wills Eye Hospital, or the A. I. Dupont Children's Hospital cannot be seen by the residents.**

Attending staff physicians must notify residents of any anticipated patient transfers or admissions.

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Non-TJU otolaryngologists must arrange coverage for their hospitals from other physicians with admitting privileges at those hospitals. TJU physicians cannot “cover” hospitals where they are not members of the staff.

**Outside Professional Employment**

**(Moonlighting)**

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The policy of the Department of Otolaryngology-Head & Neck Surgery concerning moonlighting outside the program is consistent with RRC requirements, as well as ACGME guidelines. It is the prerogative of the Chairman and Program Director to determine whether moonlighting is permitted.

Employment in a professional capacity while a resident is **summarily prohibited** for all residents in their first two years of otolaryngology training. Employment in such a capacity is sufficient grounds for immediate dismissal from the residency program.

No resident shall be required to engage in moonlighting. Residents may not moonlight until they have received the applicable license for unsupervised medical practice in the state where the moonlighting occurs. Residents and fellows will adhere to the Moonlighting Policy of the institution and the program. **In all instances in which moonlighting is permitted, the permission of the program director must be obtained prior to the initiation of moonlighting and documented in writing.** This documentation will be made part of the resident’s personnel file. **Failure to obtain written permission from the program director for moonlighting employment is sufficient grounds for immediate dismissal from the residency program.**

Moonlighting activities must not interfere with the ability of the resident to achieve the educational goals and objectives of the program and may not violate ACGME duty hour requirements.

**Professional liability insurance coverage is not provided for any activities outside the scope of the program,** and moonlighting residents should arrange for adequate professional liability coverage for their activities. Residents working additional shifts at Thomas Jefferson University Hospitals are insured for professional liability under their current resident policy, provided they meet the eligibility requirements, and are in compliance with procedures established by the Office of Medical Staff Affairs, as well as in compliance with the departmental, institutional, and ACGME duty hours requirements.

**RESIDENT ACADEMIC RESPONSIBILITIES**

- Teaching Responsibilities

An important responsibility of residents in this program is to teach medical students, family practice and pediatric residents, nurse practitioners, fellow otolaryngology residents and other members of the medical community. One of the most rewarding relationships is that with the medical students, wherein residents provide much of the clinical interaction.

The major teaching responsibility of the residents for medical students occurs during the students' third-year and fourth year otolaryngology electives. During these electives, medical students are assigned to rotations at the A. I. Dupont Hospital for Children, the Head and Neck Team and Subspecialty Team at TJUH. Medical students are assigned to residents, who act as preceptors. The objectives of the third-year elective are: 1) to increase competence in the examination of the head and neck, 2) to improve skill in taking an otolaryngology history, and 3) to begin to understand the differential diagnosis process in otolaryngology.

Medical students are to be provided with both an outpatient office and an inpatient operative experience. The administrative chief resident assigns students to faculty office hours. The chief resident on each team assigns students inpatient and operative responsibilities.

Medical students attend all Wednesday morning didactic conferences and all conferences unique to the team they are rotating with. Additionally, the administrative chief resident conducts teaching rounds and assigns topics for informal seminars with the medical students.

During the fourth year medical student elective, residents involve students in all aspects of the team's effort. Students must have an identified faculty mentor if they are considering an otolaryngology residency and should spend as much time with this mentor as possible during their rotation. Their faculty mentor and the chairman will compose letters of recommendation for the student. **A faculty mentor generally accepts only two advisees per year in order to facilitate this mentorship role.** Students are encouraged to pursue research with their faculty mentor. The administrative chief resident also aids in designing research projects for the students. Students are encouraged to present their research projects at the Fall Grand Rounds dedicated to student research.

On the final day of the medical student's rotation with the resident, the resident must submit a written evaluation of the student to the Department Administrative Office. This evaluation contributes to the overall evaluation of the student and the final grade assignment.

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- Submission of Manuscripts & Presentation of Papers

**The Department Research Coordinator must receive all contributions to the medical literature by residents for submission to the program chairman for review and approval.** This review is to be completed prior to submission of the manuscript to the scientific journal. The journal to which it is being submitted should be specified.

**Residents who plan to present papers and/or lectures, etc., at meetings outside of the Department, must request academic leave as specified under the Academic Leave Section. The time spent away for the presentation of a paper at the scientific meeting is not deducted from vacation time.**

Reasonable expenses are reimbursed by the department for academic leave to attend courses and conferences. These include registration, travel and lodging expenses and a daily meal allowance but do not include entertainment expenses such as golf outings, etc. Requests for reimbursement forms are available from the residency program administrator. **Residents may not attend national conferences at which papers are to be presented unless they have submitted a manuscript to the Program Director via the Department Research Coordinator. Special exemptions to this rule must be obtained in advance of the meeting from both the Program Director and the Chairman. In the case of national conferences at which papers are to be presented, no requests for reimbursement will be honored until the resident has submitted a manuscript to the Program Director.**

- Annual Otolaryngology Training Examination

Each resident will participate in the annual Training Examination in March. The results of these examinations will be reviewed by the Program Director with each resident and will become part of the resident's permanent file.

It is anticipated that each resident's cumulative score will be at or above the year-adjusted 25<sup>th</sup> percentile on the Annual Training Examination. **Although this score is not used as a sole indicator of resident performance, scores lower than the 25<sup>th</sup> percentile may be sufficient to place the resident on probation. Continued poor performance may be grounds for dismissal.**

- Home Study Course

Each resident will complete the Home Study Course, which is paid for by the department. **Although this score is not used as a sole indicator of resident performance, failure to pass the Home Study Course may be sufficient to place the resident on probation.**

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- Annual Balshi Prize

**Each PGY-3, 4 & 5 resident** will submit a manuscript to the Program Director by May 1<sup>st</sup> in competition for the Balshi Prize, which will include an honorarium of no less than \$300. The prize recipient will present his paper during a special Grand Rounds in lieu of his regularly scheduled Grand Rounds presentation.

- ABO Examination Scores

Residents preparing to take the American Board of Otolaryngology/Head and Neck Surgery Examinations should plan to have scores sent to the Program Director. The Department must maintain records of these scores as part of residency training program accreditation requirements. Having scores sent to the Department helps to ensure a smooth transition from the training program to professional practice.

- Ashley Greywoode Annual Memorial Award
- 
- Residents are encouraged to submit a formal proposal to the department granting the winner of the prize a funded trip to the medical mission they have outlined in their proposal. The trip memorializes a beloved former resident and the tragic loss of his family members. It also allows those residents who participate the ability to recognize the great contributions his family had made.

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- Research

Specific Goals and Objectives for the Basic Science Research and Clinical Research Rotations are listed in PIF Resident Goals & Objectives document.

Residents must designate a preceptor for their research rotation. The preceptor must be a faculty member within the Department, although the actual research may be pursued outside of the Department under the auspices of the faculty preceptor. The topic for research, preparations for necessary introductions and contacts, and agreements for use of laboratory and other equipment should be agreed upon early and in association with the faculty preceptor. If significant costs are involved, a detailed preliminary budget should be prepared for discussion at this time.

**Following approval by the faculty preceptor, research proposals must be submitted in writing two weeks before the start of the rotation to Dr. Joseph Curry and Dr. Edmund Pribitkin, the Residency Director.** The research proposal must include:

- (a) Title
- (b) Faculty preceptor & co-authors
- (c) Specific purpose and aim of project
- (d) Summary of problem and previous relevant research in this area
- (e) Methods, materials and budget
- (f) Project timeline
- (g) Presentation/Publication goal
- (h) Selected references on the problem.

At this time, specific details may be discussed regarding Institutional Review Board approval, relevant deadlines, expectation for progress of the research, and dissemination of accumulated data. Moreover, issues relating to experimental design, analysis of data, and graphic presentation of results should be reviewed and discussed. Although only the resident physician can ensure successful completion of the rotation, the faculty stands ready to offer appropriate advice and assistance.

At the completion of the rotation, a project summary or preferably a manuscript must be submitted to the Program Director.

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**RESIDENT EVALUATION**

- Faculty Advisors

Each PGY-1 resident will be assigned as an advisee to an attending physician within the department. Subsequently, a resident may request reassignment by obtaining the written agreement of a different faculty member to serve as an advisor and informing the Program Director of this change in writing.

The faculty advisor will meet quarterly with each advisee and document this meeting in the resident's record. The faculty advisor will review the advisee's progress in the training program, and provide advice and counsel in the development of a project to be completed during the clinical or research rotation. The faculty advisor will be available on a continual basis to the advisee for any special questions or concerns.

It is anticipated that the efforts of the faculty advisor will enhance the personal and professional development of each resident and provide a source of advice and counsel when needed. Faculty members are anxious to facilitate the advancement of their advisees and it is hoped that each resident will benefit from this special interaction.

- Semi-annual Curriculum Vitae

Each resident must submit an updated curriculum vitae on disk to the Program Director for review prior to the semi-annual evaluation. The c.v. must be in the format indicated in the PIF Resident Sample CV document.

- Quarterly Site Director Evaluation

The Board has defined in broad terms what it deems to be the characteristics of a competent otolaryngologist. A form with similar definitions of competence is used by the Department to evaluate each resident at the end of every rotation. Faculty members interacting with the resident during the quarterly rotation complete this form and submit it to the Program Director for inclusion in the resident's record. These quarterly evaluations will also be reviewed with each resident by the respective rotation Site Director. At the start of each rotation, the Site Director must review the goals of the rotation with each resident.

TJUH Head & Neck Team Director	David Cognetti, MD
Subspecialty Team Director	Edmund Pribitkin, MD
Otology Team Director	Thomas Willcox, MD
Reconstructive and Facial Cosmetic Surgery Team	Ryan Heffelfinger, MD
Head and Neck Rotation	David Cognetti, MD and Joseph Curry, MD
Laryngology Team	Maurits Boon, MD
Administrative Chief Resident Director	Edmund Pribitkin, MD
A. I. DuPont Children's Hospital Director	Patrick Barth, MD

- Semi-Annual Program Director Evaluation

Twice each academic year a formal review with the Program Director will take place. In the event that the resident's performance is not considered adequate in whole or in part, or

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when there is a change in the Resident's status, the Program Director will discuss this with the individual resident and the resident will be notified by letter of such change in status.

- Faculty & Rotation Review

Residents will anonymously evaluate in writing (a) each faculty member, (b) each rotation, (c) the didactic conferences and (d) the residency program so as to provide objective meaningful feedback. Appropriate forms and instructions for carrying out the evaluation will be provided by the Administrative Chief Resident and are listed in PIF the Sample Evaluation Forms document.

- 360-Degree Evaluation

Operating room, ward and office nursing staff as well as office personnel and nurse practitioners/physician assistants provide anonymous evaluations of the residents each year. Patients are solicited at random to provide evaluations after resident interaction. This occurs at both TJUH and Dupont.



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**Department of Otolaryngology Head and Neck Surgery**  
**Policies and Procedures for Resident Promotion**

All residents in the Department of Otolaryngology Head and Neck Surgery Are expected to complete 12 months at each level of training, and shall satisfy the Pennsylvania Board of Medical Licensure requirements for promotion. **Residents must provide evidence of successful completion of USMLE Step 3 or COMLEX III, as applicable, to the Office of House Staff Affairs by February 15<sup>th</sup> of the PGY 2 year in order to be promoted beyond the PGY 2 level. Residents who do not achieve a successful score by this date will be given a notice of non-renewal.** Residents who do not achieve passing results on the USMLE Step 3 or COMLEX III, will not be permitted to repeat the PGY 2 level. Residents must complete the 60 months of training required by the American Board of Otolaryngology for eligibility for certification as a component of successful completion of residency training at Jefferson.

Residents must develop the knowledge, skills, attitudes, behaviors and judgment to assume responsibility for independent practice at the completion of their education. This process involves the sequential assumption of progressive responsibility, and requires assessment of proficiency and fitness to move to the next level of training (promotion) or completion of the educational program. A committee comprised of the Chairman, Program Director and the resident's Faculty Advisor, will make final decisions regarding resident promotion. In the Department of Otolaryngology Head and Neck Surgery the following constitute criteria for promotion:

**PGY-2,3,4,5**

- Each resident must demonstrate compliance with mandatory attendance at all Morning Grand Rounds, Specialty Conferences, Tumor Boards, and Residency Core Curriculum unless prior arrangements are made with the approval of the Chairman or Program Director.
- Annual Training Evaluation scores will be reviewed by the Program Director with each resident and will become part of the resident's permanent file. Each resident's cumulative score will be at or above the year-adjusted 25<sup>th</sup> percentile on the Annual Training Examination. Although this score is not used as a sole indicator of resident performance, scores lower than the 25<sup>th</sup> percentile may be sufficient to place the resident on probation.
- Each resident will complete the Home Study Course, which is paid for by the department. Although this score is not used as a sole indicator of resident performance, failure to pass the Home Study Course may be sufficient to place the resident on probation.

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**PGY-3,4,5**

Each PGY-3,4,5 resident will submit a manuscript to the Program Director by March 1<sup>st</sup> for competition in the Balshi Prize, which will include an honorarium of no less than \$300. The prize recipient will present his paper during a special Grand Rounds in lieu of his regularly scheduled Grand Rounds presentation.

**Each quarterly rotation should enable the resident to demonstrate specific clinical and professional competencies. These competencies are listed in the PIF and provide the basis for the evaluation of each resident's progress during a given rotation. These will be reviewed at the beginning of each rotation in a formal discussion with the respective attending for each team. Conversely, each resident must evaluate the success of a given rotation in providing him/her with the guidance and experience necessary to demonstrate these competencies.**

**PGY-1**

Successful completion of the following rotations as documented though evaluations communicated to resident at the conclusion of the rotation by the site director.

TJU Head and Neck Oncology Team (3 months)  
TJU Consult Team (2 months)  
A.I. Dupont Hospital for Children Team (1 month)  
Anesthesiology (1 month)  
Emergency medicine (1 month)  
Neurological Surgery (1 month)  
Surgical Intensive Care (1 month)  
General Surgery and Subspecialties (2 months)

Employment in a professional capacity while a resident is **summarily prohibited** for all residents in their first year of otolaryngology training. Employment in such a capacity is sufficient grounds for immediate dismissal from the residency program.

**PGY-2**

Successful completion of the following rotations as documented though quarterly evaluations communicated to resident at the conclusion of the rotation by the site director.

TJU Head & Neck Rotation (Joseph Curry, MD)  
TJU Head & Neck Rotation (David Cognetti, MD)  
TJU Consult Team  
TJU Reconstructive and Facial Cosmetic Surgery Team  
A. I. DuPont Hospital for Children Team

Employment in a professional capacity while a resident is **summarily prohibited** for all residents in their second year of otolaryngology training. Employment in such a capacity is sufficient grounds for immediate dismissal from the residency program.

**PGY-3**

Successful completion of the following rotations as documented though quarterly evaluations communicated to resident at the conclusion of the rotation by the site director.

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TJU Consult Team  
TJU Rhinology Team  
TJU Subspecialty Team  
TJU Laryngology Team  
TJU Otology Team

**PGY-4**

Successful completion of the following rotations as documented through quarterly evaluations communicated to resident at the conclusion of the rotation by the site director.

TJU Head & Neck Team  
Chief, TJU Consult Team  
Research Rotation (2 blocks)  
Chief, A. I. DuPont Children's Medical Center Team

**PGY-5**

Successful completion of the following rotations as documented through quarterly evaluations communicated to resident at the conclusion of the rotation by the site director.

Chief, TJU Head & Neck Team  
Chief, TJU Subspecialty Team  
Administrative Chief Resident  
Chief, TJU Otology Team  
TJU Operative Chief Resident

**Residents who fail to meet the performance standards required for promotion and outlined above will receive formative as well as summative feedback concerning their performance, and be provided with the opportunity to correct or improve the deficiencies identified. The Department of Otolaryngology-Head & Neck Surgery will maintain written documentation of these evaluations. Remediation efforts will be evaluated and documented in writing. Failure to correct or improve documented deficiencies will result in resident dismissal in accordance with guidelines established by Thomas Jefferson University and documented in the House Staff Agreement.**

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**Policies and Procedures for Resident Discipline and Dismissal**

In the unusual circumstance where just cause exists, the Department of Otolaryngology Head and Neck Surgery reserves the right to recommend disciplinary action, up to and including dismissal, of the resident. Under these circumstances, the Departmental policies are as per the House Staff Contract and the Institutional Policies and Procedures regarding Resident Performance Deficiency.

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**RESIDENT LEAVE & VACATION ISSUES**

- Vacation

1. Residents are entitled to receive four (4) weeks vacation time off with pay. Vacation is to be taken in one week blocks; that is, in periods no less than seven consecutive days. Exceptions must be approved in advance by the Program Director.
2. Vacation requests are to be submitted to the Administrative Chief Resident semi-annually on August 1 and January 1. This is necessary so that conflicts and double scheduling can be prevented. Vacation requests submitted after these dates will be granted based upon time available, and first come-first served.
3. All vacation conflicts will be resolved by the Administrative Chief Resident.
4. The Administrative Chief Resident will have the vacation schedule approved by the Chief of the Service to which you will be assigned during the absence.
5. The schedule will be submitted by the Administrative Chief Resident to the ORL Administrative Office for final approval by the Program Director.
6. Once the request is approved, the resident must arrange coverage during time away from the hospital and inform the ORL Administrative Office of coverage plans.
6. Only one resident may be away from any given service at any time, unless with special permission.
7. Last 7 days of June - no PGY 1-4 are to take vacation. All PGY5's who are starting fellowships, spouses starting fellowship or who must report to active duty can take the last 7 days of June as one of their 4 allotted weeks of vacation. PGY5 residents entering private practice must use 4 weeks of vacation prior to the final 7 days of June and will be expected to work until June 30th except in special circumstances. PGY 5 residents will be allowed to take a week of vacation during all rotations.
8. Two weeks of vacation may be taken consecutively only if approved in writing by the Program Director
9. PGY – 2 and 4 must take one of their 4 vacation weeks while at Dupont.
10. No vacation may be taken during the first and second weeks of July.
11. Time away to present a paper does not count against vacation time, unless this exceeds five (5) days.
12. Vacation weeks may not be carried over from one academic year to the next academic year (e.g. July 1 - June 30).

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- Academic Leave

Residents are entitled to five days of academic leave per year to attend courses and conferences. Requests for academic leave may also be made to pursue fellowship or other employment opportunities. **These five days do not count against resident vacation time.**

All requests for academic leave must be approved by the Administrative Chief Resident and co-signed by the Program Director or Chairman. Requests should be submitted at least one week in advance and must include

1. Dates of leave
2. Reason for leave , e.g. conference to be attended
3. Title of presentation and co-authors if applicable
4. **Coverage during leave.**

Reasonable expenses are reimbursed by the department for academic leave to attend courses and conferences at which the resident is participating. Expenses at conferences or courses at which the resident is not participating are reimbursed at the discretion of the chairman and program director. Expenses include registration, travel and lodging expenses and a daily meal allowance but do not include entertainment expenses such as golf outings, etc. Requests for reimbursement forms are available from residency program administrator. **In the case of national conferences at which papers are to be presented, no requests for reimbursement will be honored until the resident has submitted a manuscript to the Program Director via Elizabeth Duddy.**

All requests for academic leave in excess of five days will only be granted at the discretion of the Program Director and must also be submitted one week in advance in accordance with the above guidelines.

- Absenteeism

Absenteeism in the case of an emergency must be reported to the Otolaryngology Administrative Office (215-955-6784) and the Administrative Chief Resident as soon as the need to be absent is realized.

Arrangements for rotation coverage at such times are not the responsibility of the resident and all such arrangements will be handled and finalized through the residency program administrator and Administrative Chief Resident.

- Long-term Disability and Illness

Thomas Jefferson University Hospital paid residents are covered by a long-term disability insurance plan (salary continuation). The plan covers disability resulting from either accident or illness, sustained on or off the job. The benefit provides 60% of current salary after more than ninety (90) days off the job. Refer to **House Staff Agreement document**.

- Illness/Maternity Leave

**Illness:** Normally, salary deductions are not made for lost time due to illness or injury. If such time exceeds the three (3) weeks allotted for illness, continuation of salary must be

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approved by the Program Director. If the Program Director determines that an excessive amount of time has been lost, it must be made up before the Hospital can issue a certificate of completion for training requirements. Refer to **House Staff agreement document**.

Maternity Leave: Salary continuation by University Hospital during maternity leave is comprised of the allowable three (3) weeks illness leave plus the allowable four (4) weeks vacation. The available maximum six (6) weeks paid maternity leave time is reduced by any amount of sick leave or vacation already expended during the year. Residents requiring in excess of six (6) weeks maternity leave should be placed on leave of absence without pay. If the Program Director determines that an excessive amount of time has been lost, it must be made up before the Hospital can issue a certificate of completion for training requirements. Refer to **House Staff agreement document**.

**Academic Discipline and Resident Complaints**

Refer to House Staff agreement document available through TJUH House Staff Office

**Resident Stress**

Refer to Resident Stress Issues document available through TJUH House Staff Office. The department subscribes to the Physician's Health Programs (PHP) of the Educational and Scientific Trust of The Pennsylvania Medical Society.

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**DEPARTMENTAL RESOURCES**

- Dress Code-White Lab Coats

All residents are expected to dress in a professional manner. Dress should be neat and clean. **Clean, neat** white lab coats should be worn in clinical settings. Three or Four white lab coats will be provided annually by the department to each resident.

- Eye Protection

The use of surgical eye protection, including surgical loupes is strongly recommended. Surgical loupes may be purchased from Designs for Vision or other high quality optical suppliers at the individual resident's own expense.

- Resident Quarters

A resident study area, kitchen facilities, television, DVD and videotape materials, and a library are maintained in the Administrative Office. These facilities are available for resident use at any time. They must be maintained in good order by residents for privileges to continue.

- Computer Resources

Resident Quarters contain numerous computers with printers and scanners, a Windows type PC with Internet, Phillips iSite, and EPIC capability, flatbed scanner, slide scanner, printer and DVD and CD-R drive. Residents may obtain computer supplies from the residency program administrator.

All resident presentations will be computer-based presentations employing Power Point and scanned images. The department will not support the creation of slides for presentation unless a special request is made through the Associate Program Director. All resident presentations and supporting scanned images will be archived in the resident computer, which will be maintained by the clinical research resident and inspected quarterly by the Administrative Chief Resident. **The PGY-3 resident will receive a \$500 stipend toward the purchase of academic materials (books, computers, etc) if the library and computer archives are properly maintained during his/her rotation.**

A portable computer, digital projector and digital camera are available for resident use through the residency program administrator.



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- **Audiology Services**

Audiology services are available through the Audiology Section, located on the sixth floor of 925 Chestnut Street Offices. Please specify that all testing be conducted by the Department's Audiology Service. When writing orders, or giving oral instructions to nursing staff, ward clerks, or medical students, indicate that appointments should be made by calling the Audiology at 215-955-6760.

- **Cellphones**

Residents and inpatient physician extenders (NP/PA) assigned to the Otolaryngology rotation will receive smartphone service offered by TJUH Information Systems (IS) through AT&T.

**Information Systems Plan**

The service provided will include unlimited talk time minutes, unlimited texting and an unlimited data plan. The Department will support the cost of the smartphone service as offered by TJUH IS.

**Independent Option**

If a resident prefers to use a private phone and plan, he/she may do so, at which point the TJUH IS service plan will be terminated and he/she will receive an annual stipend from the department (\$50/month). This stipend will be paid out by the Department of Otolaryngology-HNS within 10 days of being notified by resident. This amount will be pro-rated should the resident switch plans any time after July 1.

Residents beginning the PGY-1 year should report immediately to the Otolaryngology Administrative office at 925 Chestnut Street to meet with the residency program administrator. Appropriate forms will be completed and signed, and the above cell phone policy will be reviewed. Residents are responsible for cell phones issued to them and must keep them in good working order to ensure good communication. If a cell phone or pager malfunctions, it must be reported to the residency program administrator.

- **Keys**

Residents are entitled to receive a key to the Resident's Quarters located adjacent to the Otolaryngology Administrative Office. Obtain the appropriate form from the residency program administrator. A \$2.00 key deposit fee is required, and it takes approximately one week to process the request for a key. Residents will be notified when the key is available. Keys must be returned to the Administrative Assistant at the conclusion of the residency training experience. Interns receive keys to the in-house call rooms from the House Staff Office.

- **Closing Out**

At the conclusion of the residency training experience, pagers and keys must be returned to the residency program administrator. The \$2.00 key deposit may be redeemed at the same time. To avoid delays in processing letters of recommendation, assistance with applications for hospital privileges, etc., pagers, keys, and cell phone materials must be returned to residency program administrator. **A final c.v. and operative experience report must be submitted prior to certification of board eligibility.**

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**Program Competency Goals & Objectives**

**Core Competency Goals & Objectives**

**PGY-1 Competency Goals and Objectives**

**PGY-2 Competency Goals and Objectives**

**PGY-3 Competency Goals and Objectives**

**PGY-4 Competency Goals and Objectives**

**PGY-5 Competency Goals and Objectives**

**TJUH Head & Neck Team Competency Goals and Objectives**

**TJUH Subspecialty Team Competency Goals and Objectives**

**Jefferson Hospital For Neurosciences Otology-Neurotology Team Competency Goals and Objectives**

**DuPont Hospital for Children Competency Goals and Objectives**

The Program Curriculum reflects the ACGME program requirements, ideal program documents and the ACGME competencies. The program employs Outcome Measures to facilitate assessment of core competencies in compliance with the next phase of the ACGME Competency Project.

Three Sets of G&O exist in the program curriculum as delineated in the Resident Manual

Core Competency Goals, Objectives & Assessment Tools for Overall Program

Overall Competency based G&O's for each Residency Year

Competency based G&O's for each Rotation

Individual faculty and resident responsibilities, goals and objectives for each conference are also described in the Resident Manual and PIF. All of these are immediately available for resident and faculty use on-line. Core Competency and Overall Resident Year of Training G&Os are presented annually to the residents in July and reviewed annually by the departmental GME Committee. Rotation Specific G&O's are discussed with residents before each rotation. Progress in attaining all G&O's is reviewed with the residents on a quarterly basis by their faculty advisor and semi-annually by the Program Director.

**Overall Core Competency Goals, Objectives and Assessment Tools**

All Otolaryngology residents (PGY-1 through PGY-5) must develop competence as physicians in order to complete their training and competently practice as independent practitioners. Competence as a physician, in this framework, is defined as achieving competence in the six domains of competency:

1. Medical Knowledge
2. Patient Care

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3. Professionalism
4. Interpersonal and Communication Skills
5. Practice-Based Learning and Improvement
6. System-Based Practice

All Otolaryngology residents must complete the Core Competency Curriculum. The Core Competency Curriculum incorporates the following Clinical Core Competency Goals, Competencies, Objectives, and Assessment Tools. The didactic portions of the curriculum are taught as part of the departmental core curriculum (see Conferences) on a biennial basis, however, the clinical aspects of the core competency curriculum are taught on a continuous basis throughout residency. Achievement of satisfactory performance levels and fulfillment of all these goals and objectives is necessary for the successful completion of the residency training.

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- Medical knowledge

**Goal**

**For each rotation, at each level of training**, residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

**Competencies**

Residents are expected to:

- Demonstrate an investigatory and analytic thinking approach to clinical situations
- Know and apply the basic and clinically supportive sciences which are appropriate to Otolaryngology-Head & Neck Surgery

**Objectives**

1. Residents should demonstrate the ability to conduct a complete clinically appropriate search of both print and electronic format literature.
2. Residents should participate in active review and dissemination of current research or medical developments (i.e., publish article in peer-reviewed journal)
3. Residents should be able to judge the adequacy of the design of clinical research studies, to interpret the study results, and apply the findings to their clinical decision-making (i.e., journal club).
4. Residents should demonstrate a scholarly and investigative approach to the care of each of their patients.
5. Residents should demonstrate an ability to learn from clinical mistakes, patient morbidities and poor patient outcomes.

**Assessment Tools**

1. ABO Otolaryngology Training Examination Score
2. AAO-HNS Home Study Course Score
3. Grand Rounds Evaluation
4. Presentations at National Meetings
5. Publications in Peer-reviewed Journals
6. GME-TODAY General Core Competencies Online Education Program

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- Patient care

**Goal**

For each rotation, at each level of training, residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

**Competencies**

Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for Otolaryngology-Head & Neck Surgery
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care

**Objectives**

1. Residents should demonstrate a basic understanding of electronic patient information systems and an ability to gather essential and accurate patient information.
2. Residents should demonstrate an ability to use practice-relevant internet and scientific literature search information technology.
3. Residents should demonstrate effective, caring and respectful behavior during interactions with patients, their families and other involved healthcare professionals. This should include effective counseling and education of patients and their families.
4. Residents should demonstrate assimilation of patient medical information, results of diagnostic and therapeutic interventions, patient preference and current scientific evidence in order to make an informed judgment concerning a patient's care. This includes demonstrating the ability to develop, communicate and implement patient management plans.
5. Residents should competently and independently perform all medical and invasive procedures essential for the practice of Otolaryngology-Head and Neck Surgery.
6. Residents should demonstrate an ability to work as a cooperative and contributing team member of a patient's health care team.
7. Residents should provide health care services aimed at preventing health problems or maintaining health.

**Assessment Tools**

1. ABO Otolaryngology Training Examination Score
2. AAO-HNS Home Study Course Score
3. Operative Case Log
4. Global resident end of rotation evaluation
5. Senior Resident Mock Oral Boards

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6. GME-TODAY General Core Competencies Online Education Program
7. TJUH Healthstream On-Line Learning Modules
8. Operative competencies checklists

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- Professionalism

**Goal**

For each rotation, at each level of training, residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care.

**Competencies**

Residents are expected to demonstrate:

- Compassion, integrity, and respect for others
- Responsiveness to patient needs that supersedes self-interest
- Respect for patient privacy and autonomy
- Accountability to patients, society, and the profession
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

**Objectives**

1. Residents should be honest in all their dealings with patients and their families.
2. Residents should always treat their patients with dignity and respect, and be sensitive to differences and adapt their decision making to the individual religious beliefs, culture, age, gender and disabilities of patients, family members and other health care providers.
3. Residents should always place their patient's interest above their own personal gain and serve as the patient's advocate.
4. Residents should understand the health inequities that exist between different populations and attempt to use their influence to improve the health of their communities where they live and practice.
5. Residents should demonstrate willingness to provide needed care with the same standard of quality for all patients
6. Residents should learn to work as a member of a healthcare team and to be respectful of the contributions that other health professionals can make in the care of their patients.
7. Residents should recognize that a healthy lifestyle and attentiveness to one's own personal, social and family needs are also a professional responsibility.
8. Residents should know the proscription against sexual relationships with patients and the potential legal consequences of such relationships.
9. Residents should understand the differences between appropriate and inappropriate gifts to and from patients.
10. Residents should demonstrate knowledge of physician impairment, obligations for reporting and knowledge of resources and care options.
11. Residents should demonstrate understanding that all information transmitted to them is confidential and that a patient's permission must be obtained prior to release of information about that patient to anyone.
12. Residents should understand when a breach of confidentiality is mandated by law, and what information may be divulged under those circumstances.
13. Residents should understand the legal and ethical requirements for informed consent and informed refusal, as well as the factors that may limit a patient's autonomy and decision-making capacity. Residents should demonstrate the ability to obtain informed consent and/or refusal from a patient and/or surrogate decision-maker.
14. Residents should demonstrate knowledge of palliative care, including principles of

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- pain management.
- 15. Residents should demonstrate knowledge of issues and requirements pertaining to use of human and animal subjects in research.**
  - 16. Residents should be aware of potential conflicts of interest present in financial relationships with for-profit healthcare enterprises.**

**Assessment Tools**

1. IRB Training for Human Subjects in Research
2. TJUH Healthstream On-Line Learning Modules
3. Global resident end of rotation evaluation
4. 360 degree rotation evaluation
5. GME-TODAY General Core Competencies Online Education Program
6. AIDHC Confidential Patient Satisfaction Survey of Physicians-In-Training



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- Interpersonal and Communication Skills

**Goal**

For each rotation, at each level of training, residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

**Competencies**

Residents are expected to:

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals, and health related agencies
- Work effectively as a member or leader of a health care team or other professional group
- Act in a consultative role to other physicians and health professionals
- Maintain comprehensive, timely, and legible medical records

**Objectives**

1. Residents should be able to teach medical students and other resident physicians by providing learner-appropriate content, supervision and constructive feedback.
2. Residents should demonstrate an appreciation of disease impact and the meaning of illness for individual patients, based on an understanding of each patient's unique personal, environmental and cultural context.
3. Residents should demonstrate both leadership and member-collaborator skills in the health care team. This includes identifying roles and assignments, planning and prioritizing, accepting responsibilities, assisting others, and resolving conflicts.
4. Residents should demonstrate the skills of listening and verbally and non-verbally communicating empathy and concern.
5. Residents should demonstrate the ability to perform effective patient and family interviews.
6. Residents should demonstrate the ability to provide their patients with understandable information about diagnosis and treatment options.
7. Residents should demonstrate the ability to convey bad news while supporting the emotional needs of the recipients.
8. Residents should demonstrate the ability to communicate clearly in both speaking and writing with all members of the health care team.
9. Residents should demonstrate the ability to design and deliver structured educational presentations.

**Assessment Tools**

1. Grand Rounds Evaluation
2. Presentations at National Meetings
3. Global resident end of rotation evaluation
4. 360 degree rotation evaluation
5. Senior Resident Mock Oral Boards
6. GME-TODAY General Core Competencies Online Education Program
7. AIDHC Confidential Patient Satisfaction Survey of Physicians-In-Training

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- Practice-based learning and improvement

**Goal**

For each rotation, at each level of training, residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning.

**Competencies**

Residents are expected to develop skills and habits to be able to:

- Identify strengths, deficiencies and limits in one's knowledge and expertise;
- Set learning and improvement goals
- Identify and perform appropriate learning activities
- Systematically analyze practice, using quality improvement methods, and implement changes with the goal of practice improvement
- Incorporate formative evaluation feedback into daily practice
- Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems
- Use information technology to optimize learning
- Participate in the education of patients, families, students, residents and other health professionals, as documented by evaluations of a resident's teaching abilities by faculty and/or learners

**Objectives**

1. Residents should establish and monitor personal programs for improvement in their knowledge and skills (i.e., practice-based improvement activity).
2. Residents should demonstrate knowledge of basic principles of research design, clinical epidemiology and biostatistics. This should include the design, implementation, analysis and presentation of a research project plan.
3. Residents should demonstrate the ability to conduct a complete research-appropriate search of both print and electronic format literature.
4. Residents should understand the basic aspects of quality of care issues and assessment tools.

**Assessment Tools**

1. Presentations at National Meetings
2. Publications in Peer-reviewed Journals
3. Grant proposal/IRB Form Completion
4. IRB Training for Human Subjects in Research
5. Global resident end of rotation evaluation
6. 360 degree rotation evaluation
7. GME-TODAY General Core Competencies Online Education Program
8. Morbidity-Mortality-Near Miss Conference Presentations

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- Systems-based practice

**Goal**

For each rotation, at each level of training, residents must demonstrate an 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.

**Competencies**

Residents are expected to:

- Work effectively in various health care delivery settings and systems relevant to Otolaryngology-Head & Neck Surgery
- Coordinate patient care within the health care system relevant to Otolaryngology-Head & Neck Surgery
- Incorporate considerations of cost awareness and risk-benefit analysis in patient care
- Advocate for quality patient care and optimal patient care systems
- Work in interprofessional teams to enhance patient safety and improve patient care quality
- Participate in identifying systems errors and in implementing potential systems solutions

**Objectives**

1. Residents should have basic knowledge of the health care resources available in their community
2. Residents should understand the basic aspects of managed care organizations and health insurance systems (i.e., Medicare, Medicaid, self-pay, Veterans Affairs Medical Centers, HMO, PPO and commercial insurance companies).
3. Residents should have knowledge of Medicare regulations as they pertain to documentation, patient care, teaching physician involvement and billing issues.
4. Residents should have knowledge of how healthcare is delivered to different segments of the population and patient types in teaching hospitals, private hospitals, government-sponsored hospitals, private and academic outpatient facilities, nursing homes and rehabilitation units.
5. Residents should demonstrate basic knowledge of healthcare reimbursement processes, methods and systems.
6. Residents should demonstrate basic knowledge of the regulatory environment including state licensing authorities and hospital regulatory agencies (i.e., JCAHO).
7. Residents should demonstrate the ability to recognize patients' sociomedical problems such as sexual abuse, child abuse, drug or alcohol dependence and make appropriate referrals.
8. Residents should demonstrate knowledge of basic practice management principles such as budgeting, record keeping, medical records, and staff management.
9. Residents should demonstrate knowledge of the obligations and responsibilities pertaining to the provision of care and transport of patients between healthcare facilities.
10. Residents should demonstrate knowledge of basic medico-legal processes and risk management practices.
11. Residents should demonstrate an attitude towards and practice of cost-effective health care and resource allocation that does not compromise quality of care.
12. Residents should demonstrate constant advocacy for quality patient care and assist patients in dealing with health care system complexities.

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**Assessment Tools**

1. TJUH Healthstream On-Line Learning Modules
2. IRB Training for Human Subjects in Research
3. Global resident end of rotation evaluation
4. 360 degree rotation evaluation
5. Morbidity-Mortality-Near Miss Conference Presentations
6. GME-TODAY General Core Competencies Online Education Program

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**PGY-1 Competency Goals and Objectives**

- PGY-1 Rotation Schedule

1 month	1 month	1 month	1 month	1 month	1 month	3 months	1 Month	2 Months
Gen Surg	Gen Surg	Gen Surg	ICU	Anesth	Neuro Surg	Otolaryngology TJUH Head and Neck Team	Otolaryngology DuPont Pediatrics	Otolaryngology TJUH Consult Team

- Overview

PGY-1 Resident Education is under the supervision of the Department of Otolaryngology-Head and Neck Surgery GME Committee headed by the Program Director. The first year curriculum is designed based on the ACGME OTO-HNS RRC requirements and specific rotations are dictated by these requirements. Scheduling of rotations is done in coordination with the Program Directors of the General Surgery, Anesthesiology, Emergency Medicine & Neurosurgery Residency Programs at the Thomas Jefferson University.

The first year of training provides an organized educational experience with faculty guidance and close supervision of each resident in order to begin to learn the practice of head and neck surgery. This facilitates professional and personal growth while ensuring safe and effective patient care. The program relies on the integration of didactic activities in a structured environment along with guided experience in the diagnosis and management of patients. A proper balance between educational quality and patient care service is maintained. All patients admitted for a surgical procedure are assigned to an attending physician. The attending staff member supervises all preoperative, operative, and postoperative care of the patient – regardless of whether the patient is referred by another physician or assigned to the physician upon entrance to the emergency room. The attending staff member has the responsibility of delegating appropriate duties to each resident on the service according to the resident's level of training and ability as well as his or her individual skills and degree of competence. This is under the oversight of the OTO-HNS Program Director and Institutional Program Directors.

Special PGY-1 educational opportunities include the Intern Clinical Skills Orientation.

The PGY-1 resident, under appropriate supervision from the attending staff, learns to evaluate a patient's chief complaint, to judge the patient's ability to tolerate surgical intervention, and to understand all phases of patient care as they relate to the operating room. The first year resident is expected to demonstrate competence in performing most bed-side procedures (such as central and arterial line placement, chest tube thoracostomy, and endotracheal intubation,) and straightforward operative procedures (such as tracheotomy, diagnostic peritoneal lavage, breast biopsy, hemorrhoidectomy, and inguinal hernia repair). The first year resident learns the postoperative management of surgical patients, and the diagnosis and management of patients with surgical problems presenting to the outpatient clinic and emergency department. Additionally, the first year resident studies and incorporates the elements of the Core Clinical Competencies into his or her practice on a longitudinal basis. This includes the ability to:

-Make sound ethical and legal judgments.

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- Respect the cultural and religious needs of patients and their families, and provide surgical care in accordance with those needs.
- Use critical thinking when making decisions affecting the life of a patient.
- Collaborate effectively with colleagues and other health professionals.
- Teach and share knowledge with colleagues, residents, students, and other health care providers.
- Teach patients and their families about the patient's health needs.
- Be committed to scholarly pursuits through the conduct and evaluation of research.
- Be prepared to manage complex programs and organizations.
- Provide cost-effective care to surgical patients and families within the community.
- Value lifelong learning as a necessary prerequisite to maintaining surgical knowledge and skill.

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- Overall Goals and Objectives

The following overall PGY-1 Goals and Objectives are supplemented by the rotation specific Goals and Objectives as specified below for each rotation. They also supplement the Department of Otolaryngology-Head and Neck Surgery Core Competency Goals and Objectives that correspond to the ORLHNS Core Competency Curriculum that spans a resident's entire training.

- Patient Care Competencies

**History and Physical Examination, Documentation**

Goal

Learn through supervised encounters to perform and document a comprehensive history, physical examination, differential diagnosis and treatment plan

Objectives

By the completion of PGY 1, the resident should be knowledgeable in the following areas and be able to:

Obtain a detailed surgical history and obtain and review relevant medical records

- Perform a detailed physical examination.
- Develop a complete differential diagnosis.
- Write a succinct H&P, including a risk assessment evaluation.
- Obtain a written informed consent.
- Document the treatment plan in the medical record, including the indications for treatment.
- Dictate an operative note and discharge summary.

**Patient Assessment and Perioperative Management**

Goal

Learn through supervised encounters to judge a patient's ability to tolerate surgical intervention

Objectives

By the completion of PGY 1, the resident should be knowledgeable in the following areas and be able to:

- Order and interpret basic laboratory tests and screening X-Rays, and evaluate the patient's cardiac, pulmonary, renal, and neurological status.
- Develop a preoperative assessment of risk factors.
- Complete, document, and assess appropriate workup, write preoperative orders, and obtain required consultation from other specialists.
- Review, prioritize, and order medications the patient is currently taking
- Use and understand the nursing notes and patient data.
- Prescribe activity level, management of medications, pain management, follow up appointments, and obtain urgent contact information.

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**Wound Management**

**Goal**

Learn through supervised encounters to promote healthy wound healing and to recognize and manage wound complications.

**Objectives**

By the completion of PGY 1, the resident should be knowledgeable in the following areas and be able to:

- Differentiate between wound infection, hematoma, and seroma, and initiate therapy.
- Perform extensive debridement with supervision.
- Debride and pack wounds and apply dressings.
- Recognize and differentiate between wound infection and necrotizing fasciitis, and detect crepitus.
- Identify wound dehiscence and evisceration.
- Assess regional and free flaps for viability and recognize the signs of ischemia
- Know and apply the specific recommendations for tetanus immunization (active and passive).
- Know the clinical manifestations of rabies in carrier and patient, and agents available to prevent development of the disease.
- Obtain proper wound specimen and perform and interpret Gram stain.

**Sterile Technique/Surgical Skills**

**Goal**

Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical skills

**Objectives**

By the completion of PGY 1, the resident should be knowledgeable in the following areas and be able to:

- Understand indications for and utilize appropriate methods of routine and reverse isolation procedures.
- Maintain appropriate sterile technique in the operating room, ER, at the bedside, in the ICU, and in the office.
- Learn surgical site positioning, preparation and draping.
- Perform as first assistant. Know how to obtain hemostasis of small vessels and exposure of the operative field.
- Be familiar with common surgical instruments (scalpel, forceps, scissors, needle holders, hemostats, retractors, electrocautery) and suture materials and their proper uses.
- Perform basic maneuvers, e.g. suture of skin, soft tissues, fascia; tie knots; obtain simple hemostasis.
- Learn basic techniques of dissection and handling of tissues.



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- Medical Knowledge Competency

**Fever, Microbiology, and Surgical Infection**

Goal

Learn through supervised encounters to prevent and treat perioperative and nosocomial infections

Objectives

By the completion of PGY 1, the resident should be knowledgeable in the following areas and be able to:

- Know the mediators of fever, differential diagnosis, evaluation and management of the febrile patient in order to initiate appropriate workup of fever and provide supportive treatment.
  - Initiate definitive treatment with appropriate antibiotics.
  - Be able to monitor antibiotic levels and recognize drug-related complications. Know the antibiotic of choice.
  - Know and apply the principles of prevention of nosocomial infections, sterile technique and universal precautions.
  - Order and interpret the appropriate imaging studies for localization of an infected focus.
  - Know and apply the principles of incision and drainage.
  - Know the proper use of prophylactic antibiotics.
  - Know the classification of wounds (clean, clean-contaminated, contaminated, infected).
  - Recognize the septic syndrome and initiate appropriate supportive treatment. Be familiar with the current literature concerning the causes and mediators of the sepsis syndrome and its pathophysiology.
- System-Based Care Competency

**Epidemiology and Public Health**

Goal

Understand role of health care providers in maintaining public health

Objectives

By the completion of PGY 1, the resident should be knowledgeable in the following areas and be able to:

- Be knowledgeable in AIDS diagnosis and prevention of HIV infection.
- Understand significance and treatment protocol for needle sticks and other pathogen exposures.
- Understand the epidemiology and treatment of sexually transmitted diseases and other communicable diseases.

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- Conferences

In order to maximize their learning during each specific surgical rotation, the PGY-1 resident attends a series of educational conferences that correspond to their particular clinical rotation, generally under the guidance of the rotation coordinator. All residents achieve ACLS certification in their first week of study at TJUH. All undergo Simulation of Skills Testing during their first week of study. All residents are required to attend TJUH institutional GME conferences such as the TJUH House Staff Service Excellence Meeting on Interpersonal & Communication Skills.

Additionally, all residents are required to complete and maintain annual certification in the following:

- GME-TODAY General Core Competencies Online Education Program
- TJUH Healthstream On-Line Learning Modules
- IRB Training for Human Subjects in Research

When the residents rotate on the ORLHNS Team, they attend the ORLHNS Wednesday AM Conference Program. They also attend the ORLHNS Conference Program during other rotations as time allows.

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- Rotation Specific Goals and Objectives

**Otolaryngology-Head & Neck Surgery**

Maurits Boon, MD, rotation coordinator

The PGY-1 rotation is described with goals and objectives under the TJUH Head & Team description.

**General Surgery**

Karen Chojnacki, MD, rotation coordinator

PGY-1 residents rotate through general surgical services involved in transplant care, surgical oncology, endocrine surgery and gastro-intestinal disorders. During these rotations, the PGY-1 is expected to learn comprehensive patient evaluation and management techniques for patients with malignancies, endocrine abnormalities and organ failure. Multidisciplinary care principles and interactions are stressed.

On all these services, the PGY-1 resident plays a primary role in the preoperative and postoperative care of patients under the supervision of the general surgery faculty. This allows for a considerable degree of continuity of patient care. Emphasis is placed equally on pre-operative patient preparation, intra-operative management of surgical diseases, and postoperative care principles. This experience provides an in-depth exposure to the way in which surgical care is provided to patients seen at a Comprehensive Cancer Care Center and Organ Transplant Hospital. Residents also work in an outpatient clinic each week.

Call will be taken on the General Surgery Call Schedule. While on the rotation, the resident is expected to attend all of the General Surgery/Basic Surgical Science Conferences.

**Competencies Unique to Rotation**

**Patient Care**

**Management of Fluid/Electrolyte and Acid Base Balance**

Goal

Understand the metabolic implications of trauma and operation and the measures necessary to provide for fluid/electrolyte support of the surgical patient.

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to:

- Understand acid-base balance and the applications of body composition to fluid, electrolyte, and acid-base balance in health and disease.
- Give fluid resuscitation, manage postoperative fluid requirements, and recognize and correctly manage acid-base disorders.
- Make adjustments in fluid administration for comorbid conditions, e.g. renal or cardiac insufficiency, diabetes, hypovolemia.
- Use CVP and urine flow rates for adjustments of fluid administration.
- Perform a saphenous cutdown.
- Recognize and treat calcium and magnesium imbalance.

**Surgical Skills**

Goal

Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical skills

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to:

- Under supervision:
  - excise benign lesions of skin and subcutaneous tissues.
  - perform lymph node biopsy.
  - remove superficial foreign bodies.
  - incise and drain an abscess.
  - repair simple lacerations.
  - repair umbilical and type I and II inguinal hernias.
  - perform appendectomy.

**Medical Knowledge**

**Assessment of Basic Diagnostic Tests and X-Rays**

Goal

Understand indications, costs and interpretation of basic diagnostic tests and x-rays

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to:

- Recognize abnormalities in basic radiologic and laboratory tests and learn normal values and ranges.
- Choose the optimal imaging technique.
- Recognize:
  - pleural effusion on CXR
  - chest mass on CXR
  - pneumonitis on CXR
  - bowel gas patterns on flat plate abdomen
  - diaphragm abnormalities on CXR
  - spinal column fractures
  - cervical spine radiographs
- Interpret basic EKG findings
- Recognize ischemia & arrhythmia patterns on EKG.

**Nutrition**

Goal

Understand the metabolic implications of trauma and operation and the measures necessary to provide for nutritional support of the surgical patient.

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to:

- Perform a metabolic assessment of the surgical patient.
- Know the methods of calculation of nutritional requirements in health and disease using the Harris-Benedict or similar formulae.
- Know the composition of various enteral and parenteral formulas and adjust appropriately.
- Calculate and order basic enteral or parenteral formulas.
- Recognize complications of enteral and parenteral feedings.
- Manage central IV lines.
- Manage gastrostomy or jejunostomy feeding tubes.
- Assess when a postoperative patient can be fed and assess adequacy of intake.
- Know and utilize comparative costs of nutritional support methods.

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**Anesthesiology**

Steven McNulty, DO, rotation coordinator

The rotation in Anesthesiology provides for an exposure to the basic principles involved in delivering a safe and effective anesthetic to the surgical patient. The PGY-1 resident is involved in the preoperative, intraoperative and recovery phases of anesthetic management. PGY-1 residents are closely supervised at all times by faculty anesthesiologists. This experience stresses safe and effective airway management and a recognition of and response to the physiologic consequences of anesthetic medications, particularly as they relate to the patient's surgical treatment. A carefully prepared plan of care is discussed for each patient. Call will be taken on the anesthesiology call schedule.

While on the rotation, the resident is expected to attend all of the Department of Anesthesiology's didactic sessions, including Morbidity and Mortality Conference and Interesting Case Conferences, as well as the General Surgery/Basic Surgical Science Conferences.

**Competencies Unique to Rotation**

**Patient Care**

Goal

Acquire basic knowledge and skills in preoperative care including preanesthetic evaluation, anesthetic risk assessment, airway evaluation, intraoperative induction and maintenance of anesthesia, and postoperative recovery.

Objectives

By the completion of this rotation, the resident should be knowledgeable in and be able to:

- Basic laryngeal anatomy and physiology.
- Appropriate indications for general vs local anesthesia.
- Appropriate preoperative evaluation including when to order a pre-operative chest x-ray, EKG, and laboratory tests based on the patient's age, past medical history and social habits.
- Write pre-anesthetic orders
- Obtain oropharyngeal control of airway and provide Ambu ventilation
- Be able to perform under supervision:
  - orotracheal intubation
  - nasotracheal intubation
  - laryngeal mask ventilation
- Interpret the anesthesia record
- Position the patient properly for operative exposure, temperature control, and protection from pressure/traction.
- Be familiar with intraoperative monitoring.
- Insert arterial and venous lines.
- Know the dose range and complications (including pulmonary edema and malignant hyperthermia) of barbiturates, local anesthetics, paralyzing agents, reversing agents, inhalant anesthetics
- Know when and how to use epinephrine, hyaluronidase, in local anesthesia
- Under supervision administer a local block, administer conscious sedation or
- administer general anesthesia



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**Critical Care (ICU)**

Murray Cohen, MD, rotation coordinator

At TJUH, this service provides care for all patients in the Surgical ICU. The PGY-1 resident participates in the global care of these patients including interactions with the patient's family and the social services and nursing staffs. The resident develops an understanding for the impact of critical care on society, particularly from a psychosocial and economic perspective. They must manage the daily status of all patients on the service, and are responsible for patient presentations to the night float team and to consulting services. First year residents are involved in a number of surgical procedures including tracheotomies and percutaneous gastrostomy tube placement.

Call will be taken on the ICU Call Schedule. While on the rotation, the resident is expected to attend all of the General Surgery/Basic Surgical Science Conferences.

**Competencies Unique to Rotation**

**Patient Care**

**Critical Care and Management of Shock**

Goal

Acquire the basic knowledge and skills in the evaluation and management of critically ill patient in shock

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to:

- Differentiate types of shock (hemorrhagic, cardiogenic, septic, neurologic) and initiate appropriate therapy.
- Insert central venous and arterial catheters and obtain hemodynamic data; interpret data and initiate therapy.
- Recognize clinic presentation of a pneumothorax and insert chest tube
- Understand and utilize basic principles of mechanical ventilation.
- Recognize the indications for blood component therapy and initiate therapy.
- Recognize a transfusion reaction and initiate management.
- Institute measures to prevent upper GI bleeding in critically ill patients.

**Surgical Skills**

Goal

Learn through supervised encounters to observe sterile techniques, to assist in the ICU and to develop sound technical surgical skills

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to:

- Develop surgical skills in CPR, CVC placement, arterial catheter placement, and chest tube placement.
- Perform first assistant in bedside bronchoscopy, pulmonary lavage, and tracheotomy.
- Obtain oropharyngeal control of airway, provide Ambu ventilation and perform orotracheal intubation.



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**Medical Knowledge**

**Coagulation and Anticoagulation**

Goal

Prevent, recognize and manage both coagulopathies and thrombotic events

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to:

- Choose the appropriate tests for diagnosis of a coagulopathy, and have a working knowledge of factor analysis.
- Apply effective preventive measures for DVT and PE.
- Initiate and monitor therapeutic anticoagulation and its complications.
- Diagnose and manage acute deep venous thrombosis.
- Acutely manage a patient with a suspected acute pulmonary embolus, and provide a differential diagnosis.

**Applied Cardiac, Renal & Pulmonary Physiology**

Goal

Through supervised learning, acquire the basic knowledge and skills in the evaluation and management of patients with multi-organ failure

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able UNDER SUPERVISION to:

- Recognize rhythm disturbances, myocardial ischemia on EKG.
- Assess, formulate a differential diagnosis and initiate therapy for hypotension.
- Know and apply appropriate treatment for supraventricular tachycardia.
- Treat congestive failure and acute pulmonary edema.
- Manage hypertension in a surgical patient. Understand multidrug therapy and the toxic and side effects of antihypertensive drugs.
- Know the pathophysiology of the development of acute renal failure; the differentiation of prerenal, renal, obstructive types of renal failure; and the general concepts of prevention and treatment of ARF.
- Recognize and treat simple electrolyte disturbances.
- Understand appropriate fluid replacement and balance.
- Know the manifestations—clinical and by laboratory testing—of obstructive pulmonary disease and pulmonary insufficiency, and their surgical perioperative management.
- Recognize bronchoconstrictive disorders and their perioperative management.

**Applied Nutrition**

Goal

Insure nutritional support for a critically ill patient

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to:

- Learn to manage the nutritional needs of a critically ill patient.
- Placement of nasogastric tube and dobhoff tube.
- Consent patient for intravenous or enteral hyperalimentation

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**Plastic / Endocrine Surgery**

Karen Chojnacki, MD, rotation coordinator

The Plastic Surgery rotation provides a variety of experiences in plastic and reconstructive surgery. Under supervision, residents manage patients undergoing microvascular free flap reconstruction. Residents assist in cases involving regional flap reconstructions and skin grafting. Residents are introduced to concepts of aesthetic surgery including breast implantation, aging face surgery and body sculpting. Time is spent equally in the operating room and clinic during this rotation.

Call will be taken on the General Surgery Call Schedule. While on the rotation, the resident is expected to attend all of the General Surgery/Basic Surgical Science Conferences.

**Competencies Unique to Rotation**

**Patient Care**

Goal

Gain exposure to functional and aesthetic issues and effective wound care in patients with important quality of life concerns.

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to:

- Become familiar with basic principles involved in the care of soft tissue and bony injuries, particularly to the craniofacial region.
- Closure of simple and complex lacerations.
- Be aware of factors leading to poor wound healing, including excessive scar formation, and the mitigation of these factors.
- Practice wound creation and closure techniques so as to minimize their impact on patient well-being.
- Understand the many factors that play a role in patient satisfaction with care, some of which may be difficult to recognize or control.
- Understand the indications and application of Vacuum Assisted Closure devices

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**Neurosurgery**

David Andrews, MD rotation coordinator

The PGY-1 rotation in Neurological Surgery is an experience in the diagnosis and management of patients with brain and spinal cord disease. Specific emphasis is placed on the management of patients undergoing minimally invasive skull base surgery and transsphenoidal hypophysectomy, because these patients undergo surgery in conjunction with the ORLHNS service. Additionally, residents work in the Neuro ICU to help manage patients with spinal and brain injuries. Extensive experience is also obtained in radiographic interpretation, interventional angiography, and in the management of malignancies through gamma knife and similar therapies. Approximately equal amounts of time are spent in the clinic setting and in the operating room.

Call is taken on the Neurosurgery Call rotation. While on the rotation, the resident is expected to attend all of the Neurosurgery Department Conferences.

**Competencies Unique to Rotation**

**Patient Care Goal**

Learn to identify, understand and help manage surgical problems involving the central and peripheral nervous system.

**Objectives**

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to:

- Review basic cranial anatomy including cranial nerve origin and function.
- Perform neurosurgical patient evaluation, assessment and management.
- Understand the pathophysiology of traumatic brain injury, with a focus on the use of intracranial monitoring..
- The indications for and basic interpretation of diagnostic tests and X-rays including basic head CT and MRI imaging studies.
- Basic neurosurgical skills, technique, and wound management including simple craniotomy, dural suturing and craniotomy closure.
- Recognition, diagnosis, and basic management of CSF leaks.
- Insertion and management of a lumbar drain.
- Management of common neurosurgical complications.
- Differentiate between stroke, TIA, and non-cerebrovascular events causing neurological symptoms and know the diagnostic techniques.
- Participate in at least 5 major procedures (cranial decompression, craniotomy, removal of pituitary adenoma).
- Understand the many methods available for treatment of brain and spinal cord neoplasms, particularly those that occur at the skull base and require multidisciplinary efforts.

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**PGY-2 Competency Goals and Objectives**

- PGY-2 Rotation Schedule

10 weeks	10 weeks	10 weeks	10 weeks	10 weeks
TJUH (Cognetti) Head & Neck	TJUH Subspecialty Team	TJUH Facial Plastic and Reconstructive Surgery	DuPont Hospital For Children	TJUH (Curry) Head and Neck

- Overview

The second year of training provides an organized educational experience with faculty guidance and close supervision of each resident in order to learn the practice of ORL-HNS. The second year resident receives a broad exposure to all facets of ORLHNS during 10 week experiences on the TJUH Head and Neck Team, TJUH Subspecialty Team, DuPont Hospital for Children, and under direct preceptorship within the department's Division of Facial Plastic and Reconstructive Surgery. Each rotation provides inpatient, outpatient, on-call and operative educational opportunities. Building on the solid general fund of basic science and clinical knowledge that was acquired during medical school and internship, principles of diagnosis and treatment are taught progressively and continuity of care is emphasized. The otolaryngology resident is supervised and instructed by attending surgeons and more senior residents. When more senior residents are present on the service a hierarchical system prevails, with the interns and junior residents reporting to the senior resident or chief resident of the surgical team, who in turn reports to the attending staff. Senior residents and attending surgical staff are available in a rapid reliable manner. Delegation of authority and responsibility for patient care increases as the resident demonstrates increased competence in the delivery of safe, effective, and compassionate care. The attending staff formally evaluates each otolaryngology resident's performance at the end of the rotation using a customized institutional on-line evaluation program, "GME Toolkit." Residents are also evaluated by fellow healthcare professionals using a 360 degree evaluation instrument.

Resident attendance at Wednesday conferences is mandatory—no conflicting clinical responsibilities are scheduled. Special PGY-2 educational opportunities include the summer Introduction to Basic Clinical Otolaryngology and the spring Head and Neck Anatomy Cadaver Dissection Course. The Annual Foreign Body Endoscopy Course and Annual ORL Emergencies Boot Camp provide additional targeted learning experiences.

The TJUH Head & Neck Team and Subspecialty rotations include supervised experience in the traditional outpatient clinic, inpatient ward, consult service and intensive care unit (SICU), as well as an initial operative experience as second or first assistant on a variety of procedures including thyroidectomy, neck dissection, and parotidectomy. Residents also gain experience as primary surgeons in basic otolaryngology surgical procedures such as panendoscopy, tracheotomy, sialoendoscopy tonsillectomy and tympanostomy tube placement. Thursday Operative Case Management Conferences review all cases for the upcoming week with an in-depth discussion of selected patients including preoperative evaluation, surgical options, surgical approaches, anatomy, complications, postoperative management and related issues. Residents are expected to develop proficiency in managing the adult airway through a

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series of supervised inpatient and operative learning experiences. Finally, residents progressively assume greater responsibilities as members of a departmental team that includes nurse practitioners, clinical care coordinators and physician extenders as well as numerous hospital health care providers.

The TJUH Facial Plastic & Reconstructive Surgery Rotation provides the resident with an introduction to the field of aesthetic and microvascular reconstructive surgery of the head and neck. Residents work directly with each of the department's three fellowship-trained facial plastic surgeons in the outpatient and operative setting. Residents gain experience in office-based cosmetic procedures such as BOTOX injection, laser resurfacing, and injection of fillers. They are also introduced to the practice of evaluating patients for reconstruction after oncologic ablation or maxillofacial trauma. Particular attention is paid to photo documentation, facial analysis, appropriate selection of both patients and reconstructive procedures, postoperative management and wound care management. In order to provide a continuous patient care experience, residents participate in the surgeries of patients that they have seen in the outpatient clinic and learn the basics of rhinoplasty, skin grafting, flap design, flap harvesting and microvascular reconstruction. Residents also participate in ongoing research and dissection projects through the microvascular laboratory and must successfully demonstrate competence in rat femoral artery anastomosis.

The DuPont Hospital for Children rotation includes supervised experience in a busy outpatient pediatric ORLHNS clinic with an electronic medical record introducing residents to digital record-keeping as a component of Systems-based practice. Initial experiences at this rotation center around developing core competencies of Professionalism and Interpersonal Communication skills unique to the treatment of the pediatric patient. Residents develop facility in diagnosing common childhood ORLHNS illnesses through supervised interactions with parents and children at the outpatient clinic. They assist on a variety of pediatric ORLHNS procedures and are expected to develop proficiency in managing the pediatric airway through a series of supervised inpatient and operative learning experiences. Residents also gain experience as primary surgeon in basic otolaryngology surgical procedures such as tonsillectomy and tympanostomy tube placement. Residents continue to attend all TJUH Wednesday AM Conferences but also attend additional didactic conferences introducing pediatric otolaryngology and reviewing selected topics in otology and in head and neck.

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- Overall Competency Based Goals and Objectives

The PGY-2 resident, under appropriate supervision from the attending staff, learns the accepted sequence for evaluating an otolaryngology patient's chief complaint, to judge the patient's ability to tolerate surgical intervention, and to understand all phases of patient care as they relate to the operating room. He becomes familiar with the instrumentation and testing unique to the practice of ORLHNS. The second year resident is expected to demonstrate competence in managing the patient airway including performing nasolaryngoscopy, rigid pediatric and adult bronchoscopy and fiberoptic intubation. The second year resident is expected to demonstrate competence in straightforward operative procedures such as septoplasty, turbinate reduction surgery, tonsillectomy and adenoidectomy and tympanostomy tube placement.

The following overall PGY-2 Goals and Objectives are supplemented by the rotation specific Goals and Objectives as specified below for each rotation. They also supplement the Department of Otolaryngology-Head and Neck Surgery Core Competency Goals and Objectives that correspond to the ORLHNS Core Competency Curriculum that spans a resident's entire training. The second year resident is expected to continue to incorporate elements of the Core Clinical Competencies into his or her practice on a longitudinal basis as described in the Core Clinical Competency Curriculum and as reviewed under the overall goals and objectives for the PGY-2 year.

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**Patient Care Goal**

**Learn through supervised encounters to perform and document a comprehensive ORL-HNS history, physical examination, differential diagnosis and treatment plan**

**Objectives**

By the completion of PGY-2, the resident should be knowledgeable in the following areas and be able to:

- Obtain a detailed ORLHNS history and obtain and review relevant medical records and reports
- Perform a detailed physical examination.
- Learn to use fiberoptic nasopharyngoscopy, indirect laryngoscopy, microscopic otoscopy, and pneumatic otoscopy. Also learn how the normal anatomy looks with these instruments.
- Develop a complete differential diagnosis.
- Write a succinct H&P, including a risk assessment evaluation.
- Obtain a written informed consent.
- Document the treatment plan in the medical record, including the indications for treatment.
- Dictate an operative note and discharge summary.

**Patient Care Goal**

**Learn the peri-operative management of patients receiving surgical treatment for general head and neck conditions.**

**Objectives**

By the completion of PGY-2, the resident should be knowledgeable in the following areas and be able to:

- Order and interpret basic laboratory tests and screening X-Rays, and evaluate the patient's cardiac, pulmonary, renal, and neurological status.
- Understand the basic principles and interpretation of polysomnography
- Develop a preoperative assessment of risk factors.
- Complete, document, and assess appropriate workup, write preoperative orders, and obtain required consultation from other specialists.
- Review, prioritize, and order medications the patient is currently taking
- Use and understand the nursing notes and patient data.
- Prescribe activity level, management of medications, pain management, follow up appointments, and obtain urgent contact information.

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**Patient Care Goal**

**Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical skills**

**Objectives**

By the completion of PGY-2, the resident should be knowledgeable in the following areas and be able to:

- Perform basic maneuvers proficiently, e.g. suture of skin, soft tissues, fascia; tie knots; obtain simple hemostasis.
- Demonstrate ability to perform selected surgical procedures under direct supervision as delineated in specific rotation objectives
- Demonstrate ability to assist in major surgical procedures and execute under guidance those portions of the operations that are appropriate to the resident's skill set and level of training as delineated in specific rotation objectives
- Be familiar with common otolaryngology instruments (laryngoscopes, otology instruments, FESS instruments) and suture materials and their proper uses.
- Understand concepts of microscopic and endoscopic surgical technique.
- Be able to correctly close a large wound using deep, subcuticular, and cutaneous sutures or staples.
- Be able to correctly place a flat suction drain and secure it.
- Secure an emergency airway through fiberoptic intubation, cricothyroidotomy or tracheostomy.

**Medical Knowledge Goal**

**Demonstrate ability to interpret common serological and radiographic testing in  
ORL-H&NS**

**Objectives**

By the completion of PGY-2, the resident should be knowledgeable in the following areas and be able to:

- Identify important the features and landmarks of normal heads and necks of adult and pediatric patients, as seen on
  - lateral neck plain film
  - AP neck plain film
  - axial/coronal CT scan
  - T1/T2 MRI scan
  - ultrasound
- Interpret and describe the classic appearance of sinusitis.
- Interpret and describe the fracture patterns of the facial skeleton as seen on a CT scan.



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**Medical Knowledge Goal**

**Demonstrate ability to interpret Otologic testing in ORL-H&NS**

**Objectives**

By the completion of PGY-2, the resident should be knowledgeable in the following areas and be able to:

- Demonstrate ability to interpret pure tone, speech and impedance audiometry.
- Demonstrate ability to interpret BAER
- Demonstrate ability to interpret Otoacoustic emission testing
- Demonstrate ability to interpret basic electronystagmography

**Practice Based Learning and Improvement Goal**

**Develop sound habits of personal scholarship and scientific inquiry in order to apply principles of Evidence Based Medicine**

**Objectives**

By the completion of PGY-2, the resident should be knowledgeable in the following areas and be able to:

- Study to improve on areas of deficiency in last year's Annual Training Examination and Perform at greater than 25th Percentile among PGY-2 resident group
- Develop a Grand Rounds Lecture incorporating the tenets of EBM
- Maintain Certification to participate in Human Subjects Research
- Develop clinical research interests and participate in an ongoing clinical research project by submitting a study for IRB approval

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**Interpersonal Skills and Communications Goal**

**Interact with patients and family to communicate the indications, contraindications, and risks of basic head and neck diagnostic & surgical procedures including alternatives to surgery.**

**Objectives**

By the completion of PGY-2, the resident should be knowledgeable in the following areas and be able to:

- Discuss the indications, risks, benefits and alternatives of surgical correction of conditions delineated in specific rotation objectives
- Discuss the use of intravenous sedation and local and regional anesthesia for ambulatory surgery including the pharmacology of those medications and the management of allergic and toxic reactions.

**Professionalism Goal**

**Carry out professional responsibilities in an ethical manner with attention to diverse patient populations**

**Objectives**

By the completion of PGY-2, the resident should be knowledgeable in the following areas and be able to:

- Understand the process used to disclose medical errors
- Accurately record duty hours and monitor/report colleagues for signs of physician impairment
- Use system resources to facilitate interactions with deaf patients or those speaking a foreign language

**Systems-Based Practice Goal**

**Demonstrate ability to deliver in-patient and clinic care in a safe, cost-effective manner, especially as this relates to interactions with patients, families, colleagues and ancillary health professionals**

**Objectives**

By the completion of PGY-2, the resident should be knowledgeable in the following areas and be able to:

- Demonstrate how to admit patient to the hospital with appropriate admission documentation.
- Appropriately institute and follow-through with a consultation with a professional colleague.
- Appropriately perform, review and communicate the results of an ORLHNS consultation.
- Appropriately access hospital social services and nursing services in discharge planning.
- Insure patient safety through accurate medication reconciliation at patient admission, transfer and discharge.

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- PGY-2 Conferences

Individual PGY responsibilities, goals and objectives for each conference are listed under the Residency Manual section detailing conferences.

PGY-2 residents must attend the ORLHNS Wednesday AM Conference Program.

- 7:00 Otolaryngology Grand Rounds  
Thyroid & Parathyroid Multi-Disciplinary Conference  
Mortality-Morbidity-Near Miss Conference
- 8:00 Quarterly Subspecialty Review  
GME-TODAY General Core Competencies Online Program  
Team Management Conference
- 9:00 Multi-Disciplinary Head & Neck Tumor Board
- 10:00 Basic Science Core Curriculum
- 11:00 Basic Science Core Curriculum
- 12:00 Head & Neck Radiology Conference
- 1:00 Operative Inservices

PGY-2 residents must attend conferences unique to the institutions they are rotating on. These include

TJUH

- Operative Case Management Conference
- Head & Neck Radiology Conference
- Hearing & Balance Center Journal Club

Nemours AI duPont Hospital for Children

- Introduction to Basic Clinical Pediatric Otolaryngology
- Otology-Topics of Discussion & Temporal Bone Anatomy
- Head & Neck Radiology Conference

PGY-2 residents must attend conferences unique to their year of study

- Introduction to Basic Clinical Otolaryngology
- \*\*Head and Neck Anatomy Cadaver Dissection
- Annual Foreign Body Endoscopy Course
- Annual ORL Emergencies Boot Camp

PGY-2 residents must complete and maintain certification in the following Independent/On-Line Programmed Courses of Study

- AAO-HNS Home Study Course
- GME-TODAY General Core Competencies Online Education Program
- TJUH Healthstream On-Line Learning Modules
- IRB Training for Human Subjects in Research

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- Rotation Specific Goals and Objectives

*The Facial Plastic and Reconstructive Surgery Rotation is specific to the PGY-2 year. The remainder of the PGY-2 rotations with their specific goals and objectives are described under each ORLHNS team description below.*

- Facial Plastic & Reconstructive Surgery Rotation  
**Ryan Heffelfinger, MD rotation coordinator**

Overview  
Duties & Responsibilities

The Facial Plastic & Reconstructive Surgery rotation is designed to provide the PGY-2 resident with an introductory education in the fields of plastic and reconstructive surgery from a nationally prominent faculty. Particular attention is paid to the management of patients undergoing microvascular free-flap reconstruction for traumatic or ablative defects of the head and neck. Faculty members include:

Edmund Pribitkin, MD  
Ryan Heffelfinger, MD  
Howard Krein, MD

The teaching faculty has sub-specialty clinical expertise in facial plastic and reconstructive surgery, microvascular surgery, and general otolaryngology. Every ORLHNS patient has a responsible, supervising faculty member and resident team involvement.

While on this rotation, the resident's weekly schedule is as follows:

Monday	Microvascular Lab or TJUH/JSC Operating Room
Tuesday	Herb Kean Aesthetic Surgery Center Outpatient Clinic
Wednesday AM	TJUH Wednesday AM Conferences.
Wednesday PM	Herb Kean Aesthetic Surgery Center Office Surgery
Thursday	Microvascular Lab or TJUH/JSC Operating Room
Friday	Herb Kean Aesthetic Surgery Center Outpatient Clinic
Call	TJUH In-House Call Schedule (see PIF)

Tuesdays, Wednesday afternoons, and Fridays are spent in the outpatient setting with the facial plastic surgery faculty. Wednesday afternoon, the resident participates in outpatient cosmetic procedures at the department's Herb Kean Aesthetic Surgery Center. These procedures include but are not limited to Botox injections, injection of fillers, laser and chemical skin resurfacing, and blepharoplasty. Residents will assist and perform these procedures under the direct supervision of the responsible faculty member. Mondays and Thursdays, the resident will assist Drs. Heffelfinger/Krein in the operating room with microvascular free-flap reconstructions. The PGY-2 resident will act as first assistant during the harvest and inset of the flap while more senior level residents will assist with the microvascular anastomosis. If there are not microvascular reconstructive cases scheduled, the PGY-2 resident on this service may participate in cases involving facial trauma, reconstruction, or cosmetic procedures. During this three month rotation, the resident participates in operative cases staffed by the facial plastic surgery faculty and does not participate in general cases staffed by the other TJUH or JHN faculty.

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A departmentally supported microvascular laboratory enables the resident to acquire key skills in microvascular surgery while furthering the departmental research mission. The resident will be in the laboratory on those Tuesdays and Fridays when there are not microvascular cases scheduled and where there is ample resident coverage for the remainder of the plastics/trauma cases (i.e. by the “On service” Head and Neck and Subspecialty team residents). The laboratory includes a procedural manual that outlines key skills to be demonstrated by the participating resident. In completing these tasks, residents gain familiarity with the instrumentation and basic techniques of microvascular anastomosis. They first practice on inanimate objects and once their level of expertise is deemed to be at a satisfactory level by the supervising faculty, they demonstrate these skills in a rat laboratory. Additionally, the residents explore clinical and translational research projects in the field of microvascular surgery. These may be pursued in conjunction with ongoing dissections in the microvascular laboratory.

The ORLHNS resident clinic experience consists of 2-3 days weekly under the direct guidance of an attending physician. The Herb Kean Center for Aesthetic Surgery includes four examination rooms, an office procedures suite, two aesthetician rooms, a digital photography suite and state of the art equipment for aesthetic surgery including laser and pulse light devices. The clinic has extensive nursing, receptionist and clerical support, and residents must interact professionally with all staff including aestheticians. Cytopathologists are immediately available for the obtaining of fine needle aspirations during all clinics. All tertiary care medical and surgical consultation services are also available during all clinics.

The resident participates in the evaluation and management of the cosmetic and/or reconstructive surgery patient with the supervising faculty. This experience allows one-on-one teaching of the history, physical exam and clinic-based procedures specific to aesthetic and reconstructive surgery. This provides excellent longitudinal exposure to each patient from initial diagnostic workup to long-term postoperative follow-up. Each patient is seen concomitantly by both faculty and resident to maximize the one-on-one teaching.

Core Competencies highlighted during this rotation include

Interpersonal and Communication Skills

Care of the patient seeking cosmetic change

Care of the patient with significant facial deformities

Professionalism

Interaction with Aestheticians and other Health Care Providers

Informed Consent

Practice-Based Learning & Improvement

Evidenced Based Approach to new aesthetic interventions

**Rotation Specific Competency Based Goals and Objectives**

**Patient Care Goal**

Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical skills

**Objectives**

By the completion of the rotation, the resident should be knowledgeable in the following areas and be able to:

- Perform basic maneuvers proficiently, e.g. suture of skin, soft tissues, fascia; tie knots; obtain simple hemostasis.
- Appropriately close surgical defects using local and regional flaps
- Safely and efficiently perform excisions of skin lesions.
- Raise surgical flaps in a technically satisfactory manner
- Satisfactorily perform a split thickness skin graft
- Properly secure a VAC dressing
- Be able to interpret the results of vascular patency tests such as Doppler ultrasonography and angiography
- Be able to appropriately perform and interpret an Allen's test
- Assist in the procurement of tissue for free microvascular transfer for the reconstruction of head and neck defects.
- Appropriately assist attending faculty during microvascular anastomosis
- Complete the microvascular laboratory training module and successfully perform 5 microvascular anastomoses on live rats
- Assist in and perform under guidance office procedures such as
  - Laser Skin Resurfacing
  - Injection of Botox Cosmetic
  - Blepharoplasty
  - Injection of Fillers Such as Restylane, ®

**Medical Knowledge Goal**

Develop an understanding of the pre- and post- operative management of patients with cosmetic and reconstructive needs involving the head and neck

**Objectives**

By the completion of the rotation, the resident should be knowledgeable in the following areas and be able to:

- Describe in a thorough and organized fashion the reconstructive options available for a given head and neck defect
- Describe the necessary tests to determine vascular patency/adequacy in selecting tissue for microvascular tissue transfer
- Compare and contrast the various reconstructive options for ablative and traumatic defects of the head and neck with respect to
  - Reliability
  - Ease of harvest
  - Donor site morbidity
  - Quantity and quality of bone/soft tissue available for reconstruction
- Understand the concept of aesthetic subunits in facial analysis

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- Satisfactorily perform cosmetic facial analysis
- Succinctly describe the options available for the various cosmetic needs involving the face and neck
- Describe management of facial trauma patient with attention to options for reduction and fixation of fractures

**Practice-Based Learning and Improvement Goal**

Demonstrate ability to evaluate and improve the care of patients based upon the assimilation and appraisal of scientific evidence

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Identify deficiencies in microvascular technique and improve performance through applied dissection in the microvascular laboratory
- Understand flaws inherent in retrospective studies of reconstructive techniques
- Understand biases inherent in personal review of cosmetic outcomes and need for independent validation of results in cosmetic surgery.
- Understand value in periodic review of photos documenting outcomes of cosmetic procedures such as rhinoplasty and incorporation of such critical analysis into daily practice.
- Participate in implementation and analysis of ongoing microvascular laboratory research projects.

**Interpersonal and Communication Skills Goal**

Demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates

**Objectives**

- Residents should demonstrate an appreciation of disease impact and the meaning of disfigurement resulting from trauma or oncologic resection as it relates to individual patients, based on an understanding of each patient's unique personal, environmental and cultural context.
- Demonstrate the ability to perform effective patient and family interviews for both the patient seeking aesthetic improvement and the patient seeking restoration of self-esteem following trauma or oncologic resection
- Communicate effectively with aestheticians, nurses and other members of health care team
- Recognize, acknowledge, respect and protect the patient's need for autonomy, identity and self-esteem.
- Effectively describe both cosmetic and reconstructive surgeries to patients in lay language to enable written informed consent.

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**Professionalism Goal**

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care, especially in the care of the patient seeking cosmetic surgery

**Objectives**

- Understand the sociological, psychological, and financial implications of cosmetic facial surgery
- Respect patient privacy and autonomy
- Understand ethical marketing practices in cosmetic surgery
- Be aware of potential conflicts of interest present in financial relationships with for-profit healthcare enterprises
- Residents should demonstrate knowledge of issues and requirements pertaining to use of human and animal subjects in research, particularly with regard to the microvascular rat laboratory
- Adapt their decision making to the individual religious beliefs, culture, age, gender and disabilities of patients and family members
- Disclose medical errors
- Perform ethical Evaluation & Management Coding and Procedural Coding

**System-Based Practice Goal**

Understand system-based approach to health care issues such as patient safety and the allocation of system resources

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Understand basic principles of LASER physics and its application with special attention to LASER safety in office-based practice
- Understand the principles and practice of photo documentation in facial plastic surgery and applicable HIPPA guidelines
- Respect role of aesthetician in cosmetic surgery practice
- Understand difference between cosmetic procedures and procedures covered through insurance carriers
- Mobilize outpatient health resources to care for trauma patients including social work, nutrition and home health services
- Mobilize outpatient health resources to care for free flap patients including social work, nutrition and home health services
- Recognize potential domestic violence situations and apply RADAR protocol
  - Remember
  - Ask Directly
  - Document
  - Assess Danger
  - Refer



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**PGY-3 Competency Goals and Objectives**

- PGY-3 Rotation Schedule

10 weeks	10 weeks	10 weeks	10 weeks	10 weeks
TJUH Consult Team	TJUH Subspecialty Team	TJUH Laryngology	TJUH-JHN Otology- Neurotology	TJUH Rhinology

- Overview

The third year of training provides an organized educational experience with faculty guidance and close supervision of each resident in order to learn the practice of ORLHNS. The third year resident receives a continuing exposure to all facets of ORLHNS during three-month experiences on the TJUH Consult Team, TJUH Subspecialty Team, and JHN Otology-Neurotology Team. A specialized three-month TJUH Laryngology rotation blends an intensive outpatient clinical experience in Voice Medicine with grounding in the fundamentals of operative airway management. This rotation also incorporates an introduction to clinical research, particularly addressing the Core Competencies of Practice-Based Learning and Systems-Based Practice. Each clinical rotation provides inpatient, outpatient, on-call and operative educational opportunities. Building on the solid general fund of basic science and clinical knowledge that was acquired during the PGY-1 and PGY-2 years, principles of diagnosis and treatment are taught progressively and continuity of care is emphasized. The otolaryngology resident is supervised and instructed by attending surgeons and more senior residents. When more senior residents are present on the service a hierarchical system prevails, with the interns and junior residents reporting to the senior resident or chief resident of the surgical team, who in turn reports to the attending staff. Senior residents and attending surgical staff are available in a rapid reliable manner. Delegation of authority and responsibility for patient care increases as the resident demonstrates increased competence in the delivery of safe, effective, and compassionate care. The attending staff formally evaluates each otolaryngology resident's performance at the end of the rotation using a customized institutional on-line evaluation program, "GME Toolkit." Residents are also evaluated by fellow healthcare professionals using a 360 degree evaluation instrument.

Resident attendance at Wednesday conferences is mandatory—no conflicting clinical responsibilities are scheduled. Special PGY-3 educational opportunities include the Temporal Bone Dissection Course, Management of Mandibular/Maxillofacial Trauma Module and the Symposium on Interdisciplinary Problem Solving in Craniomaxillofacial Surgery.

The TJUH Consult, Rhinology and Subspecialty Team rotations include supervised experience in the traditional outpatient clinic, inpatient ward, consult service and intensive care unit settings, as well as additional operative experience as the first assistant on a variety of procedures including laryngectomies, composite resections, anterior skull base surgeries and rhytidectomies. Residents also gain experience as primary surgeon in surgical procedures such as panendoscopy, tracheotomy, micro-laryngoscopy, endoscopic sinus surgery, and endoscopic hypophysectomy. Thursday Operative Case Management Conferences review all cases for the upcoming week with an in-depth discussion of selected patients including preoperative evaluation, surgical options, surgical approaches, anatomy, complications, postoperative management and related issues. Residents are expected to develop further proficiency in

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managing the adult airway through a series of supervised inpatient and operative learning experiences. Finally, residents progressively assume greater responsibilities as members of a departmental team that includes nurse practitioners, clinical care coordinators and physician extenders as well as numerous hospital health care providers. For example, PGY-3 residents primarily evaluate many ORL consultations. In order to ensure a longitudinal patient care experience during the rhinology rotation, the rhinology resident may only participate in operative cases staffed by the Rhinology Faculty and does not participate in those cases staffed by the TJUH or JHN faculty. Residents will also organize and participate in a rhinology journal club.

The Jefferson Hospital For Neuroscience Otolaryngology-Neurotology rotation is designed to introduce the third year resident to the practice of otology/neurotology in both the operative and outpatient setting. Jefferson Hospital for Neuroscience (JHN) is a stand-alone facility dedicated to patients with neurological, neurosurgical, and ophthalmological disorders. The department's Division of Otolaryngology/Neurotology performs all otologic procedures at this facility and also maintains an inpatient and consult service. PGY-3 residents at JHN gain initial exposure to otologic surgery and function as primary surgeon for procedures such as mastoidectomy and tympanoplasty. Additionally, in conjunction with the Department of Neurosurgery, the residents function as first assistant during acoustic neuroma resections and complex middle and posterior cranial fossa surgery. An active inpatient consultation service is maintained, providing particularly broad exposure to patients with speech and swallowing disorders. The outpatient experience provides residents with exposure to the pre- and post-operative evaluation of otologic surgery patients, patients with hearing and balance disorders, and the full battery of audiometric and vestibular tests. Residents will also organize and participate in an otology journal club.

The TJUH Laryngology rotation is designed to provide a comprehensive experience in the management of the airway, swallowing disorders and professional voice. This is accomplished through direct supervision in both the operative and outpatient setting. Through traditional outpatient encounters and operative cases, PGY-3 Residents will gain experience in laryngology, management of complex airway disorders, and sleep medicine. Thursday Operative Case Management Conferences review all cases for the upcoming week with an in-depth discussion of selected patients including preoperative evaluation, surgical options, surgical approaches, anatomy, complications, postoperative management and related issues. Residents are expected to demonstrate proficiency in managing the adult airway including fiberoptic intubation, suspension microlaryngoscopy, and rigid bronchoscopy. In order to ensure a longitudinal patient care experience during this rotation, the laryngology resident may only participate in operative cases staffed by the Laryngology Faculty and does not participate in those cases staffed by the TJUH or JHN faculty. It is expected that PGY-3 residents on the laryngology rotation will make significant contributions to any one of the ongoing projects in laryngology or airway disorders.

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**PGY-3 Residency Year**

- Overall Competency Based Goals and Objectives

The PGY-3 resident has over one year of ORLHNS care experience, and the emphasis for further learning is to solidify the diagnosis and treatment of basic ORLHNS disorders in a more independent manner. Concomitant with this is the exposure to increasingly complex ORLHNS patients. As the PGY-3 resident gains this experience and becomes more proficient in all aspects of patient care, he/she is allowed to progress in their responsibilities. In the outpatient clinic, they are allowed significant supervised independence in formulating diagnostic workups and treatment plans. As knowledge and experience progress, the PGY-3 resident inpatient and emergency room consultation experience continues to expand. Concurrent with this is the ability to make more independent care plan decisions on ORLHNS inpatients.

The PGY-3 resident is the primary surgeon for all intermediate level ORLHNS procedures as well as first assisting on more complex senior-resident-level operations. The clinical research rotation is designed to provide a progressive education in the competencies of practice-based learning as well as reinforce the remaining five competencies, especially professionalism and interpersonal and communication skills.

The following overall PGY-3 Goals and Objectives are supplemented by the rotation specific Goals and Objectives as specified below for each rotation. They also supplement the Department of Otolaryngology-Head and Neck Surgery Core Competency Goals and Objectives that correspond to the ORLHNS Core Competency Curriculum that spans a resident's entire training. The third year resident is expected to continue to incorporate elements of the Core Clinical Competencies into his or her practice on a longitudinal basis as described in the Core Clinical Competency Curriculum and as reviewed under the overall goals and objectives for the PGY-1 year.

**Patient Care Goal**

**Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical skills**

**Objectives**

By the completion of PGY-3, the resident should be knowledgeable in the following areas and be able to:

- Perform basic maneuvers proficiently, e.g. suture of skin, soft tissues, fascia; tie knots; obtain simple hemostasis.
- Demonstrate ability to perform selected surgical procedures under direct supervision as delineated in specific rotation objectives
- Demonstrate ability to assist in major surgical procedures and execute under guidance those portions of the operations that are appropriate to the resident's level of training as delineated in specific rotation objectives
- Appropriately plan and mark the surgical incision for neck dissections, and soft tissue tumor excisions
- Raise surgical flaps in a technically satisfactory manner
- Appropriately close surgical defects using local and regional flaps to safely and efficiently perform excisions of skin lesions.
- Perform a simple mastoidectomy
- Perform basic phonosurgical procedures including injection laryngoplasty and simple excisions using micro-laryngoscopy
- Perform and interpret videostroboscopy

**Medical Knowledge Goal**

**Demonstrate ability to interpret common serological and radiographic testing in ORL-H&NS**

**Objectives**

By the completion of PGY-3, the resident should be knowledgeable in the following areas and be able to:

- Interpret endpoint skin titration allergy testing
- Interpret RAST testing
- Interpret polysomnography and discuss significance of testing as it relates to patient morbidity and mortality
- Interpret videostroboscopy and laryngeal EMG testing
- Interpret a temporal bone CT in terms of surgical anatomy
- Interpret computed tomography and magnetic resonance imaging of head and neck malignancies in terms of surgical anatomy.

**Medical Knowledge Goal**

**Demonstrate ability to interpret otologic testing in ORL-H&NS**

**Objectives**

By the completion of PGY-3, the resident should be knowledgeable in the following areas and be able to:

- Demonstrate ability to interpret pure tone, speech and impedance audiometry.
- Demonstrate ability to interpret BAER
- Demonstrate ability to interpret Otoacoustic emission testing

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- Demonstrate ability to interpret electronystagmography and more advanced vestibular testing

**Practice Based Learning and Improvement Goal**

**Develop sound habits of personal scholarship and scientific inquiry in order to apply principles of Evidence Based Medicine**

**Objectives**

By the completion of PGY-3, the resident should be knowledgeable in the following areas and be able to:

- Study to improve on areas of deficiency in last year's Annual Training Examination and Perform at greater than 25th Percentile among PGY-3 resident group
- Develop a Grand Rounds Lecture incorporating the tenets of EBM
- Maintain Certification to participate in Human Subjects Research
- Develop clinical research interests and participate in an ongoing clinical research project by successfully submitting a study for IRB approval
- Demonstrate active participation in all Departmental educational conferences and meetings
- Continue development of skills in critical review of Otolaryngology-Head and Neck Surgery literature through journal club, Homestudy Course and independent reading
- Demonstrate competence in more detailed knowledge of common areas of sub-specialty Otolaryngology disease through clinical experience, educational conferences and Otolaryngology textbook and journal readings

**Interpersonal Skills and Communications Goal**

demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with professional associates

**Objectives**

By the completion of PGY-3, the resident should be knowledgeable in the following areas and be able to:

- Teach junior residents to use fiberoptic nasopharyngoscopy, indirect laryngoscopy, microscopic otoscopy, and pneumatic otoscopy.
- Teach medical students and junior residents to obtain a detailed ORLHNS history and obtain and review relevant medical records and reports
- Teach medical students and junior residents to perform a detailed physical examination.
- Teach medical students and junior residents to develop a complete differential diagnosis.
- Teach medical students and junior residents to write a succinct H&P, including a risk assessment evaluation.
- Teach medical students and junior residents to obtain a written informed consent.
- Teach medical students and junior residents to document the treatment plan in the medical record, including the indications for treatment.
- Demonstrate competence in cultivating appropriate physician-patient relationships
- Demonstrate competence in the team approach to the intensive care unit and ward unit care of the postoperative Otolaryngology patient
- Demonstrate competence in head and neck wound care (i.e., debridement, dressing techniques, drainage procedures) –

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- Demonstrate major participation in emergency department and inpatient consultations to develop competence in the diagnosis of ORLHNS disease at its initial and acute presentation

**Professionalism Goal**

**Carry out professional responsibilities in an ethical manner with attention to diverse patient populations**

**Objectives**

By the completion of PGY-3, the resident should be knowledgeable in the following areas and be able to:

- Participate in the process used to disclose medical errors
- Accurately record duty hours and monitor/report colleagues for signs of physician impairment
- Initiate system resources to facilitate interactions with deaf patients or those speaking a foreign language

**Systems-Based Practice Goal**

**Demonstrate ability to deliver in-patient and clinic care in a safe, cost-effective manner, especially as this relates to interactions with patients, families, colleagues and ancillary health professionals**

**Objectives**

By the completion of PGY-3, the resident should be knowledgeable in the following areas and be able to:

- Demonstrate major participation in emergency department and inpatient consultations to develop competence in the utilization of health care resources
- Appropriately perform, review and communicate the results of an ORLHNS consultation to professional colleagues
- Appropriately access hospital social services and nursing services in discharge planning.
- Insure patient safety through accurate medication reconciliation at patient admission, transfer and discharge
- Demonstrate appreciation for practice management issues in otolaryngology such as registration of patients, Evaluation and Management Coding, Current Procedural Terminology and documentation of teams rendered.

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- PGY-3 Conferences

Individual PGY responsibilities, goals and objectives for each conference are listed under the Residency Manual section detailing conferences.

PGY-3 residents must attend the ORLHNS Wednesday AM Conference Program.

- 7:00 Otolaryngology Grand Rounds  
Thyroid & Parathyroid Multi-Disciplinary Conference  
Mortality-Morbidity-Near Miss Conference
- 8:00 Quarterly Subspecialty Review  
GME-TODAY General Core Competencies Online Program  
Team Management Conference
- 9:00 Multi-Disciplinary Head & Neck Tumor Board
- 10:00 Basic Science Core Curriculum
- 11:00 Basic Science Core Curriculum
- 12:00 Head & Neck Radiology Conference

PGY-3 residents must attend conferences unique to the institutions they are rotating on. These include

TJUH

- Operative Case Management Conference
- Head & Neck Radiology Conference
- Hearing & Balance Center Journal Club

PGY-3 residents must attend conferences unique to their year of study

- \*\*Temporal Bone Dissection Course
- \*\*Management of Mandibular/Maxillofacial Trauma Module  
Interdisciplinary Problem Solving in Craniomaxillofacial Surgery

PGY-3 residents must complete and maintain certification in the following Independent/On-Line Programmed Courses of Study

- AAO-H&NS Home Study Course
- GME-TODAY General Core Competencies Online Education Program
- TJUH Healthstream On-Line Learning Modules
- IRB Training for Human Subjects in Research

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- Rotation Specific Competency Based Goals and Objectives

*In addition to the clinical team assignments, PGY-3 residents will also complete a three-month rotation with the TJUH Laryngology service. This rotation is described herein. The PGY-3 clinical team rotations with their specific goals and objectives are described under each ORLHNS team description.*

- Laryngology/Clinical Research

**Maurits Boon, MD rotation coordinator**

Overview  
Duties & Responsibilities

The Laryngology rotation is designed to provide the PGY-3 resident with a focused immersive experience in the fields of: Laryngology and Bronehoesophagology, Allergy and Immunology, and Obstructive Sleep Apnea. Faculty members include:

Joseph Spiegel, MD  
Maurits Boon, MD  
David Rosen, MD  
John Cohn, MD  
Adeline Schulz, CC-SLP  
Rosemary Ostrowski, CC-SLP

The teaching faculty has sub-specialty expertise in Laryngology and Bronchoesophagology, Allergy and Immunology as well as Obstructive Sleep Apnea. Every ORL-HNS patient has a responsible, supervising faculty member.

While on this rotation, the resident's weekly schedule is as follows:

Monday:	TJUH/JSC operating room
Tuesday AM:	Laryngology clinic
Tuesday PM:	Laryngology clinic
Wednesday AM:	TJUH Wednesday conferences
Wednesday PM:	Laryngology office surgery or research
Thursday AM:	Laryngology clinic
Thursday PM:	Research
Friday:	TJUH/JSC operating room

During the Laryngology clinic, the resident sees patients with the attending physician and also independently sees patients and presents them to the attending physician. Special attention is paid to learning techniques and interpretation of Stroboscopedaryngoscopy, trans-nasal esophagoscopy, and interpretation of polysomnography. Additionally, residents participate in and observe office based procedures in laryngology (such as laryngeal Botulinum toxin injections) and sleep surgery. The Laryngology clinic includes four examination rooms. Two of these rooms contain state of the art Stroboscopedaryngoscopy equipment. One room contains as state of the art combined transnasal esophagoscopy and stroboscopedaryngoscopy device. The clinic has extensive nursing, receptionist and clerical support and residents must interact professionally with all staff involved. This rotation also facilitates longitudinal exposure in the management of this patient population by virtue of their ability to see the patients preoperatively in the clinic, participate in the operative procedure and see patients postoperatively in the clinic. During this three month rotation, the resident participates in



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operative cases staffed by the Laryngology faculty and does not participated in general cases staffed by other TJUH or JHN faculty.

Core competencies highlighted during this rotation include:

- Interpersonal and communication skills
  - Care of the patient with voice and swallowing disorders
  - Care of the patient with obstructive sleep apnea
  - Care of the allergy patient
- Professionalism
  - Interaction with patients and other health care providers (eg speech and language pathologists)
- Systems based practice
  - Understanding of the interaction with other healthcare providers (eg speech and language pathologists, sleep medicine physicians) to provide care of the voice patient and the sleep disordered patient

**Rotation Specific Competency Based Goals and Objectives**

**Patient Care Goal**

**Understand preoperative workup and postoperative care of patients with voice disorders**

**Patient Care Objectives**

- Demonstrate ability to care for ORL-H&NS patients in an outpatient clinical setting
- Assist in the performance of office procedures such as Videostroboscopy, trans nasal flexible esophagoscopy, and Laser Assisted UvuloPalatoplasty. Execute under guidance those portions of the operations that are appropriate to the resident's level of training.
- Demonstrate ability to perform common otolaryngology procedures as primary surgeon. Participation as primary surgeon includes not only performance of operative procedure, but also intimate knowledge of specific patient's history, physical examination, evaluation and management including management of potential complications. Additionally, participation as primary surgeon presupposes full understanding of the instrumentation involved in each procedure (for example, the different types of pediatric tracheostomy tubes and rationale for the use of each, the setup and maintenance of the operating microscope) and the ability to adapt to emergency situations in the operating room
- Demonstrate ability to perform common otolaryngology procedures as primary surgeon. Participation as primary surgeon includes not only performance of operative procedure, but also intimate knowledge of specific patient's history, physical examination, evaluation and management including management of potential complications. This applies to the following procedures:
  - Videostroboscopy
  - Transnasal esophagoscopy
  - Micro direct laryngoscopy (operative)
  - Thyroplasty
  - Pediatric tracheotomies
  - Pediatric direct laryngoscopies, pediatric bronchoscopies, pediatric
  - Direct laryngoscopy, bronchoscopy, esophagoscopy
  - Tracheostomy, fiberoptic intubation
  - Laser-Assisted Uvulopalatoplasty
  - Uvulopalatopharyngoplasty

**Medical Knowledge Goals**

- Understand the types of medical and surgical problems addressed on the service during your rotation. These problems could include:
  - Observation and understanding of voice therapy as performed by the department's speech-language pathologists, singing voice specialists and acting voice specialist.
- Understand diagnosis and treatment of voice patients.
- Understand interpretation and performance of stroboscopy.
- Understand diagnosis and treatment of obstructive sleep apnea

**Medical Knowledge Objectives**

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- Describe pathophysiology and delineate evaluation and treatment of snoring, upper airway resistance syndrome and obstructive sleep apnea.
- Demonstrate understanding of allergy testing with RAST, endpoint titration skin-testing and allergy immunotherapy
- Demonstrate ability to interpret complex radiographic testing in ORL-H&NS including computed tomography of head and neck malignancies, temporal bone and the pediatric airway, magnetic resonance imaging of head and neck malignancies and of the internal auditory canal.
- Describe pathophysiology and delineate evaluation and treatment of snoring, upper airway resistance syndrome and obstructive sleep apnea
- Demonstrate ability to identify present and publish clinically relevant case report or literature review
- Performance and interpretation of objective voice analysis using laboratory equipment.
- Development of an intermediate level of knowledge regarding sophisticated, complex problems of performing artists.
- Personal experience with voice improvement (such as voice lessons or voice therapy sessions).
- Develop advanced understanding of diagnosis and treatment of swallowing disorders, the role of bedside functional endoscopic evaluation of swallowing, and an awareness of opportunities for research in swallowing disorders.
- Perform scholarly research and improve skills for writing, editing and speaking (delivery of papers).
- Complete advanced reading in laryngology, and in selected areas of interest.

**Practice-Based Learning and Improvement Goal**

**Demonstrate ability to evaluate and improve the care of patients based upon the assimilation and appraisal of scientific evidence**

**Practice-Based Learning Objectives**

- Demonstrate ability to perform advanced otolaryngology procedures as primary surgeon.
- Understand the importance of critically reading and discussing medical literature pertinent to patients on the service.
- Demonstrate understanding of practice management issues in otolaryngology such as registration of patients, Evaluation and Management Coding, Current Procedural
- Improvement in surgical skills for phonomicrosurgery and laryngeal framework surgery.
- Terminology and documentation of services rendered.

**Interpersonal and Communication Skills Goals**

- **Develop the ability to respectfully and clearly communicate with other healthcare professionals.**
- **Learn to present patients to senior residents, fellows, and attendings in an organized and precise manner.**
- **Learn how to function effectively as a member of a team.**
- **Learn to communicate effectively with patients and their families.**

**Interpersonal and Communication Skills - Objectives**

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- Develop the ability to respectfully and clearly communicate with other healthcare professionals.
- Learn to present patients to senior residents, fellows, and attendings in an organized and precise manner.
- Learn how to function effectively as a member of a team.
- Learn to communicate effectively with patients and their families.
- Interpret for medical students and junior residents the radiographic studies and relevant clinical data on patients in whose surgical care they will be involved. The attending physician will review these studies again at the time of surgery and teach key clinical points.
- Assist in overseeing personal, academic and clinical development of junior residents
- Communicate effectively not only with patients but also with referring physicians, pharmacies, and third party insurance carriers.
- Demonstrate dedication to continuity of patient care by working with attending physicians in clinic setting on pre- and post-operative patient care
- Present patients on rounds and in clinic in an organized and concise manner.
- Gain experience in explaining results of evaluations and recommendations for treatment to patients and their families (practice patient education skills).

**Professionalism Goals**

- **Demonstrate respect and compassion for patients and professional staff on the wards, in the clinics, and in the operating room.**
- **Develop open-mindedness regarding alternative treatments.**
- **Understand need for continual self-assessment and improvement.**

**Professionalism Objectives**

- Use appropriate speech and tone of voice when speaking to patients, families, and other healthcare professionals.
- Allow others the chance to speak, and listen attentively when being spoken to.
- Demonstrate appreciation for office staff professionals and their roles in delivering patient care by assisting them in performance of their duties (e.g. patient registration, surgery scheduling and pre-certification, and audiologic assessment)

**Systems-Based Practice Goals**

- **Understand the importance of supporting medical and ancillary services in the complete and efficient care of the patient.**
- **Develop a cost-effective attitude toward patient management.**
- **Develop an appreciation for the patients' interests and convenience in care management plans.**

**Systems-Based Practice Objectives**

- Describe indications for medical consultation in the pre- and post-operative periods, particularly with respect to these specialties:
  - Speech Pathology / Therapy
  - Oral Maxillofacial Surgery
  - Diagnostic Radiology
  - General Internal Medicine
- As pertinent for each individual patient, facilitate daily communication with ancillary services, such as:

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- Physical Therapy
- Occupational Therapy
- Speech
- Enterostomal Therapy
- Demonstrate ability to design a successful clinical research project including identification of clinical question, null hypothesis, literature review, methods and materials, budget, and timeline.

**Out-patient Clinic Duties & Responsibilities**

Site: 925 Chestnut Street Patient Offices  
Frequency: 2 full days per week  
Time: Monday, Tuesday, Thursday, Friday 8:00AM to 4:00 PM  
Attending: Private patient hours with Maurits Boon, and Joseph Spiegel  
Content: Maurits Boon: 45 patients per day; voice medicine; sleep medicine

Joseph Spiegel: 45 patients per day; voice medicine

**Duties**

- Accompany attending physician during the entire day. Observe H&P performed by attending physician and repeat pertinent portions of the physical examination under attending guidance. Review all serological and radiographic studies with the attending physician and patient. The attending physician outlines the treatment plan for the patient with the resident and counsels the patient on the extent of surgery required for any given condition as well as postoperative care and the risks and benefits of surgery.
- The attending physician reviews each patient visit including E&M and CPT coding for the visit with the resident, often suggesting further readings.
- Perform nasopharyngolaryngoscopies, and nasal endoscopies, and other office procedures such as video strobolaryngoscopy, trans nasal flexible esophagoscopy under attending guidance.
- Learn how to register a patient, obtain appropriate referrals for visits and communicate verbally and in writing with referring physicians
- Learn how to appropriately answer and document inquiries from patients, pharmacies, physicians and third party insurance carriers.
- Observe how to schedule and pre-certify surgery.
- Participate in informed consent process
- Demonstrate understanding of allergy testing with RAST, endpoint titration skin-testing and allergy immunotherapy

**Research Duties and Responsibilities**

Site: 925 Chestnut Street Academic Office  
Frequency: 2 full days per week  
Time: Monday, Tuesday, Thursday, Friday 8:00AM to 4:00 PM  
Coordinator: Edmund Pribitkin, MD  
Duties:

- Submit one research proposal in writing to Dr. Pribitkin at least one month prior to start of rotation specifying attending sponsor, study

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type, null hypothesis, methods/materials, budget, timeline and clinical relevance

- Design and execute clinical research project with acceptance for presentation at national scientific meeting and subsequent publication
- Design and execute case study/literature review with acceptance for presentation at national scientific meeting and subsequent publication
- Maintain departmental library and computer services

**In-patient Duties & Responsibilities**

- **NO** In-patient duties and responsibilities except for scheduled in-house call during this 3 month rotation. Also This PGY-3 resident will participate in selected operative cases as described above

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**PGY-4 Competency Goals and Objectives**

- PGY-4 Rotation Schedule

10 weeks	20 weeks	10 weeks	10 weeks
TJUH Head & Neck Team	TJUH Research	DuPont Hospital for Children	TJUH Consult Team

- Overview

The fourth year of training provides an organized educational experience with faculty guidance and close supervision of each resident in order to develop increasing mastery of ORLHNS. The fourth year resident receives a continuing exposure to all facets of ORLHNS during three-month experiences on the TJUH Head and Neck Team, TJUH Subspecialty Team, and DuPont Hospital for Children rotations. A specialized 20 week Research rotation permits an intensive bench research rotation addressing the Core Competency of Practice-Based Learning. Each clinical rotation provides inpatient, outpatient, on-call and operative educational opportunities. Building on the solid general fund of basic science and clinical knowledge that was acquired during the PGY-1, 2 and 3 years, principles of independent diagnosis and treatment are taught progressively and continuity of care is emphasized. The otolaryngology resident is supervised and instructed by attending surgeons, but delegation of authority and responsibility for patient care increases as the resident demonstrates increased competence in the delivery of safe, effective, and compassionate care. PGY-4 residents play an increasing leadership and teaching role for the junior residents and medical students. Concurrent with this is the ability to make more independent care plan decisions on inpatient ORLHNS patients and lead the team as the Chief Resident in the PGY-5 Resident's absence. The attending staff formally evaluates each otolaryngology resident's performance at the end of the rotation using a customized institutional on-line evaluation program, "GME Toolkit." Residents are also evaluated by fellow healthcare professionals using a 360 degree evaluation instrument.

Resident attendance at Wednesday morning conferences is mandatory—no conflicting clinical responsibilities are scheduled. Special PGY-4 educational opportunities include the Annual Foreign Body Endoscopy Course and the Multi-University Course on Surgery of the Aging Face.

The TJUH Head & Neck Team and Consult Team rotations include supervised experience in the traditional outpatient clinic, inpatient ward, consult service and intensive care unit (SICU), as well as a progressive operative experience as the primary surgeon in advanced otolaryngology surgical procedures such as rhinoplasty, composite resection, neck dissection, thyroidectomy, and endoscopic hypophysectomy. Thursday Operative Case Management Conferences review all cases for the upcoming week with an in-depth discussion of selected patients including preoperative evaluation, surgical options, surgical approaches, anatomy, complications, postoperative management and related issues. Residents are expected to develop proficiency in teaching by guiding junior residents through a series of supervised inpatient and operative learning experiences. Residents also become progressively more responsible for the coordination of inpatient care and consultation services with the departmental team of nurse practitioners, clinical care coordinators and physician extenders.

The Dupont Hospital for Children rotation enables the PGY-4 resident to head a

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pediatric ORLHNS team. During this senior level rotation, less time is necessarily spent on learning the mechanics of pediatric ORLHNS service management, and more emphasis is placed on the independent care of the pediatric patient. In the outpatient clinic, the PGY-4 resident is expected to independently evaluate the pediatric ORLHNS patient and develop a treatment plan, and then formally present the patient to the supervising faculty for concurrence. Focus is also placed on exposure to increasingly more complex ORLHNS problems. As knowledge and experience progress, the PGY-4 resident assumes a central role in hospital and emergency room consultations and makes more independent care plan decisions on inpatient ORLHNS patients. Similarly, in the OR, the PGY-4 resident is allowed to teach the performance of basic ORLHNS surgical procedures and becomes the primary surgeon on more complex procedures such as tympanomastoidectomy, cochlear implantation, and laryngotracheoplasty. Residents continue to attend all TJUH Wednesday AM Conferences but also attend additional didactic conferences introducing pediatric otolaryngology and reviewing selected topics in otology and in head and neck.

The Research Rotation is designed to provide a progressive education in the competencies of practice-based learning as well as reinforce interpersonal and communication skills. It involves an intensive three-month immersion in one of the departmental research laboratories. Under the guidance of their research faculty mentor, the resident must accomplish a literature review, successful IRB application, data collection, data analysis, presentation of results at a national scientific meeting and subsequent publication in a peer-reviewed journal. Full departmental resources (see PIF) are at the resident's disposal. Typical research projects involve learning advanced techniques of cell culture, proteomics, endoscopic porcine head and neck surgery, microvascular surgery and management of the rabbit airway. There are no In-patient and no operating room responsibilities except for scheduled home call during this rotation. Residents continue to attend all TJUH Wednesday AM Conferences but also attend research conferences relevant to their projects.



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- Overall Goals and Objectives

The following overall PGY-4 Goals and Objectives are supplemented by the rotation specific Goals and Objectives as specified below for each rotation. They also supplement the Department of Otolaryngology-Head and Neck Surgery Core Competency Goals and Objectives that correspond to the ORLHNS Core Competency Curriculum that spans a resident's entire training. The fourth year resident is expected to continue to incorporate elements of the Core Clinical Competencies into his or her practice on a longitudinal basis as described in the Core Clinical Competency Curriculum and as reviewed under the overall goals and objectives for the PGY-4 year.

**Patient Care Goal**

**Develop competence in the diagnosis and treatment of the tertiary care ORLHNS patient, emphasizing the patient with advanced, complicated and/or recurrent disease, especially focusing on otology/neurotology, oncology, rhinology, and pediatric otolaryngology and allergy patients.**

**Objectives**

By the completion of PGY-4, the resident should be knowledgeable in the following areas and be able to:

- demonstrate competence in the diagnosis of the tertiary care ORLHNS patient with advanced and/or recurrent disease
- demonstrate competence in the formulation of a treatment plan for the tertiary care ORLHNS patient
- demonstrate competence in cultivating appropriate physician-patient relationships
- demonstrate competence in the intra-operative preparation of the patient for tertiary care ORLHNS surgical procedures (i.e., positioning, surgical prepping, pharmacologic prophylaxis, premedication)
- demonstrate competence in the intensive care unit and ward unit care of the postoperative Otolaryngology patient
- demonstrate competence in recognition of ORLHNS surgical complications and their treatments
- demonstrate competence in the risks and indications for ORLHNS surgical intervention, including knowledge of the alternative treatments important in obtaining informed consent

**Patient Care Goal**

**Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical skills**

**Objectives**

By the completion of PGY-4, the resident should be knowledgeable in the following areas and be able to:

- Demonstrate ability to perform selected surgical procedures under direct supervision as delineated in specific rotation objectives
- Demonstrate ability to assist in major surgical procedures and execute under guidance those portions of the operations that are appropriate to the resident's level of training as delineated in specific rotation objectives
- Demonstrate ability to function as a teaching resident to junior residents and medical students

**Medical Knowledge Goal**

**Develop advanced diagnostic skills in interpreting imaging and diagnostic studies of the head and neck.**

**Objectives**

By the completion of PGY-4, the resident should be knowledgeable in the following areas and be able to:

- describe and identify the CT/MRI appearance of abnormalities in the head and neck conditions (e.g. deep neck abscesses)
- describe and identify the CT/MRI appearance of invasive malignancies
- describe and identify the appearance of a thyroid nodule on ultrasound
- indicate appropriate studies and read nuclear medicine imaging studies of the thyroid and parathyroid.
- describe and identify the CT/MRI appearance of abnormalities of the temporal bone
- describe and identify the CT/MRI appearance of abnormalities of the cerebellopontine angle
- describe and identify the CT/MRI appearance of abnormalities of the paranasal sinuses and orbit
- describe and identify the CT/MRI appearance of abnormalities in facial trauma
- Demonstrate ability to interpret special vestibular testing.

**Practice-Based Learning and Improvement Goal**

**Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning.**

**Objectives**

By the completion of PGY-4, the resident should be knowledgeable in the following areas and be able to:

- learn the methods of scientific investigation and critical review of scientific literature.
- Design and execute basic science research project with acceptance for presentation at national scientific meeting and subsequent publication
- Develop a Grand Rounds Lecture incorporating the tenets of EBM
- Maintain Certification to participate in Human Subjects Research
- Demonstrate active participation in all Departmental educational conferences and meetings
- Continue development of skills in critical review of Otolaryngology-Head and Neck Surgery literature through journal club, Homestudy Course and independent reading
- Demonstrate competence in more detailed knowledge of common areas of sub-specialty Otolaryngology disease through clinical experience, educational conferences and Otolaryngology textbook and journal readings
- Design and execute editorial, letter to the editor, or book review with acceptance for publication
- Study to improve on areas of deficiency in last year's Annual Training Examination and Perform at greater than 50th Percentile among PGY-4 resident group

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- Develop concrete career goals and begin to explore post-residency plans.

**Interpersonal Skills and Communications Goal**

**Interact with patients, family and colleagues to manage complex head and neck diagnostic & surgical procedures including alternatives to surgery.**

**Objectives**

By the completion of PGY-4, the resident should be knowledgeable in the following areas and be able to:

- Discuss the indications, risks, benefits and alternatives of surgical correction of conditions delineated in specific rotation objectives
- Discuss the use of intravenous sedation and local and regional anesthesia for ambulatory surgery including the pharmacology of those medications and the management of allergic and toxic reactions.
- Strengthen their teaching skills through close interactions with both junior residents and medical students
- Demonstrate Leadership role in emergency department and inpatient consultation services
- Demonstrate ability to teach PGY-2 residents a comprehensive ORL-H&NS history and physical examination [H&P]

**Professionalism Goal**

**Carry out professional responsibilities in an ethical manner with attention to diverse patient populations**

**Objectives**

By the completion of PGY-4, the resident should be knowledgeable in the following areas and be able to:

- Participate in the process used to disclose medical errors
- Accurately record duty hours and monitor/report colleagues for signs of physician impairment
- Initiate system resources to facilitate interactions with deaf patients or those speaking a foreign language
- Demonstrate ability to direct In-patient and clinic care, especially as this relates to initiating and cultivating interactions with patients, families, colleagues and ancillary health professionals

**Systems-Based Practice Goal**

**Demonstrate ability to deliver in-patient and clinic care in a safe, cost-effective manner, especially as this relates to interactions with patients, families, colleagues and ancillary health professionals**

**Objectives**

By the completion of PGY-4, the resident should be knowledgeable in the following areas and be able to:

- Obtain organizational experience in ‘running’ the ORLHNS Team as Chief
- Demonstrate ability to teach junior residents how to generate a cost-effective evaluation and management plan
- Insure patient safety through accurate medication reconciliation at patient admission, transfer and discharge

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- Demonstrate understanding of practice management skills in otolaryngology such as registration of patients, Evaluation and Management Coding, Current Procedural Terminology and documentation of teams rendered.

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- PGY-4 Conferences

Individual PGY responsibilities, goals and objectives for each conference are listed under the Residency Manual section detailing conferences.

PGY-4 residents must attend the ORLHNS Wednesday AM Conference Program.

- 7:00 Otolaryngology Grand Rounds  
Thyroid & Parathyroid Multi-Disciplinary Conference  
Mortality-Morbidity-Near Miss Conference
- 8:00 Quarterly Subspecialty Review  
GME-TODAY General Core Competencies Online Program  
Team Management Conference
- 9:00 Multi-Disciplinary Head & Neck Tumor Board
- 10:00 Basic Science Core Curriculum
- 11:00 Basic Science Core Curriculum

PGY-4 residents must attend conferences unique to the institutions they are rotating on. These include

TJUH

- Operative Case Management Conference
- Head & Neck Radiology Conference
- Hearing & Balance Center Journal Club

Nemours AI duPont Hospital for Children

- Introduction to Basic Clinical Pediatric Otolaryngology
- Otology-Topics of Discussion & Temporal Bone Anatomy
- Head & Neck Radiology Conference

PGY-4 residents must attend conferences unique to their year of study

- Annual Foreign Body Endoscopy Course
- Multi-University Course on Surgery of the Aging Face

PGY-4 residents must complete and maintain certification in the following Independent/On-Line Programmed Courses of Study

- AAO-H&NS Home Study Course
- GME-TODAY General Core Competencies Online Education Program
- TJUH Healthstream On-Line Learning Modules
- IRB Training for Human Subjects in Research

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- Rotation Specific Goals and Objectives

*The PGY-4 clinical rotations with their specific goals and objectives are described under each ORLHNS team description.*

- Research

**Overview**  
**Duties & Responsibilities**

The basic science research rotation involves an intensive 20 week immersion in one of the following departmental research laboratories:

- TJU/Kimmel Cancer Center
- Molecular Biology & Immunology Laboratory
- Monell Chemical Senses Center
- Microvascular Laboratory
- Anatomical Dissection Laboratory Facilities & Temporal Bone Laboratory
- Endoscopic Head and Neck Laboratory
- TJU/Kimmel Cancer Center Laboratory Animal Facility
- AI DuPont Hospital for Children
- The Center for Pediatric Auditory and Speech Sciences
- Multi-Disciplinary Research Laboratory

The resident must choose an advisor for his basic science research work and must successfully renew his certification in the TJUH On-Line Training Manual & Tutorial for Investigators involved in Research. Prior to the start of the rotation, the resident must submit his research proposals in writing to Dr. Curry specifying his attending sponsor, study type, null hypothesis, methods/materials, budget, timeline and his project's clinical relevance. Dr. Curry and the residents mentor advise and assist the resident in the basic science project. Dr Curry also provides project continuity between residents and has the residents trained in hands-on bench top research. Following departmental project approval, the resident must submit and obtain TJU Internal Review Board (IRB) or TJU Institutional Animal Care and Use Committee IACUC approval for the study. Successful basic science research projects involve a literature review, data collection and analysis, presentation of results at a national scientific meeting and subsequent publication in a peer-reviewed journal. Full departmental resources are at the resident's disposal. Typical research projects involve learning advanced techniques of cell culture, proteomics and investigational animal studies. Residents have no clinical outpatient, inpatient or operative responsibilities. Residents attend all TJUH Wednesday AM ORLHNS Conferences. Residents do take TJUH senior home call.

**Competency Based Goals & Objectives**

**Medical Knowledge Goal**

**Demonstrate the necessary background knowledge to design and execute a successful basic research project**

**Objectives**

- Design and execute basic science research which addresses a specific question in clinical medicine related to ongoing research in the department
- Apply interdisciplinary approach to discover new material which can be incorporated into the ongoing research project.
- Develop and apply the necessary laboratory skills to carry on the project.
- Perform paper and digital literature review and obtain relevant citations

**Patient Care Goal**

**Identify relevant clinical question**

**Objective**

- Demonstrate the ability to plan and execute an experimental design for a clinical problem using basic science skills acquired in the laboratory.

**Practice Based Learning and Improvement Goal**

**Understand research process and methods used to answer clinical questions**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Demonstrate an understanding for the experimental hypothesis and cooperate in the planning and execution of laboratory experiments.
  - identify relevant clinical question
  - develop null hypothesis
  - describe methods & materials involved in testing null hypothesis
  - develop project budget
  - develop project timeline
  - complete all necessary forms and obtain IRB approval
  - perform project
  - statistically analyze results
  - oral or poster presentation at national meeting
  - prepare manuscript for submission to peer-reviewed journal
  - revise manuscript as appropriate following journal review process.
- Demonstrate the ability to perform basic skills in the laboratory using established protocols (including such tasks as polymerase chain reaction, agarose gel electrophoresis, Southern blotting and Northern blotting, immunohistochemical analysis and preparation of human tissue specimens, nucleic acid purification and analysis)
- Record all daily observations, experiments and results in a standard laboratory notebook using accepted laboratory standards outlined by the Research director

**Interpersonal and Communication Skills Goals**

**Develop the ability to respectfully and clearly communicate research and its impact with other healthcare professionals.**

**Objectives**

- Coordinate the ongoing research with previous and incoming 4<sup>th</sup> year residents and staff to complete project in a timely and efficient manner.
- Deliver daily (oral) summaries describing progress to laboratory director
- Attend and prepare for comprehensive weekly research review meetings with the laboratory director to plan experiments and interpret results.
- Provide, in writing, a summary of the work accomplished during the rotation to the next resident in the rotation (Research Sign-out)
- Summarize and present resident research results/progress in Departmental Grand Rounds during the research rotation period.

**Professionalism Goal**

**Learn effective collaboration between basic science researchers and clinicians**

**Objectives**

- Complete IRB training in Human Subjects Research
- Demonstrate effective collaboration between basic science researchers and clinicians
- Demonstrate an understanding for the experimental hypothesis and cooperate in the planning and execution of laboratory experiments.
- Record all daily observations, experiments and results in a standard laboratory notebook using accepted laboratory standards outlined by the Research director
- Participate in the collection, analysis and interpretation of data for presentation at local, regional or national meetings and for the purposes of peer-reviewed publication in trade journals.

**Systems-Based Practice Goal**

**Participate in the workings of a dedicated basic science research laboratory including funding processes**

**Objectives**

- develop project budget
- develop project timeline
- complete all necessary forms and obtain IRB approval
- pursue grant funding for research project



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**PGY-5 Competency Goals and Objectives**

- PGY-5 Rotation Schedule

10 weeks	10 weeks	10 weeks	10 weeks	10 weeks
TJUH Head & Neck Team	TJUH Subspecialty Team	Administrative Chief Resident	TJUH-JHN Otology/Neurotology	Operative Chief

- Overview

The fifth year of training provides an organized educational experience with faculty guidance and close supervision of each resident in order that they demonstrate an ability to independently and competently practice all aspects of Otolaryngology. As the PGY-5 resident gains further intense patient care and leadership experience, he/she is allowed to progress in their responsibilities to one of supervised independence. Again, the supervising Attending Faculty member is always involved in the care of every patient and has ultimate responsibility. The PGY-5 resident spends 10 week leadership experiences on the TJUH Head and Neck Team, TJUH Subspecialty Team, TJUH-JHN Otology-Neurotology Team, and as the Administrative Chief resident. The attending staff formally evaluates each otolaryngology resident's performance at the end of the rotation using a customized institutional on-line evaluation program, "GME Toolkit." Residents are also evaluated by fellow healthcare professionals using a 360 degree evaluation instrument.

Resident attendance at Wednesday morning conferences is mandatory—no conflicting clinical responsibilities are scheduled. Special PGY-5 educational opportunities include serving as instructors in the Introduction to Basic Clinical Otolaryngology course for PGY-2 residents. PGY-5 residents also attend the Temporal Bone Dissection Practicum for Senior Residents, help direct the Management of Mandibular/Maxillofacial Trauma Module and complete Chief Resident Education For Success Training.

On the TJUH Head & Neck Team and Subspecialty Team rotations, the PGY-5 residents are allowed supervised independence in formulating diagnostic workups and treatment plans. The PGY-5 Resident has a leadership role in overseeing the inpatient and emergency room consultation service and is intimately involved with the development of a diagnostic and management plan with the evaluating junior resident. Concurrent with this is the ability to make independent care plan decisions on inpatients, emphasizing close communication with the responsible faculty member. The PGY-5 resident must demonstrate an ability to competently and independently assess and manage all inpatient, outpatient and consultation services integral to the practice of ORLHNS. The PGY-5 Resident also plays a leadership role in bringing the junior and senior residents and medical students through the more basic ORLHNS surgeries and through mastered basic surgical procedures. The PGY-5 resident must demonstrate the ability to competently and independently perform all operative procedures integral to the practice of ORLHNS.

The Jefferson Hospital For Neuroscience Otology-Neurotology rotation allows the PGY-5 resident to demonstrate competency in the field of otology and otologic surgery. These skills have been previously developed through the PGY-3 JHN experience and during the PGY-4 rotation at the AI DuPont Hospital for Children. With this background, residents are provided

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with opportunities to function as primary surgeon on more complex otologic procedures such as revision mastoidectomy and tympanoplasty, stapedectomy, and cochlear implantation. Outpatient exposure to a variety of otologic disorders is also provided with ample opportunity to interpret serologic, radiographic, audiometric, and vestibular tests. Through a dedicated outpatient clinic exposure, residents are expected to demonstrate proficiency in the pre and postoperative management of surgical candidates.

The Administrative Chief Resident rotation was designed to enable chief residents to administer program duties without recurring clinical inpatient and outpatient responsibilities. The rotation provides specific educational opportunities in the core ACGME competencies of Professionalism, Interpersonal & Communication Skills, and Systems-based practice while allowing time for performance of advanced key indicator procedures. In order to maintain key indicator procedure numbers in complex ORLHNS surgery and in order to expand teaching experiences for the PGY-5 resident, the resident operates on the TJUH Head & Neck and Subspecialty Services. The resident's primary focus, however, is in exercising skills relating to curriculum development, team management and program assessment and review. Under the guidance of the program director, the administrative Chief resident administers the resident call schedule, departmental conference schedule and resident program evaluation. The resident also attends all departmental GME functions providing an active voice in determining program policies and directives

The Operative Chief Resident rotation was designed to allow chief residents to gain additional exposure to cases specific to their areas of interest. They have first choice of operative cases. The operative chief has no inpatient responsibilities and their sole focus is gaining additional exposure to complex cases and those pertaining to their interests. This rotation also ensures chief residents are able to meet their required case numbers.

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- Overall Goals and Objectives

The following overall PGY-5 Goals and Objectives are supplemented by the rotation specific Goals and Objectives as specified below for each rotation. They also supplement the Department of Otolaryngology-Head and Neck Surgery Core Competency Goals and Objectives that correspond to the ORLHNS Core Competency Curriculum that spans a resident's entire training. The fifth year resident is expected to continue to incorporate elements of the Core Clinical Competencies into his or her practice on a longitudinal basis as described in the Core Clinical Competency Curriculum.

**Patient Care Goal**

**Develop ability to diagnose and treat independently and competently the tertiary care ORLHNS patient, emphasizing the patient with advanced complicated and/or recurrent disease, especially focusing on otology/neurotology, oncology, rhinology, and voice and swallowing dysfunction patients.**

**Objectives**

By the completion of PGY-5, the resident should be knowledgeable in the following areas and be able to independently and competently:

- diagnose the tertiary care ORLHNS patient with advanced and/or recurrent disease in the fields of otology/neurotology, oncology, laryngology, rhinology and facial plastic surgery
- formulate a treatment plan for the tertiary care ORLHNS patient
- cultivate appropriate physician-patient relationships
- prepare patient for tertiary care ORLHNS surgical procedures (i.e., positioning, surgical prepping, pharmacologic prophylaxis, premedication)
- manage the intensive care unit and ward unit care of the postoperative Otolaryngology patient
- recognize ORLHNS surgical complications and their treatments
- assume a Leadership role in emergency department and inpatient consultation services
- delineate the risks and indications for ORLHNS surgical intervention, including knowledge of the alternative treatments important in obtaining informed consent
- display knowledge of temporal bone anatomy and otologic surgical procedures through teaching at the temporal bone course and operating room
- obtain an ABO in-training examination overall score of at least the 50th percentile for the PGY-5 level
- demonstrate areas of core knowledge as delineated in specific rotation objectives
- design and administer Introduction to Basic Clinical Otolaryngology Course for ORL-2 residents
- instruct junior residents at Temporal Bone Dissection course.

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**Patient Care Goal**

**Learn through supervised encounters to independently perform and teach surgical skills**

**Objectives**

By the completion of PGY-5, the resident should be knowledgeable in the following areas and be able to:

- demonstrate ability to perform advanced surgical procedures under direct supervision as delineated in specific rotation objectives
- demonstrate ability to function as a teaching resident to junior residents and medical students

**Medical Knowledge Goal**

**Develop advanced diagnostic skills in interpreting imaging and diagnostic studies of the head and neck.**

**Objectives**

By the completion of PGY-4, the resident should be knowledgeable in the following areas and be able to:

- describe and identify the CT/MRI appearance of abnormalities in the head and neck conditions (e.g. deep neck abscesses)
- describe and identify the CT/MRI appearance of invasive malignancies
- describe and identify the appearance of a thyroid nodule on ultrasound
- indicate appropriate studies and read nuclear medicine imaging studies of the thyroid and parathyroid.
- describe and identify the CT/MRI appearance of abnormalities of the temporal bone
- describe and identify the CT/MRI appearance of abnormalities of the cerebellopontine angle
- describe and identify the CT/MRI appearance of abnormalities of the paranasal sinuses and orbit
- describe and identify the CT/MRI appearance of abnormalities in facial trauma
- demonstrate ability to interpret special vestibular testing.

**Interpersonal Skills and Communications Goal**

**Educate patients, family and colleagues with regard to medical and surgical options for treatment of ORL-H&NS disease processes.**

**Objectives**

By the completion of PGY-4, the resident should be knowledgeable in the following areas and be able to lead:

- discussion of the indications, risks, benefits and alternatives of surgical correction of conditions delineated in specific rotation objectives
- direct In-patient and clinic care, especially as this relates to initiating and cultivating interactions with patients, families, colleagues and ancillary health professionals
- the education of junior residents, medical students and other health care professionals
- present at national scientific meetings
- submit manuscripts for publication in peer reviewed journals

**Practice Based Learning and Improvement Goal**

**Independently and competently investigate and evaluate their own care of patients, to appraise and assimilate scientific evidence, and to improve patient care based on continual self-evaluation and lifelong learning.**

**Objectives**

By the completion of PGY-5, the resident should be able to competently and independently:

- employ methods of scientific investigation and critical review of scientific literature.
- contribute to the education of junior residents, medical students and other health care professionals
- design and execute clinical and basic science research projects
- demonstrate awareness of personal clinical strengths and limitations and play to strengths while addressing weaknesses
- display in full measure all the competencies delineated in the Core Competencies Curriculum
- demonstrate ability to teach junior residents and colleagues how to generate a cost-effective evaluation and management plan
- assist conference coordinator in improving graduate medical education curriculum

**Professionalism Goal**

**Serve as a leader and role model by performing professional responsibilities in an ethical manner with attention to diverse patient populations**

**Objectives**

- Assist program chairman in overseeing personal, academic and clinical development of junior residents
- Demonstrate understanding of legal issues in ORL-H&NS such as avoidance of malpractice claims, and rudiments of contract law.
- Demonstrate skills necessary to become a leader and role model in the hospital community

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**Systems-Based Practice Goal**

**Demonstrate ability to deliver in-patient and clinic care in a safe, cost-effective manner, especially as this relates to interactions with patients, families, colleagues and ancillary health professionals**

**Objectives**

By the completion of PGY-5, the resident should be knowledgeable in the following areas and be able to:

- manage the resident health care delivery team
- display practice management skills in otolaryngology such as registration of patients, Evaluation and Management Coding, Current Procedural Terminology and documentation of teams rendered.
- demonstrate superior administrative skills including ability to lead by example, delegate authority, assume responsibility for patient care, and practice in a cost-effective manner.
- participate in departmental, institutional, state and local committees on issues such as hospital management, graduate medical education, housestaff administration and changing trends of health care delivery systems

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- PGY-5 Conferences

Individual PGY responsibilities, goals and objectives for each conference are listed under the Residency Manual section detailing conferences.

PGY-5 residents must attend the ORLHNS Wednesday AM Conference Program.

- 7:00 Otolaryngology Grand Rounds  
Thyroid & Parathyroid Multi-Disciplinary Conference  
Mortality-Morbidity-Near Miss Conference
- 8:00 Quarterly Subspecialty Review  
GME-TODAY General Core Competencies Online Program  
Team Management Conference
- 9:00 Multi-Disciplinary Head & Neck Tumor Board
- 10:00 Basic Science Core Curriculum
- 11:00 Basic Science Core Curriculum
- 12:00 Head & Neck Radiology Conference

PGY-5 residents must attend conferences unique to the institutions they are rotating on. These include

TJUH

- Operative Case Management Conference
- Head & Neck Radiology Conference
- Hearing & Balance Center Journal Club

PGY-5 residents must attend conferences unique to their year of study

- Introduction to Basic Clinical Otolaryngology (instructor)
- \*\*Temporal Bone Dissection Practicum for Senior Residents
- \*\*Management of Mandibular/Maxillofacial Trauma Module
- Chief Resident Education For Success Training

PGY-5 residents must complete and maintain certification in the following Independent/On-Line Programmed Courses of Study

- AAO-H&NS Home Study Course
- GME-TODAY General Core Competencies Online Education Program
- TJUH Healthstream On-Line Learning Modules
- IRB Training for Human Subjects in Research

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- Rotation Specific Goals and Objectives

The PGY-5 team clinical rotations with their specific goals and objectives are described under each ORLHNS team description.

- Administrative Chief Resident

**Overview**

The administrative chief resident rotation was designed to enable chief residents to administer program duties without recurring clinical inpatient and outpatient responsibilities. The rotation provides specific educational opportunities in the core ACGME competencies of Professionalism, Interpersonal & Communication Skills, and Systems-based practice. Administrative Chief residents assist in the development of core curriculum, represent resident concerns to the departmental GME committee and program director, and assist in the development of departmental Symposia and special events. Moreover, administrative chief residents manage resident call schedules, scheduling conflicts, meeting and vacation requests. They administer the TJUH Wednesday AM ORLHNS Conferences. They are directly responsible for the educational experiences of the medical students rotating through the department and conduct teaching rounds on Wednesday afternoons. Accordingly, they oversee the completion of all medical student evaluations. The administrative chief resident commands considerable secretarial and departmental resources and works closely with both the Program Director and the Residency Program Coordinator. He/she coordinates the resident participation in Resident Applicant Interviews, compiles the Resident Program Evaluations, and submits the following year's Residency Rotation schedules. Additionally, the resident sits on the departmental GME committee to ensure that the resident voice is heard and any concerns are addressed. During the rotation, the resident does not have inpatient duties with the exception of call but does participate in the operating room. Faculty members for the rotation include:

Edmund Pribitkin, MD  
William Keane, MD  
Maurits Boon, MD  
Adam Luginbuhl, MD  
Karen Keane, Residency Program administrative assistant  
Joanne Gauthier, Departmental Coordinator

While on this rotation, the resident's weekly schedule is as follows:

Monday:	Administration / Research
Tuesday:	TJUH/JSC operating room
Wednesday AM:	TJUH Wednesday conferences
Wednesday PM:	GME meeting / Research / Medical student presentations
Thursday :	Administration / Research / Medical student teaching
Friday:	TJUH/JSC operating room

Mondays and Thursdays are spent in the office addressing administrative issues as described below. Additionally, this is opportunity to finish any incomplete research projects. Wednesday mornings are spent in conferences. Wednesday afternoon, the resident oversees medical student presentations and provides education and critique under the guidance of Dr. Luginbuhl. Tuesdays and Fridays, the resident is present in the operating room, serving as a



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teaching resident to junior residents and gaining exposure to operative skills that require additional experience (as dictated by operative case logs and procedures in which the resident does not yet feel they can perform independently).

This rotation promotes the education of the resident in terms of what is required to run an academic department. Additionally, it provides education in leadership and interpersonal skills. Close communication with the entire residency staff and the attending staff facilitates discussion of any ongoing concerns and provides a means by which problems can be addressed anonymously.

In order to maintain key indicator procedure numbers in facial plastic and reconstructive surgery, the administrative chief resident may be asked to operate at the TJUH if necessary due to vacation, absences or clinical volume. Administrative Chief Residents attend all TJUH Wednesday Conferences. Residents do administer and take TJUH senior home call.

**Goals & Objectives**

**Patient Care Goal**

**Demonstrate ability to competently and independently perform selected major surgical procedures**

**Objectives**

By the completion of the rotation, the resident should be able to perform all Otolaryngology Key Indicator Procedures as primary surgeon. This includes not only performance of the operative procedure, but also intimate knowledge of specific patient's history, physical examination, evaluation and management including management of potential complications. Additionally, participation as primary surgeon presupposes full understanding of the instrumentation involved in each procedure (for example, the different types of tracheostomy tubes and rationale for the use of each, the setup and maintenance of the endoscopic video system) and the ability to adapt to emergency situations in the operating room.

**Medical Knowledge Goal**

**Demonstrate ability to teach medical students and junior residents in the interpretation of basic serological and radiographic testing in ORL-H&NS**

**Objectives**

By the end of the rotation, the resident should become proficient in teaching:

- the features and landmarks of normal adult and pediatric patients, as seen on
  - lateral and AP neck plain films
  - axial/coronal CT scan
  - T1/T2 MRI scan
  - ultrasound
- the classic appearance of sinusitis.
- the fracture patterns of the facial skeleton as seen on a CT scan.
- pure tone, speech and impedance audiometry.
- otoacoustic emission screening
- basic electronystagmography

**Practice Based Learning Goal**

**Demonstrate sound habits of personal scholarship and scientific inquiry in order to apply principles of Evidence Based Medicine**

**Objectives**

- Work in interprofessional teams to enhance patient safety and improve patient care quality
- Critically read and discuss medical literature pertinent to patients on the service.
- Participate in identifying systems errors and in implementing potential systems solutions

**Interpersonal Skills and Communication Goal**

**Demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Communicate effectively with physicians, other health professionals, and health related agencies
- Work effectively as a member or leader of a health care team or other professional group
- Act in a consultative role to other physicians and health professionals
- Teach medical students and other resident physicians by providing learner-appropriate content, supervision and constructive feedback.
- Demonstrate both leadership and member-collaborator skills in the health care team. This includes identifying roles and assignments, planning and prioritizing, accepting responsibilities, assisting others, and resolving conflicts.
- Communicate clearly in both speaking and writing with all members of the health care team.
- Design and deliver structured educational presentations.
- Demonstrate superior administrative skills including ability to lead by example, delegate authority, assume responsibility for patient care, and practice in a cost-effective manner
- Demonstrate ability to instruct residents and medical students in the performance of selected surgical procedures appropriate to their level of training
- Coordinate Departmental Conference Schedule
- Prepare and lead resident Annual In-training Examination review course
- Prepare manuscript for submission to peer-reviewed journal
- Revise manuscript as appropriate following journal review process.

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**Professionalism Goal**

**Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care.**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Residents should lead a healthcare team and to be respectful of the contributions that other health professionals can make in the care of their patients.
- Residents should recognize that a healthy lifestyle and attentiveness to one's own personal, social and family needs are also a professional responsibility.
- Residents should demonstrate knowledge of physician impairment, obligations for reporting and knowledge of resources and care options.
- Demonstrate skills necessary to become a leader and role model in the hospital community
- Assist program chairman in overseeing personal, academic and clinical development of junior residents
- Complete all pending personal research projects and publications

**Systems Based Practice Goal**

**Demonstrate an 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.**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Work in interprofessional teams to enhance patient safety and improve patient care quality
- Participate in identifying systems errors and in implementing potential systems solutions
- Demonstrate knowledge of basic practice management principles such as budgeting, record keeping, medical records, and staff management.
- Assist conference coordinators in improving graduate medical education curriculum
- Participate in departmental, institutional, state and local committees on issues such as hospital management, graduate medical education, housestaff administration and changing trends of health care delivery systems
- Develop and administer medical student curriculum in collaboration with attending physician in charge of medical student education
- Coordinate resident and medical student research projects with departmental research coordinator.
- Administer residency, including call schedule and scheduling for all conferences and meetings
- Assist in planning of departmental courses (ie, AntiAging Symposium, Multi-University Rhinoplasty Course)
- Lead Thursday morning Medical Student Teaching Rounds, video session and lecture series
- Attend all meetings of Philadelphia Laryngological Society, Philadelphia Society of Facial Plastic & Reconstructive Surgery, Otolaryngology Section of

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Philadelphia College of Surgeons and oversee resident participation in these societies

- Coordinate resident submissions/presentations at AAOHNS, AAFPRS, COSM, PAOH&NS, Voice Foundation, Clerf lectureship, Annual Balshi Prize, Annual Philadelphia ORL Resident Paper Competition

**In-patient Duties & Responsibilities**

- Administer and participate in resident on-call schedule and vacation schedule

**Academic and Administrative Responsibilities**

- Attend TJUH Specialty case Conference--pull articles for week's coming cases and distribute
- Lead Thursday morning Medical Student Teaching Rounds, video session and lecture series
- Complete all pending personal research projects and publications
- Attend all meetings of Philadelphia Laryngological Society, Philadelphia Society of Facial Plastic & Reconstructive Surgery, Otolaryngology Section of Philadelphia College of Surgeons and oversee resident participation in these societies

- Seasonal Responsibilities

July-Sept: AAFP RS	Coordinate resident submissions/presentations at AAO-H&NS,  Coordinate and Lead Introduction to Clinical ORL lecture series Coordinate Departmental Conference Schedule Coordinate MS4 Medical Student Grand Rounds
Oct-Dec:	Assist in Temporal Bone Dissection Course, Rhytidectomy Cadaver Dissection Course, Rhinoplasty Cadaver Dissection Course Coordinate resident participation in Resident Applicant Interviews
Jan-March: course	Prepare and lead resident Annual In-training Examination review
April-June:	Coordinate resident submissions/presentations at COSM, PAOH&NS, Voice Foundation, Clerf lectureship, Annual Balshi Prize, Annual Philadelphia ORL Resident Paper Competition Complete Resident Program Evaluations Submit following year's Residency Rotation schedules

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**TJUH Head & Neck Team**

David Cognetti, MD Rotation Coordinator

- Overview

Residents rotate on the TJUH Head and Neck Team for three months during each of their years in training. During these rotations, they receive a dedicated education in the management of ORLHNS neoplasms from a nationally prominent faculty under the direction of the local program director and chairman, William Keane, MD. Faculty members include

William M. Keane, MD  
Marc Rosen, MD  
David Cognetti, MD  
Joseph Curry, MD  
Ryan Heffelfinger, MD  
Howard Krein, MD, PhD  
Adam Luginbuhl, MD  
Richard Goldman, MD

Teaching faculty have sub-specialty clinical expertise in ORLHNS oncology, facial plastic and reconstructive surgery including microvascular free flap reconstruction, rhinology, and general otolaryngology. Every ORLHNS patient has a responsible, supervising faculty member and resident team involvement.

**Outpatient Clinics**

The outpatient clinic consists of 14 examination rooms with two microscope and one procedure room. All rooms also have fiberoptic capability for rigid or flexible video endoscopy. These facilities are supplemented by complete audiology and speech therapy services located on the same floor, which are available during clinic and on an appointment basis. The clinic has extensive nursing, receptionist and clerical support. Cytopathologists are immediately available for the obtaining of fine needle aspirations during all clinics. All tertiary care medical and surgical consultation services are also available during all clinics.

The resident takes part in the complete evaluation and management plan of the head and neck clinic patient with the supervising faculty. This experience allows one-on-one teaching of the history, physical exam and clinic-based procedures specific to adult and pediatric otolaryngology. This provides excellent longitudinal exposure to the ORLHNS patient from initial diagnostic workup to long-term postoperative follow-up. Each patient is seen concomitantly by both faculty and resident to maximize the one-on-one teaching. The resident also returns to outpatient clinic outside their scheduled assignments when the OR responsibilities are completed.

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Surgical Services

The ORLHNS Head & Neck Team has dedicated block OR time according to the following schedule:

Monday	Four rooms
Tuesday	Six rooms
Wednesday	One room
Thursday	Four rooms
Friday	Six rooms

.Additional OR starts are available on all days by request. The ORLHNS resident experience includes 1-5 OR days weekly. All the necessary equipment, supplies and personnel are available for tertiary care level adult and pediatric ORLHNS services.

Weekly OR assignments are made by the PGY-5 Resident according to resident-level appropriateness, equity of operative exposure and educational advantage to the available Head & Neck Team residents. This advanced assignment gives each resident adequate time for academic preparation for their assigned cases. Operative cases are staffed by both a supervising Attending Faculty member and at least one level-appropriate ORLHNS resident. Whenever possible, both a junior and a senior Resident operate with the faculty during major procedures, as well as during more junior level cases, where the senior resident is able to guide the junior resident through the case under looser faculty supervision.

Residents are responsible for collection of radiographic studies and relevant clinical data for each day's operative cases. These are reviewed by attending physician at surgery. All operative cases are supervised by the attending faculty member. Also, flexibility in clinic and OR responsibilities is allowed for participation the care of an interesting and/or unusual patient or procedure. Residents are responsible for follow-up of pathology from each surgical case in which resident was involved. This is subsequently reviewed by the attending physician for case.

Inpatient and Consultation Services

Every ORLHNS inpatient and consultation patient is under the care of a ORLHNS faculty member and the ORLHNS residents. The residents are responsible for organizing and maintaining the inpatient ORLHNS service, including doing morning work rounds prior to clinic or operating room as well as managing the daily care of every inpatient on the ORLHNS service under the direct close supervision of the responsible faculty member. The PGY-5 Resident is responsible for leading and organizing morning work rounds and evening rounds, as well as managing the daily care of every inpatient on the service under the direct close supervision of the responsible Attending Faculty member. Afternoon faculty teaching rounds occur with available faculty, residents and the ORLHNS care coordinator on the faculty's inpatients and consultation patients. The resident team works closely with the OTRLHNS care coordinator, Troy DeRose, M.A., and two physician assistants in coordinating the multidisciplinary care of the ORLHNS patient during their inpatient stay and discharge. This reduces much of the "service" component of inpatient management without sacrificing the "educational" component of patient care.

Weekend round responsibilities are shared amongst the entire TJUH resident team (Head and Neck & Subspecialty Teams) as coordinated by the respective team PGY-5 residents. This minimizes weekend service responsibilities for each Team so that residents comply with ACGME duty hour regulations. Generally a Senior Resident rounds with the PGY-1, 2 or 3 residents until their knowledge and skill level allows independent weekend rounding. Morning inpatient faculty teaching rounds occur with available faculty. Residents perform histories and physical examinations on all unscheduled admitted patients. These notes are reviewed by presented on daily rounds to the attending physician. All outpatient and

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scheduled same day admission patients undergo preadmission testing where nurse practitioners perform their H&P's. The residents work closely with ORLHNS pediatric nurse practitioners in coordinating the multidisciplinary care of the ORLHNS patient during their inpatient stay and discharge.

The inpatient consult service is also administered by the residents. All inpatient consultations are seen primarily by the residents at the bedside and then subsequently seen by the requested attending physician on afternoon teaching rounds. Unassigned consultations are handled by the Head & Neck Team as per guidelines in the Resident Manual. Urgent consults on ICU patients are seen at the bedside during morning or afternoon faculty teaching rounds. Consults from the emergency room are evaluated in the emergency room with the faculty physician.

Call

Junior (PGY-2,3) call is in-house and senior (PGY-4,5) call is from home. Neither may exceed ACGME 80 hour per week work limits.

Conferences

No clinical duties impede attendance at the TJUH Wednesday AM Conferences. Additionally, an operative management conference is held weekly at TJUH on Thursday from 7-8AM. During this conference, the management of all patients to be operated upon by the TJUH Head & Neck and Subspecialty Teams is discussed.



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- PGY-1

**Overview**  
**Duties & Responsibilities**

The PGY-1 Otolaryngology rotation is designed to provide the PGY-1 resident with an introduction to General Otolaryngology: This includes: Head and Neck Surgery, Laryngology and Bronehoesophagology, Sinus and Skull Base, Thyroid and Parathyroid, Pediatric Otolaryngology, and Obstructive sleep apnea. During this rotation, the PGY-1 resident has an introduction to the multiple facets of general Otolaryngology. This experience serves as an introduction to the education of management of complex Otolaryngology patients on an inpatient basis. Additionally, it provides education dealing with a consult service. The resident works under close supervision of senior residents, physician extenders and attending physicians. Mondays, Tuesdays, Thursdays and Fridays are spent in the inpatient setting participating in operative procedures, managing inpatient care under supervision, and participating in the consult service. Close communication with the chief resident and supervising attending is expected to ensure optimal care for all service and consult patients.

As the PGY-1 resident gains experience and becomes more proficient in all aspects of patient care, he/she is allowed to progress in their responsibilities. In the outpatient clinic, they are exposed to increasingly complex ORLHNS problems by the supervising faculty and senior residents. The resident is given increasing independence in formulating diagnostic workups and treatment plans as their experience and competence increases. This is especially true for clinic-based procedures. Inpatient and emergency room consultations, as well as weekend inpatient rounds are generally performed by the residents at the PGY-2 level and above, assisted by the PGY-1 residents. In the OR, the PGY-1 resident is allowed to become more independent in the performance of basic soft tissue procedures as their skills dictate, as well as gaining experience and exposure to more complex ORLHNS procedures. In addition, while first assisting the senior residents or Attending Faculty, the PGY-1 resident is given an increasing appropriate portion of the advanced procedure to perform themselves. As skills accelerate, the PGY-1 resident is also allowed to begin to bring medical student assistants through basic procedures, such as knot-tying and suturing.

**Sample Overview of Weekly Schedule**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds
7:15AM – Inpt/OR	7:15AM – Inpt/OR	AM – Teaching Conferences TJU	7:00AM – Conf 8:00 AM Inpt/OR	7:15AM – Inpt/OR
PM – Out Patient Clinic	PM-off duty	PM – Out Patient Clinic	PM – Inpt/OR	PM – Inpt/OR
5:00 PM Rds/Signout		5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout
In house call- Call *				

**\*In-House call may not exceed 80 hour per week work limits or 30 consecutive work hours. One day free in every seven is scheduled. See PIF for call details.**

**Rotation Specific Competency Based Goals and Objectives:**

**Patient Care Goal**

**Learn through supervised encounters to perform and document a comprehensive  
ORL-HNS history, physical examination, differential diagnosis and treatment  
plan**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Obtain a detailed ORLHNS history and obtain and review relevant medical records and reports
- Perform a detailed physical examination.
- Learn to use fiberoptic nasopharyngoscopy, indirect laryngoscopy, microscopic otoscopy, and pneumatic otoscopy. Also learn how the normal anatomy looks with these instruments.
- Develop a complete differential diagnosis.
- Write a succinct H&P, including a risk assessment evaluation.
- Obtain a written informed consent.
- Document the treatment plan in the medical record, including the indications for treatment.
- Dictate an operative note and discharge summary.
- Assist in the assessment of emergency department and inpatient consultations to begin developing competence in determining acuity of care.

Perform competently and independently

- Nasal pack removal / placement
- Suture / Staple removal
- IV catheter placement
- Feeding tube placement
- Cricothyrotomy
- Endotracheal intubation
- Drain removal
- Foley catheter placement
- Wound packing and removal
- Dressing changes
- Simple laceration repair
- Excision of skin lesion
- General Otolaryngology examination
- Pneumatic Otoscopy
- Flexible fiberoptic laryngoscopy

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**Patient Care Goal**

Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical skills

**Objectives**

By the completion of the rotation, the resident should be knowledgeable in the following areas and be able to:

- Perform basic maneuvers proficiently, e.g. suture of skin, soft tissues, fascia; tie knots; obtain simple hemostasis.
- Enter cases on-line in the ACGME ADS Operative Log System
- Be familiar with common otolaryngology instruments (laryngoscopes, otology instruments, FESS instruments) and suture materials and their proper uses.
- Understand concepts of microscopic and endoscopic surgical technique
- Be able to correctly close a large wound using deep, subcuticular, and cutaneous sutures or staples.
- Be able to correctly place and properly secure a closed suction drain
- Demonstrate ability to perform under direct supervision the following procedures: Tracheotomy Drainage peritonsillar abscess Tonsillectomy
- Demonstrate ability to assist in surgical procedures under direct supervision
- Develop competence in first assisting in operative procedures.
- Develop a general understanding of head and neck wound care, including debridement, dressing techniques, and drainage procedures.

**Medical Knowledge Goal**

**Develop sound habits of personal scholarship and scientific inquiry while grasping fundamental concepts in ORL-H&NS**

**Objectives**

By the completion of the rotation, the resident should be knowledgeable in the following areas and be able to:

- Develop an understanding of the clinical presentation of Otolaryngology patients
- Learn basic anatomy of the head and neck, cranial nerves and associated structures
- Interpret plain X-ray, CT and MRI imaging of Otolaryngology patients.
- Develop an understanding of the prevention and diagnosis Otolaryngologic disease through clinic experience, educational conferences, textbook and journal readings.
- Recognize complications from Otolaryngologic procedures
- Perform at greater than 25th Percentile among PGY-1 resident group on Annual ORL-H&NS examination

**Practice-Based Learning and Improvement Goal**

**Demonstrate ability to evaluate and improve the care of patients based upon the assimilation and appraisal of scientific evidence**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Maintain accurate records of operative and clinical cases
- Monitor outcomes of patients with whom the resident has interacted during the rotation and adjust technique/management based on observed outcomes
- Apply the principles of evidence based medicine to one's own practice
- Be candid in presenting and critically analyzing one's outcomes and errors
- Use online resources for up to date information.
- Take the initiative in identifying one's own area of relative weaknesses / need for improvement, through consultation with faculty and peers and address identified gaps in knowledge skills.

**Interpersonal and Communication Skills Goal**

**Demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates**

**Objectives**

By completion of the rotation the resident will:

- Develop skills necessary to develop appropriate physician-patient relationships
- Develop competence in clear, concise, accurate and precise reporting of patient's history, physical and studies (in discussions, dictations and writing)
- Learn effective listening and communication with patients and family members
- Learn effective communication with support staff including: physician extenders, consultants, social workers, clerical staff, and nurses.
- Demonstrate clear and legible writing
- Begin to develop the ability to Discuss risks, expected benefits, likely outcomes and alternatives of different treatment modalities as a part of informed consent
- Develop skills in teaching medical students in the clinic and outpatient setting

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**Professionalism Goal**

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care, especially in the care of the head and neck cancer patient.

**Objectives**

- Understand the sociological, psychological, and financial implications of surgery
- Respect patient privacy and autonomy
- Adapt their decision making to the individual religious beliefs, culture, age, gender and disabilities of patients and family members
- Disclose medical errors
- Use appropriate speech and tone of voice when speaking to patients, families, and other healthcare professionals.
- Allow others the chance to speak, and listen attentively when being spoken to.
- Demonstrate a conscientious approach to patient care by minimizing delay of care and minimizing passage of incomplete tasks to fellow residents and interns.
- Demonstrate skills necessary to develop an appropriate physician patient relationship
- Demonstrate honesty, compassion, selflessness, and integrity and respect for others.
- Demonstrate acceptance of accountability and commitment to self improvement.
- Demonstrate maintenance of patient confidentiality, knowledge of HIPPA statutes
- Develop understanding of ethical issues in clinical and research settings

**System-Based Practice Goal**

Understand system-based approach to health care issues such as patient safety and the allocation of system resources

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Understanding the organization of the Otolaryngology service including expected responsibilities, hierarchy of the team, and the mechanisms of supervision and communication.
- Organizational and time-management skills required for efficient running of the inpatient head and neck service
- Understanding of the systems approach to analysis of sentinel events signifying a potential risk to patient safety
- Understanding of each member's contribution to the multidisciplinary patient care team.
- Familiarity with the outpatient and inpatient facilities, operating room, and emergency room.
- Identification of opportunities to systematically, improve care delivery.
- Understanding of forces impacting health care delivery to different populations and individuals.
- Cost effective use of diagnostic tests and treatment modalities.

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- PGY-2

**Overview  
Duties & Responsibilities**

As the PGY-2 resident gains further experience and becomes more proficient in all aspects of patient care, he/she is allowed to progress in their responsibilities. In the outpatient clinic, they are initially acquainted with the particulars of the history, physical exam and care decisions of the ORLHNS patient. This is initially introduced through observation of the supervising faculty in clinic, but gradually the PGY-2 resident interviews and examines their own patients. Through presentation to the supervising faculty, a diagnostic and management plan is developed. Focus is placed later in the rotation on exposure to increasingly more complex ORLHNS problems as well as increasing independence in formulating diagnostic workups and treatment plans. Clinic-based procedures are increasingly performed rather than observed as the skill level progresses. As knowledge and experience progress, the PGY-2 resident is allowed to perform more inpatient and emergency room consultations as well as make more independent care plan decisions on inpatient ORLHNS patients.

The PGY-2 resident is expected to perform routine preoperative assessment and treatment planning for basic ORLHNS surgical patients. This starts in the outpatient clinic and extends into the preoperative surgery area outside the OR. The resident is expected to be familiar with the patient's clinical history, exam and treatment plan, as well as having reviewed all preoperative studies and consultations, and confirmed completion of all necessary documentation (i.e., H & P, informed consent). In addition, the involved resident should have read about the specific ORLHNS disease process and planned surgical procedure. The PGY-2 resident is the primary surgeon for most basic ORLHNS procedures (see operative skills below), as well as first assisting on more complex senior-resident-level operations. Similarly, in the OR, after a period of first assisting the faculty, the junior resident is allowed to become more independent in the performance of basic ORLHNS surgical procedures, as well as becoming the primary surgeon on more complex procedures. The involved resident is responsible for, and assists in, the care of the patient from their stay in the preoperative surgery area until their return to the post-anesthesia care unit. As their competence improves they are allowed to bring the PGY-1 or medical students through some of the soft tissue portions of larger procedures.

The PGY-2 resident is expected to maintain timely, complete, concise and accurate documentation of all clinical efforts (i.e., clinic progress notes, history and physicals, operative reports and discharge summaries). The resident is also responsible for accurate documentation as necessary for the residency program, ACGME, and TJUH requirements.

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**Sample Overview of Weekly Schedule**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6:00 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds
AM – OR/Inpt	8:00AM – Clinic	AM – Teaching Conferences TJU	7:00AM – Conf 8:00 AM Clinic	7:15AM – Inpt/OR
PM – Inpt/OR	Off	PM – Out Patient Clinic**	PM – Clinic	PM – Inpt/OR
5:00 PM Rds/Signout	Off	5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout
In house call- Call *				

**\*In-House call may not exceed 80 hour per week work limits or 30 consecutive work hours. One day free in every seven is scheduled. See PIF for call details.**

**\*\*PGY-2 resident is excused from this clinic in Spring to attend Head & Neck Anatomy Dissection Course**

**Rotation Specific Competency Based Goals and Objectives**

**Patient Care Goal**

**Understand the clinical process of the preoperative workup and long term followup for head and neck cancer procedures, including:**

- **Diagnostic Imaging**
- **Diagnostic laboratory testing**
- **Diagnostic panendoscopy**
- **Planning of operative ablation / resection and reconstruction**
- **Planning and decision making for nonsurgical treatment of head and neck cancers**

**Understand the clinical process of the preoperative workup for thyroid and parathyroid surgeries**

**Objectives**

By the completion of the rotation, the resident should be knowledgeable in the following areas and be able to:

- Demonstrate the ability to appropriately recognize the need for assistance in clinical issues in a timely fashion.
- Demonstrate ability to engage patients in process of informed consent for outpatient surgery
- Demonstrate appropriate tissue handling technique
- Demonstrate appropriate suturing technique
- Demonstrate appropriate skin closure technique
- Demonstrate the ability to make a diagnosis and formulate a surgical plan.
- Demonstrate the ability to perform suture removal, dressing changes, and wound care.
- Justify selection of laboratory tests and diagnostic tests for each patient on the service
- Earn direct and progressive responsibility in patient management and independent responsibilities in decision making according to level of expertise.
- Demonstrate ability to perform procedures, such as tonsillectomy and adenoidectomy using various techniques, eg monopolar cautery and intracapsular techniques
- Demonstrate ability to perform procedures, such as tracheotomy and fiberoptic intubation.
- Demonstrate ability to perform direct laryngoscopy, esophagoscopy, and bronchoscopy safely and accurately
- Demonstrate ability to perform basic interpretation of imaging studies



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**Patient Care Goal**

**Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical and diagnostic skills**

**Objectives**

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently and independently perform a:

- Flexible nasopharyngolaryngoscopy
- tracheotomy.
- Fiberoptic intubation
- anterior endoscopic ethmoidectomy and opening of the osteomeatal complex.
- tympanostomy tube placement.
- tonsillectomy or adenoidectomy.
- Peritonsillar abscess drainage
- Septoplasty
- Turbinate reduction
- Bronchoscopy (Flexible & Rigid)
- Direct laryngoscopy
- Esophagoscopy (flexible & rigid)
- Uvulopalatopharyngoplasty
- Cervical lymph node biopsy
- Incision and drainage deep neck abscess
- Excision submaxillary gland

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently assist in the performance of major head and neck surgery including thyroidectomy, parotidectomy, neck dissection, laryngectomy, composite resection, pectoralis major flap reconstruction, and microvascular free flap surgery.

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Medical Knowledge Goals

**Develop sound habits of personal scholarship and scientific inquiry while grasping  
fundamental concepts in ORL-H&NS**

Objectives

By the completion of the rotation, the resident should be knowledgeable in the following areas and be able to:

- Demonstrate comprehension of biology, pathology, diagnosis, treatment and prognosis of head and neck neoplastic diseases.
- Demonstrate knowledge of both normal anatomy and pathology of the head and neck with specific relation to:
  - Upper aerodigestive tract
  - Nose and paranasal sinuses
  - Salivary glands
  - Thyroid and parathyroid glands
  - Skin and soft tissues of the head and neck
- Understand rationale for ablative surgical treatment for cancers of the head and neck
- Understand rationale for surgical reconstructive treatments, such as regional flaps and microvascular free tissue transfer.
- Classify head and neck tumors according to American Joint Commission guidelines.
- Describe the symptoms and presentations of cancers of the head and neck
- Demonstrate knowledge of the appropriate diagnostic workup of head and neck cancer patients, eg PET/CT and other imaging.
- Demonstrate comprehension biology, pathology, diagnosis, treatment and prognosis of endocrine abnormalities (ie thyroid and parathyroid disease), and their postoperative complications and sequelae, such as hypocalcemia, thyroid storm, etc.
- Demonstrate understanding of the pathology and management of disorders of the Tonsils and adenoids.
- Learn the indications, contraindications, and risks of basic head and neck diagnostic & surgical procedures including alternatives to surgery.
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Practice-Based Learning and Improvement Goal

**Demonstrate ability to evaluate and improve the care of patients based upon the  
assimilation and appraisal of scientific evidence**

Objectives

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Identify deficiencies in surgical technique and improve performance through practice and mentoring
- Understand flaws inherent in retrospective studies of cancer treatment
- Critically discuss performance with respect to care of patients and progress made during rotation with chief of Service or designee at mid-rotation meeting.

Interpersonal and Communication Skills Goal

**Demonstrate interpersonal and communication skills that result in the effective exchange  
of information and teaming with patients, their families, and professional associates**

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Objectives

- Residents should demonstrate an appreciation of disease impact and the meaning of disfigurement resulting from trauma or oncologic resection as it relates to individual patients, based on an understanding of each patient's unique personal, environmental and cultural context.
- Demonstrate the ability to perform effective patient and family interviews for the head and neck cancer patient
- Communicate effectively with physician assistants, nutritionists and other members of health care team including
  - Medical Oncology
  - Radiation Oncology
  - Head and Neck Reconstructive Surgery
  - Oral Maxillofacial Surgery
  - Diagnostic Radiology
  - Pain Management service
  - Palliative Care Medicine
  - Physical Medicine and Rehabilitation
  - Cardiology
- Recognize, acknowledge, respect and protect the patient's need for autonomy, identity and self-esteem.
- Effectively describe both ablative and reconstructive surgeries to patients in lay language to enable written informed consent.

**Professionalism Goal**

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care, especially in the care of the head and neck cancer patient.

Objectives

- Understand the sociological, psychological, and financial implications of cancer ablative surgery
- Respect patient privacy and autonomy
- Understand ethical marketing practices in cosmetic surgery
- Be aware of potential conflicts of interest present in financial relationships with for-profit healthcare enterprises
- Residents should demonstrate knowledge of issues and requirements pertaining to use of human and animal subjects in research, particularly with regard to the departmental research laboratories
- Adapt their decision making to the individual religious beliefs, culture, age, gender and disabilities of patients and family members
- Disclose medical errors
- Use appropriate speech and tone of voice when speaking to patients, families, and other healthcare professionals.
- Allow others the chance to speak, and listen attentively when being spoken to.
- Demonstrate a conscientious approach to patient care by minimizing delay of care and minimizing passage of incomplete tasks to fellow residents and interns.

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**System-Based Practice Goal**

**Understand system-based approach to health care issues such as patient safety and the allocation of system resources**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Mobilize outpatient health resources to care for head and neck cancer patients including social work, nutrition and home health services
- Mobilize outpatient health resources to care for free flap patients including social work, nutrition and home health services
- Describe indications for medical consultation in the pre- and post-operative periods,
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- PGY-4

**Overview  
Duties & Responsibilities**

The PGY-4 resident has two plus years of ORLHNS care experience. The emphasis for further learning is to begin to build upon the foundation of knowledge of basic ORLHNS disease with in-depth study of each ORLHNS sub-specialty area through exposure to increasingly complex tertiary care ORLHNS patients. As the PGY-4 resident gains this intense patient care experience, he/she is allowed to progress in their responsibilities as well as play an increasing teaching role for the junior residents and medical students. In the outpatient clinic, they are allowed significant supervised independence in formulating diagnostic workups and treatment plans. As knowledge and experience progress, the PGY-4 resident has a leadership role in seeing inpatient and emergency room consultations. Concurrent with this is the ability to make more independent care plan decisions on inpatient ORLHNS patients and lead the team as the Chief Resident in the PGY-5 Resident's absence.

The PGY-4 resident is expected to perform routine preoperative assessment and treatment planning for all surgical patients. This starts in the outpatient clinic and extends into the preoperative surgery area outside the OR. The resident is expected to be familiar with the patient's clinical history, exam and treatment plan, as well as having reviewed all preoperative studies and consultations, and confirmed completion of all necessary documentation (i.e., H & P, informed consent). In addition, the involved resident should have in-depth knowledge of the specific disease process and planned surgical procedure through reading and study. The PGY-4 resident is the primary surgeon for intermediate and complex ORLHNS procedures as well as first assisting on PGY-5-level operations. As their skills progress they can act as primary surgeon for these cases as well. The PGY-4 resident also plays a significant role in leading the junior residents and medical students through the more basic ORLHNS surgeries and through mastered basic surgical procedures. The involved resident is responsible for and assists in the care of the patient from their stay in the preoperative surgery area until their arrival in the post-anesthesia care unit and beyond.

The PGY-4 resident is responsible for assisting the PGY-5 Resident in the management of the inpatient service. Especially crucial is the informational updating of the PGY-5 Resident and supervising faculty with changes in patient status. The PGY-4 resident is centrally involved in most of the evaluations of inpatient and emergency room consultations, culminating in presentation to the supervising faculty to develop a treatment plan. They also assist the PGY-5 Resident in ICU management of the critical ill ORLHNS patient. The PGY-4 resident is expected to know the current status of their consultation patients and every patient on the ORLHNS inpatient service. The PGY-4 resident is expected to read about current inpatient issues and be versed on these topics during afternoon faculty rounds. When the PGY-5 Resident is absent for vacation, illness or professional leave, the PGY-4 resident assumes the PGY-5 Resident's clinical and administrative duties and responsibilities. A significant portion of the "service" responsibilities for inpatient care management are minimized secondary to the assistance of the ORLHNS Patient Care Coordinator and physician assistants. The PGY-4 is responsible for evening and weekend senior home call coverage of as stipulated by the call schedule. The PGY-4 resident rotates with the other TJUH residents to cover weekend rounds.

This rotation affords the PGY-4 resident opportunities for faculty-supervised leadership responsibility for Team and thus, the resident receives some early experience in the administrative and clinical responsibilities of the upcoming year of training. The PGY-4 resident is expected to maintain timely, complete, concise and accurate documentation of all

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clinical efforts (i.e., clinic progress notes, history and physicals, operative reports and discharge summaries). The resident is also responsible for accurate documentation as necessary for the residency program, ACGME, and TJUH requirements.

**Sample Overview of Weekly Schedule**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds
7:15AM – Inpt/OR	7:15AM – Inpt/OR	AM – Teaching Conferences TJU	7:00AM – Conf 8:00 AM Inpt/OR	7:15AM – Inpt/OR
PM – Inpt/OR	PM – Inpt/OR	PM – Out Patient Clinic	Off-duty	PM – Inpt/OR
5:00 PM Rds/Signout		5:00 PM Rds/Signout		5:00 PM Rds/Signout
		In house call- Call *		

**\*In-House call may not exceed 80 hour per week work limits or 30 consecutive work hours. One day free in every seven is scheduled. See PIF for call details.**

**Rotation Specific Competency Based Goals and Objectives**

**Patient Care Goal**

**Develop an intermediate to advanced level of knowledge of the analysis of preoperative risk factors that influence the intraoperative and postoperative management of oncology patients**

**Objectives**

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to

- Describe the incidence, identification, and management of the common complications of head and neck procedures
- describe the nutritional assessment and nutritional support of head and neck cancer patients
- demonstrate an understanding of the management of perioperative patients in the intensive care unit setting, including fluids, electrolytes, hemodynamic instability, and ventilator management.

**Patient Care Goal**

**Develop an intermediate to advanced knowledge of the surgical, radiological, immunological, and chemotherapeutic options that are available for the treatment of head and neck cancer.**

**Objectives**

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to describe the natural history, clinical presentation, evaluation, and options for treatment of

- non-squamous cell malignancies of the head and neck
- nasopharyngeal carcinoma
- sinonasal carcinoma
- oral cavity carcinoma
- oropharyngeal carcinoma
- hypopharyngeal carcinoma
- laryngeal carcinoma
- esophageal carcinoma
- thyroid and parathyroid cancers
- Salivary Malignancies
- cervical metastasis.

**Patient Care Goal**

**Learn through supervised encounters to perform surgery and to develop sound technical surgical skills**

**Objectives**

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently and independently perform a:

- Modified and Radical Neck Dissection
- Thyroid Lobectomy and Total Thyroidectomy
- Parathyroidectomy
- Maxillectomy
- Composite Resection/Mandibulectomy
- Laryngotracheoplasty

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- Excision of Skin Cancers with Appropriate Margins
- Local Flap Repair of ablative mucosal or cutaneous defects
- Partial Glossectomy
- Rhinectomy
- Auriculectomy

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to instruct junior residents in the performance of

- tracheotomy.
- Fiberoptic intubation
- anterior endoscopic ethmoidectomy and opening of the osteomeatal complex.
- tympanostomy tube placement.
- tonsillectomy or adenoidectomy.
- Peritonsillar abscess drainage
- Septoplasty
- Turbinate reduction
- Bronchoscopy
- Direct laryngoscopy
- Esophagoscopy (flexible & rigid)
- Uvulopalatopharyngoplasty
- Cervical lymph node biopsy
- Incision and drainage deep neck abscess
- Excision submaxillary gland

Medical Knowledge Goal

**Develop an intermediate to advanced level of knowledge of the surgical anatomy, surgical physiology, and pathophysiology of head and neck oncology.**

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to

- Classify head and neck tumors according to American Joint Commission guidelines.
- Describe both surgical and organ-sparing options for head and neck cancers and provide indications/contraindications for each
- Relate the indications for and potential contraindications to adjuvant chemotherapy and radiation therapy in the context of head and neck cancers
- Describe the variations and indications of laryngectomy
- Describe development of the larynx with implications of tumor spread
- describe and draw the anatomy of the fascia spaces of the neck
- Explain current theories regarding the genetics of cancer
- Describe the rationale for and potential pitfalls of Fine needle aspiration in the context of head and neck masses
- Know the anatomy of the skull base and the various syndromes that are associated with tumor invasion of motor/sensory nerves
- Describe the five-year survival rates for various tumors and locations.
- Describe patterns of nodal metastases for squamous cell carcinomas of the oral cavity, oropharynx, larynx, and hypopharynx and their therapeutic implications



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- Understand the anatomy of the various types of neck dissection and the indications for each

**Practice-Based Learning and Improvement Goal**

**Demonstrate ability to evaluate and improve the care of patients based upon the assimilation and appraisal of scientific evidence**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Identify deficiencies in junior resident technique and improve performance through applied instruction
- Understand flaws inherent in retrospective studies of reconstructive techniques
- Understand biases inherent in personal review of surgical outcomes and need for independent validation of results in surgery.
- Participate in implementation and analysis of ongoing head and neck research projects.
- Critically discuss performance with respect to care of patients and progress made during rotation with chief of Service or designee at mid-rotation meeting.
- critically read and lead discussion of medical literature pertinent to patients on the service.

**Interpersonal and Communication Skills Goal**

**Demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates**

**Objectives**

- Residents should demonstrate an appreciation of disease impact and the meaning of disfigurement resulting from trauma or oncologic resection as it relates to individual patients, based on an understanding of each patient's unique personal, environmental and cultural context.
- Demonstrate the ability to perform effective patient and family interviews for both the patient seeking restoration of self-esteem following trauma or oncologic resection
- Communicate effectively with junior residents, physician assistants and other members of health care team
- Recognize, acknowledge, respect and protect the patient's need for autonomy, identity and self-esteem.
- Effectively describe both ablative and reconstructive surgeries to patients in lay language to enable written informed consent.
- Interpret for medical students and junior residents the radiographic studies and relevant clinical data on patients in whose surgical care they will be involved. The attending physician will review these studies again at the time of surgery and teach key clinical points.

**Professionalism Goal**

**Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care, especially in the care of the head and neck cancer patient.**

**Objectives**

- Understand the sociological, psychological, and financial implications of cancer surgery
- Respect patient privacy and autonomy
- Understand ethical marketing practices in oncology
- Be aware of potential conflicts of interest present in financial relationships with for-profit healthcare enterprises
- Residents should demonstrate knowledge of issues and requirements pertaining to use of human and animal subjects in research, particularly with regard to head and neck cancer research
- Adapt their decision making to the individual religious beliefs, culture, age, gender and disabilities of patients and family members
- Disclose medical errors
- Perform ethical Evaluation & Management Coding and Procedural Coding

**System-Based Practice Goal**

**Understand system-based approach to health care issues such as patient safety and the allocation of system resources**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Understand basic principles of LASER physics and its application with special attention to LASER safety in office-based practice
- Understand the principles and practice of confidentiality in surgery and applicable HIPPA guidelines
- Respect role of consultants in oncology practice
- Mobilize outpatient health resources to care for trauma patients including social work, nutrition and home health services
- Mobilize outpatient health resources to care for free flap patients including social work, nutrition and home health services
- Develop a cost-effective attitude toward patient management.
- Develop an appreciation for the patients' interests and convenience in care management plans.

**In-patient Duties & Responsibilities**

- Direct all care for the inpatient service
- Daily progress notes on patients in whose surgical or medical care resident was involved. These notes are reviewed by a senior resident and presented on daily rounds to the attending physician.
- Follow-up of pathology from each surgical case in which resident was involved.
- Review history and physical examination on all admitted patients. Develop evaluation and management plan with PGY-2/3 residents.

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The distribution of cases is directed by the resident in charge and monitored quarterly by the Director Residency Training

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- PGY-5

**Overview  
Duties & Responsibilities**

The PGY-5 resident has three plus full years of ORLHNS care experience. The emphasis for further learning is to focus on in-depth study of the sub-specialty areas. Also, building upon the foundation of basic ORLHNS knowledge should be enhanced by the major teaching responsibilities of the team's Chief Resident. As the PGY-5 resident gains further intense patient care and leadership experience, he/she is allowed to progress in their responsibilities to one of supervised independence. Again, the supervising Attending Faculty member is always involved in the care of every patient and has ultimate responsibility. In the outpatient clinic, the PGY-5 residents are allowed supervised independence in formulating diagnostic workups and treatment plans. The PGY-5 resident sees all of Dr. Keane's patients directly with him in the outpatient clinic therefore permitting outstanding longitudinal quality of care. The PGY-5 Resident has a leadership role in overseeing the inpatient and emergency room consultation service and is intimately involved with the development of a diagnostic and management plan with the evaluating junior resident. Concurrent with this is the ability to make independent care plan decisions on inpatients, emphasizing close communication with the responsible Attending faculty member. The PGY-5 resident must demonstrate an ability to competently and independently assess and manage all inpatients, outpatient and consultation services integral to the practice of ORLHNS.

The PGY-5 Resident is responsible for the resident operative assignments based on resident level, experience and need. These assignments are done on a weekly basis to allow the residents to prepare for their cases. PGY-5 resident is expected to direct preoperative assessment and treatment planning for all ORLHNS surgical patients. This starts in the outpatient clinic and extends into the preoperative surgery area outside the OR. The resident is expected to be familiar with the patient's clinical history, exam and treatment plan, as well as reviewed all documentation (i.e., H & P, informed consent). In addition, the involved resident should have in-depth knowledge of the specific disease process and planned surgical procedure through reading and study. The PGY-5 resident is the primary surgeon for essentially all tertiary care ORLHNS Team procedures and only first assists in certain post-graduate level cases until their experience and skills mature further. The PGY-5 Resident also plays a leadership role in bringing the junior and senior residents and medical students through the more basic ORLHNS surgeries and through mastered basic surgical procedures. The involved resident is responsible for and assists in the care of the patient from their stay in the preoperative surgery area until their return to the post-anesthesia care unit. The PGY-5 resident must demonstrate an ability to competently and independently perform all operative procedures integral to the practice of ORLHNS.

While ultimate responsibility lies with the supervising faculty member, the PGY-5 Resident is responsible for managing and organizing the ORLHNS team residents. The PGY-5 Resident has a leadership role in the management of the ORLHNS inpatient and consultation services. The PGY-5 resident is expected to know the current status of the entire consultation and inpatient service and is responsible for assuring that all ORLHNS inpatient and consultation service patient evaluations, tasks and responsibilities are performed by the ORLHNS Team residents in a quality, professional and timely manner. Especially crucial is the informational updating of the supervising Attending Teaching Faculty. The PGY-5 resident is involved in all evaluations of inpatient and emergency room consultations so that a management plan can be presented to the supervising faculty. The PGY-5 Resident is expected to read about current inpatient issues and be versed on these topics during afternoon faculty rounds, with emphasis

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on perioperative complications. A significant portion of the “service” responsibilities for inpatient care management are minimized secondary to the assistance of the ORLHNS Patient Care Coordinator and two physician assistants. The PGY-5 is responsible for evening and weekend senior home call coverage as stipulated by the call schedule. The PGY-5 resident rotates with the other TJUH residents to cover weekend rounds.

The PGY-5 Resident is responsible for monitoring, with the Program Director and the Team faculty, the condition of each Team resident member, assuring a fair and level-appropriate distribution of workload and educational opportunities. The PGY-5 Resident, with the other TJUH PGY-5 Resident, assigns weekend rounding responsibilities in a rotating fashion. The PGY-5 resident is expected to maintain timely, complete, concise and accurate documentation of all clinical efforts (i.e., clinic progress notes, history and physicals, operative reports and discharge summaries). The resident is also responsible for accurate documentation as necessary for the residency program, ACGME, and TJUH requirements.

**Sample Overview of Weekly Schedule**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds
7:15AM – Keane outpt clinic	7:15AM – Inpt/OR	AM – Teaching Conferences TJU	7:00AM – Conf 8:00 AM Keane outpt clinic	7:15AM – Inpt/OR
PM – Keane outpt clinic	Off duty	PM – Out Patient Clinic	PM – Inpt/OR	PM – Inpt/OR
5:00 PM Rds/Signout		5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout
In house call- Call *				

**\*In-House call may not exceed 80 hour per week work limits or 30 consecutive work hours. One day free in every seven is scheduled. See PIF for call details.**

**Rotation Specific Competency Based Goals and Objectives**

**Patient Care Goal**

**Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical skills**

**Objectives**

By the completion of the rotation, the resident should be able to competently and independently perform advanced otolaryngology procedures as primary surgeon. Participation as primary surgeon includes not only performance of operative procedure, but also intimate knowledge of specific patient's history, physical examination, evaluation and management including management of potential complications. Additionally, participation as primary surgeon presupposes full understanding of the instrumentation involved in each procedure (for example, the different types of tracheostomy tubes and rationale for the use of each, the setup and maintenance of the endoscopic video system) and the ability to adapt to emergency situations in the operating room

- Parathyroidectomy
- Trapezius myocutaneous flap
- microvascular free flap
- maxillectomy
- major resections of multiple portions of the upper aero-digestive tract with complex reconstruction
- Trans-Sphenoidal hypophysectomy
- Conservation surgery of Larynx: , supracricoid laryngectomy, vertical hemilaryngectomy, supraglottic laryngectomy
- Skull base resection

By the completion of this rotation, the resident should be able to instruct junior residents in the performance of

- Tonsillectomy, adenoidectomy
- Nasal Septal reconstruction, turbinate surgery
- Laryngoscopy, bronchoscopy, esophagoscopy
- Tracheostomy, fiberoptic intubation
- Laser upper airway surgery
- Excision submaxillary gland
- Excision thyroglossal duct cyst
- Uvulopalatopharyngoplasty
- Cervical lymph node biopsy
- Incision and drainage deep neck abscess
- Cricopharyngeal myotomy
- Functional endoscopic sinus surgery
- Frontal sinus obliteration with osteoplastic flap
- Thyroid lobectomy, thyroidectomy
- ORL approach to hypophysectomy
- Parotidectomy
- Neck dissection (functional and radical)
- Pectoralis major flap reconstruction

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**Medical Knowledge Goal**

**Know the indications, contraindications, risks, and alternatives to the treatment of complex ORLHNS illnesses**

**Objectives**

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to

- Discuss in detail the indications, contraindications, risks, and alternatives for treatment of squamous cell carcinoma of the head and neck on a subsite by subsite and stage for stage basis (e.g. organ preservation vs. laryngectomy, management of the N0 neck)
- Discuss indications, contraindications, risks, and alternatives for reconstruction of defects resulting from surgical excision of head and neck malignancies (e.g. local, regional, myocutaneous, and free flap options for reconstruction)
- Discuss indications, contraindications, risks, and alternatives for treatment of thyroid and parathyroid disease (e.g. Hurthle cell thyroid cancer, parathyroid in MEN syndromes, laryngeal nerve injury)
- Understand the postoperative management of the total thyroidectomy patient (e.g. Role for <sup>131</sup>I, TSH withdrawal, etc)
- Discuss the indications risks and alternatives for treatment of complicated acute and chronic sinusitis (e.g. risk of FESS includes fovea penetration, optic nerve damage)
- Discuss the indications risks and alternatives for surgical treatment of laryngeal dysfunction (e.g. vocal cord paralysis, laryngomalacia, aspiration)
- Discuss the indications, risks, and alternatives for treatment of benign and malignant disease of the salivary glands (e.g. risk of parotidectomy includes VII paralysis, salivary fistula, ranula)

**Medical Knowledge Goal**

**Develop an understanding the medical and surgical problems associated with Head and Neck Oncology & Reconstructive Surgery**

**Objectives**

By the completion of the rotation, the resident should be knowledgeable in the following areas and be able to:

- Describe in a thorough and organized fashion the reconstructive options available for a given head and neck defect
- Compare and contrast the various reconstructive options for ablative and traumatic defects of the head and neck with respect to
  - Reliability
  - Ease of harvest
  - Donor site morbidity
  - Quantity & quality of bone/soft tissue available for reconstruction
- Demonstrate understanding of head and neck physiology with attention to effects of surgical alteration on essentials of function (e.g., effects of subtotal glossectomy on deglutition and articulation, effects of conservation laryngeal surgery on speech)
- Describe the complications of head and neck cancer and the complications of treatment for head and neck cancer (e.g., carotid artery rupture, flap necrosis, chyle fistula, mucositis)
- Discuss current research in head and neck oncology and relevance to patient care.
- Demonstrate comprehensive understanding not only of surgical principles employed in head and neck cancer, but also of associated issues such as nutrition and psychology

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- Classify head and neck tumors according to American Joint Commission guidelines.

**Practice-Based Learning and Improvement Goal**

**Demonstrate ability to evaluate and improve the care of patients based upon the assimilation and appraisal of scientific evidence**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Identify deficiencies in surgical technique and establish ability to practice independently and competently
- Discuss flaws inherent in retrospective studies of ablative and reconstructive techniques
- Discuss biases inherent in personal review of cosmetic outcomes and need for independent validation of results in cosmetic surgery.
- Discuss value in periodic review of outcomes and incorporation of such critical analysis into daily practice.
- Participate in implementation and analysis of ongoing head and neck and microvascular laboratory research projects.

**Interpersonal Skills and Communication Goal**

**Demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Communicate effectively with physicians, other health professionals, and health related agencies
- Work effectively as a member or leader of a health care team or other professional group
- Act in a consultative role to other physicians and health professionals
- Teach medical students and other resident physicians by providing learner-appropriate content, supervision and constructive feedback.
- Demonstrate both leadership and member-collaborator skills in the health care team. This includes identifying roles and assignments, planning and prioritizing, accepting responsibilities, assisting others, and resolving conflicts.
- Communicate clearly in both speaking and writing with all members of the health care team.
- Design and deliver structured educational presentations.
- Demonstrate superior administrative skills including ability to lead by example, delegate authority, assume responsibility for patient care, and practice in a cost-effective manner
- Demonstrate ability to instruct residents and medical students in the performance of selected surgical procedures appropriate to their level of training

**Professionalism Goal**



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**Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care.**

Objectives

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- lead a healthcare team and to be respectful of the contributions that other health professionals can make in the care of their patients.
- recognize that a healthy lifestyle and attentiveness to one's own personal, social and family needs are also a professional responsibility.
- demonstrate knowledge of physician impairment, obligations for reporting and knowledge of resources and care options.
- Demonstrate skills necessary to become a leader and role model in the hospital community
- Assist program chairman in overseeing personal, academic and clinical development of junior residents

**Systems Based Practice Goal**

**demonstrate an 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.**

Objectives

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Work in interprofessional teams to enhance patient safety and improve patient care quality
- Participate in identifying systems errors and in implementing potential systems solutions
- Demonstrate knowledge of basic practice management principles such as budgeting, record keeping, medical records, and staff management.
- Assist conference coordinators in improving graduate medical education curriculum
- Participate in departmental, institutional, state and local committees on issues such as hospital management, graduate medical education, housestaff administration and changing trends of health care delivery systems

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**TJUH Subspecialty Team**

Maurits Boon, MD Rotation Coordinator

- Overview

Residents rotate on the TJUH Head and Neck Team for three months during each of their PGY-2, 3, 4, 5 years in training. During these rotations, they receive a dedicated education in the management of ORLHNS subspecialty illnesses from a nationally prominent faculty under the direction of the program director and academic vice-chairman, Edmund Pribitkin, MD. Faculty members include

Edmund Pribitkin, MD  
Maurits Boon, MD  
Joseph Spiegel, MD  
David Rosen, MD  
Marc Rosen, MD  
Gurston Nyquist, MD  
Mindy Rabinowitz, MD  
Colin Huntley, MD

Teaching faculty have sub-specialty clinical expertise in facial plastic and reconstructive surgery, laryngology, rhinology, otolaryngic allergy, sleep medicine, and general otolaryngology. Every ORLHNS patient has a responsible, supervising faculty member and resident team involvement.

**Surgical Services**

The TJUH Subspecialty Team has dedicated block OR time according to the following schedule:

Monday	Four rooms
Tuesday	Four rooms
Wednesday	
Thursday	Four rooms
Friday	Four rooms

Additional OR starts are available on all days by request. The ORLHNS resident experience includes 1-5 OR days weekly. All the necessary equipment, supplies and personnel are available for tertiary care level pediatric and adult ORLHNS services.

Weekly OR assignments are made by the PGY-5 Resident according to resident-level appropriateness, equity of operative exposure and educational advantage to the available Subspecialty Team residents. This advanced assignment gives each resident adequate time for academic preparation for their assigned cases. Operative cases are staffed by both a supervising Attending Faculty member and at least one level-appropriate ORLHNS resident. Whenever possible, both a junior and a senior Resident operate with the faculty during major procedures, as well as during more junior level cases, where the senior resident is able to guide the junior resident through the case under looser faculty supervision.

Residents are responsible for collection and review of radiographic studies and relevant clinical data for each day's operative cases. These are reviewed by attending physician at surgery. All operative cases are supervised by the attending faculty member. Also, flexibility in clinic and OR responsibilities is allowed for participation the care of an interesting and/or unusual patient or procedure. Residents are responsible for follow-up of pathology from each

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surgical case in which resident was involved. This is subsequently reviewed by the attending physician for case.

Inpatient and Consultation Services

Every ORLHNS inpatient and consultation patient is under the care of a ORLHNS faculty member and the ORLHNS residents. The residents are responsible for organizing and maintaining the inpatient ORLHNS service, including doing morning work rounds prior to clinic or operating room as well as managing the daily care of every inpatient on the ORLHNS service under the direct close supervision of the responsible faculty member. The PGY-5 Resident is responsible for leading and organizing morning work rounds and evening rounds, as well as managing the daily care of every inpatient on the service under the direct close supervision of the responsible Attending Faculty member. Afternoon faculty teaching rounds occur with available faculty, residents and the ORLHNS care coordinator on the faculty's inpatients and consultation patients. The resident team works closely with the ORLHNS care coordinator, Heather Schwartz, CRNP and two physician assistants in coordinating the multidisciplinary care of the ORLHNS patient during their inpatient stay and discharge. This reduces much of the "service" component of inpatient management without sacrificing the "educational" component of patient care.

Weekend round responsibilities are shared amongst the entire TJUH and JHN resident team (Head and Neck, Subspecialty, & Otology/Neurosciences Team) as coordinated by the respective team PGY-5 residents. This minimizes weekend service responsibilities for each Team so that residents comply with ACGME duty hour regulations. Generally a Senior Resident rounds with the PGY-1, 2 or 3 residents until their knowledge and skill level allows independent weekend rounding. Morning inpatient faculty teaching rounds occur with available faculty. Residents perform histories and physical examinations on all unscheduled admitted patients. These notes are reviewed by presented on daily rounds to the attending physician. All outpatient and scheduled same day admission patients undergo preadmission testing where nurse practitioners perform their H&P's. The residents work closely with ORLHNS nurse practitioners and physician assistants in coordinating the multidisciplinary care of the ORLHNS patient during their inpatient stay and discharge.

The inpatient consult service is also administered by the residents. All inpatient consultations are seen primarily by the residents at the bedside and then subsequently seen by the requested attending physician on afternoon teaching rounds. Unassigned consultations are handled by the TJUH Subspecialty team daily and are seen by faculty on afternoon teaching rounds. Urgent consults on ICU patients are seen at the bedside during morning or afternoon faculty teaching rounds. Consults from the emergency room are evaluated in the emergency room with the faculty physician.

Call

Junior (PGY-1,2,3) call is in-house and and senior (PGY-4,5) is from home and may not exceed ACGME 80 hour per week work limits.

Conferences

No clinical duties impede attendance at the TJUH Wednesday AM Conferences. Additionally, an operative management conference is held weekly at TJUH on Thursday from 7-8AM. During this conference, the management of all patients to be operated upon by the TJUH Head & Neck and Subspecialty Teams and the JHN Team is discussed.

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- PGY-2

**Overview  
Duties & Responsibilities**

As the PGY-2 resident gains further experience and becomes more proficient in all aspects of patient care, he/she is allowed to progress in their responsibilities. In the outpatient clinic, they are initially acquainted with the particulars of the history, physical exam and care decisions of the ORLHNS patient. This is initially introduced through observation of the supervising faculty in clinic, but gradually the PGY-2 resident interviews and examines their own patients. Through presentation to the supervising faculty, a diagnostic and management plan is developed. Focus is placed later in the rotation on exposure to increasingly more complex ORLHNS problems as well as increasing independence in formulating diagnostic workups and treatment plans. Clinic-based procedures are increasingly performed rather than observed as the skill level progresses. As knowledge and experience progress, the PGY-2 resident is allowed to perform more inpatient and emergency room consultations as well as make more independent care plan decisions on inpatient ORLHNS patients.

The PGY-2 resident is expected to perform routine preoperative assessment and treatment planning for basic ORLHNS surgical patients. This starts in the outpatient clinic and extends into the preoperative surgery area outside the OR. The resident is expected to be familiar with the patient's clinical history, exam and treatment plan, as well as having reviewed all preoperative studies and consultations, and confirmed completion of all necessary documentation (i.e., H & P, informed consent). In addition, the involved resident should have read about the specific ORLHNS disease process and planned surgical procedure. The PGY-2 resident is the primary surgeon for most basic ORLHNS procedures (see operative skills below), as well as first assisting on more complex senior-resident-level operations. Similarly, in the OR, after a period of first assisting the faculty, the junior resident is allowed to become more independent in the performance of basic ORLHNS surgical procedures, as well as becoming the primary surgeon on more complex procedures. The involved resident is responsible for, and assists in, the care of the patient from their stay in the preoperative surgery area until their return to the post-anesthesia care unit. As their competence improves they are allowed to bring the PGY-1 or medical students through some of the soft tissue portions of larger procedures.

The PGY-2 resident is expected to maintain timely, complete, concise and accurate documentation of all clinical efforts (i.e., clinic progress notes, history and physicals, operative reports and discharge summaries). The resident is also responsible for accurate documentation as necessary for the residency program, ACGME, and TJUH requirements.

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**Sample Overview of Weekly Schedule**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds
7:15AM – Inpt/OR	7:15AM – Inpt/OR	AM – Teaching Conferences TJU	7:00AM – Conf 8:00 AM Inpt/OR	7:15AM – Inpt/OR
PM – Inpt/OR		PM – Out Patient Clinic**	PM – Inpt/OR	PM – Inpt/OR
5:00 PM Rds/Signout		5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout
In house call- Call *				

**\*In-House call may not exceed 80 hour per week work limits or 30 consecutive work hours. One day free in every seven is scheduled. See PIF for call details.**

**\*\*PGY-2 resident is excused from this clinic in Spring to attend Head & Neck Anatomy Dissection Course**

**Rotation Specific Competency Based Goals and Objectives**

**Patient Care Goal**

**Understand pre-operative workup and postoperative management of patients with thyroid and parathyroid disease as well as for extensive reconstructive surgical procedures at TJUH**

**Objectives**

By the completion of the rotation, the resident should be knowledgeable in the following areas and be able to:

- Demonstrate the ability to appropriately recognize the need for assistance in clinical issues in a timely fashion.
- Demonstrate ability to engage patients in process of informed consent for outpatient surgery
- Demonstrate appropriate tissue handling technique
- Demonstrate appropriate suturing technique
- Demonstrate appropriate skin closure technique
- Demonstrate the ability to make a diagnosis and formulate a surgical plan.
- Demonstrate the ability to perform suture removal, dressing changes, and wound care.
- Justify selection of laboratory tests and diagnostic tests for each patient on the service
- Demonstrate the ability to perform suture removal, dressing changes, and wound care.
- Demonstrate the ability to accurately check all flaps for any change in color, temperature, Doppler signal, capillary refill or bleeding
- Obtain help from seniors to achieve rapid return to operating room for exploration for any patients who may exhibit change in color, temperature, capillary refill or bleeding of flaps
- Earn direct and progressive responsibility in patient management and independent responsibilities in decision making according to level of expertise.
- Demonstrate ability to perform procedures, such as tonsillectomy and adenoidectomy using various techniques, eg monopolar cautery and intracapsular techniques
- Demonstrate ability to perform procedures, such as tracheotomy and fiberoptic intubation.
- Demonstrate ability to perform basic interpretation of imaging studies

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**Patient Care Goal**

**Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical and diagnostic skills**

**Objectives**

- Participation as primary surgeon includes not only performance of operative procedure, but also intimate knowledge of specific patient's history, physical examination, evaluation and management including management of potential complications. Additionally, participation as primary surgeon presupposes full understanding of the instrumentation involved in each procedure (for example, the different types of pediatric tracheostomy tubes and rationale for the use of each, the setup and maintenance of the operating microscope) and the ability to adapt to emergency situations in the operating room.
- By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently and independently perform a:
  - Direct laryngoscopy, bronchoscopy, esophagoscopy
  - Tracheostomy, fiberoptic intubation
  - Tonsillectomy, adenoidectomy
  - Nasal septal reconstruction, turbinate surgery
  - Uvulopalatopharyngoplasty
  - Closed reduction nasal fractures
  - Primary skin closure
  - Intermaxillary fixation
  - Incision and drainage deep neck abscess
  - Excision submaxillary gland
  - Myringotomy with ventilation tube placement
  - Myringoplasty
  - Peritonsillar abscess drainage
  - Control of anterior epistaxis
- Assist in the performance of major pediatric surgery including airway endoscopy, laryngotracheoplasty, cricoid split and pediatric tracheostomy. Execute under guidance those portions of the operations that are appropriate to the resident's level of training.
- Assist in the performance of major facial plastic surgery such as open reduction and internal fixation of mid-face and frontal sinus fractures, rhytidectomy, and facial reanimation procedures. Execute under guidance those portions of the operations that are appropriate to the resident's level of training.
- Assist in endoscopic sinus surgery
- Demonstrate facility operating with the microscope, especially in the use of binocular microscopy.

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**Medical Knowledge Goal**

**Develop sound habits of personal scholarship and scientific inquiry while grasping  
fundamental concepts in ORL-H&NS**

**Objectives**

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to:

- Know the appropriate medications for sinusitis.
- Be able to describe the diagnosis and management of sleep disorders in adult patients.

Also be able to demonstrate a thorough understanding of sleep studies and their interpretation.

• To describe the natural history, clinical presentation, evaluation and general options for treatment of

- acute and chronic sinusitis.
- Tonsillitis
- Otitis
- Chronic otitis media
- epistaxis.
- parotid masses.
- thyroid masses.
- vocal cord paralysis, dysphonia, and dysphagia.
- Mandibular fractures
- Midface fractures
- ATLS trauma protocol

**Medical Knowledge Goal**

**Learn the indications, contraindications, and risks of basic head and neck diagnostic  
& surgical procedures including alternatives to surgery.**

**Objectives**

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to discuss the indications, risks, benefits and alternatives of surgery including that for

- septal deviation
- turbinate hypertrophy; and be able to discuss any alternative(s) to surgery.
- Epistaxis
- Laryngoscopy, bronchoscopy, esophagoscopy
- tracheotomy
- tonsillectomy
- surgery of the upper aerodigestive tract for snoring and obstructive sleep apnea
- thyroidectomy
- functional endoscopic surgery (FESS)
- rhinoplasty.
- Mandible fractures
- Maxillary fractures
- Cutaneous malignancies of the head and neck
- Identify medications which may interfere with blood clotting
- Identify alternatives to blood clotting medications
- Name laboratory tests useful in the evaluation and management of blood clotting
- Understand basic principles of LASER physics



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Medical Knowledge Goals

**Develop sound habits of personal scholarship and scientific inquiry while grasping  
fundamental concepts in ORL-H&NS**

Objectives

By the completion of the rotation, the resident should be knowledgeable in the following areas and be able to:

- Describe phases of wound healing and maturation sequence of a scar
- Understand the dynamics of skin movement of the head and neck including favorable skin tension lines, blood supply and innervation, and regional differences of the skin of the head and neck
- Understand the process of evaluation of the multiple trauma patient with head and neck injury including the concept of sequential examination: Airway-Breathing-Circulation.
- Understand the anatomy and physiology of the pediatric airway and how it differs from the adult airway
- Demonstrate comprehensive understanding of the anatomy, physiology, pathology and treatment rationale for eustachian tube dysfunction, otitis media with effusion, acute otitis media and acute and chronic otitis externa.
- Demonstrate comprehension of pertinent medical issues through presentation of patients to attendings
- Describe symptoms of healthy flaps and grafts
- Describe symptoms of unhealthy flaps and grafts
- Congenital and acquired pediatric airway abnormalities including management of complications.
- Demonstrate comprehensive understanding of the pathophysiology of sinus disease. Describe surgical anatomy, technique and complications of functional endoscopic sinus surgery.
- Understand gross anatomy of periorbital region, physiology of periorbital musculature and special tests for function in periorbital region along with pathological alterations of above.
- Understand conditions that impair voice and swallowing function
- Familiarity with available homograft, autograft and alloplastic implantable materials and management of complications
- Nerve grafting, reanastomosis, muscle nerve pedicles, nerve crossovers, basic static procedures in facial reanimation.
- Management of the aging face in terms of order and priority of procedures including types of facelift and skin rejuvenation procedures.
- Understand knowledge of both normal anatomy and pathology of the head and neck with specific relation to:
  - Upper aerodigestive tract
  - Thyroid and parathyroid glands
  - Skin and soft tissues of the head and neck
- Techniques of rhinoplasty surgery on the nasal tip, pyramid, septum and upper lateral vault with attention to graft utilization and management of complications and of the previously operated on nose.

**Practice-Based Learning and Improvement Goal**

**Demonstrate ability to evaluate and improve the care of patients based upon the assimilation and appraisal of scientific evidence**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Identify deficiencies in surgical technique and improve performance through practice and mentoring
- Understand flaws inherent in retrospective clinical care studies
- Critically discuss performance with respect to care of patients and progress made during rotation with chief of Service or designee at mid-rotation meeting.

**Interpersonal and Communication Skills Goal**

**Demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates**

**Objectives**

- Residents should demonstrate an appreciation of disease impact and the meaning as it relates to individual patients, based on an understanding of each patient's unique personal, environmental and cultural context.
- Demonstrate the ability to perform effective patient and family interviews
- Communicate effectively with physician assistants, nutritionists and other members of health care team including
  - Speech Pathology
  - Oral Maxillofacial Surgery
  - Diagnostic Radiology
  - Pain Management service
  - Physical Medicine and Rehabilitation
  - General Internal Medicine
- Facilitate daily communication with consulting physicians
- As pertinent for each individual patient, facilitate daily communication with ancillary services, such as:
  - Physical Therapy
  - Occupational Therapy
  - Speech
  - Enterostomal Therapy
  - Nutrition
  - Mental Health
  - Social Services
- Recognize, acknowledge, respect and protect the patient's need for autonomy, identity and self-esteem.
- Effectively describe both ablative and reconstructive surgeries to patients in lay language to enable written informed consent.
- Consistently answer nursing questions and pages clearly and effectively.
- Present patients on rounds and in clinic in an organized and concise manner.

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**Professionalism Goal**

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care, especially in the care of the head and neck cancer patient.

**Objectives**

- Understand the sociological, psychological, and financial implications of surgery
- Respect patient privacy and autonomy
- Understand ethical marketing practices in cosmetic surgery
- Be aware of potential conflicts of interest present in financial relationships with for-profit healthcare enterprises
- Demonstrate knowledge of issues and requirements pertaining to use of human and animal subjects in research, particularly with regard to the departmental research laboratories
- Adapt decision making to the individual religious beliefs, culture, age, gender and disabilities of patients and family members
- Disclose medical errors
- Use appropriate speech and tone of voice when speaking to patients, families, and other healthcare professionals.
- Allow others the chance to speak, and listen attentively when being spoken to.
- Demonstrate a conscientious approach to patient care by minimizing delay of care and minimizing passage of incomplete tasks to fellow residents and interns.

**System-Based Practice Goal**

Understand system-based approach to health care issues such as patient safety and the allocation of system resources

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Mobilize outpatient health resources to care for patients including social work, nutrition and home health services
- Mobilize outpatient health resources to care for free flap patients including social work, nutrition and home health services
- Describe indications for medical consultation in the pre- and post-operative periods,

**Inpatient Duties & Responsibilities**

- History and physical examination on all admitted patients. These notes are reviewed by a senior resident and presented on daily rounds to the attending physician.
- Daily progress notes on patients in whose surgical or medical care resident was involved. These notes are reviewed by a senior resident and presented on daily rounds to the attending physician.
- Collection of radiographic studies and relevant clinical data for each day's operative cases. These are reviewed by senior resident prior to surgery and then by attending physician at surgery with appropriate teaching.
- Follow-up of pathology from each surgical case in which resident was involved. This is subsequently reviewed by senior resident involved in case (if any) and by attending physician for case.
  - PGY-3

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**Overview  
Duties & Responsibilities**

The PGY-3 resident has over one year of ORLHNS care experience, and the emphasis for further learning is to solidify the diagnosis and treatment of basic ORLHNS disorders in a more independent manner. Concomitant with this is the exposure to increasingly complex tertiary ORLHNS patients. As the PGY-3 resident gains this experience and becomes more proficient in all aspects of patient care, he/she is allowed to progress in their responsibilities. In the outpatient clinic, they are allowed significant supervised independence in formulating diagnostic workups and treatment plans. As knowledge and experience progress, the PGY-3 resident inpatient and emergency room consultation experience continues to expand. Concurrent with this is the ability to make more independent care plan decisions on ORLHNS inpatients.

The PGY-3 resident is expected to perform routine preoperative assessment and treatment planning for basic ORLHNS surgical patients. This starts in the outpatient clinic and extends into the preoperative surgery area outside the OR. The resident is expected to be familiar with the patient's clinical history, exam and treatment plan, as well as having reviewed all preoperative studies and consultations, and confirmed completion of all necessary documentation (i.e., H & P, informed consent). In addition, the involved resident should have read about the specific ORLHNS disease process and planned surgical procedure. The PGY-3 resident is the primary surgeon for all intermediate ORLHNS procedures (especially microscopic direct laryngoscopy & FESS), as well as first assisting on more complex senior-resident-level operations. While first assisting the senior Resident, the PGY-3 resident is given an increasing appropriate portion of the advanced procedure to perform themselves. The involved resident is responsible for and assists in the care of the patient from their stay in the preoperative surgery area until their return to the post-anesthesia care unit. As skills accelerate, the PGY-3 resident is also allowed to begin to bring both more junior residents and medical student assistants through mastered basic surgical procedures.

The PGY-3 resident is responsible for assisting the PGY-5 Resident in the management of the inpatient service. Especially crucial is the informational updating of the PGY-5 Resident and supervising faculty with changes in patient status. The PGY-3 resident is centrally involved in the evaluation of inpatient and emergency room consultations, culminating in presentation to the PGY-5 Resident and supervising faculty to develop a treatment plan. They also assist the more senior residents in ICU management of the critical ill ORLHNS patient. The PGY-3 resident is expected to know the current status of their consultation patients and every patient on the ORLHNS inpatient service. The PGY-3 resident is expected to read about current inpatient issues and be versed on these topics during afternoon faculty rounds. A significant portion of the "service" responsibilities for inpatient care management are minimized secondary to the assistance of the ORLHNS Patient Care Coordinator and physician assistants. The PGY-3 resident is responsible for evening and weekend junior in house call coverage as stipulated by the call schedule.

The PGY-3 resident is expected to maintain timely, complete, concise and accurate documentation of all clinical efforts (i.e., clinic progress notes, history and physicals, operative reports and discharge summaries). The resident is also responsible for accurate documentation as necessary for the residency program, ACGME, and TJUH requirements.

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**Sample Overview of Weekly Schedule**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds
7:15AM – Inpt/OR	7:15AM – Inpt/OR	AM – Teaching Conferences TJU	7:00AM – Conf 8:00 AM Inpt/OR	7:15AM – Inpt/OR
PM – Inpt/OR		PM – Out Patient Clinic	PM – Inpt/OR	PM – Inpt/OR
5:00 PM Rds/Signout		5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout
In house call- Call *				

**\*In-House call may not exceed 80 hour per week work limits or 30 consecutive work hours. One day free in every seven is scheduled. See Resident Manual for call details.**

**Rotation Specific Competency Based Goals and Objectives**

**Patient Care Goal**

**Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical skills**

**Objectives**

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently and independently perform a:

- Functional endoscopic sinus surgery
- Septoplasty and Submucous Resection of the Turbinates
- Endoscopic and Trans-septal approach to Hypophysectomy
- Intermaxillary Fixation
- Orbital decompression (endoscopic and transantral)
- Micro direct laryngoscopy (operative)
- Endoscopic repair of Zenker's Diverticulum
- Thyroid lobectomy
- Neck dissection (radical)
- LASER airway surgery
- Cricopharyngeal myotomy
- Paramedian Forehead Flap
- Tracheal Dilatation under Flexible or Rigid Bronchoscopic Visualization

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently assist in the performance of major head and neck surgery including thyroidectomy, parotidectomy, neck dissection, laryngectomy, composite resection, pectoralis major flap reconstruction, and microvascular free flap surgery.

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Medical Knowledge Goal

**Develop an understanding of the pre- and post- operative management of patients with head and neck disorders**

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to

- Perform a detailed, succinct, and problem-oriented history and physical examination on patients with otolaryngologic complaints
- Competently evaluate and recommend appropriate management of inpatient and emergency room consultations for the following conditions
  - Rhinosinusitis and Fungal Rhinosinusitis
  - Pharyngitis and suppurative sequelae
  - Otitis, Otalgia, and Hearing Loss
  - Stridor and Dysphonia
  - Neck Mass
  - Dysphagia
  - Bony and Soft-Tissue Facial Trauma
  - Temporal Bone Trauma
- Describe and draw the anatomy of the adult larynx
- Describe the evaluation and treatment of laryngeal cancer
- Describe the evaluation and treatment of vocal cord paralysis
- Describe the variations and indications of arytenoidectomy.
- Describe the evaluation and treatment of sinusitis
- Describe the anatomy and physiology of the paranasal sinuses
- Describe the variations and indications of sinus surgery.
- Describe the anatomy of the sphenoid sinus, sella tursica, anterior cranial base, and cavernous sinus as they relate to the endoscopic approach to hypophysectomy and anterior skullbase lesions
- Understand the use of subarachnoid drains in the context of cranial base and pituitary surgery
- Interpret CT Imaging of the Paranasal Sinuses
- Describe and draw the anatomy of the adult neck
- Describe the evaluation and treatment of neck masses
- Describe the variations and indications of neck dissections
- Describe and draw the anatomy of the major salivary glands
- Describe the evaluation and treatment of salivary gland cancer
- Describe the variations and indications of parotidectomy and the excision of submandibular glands.

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**Practice-Based Learning and Improvement Goal**

**Demonstrate ability to evaluate and improve the care of patients based upon the assimilation and appraisal of scientific evidence**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Identify deficiencies in surgical technique and improve performance through applied work with advisor
- Understand flaws inherent in retrospective studies of head and neck cancer treatments
- Understand biases inherent in personal review of surgical outcomes and need for independent validation of results in head and neck surgery.
- Participate in implementation and analysis of ongoing head and neck research projects.
- Critically read and discuss medical literature pertinent to patients on the service.
- Critically discuss performance with respect to care of patients and progress made during rotation with chief of Service or designee at mid-rotation meeting.

**Interpersonal and Communication Skills Goal**

**Demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates**

**Objectives**

- Residents should demonstrate an appreciation of disease impact and the meaning of disfigurement resulting from trauma or oncologic resection as it relates to individual patients, based on an understanding of each patient's unique personal, environmental and cultural context.
- Demonstrate the ability to perform effective patient and family interviews for both the head and neck cancer patient
- Communicate effectively with physician assistants and other members of health care team
- Recognize, acknowledge, respect and protect the patient's need for autonomy, identity and self-esteem.
- Effectively describe both ablative and reconstructive surgeries to patients in lay language to enable written informed consent.
- Develop the ability to respectfully and clearly communicate with other healthcare professionals.
- Learn to present patients to senior residents, fellows, and attendings in an organized and precise manner.



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**Professionalism Goal**

**Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care, especially in the care of the patient seeking cosmetic surgery**

**Objectives**

- Understand the sociological, psychological, and financial implications of head and neck cancer surgery
- Respect patient privacy and autonomy
- Understand ethical practices in cancer surgery
- Be aware of potential conflicts of interest present in financial relationships with for-profit healthcare enterprises
- Residents should demonstrate knowledge of issues and requirements pertaining to use of human and animal subjects in research, particularly with regard to departmental laboratories
- Adapt their decision making to the individual religious beliefs, culture, age, gender and disabilities of patients and family members
- Disclose medical errors
- Perform ethical Evaluation & Management Coding and Procedural Coding

**System-Based Practice Goal**

**Understand system-based approach to health care issues such as patient safety and the allocation of system resources**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Understand the importance of supporting medical and ancillary services in the complete and efficient care of the patient.
- Develop a cost-effective attitude toward patient management.
- Develop an appreciation for the patients' interests and convenience in care management plans.
- Understand the principles and practice of patient confidentiality and applicable HIPPA guidelines
- Mobilize outpatient health resources to care for head and neck cancer patients including social work, nutrition and home health services

**In-patient Duties & Responsibilities**

- All in-patient consultations. These consultations are reviewed by a senior resident and presented daily to the attending physician.
- All emergency room consultations. These consultations are reviewed by a senior resident and presented daily to the attending physician.
- Daily progress notes on patients in whose surgical or medical care resident was involved. These notes are reviewed by a senior resident and presented on daily rounds to the attending physician.
- Follow-up of pathology from each surgical case in which resident was involved.

The distribution of cases is directed by the resident in charge and monitored quarterly by the Program Director.

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- PGY-5

**Overview  
Duties & Responsibilities**

The PGY-5 resident has three plus full years of ORLHNS care experience. The emphasis for further learning is to focus on in-depth study of the sub-specialty areas. Also, building upon the foundation of basic ORLHNS knowledge should be enhanced by the major teaching responsibilities of the team's Chief Resident. As the PGY-5 resident gains further intense patient care and leadership experience, he/she is allowed to progress in their responsibilities to one of supervised independence. Again, the supervising Attending Faculty member is always involved in the care of every patient and has ultimate responsibility. In the outpatient clinic, the PGY-5 residents are allowed supervised independence in formulating diagnostic workups and treatment plans. The PGY-5 Resident has a leadership role in overseeing the inpatient and emergency room consultation service and is intimately involved with the development of a diagnostic and management plan with the evaluating junior resident. Concurrent with this is the ability to make independent care plan decisions on inpatients, emphasizing close communication with the responsible Attending faculty member. The PGY-5 resident must demonstrate an ability to competently and independently assess and manage all inpatients, outpatient and consultation services integral to the practice of ORLHNS.

The PGY-5 Resident is responsible for the resident operative assignments based on resident level, experience and need. These assignments are done on a weekly basis to allow the residents to prepare for their cases. PGY-5 resident is expected to direct preoperative assessment and treatment planning for all ORLHNS surgical patients. This starts in the outpatient clinic and extends into the preoperative surgery area outside the OR. The resident is expected to be familiar with the patient's clinical history, exam and treatment plan, as well as reviewed all documentation (i.e., H & P, informed consent). In addition, the involved resident should have in-depth knowledge of the specific disease process and planned surgical procedure through reading and study. The PGY-5 resident is the primary surgeon for essentially all tertiary care ORLHNS Blue Team procedures and only first assists in certain post-graduate level cases until their experience and skills mature further. The PGY-5 Resident also plays a leadership role in bringing the junior and senior residents and medical students through the more basic ORLHNS surgeries and through mastered basic surgical procedures. The involved resident is responsible for and assists in the care of the patient from their stay in the preoperative surgery area until their return to the post-anesthesia care unit. The PGY-5 resident must demonstrate an ability to competently and independently perform all operative procedures integral to the practice of ORLHNS.

While ultimate responsibility lies with the supervising faculty member, the PGY-5 Resident is responsible for managing and organizing the ORLHNS team residents. The PGY-5 Resident has a leadership role in the management of the ORLHNS inpatient and consultation services. The PGY-5 resident is expected to know the current status of the entire consultation and inpatient service and is responsible for assuring that all ORLHNS inpatient and consultation service patient evaluations, tasks and responsibilities are performed by the ORLHNS Team residents in a quality, professional and timely manner. Especially crucial is the informational updating of the supervising Attending Teaching Faculty. The PGY-5 resident is involved in all evaluations of inpatient and emergency room consultations so that a management plan can be presented to the supervising faculty. The PGY-5 Resident is expected to read about current inpatient issues and be versed on these topics during afternoon faculty rounds, with emphasis on perioperative complications. A significant portion of the "service" responsibilities for

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inpatient care management is minimized secondary to the assistance of the ORLHNS Patient Care Coordinator and two physician assistants. The PGY-5 is responsible for evening and weekend senior home call coverage of as stipulated by the call schedule. The PGY-5 resident rotates with the other TJUH residents to cover weekend rounds.

The PGY-5 Resident is responsible for monitoring, with the Program Director and the Team faculty, the condition of each Team resident member, assuring a fair and level-appropriate distribution of workload and educational opportunities. The PGY-5 Resident, with the other TJUH PGY-5 Resident, assigns weekend rounding responsibilities in a rotating fashion. The PGY-5 resident is expected to maintain timely, complete, concise and accurate documentation of all clinical efforts (i.e., clinic progress notes, history and physicals, operative reports and discharge summaries). The resident is also responsible for accurate documentation as necessary for the residency program, ACGME, and TJUH requirements.

**Sample Overview of Weekly Schedule**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	Off duty	6:30 AM – Rounds
7:15AM – Inpt/OR	7:15AM – Out Patient Clinic	AM – Teaching Conferences TJU	Off duty	7:15AM – Inpt/OR
PM – Inpt/OR	PM – Inpt/OR	PM – Out Patient Clinic	PM – Inpt/OR	PM – Inpt/OR
5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout
				In house call- Call *

**\*In-House call may not exceed 80 hour per week work limits or 30 consecutive work hours. One day free in every seven is scheduled. See PIF for call details.**

**Rotation Specific Competency Based Goals and Objectives**

**Patient Care Goal**

**Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical skills**

**Objectives**

- Participation as primary surgeon includes not only performance of operative procedure, but also intimate knowledge of specific patient's history, physical examination, evaluation and management including management of potential complications. Additionally, participation as primary surgeon presupposes full understanding of the instrumentation involved in each procedure (for example, the different types of tracheostomy tubes and rationale for the use of each, the setup and maintenance of the endoscopic video system) and the ability to adapt to emergency situations in the operating room
- By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently and independently perform a:
  - Thyroidectomy
  - Parathyroidectomy
  - Pediatric laryngotracheoplasty
  - Complex septorhinoplasty
  - Repair of Septal Perforation
  - Facial implant surgery
  - Otoplasty, reconstructive surgery auricle
  - Rhytidectomy
  - Browlift (endoscopic, direct, and mid-forehead)
  - Facial reanimation
  - Complex Flap Reconstruction of Lip Defects (e.g. Abbe, Karapandzic Flaps)
- By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to instruct junior residents in the performance of
  - Nasal Septal Reconstruction, Turbinate Surgery
  - Laryngoscopy, bronchoscopy, esophagoscopy
  - Tracheostomy, fiberoptic intubation
  - Excision branchial cleft cyst, thyroglossal duct cyst
  - Uvulopalatopharyngoplasty
  - Split and Full-thickness skin grafts
  - Functional endoscopic sinus surgery
  - Orbital decompression (transantral and endoscopic)
  - Thyroid lobectomy, thyroidectomy
  - Parathyroidectomy
  - Primary skin closures, local flap closure of facial skin defects
  - Pediatric tracheotomies
  - Pediatric direct laryngoscopies, pediatric bronchoscopies, pediatric esophagoscopy
  - Intermaxillary fixation
  - Open reduction internal fixation of facial fractures

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**Medical Knowledge Goal**

**Know the indications, contraindications, risks, and alternatives to the treatment of complex ORLHNS illnesses**

**Objectives**

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to

- Discuss the indications risks and alternatives for treatment of complicated acute and chronic sinusitis (e.g. risk of FESS includes fovea penetration, optic nerve damage)
- Discuss the indications risks and alternatives for surgical treatment of laryngeal dysfunction (e.g. vocal cord paralysis, laryngomalacia, aspiration)
- Discuss Congenital and acquired pediatric airway abnormalities including management of complications.
- Teach Pediatric tracheostomy care and be familiarity with ECMO (Extra Corporeal Membrane Oxygenation), neonatal ventilator management..
- Manage Conditions that impair voice and swallowing function
- Use available homograft, autograft and alloplastic implantable materials and management of complications
- Describe Nerve grafting, reanastomosis, muscle nerve pedicles, nerve crossovers, basic static procedures in facial reanimation.
- Understand Management of the aging face in terms of order and priority of procedures including types of facelift and skin rejuvenation procedures.
- Understand Techniques of rhinoplasty surgery on the nasal tip, pyramid, septum and upper lateral vault with attention to graft utilization and management of complications and of the previously operated on nose.

**Medical Knowledge Goal**

**Refine clinical acumen in the diagnosis, management, and development of complex ORLHNS illnesses**

**Objectives**

By the completion of the rotation, the resident should be knowledgeable in the following areas and be able to:

- Discuss current research in head and neck oncology and relevance to patient care.
- Demonstrate comprehensive understanding not only of surgical principles employed in head and neck surgery, but also of associated issues such as nutrition and psychology
- Classify head and neck tumors according to American Joint Commission guidelines.
- describe the clinical presentation, diagnosis, and management of trauma to the head and neck (e.g. laryngeal fracture, La Fort fractures, temporal bone fractures, nasoethmoid fractures)
- describe the clinical presentation, diagnosis, and management of injuries and foreign bodies in the larynx, esophagus, and bronchial tree (e.g. caustic ingestion, esophageal perforation)
- describe the clinical presentation, diagnosis, complications, and management of acute and chronic sinusitis (e.g. orbital abscess, cavernous sinus thrombosis)
- describe clinical presentation, diagnosis, and management of injuries to nerves (e.g. marginal mandibular, recurrent laryngeal)
- describe clinical presentation, diagnosis, and management of dysphonias/motility disorders of the head and neck (e.g. spastic dysphonia, swallowing disorders).

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- Describe the presentation and diagnosis of vocal fold paralysis, and other disorders affecting voice
- Describe the presentation and diagnosis of various disorders of the pharynx and esophagus resulting in dysphagia.
- Identify conditions that place patients at risk for aspiration pneumonia
- Identify conditions which place patients at higher risk for surgical complications of facial plastic surgery
- Describe the complications of Thyroid cancer and the complications of treatment for head and neck cancer
- Discuss current research in the treatment of thyroid and parathyroid disease and relevance to patient care.

**Practice-Based Learning and Improvement Goal**

**Demonstrate ability to evaluate and improve the care of patients based upon the assimilation and appraisal of scientific evidence**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Identify deficiencies in surgical technique and demonstrate ability to practice independently and competently
- Discuss flaws inherent in retrospective studies of ablative and reconstructive techniques
- Discuss biases inherent in personal review of cosmetic outcomes and need for independent validation of results in cosmetic surgery.
- Discuss value in periodic review of outcomes and incorporation of such critical analysis into daily practice.
- Participate in implementation and analysis of ongoing head and neck and microvascular laboratory research projects.

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**Interpersonal Skills and Communication Goal**

**Demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Promote effective communication with physicians, other health professionals, and health related agencies
- Work effectively as a leader of a health care team or other professional group
- Act in a consultative role to other physicians and health professionals
- Teach medical students and other resident physicians by providing learner-appropriate content, supervision and constructive feedback.
- Demonstrate both leadership and member-collaborator skills in the health care team. This includes identifying roles and assignments, planning and prioritizing, accepting responsibilities, assisting others, and resolving conflicts.
- Communicate clearly in both speaking and writing with all members of the health care team.
- Design and deliver structured educational presentations.
- Demonstrate superior administrative skills including ability to lead by example, delegate authority, assume responsibility for patient care, and practice in a cost-effective manner
- Demonstrate ability to instruct residents and medical students in the performance of selected surgical procedures appropriate to their level of training

**Professionalism Goal**

**Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care.**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- lead a healthcare team and to be respectful of the contributions that other health professionals can make in the care of their patients.
- recognize that a healthy lifestyle and attentiveness to one's own personal, social and family needs are also a professional responsibility.
- demonstrate knowledge of physician impairment, obligations for reporting and knowledge of resources and care options.
- Demonstrate skills necessary to become a leader and role model in the hospital community
- Assist program chairman in overseeing personal, academic and clinical development of junior residents
- Promote respectful and clear communication with other healthcare professionals.
- Promote open-mindedness regarding alternative treatments.
- Promote a conscientious approach to patient care by minimizing delay of care and minimizing passage of incomplete tasks to fellow residents.

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**Systems Based Practice Goal**

**Demonstrate an 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.**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Lead interprofessional teams to enhance patient safety and improve patient care quality
- Lead work in identifying systems errors and in implementing potential systems solutions
- Demonstrate knowledge of basic practice management principles such as budgeting, record keeping, medical records, and staff management.
- Assist conference coordinators in improving graduate medical education curriculum
- Participate in departmental, institutional, state and local committees on issues such as hospital management, graduate medical education, housestaff administration and changing trends of health care delivery systems
- Promote a cost-effective attitude toward patient management.
- Promote an appreciation for the patients' interests and convenience in care management plans.

**In-patient Duties & Responsibilities**

- Administer all in-patient care under guidance of attending physician
- Initiate and cultivate interactions with patients, families, colleagues and ancillary health professionals
- Review history and physical examination on all admitted patients. Develop evaluation and management plan with ORL-2/3/4 resident. Teach via the Socratic method, often suggesting further readings.
- Review daily progress notes on all patients. Direct junior residents in patient management under guidance of attending physician.
- Teach via the Socratic method and suggest readings.
- Interpret for medical students and junior residents the radiographic studies and relevant clinical data on patients in whose surgical care they will be involved.
- Assist the junior residents in interpreting pathology from each surgical case in which they were involved..
- Participate in departmental, institutional, state and local committees on issues such as hospital management, graduate medical education, housestaff administration and changing trends of health care delivery systems



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**TJUH Consult Team**

David Rosen, MD Rotation Coordinator

- Overview
- 
- PGY-3

**Overview  
Duties & Responsibilities**

The PGY-3 resident has over one year of ORLHNS care experience, and the emphasis for further learning is to solidify the diagnosis and treatment of basic ORLHNS disorders in a more independent manner. Concomitant with this is the exposure to increasingly complex tertiary ORLHNS patients through the consult service. As the PGY-3 resident gains this experience and becomes more proficient in all aspects of patient care, he/she is allowed to progress in their responsibilities. The PGY-3 will take the primary role in seeing and managing all ORLHNS consult patients with the help and supervision of the PGY-4 on this service. Concurrent with this is the ability to make more independent care plan decisions on ORLHNS inpatients.

The PGY-3 resident is expected to perform routine preoperative assessment and treatment planning for basic ORLHNS surgical patients on their consult service. This starts in the outpatient clinic and extends into the preoperative surgery area outside the OR. The resident is expected to be familiar with the patient's clinical history, exam and treatment plan, as well as having reviewed all preoperative studies and consultations, and confirmed completion of all necessary documentation (i.e., H & P, informed consent). In addition, the involved resident should have read about the specific ORLHNS disease process and planned surgical procedure. The PGY-3 resident is the primary surgeon for all intermediate ORLHNS procedures (especially microscopic direct laryngoscopy & FESS), as well as first assisting on more complex senior-resident-level operations. While first assisting the senior Resident, the PGY-3 resident is given an increasing appropriate portion of the advanced procedure to perform themselves. The involved resident is responsible for and assists in the care of the patient from their stay in the preoperative surgery area until their return to the post-anesthesia care unit. As skills accelerate, the PGY-3 resident is also allowed to begin to bring both more junior residents and medical student assistants through mastered basic surgical procedures.

The PGY-3 resident is responsible for assisting the PGY-4 Resident in the management of the inpatient consult service. Especially crucial is the informational updating of the PGY-4 Resident and supervising faculty with changes in patient status. The PGY-3 resident is centrally involved in the evaluation of inpatient and emergency room consultations, culminating in presentation to the PGY-4 Resident and supervising faculty to develop a treatment plan. They also assist the more senior residents in ICU management of the critical ill ORLHNS patient. The PGY-3 resident is expected to know the current status of their consultation patients and every patient on the ORLHNS inpatient service. The PGY-3 resident is expected to read about current inpatient issues and be versed on these topics during afternoon faculty rounds. A significant portion of the "service" responsibilities for inpatient care management are minimized secondary to the assistance of the ORLHNS Patient Care Coordinator Heather Schwartz NRMP and two physician assistants. The PGY-3 resident is responsible for evening and weekend junior in house call as stipulated by the call schedule.

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The PGY-3 resident is expected to maintain timely, complete, concise and accurate documentation of all clinical efforts (i.e., clinic progress notes, history and physicals, operative reports and discharge summaries). The resident is also responsible for accurate documentation as necessary for the residency program, ACGME, and TJUH requirements.

**Sample Overview of Weekly Schedule**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	Off duty	6:30 AM – Rounds
7:15AM – Inpt/OR	7:15AM – Inpt/OR	AM – Teaching Conferences TJU	Off duty	7:15AM – Inpt/OR
PM – Inpt/OR		PM – Out Patient Clinic	PM – Inpt/OR	PM – Inpt/OR
5:00 PM Rds/Signout		5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout
			In house call- Call *	

**\*In-House call may not exceed 80 hour per week work limits or 30 consecutive work hours. One day free in every seven is scheduled. See PIF for call details.**

**Rotation Specific Competency Based Goals and Objectives**

**Patient Care Goal**

**Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical skills**

**Objectives**

- Participation as primary surgeon includes not only performance of operative procedure, but also intimate knowledge of specific patient's history, physical examination, evaluation and management including management of potential complications.
- By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently and independently perform a:
  - Functional endoscopic sinus surgery
  - Septoplasty and Submucous Resection of the Turbinates
  - Endoscopic and Trans-septal approach to Hypophysectomy
  - Intermaxillary Fixation
  - Orbital decompression (endoscopic and transantral)
  - Micro direct laryngoscopy (operative)
  - Endoscopic repair of Zenker's Diverticulum
  - Thyroid lobectomy
  - thyroplasty
  - Cricopharyngeal myotomy
  - Fiberoptic Endoscopic Evaluation of Swallowing
  - ORL approach to hypophysectomy
  - Pediatric tracheotomies
  - Pediatric direct laryngoscopy, esophagoscopy, and bronchoscopy
  - Open reduction internal fixation of mandibular, malar, orbital and maxillary fractures
  - Blepharoplasty
  - Local flap closure of facial skin defects
  - LASER airway surgery
  - Split and Full-thickness skin graft
  - Paramedian Forehead Flap
  - Tracheal Dilatation under Flexible or Rigid Bronchoscopic Visualization
  - Open reduction internal fixation of mandibular, malar, orbital and maxillary fractures
- By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently assist in the performance of major head and neck surgery including thyroidectomy, parotidectomy, neck dissection, laryngectomy, composite resection, pectoralis major flap reconstruction, and microvascular free flap surgery.
- Assist in the performance of major pediatric surgery including laryngotracheoplasty and cricoid split. Execute under guidance those portions of the operations that are appropriate to the resident's level of training.
- Assist in the performance of major facial plastic surgery such as open reduction and internal fixation of frontal sinus fractures, rhytidectomy, and facial reanimation

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procedures. Execute under guidance those portions of the operations that are appropriate to the resident's level of training.

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Medical Knowledge Goal

**Understand the management of increasingly complex otolaryngologic disorders in the inpatient and outpatient consultation setting**

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to

- Perform a detailed, succinct, and problem-oriented history and physical examination on patients with otolaryngologic complaints
- Understand the types of medical and surgical problems addressed on the service during your specific rotation. These include:
  - Congenital and acquired pediatric airway abnormalities including management of complications.
  - Demonstrate comprehensive understanding of the pathophysiology of sinus disease. Describe surgical anatomy, technique and complications of functional endoscopic sinus surgery.
  - Understand gross anatomy of periorbital region, physiology of periorbital musculature and special tests for function in periorbital region along with pathological alterations of above.
  - Understand conditions that impair voice and swallowing function
  - Use including familiarity with available homograft, autograft and alloplastic implantable materials and management of complications
  - Nerve grafting, reanastomosis, muscle nerve pedicles, nerve crossovers, basic static procedures in facial reanimation.
  - Management of the aging face in terms of order and priority of procedures including types of facelift and skin rejuvenation procedures.
- Understand knowledge of both normal anatomy and pathology of the head and neck with specific relation to:
  - Upper aerodigestive tract
  - Thyroid and parathyroid glands
  - Skin and soft tissues of the head and neck
- Techniques of rhinoplasty surgery on the nasal tip, pyramid, septum and upper lateral vault with attention to graft utilization and management of complications and of the previously operated on nose.
- describe the aesthetic facial subunits including the nose
- describe and draw the relaxed skin tension lines of the face
- to describe and draw the design of the rhombic flap and to indicate when it is appropriate to use
- to describe and draw the design of the bilobe flap and to indicate when it is appropriate to use
- to describe and draw the design of the forehead flap and to indicate when it is appropriate to use
- Be able to explain the steps of routine wound healing.

**Medical Knowledge Goal**

**Develop sound habits of personal scholarship and scientific inquiry while grasping  
fundamental concepts in ORL-H&NS**

**Objectives**

- Demonstrate comprehensive understanding of approach to multiple trauma patient with major head and neck injury including sequential examination of head and neck structures and other vital organ systems and indications/contraindications for special diagnostic tests, e.g. angiography
- Describe nasal, mandibular, frontal sinus, malar complex, dental and maxillary trauma with features and complications of each.
- Understand preoperative workup and postoperative care of patients with thyroid and parathyroid disease
- 
- Describe anatomy, physiology and technique selection for split-thickness and full-thickness skin grafts, free and pedicled grafts, and axial and random flaps. Understand management of flap complications.
- Demonstrate comprehension of pertinent medical issues through presentation of patients to attendings
- Describe the presentation and diagnosis of vocal fold paralysis, and other disorders affecting voice
- Demonstrate facility with planning and executing voice restoration procedures for patients with hoarseness, vocal fold immobility and swallowing disorders
- Describe the presentation and diagnosis of various disorders of the pharynx and esophagus resulting in dysphagia.
- Identify conditions that place patients at risk for aspiration pneumonia
- Identify conditions which place patients at higher risk for surgical complications of facial plastic surgery
- Describe the complications of Thyroid cancer and the complications of treatment for head and neck cancer
- Discuss current research in the treatment of thyroid and parathyroid disease and relevance to patient care.
- Understand techniques of facial implant use including familiarity with available homograft, autograft and alloplastic implantable materials and management of complications
- Formulate and articulate plan for management of the aging face in terms of order and priority of procedures including types of facelift and skin rejuvenation procedures.
- Understand approaches and techniques of rhinoplasty surgery on the nasal tip, pyramid, septum and upper lateral vault with attention to graft utilization and management of complications and of the previously operated on nose.

**Practice-Based Learning and Improvement Goal**

**Demonstrate ability to evaluate and improve the care of patients based upon the assimilation and appraisal of scientific evidence**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Identify deficiencies in surgical technique and improve performance through applied work with advisor
- Understand flaws inherent in retrospective studies of surgical treatments
- Understand biases inherent in personal review of surgical outcomes and need for independent validation of results in head and neck surgery.
- Participate in implementation and analysis of ongoing departmental research projects.
- Critically read and discuss medical literature pertinent to patients on the service.
- Critically discuss performance with respect to care of patients and progress made during rotation with chief of Service or designee at mid-rotation meeting.

**Interpersonal and Communication Skills Goal**

**Demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates**

**Objectives**

- Residents should demonstrate an appreciation of disease impact as it relates to individual patients, based on an understanding of each patient's unique personal, environmental and cultural context.
- Demonstrate the ability to perform effective patient and family interviews
- Communicate effectively with physician assistants and other members of health care team
- Recognize, acknowledge, respect and protect the patient's need for autonomy, identity and self-esteem.
- Effectively describe both ablative and reconstructive surgeries to patients in lay language to enable written informed consent.
- Develop the ability to respectfully and clearly communicate with other healthcare professionals.
- Learn to present patients to senior residents, fellows, and attendings in an organized and precise manner.
- Interpret for medical students and junior residents the radiographic studies and relevant clinical data on patients in whose surgical care they will be involved. The attending physician will review these studies again at the time of surgery and teach key clinical points.
- Present patients on rounds and in clinic in an organized and concise manner.

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**Professionalism Goal**

**Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care, especially in the care of the patient seeking cosmetic surgery**

**Objectives**

- Understand the sociological, psychological, and financial implications of head and neck surgery
- Respect patient privacy and autonomy
- Understand ethical practices in surgery
- Be aware of potential conflicts of interest present in financial relationships with for-profit healthcare enterprises
- Residents should demonstrate knowledge of issues and requirements pertaining to use of human and animal subjects in research, particularly with regard to departmental laboratories
- Adapt their decision making to the individual religious beliefs, culture, age, gender and disabilities of patients and family members
- Disclose medical errors
- Perform ethical Evaluation & Management Coding and Procedural Coding
- Demonstrate respect and compassion for patients and professional staff on the wards, in the clinics, and in the operating room.
- Develop open-mindedness regarding alternative treatments.
- Use appropriate speech and tone of voice when speaking to patients, families, and other healthcare professionals.
- Allow others the chance to speak, and listen attentively when being spoken to.
- Interact effectively with other healthcare providers such as: other physicians, speech and language pathologists, social workers, and physician extenders.



**System-Based Practice Goal**

**Understand system-based approach to health care issues such as patient safety and the allocation of system resources**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Understand the importance of supporting medical and ancillary services in the complete and efficient care of the patient including
  - Physical Therapy
  - Occupational Therapy
  - Speech
  - Enterostomal Therapy
  - Nutrition
  - Mental Health
  - Social Services
- Develop a cost-effective attitude toward patient management.
- Describe indications for medical consultation in the pre- and post-operative periods, particularly with respect to these specialities:
  - Speech Pathology
  - Oral Maxillofacial Surgery
  - Diagnostic Radiology
  - Pain Management service
  - Physical Medicine and Rehabilitation
  - General Internal Medicine
- Develop an appreciation for the patients' interests and convenience in care management plans.
- Understand the principles and practice of patient confidentiality and applicable HIPPA guidelines
- Mobilize outpatient health resources to care for head and neck cancer patients including social work, nutrition and home health services

**In-patient Duties & Responsibilities**

- All in-patient consultations. These consultations are reviewed by a senior resident and presented daily to the attending physician.
- All emergency room consultations. These consultations are reviewed by a senior resident and presented daily to the attending physician.
- Daily progress notes on patients in whose surgical or medical care resident was involved. These notes are reviewed by a senior resident and presented on daily rounds to the attending physician. Both the attending physician and senior resident teach via the Socratic method, often suggesting further readings.
- Follow-up of pathology from each surgical case in which resident was involved. This is subsequently reviewed by senior resident involved in case (if any) and by attending physician for case.
- Initiate and cultivate interactions with patients, families, colleagues and ancillary health professionals.

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- Interpret for medical students and junior residents the radiographic studies and relevant clinical data on patients in whose surgical care they will be involved. The attending physician will review

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- PGY-4

**Overview  
Duties & Responsibilities**

The PGY-4 resident has two plus years of ORLHNS care experience. The emphasis for further learning is to begin to build upon the foundation of knowledge of basic ORLHNS disease with in-depth study of each ORLHNS sub-specialty area through exposure to increasingly complex tertiary care ORLHNS patients. As the PGY-4 resident gains this intense patient care experience, he/she is allowed to progress in their responsibilities as well as play an increasing teaching role for the junior residents and medical students. In the outpatient clinic, they are allowed significant supervised independence in formulating diagnostic workups and treatment plans. As knowledge and experience progress, the PGY-4 resident has a leadership role in managing the consult service with the PGY 3 and physician extenders. Concurrent with this is the ability to make more independent care plan decisions on inpatient ORLHNS patients and lead the team as the Chief Resident on this service.

The PGY-4 resident is expected to perform routine preoperative assessment and treatment planning for all surgical patients. This starts in the outpatient clinic and extends into the preoperative surgery area outside the OR. The resident is expected to be familiar with the patient's clinical history, exam and treatment plan, as well as having reviewed all preoperative studies and consultations, and confirmed completion of all necessary documentation (i.e., H & P, informed consent). In addition, the involved resident should have in-depth knowledge of the specific disease process and planned surgical procedure through reading and study. The PGY-4 resident is the primary surgeon for intermediate and complex ORLHNS procedures as well as first assisting on PGY-5-level operations. As their skills progress they can act as primary surgeon for these cases as well. The PGY-4 resident also plays a significant role in leading the junior residents and medical students through the more basic ORLHNS surgeries and through mastered basic surgical procedures. The involved resident is responsible for and assists in the care of the patient from their stay in the preoperative surgery area until their arrival in the post-anesthesia care unit.

The PGY-4 resident is responsible for assisting the PGY-5 Resident in the management of the inpatient service. Especially crucial is the informational updating of the PGY-5 Resident and supervising faculty with changes in patient status. The PGY-4 resident is centrally involved in most of the evaluations of inpatient and emergency room consultations, culminating in presentation to the supervising faculty to develop a treatment plan. They also assist the PGY-5 Resident in ICU management of the critical ill ORLHNS patient. The PGY-4 resident is expected to know the current status of their consultation patients and every patient on the ORL-HNS inpatient service. The PGY-4 resident is expected to read about current inpatient issues and be versed on these topics during afternoon faculty rounds. When the PGY-5 Resident is absent for vacation, illness or professional leave, the PGY-4 resident assumes the PGY-5 Resident's clinical and administrative duties and responsibilities. A significant portion of the "service" responsibilities for inpatient care management is minimized secondary to the assistance of the ORLHNS Patient Care Coordinator and two physician assistants. The PGY-4 is responsible for evening and weekend senior home call coverage as stipulated by the call schedule. The PGY-4 resident rotates with the other TJUH residents to cover weekend rounds.

This rotation affords the PGY-4 resident opportunities for faculty-supervised leadership responsibility for Team and thus, the resident receives some early experience in the administrative and clinical responsibilities of the upcoming year of training. The PGY-4

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resident is expected to maintain timely, complete, concise and accurate documentation of all clinical efforts (i.e., clinic progress notes, history and physicals, operative reports and discharge summaries). The resident is also responsible for accurate documentation as necessary for the residency program, ACGME, and TJUH requirements.

**Sample Overview of Weekly Schedule**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Off duty	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds
Off duty	7:15AM – Inpt/OR	AM – Teaching Conferences TJU	7:00AM – Conf 8:00 AM Inpt/OR	7:15AM – Inpt/OR
PM – Inpt/OR	PM – Inpt/OR	PM – Out Patient Clinic	PM – Inpt/OR	PM – Inpt/OR
5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout
Home-Call *				

**\*In-House call may not exceed 80 hour per week work limits or 30 consecutive work hours. One day free in every seven is scheduled. See PIF for call details.**

**Rotation Specific Competency Based Goals and Objectives**

**Patient Care Goal**

**Develop an intermediate to advanced level of knowledge of the analysis of  
preoperative risk factors that influence patient recovery**

**Objectives**

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to

- Describe the incidence, identification, and management of the common complications of head and neck procedures
- Understand preoperative workup and postoperative care of patients with thyroid disease
- Understand pre-operative selection and work-up of patients seeking facial cosmetic procedures
- Understand preoperative workup and postoperative care of patients with voice disorders
- Understand preoperative workup and postoperative care of patients with facial trauma
- Demonstrate the ability to make a diagnosis and formulate a surgical plan.
- Demonstrate ability to recognize complications of surgery and achieve rapid optimal resolution of such clinical problems

**Patient Care Goal**

**Learn through supervised encounters to perform surgery and to develop sound  
technical surgical skills**

**Objectives**

- Participation as primary surgeon includes not only performance of operative procedure, but also intimate knowledge of specific patient's history, physical examination, evaluation and management including management of potential complications
- By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently and independently perform a:
  - Thyroidectomy
  - Parathyroidectomy
  - Endoscopic sinus surgery
  - Facelift
  - Rhinoplasty
  - Blepharoplasty
  - Nasal Septal Reconstruction, Turbinate Surgery
  - Laryngoscopy, bronchoscopy, esophagoscopy
  - Tracheostomy, fiberoptic intubation
  - Excision branchial cleft cyst, thyroglossal duct cyst
  - Uvulopalatopharyngoplasty
  - Orbital decompression (transantral and endoscopic)
  - Thyroid lobectomy, thyroidectomy
  - Primary skin closures, local flap closure of facial skin defects
  - Pediatric tracheotomies
  - Pediatric direct laryngoscopies, pediatric bronchoscopies, pediatric esophagoscopy
  - Intermaxillary fixation Repair of facial trauma
  - Thyroplasty and other voice surgery

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- Repair of Zenker's diverticulum
- Cricopharyngeal myotomy, esophageal dilation and other esophageal procedures
- By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to instruct junior residents in the performance of
  - Tonsillectomy, adenoidectomy
  - Nasal Septal Reconstruction, Turbinate Surgery
  - Laryngoscopy, bronchoscopy, esophagoscopy
  - Tracheostomy, fiberoptic intubation
  - Excision branchial cleft cyst, thyroglossal duct cyst
  - Uvulopalatopharyngoplasty
  - Functional endoscopic sinus surgery
  - Orbital decompression (transantral and endoscopic)
  - Thyroid lobectomy, thyroidectomy
  - Primary skin closures, local flap closure of facial skin defects
  - Pediatric tracheotomies
  - Pediatric direct laryngoscopies, pediatric bronchoscopies, pediatric esophagoscopy
  - Intermaxillary fixation
  - Open reduction internal fixation of mandibular, malar, orbital and maxillary fractures
  - Myringoplasty
  - Blepharoplasty
  - Thyroplasty and Injection Laryngoplasty

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Medical Knowledge Goal

**Develop an intermediate to advanced level of knowledge of the surgical anatomy, surgical physiology, and pathophysiology of otolaryngology diseases**

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to

- Classify head and neck tumors according to American Joint Commission guidelines.
- Explain current theories regarding the genetics of cancer
- Describe the rationale for and potential pitfalls of Fine needle aspiration in the context of head and neck masses
- Know the anatomy of the skull base and the various syndromes that are associated with tumor invasion of motor/sensory nerves
- Describe the five-year survival rates for thyroid cancer
- Describe patterns of nodal metastases for thyroid cancer
- Describe the complications of Thyroid cancer
- Discuss current research in the treatment of thyroid and parathyroid disease and relevance to patient care.
- Understand the anatomy of neck dissection and the indications for each
- Describe the presentation and diagnosis of vocal fold paralysis, and other disorders affecting voice
- Demonstrate facility with planning and executing voice restoration procedures for patients with hoarseness, vocal fold immobility and swallowing disorders
- Describe the presentation and diagnosis of various disorders of the pharynx and esophagus resulting in dysphagia.
- Identify conditions that place patients at risk for aspiration pneumonia
- Identify conditions which place patients at higher risk for surgical complications of facial plastic surgery
- Demonstrate techniques of facial implant use including familiarity with available homograft, autograft and alloplastic implantable materials and management of complications
- Formulate and articulate plan for management of the aging face in terms of order and priority of procedures including types of facelift and skin rejuvenation procedures.
- Demonstrate approaches and techniques of rhinoplasty surgery on the nasal tip, pyramid, septum and upper lateral vault with attention to graft utilization and management of complications and of the previously operated on nose.
- Describe congenital and acquired pediatric airway abnormalities including management of complications.
- Perform pediatric tracheostomy care and familiarity with ECMO (Extra Corporeal Membrane Oxygenation), neonatal ventilator management..
- Use including familiarity with available homograft, autograft and alloplastic implantable materials and management of complications
- Nerve grafting, reanastomosis, muscle nerve pedicles, nerve crossovers, basic static procedures in facial reanimation.
- Management of the aging face in terms of order and priority of procedures including types of facelift and skin rejuvenation procedures.
- describe the management of patients based on the principles of Advanced Trauma Life Support (ATLS)

**Practice-Based Learning and Improvement Goal**

**Demonstrate ability to evaluate and improve the care of patients based upon the assimilation and appraisal of scientific evidence**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Identify deficiencies in junior resident technique and improve performance through applied instruction
- Understand flaws inherent in retrospective studies of reconstructive techniques
- Understand biases inherent in personal review of surgical outcomes and need for independent validation of results in surgery.
- Participate in implementation and analysis of ongoing departmental research projects.
- Critically discuss performance with respect to care of patients and progress made during rotation with chief of Service or designee at mid-rotation meeting.
- critically read and lead discussion of medical literature pertinent to patients on the service.

**Interpersonal and Communication Skills Goal**

**Demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Demonstrate an appreciation of disease impact and the meaning to individual patients, based on an understanding of each patient's unique personal, environmental and cultural context.
- Demonstrate the ability to perform effective patient and family interviews for both the patient seeking restoration of self-esteem following trauma or oncologic resection
- Lead effectively the junior residents, physician assistants and other members of health care team
- Recognize, acknowledge, respect and protect the patient's need for autonomy, identity and self-esteem.
- Effectively describe both ablative and reconstructive surgeries to patients in lay language to enable written informed consent.
- Interpret for medical students and junior residents the radiographic studies and relevant clinical data on patients in whose surgical care they will be involved. The attending physician will review these studies again at the time of surgery and teach key clinical points.
- Respectfully and clearly communicate with other healthcare professionals.
- Assist in overseeing personal, academic and clinical development of junior residents
- Gain experience in explaining evaluations and recommendations for treatment to junior colleagues and medical students



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**Professionalism Goal**

**Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care, especially in the care of the head and neck cancer patient.**

**Objectives**

- Understand the sociological, psychological, and financial implications of surgery
- Respect patient privacy and autonomy
- Understand ethical marketing practices in oncology
- Be aware of potential conflicts of interest present in financial relationships with for-profit healthcare enterprises
- Demonstrate knowledge of issues and requirements pertaining to use of human and animal subjects in research,
- Adapt decision making to the individual religious beliefs, culture, age, gender and disabilities of patients and family members
- Disclose medical errors
- Perform ethical Evaluation & Management Coding and Procedural Coding
- Demonstrate respect and compassion for patients and professional staff on the wards, in the clinics, and in the operating room.
- Develop open-mindedness regarding alternative treatments.
- Use appropriate speech and tone of voice when speaking to patients, families, and other healthcare professionals.
- Allow others the chance to speak, and listen attentively when being spoken to.
- 

**System-Based Practice Goal**

**Understand system-based approach to health care issues such as patient safety and the allocation of system resources**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Understand the principles and practice of confidentiality in surgery and applicable HIPPA guidelines
- Respect role of consultants in oncology practice
- Lead the mobilization of outpatient health resources to care for trauma patients including social work, nutrition and home health services
- Lead the mobilization of outpatient health resources to care for free flap patients including social work, nutrition and home health services
- Promote a cost-effective attitude toward patient management.
- Promote an appreciation for the patients' interests and convenience in care management plans.
- Manage medical consultation in the pre- and post-operative periods
- Manage daily communication with ancillary services

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**In-patient Duties & Responsibilities**

- Administer all in-patient care under guidance of attending physician
- Initiate and cultivate interactions with patients, families, colleagues and ancillary health professionals
- Teach via the Socratic method and suggest further readings.
- Review daily progress notes on all patients. Direct residents in patient management under guidance of attending physician
- Interpret for medical students and junior residents the radiographic studies and relevant clinical data on patients in whose surgical care they will be involved.
- Assist the junior residents in interpreting pathology from each surgical case in which they were involved.

The distribution of cases is directed by the resident in charge and monitored quarterly by the  
Director Residency Training



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**DuPont Hospital For Children**

Patrick Barth, MD, Rotation Coordinator

**Overview**

Residents rotate through the DuPont Hospital for children for three months during their PGY-2 & PGY-4 years. During these rotations, they receive a dedicated education in pediatric ORLHNS from a nationally prominent faculty under the direction of the local program director Steven Cook. Faculty members include

Richard Schmidt, MD  
Udayan Shah, MD  
Michael Teixido, MD  
William Parkes, MD  
Heather Nardone, MD  
Jenna Bridell, MD  
James S. Reilly, MD  
Patrick Barth, MD

Teaching faculty have sub-specialty clinical expertise in pediatric airway management, otology/neurotology, and rhinology and are assisted by 4 audiology and 2 speech pathology faculty. The department additionally maintains a full otology research laboratory staffed by a PhD and graduate students and accepts a pediatric ORLHNS fellow each year. Every ORLHNS patient has a responsible, supervising faculty member and resident team involvement.

**Outpatient Clinics**

The ORLHNS resident clinic experience consists of 1½ -2½ days weekly. An electronic medical record is employed for all patient care documentation. The outpatient clinic consists of numerous examination and microscope rooms. All rooms also have fiberoptic capability for rigid or flexible endoscopy. These facilities are supplemented by complete audiology and speech therapy services located on the same floor, which are available during clinic and on an appointment basis. The clinic has extensive nursing, receptionist and clerical support. Cytopathologists are immediately available for the obtaining of fine needle aspirations during all clinics. All tertiary care medical and surgical consultation services are also available during all clinics.

The resident takes part in the complete evaluation and management plan of the pediatric clinic patient with the supervising faculty. This experience allows one-on-one teaching of the history, physical exam and clinic-based procedures specific to pediatric otolaryngology. This provides excellent longitudinal exposure to the pediatric ORLHNS patient from initial diagnostic workup to long-term postoperative follow-up. Each patient is seen concomitantly by both faculty and resident to maximize the one-on-one teaching. The resident also returns to outpatient clinic outside their scheduled assignments when the OR responsibilities are completed.

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Surgical Services

The ORLHNS service has a dedicated OR time every day of the week. Additional OR starts are available on all days by request. The ORLHNS resident experience includes 1½-3½ OR days weekly. All the necessary equipment, supplies and personnel are available for tertiary care level pediatric ORLHNS services. Residents are responsible for collection of radiographic studies and relevant clinical data for each day's operative cases. These are reviewed by attending physician at surgery. All operative cases are supervised by the attending faculty member. Also, flexibility in clinic and OR responsibilities is allowed for participation the care of an interesting and/or unusual patient or procedure. Residents are responsible for follow-up of pathology from each surgical case in which resident was involved. This is subsequently reviewed by the attending physician for case.

Inpatient and Consultation Services

Every ORLHNS inpatient and consultation patient is under the care of a pediatric ORLHNS faculty member and the ORLHNS residents. The residents are responsible for organizing and maintaining the inpatient pediatric ORLHNS service, including doing morning work rounds prior to clinic or operating room as well as managing the daily care of every inpatient on the ORLHNS service under the direct close supervision of the responsible faculty member. Morning inpatient faculty teaching rounds occur with available faculty. Residents perform histories and physical examinations on all admitted children. These notes are reviewed by presented on daily rounds to the attending physician. The residents work closely with ORLHNS pediatric nurse practitioners in coordinating the multidisciplinary care of the ORLHNS patient during their inpatient stay and discharge. Weekend rounds are performed by the residents but must comply with ACGME duty hour regulations.

The inpatient consult service is also administered by the residents. All inpatient consultations are seen by the residents at the bedside or in the ORLHNS clinic with a faculty physician. Urgent consults on ICU patients are seen at the bedside during morning or afternoon faculty teaching rounds. Consults from the emergency room are evaluated in the emergency room with the faculty physician.

Call

Evening call is taken at home rather than in-house and may not exceed 80 hour per week work limits.

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**PGY - 2  
Overview  
Duties & Responsibilities**

As the PGY-2 resident gains further experience and becomes more proficient in all aspects of patient care, he/she is allowed to progress in their responsibilities. In the outpatient clinic, they are initially acquainted with the particulars of the history, physical exam and care decisions of the pediatric ORLHNS patient. This is initially introduced through observation of the supervising faculty in clinic, but gradually the PGY-2 resident interviews and examines their own patients. Through presentation to the supervising faculty, a diagnostic and management plan is developed. Focus is placed later in the rotation on exposure to increasingly more complex ORLHNS problems as well as increasing independence in formulating diagnostic workups and treatment plans. Clinic-based procedures are increasingly performed rather than observed as the skill level progresses. As knowledge and experience progress, the PGY-2 resident is allowed to perform more inpatient and emergency room consultations as well as make more independent care plan decisions on inpatient ORLHNS patients. Similarly, in the OR, after a period of first assisting the faculty, the junior resident is allowed to become more independent in the performance of basic ORLHNS surgical procedures, as well as becoming the primary surgeon on more complex procedures.

**Overview of Rotation**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
7 AM –Rds	7 AM –Rds		7 AM -Rounds	7 AM -Rounds
AM -Out Patient Clinic	AM – Out Patient Clinic	AM – Teaching Conferences TJU	AM – Operating Room	AM – Operating Room
Lunch	Lunch	Lunch	Lunch	Lunch
PM – Out Patient Clinic	PM – Out Patient Clinic	PM – Out Patient Clinic*	PM – Operating Room	PM – DuPont Teaching Conferences
Dinner	Dinner	Dinner	Dinner	Dinner
Evening Home-Call	Evening Home-Call	Evening Home-Call	Evening Home-Call	Evening Home-Call

**Evening call is taken at home rather than in-house and may not exceed 80 hour per week work limits. Residents alternately take call one week at a time.**

**PGY-2 resident is excused from this clinic in Spring to attend Head & Neck Anatomy Dissection Course**

**Rotation Specific Competency Based Goals and Objectives**

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**Patient Care Goal**

**Become competent in the assessment of the pediatric Otolaryngology-Head and Neck Surgery patient, especially in the determination of need for emergent/urgent Otolaryngologic intervention**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Demonstrate ability to perform a thorough pediatric ORL-H&NS history and physical examination [H&P]
- Develop competence in the prudent application and performance of ORLHNS diagnostic procedures in the uncooperative pediatric patient (i.e., binocular microscopy, pneumatic otoscopy, rigid and flexible fiberoptic endoscopy, and headlight illumination)
- Demonstrate ability to communicate effectively in order to provide optimal care, especially as this relates to interactions with children and their families
- Develop skills in clinical presentation of pediatric ORLHNS patients
- Develop skills in becoming a good specialist consultant to the pediatric inpatient and emergency department services
- Understanding of the complex multidisciplinary approach to the preoperative, intra-operative and postoperative care of the pediatric ORLHNS patient
- Understand advantages and limitations of an electronic medical record and develop facility in data entry and acquisition
- Demonstrate ability to practice outpatient otolaryngology in cost-effective manner by appropriate ordering of diagnostic studies
- Assist in the assessment of emergency department and inpatient consultations (i.e., airway, bleeding, trauma, infection) to develop competence in determining which patients need emergent/urgent Otolaryngologic intervention
- Development of skills for intensive care unit and ward unit care of the postoperative pediatric ORLHNS patient
- Begin to develop the organizational skills to manage a pediatric ORLHNS inpatient and consultation service

**Patient Care Goal**

**Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical and diagnostic skills**

**Objectives**

Participation as primary surgeon includes not only performance of operative procedure, but also intimate knowledge of specific patient's history, physical examination, evaluation and management including management of potential complications. Additionally, participation as primary surgeon presupposes full understanding of the instrumentation involved in each procedure (for example, the different types of pediatric tracheostomy tubes and rationale for the use of each, the setup and maintenance of the operating microscope) and the ability to adapt to emergency situations in the operating room.

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently and independently perform a:

- pediatric ORL-H&NS history and physical examination [H&P]
- Pediatric direct laryngoscopies, pediatric bronchoscopies, pediatric esophagoscopy
- Pediatric tracheostomy, intubation
- Myringotomy with ventilation tube placement
- Tonsillectomy, adenoidectomy
- Excision branchial cleft cyst, thyroglossal duct cyst
- Nasal septal reconstruction, turbinate surgery
- Closed reduction nasal fractures
- Primary skin closure
- Incision and drainage deep neck abscess
- Demonstrate familiarity with the pediatric ORLHNS surgical instrumentation
- Gain exposure and mentored-experience to complex pediatric aerodigestive tract surgery, head and neck surgery and chronic ear surgery
- Develop competence in the recognition and treatment of operative complications in the pediatric ORLHNS patient
- Demonstrate facility operating with the microscope, especially in the use of binocular vision.
- Assist in the performance of major pediatric surgery including laryngotracheoplasty, cricoid split, head and neck oncology, endoscopic sinus surgery and tympanomastoidectomy. Execute under guidance those portions of the operations that are appropriate to the resident's level of training.



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Medical Knowledge Goals

**Develop sound habits of personal scholarship and scientific inquiry while grasping  
fundamental concepts in ORL-H&NS**

Objectives

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Understand the anatomy and physiology of the pediatric airway and how it differs from the adult airway
- Demonstrate comprehensive understanding of the anatomy, physiology, pathology and treatment rationale for otitis media
- Demonstrate comprehensive understanding of the anatomy, physiology pathology and treatment rationale for upper respiratory infections in children, including tonsillitis, laryngotracheobronchitis and epiglottitis.
- Demonstrate understanding of the pathology and management of disorders of the Tonsils and adenoids.
- Interpret pure tone, speech and impedance audiometry in children
- Demonstrate ability to engage patients in process of informed consent for outpatient surgery
- Understand normal developmental changes that occur in the head and neck of the growing pediatric ORLHNS patient, and identifying pathologic abnormalities in these growth patterns
- Demonstrate comprehension of biology, pathology, diagnosis, treatment and prognosis of pediatric head and neck diseases.
- Demonstrate knowledge of both normal pediatric anatomy and pathology of the head and neck with specific relation to:
  - Upper aerodigestive tract
  - Nose and paranasal sinuses
  - Salivary glands
  - Thyroid and parathyroid glands
  - Skin and soft tissues of the head and neck
- Understand the types of medical and surgical problems addressed on the service during your specific rotation. These problems could include:
  - Congenital and acquired pediatric airway abnormalities including management of complications.
  - Pediatric tracheostomy care and familiarity with ECMO (Extra Corporeal Membrane Oxygenation), neonatal ventilator management..
  - Congenital hearing loss, speech delay, acquired hearing loss, etc
  - Congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery.
- Understand embryological development, anatomy and pathological alterations of external ear along with surgical principles of reconstruction and alteration and their complications.
- Understand techniques involved in surgical correction of congenital and acquired pediatric airway abnormalities including management of complications.
- Understand physiology and management of cholesteatoma including revision surgery and surgery for restoration of hearing
- Discuss neonatal hearing screening techniques including otoacoustic emissions, auditory brainstem evoked responses and rationale for universal screening

**Practice-Based Learning and Improvement Goal**

**Demonstrate ability to evaluate and improve the care of patients based upon the assimilation and appraisal of scientific evidence**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Identify deficiencies in surgical technique and improve performance through practice and mentoring
- Understand flaws inherent in retrospective studies
- Understand the importance of critically reading and discussing medical literature pertinent to patients on the service.
- Critically discuss performance with respect to care of patients and progress made during rotation with chief of Service or designee at mid-rotation meeting.

**Interpersonal and Communication Skills Goal**

**Demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates**

**Objectives**

By the completion of rotation, the resident should be able to:

- Appreciate disease impact on children and their families
- Demonstrate the ability to perform effective patient and family interviews for the pediatric patient
- Communicate effectively with physician assistants, nutritionists and other members of health care team including
  - Speech Pathology
  - Oral Maxillofacial Surgery
  - Diagnostic Radiology
  - Pain Management service
  - Physical Medicine and Rehabilitation
  - General Internal Medicine
  - Physical Therapy
  - Occupational Therapy
  - Speech
  - Enterostomal Therapy
  - Nutrition
  - Mental Health
  - Social Services
- Recognize, acknowledge, respect and protect the patient's and family's need for autonomy, identity and self-esteem.
- Effectively describe both ablative and reconstructive surgeries to patients in lay language to enable written informed consent.
- Develop the ability to respectfully and clearly communicate with other healthcare professionals.
- Learn to present patients to senior residents, fellows, and attendings in an organized and precise manner.

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**Professionalism Goal**

**Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care, especially in the care of the child and his/her family.**

**Objectives**

By the completion of rotation, the resident should be able to:

- Understand the sociological, psychological, and financial implications of pediatric surgery
- Respect patient and family privacy and autonomy
- Identify signs of child abuse
- Be aware of potential conflicts of interest present in financial relationships with for-profit healthcare enterprises
- Demonstrate knowledge of issues and requirements pertaining to use of human and animal subjects in research, particularly with regard to the departmental research laboratories
- Adapt decision making to the individual religious beliefs, culture, age, gender and disabilities of patients and family members
- Disclose medical errors
- Develop open-mindedness regarding alternative treatments.
- Use appropriate speech and tone of voice when speaking to patients, families, and other healthcare professionals.
- Allow others the chance to speak, and listen attentively when being spoken to.
- Demonstrate a conscientious approach to patient care by minimizing delay of care and minimizing passage of incomplete tasks to fellow residents and interns.

**System-Based Practice Goal**

Understand system-based approach to health care issues such as patient safety and the allocation of system resources

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Mobilize outpatient health resources to care pediatric patients and their families including social work, nutrition and home health services
- Mobilize outpatient health resources to care for child abuse victims
- Describe indications for medical consultation in the pre- and post-operative periods
- Understand advantages and limitations of an electronic medical record and develop facility in data entry and acquisition
- Understand the importance of supporting medical and ancillary services in the complete and efficient care of the patient.
- Develop a cost-effective attitude toward patient management.
- Develop an appreciation for the patient and family interests and convenience in care management plans.

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**In-patient Duties & Responsibilities**

- History and physical examination on all admitted children. These notes are reviewed by a senior resident and presented on daily rounds to the attending physician. Both the attending physician and senior resident teach the ORL-2 referencing specific additional medical readings from the current medical literature that will enhance her/his understanding of the medical condition.
- Daily progress notes on all children in whose surgical care resident was involved. These notes are reviewed by the attending faculty and /or the senior resident and presented on daily rounds to the attending physician. Both the attending physician and senior resident teach.
- Collection of radiographic studies and relevant clinical data for each day's operative cases. These are reviewed by senior resident prior to surgery and then by attending physician at surgery with appropriate teaching.
- Follow-up of pathology from each surgical case in which resident was involved. This is subsequently reviewed by senior resident involved in case (if any) and by attending physician for case.
- No in-house call responsibilities at A. I. Dupont Hospital for Children. Residents take call from home and report to A. I. DuPont Emergency Room or Operating Room as needed during call.

**Out-patient Duties & Responsibilities**

- PGY-2 performs history and physical examination on many of the new patients. The PGY-2 presents the patient to the attending physician, who repeats the pertinent H&P and teaches relevant points.
- PGY-2 sees follow-up patients in whose care he was previously involved (either as initial clinic physician or as surgical assistant). He obtains the relevant H&P and reviews the studies performed since the last patient visit. He formulates a treatment plan and presents the patient to the attending physician, who repeats the pertinent H&P and teaches relevant points.
- Observes pediatric audiology behavioral testing and judges clinical importance.
- Sees all patients, regardless of insurance type, jointly in same clinical setting

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- PGY-4

**Overview  
Duties & Responsibilities**

The PGY-4 resident returns to DuPont as the senior resident in charge of the ORLHNS service. During this senior level rotation, less time is necessarily spent on learning the mechanics of pediatric ORLHNS service management, and more emphasis is placed on more independent care of the pediatric patient. In the outpatient clinic, the PGY-4 resident is expected to independently evaluate the pediatric ORLHNS patient and develop a treatment plan, and then formally present the patient to the supervising faculty for concurrence. Again, all patients are under faculty supervision. As experience increases, supervised independence is also experienced with clinic procedures. Focus is also placed on exposure to increasingly more complex ORLHNS problems. As knowledge and experience progress, the PGY-4 resident assumes a central role in inpatient and emergency room consultations as well as make more independent care plan decisions on inpatient ORLHNS patients. Similarly, in the OR, the PGY-4 resident is allowed to teach the performance of basic ORLHNS surgical procedures, as well as becoming the primary surgeon on more complex procedures.

**Overview of Rotation**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
7 AM –Rounds	7 AM -Rounds		7 AM -Rounds	7 AM -Rounds
AM – Operating Room	AM – Operating Room	AM – Teaching Conferences TJU	AM – Out Patient Clinic	AM – Out Patient Clinic
Lunch	Lunch	Lunch	Lunch	Lunch
PM – Operating Room	PM – Operating Room	PM – Operating Room	PM – Out Patient Clinic	PM – Pediatric ORL Conference
Dinner	Dinner	Dinner	Dinner	Dinner
Evening Home-Call	Evening Home-Call	Evening Home-Call	Evening Home-Call	Evening Home-Call

Evening call is taken at home rather than in-house and may not exceed 80 hour per week work limits. Residents alternately take call one week at a time.

**Rotation Specific Competency Based Goals and Objectives**

**Patient Care Goal**

**Learn through supervised encounters to perform surgery and to develop sound technical surgical skills**

**Objectives**

- Participation as primary surgeon includes not only performance of operative procedure, but also intimate knowledge of specific patient's history, physical examination, evaluation and management including management of potential complications
- By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently and independently perform a:
  - Pediatric functional endoscopic sinus surgery
  - Pediatric laryngotracheoplasty
  - Complex septorhinoplasty
  - Open Reduction Internal Fixation facial fractures
  - Otoplasty, reconstructive surgery auricle
  - Tympanomastoidectomy
  - Ossiculoplasty
  - Assist in cochlear implantation
- By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to instruct junior residents in the performance of
  - Pediatric direct laryngoscopies, pediatric bronchoscopies, pediatric esophagoscopy
  - Pediatric tracheostomy, intubation
  - Myringotomy with ventilation tube placement
  - Tonsillectomy, adenoidectomy
  - Excision branchial cleft cyst, thyroglossal duct cyst
  - Nasal septal reconstruction, turbinate surgery
  - Closed reduction nasal fractures
  - Primary skin closure
  - Incision and drainage deep neck abscess

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**Patient Care Goal**

**Demonstrate application of established and evolving biomedical, clinical, epidemiological, and social-behavioral knowledge to the care of the pediatric ORLHNS patient**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Understand embryological development, anatomy and pathological alterations of external ear along with surgical principles of reconstruction and alteration and their complications.
- Understand physiology and management of cholesteatoma including revision surgery and surgery for restoration of hearing
- Demonstrate ability to manage head and neck malignancies in children including understanding of roles of radiation therapy, chemotherapy, nutritional support and psycho-social aspects of pediatric oncology
- Understand techniques involved in surgical correction of congenital and acquired pediatric airway abnormalities including management of complications.
- Demonstrate facility with pediatric tracheostomy care and familiarity with ECMO (Extra Corporeal Membrane Oxygenation), neonatal ventilator management
- understand unique psychological, emotional and social issues associated with infants in the intensive care nursery

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Medical Knowledge Goal

**Develop an intermediate to advanced level of knowledge of the surgical anatomy, surgical physiology, and pathophysiology of pediatric otolaryngology diseases**

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to

- Classify head and neck tumors according to American Joint Commission guidelines.
- Explain current theories regarding the genetics of cancer
- Describe the rationale for and potential pitfalls of Fine needle aspiration in the context of head and neck masses
- Know the anatomy of the skull base and the various syndromes that are associated with tumor invasion of motor/sensory nerves
- Discuss current therapy and research in the treatment of thyroid disease and relevance to patient care.
- Describe the presentation and diagnosis of vocal fold paralysis, and other disorders affecting voice
- Describe the presentation and diagnosis of various disorders of the pharynx and esophagus resulting in dysphagia.
- Identify conditions that place patients at risk for aspiration pneumonia
- Perform pediatric tracheostomy care and familiarity with ECMO (Extra Corporeal Membrane Oxygenation), neonatal ventilator management..
- Understand embryological development, anatomy and pathological alterations of external ear along with surgical principles of reconstruction and alteration and their complications.
- Understand techniques involved in surgical correction of congenital and acquired pediatric airway abnormalities including management of complications.
- Understand physiology and management of cholesteatoma including revision surgery and surgery for restoration of hearing
- Discuss neonatal hearing screening techniques including otoacoustic emissions, auditory brainstem evoked responses and rationale for universal screening
- Understand Congenital and acquired pediatric airway abnormalities including management of complications.
- Understand Congenital hearing loss, speech delay, acquired hearing loss, etc
- Understand Congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery.



**Practice-Based Learning and Improvement Goal**

**Demonstrate ability to evaluate and improve the care of patients based upon the assimilation and appraisal of scientific evidence**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Identify deficiencies in junior resident technique and improve performance through applied instruction
- Understand flaws inherent in retrospective studies of surgical techniques
- Understand biases inherent in personal review of surgical outcomes and need for independent validation of results in surgery.
- Participate in implementation and analysis of ongoing departmental research projects.
- Demonstrate ability to recognize complications of surgery and achieve rapid optimal resolution of such clinical problems
- Understand the importance of critically reading and discussing medical literature pertinent to patients on the service.
- Critically discuss performance with respect to care of patients and progress made during rotation with chief of Service or designee at mid-rotation meeting.
- critically read and lead discussion of medical literature pertinent to patients on the service.

**Interpersonal and Communication Skills Goal**

**Demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Demonstrate an appreciation of disease impact and the meaning to individual patients, based on an understanding of each patient's unique personal, environmental and cultural context.
- Demonstrate the ability to perform effective patient and family interviews for both the patient seeking restoration of self-esteem following trauma or oncologic resection
- Lead effectively the junior residents, physician assistants and other members of health care team
- Recognize, acknowledge, respect and protect the child's and family's need for autonomy, identity and self-esteem.
- Effectively describe surgeries to children and families in lay language to enable written informed consent.
- Interpret for medical students and junior residents the radiographic studies and relevant clinical data on patients in whose surgical care they will be involved.
- Respectfully and clearly communicate with other healthcare professionals.
- Assist in overseeing personal, academic and clinical development of junior residents
- Gain experience in explaining evaluations and recommendations for treatment to junior colleagues and medical students

**Professionalism Goal**

**Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care, especially in the care of the pediatric patient.**

**Objectives**

- Understand the sociological, psychological, and financial implications of surgery
- Respect patient and family privacy and autonomy
- Be aware of potential conflicts of interest present in financial relationships with for-profit healthcare enterprises
- Demonstrate knowledge of issues and requirements pertaining to use of human and animal subjects in research,
- Adapt decision making to the individual religious beliefs, culture, age, gender and disabilities of patients and family members
- Disclose medical errors
- Perform ethical Evaluation & Management Coding and Procedural Coding
- Demonstrate respect and compassion for patients, families and professional staff on the wards, in the clinics, and in the operating room.
- Develop open-mindedness regarding alternative treatments.
- Use appropriate speech and tone of voice when speaking to patients, families, and other healthcare professionals.
- Allow others the chance to speak, and listen attentively when being spoken to.
- 

**System-Based Practice Goal**

**Demonstrate an awareness of and responsiveness to the larger context and system of pediatric health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Understand the principles and practice of confidentiality in surgery and applicable HIPPA guidelines
- Respect role of consultants in pediatric practice
- Lead the mobilization of outpatient health resources to care for pediatric patients including social work, nutrition and home health services
- Promote a cost-effective attitude toward patient management.
- Promote an appreciation for the patient and family interests and convenience in care management plans.
- Manage medical consultation in the pre- and post-operative periods
- Manage daily communication with ancillary services
- Distribute operative cases to insure that junior resident is meeting his/her Competency Objectives for the rotation.
- Discuss neonatal hearing screening techniques including otoacoustic emissions, auditory brainstem evoked responses and rationale for universal screening
- Demonstrate understanding of speech development and interventions made by speech pathologist
- Demonstrate understanding of psycho-social aspects of pediatric oncology
- Identify signs of child abuse and institute appropriate consultations

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**In-patient Duties & Responsibilities**

- All in-patient consultations. These consultations are presented daily to the attending physician who teaches relevant points.
- All emergency room consultations. These consultations are presented daily to the attending physician who teaches relevant points
- Review or compose daily progress notes on patients in whose surgical care PGY-4 resident was involved. Direct PGY-2 residents in patient management under guidance of attending physician. Teach via the Socratic method, often suggesting further readings.
- Interpret for medical students and junior residents the radiographic studies and relevant clinical data on patients in whose surgical care they will be involved. The attending physician will review these studies again at the time of surgery and teach key clinical points.
- Assist the PGY-2 residents in interpreting pathology from each surgical case in which they were involved. The attending physician will subsequently review the pathology with the resident involved in the case.

**Out-patient Duties & Responsibilities**

- PGY-4 performs history and physical examination on many of the new patients. The PGY-4 presents the patient to the attending physician, who repeats the pertinent H&P and teaches relevant points
- PGY-4 sees follow-up patients in whose care he was previously involved (either as initial clinic physician or as surgical assistant). He obtains the relevant H&P and reviews the studies performed since the last patient visit. He formulates a treatment plan and presents the patient to the attending physician, who repeats the pertinent H&P and teaches relevant points.
- Observes pediatric audiology behavioral testing and judges clinical importance.
- Attends monthly conferences and weekly clinics of the Dysphagia program, coordinated by Cheryl Smith, PhD. PGY-4 attends one clinic per week
- Sees all patients, regardless of insurance type, jointly in same clinical setting.
- Masters electronic medical record data acquisition and entry

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**Jefferson Hospital for Neurosciences (JHN) Otology/Neurosciences Team**

Gregory Artz, MD Rotation Coordinator

- Overview

Residents rotate on the JHN Otology/Neurosciences Team for three months during their third and fifth year of training. During these rotations, they receive a dedicated education in the management of otologic and neurologic disorders from a nationally prominent faculty under the direction Thomas Willcox, MD. Faculty members include

Thomas O. Willcox MD  
Gregory J. Artz MD  
Paula Marcinkevich AuD  
Shaponja Hajdina AuD  
Midori Wakabayashi AuD  
Elizabeth Gray AuD

Teaching faculty have fellowship training and sub-specialty clinical expertise in otology and neurotology including the management of middle and posterior cranial fossa tumors (in conjunction with teaching faculty from the Department of Neurosurgery). Every ORLHNS patient has a responsible, supervising faculty member and resident team involvement.

**Outpatient Clinics**

The ORLHNS resident clinic experience consists of 1 –5 days weekly. The outpatient clinic consists of 14 examination rooms with two microscope and one procedure room. All rooms also have fiberoptic capability for rigid or flexible video endoscopy. These facilities are supplemented by complete audiology and speech therapy services located on the same floor, which are available during clinic and on an appointment basis. The clinic has extensive nursing, receptionist and clerical support. All tertiary care medical and surgical consultation services are also available during all clinics.

The resident takes part in the complete evaluation and management plan of the otology clinic patient with the supervising faculty. This experience allows one-on-one teaching of the history, physical exam and clinic-based procedures specific to adult and pediatric otolaryngology. This provides excellent longitudinal exposure to the ORLHNS patient from initial diagnostic workup to long-term postoperative follow-up. Each patient is seen concomitantly by both faculty and resident to maximize the one-on-one teaching. The resident also returns to outpatient clinic outside their scheduled assignments when the OR responsibilities are completed.

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**Surgical Services**

The JHN Otology/Neurosciences Team has dedicated block OR time according to the following schedule:

Monday	Two rooms
Tuesday	One Room
Wednesday PM	
Thursday	Two rooms
Friday	One Room

Additional OR starts are available on all days by request. The ORLHNS resident experience includes 1-4 OR days weekly. All the necessary equipment, supplies and personnel are available for tertiary care level pediatric and adult ORLHNS services.

Weekly OR assignments are made by the PGY-5 Resident according to resident-level appropriateness, equity of operative exposure and educational advantage to the available JHN team residents. This advanced assignment gives each resident adequate time for academic preparation for their assigned cases. Operative cases are staffed by both a supervising Attending Faculty member and at least one level-appropriate ORLHNS resident.

Residents are responsible for collection and expert review of radiographic studies and relevant clinical data for each day's operative cases. These are reviewed by attending physician at surgery. All operative cases are supervised by the attending faculty member. Also, flexibility in clinic and OR responsibilities is allowed for participation the care of an interesting and/or unusual patient or procedure. Residents are responsible for follow-up of pathology from each surgical case in which resident was involved. This is subsequently reviewed by the attending physician for case.

**Inpatient and Consultation Services**

Every ORLHNS inpatient and consultation patient is under the care of a ORLHNS faculty member and the ORLHNS residents. The residents are responsible for organizing and maintaining the inpatient ORLHNS service, including doing morning work rounds prior to clinic or operating room as well as managing the daily care of every inpatient on the ORLHNS service under the direct close supervision of the responsible faculty member. The PGY-5 Resident is responsible for leading and organizing morning work rounds and evening rounds, as well as managing the daily care of every inpatient on the service under the direct close supervision of the responsible Attending Faculty member. Afternoon faculty teaching rounds occur with available faculty, residents and the ORLHNS care coordinator on the faculty's inpatients and consultation patients..

Weekend round responsibilities are shared amongst the entire TJUH and JHN resident team (Head and Neck, Subspecialty, & Otology/Neurosciences Team) as coordinated by the respective team PGY-5 residents. This minimizes weekend service responsibilities for each Team so that residents comply with ACGME duty hour regulations. Generally a Senior Resident rounds with the PGY-1, 2 or 3 residents until their knowledge and skill level allows independent weekend rounding. Morning inpatient faculty teaching rounds occur with available faculty. Residents perform histories and physical examinations on all unscheduled admitted patients. These notes are reviewed by presented on daily rounds to the attending physician. All outpatient and scheduled same day admission patients undergo preadmission testing where nurse practitioners perform their H&P's. The residents work closely with ORLHNS pediatric nurse practitioners in coordinating the multidisciplinary care of the ORLHNS patient during their inpatient stay and discharge.

The inpatient consult service is also administered by the residents. All inpatient consultations are seen primarily by the residents at the bedside and then subsequently seen by the requested attending physician on afternoon teaching rounds. Urgent consults on ICU

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patients are seen at the bedside during morning or afternoon faculty teaching rounds. Consults from the emergency room are evaluated in the emergency room with the faculty physician.

**Call**

Junior (PGY-1,2,3) is in-house and senior (PGY-4,5) call is from home and may not exceed ACGME 80 hour per week work limits.

**Conferences**

No clinical duties impede attendance at the TJUH Wednesday AM Conferences. Additionally, an operative management conference is held weekly at TJUH on Thursday from 7-8AM. During this conference, the management of all patients to be operated upon by the TJUH Head & Neck and Subspecialty Teams and the JHN Team is discussed.

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- PGY-3

**Overview  
Duties & Responsibilities**

The PGY-3 resident has over one year of ORLHNS care experience and has completed the Temporal Bone Anatomy Course. The Otology rotation is designed to provide the PGY-3 resident with an introductory education into the medical and surgical management of Otologic disorders. In addition they have primary responsibilities for all inpatient consultations on neurosurgical patients with Otolaryngologic complaints such as dysphagia, hoarseness and respiratory failure requiring tracheostomy. These inpatient responsibilities are closely overseen by the PGY-5 on service as well as the attending physicians. Concomitant with this is the exposure to increasingly complex tertiary ORLHNS patients. As the PGY-3 resident gains this experience and becomes more proficient in all aspects of patient care, he/she is allowed to progress in their responsibilities. In the outpatient clinic, they are allowed significant supervised independence in formulating diagnostic workups and treatment plans. As knowledge and experience progress, the PGY-3 resident inpatient and emergency room consultation experience continues to expand. Concurrent with this is the ability to make more independent care plan decisions on Otology-Neurotology inpatients.

Much of Otology is office based, particular with patients presenting with balance disorders. The PGY-3 residents spends 2 full days(Tuesdays and Thursdays) in the office obtaining training in the history and physical examination of hearing and balance patients as well as learning the nuances of the medical management of these often complex patient populations. Office procedures include nasal endoscopy, myringotomy and tympanostomy tube placement, intratympanic injections of steroids and gentamycin.

The PGY-3 resident is responsible for the daily management of inpatient census and consultation service. On Mondays and Fridays, the PGY-3 resident will participate as an assistant surgeon on otologic cases and bedside tracheostomies for many of the neurosurgical patients. He will begin to learn the importance of patient positioning, preparation and routine otologic procedures such as tympanoplasty and mastoidectomy surgery using a high-magnification microscope and often a high speed drill. This rotation is their first immersion into Otologic medicine and are required by the rotation coordinator to spend 2 half-days in the temporal bone dissection lab practicing microscopic drilling techniques on cadaveric specimens. In the outpatient setting they spend time with the audiologists learning about audiovestibular testing and how to perform and interpret these tests.

The PGY-3 resident is expected to perform routine preoperative assessment and treatment planning for otologic surgical patients. This starts in the outpatient clinic and extends into the preoperative surgery area outside the OR. The resident is expected to be familiar with the patient's clinical history, exam and treatment plan, as well as having reviewed all preoperative studies and consultations, and confirmed completion of all necessary documentation (i.e., H & P, informed consent). In addition, the involved resident should have read about the specific Otology-Neurotology disease process and planned surgical procedure. The PGY-3 resident is the primary surgeon for all intermediate otologic procedures (especially tympanoplasty and simple mastoidectomy), as well as first assisting on more complex operations. While first assistin,, the PGY-3 resident is given an increasing appropriate portion of the advanced procedure to perform themselves The involved resident is responsible for and assists in the care of the patient from their stay in the preoperative surgery area until their return to the post-anesthesia care unit or intensive care unit.

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The PGY-3 resident is responsible for assisting the PGY-5 Resident in the management of the inpatient service. Especially crucial is the informational updating of the PGY-5 Resident and supervising faculty with changes in patient status. The PGY-3 resident is centrally involved in the evaluation of inpatient and emergency room consultations, culminating in presentation to the PGY-5 Resident and supervising faculty to develop a treatment plan. They also assist the more senior residents in ICU management of the critical ill Otolaryngology-Neurotology patient. The PGY-3 resident is expected to know the current status of their consultation patients and every patient on the Otolaryngology-Neurotology inpatient service. The PGY-3 resident is expected to read about current inpatient issues and be versed on these topics during afternoon faculty rounds. The PGY-3 resident is responsible for evening and weekend junior in house coverage as stipulated by the call schedule.

The PGY-3 resident is expected to maintain timely, complete, concise and accurate documentation of all clinical efforts (i.e., clinic progress notes, history and physicals, operative reports and discharge summaries). The resident is also responsible for accurate documentation as necessary for the residency program, ACGME, and TJUH requirements.

**Sample Overview of Weekly Schedule**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds
7:15AM – Inpt/OR	7:15AM – Inpt/OR	AM – Teaching Conferences TJU	7:00AM – Conf 8:00 AM Inpt/OR	7:15AM – Inpt/OR
PM – Inpt/OR	PM-Willcox Clinic	PM – Artz Clinic	PM – Inpt/OR	PM – Willcox Clinic
5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout	5:00 PM Rds/Signout
Answering Service Call *				

**\*In-House call may not exceed 80 hour per week work limits or 30 consecutive work hours. One day free in every seven is scheduled. See PIF for call details.**



**Rotation Specific Competency Based Goals and Objectives**

**Patient Care Goal**

**Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical skills**

**Objectives**

Participation as primary surgeon includes not only performance of operative procedure, but also intimate knowledge of specific patient's history, physical examination, evaluation and management including management of potential complications. Additionally, participation as primary surgeon presupposes full understanding of the instrumentation involved in each procedure (for example, the different types of pediatric tracheostomy tubes and rationale for the use of each, the setup and maintenance of the operating microscope) and the ability to adapt to emergency situations in the operating room.

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently and independently perform a:

- Myringoplasty
- Tympanoplasty
- Simple mastoidectomy
- Labyrinthectomy

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently assist in the performance of major neurotologic surgery including cochlear implantation, labyrinthectomy, vestibular neurectomy and acoustic neuroma resection.

- Perform a detailed, succinct, and problem-oriented history and physical examination on patients with neurotologic complaints
- Learn to execute canalith repositioning maneuver, mastoid bowl debridement and myringotomy with tube placement
- Appropriately use and interpret the battery of audiologic and vestibular tests
- Understand the indications for assistive hearing devices

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Medical Knowledge Goal

**Understand preoperative workup and postoperative care of patients with hearing loss, external, middle, and inner ear disease and vestibular disorders.**

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to

- Understand the types of medical and surgical problems addressed on the Otolaryngology service during your specific rotation including
  - Otitis Media, and other infectious diseases of the external, middle, and inner ear
  - Cholesteatoma, acute and chronic mastoiditis
  - Pathology of hearing loss
  - Otologic and cranial base surgical techniques
  - Audiologic tests and their use
  - Congenital and acquired hearing loss
  - Vestibular disorders
  - Tumors of the Cerebellopontine angle
  - Eustachian tube dysfunction.
  - Anatomy, physiology, pathology and treatment rationale for chronic otitis media, cholesteatoma, otosclerosis, Meniere's disease, and acoustic neuroma.
- Demonstrate comprehensive understanding of the anatomy and physiology of the facial nerve, and the pathology and treatment rationale for disorders of the facial nerve.
- Demonstrate comprehensive understanding of diagnosis and treatment of hearing loss including congenital and acquired etiologies.
- Demonstrate understanding of non-surgical treatment options for hearing loss.
- Demonstrate understanding of role of cochlear implantation including patient evaluation and selection, surgical technique and rehabilitation.
- Demonstrate facility with microscopic office technique including otologic examination, debridement of mastoid cavities, and tube placement
- Demonstrate comprehensive understanding of the anatomy, physiology, pathology and treatment rationale for chronic otitis media with and without cholesteatoma, and chronic mastoiditis.
- Demonstrate appropriate management of common otolaryngologic problems from initial outpatient evaluation through medical/surgical management and outpatient follow-up
- Describe pathophysiology and delineate evaluation and treatment of common otologic problems including otosclerosis, cholesteatoma, benign paroxysmal positional vertigo
- Demonstrate facility with microscopic office technique including otologic examination, debridement of mastoid cavities, and tube placement
- Demonstrate comprehensive understanding of the anatomy, physiology, pathology and treatment rationale for chronic otitis media with and without cholesteatoma, and chronic mastoiditis.

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**Practice-Based Learning and Improvement Goal**

**Demonstrate ability to evaluate and improve the care of patients based upon the assimilation and appraisal of scientific evidence**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Identify deficiencies in surgical technique and improve performance through applied work with advisor
- Understand flaws inherent in retrospective studies of neurologic treatments
- Understand biases inherent in personal review of surgical outcomes and need for independent validation of results in otology
- Participate in implementation and analysis of ongoing otology research projects.
- Critically read and discuss medical literature pertinent to patients on the service.
- Critically discuss performance with respect to care of patients and progress made during rotation with chief of Service or designee at mid-rotation meeting.

**Interpersonal and Communication Skills Goal**

**Demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- demonstrate an appreciation of disease impact and the meaning of disability resulting from hearing loss as it relates to individual patients, based on an understanding of each patient's unique personal, environmental and cultural context.
- Demonstrate the ability to perform effective patient and family interviews for the neurologic patient
- Communicate effectively with physician assistants and other members of health care team
- Recognize, acknowledge, respect and protect the patient's need for autonomy, identity and self-esteem.
- Effectively describe otologic and neurologic surgeries to patients in lay language to enable written informed consent.
- Develop the ability to respectfully and clearly communicate with other healthcare professionals.
- Learn to present patients to senior residents, fellows, and attendings in an organized and precise manner.

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**Professionalism Goal**

**Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care, especially in the care of the patient seeking cosmetic surgery**

**Objectives**

- Understand the sociological, psychological, and financial implications of hearing loss
- Respect patient privacy and autonomy
- Understand ethical practices in otologic surgery
- Be aware of potential conflicts of interest present in financial relationships with for-profit healthcare enterprises
- Residents should demonstrate knowledge of issues and requirements pertaining to use of human and animal subjects in research, particularly with regard to departmental laboratories
- Adapt their decision making to the individual religious beliefs, culture, age, gender and disabilities of patients and family members
- Disclose medical errors
- Perform ethical Evaluation & Management Coding and Procedural Coding
- Develop open-mindedness regarding alternative treatments.
- Use appropriate speech and tone of voice when speaking to patients, families, and other healthcare professionals.
- Allow others the chance to speak, and listen attentively when being spoken to.
- Demonstrate a conscientious approach to patient care by minimizing delay of care and minimizing passage of incomplete tasks to fellow residents.

**System-Based Practice Goal**

**Understand system-based approach to health care issues such as patient safety and the allocation of system resources**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Understand the importance of supporting medical and ancillary services in the complete and efficient care of the patient.
- Develop a cost-effective attitude toward patient management.
- Develop an appreciation for the patients' interests and convenience in care management plans.
- Understand the principles and practice of patient confidentiality and applicable HIPPA guidelines
- Mobilize outpatient health resources to care for otologic patients including social work, nutrition and home health services
- Describe indications for medical consultation in the pre- and post-operative periods, particularly with respect to these specialities:
  - Vestibular rehabilitation
  - Audiology
  - Neurosurgery
  - Internal medicine
  - Infectious disease

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- PGY-5

**Overview  
Duties & Responsibilities**

The PGY-5 resident has three plus full years of ORLHNS care experience. The emphasis for further learning is to focus on in-depth study of the sub-specialty areas. Also, building upon the foundation of basic ORLHNS knowledge should be enhanced by the major teaching responsibilities of the team's Chief Resident. As the PGY-5 resident gains further intense patient care and leadership experience, he/she is allowed to progress in their responsibilities to one of supervised independence. Again, the supervising Attending Faculty member is always involved in the care of every patient and has ultimate responsibility. In the outpatient clinic, the PGY-5 residents are allowed supervised independence in formulating diagnostic workups and treatment plans. The PGY-5 Resident has a leadership role in overseeing the inpatient and emergency room consultation service and is intimately involved with the development of a diagnostic and management plan with the evaluating junior resident. Concurrent with this is the ability to make independent care plan decisions on inpatients, emphasizing close communication with the responsible Attending faculty member. The PGY-5 resident must demonstrate an ability to competently and independently assess and manage all inpatients, outpatient and consultation services integral to the practice of ORLHNS.

The PGY-5 Resident is responsible for the resident operative assignments based on resident level, experience and need. These assignments are done on a weekly basis to allow the residents to prepare for their cases. PGY-5 resident is expected to direct preoperative assessment and treatment planning for all ORLHNS surgical patients. This starts in the outpatient clinic and extends into the preoperative surgery area outside the OR. The resident is expected to be familiar with the patient's clinical history, exam and treatment plan, as well as reviewed all documentation (i.e., H & P, informed consent). In addition, the involved resident should have in-depth knowledge of the specific disease process and planned surgical procedure through reading and study. The PGY-5 resident is the primary surgeon for essentially all tertiary care procedures and only first assists in certain post-graduate level cases until their experience and skills mature further. The PGY-5 Resident also plays a leadership role in bringing the junior and senior residents and medical students through the more basic ORLHNS surgeries and through mastered basic surgical procedures. The involved resident is responsible for and assists in the care of the patient from their stay in the preoperative surgery area until their return to the post-anesthesia care unit. The PGY-5 resident must demonstrate an ability to competently and independently perform all operative procedures integral to the practice of ORLHNS.

While ultimate responsibility lies with the supervising faculty member, the PGY-5 Resident is responsible for managing and organizing the Otology-Neurotology team residents. The PGY-5 Resident has a leadership role in the management of the Otology-Neurotology inpatient and consultation services. The PGY-5 resident is expected to know the current status of the entire consultation and inpatient service and is responsible for assuring that all Otology-Neurotology inpatient and consultation service patient evaluations, tasks and responsibilities are performed by the Otology-Neurotology Team residents in a quality, professional and timely manner. Especially crucial is the informational updating of the supervising Attending Teaching Faculty. The PGY-5 resident is involved in all evaluations of inpatient and emergency room consultations so that a management plan can be presented to the supervising faculty. The PGY-5 Resident is expected to read about current inpatient issues and be versed on these topics during afternoon faculty rounds, with emphasis on perioperative complications. A significant portion of the "service" responsibilities for inpatient care management is minimized secondary to the assistance of the Otology-Neurotology Patient Care Coordinator. The PGY-5 is

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responsible for evening and weekend senior from home call coverage as stipulated by the call schedule. The PGY-5 resident rotates with the other TJUH residents to cover weekend rounds.

The PGY-5 Resident is responsible for monitoring, with the Program Director and the Team faculty, the condition of each Team resident member, assuring a fair and level-appropriate distribution of workload and educational opportunities. The PGY-5 Resident, with the other TJUH PGY-5 Residents, assigns weekend rounding responsibilities in a rotating fashion. The PGY-5 resident is expected to maintain timely, complete, concise and accurate documentation of all clinical efforts (i.e., clinic progress notes, history and physicals, operative reports and discharge summaries). The resident is also responsible for accurate documentation as necessary for the residency program, ACGME, and TJUH requirements.

**Sample Overview of Weekly Schedule**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds	6:30 AM – Rounds
7:15AM – Inpt/OR	7:15 Willcox Clinic	AM – Teaching Conferences TJU	7:00AM – Conf 8:00 AM Inpt/OR	7:15 Willcox Clinic
PM – Inpt/OR	PM-Willcox Clinic	Off-duty	PM – Inpt/OR	PM – Willcox Clinic
5:00 PM Rds/Signout	5:00 PM Rds/Signout	Off-duty	5:00 PM Rds/Signout	5:00 PM Rds/Signout
	In-House Call*			

**\*In-House call may not exceed 80 hour per week work limits or 30 consecutive work hours. One day free in every seven is scheduled. See PIF for call details.**

**Rotation Specific Competency Based Goals and Objectives**

**Patient Care Goal**

**Learn through supervised encounters to observe sterile techniques, to assist in the operating room and to develop sound technical surgical skills**

**Objectives**

Participation as primary surgeon includes not only performance of operative procedure, but also intimate knowledge of specific patient's history, physical examination, evaluation and management including management of potential complications. Additionally, participation as primary surgeon presupposes full understanding of the instrumentation involved in each procedure (for example, the different types of pediatric tracheostomy tubes and rationale for the use of each, the setup and maintenance of the operating microscope) and the ability to adapt to emergency situations in the operating room.

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently and independently perform a:

- Myringoplasty
- Tympanoplasty
- Stapedectomy
- Tympanomastoidectomy
- Ossiculoplasty
- Facial nerve repair and decompression
- Cochlear Implantation
- Repair of perilymphatic fistula
- Labyrinthectomy
- Translabyrinthine Approach for Acoustic Neuroma Resection

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to competently assist in the performance of major neurotologic surgery including cochlear implantation, labyrinthectomy, vestibular neurectomy and acoustic neuroma resection.

- Perform a detailed, succinct, and problem-oriented history and physical examination on patients with neurotologic complaints
- Perform a canalith repositioning maneuver, mastoid bowl debridement and myringotomy with tube placement
- Appropriately use and interpret the battery of audiologic and vestibular tests
- Understand fitting of assistive hearing devices
- By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to instruct junior residents in the performance of
  - Tympanostomy
  - Myringoplasty
  - Tympanoplasty

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Medical Knowledge Goal

**Understand preoperative workup and postoperative care of patients with hearing loss, external, middle, and inner ear disease and vestibular disorders.**

Objectives

By the completion of this rotation, the resident should be knowledgeable in the following areas and be able to

- Understand the types of medical and surgical problems addressed on the Otolaryngology service during your specific rotation including
  - Otitis Media, and other infectious diseases of the external, middle, and inner ear
  - Cholesteatoma, acute and chronic mastoiditis
  - Pathology of hearing loss
  - Otolaryngologic and cranial base surgical techniques
  - Audiologic tests and their use
  - Congenital and acquired hearing loss
  - Vestibular disorders
  - Tumors of the Cerebellopontine angle
  - Eustachian tube dysfunction.
  - Anatomy, physiology, pathology and treatment rationale for chronic otitis media, cholesteatoma, otosclerosis, Meniere's disease, and acoustic neuroma.
- Demonstrate comprehensive understanding of the anatomy and physiology of the facial nerve, and the pathology and treatment rationale for disorders of the facial nerve.
- Demonstrate comprehensive understanding of diagnosis and treatment of hearing loss including congenital and acquired etiologies.
- Demonstrate understanding of non-surgical treatment options for hearing loss.
- Demonstrate understanding of role of cochlear implantation including patient evaluation and selection, surgical technique and rehabilitation.
- Demonstrate facility with microscopic office technique including otologic examination, debridement of mastoid cavities, and tube placement
- Demonstrate comprehensive understanding of the anatomy, physiology, pathology and treatment rationale for chronic otitis media with and without cholesteatoma, and chronic mastoiditis.
- Demonstrate appropriate management of common otolaryngologic problems from initial outpatient evaluation through medical/surgical management and outpatient follow-up
- Describe pathophysiology and delineate evaluation and treatment of common otologic problems including otosclerosis, cholesteatoma, benign paroxysmal positional vertigo
- Demonstrate facility with microscopic office technique including otologic examination, debridement of mastoid cavities, and tube placement
- Demonstrate comprehensive understanding of the anatomy, physiology, pathology and treatment rationale for chronic otitis media with and without cholesteatoma, and chronic mastoiditis.



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**Practice-Based Learning and Improvement Goal**

**Demonstrate ability to evaluate and improve the care of patients based upon the assimilation and appraisal of scientific evidence**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Identify deficiencies in surgical technique and improve performance through applied work with advisor
- Understand flaws inherent in retrospective studies of neurologic treatments
- Understand biases inherent in personal review of surgical outcomes and need for independent validation of results in otology
- Participate in implementation and analysis of ongoing otology research projects.
- Critically read and discuss medical literature pertinent to patients on the service.
- Critically discuss performance with respect to care of patients and progress made during rotation with chief of Service or designee at mid-rotation meeting.

**Interpersonal and Communication Skills Goal**

**Demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Promote effective communication with physicians, other health professionals, and health related agencies
- Work effectively as a leader of a health care team or other professional group
- Act in a consultative role to other physicians and health professionals
- Teach medical students and other resident physicians by providing learner-appropriate content, supervision and constructive feedback.
- Demonstrate both leadership and member-collaborator skills in the health care team. This includes identifying roles and assignments, planning and prioritizing, accepting responsibilities, assisting others, and resolving conflicts.
- Communicate clearly in both speaking and writing with all members of the health care team.
- Design and deliver structured educational presentations.
- Demonstrate superior administrative skills including ability to lead by example, delegate authority, assume responsibility for patient care, and practice in a cost-effective manner
- Demonstrate ability to instruct residents and medical students in the performance of selected surgical procedures appropriate to their level of training

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**Professionalism Goal**

**Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles in patient care, especially in the care of the patient seeking cosmetic surgery**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- lead a healthcare team and to be respectful of the contributions that other health professionals can make in the care of their patients.
- recognize that a healthy lifestyle and attentiveness to one's own personal, social and family needs are also a professional responsibility.
- demonstrate knowledge of physician impairment, obligations for reporting and knowledge of resources and care options.
- Demonstrate skills necessary to become a leader and role model in the hospital community
- Assist program chairman in overseeing personal, academic and clinical development of junior residents
- Promote respectful and clear communication with other healthcare professionals.
- Promote open-mindedness regarding alternative treatments.
- Promote a conscientious approach to patient care by minimizing delay of care and minimizing passage of incomplete tasks to fellow residents.

**System-Based Practice Goal**

**Understand system-based approach to health care issues such as patient safety and the allocation of system resources**

**Objectives**

By the completion of rotation, the resident should be knowledgeable in the following areas and be able to:

- Lead interprofessional teams to enhance patient safety and improve patient care quality
- Lead work to identify systems errors and implement potential systems solutions
- Demonstrate knowledge of basic practice management principles such as budgeting, record keeping, medical records, and staff management.
- Participate in departmental, institutional, state and local committees on issues such as hospital management, graduate medical education, housestaff administration and changing trends of health care delivery systems
- Promote a cost-effective attitude toward patient management.
- Promote an appreciation for the patients' interests and convenience in care management plans.
- Mobilize outpatient health resources to care for otologic patients including social work, nutrition and home health services
- Describe indications for medical consultation in the pre- and post-operative periods, particularly with respect to these specialities:
  - Vestibular rehabilitation
  - Audiology
  - Neurosurgery
  - Internal medicine
  - Infectious disease