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The Otolaryngology Training Program

As of July 1, 2005, the first year of residency is now a formal part of the Department of Otolaryngology (Oto-1). The Departments of Surgery and Otolaryngology jointly determine the rotations during this year under the auspices of the Department of Otolaryngology. All rotations are chosen to satisfy the ACGME requirements. The year includes rotations in Neurological Surgery, Anesthesia, Critical Care, and Emergency Medicine as well as a 3-month rotation in Otolaryngology at Tisch Hospital.

The second year of the Otolaryngology residency (Oto-2) emphasizes the development of the specialized skills necessary to properly evaluate and manage Otolaryngology complaints and illnesses. Junior residents are intimately involved in the day-to-day management of inpatients and see patients in the outpatient clinics. The junior resident performs appropriate surgery under supervision and assists in more complex operations. Operative experience progresses systematically as the resident advances through the program. The residents are required to attend our comprehensive clinical and basic science lecture series, and additionally receive surgical training in the temporal bone laboratory.

The third year of the residency (Oto-3) introduces residents to the basic skills required to perform endoscopic evaluation of diseases of the upper aerodigestive tract. Training at this level includes instruction in the use of CO2 and KTP lasers in the endoscopic treatment of pathology in the upper airway. All residents are required to begin a research project during a 3-month research rotation. Guidance and instruction in the process of IRB and grant submission is provided by the Research Committee, consisting of basic science and clinical faculty from the Department. The results of their research should be accepted for publication prior to the completion of the residency.

The fourth year of the residency (Oto-4) emphasizes the development of the microsurgical skills necessary for the management of Otologic disease. Residents attend the Otology Clinic where Otologic pathology is identified and management plans are developed. Residents at this level also begin their training in facial plastic surgical techniques appropriate for the modern Otolaryngologist. Experience is also obtained in reconstructive and cosmetic plastic surgery as well as in the management of patients suffering maxillofacial trauma. This year also includes a rotation as the chief resident for the Veterans Administration Hospital. On this rotation the resident gains initial experience in running a patient service and surgical experience in the breadth of Otolaryngology including head and neck oncologic surgery.

The fifth year (Oto-5) is the Chief Residency year at Tisch, Bellevue and Lenox Hill hospitals. Chief Residents are responsible for the instruction of junior residents and medical students, as well as for the day-to-day management of their respective services at each of the constituent hospitals. They attend the department Head and Neck Clinic, and their operative experience emphasizes the treatment of neoplastic disease of the head and neck region. Chief Residents are also trained in endoscopic sinus surgery with a weekly Rhinology Clinic and operating time at Bellevue Hospital, supplementing a high volume of advanced endoscopic surgery at Tisch and Lenox Hill Hospitals.

Following are the goals and objectives for the Otolaryngology Residency Program. The Oto-1 goals have been taken directly from the RRC. The goals and objectives for years 2-5 have been organized by rotation (i.e. training site) and year. These follow the Oto-1 goals and objectives.
OTO-1 OTOLARYNGOLOGY: GOALS AND OBJECTIVES

GENERAL SURGERY ROTATIONS
(INCLUDING GENERAL SURGERY, PLASTIC SURGERY AND PEDIATRIC SURGERY)

The Goals and Objectives for these rotations are adapted from the “Prerequisites for Graduate Surgical Education. A Guide for Medical Students and Oto-1 Surgical Residents” published by the American College of Surgeons. This document was produced after the Graduate Education Committee of the American College of Surgeons convened a group of surgeons representing all of the surgical specialties (General Surgery, Neurological Surgery, Obstetrics & Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Plastic Surgery, Urology, Thoracic Surgery, Pediatric Surgery, Vascular Surgery, and Colon & Rectal Surgery). The purpose of the meeting was to “brainstorm” about what a PGY-1 surgical Resident should learn before continuing in specialty surgical education. The lists of knowledge and skills were then circulated to 400 surgeons who ranked the lists according to priority: essential, desirable, or supplementary. Those areas of knowledge and skills that are pertinent to the formation of residents beginning their Otolaryngology residency have been selected and supplemented as deemed appropriate by the Residency Review Committee.

PATIENT EVALUATION, ASSESSMENT, AND MANAGEMENT

By the completion of Oto-1, the Resident should be knowledgeable in the following areas and be able to perform the following tasks:

History and Physical Examination, Documentation
- Obtain a detailed surgical history and obtain and review relevant medical records and reports
- Perform a detailed physical examination
- Develop a complete differential diagnosis
- Maintain a personal patient and surgical log
- 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
- 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
- Review, prioritize, and order medications that the patient is currently taking, as appropriate
- Use and understand the nursing notes and patient data
- Prescribe activity level, management of medications, pain management, follow up appointments

Assessment of Basic Diagnostic Tests and X-rays
- 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
  - Diaphragm abnormalities on CXR
  - Bowel gas patterns on flat plate abdominal XR
• Spinal column fractures
• Soft tissue and bony abnormalities on cervical spine radiographs
• Interpret basic EKG findings
• Recognize ischemia & arrhythmia patterns on EKG

Management of Fluid/Electrolyte and Acid Base Balance
• 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 co-morbid conditions, e.g. renal or cardiac insufficiency, diabetes, hypovolemia
• Use CVP and urine flow rates for adjustments of fluid administration
• Recognize and treat calcium and magnesium imbalance.

Fever, Microbiology, and Surgical Infection
• 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 as indicated
• 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

Epidemiology and Public Health
• Be knowledgeable in AIDS diagnosis and prevention of HIV infection.
• Understand the epidemiology and treatment of sexually transmitted diseases and other communicable diseases.

Nutrition
• Perform a metabolic assessment of the surgical patient
• Understand the metabolic implications of trauma and operation
• Know the indications for nutritional support 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 of 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
Perioperative Preparation
Complete, document, and assess appropriate workup, write preoperative orders, and obtain required consultation from other specialists

Surgical Skills
- 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; tying; obtain simple hemostasis
- Learn basic techniques of dissection and handling of tissues

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
- Perform a saphenous vein cut down

Sterile Technique
- Understand indications for and utilize appropriate methods of routine and reverse isolation procedures
- Maintain appropriate sterile technique in the ER, at the bedside, in the ICU, and in the office

Wound Management
- Differentiate between wound infection, hematoma, and seroma, and initiate therapy
- Perform extensive debridement with supervision
- Debride and pack wounds and apply dressings
- Obtain proper wound specimen and perform and interpret Gram stain
- Recognize and differentiate between wound infection and necrotizing fasciitis, and detect crepitus
- Identify wound dehiscence and evisceration
- 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

Prioritize and Manage Complications
Assess and manage complications or change in health status, such as:
- Altered mental status
- Fever
- Hypotension
- Hypovolemia, oliguria
- Hypoxia
- Pain
- Vomiting, distention, nausea
- Bleeding at the bedside & coagulopathy
• Atelectasis, pneumonia, aspiration
• Fecal impaction, constipation
• Chest pain
• Dyspnea
• Pneumothorax
• Congestive heart failure, pulmonary edema
• Superficial phlebitis
• Pulmonary embolus
• Urinary retention
• Diabetic ketoacidosis or hyperosmolar coma
• Peripheral ischemia or cyanosis
• Seizures, alcohol or drug withdrawal

ANESTHESIA ROTATION
The Oto-1 residents rotate at Tisch Hospital in 4 week blocks where they work with a group of 20-30 different attendings. Residents care for ASA-I and II patients undergoing procedures of a low-level complexity.

General Goals for Anesthesia Rotation
To develop the skills and the knowledge required to administer anesthesia and to manage the peri-operative care of the ASA I and II patient.

The full-time anesthesia faculty team in the operating rooms of Tisch will provide a superior diversity of teaching during a resident's rotation. The staff will present informative lectures on a regular basis, including daily lectures for the first month of residency on a variety of basic topics. Additionally, practical knowledge and techniques, which are critical components of a resident's training, will prepare a resident for potentially challenging situations. Most importantly, the faculty is committed towards educating and training residents to anticipate and identify problems, and to effectively manage situations that occur during the preoperative period to discharge.

The diversity of cases, based on surgical practitioner diversity, creates an environment whereby mastery of the field of anesthesiology is possible. Most of the surgical specialties, as well as patients with multiple medical problems are represented.

The core experience for Oto-1 residents requires that residents obtain competencies in: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, clinical skills and systems-based practice. The residents receive these goals and objectives prior to starting their elective and are evaluated on each of the competencies as outlined above.

CORE COMPETENCIES

1. **Patient Care**

   Oto-1 residents will learn about the complex nature of interacting with patients. They will experience the psychological, emotional and physical nature of treating patients in a surgical setting. Residents will be instructed on issues of privacy, confidentiality, and support for patient well-being. Preoperative discussions will be taught and residents will begin to ascertain the skills required to effectively manage anxiety while maintaining safety and obtaining knowledge for management.
At the completion of this rotation, the Oto-I Resident should be able to perform:

- Orotracheal intubation
- Nasotracheal intubation
- Laryngeal mask ventilation
- Jet 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 the following agents:
  - Barbiturates
  - Local anesthetics
  - Paralyzing agents
  - Reversing agents
  - Inhalant anesthetics

Under supervision:
- Administer a local block
- Administer general anesthesia
- Understand and use conscious sedation

2. Medical Knowledge

It is expected that the resident will read on their patients from the day, will read to prepare for the next day’s cases, and will read a basic anesthesiology text, such as Miller’s abbreviated text. To that end, the resident is expected to know and characterize the nature of the patient’s disease, the severity, and the extent to which the disease has been optimized in order to properly plan the anesthetic. Laboratory and testing evaluation/requirements are likewise stressed learning objectives. Resident knowledge of differential diagnosis for intra-operative events, management algorithms, and decision trees will be discussed daily in order to familiarize the resident with future knowledge expectations. The resident is required to read about the identification and management of common postoperative complications including: postoperative pain, nausea, oliguria, cardiovascular abnormalities (hypertension, hypotension, dysrhythmias, and ischemia), and neurological deficits.

At the completion of this rotation, the Oto-I Resident should be knowledgeable in the following areas:

- 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
- Pre-anesthetic orders
- Oropharyngeal control of airway and provide manual Ambu ventilation
- When and how to use epinephrine, hyaluronidase, in local anesthesia
3. **Practice-Based Learning and Improvement**

During the basic anesthesia months, the rotating resident has an opportunity to use multiple information sources for problem solving. Independent thinking is encouraged with the immediate supervision and support of attending anesthesiologists. To correctly diagnose certain intra-operative events, the resident must learn to analyze all of the information at hand and treat appropriately. Assimilating all of the technological information and responding correctly enhance patient care in general surgery.

4. **Interpersonal and Communication Skills**

In the main operating rooms, effective communication skills with patients, patient’s family, and other health professionals are of critical importance. The residents work with members of the health care team in a spirit of respect and camaraderie. The anesthesia resident is taught to communicate effectively both orally and in writing, as the anesthesia record and notes represent an official documentation of the anesthesiologist’s involvement in the patient’s chart. The resident’s relationship with the patient, through proper interpersonal and communication skills, can become a trusting one and improve patient satisfaction. Respect for the limited time for relationship development is taught to residents through observation and repeated attempts to lead patient interviews under direct supervision. The general OR resident interviews the patient and uses his/her listening skills to elicit information regarding a patient’s physical and emotional health. It is only through these open communication channels that the resident can truly learn how to be an effective physician.

5. **Professionalism**

During the resident’s basic learning, professionalism is exhibited by dress, interaction with staff, and overall sensitivity to and respect for the patient and the environment. The resident must demonstrate respect, compassion and integrity. They must show responsibility and accountability to the patients and fellow colleagues. The resident must demonstrate sensitivity to a patient’s ethnicity, gender, sexual orientation and disabilities. It is expected the resident demonstrates high ethical and moral principles when caring for a patient or working with staff in our ambulatory surgery center. Honesty, patient confidentiality and patient welfare are always top priority.

6. **Systems-Based Practice**

The resident must demonstrate an awareness of and responsiveness to the bigger picture of health care. Patient care is optimized by our ability to use system resources available in our institution. The EDR system, a patient database that allows the residents to get laboratory, radiological studies and cardiac studies, must be learned. In addition, the role of an anesthesiologist within the larger surgical team, the hospital center, and the health care community is stressed. The resident is taught the system of care in which they operate and it’s impact on their patient’s care and their own overall professional development.

**THORACIC SURGERY ROTATION**

The main goal of this rotation is to provide the Oto-1 Resident an organized experience to enable him/her to acquire the basic knowledge and skills in the evaluation and management of patients with common cardiac and pulmonary surgical problems.

1. **Patient Care**

   The Oto-1 will begin to learn to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. At the end of the rotation, the Oto-1 will be knowledgeable in and be able to perform:
   
   - Basic surgical skills
- Evaluation and management of chest masses
- Care for at least 15 ICU patients/month
- Graft harvest, dressings, ligation, suturing

2. **Medical Knowledge**
   The Oto-1 will begin to demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. At the end of the rotation, the Oto-1 will be knowledgeable in:
   - Review applied cardiac physiology and applied pulmonary physiology
   - Critical care and management of shock
   - Pathology
   - Current literature

3. **Practice-Based Learning and Improvement**
   The Oto-1 will begin to attain the ability to investigate and evaluate his/her care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care. Oto-1 residents will:
   - Self-monitor to identify strengths and weaknesses and set goals for learning
   - Incorporate feedback from peers, faculty, patients and ancillary staff for self-improvement
   - Use information technology in patient care
   - Analyze practice and implement improvements

4. **Interpersonal and Communication Skills**
   Oto-1 residents must begin to demonstrate interpersonal and communication skills that facilitate the flow of information between patients, their families and health professionals. Oto-1 residents will:
   - Communicate effectively with patients and families across all socioeconomic and cultural backgrounds
   - Communicate effectively with physicians, other health professionals and health agencies
   - Work effectively in a health care team
   - Act as a consultant
   - Maintain comprehensive, timely and legible medical records

5. **Professionalism**
   The Oto-1 resident will begin to demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles by showing:
   - Compassion, integrity and respect to others notwithstanding race, religion, age, gender or disabilities
   - Responsiveness to patient needs that supersedes self-interest and respects the patient’s privacy and autonomy
   - Accountability to patients, society and the profession

6. **Systems-Based Practice**
   The Oto-1 resident must begin to demonstrate an awareness of and responsiveness to the larger context and system of health care by having the ability to call upon appropriate resources in the system to optimize health care. The resident will:
   - Work effectively in various settings and systems
   - Coordinate patient care within the health care system considering costs and risk-benefit analysis
   - Advocate for quality care within inter-professional teams to enhance safety and improve
quality
- Identify system errors and formulate solutions
- Be familiar with ethical, socioeconomic and medicolegal issues

CRITICAL CARE ROTATION (ICU)
The main goal of this rotation is to provide the Oto-1 Resident an organized experience to enable him/her to acquire the basic knowledge and skills in the evaluation and management of patients in the intensive care setting.

1. Patient Care
The Oto-1 will begin to learn to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. At the end of the rotation, the Oto-1 will be knowledgeable in and be able to perform:

Critical Care and Management of Shock
- 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
- 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

Coagulation and Anticoagulation
- 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 Physiology
- 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.

Applied Renal Physiology
- 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

Applied Pulmonary Physiology
- 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**

- Learn to manage the nutritional needs of a critically ill patient
- Placement of nasogastric tube and Dobhoff feeding tube

**Surgical Skills**

- 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

2. **Medical Knowledge**

The Oto-1 will begin to demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. At the end of the rotation, the Oto-1 will be knowledgeable in:

- Understand and utilize basic principles of mechanical ventilation
- Recognize clinic presentation of a pneumothorax
- Recognize the indications for blood component therapy and initiate therapy
- Recognize a transfusion reaction and initiate management
- 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
- 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
- Know the manifestations – clinical and by laboratory testing – of obstructive pulmonary disease and pulmonary insufficiency, and their surgical perioperative management
- Recognize and treat simple electrolyte disturbances
- Pathology
- Current literature

3. **Practice-Based Learning and Improvement**

The Oto-1 will begin to attain the ability to investigate and evaluate his/her care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care. Oto-1 residents will:

- Self-monitor to identify strengths and weaknesses and set goals for learning
- Incorporate feedback from peers, faculty, patients and ancillary staff for self-improvement
- Use information technology in patient care
- Analyze practice and implement improvements

4. **Interpersonal and Communication Skills**

Oto-1 residents must begin to demonstrate interpersonal and communication skills that facilitate the flow of information between patients, their families and health professionals. Oto-1 residents will:

- Communicate effectively with patients and families across all socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals and health agencies
• Work effectively in a health care team
• Act as a consultant
• Maintain comprehensive, timely and legible medical records

5. **Professionalism**
The Oto-1 resident will begin to demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles by showing:

• Compassion, integrity and respect to others not withstanding race, religion, age, gender or disabilities
• Responsiveness to patient needs that supersedes self-interest and respects the patient’s privacy and autonomy
• Accountability to patients, society and the profession

6. **Systems-Based Practice**
The Oto-1 resident must begin to demonstrate an awareness of and responsiveness to the larger context and system of health care by having the ability to call upon appropriate resources in the system to optimize health care. The resident will:

• Work effectively in various settings and systems
• Coordinate patient care within the health care system considering costs and risk-benefit analysis
• Advocate for quality care within interprofessional teams to enhance safety and improve quality
• Identify system errors and formulate solutions
• Be familiar with ethical, socioeconomic and medicolegal issues

**EMERGENCY MEDICINE ROTATION**
The main goal of this rotation is to provide the Oto-1 Resident an organized experience to enable him/her to acquire the basic knowledge and skills in the evaluation and management of patients presenting to the emergency room with emphasis on patients presenting with head and neck complaints. The Oto-1 Resident should also gain a better appreciation of medical conditions often seen as co-morbidities in head and neck patients including diabetes mellitus, hypertension, stroke, congestive heart disease, respiratory distress and myocardial infarction.

1. **Patient Care**
The Oto-1 will begin to learn to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. At the end of the rotation, the Oto-1 will be knowledgeable in and be able to perform:

• Primary assessment and appropriate steps to stabilize and treat patients with trauma (penetrating and blunt), respiratory distress, congestive heart failure, metabolic imbalances, myocardial infarction, and chronic pain
• Establish the acuity level of patients in the ER, establish priorities and define the tasks necessary to manage the patients successfully
• Monitor, observe, manage and maintain the stability of one or more patients who are at different stages in their work-ups including fundamental lab tests and radiological studies
• Closure of simple and complex lacerations
• Recognize and initiate treatment for an acute anaphylactic reaction
• Develop some familiarity with disaster management
• Collaborate with physicians and other professionals to evaluate and treat patients, arrange appropriate placement and transfer if necessary, formulate follow-up plan, and communicate
effectively with patients, family, and involved health care members.

2. **Medical Knowledge**
The Oto-1 will begin to demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. At the end of the rotation, the Oto-1 will be knowledgeable in:

- Acute problems in each organ system
- Trauma management
- Acute management of respiratory distress, congestive heart failure, metabolic imbalances, myocardial infarction, and chronic pain
- Current literature

3. **Practice-Based Learning and Improvement**
The Oto-1 will begin to attain the ability to investigate and evaluate his/her care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care. Oto-1 residents will:

- Self-monitor to identify strengths and weaknesses and set goals for learning
- Incorporate feedback from peers, faculty, patients and ancillary staff for self-improvement
- Use information technology in patient care
- Analyze practice and implement improvements

4. **Interpersonal and Communication Skills**
Oto-1 residents must begin to demonstrate interpersonal and communication skills that facilitate the flow of information between patients, their families and health professionals. Oto-1 residents will:

- Communicate effectively with patients and families across all socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals and health agencies
- Work effectively in a health care team
- Act as a consultant
- Maintain comprehensive, timely and legible medical records

5. **Professionalism**
The Oto-1 resident will begin to demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles by showing:

- Compassion, integrity and respect to others not withstanding race, religion, age, gender or disabilities
- Responsiveness to patient needs that supersedes self-interest and respects the patient’s privacy and autonomy
- Accountability to patients, society and the profession

6. **Systems-Based Practice**
The Oto-1 resident must begin to demonstrate an awareness of and responsiveness to the larger context and system of health care by having the ability to call upon appropriate resources in the system to optimize health care. The resident will:

- Work effectively in various settings and systems
- Coordinate patient care within the health care system considering costs and risk-benefit analysis
- Advocate for quality care within interprofessional teams to enhance safety and improve quality
• Identify system errors and formulate solutions
• Be familiar with ethical, socioeconomic and medicolegal issues

NEUROSURGERY ROTATION
The main goal of this rotation is to provide the Oto-1 Resident an organized experience to enable him/her to acquire the basic knowledge and skills in the evaluation and management of patients presenting with neurosurgical complaints. The Resident should gain an appreciation for the collaborative efforts between the ORL and NES specialties.

1. Patient Care
The Oto-1 will begin to learn to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. At the end of the rotation, the Oto-1 will be knowledgeable in and be able to:
  • Perform neurosurgical patient evaluation, assessment and management
  • Learn evaluation and treatment of neurological trauma, critical care and emergencies
  • Perform basic neurosurgical skills, technique, and wound management including simple craniotomy, dural suturing and craniotomy closure
  • Recognize, diagnose, and undertake basic management of CSF leaks
  • Insert and manage a lumbar drain
  • Manage common neurosurgical complications
  • Participate in at least 5 major procedures (cranial decompression, craniotomy, removal of pituitary adenoma)

2. Medical Knowledge
The Oto-1 will begin to demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. At the end of the rotation, the Oto-1 will be knowledgeable in:
  • Review basic cranial anatomy including cranial nerve origin and function
  • Indications for and basic interpretation of diagnostic tests and imaging including basic head CT and MRI imaging studies
  • Differentiate between stroke, TIA, and non-cerebrovascular events causing neurological symptoms and know the diagnostic techniques
  • Pathology
  • Current literature

3. Practice-Based Learning and Improvement
The Oto-1 will begin to attain the ability to investigate and evaluate his/her care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care. Oto-1 residents will:
  • Self-monitor to identify strengths and weaknesses and set goals for learning
  • Incorporate feedback from peers, faculty, patients and ancillary staff for self-improvement
  • Use information technology in patient care
  • Analyze practice and implement improvements

4. Interpersonal and Communication Skills
Oto-1 residents must begin to demonstrate interpersonal and communication skills that facilitate the flow of information between patients, their families and health professionals. Oto-1 residents will:
  • Communicate effectively with patients and families across all socioeconomic and cultural backgrounds
Communicate effectively with physicians, other health professionals and health agencies
Work effectively in a health care team
Act as a consultant
Maintain comprehensive, timely and legible medical records

5. **Professionalism**
The Oto-1 resident will begin to demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles by showing:
- Compassion, integrity and respect to others notwithstanding race, religion, age, gender or disabilities
- Responsiveness to patient needs that supersedes self-interest and respects the patient’s privacy and autonomy
- Accountability to patients, society and the profession

6. **Systems-Based Practice**
The Oto-1 resident must begin to demonstrate an awareness of and responsiveness to the larger context and system of health care by having the ability to call upon appropriate resources in the system to optimize health care. The resident will:
- Work effectively in various settings and systems
- Coordinate patient care within the health care system considering costs and risk-benefit analysis
- Advocate for quality care within interprofessional teams to enhance safety and improve quality
- Identify system errors and formulate solutions
- Be familiar with ethical, socioeconomic and medicolegal issues

**OTOLARYNGOLOGY ROTATION**
The Oto-1 rotation at Tisch Hospital for up to 3 months in this year will serve as an intensive introduction to the Otolaryngology service. The Oto-1 resident will be an integral member of the team and will be expected to attain the following core competencies:

1. **Patient Care**
The Oto-1 will begin to learn to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. At the end of the rotation, the Oto-1 will be knowledgeable in and be able to perform:
- Directed Otolaryngologic history and physical
- Head and neck physical exam
- Appropriate diagnostics including laboratory tests, imaging and biopsy
- Bedside wound care
- Daily management of Otolaryngologic inpatients
- Level-appropriate surgical procedures including T&A, tracheotomy, biopsy, wound closure, graft harvest, dressings, ligation, suturing

2. **Medical Knowledge**
The Oto-1 will begin to demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. At the end of the rotation, the Oto-1 will be knowledgeable in:
- Basic sciences relevant to the head and neck and upper aerodigestive system
- Communication sciences
3. **Practice-Based Learning and Improvement**

The Oto-1 will begin to attain the ability to investigate and evaluate his/her care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care. Oto-1 residents will:

- Self-monitor to identify strengths and weaknesses and set goals for learning
- Incorporate feedback from peers, faculty, patients and ancillary staff for self-improvement
- Use information technology in patient care
- Analyze practice and implement improvements

4. **Interpersonal and Communication Skills**

Oto-1 residents must begin to demonstrate interpersonal and communication skills that facilitate the flow of information between patients, their families and health professionals. Oto-1 residents will:

- Communicate effectively with patients and families across all socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals and health agencies
- Work effectively in a health care team
- Act as a consultant
- Maintain comprehensive, timely and legible medical records

5. **Professionalism**

The Oto-1 resident will begin to demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles by showing:

- Compassion, integrity and respect to others not withstanding race, religion, age, gender or disabilities
- Responsiveness to patient needs that supersedes self-interest and respects the patient’s privacy and autonomy
- Accountability to patients, society and the profession

6. **Systems-Based Practice**

The Oto-1 resident must begin to demonstrate an awareness of and responsiveness to the larger context and system of health care by having the ability to call upon appropriate resources in the system to optimize health care. The resident will:

- Work effectively in various settings and systems
- Coordinate patient care within the health care system considering costs and risk-benefit analysis
- Advocate for quality care within interprofessional teams to enhance safety and improve quality
- Identify system errors and formulate solutions
- Be familiar with ethical, socioeconomic and medicolegal issues
COMPETENCY-BASED EDUCATIONAL PROGRAM

I. PATIENT CARE

**Competency Definition:**
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.

**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 the area of practice
- 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

**Patient Care Learning Experiences**

1) **Faculty-supervised patient care.** This occurs on a daily basis in the operating room, outpatient clinics, and inpatient services. Residents are expected to increasingly function as independent practitioners, and demonstrate increasing responsibility, skill, and maturity in caring for their patients. Of paramount importance in direct teaching of patient care is close supervision by all faculty, with frequent feedback. Formal written assessment with feedback given directly to the resident will be performed on a quarterly basis.

2) **Basic Science Course, Subspecialty Resident Conference and Departmental Conferences.** This consists of mandatory weekly (Monday) Departmental Grand Rounds, (Monday and Thursday) Basic Science conferences and Subspecialty Resident Conference incorporating the COCLIA syllabus, monthly Neuroradiology Conferences, Stroboscopy Conferences, Journal Club, and yearly courses offered by the department. The Basic Science Course and Subspecialty Resident Conference consist of a two-year syllabus covering all major areas of Otolaryngology – Head and Neck Surgery as well as didactic sessions related to the core competencies, such that each resident will complete the curriculum twice during their four years of training. Core curriculum sessions are linked to assigned readings in the textbook Head and Neck Surgery - Otolaryngology, B. Bailey, editor, which is available to all residents in the departmental library in addition to being purchased for each resident. Weekly Grand Rounds consists of a rotating schedule of invited speakers from within or outside the department covering all subspecialties, QAI Conference and Radiology. Yearly departmental conferences are: Temporal Bone Course, Surgical Anatomy Dissection Course and numerous CME courses (Rhinology Update, Vestibular Disorders, Swallowing and Dysphagia, Rhinoplasty and Surgery of the Central Face, Cochlear Implantation).

3) **AAO-HNS Home Study Course.** This consists of a two-year rotating series of selected readings from the recent medical literature and home self tests directed at important areas of patient care and/or basic science relevant to the specialty.
4) **Self-directed learning.** Residents are given time and encouragement to pursue self-directed learning in areas of interest, and areas directly related to patient care activities. Computers located throughout the department have internet access to enable searching the medical literature at any time. The department library, Shannon Library, houses general and subspecialty textbooks as well as a selection of journals and a complement of SIPacs. Self-directed learning is strongly urged in preparation for the yearly American Board of Otolaryngology In Training Examination, required of all residents (Oto 1 – Oto 5).

5) **Surgical skills laboratories.** The department offers three surgical skills courses each year. These are the 1) Temporal Bone Course for Oto-2, in which temporal bone dissection is taught and performed in the NYU Department of Otolaryngology Temporal Bone Laboratory using cadaver specimens. The didactics comprise detailed embryology and histology of the temporal bone. Residents of all levels are encouraged to practice and improve their skills in temporal bone dissection throughout the year in the departmental temporal bone laboratory; 2) Surgical Anatomy Dissection course, in which the anatomy of the scalp, face and neck; paranasal sinuses, and larynx is covered by a detailed clinical and anatomy lecture followed immediately with cadaver dissection; 3) Rhinology Update, an annual CME course, in which a faculty of nationally and internationally renowned lecturers and panelists discuss the latest in medical and surgical management of paranasal sinus disease; a fresh human cadaver laboratory session train attendees in the latest techniques of endoscopic sinus surgery, as well as open and closed rhinoplasty.

**Assessment of Resident Patient Care**

1) Quarterly Global Evaluations by Faculty

2) Quarterly 360 Degree Surveys by Fellow Residents, Nursing and Support Staff

3) Quarterly Resident Group Meeting with Program Director and Chairman

4) Semiannual Portfolio Review with Program Director and Chairman

5) Daily Observation During Patient Care Activities by Faculty and Supervising Residents, With Verbal Feedback
II. MEDICAL KNOWLEDGE

**Competency Definition:**
Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

*Residents are expected to:*
- demonstrate an investigatory and analytic approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

**Medical Knowledge Learning Experiences**

1) Faculty-supervised patient care.

2) Basic Science Course, Subspecialty Resident Conference and Departmental Conferences.

3) AAO-HNS Home Study Course.

4) Self-directed learning.

**Assessment of Resident Medical Knowledge**

1) Quarterly Global Evaluations by Faculty

2) Quarterly 360 Degree Surveys by Fellow Residents, Nursing and Support Staff

3) Quarterly Resident Group Meeting with Program Director and Chairman

4) Semiannual Portfolio Review with Program Director and Chairman

5) Daily Observation During Patient Care Activities by Faculty and Supervising Residents, With Verbal Feedback

6) Annual American Board of Otolaryngology In Training Examination

7) Weekly participation in Teaching Conferences and Departmental Courses
III. PRACTICE-BASED LEARNING AND IMPROVEMENT

**Competency Definition:**
Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

**Residents are expected to:**
- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information; and support their own education
- facilitate the learning of students and other health care professionals

**Practice Based Learning and Improvement Learning Experiences**

1) Faculty-supervised patient care.

2) Monthly Quality Assessment and Improvement Conference. Residents are required to report all sub-optimal outcomes, including complications of surgical and medical therapies in a format including: a) Brief case description, b) Intervention, c) Sub-optimal outcome observed, d) Focused literature review, e) Interpretation of outcome (root cause analysis), and proposal for personal practice or system changes. This will be reviewed with departmental faculty and residents at monthly departmental QAI meetings.

3) Journal Club. Monthly journal club on a rotating schedule of subspecialties is meant to encourage residents to maintain a critical focus on current literature. Articles are analyzed and discussed critically with emphasis on understanding study design, strength of evidence and outcomes to constantly adjust clinical practices in an evidence-based manner.

4) Faculty-supervised teaching by residents. Residents are required to assist in the teaching of more junior residents, as well as medical students and residents from other specialties rotating on the service. These activities will be supervised by departmental faculty during patient care activities and departmental conferences.

**Assessment of Resident Practice Based Learning and Improvement**

1) Quarterly Global Evaluations by Faculty

2) Quarterly 360 Degree Surveys by Fellow Residents, Nursing and Support Staff

3) Quarterly Resident Group Meeting with Program Director and Chairman

4) Semiannual Portfolio Review with Program Director and Chairman

5) Daily Observation During Patient Care Activities by Faculty and Supervising Residents, With Verbal Feedback
6) Weekly participation in Teaching Conferences and Departmental Courses

7) Achievements in Research Activities
IV. INTERPERSONAL AND COMMUNICATION SKILLS

**Competency Definition:**
Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.

**Residents are expected to:**
- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

**Interpersonal and Communication Skills Learning Experiences**

1) Faculty-supervised patient care. Interpersonal communication, both written and spoken, is critical to the proper functioning of the healthcare professional, and is thus diffusely interwoven with all patient care activities. Residents will thus be continuously taught through the example of faculty, and observed during resident interactions with patients, patient families, and other healthcare professionals. Medical chart documentation in both outpatient and inpatient records will also be evaluated on an ongoing basis during daily patient care activities.

2) Basic Science Course, Subspecialty Resident Conference and Departmental Conferences. A variety of topics will be covered during departmental conferences relating to interpersonal communication and medical documentation.

3) AAO-HNS Home Study Course. The home study course is required of all residents (Oto 2 – Oto 5) and includes a section on the core competencies that covers various topics relevant to interpersonal communication.

4) Professional Enrichment Activities. Residents are given ample opportunity to make oral presentations of patient cases, research findings, and clinical activities through the regular departmental conferences outlined in this document. In addition, residents are required to present the results of their research at a regional or national meeting, to gain experience in scientific presentation.

**Assessment of Resident Interpersonal and Communication Skills**

1) Quarterly Global Evaluations by Faculty

2) Quarterly 360 Degree Surveys by Fellow Residents, Nursing and Support Staff

3) Quarterly Resident Group Meeting with Program Director and Chairman

4) Semiannual Portfolio Review with Program Director and Chairman

5) Daily Observation During Patient Care Activities by Faculty and Supervising Residents, With Verbal Feedback

6) Weekly participation in Teaching Conferences and Departmental Courses

7) Evaluation of Research Presentations and Manuscripts
V. PROFESSIONALISM

**Competency Definition:**
Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

**Residents are expected to:**
- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities

**Professionalism Learning Experiences**

1) Faculty-supervised patient care. Professionalism describes a variety of qualities and actions demonstrated by excellent physicians. These include respect, compassion, and integrity, responsiveness to patient and societal needs above self-interest, accountability to patients, society, and the profession, and commitment to excellence and ongoing professional development. In addition, practitioners must demonstrate commitment to sound ethical principles pertaining to provision or withholding of care, confidentiality of patient information, informed consent, and fair business practices. Lastly, physicians must demonstrate sensitivity and responsiveness to patients’ age, gender, race, culture, and disabilities. Residents will thus be continuously taught during patient care activities through the example of faculty, and observed during resident interactions with patients, patient families, and other healthcare professionals.

2) Basic Science Course, Subspecialty Resident Conference and Departmental Conferences. A variety of topics will be covered during departmental conferences relating to professionalism.

3) AAO-HNS Home Study Course. The home study course includes a section on the core competencies that covers various topics relevant to professionalism.

4) Professional Enrichment Activities. Residents are given time and financial support to attend professional meetings. Such activities both enrich the resident educational program and prepare residents for a lifetime of continued professional growth and learning. In addition, protected time as well as mentoring from the departmental faculty is given to all residents to allow involvement in basic science and/or clinical research. This experience is intended to foster understanding of the scientific method, and to help residents in their critical assessment of the medical literature throughout their careers.

**Assessment of Resident Professionalism**

1) Quarterly Global Evaluations by Faculty

2) Quarterly 360 Degree Surveys by Fellow Residents, Nursing and Support Staff

3) Quarterly Resident Group Meeting with Program Director and Chairman

4) Semiannual Portfolio Review with Program Director and Chairman

5) Daily Observation During Patient Care Activities by Faculty and Supervising Residents, With Verbal
Feedback

6) Weekly participation in Teaching Conferences and Departmental Courses

7) Evaluation of Research Presentations and Manuscripts
VI. SYSTEMS-BASED PRACTICE

**Competency Definition:**
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

**Residents are expected to:**
- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

**Systems Based Practice Learning Experiences**

1) Monthly Quality Assessment and Improvement Conference.

2) Hospital Committee Involvement. Residents will be given the opportunity to serve tenure on a hospital-wide residents committee. The residents committee has representatives from each service and addresses residents’ issues within the context of the immediate healthcare system.

3) Faculty-supervised patient care. Care administered to any individual patient is clearly codependent on care delivered to all patients within the healthcare system. As such, residents must learn to provide patient care within the context of the entire system. This includes serving as an advocate for their patients within the healthcare system, learning cost-effective patient care, and understanding the interaction of their practice on the healthcare system. Through direct patient care activities, the faculty will teach residents the cost-effective delivery of healthcare and appropriate utilization of physician consultations and use of ancillary healthcare providers.

4) Basic Science Course, Subspecialty Resident Conference and Departmental Conferences. A variety of topics will be covered during departmental conferences relating to system-based practice.

5) AAO-HNS Home Study Course. The home study course includes a section on the core competencies that covers various topics relevant to system-based practice.

**Assessment of Resident Systems Based Practice**

1) Quarterly Global Evaluations by Faculty

2) Quarterly 360 Degree Surveys by Fellow Residents, Nursing and Support Staff

3) Quarterly Resident Group Meeting with Program Director and Chairman

4) Daily Observation During Patient Care Activities by Faculty and Supervising Residents, With Verbal Feedback
Training Description for Members of the Graduate Staff While at Bellevue Hospital

Site Directors
Anil K. Lalwani, MD
Joe Watts, MD

Bellevue Hospital
First Avenue and 27th Street
New York, NY 10016
Office: (212) 263-6344

The Department of Otolaryngology/Head and Neck Surgery at the Bellevue Hospital Center is a cornerstone of the NYU Residency Program and provides the graduate medical staff with a multifaceted education program in Otolaryngology. This hospital setting allows more Resident independence, giving them the role of the primary treating physician for patients within a closely supervised framework. Bellevue strives to be a public hospital as well as a full-service tertiary-care hospital and has the equipment and Attending sub-specialty coverage on a regular basis to perform the entire spectrum of Otorhinolaryngologic care.

Bellevue Hospital provides for the quarterly rotation of six residents, a Chief Resident (Oto-5), two senior residents (Oto-4), a second year resident (Oto-3) and two first year residents (Oto-2). This resident team performs inpatient and emergency room consults, covers multiple ENT clinics including devoted subspecialty clinics, and acts as the primary surgeon for a wide variety of operative cases in general otolaryngology and all of the subspecialty areas (Head and Neck, Laryngology, Rhinology, Otology/Neurotology, Pediatrics, Facial Plastic Surgery).
Training Description for Members of the Graduate Staff while at Tisch Hospital

Site Directors
Anil K. Lalwani, MD
Milan Amin, MD

Tisch Hospital
530 First Avenue
New York, NY 10016
Office: (212) 263-6344

Tisch Hospital is the university hospital of New York University (NYU) Hospitals Center and a vital component of the NYU Residency Program. This teaching hospital setting exposes residents to high-level tertiary and quaternary care of Otolaryngologic diseases utilizing the latest technology and techniques. Tisch Hospital and the Otolaryngology Faculty offer the highest level of care in all of the subspecialty areas: Otology/Neurotology, Rhinology and Sleep Disordered Breathing, Facial Plastic Surgery, Laryngology, and Head and Neck Cancer. Multidisciplinary surgical collaborations are available especially in the Neurotology and Head and Neck subspecialties. Residents participate in ambulatory and inpatient surgery, manage the inpatient service, and provide consultations, including coverage of the Tisch Emergency Department. Tisch Hospital provides for the quarterly rotation of three Residents, two Chief Residents (Oto-5), and one second year resident (Oto-2). In addition, 12 of 13 four-week blocks include a first year Otolaryngology resident (Oto-1). This team primarily participates in surgery at Tisch, and manages the inpatient service. The two Chief Residents have primary assignments to either the inpatient service or the outpatient surgical service.
The Manhattan Veterans’ Administration Hospital is the unique setting for a rich experience of Otolaryngology training. The Oto-4 resident will perform independently under daily supervision and will have the unparalleled opportunity to manage an inpatient service, a busy multispecialty clinic and operating room schedule. S/he will have supervision from a group of faculty covering Head and Neck Surgery, Neurotology, Facial Plastic Surgery and General Otolaryngology.
Training Description for Members of the Graduate Staff while at Lenox Hill Hospital/Manhattan Eye Ear and Throat Hospital (MEETH)

Site Directors
Gady Har-El, MD
Jessica Lim, MD

Lenox Hill Hospital
100 East 77th Street
New York, NY 10021
Office: (212) 434-2323

The Department of Otolaryngology/Head and Neck Surgery at the Lenox Hill Hospital/MEETH Affiliate of the NYU Residency Program provides the graduate medical staff with a multifaceted education program in Otolaryngology. This includes a strong didactic as well as clinical experience. The goal is to build upon a rigorous educational framework to train a competent, caring physician who practices his or her medical specialty with a sound grasp of otolaryngologic knowledge, while demonstrating the highest standards of ethics and judgment for the welfare of patients.

The NYU Affiliated Residency at Lenox Hill Hospital/MEETH provides for the quarterly rotation of five residents: a Chief Resident (Oto-5), a senior resident (Oto-4), three junior residents (two Oto-3 and one Oto-2). Lenox Hill Hospital is a full service hospital with an active inpatient and emergency service. Residents are involved with inpatient and outpatient care at the Lenox Hill Hospital and its subsidiary Manhattan Eye, Ear and Throat Hospital (MEETH; ambulatory surgery only).

Overview of the Education Program
The education program is a comprehensive one, stressing the medical and surgical care of patients with diseases of the ears, nose, throat, and communicative disorders. In addition to the existing departmental curriculum, there is a structured didactic program for all residents on rotation at Lenox Hill Hospital. Attendance at scheduled teaching conferences is required of all residents on rotation. The schedule is coordinated by the Chief Resident with input from senior staff of the Department. Conferences include: Grand Rounds, Case Presentations, Journal Club, Mortality and Morbidity Conference, Director’s Rounds, Combined Pathology, Endocrine Pathology, and Radiology Conferences. There is a medical library at Lenox Hill Hospital containing a wide selection of specialty journals and texts as well as internet resources.

All residents are required to prepare a scholarly presentation during their rotation to be given in Grand Rounds format, which includes a thorough examination of the current literature. Residents are encouraged to conduct clinical studies for presentation and publication at a national level.

Residents will each spend time in a medical allergist’s office during this rotation to enhance the otolaryngologic allergy curriculum.

The residents have a clinic room with a full complement of otolaryngologic instruments including endoscopes, an SMR unit, a microscope, suture material and sterile instruments, in order to effectively diagnose and treat both inpatient and emergency room consult patients.

The resident staff is under the constant supervision of the Senior Attending Staff (Director and Associate Director) as well as the Core Clinical Faculty. The senior staff is always available for resident questions, patient care issues and emergencies. A dedicated Director of Resident Education meets daily with the resident staff to
make bedside rounds, review the education program, scheduling and resident distribution, and the management of patients at Lenox Hill Hospital.
OTO-2 BELLEVUE GENERAL/PEDIATRIC OTOLARYNGOLOGY ROTATION

Introduction

The fundamental focus for the Oto-2 General/Pediatric Otolaryngology rotation is to provide an introductory clinical experience with progressively increasing depth and responsibility for the evaluation and management of pediatric and general adult Otolaryngologic conditions. Each Oto-2 resident will spend 6 months on the Bellevue service. Performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis; formal written evaluation of resident performance will be conducted quarterly.

Curriculum

Required Conferences
1) Weekly Basic Science and Resident Subspecialty Conferences – Monday and Thursday evening. Topics follow the 2 year department Basic Science Course curriculum which includes portions of the COCLIA syllabus established by the AAO-HNS. Topics are assigned to residents for preparation and presentation.

Required Reading
1) AAO – HNS Home Study Course.
2) Otolaryngology/Head and Neck Surgery. (Byron J. Bailey, editor. 2005). Chapters will be assigned weekly to correspond to topics of discussion planned for weekly basic science conference.
3) The Laryngoscope, Otolaryngology-Head and Neck Surgery, American Journal of Rhinology

Recommended Reading
1) AAO-HNS Self Instructional Packages (SIPac) or Monographs – Topic driven booklets with pre-and post-tests with questions and answers.
3) Bailey/Cummings Textbook Chapters, Review articles, etc – general reading related to patient encounters.

Required Products
1) Submission of all Home Study Course tests
2) ABO In Training Examination – given yearly in March
3) Presentations for assigned COCLIA topics covered in weekly conference
4) ACGME Operative Case Log – must be updated at least monthly

Clinical Duties and Responsibilities

Outpatient Clinic: In the outpatient clinic the Oto-2 resident will gain experience in the evaluation and treatment of a wide variety of Otolaryngologic problems while under the direct supervision of departmental faculty. The Oto-2 is expected to become competent in performing a complete head and neck examination, including indirect laryngoscopy, microscopic examination of the ear, fiberoptic evaluation of the upper airway, and rigid endoscopy of the nose and paranasal sinuses.
Inpatient Care: While on the Bellevue service, the Oto-2 resident is involved in all aspects of care for patients on the Otolaryngology service. S/he will round daily with the Chief Resident and is responsible for daily floor work including chart notes, orders, wound care and floor procedures, under the direction of the chief resident. The Oto-2 resident will learn and at times be responsible for Otolaryngology consultations in the Emergency Department, including the initial evaluation of head and neck trauma patients and closure of facial lacerations when the service covers facial trauma call (every third day). Evaluation findings and management plan are then discussed with the chief resident and/or the appropriate fellow and/or on-call attending. The Oto-2 resident will gain experience by performing under close supervision common Otolaryngologic procedures as listed below. Additional experience will be gained by assisting more senior residents and faculty with more complex procedures.

Call Coverage: The Oto-2 resident is assigned to the first-call schedule, and as such will see inpatient and emergency room consultations in conjunction with the second-call senior resident and on-call attending.

Administrative/Academic Duties: The Oto-2 resident will be involved in teaching medical students during their elective rotation on the Otolaryngology-Head and Neck Surgery service.

Goals and Objectives

Goal–Specific Objectives for the Oto-2 resident:
By the completion of the Oto-2 year, the resident should achieve the following goals (listed by core competency):

A. Patient care

Goal 1. Perform a thorough and complete evaluation of pediatric and adult patients presenting to the outpatient clinic and emergency room with Otolaryngologic complaints, including a general and focused head and neck history, pertinent review of systems, and head and neck examination.

Objectives:
1. Be able to conduct a complete and targeted, problem-specific head and neck history including: chief complaint, history of present illness, past medical and surgical history—including birth history when relevant - allergies, Medications pertinent social history and cultural background.
2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.
3. Effectively use Otolaryngologic clinical diagnostic instrumentation, including the head mirror, pneumatic otoscope, oto-microscope, and flexible and rigid endoscopes in the evaluation of pediatric and adult patients.
4. Be able to consistently present a patient’s history and pertinent physical findings, impression, differential diagnosis, and proposed management plan to attending staff in a concise and organized fashion.
5. Describe the elements of a complete head and neck specialty outpatient clinical note, and consistently demonstrate appropriate chart documentation for patient encounters.

Goal 2. Demonstrate the ability to formulate a reasonable differential diagnosis, plan for further diagnostic studies, and initiate an appropriate and cost-effective treatment plan for common disorders affecting the head and neck.

Objectives:
1. Be able to formulate a differential diagnosis for patients presenting with complaints related to the head and neck, and to describe the natural history, clinical presentation, and clinical evaluation findings of:
   a. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, and vertigo.
   b. General Otolaryngologic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
   c. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
   d. Inhalant and food allergies presenting with Otolaryngologic manifestations.
   e. Traumatic deformities of the face, head, and neck.
   f. Pediatric Otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.

2. Understand the standard of care with respect to diagnostic workup required to confirm a diagnosis for the common disorders of the upper aerodigestive tract, head and neck listed above.

3. Understand the standard of care with respect to the basic treatment of the common disorders of the upper aerodigestive tract, head and neck listed above.

**Goal 3.** Understand the indications for, cost-effective use of, and interpretation of diagnostic studies used in the evaluation of patients with Otolaryngologic complaints.

**Objectives:**

1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as: pure tone audiometry, speech audiometry, tympanometry, acoustic reflexes
2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:
   a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.
   b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.
   c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa
   d. Ultrasound – neck
   e. Angiography - CT and MR, as well as conventional angiography
   f. Nuclear medicine – positron emission tomography (PET), thyroid, and parathyroid imaging
3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:
   a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.
   b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.
   c. Allergy skin testing – including prick test and intradermal serial dilution testing.
   d. Polysomnography
   e. Videostroboscopy

**Goal 4.** Understand the indications, alternative treatments, potential benefits, and risks and complications of common Otolaryngologic procedures.

**Objectives:**

1. Understand the indications and potential benefits, for surgical intervention in the treatment of common disorders of the upper-aerodigestive tract, head, and neck.
2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for
common Otolaryngologic disorders, including but not limited to:

a. acute and chronic otitis media
b. hearing loss and tinnitus
c. balance disorders
d. recurrent or chronic pharyngotonsillitis
e. chronic obstructive adenotonsillar hypertrophy
f. acute and chronic sinusitis
g. allergic and vasomotor rhinitis
h. dysphagia and gastroesophageal/laryngopharyngeal reflux
i. hoarseness
j. neck masses
k. obstructive sleep apnea
l. thyroid and parathyroid disease
m. diseases of the salivary glands
n. adrenal gland disorders

3. Be able to list and describe the potential complications of common Otolaryngologic procedures.

4. Demonstrate the ability to obtain informed consent, including the ability to discuss procedure indications, alternatives, potential risks, benefits, and anticipated post-operative course in lay terms, understandable to the patients of varied socioeconomic and educational backgrounds.

Goal 5. Carry out an appropriate pre-operative evaluation, including appropriate use of consultations for medical clearance, for patients undergoing major and minor Otolaryngologic procedures.

Objectives:

1. Demonstrate the ability to perform and document a thorough pre-operative history and physical examination, including the potential added risk, in terms of intra or post-operative complications, for surgical procedures due to co-morbid illnesses.
2. Demonstrate an understanding of the potential added risk, in terms of intra or post-operative complications, for surgical procedures due to co-morbid illnesses.
3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common Otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (e.g. cardiology, pulmonology, etc.) consultation in the pre-operative assessment of patients undergoing common Otolaryngologic surgical procedures.

Goal 6. Gain experience in basic inpatient and outpatient Otolaryngologic procedures.

Objectives:

1. Demonstrate proficiency in the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, and appropriate cooperation with the anesthesia team in the management of the airway.
2. Demonstrate familiarity with Otolaryngologic surgical equipment and instrumentation, including operating microscopes, rigid and flexible endoscopes, and nerve monitoring equipment.
3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common Otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (e.g. cardiology, pulmonology, etc.) consultation in the pre-operative assessment of patients undergoing common Otolaryngologic surgical procedures.
5. Be able to list and describe the potential complications of common Otolaryngologic procedures.
6. Demonstrate the ability to obtain informed consent, including the ability to discuss procedure indications, alternatives, potential risks, benefits, and anticipated post-operative course in lay terms, understandable to the patients of varied socioeconomic and educational backgrounds.
7. Demonstrate the ability to perform and document a thorough pre-operative history and physical examination, including the potential added risk, in terms of intra or post-operative complications, for surgical procedures due to co-morbid illnesses.
8. Demonstrate an understanding of the potential added risk, in terms of intra or post-operative complications, for surgical procedures due to co-morbid illnesses.
9. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common Otolaryngologic surgical procedures.
10. Understand indications for general medical or specialty (e.g. cardiology, pulmonology, etc.) consultation in the pre-operative assessment of patients undergoing common Otolaryngologic surgical procedures.

Objectives:

1. Demonstrate proficiency in the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, and appropriate cooperation with the anesthesia team in the management of the airway.
2. Demonstrate familiarity with Otolaryngologic surgical equipment and instrumentation, including operating microscopes, rigid and flexible endoscopes, and nerve monitoring equipment.
3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common Otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (e.g. cardiology, pulmonology, etc.) consultation in the pre-operative assessment of patients undergoing common Otolaryngologic surgical procedures.
6. Be able to effectively perform, with appropriate supervision, diagnostic and therapeutic procedures in the outpatient (clinic or emergency room) or inpatient setting, including:
   a. Microscopic ear exam and debridement or removal of cerumen
   b. Intranasal cautery or packing for epistaxis
   c. Rigid nasal endoscopy for debridement or biopsy
   d. First tracheotomy tube change
   e. Myringotomy with PE tube placement
   f. Wound debridement
   g. Mandibular arch bar removal
   h. Removal of nasal and external auditory canal foreign bodies
   i. Incisional or minor excisional biopsy of head and neck skin, or nasal or oral mucosal lesions
   j. Placement of mastoid dressing
   k. Incision and drainage, or needle aspiration of head and neck abscess, including peritonsillar abscess.
   l. Simple or layered repair of head and neck lacerations.
   m. Control of hemorrhage from head or neck, including oral cavity/pharynx.

7. Be able to effectively perform, with appropriate supervision, the following surgical procedures in the operating room setting:
   a. Adenotonsillectomy
   b. Tracheostomy
   c. Direct laryngoscopy/microlaryngoscopy
   d. Esophagoscopy (rigid and flexible)
   e. Maxillary sinus surgery
   f. Excisional biopsy of head and neck masses, including skin lesions.
   g. Myringotomy with or without tympanostomy tube insertion.
   h. Nasal turbinate surgery
   i. Closed reduction mandible fracture with maxillomandibular fixation

Goal 7. Attend to the basic post-operative care, both in the hospital and outpatient settings, of patients undergoing major and minor Otolaryngologic procedures.

Objectives:
1. Demonstrate the ability to appropriately document, by written notes and dictation, all procedures performed in either the inpatient or outpatient settings, as per hospital guidelines and requirements.
2. Attend to the basic hospital needs of post-operative patients by proper entry of post-procedural care orders, and by appropriate communication and cooperation with other physician and non-physician members of the patient care team.
3. Develop competence in head and neck wound care, including debridement, dressing techniques, and drain management.
4. Demonstrate appropriate vigilance for, through thorough and regular post-operative patient assessment, and knowledge of treatment for complications of Otolaryngologic surgical procedures.
5. Demonstrate appropriate use of specialty consultations in the management of post-operative patients’ medical co-morbid illnesses, as well as in the evaluation and treatment of surgical or anesthetic complications.

B. Medical Knowledge

Goal 1. Demonstrate basic understanding of head and neck anatomy and embryology, including the innervation, vasculature, lymphatics, musculature, and skeleton.
Objectives:

1. Successfully attend and complete the head and neck anatomy course, temporal bone course, and sinus endoscopy symposium.
2. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:
   a. branchial pouches, arches, and clefts and derived structures
   b. external, middle, and inner ear, mastoid, and lateral skull base
   c. nose, paranasal sinuses, and anterior skull base
   d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea
   e. fascial planes and spaces of the head and neck
   f. salivary glands
   g. thyroid and parathyroid glands

Goal 2. Demonstrate basic understanding of the medical sciences relevant to the upper aero-digestive tract, head and neck, including the communication sciences (audiology, speech pathology), pathology, pharmacology, physiology including the special senses of hearing, smell, and taste, basic genetics related to cancer tumorigenesis, congenital syndromes, and genetic hearing loss, immunology and Otolaryngologic allergy, endocrinology, and neurology.

Objectives:

1. Attend and actively participate in all departmental educational conferences, courses, and symposia.
2. Complete required reading, to include AAO-HNS Home Study course, and assigned chapters in Bailey and Calhoun (eds) Otolaryngology/Head and Neck Surgery, in conjunction with weekly resident didactic conferences.

Goal 3. Demonstrate basic knowledge of the pathophysiology, diagnostic evaluation, and treatment of common Otolaryngologic disease processes.

Objectives:

1. Develop an understanding of the pathophysiology of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the upper aero-digestive tract, head & neck surgery patient and understanding of relevant basic science, as evidenced during patient care related activities and discussion with faculty.
2. Attend and actively participate in all departmental educational conferences, courses, and symposia.
3. Demonstrate knowledge through preparation of answers to assigned weekly COCLIA questions, and active participation in resident didactic conference.

C. Practice-Based Learning and Improvement

Goal 1. Demonstrate the ability to identify relevant patient-care related information in the medical literature or other sources, and appropriately apply this information to patient care.

Objectives:

1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.
2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.
3. Effectively utilize medical literature searching resources in the library and via the internet, as demonstrated during patient care-related and research activities.

**Goal 2.** Demonstrate the capability to monitor and analyze personal practice experience and perform practice-based improvement activities using a systematic methodology.

**Objectives:**
1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.
2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.
3. Show initiative in identifying personal areas of relative weakness and need for improvement, through consultation with faculty and resident colleagues, and address identified gaps in knowledge and clinical skills.

**Goal 3.** Demonstrate adequate teaching skills through close interactions with residents from other departments as well as medical students rotating on the Otolaryngology service.

**Objectives:**
1. Successfully teach medical students and residents from other departments rotating on service, basic head and neck examination skills, including use of head mirror and otoscope, and demonstrate findings of examination with flexible and rigid endoscopes.
2. Promote medical students’ understanding of the evaluation and management of disorders of the head and neck, and the scope of practice of Otolaryngologist – head and neck surgeon.

**D. Interpersonal and Communication Skills**

**Goal 1.** Demonstrate the ability to effectively communicate personal medical information, disease processes, and treatments with patients, and when appropriate, their family members.

**Objectives:**
1. Begin to develop skills to build appropriate physician-patient relationships.
2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

**Goal 2.** Develop successful interpersonal communication skills with clinic staff, inpatient nursing staff, and operating room staff and maintain a professional environment.

**Objectives:**
1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.
2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.
3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.
4. Demonstrate ability and willingness to maintenance patient confidentiality, and knowledge of HIPAA statutes.
5. Strive for continuous self-improvement in this area, guided by Bellevue standards of professionalism as well as careful review of quarterly 360-degree evaluations with formulation of plan for self-
improvement.

E. Professionalism.

Goal 1. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

Objectives:
1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.
2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.
3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.
4. Demonstrate adequate preparation and planning before scheduled operative procedures.
5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.
6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

Goal 2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

Objectives:
1. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.
2. Demonstrate accountability for actions and decisions.

F. Systems-Based Practice

Goal 1. Demonstrate an awareness of and responsiveness to the larger context and system of health care.

Objectives:
1. Demonstrate an understanding of the organization of the Bellevue Otolaryngology service, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication.
2. Become familiar with the outpatient, inpatient, operating room, and emergency room facilities at Bellevue, and resources available to the Otolaryngology service.
3. Through patient care activities and participation in practice based learning conference, seek to identify opportunities to systematically improve healthcare delivery within Bellevue and beyond.
4. Demonstrate an understanding of the macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).
5. Demonstrate knowledge of how various forms of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
6. Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire surgical team for all components of surgical care.

Goal 2. Demonstrate the ability to effectively call on system resources to provide care that is of optimal value.
Objectives:

1. Utilize effective organizational and time-management skills required for efficient running of the inpatient Otolaryngology – Head and Neck Surgery service.
2. Exhibit understanding of each member's contributions to the multidisciplinary patient care team, and a willingness to work with these team members to provide optimal patient care.
3. Develop the habit of intermediate and long term planning of patient care.
4. Become aware of the differences between resource availability and other challenges in providing inpatient and outpatient care for insured and indigent patients.
5. Understand the conflicting goals of providing state of the art and cost-effective healthcare, and demonstrate the ability to make cost-effective use of diagnostic tests and treatment modalities while maintaining quality of care.
OTO-2 TISCH GENERAL/PEDIATRIC OTOLARYNGOLOGY ROTATION

Introduction

The fundamental focus for the Oto-2 General Otolaryngology rotation is to provide an introductory clinical experience with progressively increasing depth in evaluation and management of pediatric and general adult Otolaryngologic conditions. Each Oto-2 resident will spend 3 months on the Tisch service.

Performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis; formal written evaluation of resident performance will be conducted quarterly.

Curriculum

Required Conferences
1) Weekly Basic Science and Resident Subspecialty Conferences – Monday and Thursday evening; to follow the department Basic Science Course curriculum and COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.
3) Departmental Symposia – Temporal Bone Course, Surgical Anatomy Dissection Course, Rhinology Updates.

Required Reading
1) AAO – HNS Home Study Course.
2) Otolaryngology/Head and Neck Surgery. (Byron J. Bailey, editor. 2005). Chapters will be assigned weekly to correspond to topics of discussion planned for weekly basic science conference.

Recommended Reading
1) AAO-HNS Self Instructional Packages (SIPac) or Monographs – Topic driven booklets with pre-and post-tests with questions and answers.
3) Bailey/Cummings Textbook Chapters, Review articles, etc – general reading related to patient encounters.

Required Products
1) Submission of all Home Study Course tests
2) ABO In Training Examination – given yearly in March
3) Presentations for assigned COCLIA topics covered in weekly conference
4) ACGME Operative Case Log – must be updated at least monthly

Clinical Duties and Responsibilities

Inpatient Care: While on the Tisch service, the Oto-2 resident is involved in all aspects of care for patients on the Otolaryngology service. S/he will round daily with the Chief Resident and is responsible for daily floor work including chart notes, orders, wound care and floor procedures, under the direction of the chief resident. The Oto-2 resident will learn and at times be responsible for Otolaryngology consultations in the emergency department, including the initial evaluation of head and neck trauma patients and closure of facial lacerations. Evaluation findings and management plan are then discussed with the chief resident and/or the appropriate fellow and/or on-call attending. The Oto-2 resident will gain experience by performing under close supervision
common Otolaryngologic procedures as listed below. Additional experience will be gained by assisting more senior residents and faculty with more complex procedures, when not otherwise occupied.

**Call Coverage:** The Oto-2 resident is assigned to the first-call schedule, and as such will see inpatient and emergency room consultations in conjunction with the second-call senior resident and on-call attending.

**Administrative/Academic Duties:** The Oto-2 resident will be involved in teaching the Oto-1 resident and any medical students.

**Goals and Objectives**

**Goal–Specific Objectives for the Oto-2 resident:**
*By the completion of the Oto-2 year, the resident should achieve the following goals (listed by core competency):*

**A. Patient care**

**Goal 1.** Perform a thorough and complete evaluation of pediatric and adult patients presenting to the outpatient clinic and emergency room with Otolaryngologic complaints, including a general and focused head and neck history, pertinent review of systems, and head and neck examination.

**Objectives:**
1. Be able to conduct a complete and targeted, problem-specific head and neck history including: Chief complaint, History of present illness, Past medical and surgical history—including birth history when relevant, Allergies, Medications, Pertinent social history and cultural background.
2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.
3. Effectively use Otolaryngologic clinical diagnostic instrumentation, including the head mirror, pneumatic otoscope, Oto-microscope, flexible and rigid endoscope in the evaluation of pediatric and adult patients.
4. Be able to consistently present a patient’s history and pertinent physical findings, impression, differential diagnosis, and proposed management plan to attending staff in a concise and organized fashion.
5. Describe the elements of a complete head and neck specialty outpatient clinical note, and consistently demonstrate appropriate chart documentation for patient encounters.

**Goal 2.** Demonstrate the ability to formulate a reasonable differential diagnosis, plan for further diagnostic studies, and initiate an appropriate and cost-effective treatment plan for common disorders affecting the head and neck.

**Objectives:**
1. Be able to formulate a brief differential diagnosis for patients presenting with complaints of the head and neck, and to describe the natural history, clinical presentation, and clinical evaluation findings of:
   a. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, and vertigo.
   b. General Otolaryngologic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
   c. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
   d. Inhalant and food allergies presenting with Otolaryngologic manifestations.
   e. Traumatic deformities of the face, head, and neck.
f. Pediatric Otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.

2. Understand the standard of care with respect to diagnostic workup required to confirm a diagnosis for the common disorders of the upper aerodigestive tract, head and neck listed above.

3. Understand the standard of care with respect to the basic treatment of the common disorders of the upper aerodigestive tract, head and neck listed above.

**Goal 3.** Understand the indications for, cost-effective use of, and interpretation of diagnostic studies used in the evaluation of patients with Otolaryngologic complaints.

**Objectives:**

1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as: pure tone audiometry, speech audiometry, tympanometry, acoustic reflexes

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:
   a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.
   b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.
   c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa
   d. Ultrasound – neck
   e. Angiography - CT and MR, as well as conventional angiography
   f. Nuclear medicine – positron emission tomography (PET), thyroid, and parathyroid imaging

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:
   a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.
   b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.
   c. Allergy skin testing – including prick test and intradermal serial dilution testing.
   d. Polysomnography
   e. Videostroboscopy

**Goal 4.** Understand the indications, alternative treatments, potential benefits, and risks and complications of common Otolaryngologic procedures.

**Objectives:**

1. Understand the indications and potential benefits, for surgical intervention in the treatment of common disorders of the upper-aerodigestive tract, head, and neck.

2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for common Otolaryngologic disorders, including but not limited to:
   a. acute and chronic otitis media
   b. hearing loss and tinnitus
   c. balance disorders
   d. recurrent or chronic pharyngotonsillitis
   e. chronic obstructive adenotonsillar hypertrophy
   f. acute and chronic sinusitis
   g. allergic and vasomotor rhinitis
   h. dysphagia and gastroesophageal/laryngopharyngeal reflux
   i. hoarseness
   j. neck masses
   k. obstructive sleep apnea
1. thyroid and parathyroid disease
m. diseases of the salivary glands
3. Be able to list and describe the potential complications of common Otolaryngologic procedures.
4. Demonstrate the ability to obtain informed consent, including the ability to discuss procedure indications, 
alternatives, potential risks, benefits and complications, and anticipated post-operative course in lay terms, 
understandable to the patients of varied socioeconomic and educational backgrounds.

**Goal 5.** Carry out an appropriate pre-operative evaluation, including appropriate use of consultations for 
medical clearance, for patients undergoing major and minor Otolaryngologic procedures.

**Objectives:**
1. Demonstrate the ability to perform and document a thorough pre-operative history and physical examination 
   for patients undergoing common Otolaryngologic procedures.
2. Demonstrate an understanding of the potential added risk, in terms of intra or post-operative complications, 
   for surgical procedures due to co-morbid illnesses.
3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients 
   undergoing common Otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in 
   the pre-operative assessment of patients undergoing common Otolaryngologic surgical procedures.

**Goal 6.** Gain experience in basic inpatient and outpatient Otolaryngologic procedures.

**Objectives:**
1. Demonstrate proficiency in the intra-operative preparation of the patient for basic head and neck procedures, 
   including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, and local 
   anesthesia.
2. Understand the risks of airway compromise in patients undergoing Otolaryngologic surgical procedures, and 
   demonstrate appropriate cooperation with the anesthesia team in the management of the airway.
3. Demonstrate familiarity with Otolaryngologic surgical equipment and instrumentation, including operating 
   microscopes, rigid and flexible endoscopes, and nerve monitoring equipment.
4. Develop competence in basic soft tissue surgical techniques, including tissue handling and general wound 
   closure and suturing.
5. Demonstrate the capability to effectively serve as first assistant in advanced Otolaryngologic operative 
   procedures. This should include knowledge of the relevant anatomy and an understanding of the various 
   steps involved in the procedure, which are needed to allow the resident to anticipate the needs of the 
   operating surgeon.
6. Be able to effectively perform, with appropriate supervision, diagnostic and therapeutic procedures in the 
   outpatient (emergency room) or inpatient setting, including:
   a. Microscopic ear exam and debridement or removal of cerumen
   b. Intranasal cautery or packing for epistaxis
   c. Rigid nasal endoscopy for debridement or biopsy
   d. First tracheotomy tube change
   e. Wound debridement
   f. Removal of nasal and external auditory canal foreign bodies
   g. Incisional or minor excisional biopsy of head and neck skin, or nasal or oral mucosal lesions
   h. Placement of mastoid dressing
   i. Incision and drainage, or needle aspiration of head and neck abscess, including peritonsillar abscess.
   j. Simple or layered repair of head and neck lacerations.
   k. Control of hemorrhage from head or neck, including oral cavity/pharynx.
7. Be able to effectively perform, with appropriate supervision, the following surgical procedures in the
operating room setting:
  a. Adenotonsillectomy
  b. Tracheostomy
  c. Direct laryngoscopy/microlaryngoscopy
  d. Esophagoscopy (rigid and flexible)
  e. Cortical mastoidectomy
  f. Excisional biopsy of head and neck masses, including skin lesions.
  g. Myringotomy with or without tympanostomy tube insertion.
  h. Nasal turbinate surgery
  i. Closed reduction nasal fracture

Goal 7. Attend to the basic post-operative care, both in the hospital and outpatient settings, of patients undergoing major and minor Otolaryngologic procedures.

Objectives:
1. Demonstrate the ability to appropriately document, by written notes and dictation, all procedures performed in either the inpatient or outpatient settings, as per hospital guidelines and requirements.
2. Attend to the basic hospital needs of post-operative patients by proper entry of post-procedural care orders, and by appropriate communication and cooperation with other physician and non-physician members of the patient care team.
3. Develop competence in head and neck wound care, including debridement, dressing techniques, and drain management.
4. Demonstrate appropriate vigilance for, through thorough and regular post-operative patient assessment, and knowledge of treatment for complications of Otolaryngologic surgical procedures.
5. Demonstrate appropriate use of specialty consultations in the management of post-operative patients’ medical co-morbid illnesses, as well as in the evaluation and treatment of surgical or anesthetic complications.

B. Medical Knowledge

Goal 1. Demonstrate basic understanding of head and neck anatomy and embryology, including the innervation, vasculature, lymphatics, musculature, and skeleton.

Objectives:
1. Successfully attend and complete the head and neck anatomy course, temporal bone course, and sinus endoscopy symposium.
2. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:
   a. branchial pouches, arches, and clefts and derived structures
   b. external, middle, and inner ear, mastoid, and lateral skull base
   c. nose, paranasal sinuses, and anterior skull base
   d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea
   e. fascial planes and spaces of the head and neck
   f. salivary glands
   g. thyroid and parathyroid glands

Goal 2. Demonstrate basic understanding of the medical sciences relevant to the upper aero-digestive tract, head and neck, including the communication sciences (audiology, speech pathology), pathology, pharmacology, physiology including the special senses of hearing, smell, and taste, basic genetics related to cancer
tumorigenesis, congenital syndromes, and genetic hearing loss, immunology and Otolaryngic allergy, endocrinology, and neurology.

**Objectives:**
1. Attend and actively participate in all departmental educational conferences, courses, and symposia.
2. Complete required reading, to include AAO-HNS Home Study course, and assigned chapters in Bailey and Calhoun (eds) Otolaryngology/Head and Neck Surgery, in conjunction with weekly resident didactic conferences.

**Goal 3.** Demonstrate basic knowledge of the pathophysiology, diagnostic evaluation, and treatment of common Otolaryngologic disease processes.

**Objectives:**
1. Develop an understanding of the pathophysiology of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the upper aero-digestive tract, head & neck surgery patient and understanding of relevant basic science, as evidenced during patient care related activities and discussion with faculty.
2. Attend and actively participate in all departmental educational conferences, courses, and symposia.
3. Demonstrate knowledge through preparation of answers to assigned weekly COCLIA questions, and active participation in resident didactic conference.

**C. Practice-Based Learning and Improvement**

**Goal 1.** Demonstrate the ability to identify relevant patient-care related information in the medical literature or other sources, and appropriately apply this information to patient care.

**Objectives:**
1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.
2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.
3. Effectively utilize medical literature searching resources in the library and via the internet, as demonstrated during patient care-related and research activities.

**Goal 2.** Demonstrate the capability to monitor and analyze personal practice experience and perform practice-based improvement activities using a systematic methodology.

**Objectives:**
1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.
2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.
3. Show initiative in identifying personal areas of relative weakness and need for improvement, through consultation with faculty and resident colleagues, and address identified gaps in knowledge and clinical skills.

**Goal 3.** Demonstrate adequate teaching skills through close interactions with the rotating residents and medical students.
Objectives:
Successfully teach residents and medical students rotating on service basic head and neck examination skills, including use of head mirror and otoscope, and demonstrate findings of examination with flexible and rigid endoscopes. Promote medical students’ understanding of the evaluation and management of disorders of the head and neck, and the scope of practice of an Otolaryngologist – Head and Neck surgeon.

D. Interpersonal and Communication Skills

Goal 1. Demonstrate the ability to effectively communicate personal medical information pertaining to disease processes, and treatments (risks, benefits and alternatives) with patients and, when appropriate, their family members.

Objectives:
1. Begin to develop skills to build appropriate physician-patient relationships.
2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

Goal 2. Develop successful interpersonal communication skills with clinic staff, inpatient nursing staff, and operating room staff and maintain a professional environment.

Objectives:
1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.
2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.
3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.
4. Demonstrate ability and willingness to maintain patient confidentiality in accordance with HIPAA statutes.
5. Strive for continuous self-improvement in this area, guided by Tisch standards of professionalism as well as careful review of quarterly 360-degree evaluations with formulation of plan for self-improvement.

E. Professionalism

Goal 1. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

Objectives:
1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.
2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.
3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.
4. Demonstrate adequate preparation and planning before scheduled operative procedures.
5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.
6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

Goal 2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care,
Confidentiality of patient information, informed consent, and business practices. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

**Objectives:**
1. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.
2. Demonstrate accountability for actions and decisions.

**F. Systems-Based Practice**

**Goal 1.** Demonstrate an awareness of and responsiveness to the larger context and system of health care.

**Objectives:**
1. Demonstrate an understanding of the organization of the Tisch Otolaryngology service, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication.
2. Become familiar with the inpatient, operating room, and emergency room facilities at Tisch, and resources available to the Otolaryngology service.
3. Through patient care activities and participation in practice based learning conference, seek to identify opportunities to systematically improve healthcare delivery within Tisch and beyond.
4. Demonstrate an understanding of the macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).
5. Demonstrate knowledge of how various forms of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
6. Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire surgical team for all components of surgical care.

**Goal 2.** Demonstrate the ability to effectively call on system resources to provide care that is of optimal value.

**Objectives:**
1. Utilize effective organizational and time-management skills required for efficient running of the inpatient Otolaryngology – Head and Neck Surgery service.
2. Exhibit understanding of each member's contributions to the multidisciplinary patient care team, and a willingness to work with these team members to provide optimal patient care.
3. Develop the habit of intermediate and long term planning of patient care.
4. Become aware of the differences between resource availability and other challenges in providing inpatient and outpatient care for insured and indigent patients.
   Understand the conflicting goals of providing state of the art and cost-effective healthcare, and demonstrate the ability to make cost-effective use of diagnostic tests and treatment modalities while maintaining quality of care.
OTO-2 LENOX HILL GENERAL OTOLARYNGOLOGY ROTATION

Introduction

The fundamental focus for the Oto-2 Lenox Hill General Otolaryngology Rotation is to provide an introductory clinical experience with progressively increasing depth in evaluation and management of pediatric and general adult Otolaryngologic conditions. Each Oto-2 resident will spend 3 months on the Lenox Hill service. Performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis; formal written evaluation of resident performance will be conducted quarterly.

Curriculum

Required Conferences
1) Weekly Basic Science and Resident Subspecialty Conferences – Monday and Thursday evening; to follow the department Basic Science Course curriculum and COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.
3) Departmental Symposia – Temporal Bone Course, Surgical Anatomy Dissection Course, Rhinology Updates.
4) Lenox Hill Conferences (separate and in addition to departmental conferences) – Weekly Grand Rounds, weekly literature review, bimonthly Morbidity and Mortality, bimonthly Neuroradiology, bimonthly Endocrine Pathology, bimonthly Pathology, bimonthly Journal Club

Required Reading
1) AAO – HNS Home Study Course.
2) Otolaryngology/Head and Neck Surgery. (Byron J. Bailey, editor. 2005). Chapters will be assigned weekly to correspond to topics of discussion planned for weekly basic science conference.

Recommended Reading
1) AAO-HNS Self Instructional Packages (SIPac) or Monographs – Topic driven booklets with pre-and post-tests with questions and answers.
3) Bailey/Cummings Textbook Chapters, Review articles, etc – general reading related to patient encounters.

Required Products
1) Submission of all Home Study Course tests
2) ABO In Training Examination – given yearly in March
3) Presentations for assigned COCLIA topics covered in weekly conference
4) ACGME Operative Case Log – must be updated at least monthly
5) Lenox Hill Grand Rounds Presentation – one per rotation, appropriate to level of training (i.e. case presentation with current topic review)

Clinical Duties and Responsibilities

Inpatient Care: While on the Lenox Hill service, the Oto-2 resident is involved in all aspects of care for patients on the Otolaryngology service. S/he will round daily with the Chief Resident and/or Attending Staff and is responsible for daily floor work including chart notes, orders, wound care and floor procedures, under the
direction of the chief resident and attending staff. The Oto-2 resident will learn and at times be responsible for Otolaryngology consultations in the emergency department. Evaluation findings and management plan are then discussed with the chief resident and/or the attending. The Oto-2 resident will gain experience by performing, under close supervision, common Otolaryngologic procedures as listed below. Additional experience will be gained by assisting more senior residents and faculty with more complex procedures, when not otherwise occupied.

**Call Coverage:** The Oto-2 resident is assigned to the first-call schedule, and as such will see inpatient and emergency room consultations at Lenox Hill Hospital in conjunction with the second-call senior resident and on-call attending.

**Administrative/Academic Duties:** The Oto-2 resident will be involved in teaching any medical students. S/he will present regularly on rounds, a formal Grand Rounds presentation, and assigned weekly literature review article.

### Goals and Objectives

**Goal–Specific Objectives for the Oto-2 resident:**

*By the completion of the Oto-2 year, the resident should achieve the following goals (listed by core competency):*

#### A. Patient care

**Goal 1.** Perform a thorough and complete evaluation of pediatric and adult patients presenting for admission, the operating room or emergency room with Otolaryngologic complaints, including a general and focused head and neck history, pertinent review of systems, and head and neck examination.

**Objectives:**

1. Be able to conduct a complete and targeted, problem-specific head and neck history including: Chief complaint, History of present illness, Past medical and surgical history—including birth history when relevant, Allergies, Medications, Pertinent social history and cultural background.
2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.
3. Effectively use Otolaryngologic clinical diagnostic instrumentation, including the head mirror, pneumatic otoscope, Oto-microscope, flexible and rigid endoscope in the evaluation of pediatric and adult patients.
4. Be able to consistently present a patient’s history and pertinent physical findings, impression, differential diagnosis, and proposed management plan to attending staff in a concise and organized fashion.
5. Describe the elements of a complete head and neck specialty outpatient clinical note, and consistently demonstrate appropriate chart documentation for patient encounters.

**Goal 2.** Demonstrate the ability to formulate a reasonable differential diagnosis, plan for further diagnostic studies, and initiate an appropriate and cost-effective treatment plan for common disorders affecting the head and neck.

**Objectives:**

1. Be able to formulate a brief differential diagnosis for patients presenting with complaints of the head and neck, and to describe the natural history, clinical presentation, and clinical evaluation findings of:
   a. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and
Conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, and vertigo.

b. General Otolaryngologic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.

c. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.

d. Inhalant and food allergies presenting with Otolaryngologic manifestations.

e. Traumatic deformities of the face, head, and neck.

f. Pediatric Otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.

2. Understand the standard of care with respect to diagnostic workup required to confirm a diagnosis for the common disorders of the upper aerodigestive tract, head and neck listed above.

3. Understand the standard of care with respect to the basic treatment of the common disorders of the upper aerodigestive tract, head and neck listed above.

**Goal 3.** Understand the indications for, cost-effective use of, and interpretation of diagnostic studies used in the evaluation of patients with Otolaryngologic complaints.

**Objectives:**

1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as: pure tone audiometry, speech audiometry, tympanometry, acoustic reflexes

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:
   a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.
   b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.
   c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa
   d. Ultrasound – neck
   e. Angiography - CT and MR, as well as conventional angiography
   f. Nuclear medicine – positron emission tomography (PET), thyroid, and parathyroid imaging

4. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:
   a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.
   b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.
   c. Allergy skin testing – including prick test and intradermal serial dilution testing.
   d. Polysomnography
   e. Videostroboscopy

**Goal 4.** Understand the indications, alternative treatments, potential benefits, and risks and complications of common Otolaryngologic procedures.

**Objectives:**

1. Understand the indications and potential benefits, for surgical intervention in the treatment of common disorders of the upper-aerodigestive tract, head, and neck.

2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for common Otolaryngologic disorders, including but not limited to
   a. acute and chronic otitis media
   b. hearing loss and tinnitus
c. balance disorders
d. recurrent or chronic pharyngotonsillitis
e. chronic obstructive adenotonsillar hypertrophy
f. acute and chronic sinusitis
g. allergic and vasomotor rhinitis
h. dysphagia and gastroesophageal/laryngopharyngeal reflux
i. hoarseness
j. neck masses
k. obstructive sleep apnea
l. thyroid and parathyroid disease
m. diseases of the salivary glands

3. Be able to list and describe the potential complications of common Otolaryngologic procedures.
4. Demonstrate the ability to obtain informed consent, including the ability to discuss procedure indications, alternatives, potential risks, benefits and complications, and anticipated post-operative course in lay terms, understandable to the patients of varied socioeconomic and educational backgrounds.

Goal 5. Carry out an appropriate pre-operative evaluation, including appropriate use of consultations for medical clearance, for patients undergoing major and minor Otolaryngologic procedures.

Objectives:
1. Demonstrate the ability to perform and document a thorough pre-operative history and physical examination for patients undergoing common Otolaryngologic procedures.
2. Demonstrate an understanding of the potential added risk, in terms of intra or post-operative complications, for surgical procedures due to co-morbid illnesses.
3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common Otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common Otolaryngologic surgical procedures.

Goal 6. Gain experience in basic inpatient and outpatient otolaryngologic procedures.

Objectives:
1. Demonstrate proficiency in the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, and local anesthesia.
2. Understand the risks of airway compromise in patients undergoing otolaryngologic surgical procedures, and demonstrate appropriate cooperation with the anesthesia team in the management of the airway.
3. Demonstrate familiarity with otolaryngologic surgical equipment and instrumentation, including operating microscopes, rigid and flexible endoscopes, and nerve monitoring equipment.
4. Develop competence in basic soft tissue surgical techniques, including tissue handling and general wound closure and suturing.
5. Demonstrate the capability to effectively serve as first assistant in advanced otolaryngologic operative procedures. This should include knowledge of the relevant anatomy and an understanding of the various steps involved in the procedure, which are needed to allow the resident to anticipate the needs of the operating surgeon.
6. Be able to effectively perform, with appropriate supervision, diagnostic and therapeutic procedures in the outpatient (clinic or emergency room) or inpatient setting, including:
   a. Microscopic ear exam and debridement or removal of cerumen
   b. Intranasal cautery or packing for epistaxis
c. Rigid nasal endoscopy for debridement or biopsy

d. First tracheotomy tube change

e. Myringotomy with PE tube placement

f. Wound debridement

g. Removal of nasal and external auditory canal foreign bodies

h. Incisional or minor excisional biopsy of head and neck skin, or nasal or oral mucosal lesions

i. Placement of mastoid dressing

j. Incision and drainage, or needle aspiration of head and neck abscess, including peritonsillar abscess.

k. Simple or layered repair of head and neck lacerations.

l. Control of hemorrhage from head or neck, including oral cavity/pharynx.

2. Be able to effectively perform, with appropriate supervision, the following surgical procedures in the operating room setting:

a. Adenotonsillectomy

b. Tracheostomy

c. Direct laryngoscopy/microlaryngoscopy

d. Esophagoscopy (rigid and flexible)

e. Maxillary sinus surgery

f. Excisional biopsy of head and neck masses, including skin lesions.

g. Myringotomy with or without tympanostomy tube insertion.

h. Nasal turbinate surgery

Goal 7. Attend to the basic post-operative care, both in the hospital and outpatient settings, of patients undergoing major and minor Otolaryngologic procedures.

Objectives:

1. Demonstrate the ability to appropriately document, by written notes and dictation, all procedures performed in either the inpatient or outpatient settings, as per hospital guidelines and requirements.

2. Attend to the basic hospital needs of post-operative patients by proper entry of post-procedural care orders, and by appropriate communication and cooperation with other physician and non-physician members of the patient care team.

3. Develop competence in head and neck wound care, including debridement, dressing techniques, and drain management.

4. Demonstrate appropriate vigilance for, through thorough and regular post-operative patient assessment, and knowledge of treatment for complications of otolaryngologic surgical procedures.

5. Demonstrate appropriate use of specialty consultations in the management of post-operative patients’ medical co-morbid illnesses, as well as in the evaluation and treatment of surgical or anesthetic complications.

B. Medical Knowledge

Goal 1. Demonstrate basic understanding of head and neck anatomy and embryology, including the innervation, vasculature, lymphatics, musculature, and skeleton.

Objectives:

1. Successfully attend and complete the head and neck anatomy course, temporal bone course, and sinus endoscopy symposium

2. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:
a. branchial pouches, arches, and clefts and derived structures
b. external, middle, and inner ear, mastoid, and lateral skull base
c. nose, paranasal sinuses, and anterior skull base
d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea
e. fascial planes and spaces of the head and neck
f. salivary glands
g. thyroid and parathyroid glands

Goal 2. Demonstrate basic understanding of the medical sciences relevant to the upper aero-digestive tract, head and neck, including the communication sciences (audiology, speech pathology), pathology, pharmacology, physiology including the special senses of hearing, smell, and taste, basic genetics related to cancer tumorigenesis, congenital syndromes, and genetic hearing loss, immunology and Otolaryngic allergy, endocrinology, and neurology.

Objectives:
1. Attend and actively participate in all departmental educational conferences, courses, and symposia.
2. Complete required reading, to include AAO-HNS Home Study course, and assigned chapters in Bailey and Calhoun (eds) Otolaryngology/Head and Neck Surgery, in conjunction with weekly resident didactic conferences.

Goal 3. Demonstrate basic knowledge of the pathophysiology, diagnostic evaluation, and treatment of common Otolaryngologic disease processes.

Objectives:
1. Develop an understanding of the pathophysiology of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the upper aero-digestive tract, head & neck surgery patient and understanding of relevant basic science, as evidenced during patient care related activities and discussion with faculty.
2. Attend and actively participate in all departmental educational conferences, courses, and symposia.
3. Demonstrate knowledge through preparation of answers to assigned weekly COCLIA questions, and active participation in resident didactic conference.

C. Practice-Based Learning and Improvement

Goal 1. Demonstrate the ability to identify relevant patient-care related information in the medical literature or other sources, and appropriately apply this information to patient care.

Objectives:
1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading
2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.
3. Effectively utilize medical literature searching resources in the library and via the internet, as demonstrated during patient care-related and research activities.

Goal 2. Demonstrate the capability to monitor and analyze personal practice experience and perform practice-based improvement activities using a systematic methodology.

Objectives:
1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.
2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.
3. Show initiative in identifying personal areas of relative weakness and need for improvement, through consultation with faculty and resident colleagues, and address identified gaps in knowledge and clinical skills.

**Goal 3.** Demonstrate adequate teaching skills through close interactions with the rotating residents and medical students.

**Objectives:**
Successfully teach medical students and rotating residents on service basic head and neck examination skills, including use of head mirror and otoscope, and demonstrate findings of examination with flexible and rigid endoscopes. Promote medical students’ understanding of the evaluation and management of disorders of the head and neck, and the scope of practice of Otolaryngologist – head and neck surgeon.

**D. Interpersonal and Communication Skills**

**Goal 1.** Demonstrate the ability to effectively communicate personal medical information, disease processes, and treatments with patients, and when appropriate, their family members.

**Objectives:**
1. Begin to develop skills to build appropriate physician-patient relationships.
2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

**Goal 2.** Develop successful interpersonal communication skills with clinic staff, inpatient nursing staff, and operating room staff and maintain a professional environment.

**Objectives:**
1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.
2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.
3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.
4. Demonstrate ability and willingness to maintenance patient confidentiality, and knowledge of HIPAA statutes.
5. Strive for continuous self-improvement in this area, guided by Lenox Hill standards of professionalism as well as careful review of quarterly 360-degree evaluations with formulation of plan for self-improvement.

**E. Professionalism**

**Goal 1.** Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
Objectives:
1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.
2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.
3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.
4. Demonstrate adequate preparation and planning before scheduled operative procedures.
5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.
6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

Goal 2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

Objectives:
1. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.
2. Demonstrate accountability for actions and decisions.

F. Systems-Based Practice

Goal 1. Demonstrate an awareness of and responsiveness to the larger context and system of health care.

Objectives:
1. Demonstrate an understanding of the organization of the Lenox Hill Otolaryngology service, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication.
2. Become familiar with the inpatient, operating room, and emergency room facilities at Lenox Hill, the ambulatory surgery facility (MEETH), and resources available to the Otolaryngology service at both clinical locations.
3. Through patient care activities and participation in practice based learning conference, seek to identify opportunities to systematically improve healthcare delivery within Lenox Hill and beyond.
4. Demonstrate an understanding of the macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).
5. Demonstrate knowledge of how various forms of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
6. Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire surgical team for all components of surgical care.

Goal 2. Demonstrate the ability to effectively call on system resources to provide care that is of optimal value.

Objectives:
1. Utilize effective organizational and time-management skills required for efficient running of the inpatient Otolaryngology – head and neck surgery service.
2. Exhibit understanding of each member's contributions to the multidisciplinary patient care team, and a willingness to work with these team members to provide optimal patient care.
3. Develop the habit of intermediate and long term planning of patient care.
4. Become aware of the differences between resource availability and other challenges in providing
inpatient and outpatient care for insured and indigent patients.

5. Understand the conflicting goals of providing state of the art and cost-effective healthcare, and demonstrate the ability to make cost-effective use of diagnostic tests and treatment modalities while maintaining quality of care.
OTO-3 BELLEVUE GENERAL OTOLARYNGOLOGY ROTATION

Introduction

The fundamental focus for the Oto-3 Bellevue General Otolaryngology rotation is to provide a broad clinical experience with progressively increasing depth and responsibility in the evaluation and management of adult and pediatric otolaryngologic conditions. This will build upon the Oto-2 experience on the Bellevue Otolaryngology service. Each Oto-3 resident will spend 3 months on the Bellevue service, 6 months on the otolaryngology service at Lenox Hill Hospital, and have a 3 month research block (described elsewhere).

In general, the Oto-3 resident on the Bellevue service will primarily be responsible for inpatient and emergency room consultations in addition to assisting with care of inpatients on the otolaryngology service and will assist the chief resident with oversight of the care provided by the Oto-2 residents on the service. All consult patients will be presented to the chief resident or consult attending to arrive at a final diagnostic and treatment plan. Delegation of authority and responsibility for patient care will increase as the resident demonstrates increased competence in the delivery of safe, effective, and compassionate care. Performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis; formal written evaluation of resident performance will be conducted quarterly.

Curriculum

Required Conferences

1) Weekly Basic Science and Resident Subspecialty Conferences – Monday and Thursday evening; follows the 2 year department Basic Science Course curriculum which includes portions of the COCLIA syllabus established by the AAO-HNS. Topics are assigned to resident for preparation and presentation.

Required Reading

1) AAO – HNS Home Study Course.
2) Otolaryngology/Head and Neck Surgery. (Byron J. Bailey, editor. 2005). Chapters will be assigned weekly to correspond to topics of discussion planned for weekly basic science conference.

Recommended Reading

1) AAO-HNS Self Instructional Packages (SIPac) or Monographs – Topic driven booklets with pre-and post-tests with questions and answers.
3) Bailey/Cummings Textbook Chapters, Review articles, etc – general reading related to patient encounters.
4) Selected articles from the medical literature – recommend review articles such as those found in Otolaryngology Clinics of North America, large meta-analyses, and select “classic “ articles from the literature as identified by faculty in conferences, or identified through other reading.

Required Products

1) Submission of all Home Study Course tests
2) ABO In Training Examination – given yearly in March
Clinical Duties and Responsibilities

**Brief Description:** The consult resident is primarily responsible for the consult service, endoscopy cases, general Otolaryngology cases, and Allergy Clinic at Bellevue Hospital.

**Outpatient Clinic:** The Oto-3 resident will be assigned to the outpatient clinic under the supervision of the faculty and chief resident, and there s/he will be involved in the evaluation and treatment of outpatients, in addition to assuming a teaching role with the Oto-2 residents and medical students in the clinic. It is expected that this experience will build upon the Oto-2 experience, so as such the Oto-3 resident will hone examination skills, and further develop the skills and knowledge required to evaluate and initiate treatment for patients with otolaryngologic complaints.

The Oto-3 will also be responsible for weekly Allergy Clinic, where s/he will evaluate patients for desensitization and administer the treatment under direct supervision of an Otolaryngologic Allergist. Immunology as well as medical allergist. Allergy will be discussed as an ongoing aspect of this rotation.

**Inpatient Care:** While on the Bellevue service, the Oto-3 resident will round daily with the Chief Resident and assist, teach, and oversee the Oto-2 residents in daily inpatient care duties, including chart notes, orders, wound care and floor procedures. During routine work hours the Oto-3 resident is responsible for the initial evaluation of all adult inpatient consultations, including presentation of consults to the service chief resident and on-call attending. The Oto-3 resident will improve upon basic operative skills developed in the Oto-2 year, and will also gain further experience in performing under close supervision more complex otolaryngologic procedures as listed below. Additional experience will be gained by assisting more senior residents and faculty with more complex procedures.

**Call Coverage:** The Oto-3 resident is assigned to the first-call schedule, and as such will see inpatient and emergency room consultations at Bellevue in conjunction with the second-call senior resident and on-call attending.

**Administrative/Academic Duties:** The Oto-3 resident will be involved in teaching any medical students, as well as Oto-2 residents on the service.

**Goals and Objectives**

**Goal–Specific Objectives for the Oto-3 resident:**
As the Oto-3 resident is still considered a junior resident on the Bellevue service, there will be considerable overlap in Goals and Objectives for these two years, Oto-2 and 3. However the Oto-3 resident will be expected to demonstrate increased depth and breadth of medical knowledge and patient care skills, and further development in all areas of competency.

By the completion of the Oto-3 year, the resident should achieve the following goals (listed by core competency):

**A. Patient care**

**Goal 1.** Continue to develop skills in the complete clinical evaluation of pediatric and adult patients presenting to the outpatient clinics and emergency room with otolaryngologic complaints, including performance of a
general and focused head and neck history, pertinent review of systems, and head and neck examination.

**Objectives:**
1. Be able to conduct a complete and targeted, problem-specific head and neck history including: chief complaint, history of present illness, past medical and surgical history—including birth history when relevant, allergies, medications, pertinent social history and cultural background.
2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.
3. Effectively use otolaryngologic clinical diagnostic instrumentation, including the head mirror, pneumatic otoscope, oto-microscope, flexible and rigid endoscope in the evaluation of pediatric and adult patients.
4. Be able to consistently present the patient's history and the pertinent physical findings, impression, differential diagnosis, and proposed management plan to attending staff in a concise and organized fashion.
5. Describe the elements of a complete head and neck specialty outpatient clinical note, and consistently demonstrate appropriate chart documentation for patient encounters.

**Goal 2.** Demonstrate the ability to formulate a thorough differential diagnosis, plan for further diagnostic studies, and initiate an appropriate and cost-effective treatment plan for most disorders affecting the head and neck.

**Objectives:**
1. Be able to formulate a complete differential diagnosis for patients presenting with complaints of the head and neck, and to describe the natural history, clinical presentation, and clinical evaluation findings of:
   a. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, vertigo, and neoplasms of the temporal bone.
   b. General otolaryngologic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
   c. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
   d. Inhalant and food allergies presenting with otolaryngologic manifestations.
   e. Congenital, reconstructive, and cosmetic deformities of the face, head, and neck.
   f. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.
2. Understand the standard of care with respect to diagnostic workup required to confirm a diagnosis for the common disorders of the upper aerodigestive tract, head and neck listed above.
3. Understand the standard of care with respect to the treatment of the common disorders of the upper aerodigestive tract, head and neck listed above.

**Goal 3.** Understand the indications for, cost-effective use of, and interpretation of diagnostic studies used in the evaluation of patients with otolaryngologic complaints.

**Objectives:**
1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as:
   a. Pure tone audiometry
   b. Speech audiometry
c. Tympanometry
d. Acoustic reflexes
e. Otoacoustic emissions
f. Auditory brainstem response testing
g. Electronystagmography

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:
   a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.
   b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.
   c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa
   d. Ultrasound – neck
   e. Angiography - CT and MR, as well as conventional angiography
   f. Nuclear medicine – positron emission tomography (PET), thyroid, and parathyroid imaging

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:
   a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.
   b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.
   c. Allergy skin testing – including prick test and intradermal serial dilution testing.
   d. Polysomnography
   e. Videostroboscopy

Goal 4. Understand the indications, alternative treatments, potential benefits, and risks and complications of common otolaryngologic procedures.

Objectives:

1. Understand the indications and potential benefits, for surgical intervention in the treatment of common disorders of the upper-aerodigestive tract, head, and neck.
2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for common otolaryngologic disorders, including but not limited to
   a. acute and chronic otitis media
   b. hearing loss and tinnitus
   c. balance disorders
   d. recurrent or chronic pharyngotonsillitis
   e. chronic obstructive adenotonsillar hypertrophy
   f. acute and chronic sinusitis
   g. allergic and vasomotor rhinitis
   h. dysphagia and gastroesophageal/laryngopharyngeal reflux
   i. hoarseness
   j. neck masses
   k. obstructive sleep apnea
   l. thyroid and parathyroid disease
   m. diseases of the salivary glands
4. Be able to list and describe the potential complications of common otolaryngologic procedures.
5. Demonstrate the ability to obtain informed consent, including the ability to discuss procedure indications, alternatives, potential risks, benefits and complications, and anticipated post-operative course in lay terms, understandable to the patients of varied socioeconomic and educational backgrounds.
Goal 5. Carry out an appropriate pre-operative evaluation, including appropriate use of consultations for medical clearance, for patients undergoing major and minor otolaryngologic procedures.

Objectives:
1. Demonstrate the ability to perform and document a thorough pre-operative history and physical examination for patients undergoing common otolaryngologic procedures.
2. Demonstrate an understanding of the potential added risk, in terms of intra or post-operative complications, for surgical procedures due to co-morbid illnesses.
3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

Goal 6. Gain experience in basic inpatient and outpatient otolaryngologic procedures.

Objectives:
1. Demonstrate proficiency in the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, and local anesthesia.
2. Understand the risks of airway compromise in patients undergoing otolaryngologic surgical procedures, and demonstrate appropriate cooperation with the anesthesia team in the management of the airway.
3. Demonstrate familiarity with otolaryngologic surgical equipment and instrumentation, including operating microscopes, rigid and flexible endoscopes, nerve monitoring equipment, and image guidance systems.
4. Develop competence in basic soft tissue surgical techniques, including tissue handling and general wound closure and suturing.
5. Demonstrate the capability to effectively serve as first assistant in advanced otolaryngologic operative procedures. This should include knowledge of the relevant anatomy and an understanding of the various steps involved in the procedure, which are needed to allow the resident to anticipate the needs of the operating surgeon.
6. Be able to effectively perform, with appropriate supervision, diagnostic and therapeutic procedures in the outpatient (clinic or emergency room) or inpatient setting, including:
   a. Microscopic ear exam and debridement or removal of cerumen
   b. Intranasal cautery packing for epistaxis
   c. Rigid nasal endoscopy for debridement or biopsy
   d. First tracheotomy tube change
   e. Myringotomy with PE tube placement
   f. Wound debridement
   g. Mandibular arch bar removal
   h. Removal of nasal and external auditory canal foreign bodies
   i. Incisional or minor excisional biopsy of head and neck skin, or nasal or oral mucosal lesions
   j. Placement of mastoid dressing
   k. Incision and drainage, or needle aspiration of head and neck abscess, including peritonsillar abscess
   l. Layered or complex repair of head and neck lacerations.
   m. Control of hemorrhage from head or neck, including oral cavity/pharynx.
7. Be able to effectively perform, with appropriate supervision, the following surgical procedures in the operating room setting:
a. Uvulopalatopharyngoplasty
b. Microlaryngoscopy
c. Diagnostic Bronchoscopy
d. Diagnostic Esophagoscopy (flexible and rigid)
e. Neck abscess drainage
f. Maxillary sinus surgery/Caldwell-Luc
g. Septoplasty
h. Scar revision
i. Reduction of nasal, trimalar, and mandibular fractures
j. Esophagoscopy for foreign body removal
k. Endoscopic laser surgery
l. Submandibular gland excision
m. Excisional/incisional biopsy of head and neck masses
n. Tympanoplasty

**Goal 7.** Attend to the basic post-operative care, both in the hospital and outpatient settings, of patients undergoing major and minor otolaryngologic procedures.

**Objectives:**

1. Demonstrate the ability to appropriately document, by written notes and dictation, all procedures performed in either the inpatient or outpatient settings, as per hospital guidelines and requirements.
2. Attend to the basic hospital needs of post-operative patients by proper entry of post-procedural care orders, and by appropriate communication and cooperation with other physician and non-physician members of the patient care team.
3. Develop competence in head and neck wound care, including debridement, dressing techniques, and drain management.
4. Demonstrate appropriate vigilance for, through thorough and regular post-operative patient assessment, and knowledge of treatment for complications of otolaryngologic surgical procedures.
5. Demonstrate appropriate use of specialty consultations in the management of post-operative patients’ medical co-morbid illnesses, as well as in the evaluation and treatment of surgical or anesthetic complications.

**Goal 8.** Understand and treat otolaryngologic allergy in the outpatient allergy clinic.

**Objectives:**

1. Obtain detailed rhinologic history/physical on patients referred by General Clinic and Rhinology Clinic which includes pharmacotherapy to date, radiologic review, surgeries performed, and modified RAST results.
2. Understand indication for immunotherapy reviewed and when appropriate discussed with patient.
3. Plan, formulate and administer immunotherapy treatment sets.
4. Obtain outcomes data generated via standardized patient questionnaires; clinical research issues identified and appropriate protocol discussed.

**B. Medical Knowledge**

**Goal 1.** Demonstrate increased understanding of head and neck anatomy and embryology, including the innervation, vasculature, lymphatics, musculature, and skeleton.

**Objectives:**
1. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:
   a. branchial pouches, arches, and clefts and derived structures
   b. external, middle, and inner ear, mastoid, and lateral skull base
   c. nose, paranasal sinuses, and anterior skull base
   d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea
   e. fascial planes and spaces of the head and neck
   f. salivary glands
   g. thyroid and parathyroid glands

Goal 2. Demonstrate enhanced understanding of the medical sciences relevant to the upper aero-digestive tract, head and neck, including the communication sciences (audiology, speech pathology), pathology, pharmacology, physiology including the special senses of hearing, smell, and taste, basic genetics related to cancer tumorigenesis, congenital syndromes, and genetic hearing loss, immunology and otolaryngic allergy, endocrinology, and neurology.

Objectives:
1. Attend and actively participate in all departmental educational conferences, courses, and symposia.
2. Successfully complete all AAO-HNS Home Study course modules.

Goal 3. Demonstrate basic knowledge of the pathophysiology, diagnostic evaluation, and treatment of common otolaryngologic disease processes.

Objectives:
1. Develop an understanding of the pathophysiology of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the upper aero-digestive tract, head & neck surgery patient and understanding of relevant basic science, as evidenced during patient care related activities and discussion with faculty.
2. Attend and actively participate in all departmental educational conferences, courses, and symposia.
3. Demonstrate knowledge through preparation of answers to assigned weekly COCLIA questions, and active participation in resident didactic conference.
4. Successfully complete all AAO-HNS Home Study course modules.

Goal 4. Be able to understand basic immunology for the Otolaryngologist and to recognize, understand, and explain allergic manifestations within the head and neck.

Objectives:
1. Understand the incidence and recognition of allergic disease in Otolaryngology
2. Develop and understanding of the science and method of allergy testing techniques and immunotherapy including the strengths and weaknesses of testing techniques
3. Develop an understanding of pharmacotherapy of allergy
4. Management of allergic emergencies
5. Develop understanding of the role of rhinosinusitis and allergy
6. Formulate and administer a treatment plan for allergic conditions and coordinate this plan with the management of any coexisting non-allergic conditions/disease.
7. Be aware of allergic issues requiring clinical research and will be able to formulate an appropriate research protocol.

C. Practice-Based Learning and Improvement
Goal 1. Demonstrate the ability to identify relevant patient-care related information in the medical literature or other sources, and appropriately apply this information to patient care.

Objectives:
1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.
2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.
3. Effectively utilize medical literature searching resources in the library and via the internet, as demonstrated during patient care-related and research activities.

Goal 2. Demonstrate the capability to monitor and analyze personal practice experience and perform practice-based improvement activities using a systematic methodology.

Objectives:
1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.
2. Attend and actively participate in journal club and QAI, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.
3. Show initiative in identifying personal areas of relative weakness and need for improvement, through consultation with faculty and resident colleagues, and address identified gaps in knowledge and clinical skills.

Goal 3. Demonstrate adequate teaching skills through close interactions with the Oto-2 residents and medical students.

Objectives:
1. Successfully teach Oto-2 residents basic head and neck examination, including use of head mirror, otoscope, and flexible and rigid endoscopes. Promote Oto-2 residents’ understanding of the evaluation and management of disorders of the head and neck.
2. Successfully teach medical students on service basic head and neck examination, including use of head mirror and otoscope, and demonstrate findings of examination with flexible and rigid endoscopes.
3. Promote medical students’ understanding of the evaluation and management of disorders of the head and neck, and the scope of practice of otolaryngologist – head and neck surgeon.

D. Interpersonal and Communication Skills

Goal 1. Demonstrate the ability to effectively communicate personal medical information, disease processes, and treatments with patients, and when appropriate, their family members.

Objectives:
1. Begin to develop skills to build appropriate physician-patient relationships.
2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

Goal 2. Develop successful interpersonal communication skills with clinic staff, inpatient nursing staff, and
operating room staff and maintain a professional environment.

Objectives:
1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.
2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.
3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.
4. Demonstrate ability and willingness to maintain patient confidentiality, and knowledge of HIPAA statutes.
5. Strive for continuous self-improvement in this area, guided by Bellevue standards of professionalism as well as careful review of quarterly 360 degree evaluations with formulation of plan for self-improvement.

E. Professionalism

Goal 1. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

Objectives:
1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.
2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.
3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.
4. Demonstrate adequate preparation and planning before scheduled operative procedures.
5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.
6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

Goal 2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

Objectives:
1. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.
2. Demonstrate accountability for actions and decisions.

F. Systems-Based Practice

Goal 1. Demonstrate an awareness of and responsiveness to the larger context and system of health care.

Objectives:
1. Demonstrate an understanding of the organization of the Bellevue Otolaryngology service, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of
supervision and communication.

2. Become familiar with the outpatient, inpatient, operating room, and emergency room facilities at Bellevue, and resources available to the Otolaryngology service.

3. Through patient care activities and participation in practice based learning conference, seek to identify opportunities to systematically improve healthcare delivery within Bellevue and beyond.

4. Demonstrate an understanding of the macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).

5. Demonstrate knowledge of how various forms of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.

6. Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire surgical team for all components of surgical care.

**Goal 2.** Demonstrate the ability to effectively call on system resources to provide care that is of optimal value.

**Objectives:**

1. Utilize effective organizational and time-management skills required for efficient running of the inpatient otolaryngology – head and neck surgery service.

2. Exhibit understanding of each member’s contributions to the multidisciplinary patient care team, and a willingness to work with these team members to provide optimal patient care.

3. Develop the habit of intermediate and long term planning of patient care.

4. Become aware of the differences between resource availability and other challenges in providing inpatient and outpatient care for insured and indigent patients.

5. Understand the conflicting goals of providing state of the art and cost-effective healthcare, and demonstrate the ability to make cost-effective use of diagnostic tests and treatment modalities while maintaining quality of care.
OTO-3 LENOX HILL GENERAL OTOLARYNGOLOGY ROTATION

Introduction

The fundamental focus for the Oto-3 Lenox Hill General Otolaryngology Rotation is to provide a broad clinical experience with progressively increasing depth in evaluation and management of adult and pediatric otolaryngologic conditions. This will build upon the Oto-2 experience on the Lenox Hill Otolaryngology service.

In general the Oto-3 resident on the Lenox Hill service will primarily be responsible for inpatient and emergency room consultations in addition to assisting with care of inpatients on the otolaryngology service and will assist the Chief Resident (Oto-5) with oversight of the care provided by the Oto-2 residents on the service. All consult patients will be presented to the chief resident or consulted attending to arrive at a final diagnostic and treatment plan. Delegation of authority and responsibility for patient care will increase as the resident demonstrates increased competence in the delivery of safe, effective, and compassionate care.

Performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis; formal written evaluation of resident performance will be conducted quarterly. Each Oto-3 will spend 6 months of the year at Lenox Hill.

Curriculum

Required Conferences
1) Weekly Basic Science and Resident Subspecialty Conferences – Monday and Thursday evening; to follow the department Basic Science Course curriculum and COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.
3) Departmental Symposia – Surgical Anatomy Dissection Course, Rhinology Updates.
4) Lenox Hill Conferences (separate and in addition to departmental conferences) – Weekly Grand Rounds, weekly literature review, bimonthly Morbidity and Mortality, bimonthly Neuroradiology, bimonthly Endocrine Pathology, bimonthly Pathology, bimonthly Journal Club

Required Reading
1) AAO – HNS Home Study Course.
2) Otolaryngology/Head and Neck Surgery. (Byron J. Bailey, editor. 2005). Chapters will be assigned weekly to correspond to topics of discussion planned for weekly basic science conference.

Recommended Reading
1) AAO-HNS Self Instructional Packages (SIPac) or Monographs – Topic driven booklets with pre-and post-tests with questions and answers.
3) Bailey/Cummings Textbook Chapters, Review articles, etc – general reading related to patient encounters.
4) Selected articles from the medical literature – recommend review articles such as those found in Otolaryngology Clinics of North America, large meta-analyses, and select “classic “ articles from the literature as identified by faculty in conferences, or identified through other reading.

Required Products
Clinical Duties and Responsibilities

Inpatient Care: While on the Lenox Hill service, the Oto-3 resident will assist, teach, and oversee the Oto-2 residents in daily inpatient care duties, including chart notes, orders, wound care and floor procedures. During routine work hours the Oto-3 resident is responsible for the initial evaluation of all adult inpatient consultations, including presentation of consults to the service chief resident and on-call attending. The Oto-3 resident will improve upon basic operative skills developed in the Oto-2 year, and will also gain further experience in performing under close supervision more complex otolaryngologic procedures as listed below. Additional experience will be gained by assisting more senior residents and faculty with more complex procedures, when not otherwise occupied.

Call Coverage: The Oto-3 resident is assigned to the first-call schedule, and as such will see inpatient and emergency room consultations at Lenox Hill in conjunction with the second-call senior resident and on-call attending.

Administrative/Academic Duties: The Oto-3 resident will be involved in teaching any medical students, as well as Oto-2 residents on the service. S/he will present regularly on rounds, a formal Grand Rounds presentation, and assigned weekly literature review article.

Goals and Objectives

Goal–Specific Objectives for the Oto-3 resident:
As the Oto-3 resident is still considered a junior resident on the Lenox Hill service , there will be considerable overlap in Goals and Objectives for these two years, Oto-2 and 3. However the Oto-3 resident will be expected to demonstrate increased depth and breadth of medical knowledge and patient care skills, and further development in all areas of competency appropriate for their level of training. S/he will be expected to demonstrate an increased level of independent thinking while remaining under close supervision.

By the completion of the Oto-3 year, the resident should achieve the following goals (listed by core competency):

A. Patient care

Goal 1. Continue to develop skills in the complete clinical evaluation of pediatric and adult patients presenting to the outpatient clinics and emergency room with otolaryngologic complaints, including performance of a general and focused head and neck history, pertinent review of systems, and head and neck examination.

Objectives:
1. Be able to conduct a complete and targeted, problem-specific head and neck history including: Chief complaint, history of present illness, past medical and surgical history—including birth history when relevant, allergies, medications, pertinent social history and cultural background.
2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.
3. Effectively use otolaryngologic clinical diagnostic instrumentation, including the head mirror, pneumatic otoscope, oto-microscope, flexible and rigid endoscope in the evaluation of pediatric and adult patients.
4. Be able to consistently present the patients’ history and the pertinent physical findings, impression, differential diagnosis, and proposed management plan to attending staff in a concise and organized fashion.
5. Describe the elements of a complete head and neck specialty outpatient clinical note, and consistently demonstrate appropriate chart documentation for patient encounters.

**Goal 2.** Demonstrate the ability to formulate a thorough differential diagnosis, plan for further diagnostic studies, and initiate an appropriate and cost-effective treatment plan for most disorders affecting the head and neck.

**Objectives:**
1. Be able to formulate a complete differential diagnosis for patients presenting with complaints of the head and neck, and to describe the natural history, clinical presentation, and clinical evaluation findings of:
   a. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, vertigo, and neoplasms of the temporal bone.
   b. General otolaryngologic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
   c. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
   d. Inhalant and food allergies presenting with otolaryngologic manifestations.
   e. Congenital, reconstructive, and cosmetic deformities of the face, head, and neck.
   f. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.
2. Understand the standard of care with respect to diagnostic workup required to confirm a diagnosis for the common disorders of the upper aerodigestive tract, head and neck listed above.
3. Understand the standard of care with respect to the treatment of the common disorders of the upper aerodigestive tract, head and neck listed above.

**Goal 3.** Understand the indications for, cost-effective use of, and interpretation of diagnostic studies used in the evaluation of patients with otolaryngologic complaints.

**Objectives:**
1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as:
   a. Pure tone audiometry
   b. Speech audiometry
   c. Tympanometry
   d. Acoustic reflexes
   e. Otoacoustic emissions
   f. Auditory brainstem response testing
   g. Electronystagmography
2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:
   a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified
barium swallow.
b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.
c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa
d. Ultrasound – neck
e. Angiography - CT and MR, as well as conventional angiography
f. Nuclear medicine – positron emission tomography (PET), thyroid, and parathyroid imaging

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:
a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.
b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.
c. Allergy skin testing – including prick test and intradermal serial dilution testing.
d. Polysomnography
e. Videostroboscopy

Goal 4. Understand the indications, alternative treatments, potential benefits, and risks and complications of common otolaryngologic procedures.

Objectives:
1. Understand the indications and potential benefits, for surgical intervention in the treatment of common disorders of the upper-aerodigestive tract, head, and neck.
2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for common otolaryngologic disorders, including but not limited to
   a. acute and chronic otitis media
   b. hearing loss and tinnitus
   c. balance disorders
   d. recurrent or chronic pharyngotonsillitis
   e. chronic obstructive adenotonsillar hypertrophy
   f. acute and chronic sinusitis
   g. allergic and vasomotor rhinitis
   h. dysphagia and gastroesophageal/laryngopharyngeal reflux
   i. hoarseness
   j. neck masses
   k. obstructive sleep apnea
   l. thyroid and parathyroid disease
   m. diseases of the salivary glands
3. Be able to list and describe the potential complications of common otolaryngologic procedures.
4. Demonstrate the ability to obtain informed consent, including the ability to discuss procedure indications, alternatives, potential risks, benefits and complications, and anticipated post-operative course in lay terms, understandable to the patients of varied socioeconomic and educational backgrounds.

Goal 5. Carry out an appropriate pre-operative evaluation, including appropriate use of consultations for medical clearance, for patients undergoing major and minor otolaryngologic procedures.

Objectives:
1. Demonstrate the ability to perform and document a thorough pre-operative history and physical examination for patients undergoing common otolaryngologic procedures.
2. Demonstrate an understanding of the potential added risk, in terms of intra or post-operative complications, for surgical procedures due to co-morbid illnesses.
3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (e.g., cardiology, pulmonology, etc.) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

**Goal 6.** Gain experience in basic inpatient and outpatient otolaryngologic procedures.

**Objectives:**
1. Demonstrate proficiency in the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, and local anesthesia.
2. Understand the risks of airway compromise in patients undergoing otolaryngologic surgical procedures, and demonstrate appropriate cooperation with the anesthesia team in the management of the airway.
3. Demonstrate familiarity with otolaryngologic surgical equipment and instrumentation, including operating microscopes, rigid and flexible endoscopes, nerve monitoring equipment, and image guidance systems.
4. Develop competence in basic soft tissue surgical techniques, including tissue handling and general wound closure and suturing.
5. Demonstrate the capability to effectively serve as first assistant in advanced otolaryngologic operative procedures. This should include knowledge of the relevant anatomy and an understanding of the various steps involved in the procedure, which are needed to allow the resident to anticipate the needs of the operating surgeon.
6. Be able to effectively perform, with appropriate supervision, diagnostic and therapeutic procedures in the outpatient (clinic or emergency room) or inpatient setting, including:
   a. Microscopic ear exam and debridement or removal of cerumen
   b. Intranasal cautery packing for epistaxis
   c. Rigid nasal endoscopy for debridement or biopsy
   d. First tracheotomy tube change
   e. Myringotomy with PE tube placement
   f. Wound debridement
   g. Mandibular arch bar removal
   h. Removal of nasal and external auditory canal foreign bodies
   i. Incisional or minor excisional biopsy of head and neck skin, or nasal or oral mucosal lesions
   j. Placement of mastoid dressing
   k. Incision and drainage, or needle aspiration of head and neck abscess, including peritonsillar abscess.
   l. Layered or complex repair of head and neck lacerations.
   m. Control of hemorrhage from head or neck, including oral cavity/pharynx.
7. Be able to effectively perform, with appropriate supervision, the following surgical procedures in the operating room setting:
   a. Uvulopalatopharyngoplasty
   b. Microlaryngoscopy
   c. Diagnostic Bronchoscopy
   d. Diagnostic Esophagoscopy (flexible and rigid)
   e. Neck abscess drainage
   f. Maxillary sinus surgery/Caldwell-Luc
   g. Endoscopic sinus surgery
   h. Septoplasty
   i. Scar revision
   j. Reduction of nasal fractures
k. Esophagoscopy for foreign body removal
l. Endoscopic laser surgery
m. Submandibular gland excision
n. Excisional/incisional biopsy of head and neck masses
o. Tympanoplasty

**Goal 7.** Attend to the basic post-operative care, both in the hospital and outpatient settings, of patients undergoing major and minor otolaryngologic procedures.

**Objectives:**
1. Demonstrate the ability to appropriately document, by written notes and dictation, all procedures performed in either the inpatient or outpatient settings, as per hospital guidelines and requirements.
2. Attend to the basic hospital needs of post-operative patients by proper entry of post-procedural care orders, and by appropriate communication and cooperation with other physician and non-physician members of the patient care team.
3. Develop competence in head and neck wound care, including debridement, dressing techniques, and drain management.
4. Demonstrate appropriate vigilance for, through thorough and regular post-operative patient assessment, and knowledge of treatment for complications of otolaryngologic surgical procedures.
5. Demonstrate appropriate use of specialty consultations in the management of post-operative patients’ medical co-morbid illnesses, as well as in the evaluation and treatment of surgical or anesthetic complications.

**Goal 8.** Understand and treat allergy in the otolaryngologic patient.

**Objectives:**
1. Obtain detailed rhinologic history/physical on patients which includes pharmacotherapy to date, radiologic review, surgeries performed, and modified RAST results.
2. Understand indication for immunotherapy reviewed and when appropriate discussed with patient.
3. Plan, formulate and administer immunotherapy treatment sets.
4. Obtain outcomes data generated via standardized patient questionnaires; clinical research issues identified and appropriate protocol discussed.

**B. Medical Knowledge**

**Goal 1.** Demonstrate increased understanding of head and neck anatomy and embryology, including the innervation, vasculature, lymphatics, musculature, and skeleton.

**Objectives:**
1. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:
   a. branchial pouches, arches, and clefts and derived structures
   b. external, middle, and inner ear, mastoid, and lateral skull base
   c. nose, paranasal sinuses, and anterior skull base
   d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea
   e. fascial planes and spaces of the head and neck
   f. salivary glands
   g. thyroid and parathyroid glands
Goal 2. Demonstrate enhanced understanding of the medical sciences relevant to the upper aero-digestive tract, head and neck, including the communication sciences (audiology, speech pathology), pathology, pharmacology, physiology including the special senses of hearing, smell, and taste, basic genetics related to cancer tumorigenesis, congenital syndromes, and genetic hearing loss, immunology and otolaryngic allergy, endocrinology, and neurology.

Objectives:
1. Attend and actively participate in all departmental educational conferences, courses, and symposia.
2. Successfully complete all AAO-HNS Home Study course modules.

Goal 3. Demonstrate basic knowledge of the pathophysiology, diagnostic evaluation, and treatment of common otolaryngologic disease processes.

Objectives:
1. Develop an understanding of the pathophysiology of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the upper aero-digestive tract, head & neck surgery patient and understanding of relevant basic science, as evidenced during patient care related activities and discussion with faculty.
2. Attend and actively participate in all departmental educational conferences, courses, and symposia.
3. Demonstrate knowledge through preparation of answers to assigned weekly COCLIA questions, and active participation in resident didactic conference.
4. Successfully complete all AAO-HNS Home Study course modules.

Goal 4. Be able to understand basic immunology for the Otolaryngologist and to recognize, understand, and explain allergic manifestations within the head and neck.

Objectives:
1. Understand the incidence and recognition of allergic disease in Otolaryngology
2. Develop and understanding of the science and method of allergy testing techniques and immunotherapy including the strengths and weaknesses of testing techniques
3. Develop an understanding of pharmacotherapy of allergy
4. Management of allergic emergencies
5. Develop understanding of the role of rhinosinusitis and allergy
6. Formulate and administer a treatment plan for allergic conditions and coordinate this plan with the management of any coexisting non-allergic conditions/disease.
7. Be aware of allergic issues requiring clinical research and will be able to formulate an appropriate research protocol.

C. Practice-Based Learning and Improvement

Goal 1. Demonstrate the ability to identify relevant patient-care related information in the medical literature or other sources, and appropriately apply this information to patient care.

Objectives:
1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.
2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.
3. Effectively utilize medical literature searching resources in the library and via the internet, as
demonstrated during patient care-related and research activities.

**Goal 2.** Demonstrate the capability to monitor and analyze personal practice experience and perform practice-based improvement activities using a systematic methodology.

**Objectives:**
1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.
2. Attend and actively participate in journal club and QAI, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.
3. Show initiative in identifying personal areas of relative weakness and need for improvement, through consultation with faculty and resident colleagues, and address identified gaps in knowledge and clinical skills.

**Goal 3.** Demonstrate adequate teaching skills through close interactions with the Oto-2 residents and medical students.

**Objectives:**
1. Successfully teach Oto-2 residents basic head and neck examination, including use of head mirror, otoscope, and flexible and rigid endoscopes. Promote Oto-2 residents’ understanding of the evaluation and management of disorders of the head and neck.
2. Successfully teach medical students on service basic head and neck examination, including use of head mirror and otoscope, and demonstrate findings of examination with flexible and rigid endoscopes. Promote medical students’ understanding of the evaluation and management of disorders of the head and neck, and the scope of practice of otolaryngologist – head and neck surgeon.

**D. Interpersonal and Communication Skills**

**Goal 1.** Demonstrate the ability to effectively communicate personal medical information, disease processes, and treatments with patients, and when appropriate, their family members.

**Objectives:**
1. Begin to develop skills to build appropriate physician-patient relationships.
2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

**Goal 2.** Develop successful interpersonal communication skills with clinic staff, inpatient nursing staff, and operating room staff and maintain a professional environment.

**Objectives:**
1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.
2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.
3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.
4. Demonstrate ability and willingness to maintain patient confidentiality in accordance with current HIPAA statutes.
5. Strive for continuous self-improvement in this area, guided by Lenox Hill standards of professionalism.
as well as careful review of quarterly 360-degree evaluations with formulation of plan for self-improvement.

E. Professionalism

Goal 1. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

Objectives:
1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.
2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.
3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.
4. Demonstrate adequate preparation and planning before scheduled operative procedures.
5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.
6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

Goal 2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

Objectives:
1. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.
2. Demonstrate accountability for actions and decisions.

F. Systems-Based Practice

Goal 1. Demonstrate an awareness of and responsiveness to the larger context and system of health care.

Objectives:
1. Demonstrate an understanding of the organization of the Lenox Hill Otolaryngology service, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication.
2. Become familiar with the inpatient, operating room, and emergency room facilities at Lenox Hill, the ambulatory surgery facility of MEETH, and resources available to the Otolaryngology service.
3. Through patient care activities and participation in practice based learning conference, seek to identify opportunities to systematically improve healthcare delivery within Lenox Hill and beyond.
4. Demonstrate an understanding of the macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).
5. Demonstrate knowledge of how various forms of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
6. Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire surgical team for all components of surgical care.

Goal 2. Demonstrate the ability to effectively call on system resources to provide care that is of optimal value.
Objectives:
1. Utilize effective organizational and time-management skills required for efficient running of the inpatient otolaryngology – head and neck surgery service.
2. Exhibit understanding of each member's contributions to the multidisciplinary patient care team, and a willingness to work with these team members to provide optimal patient care.
3. Develop the habit of intermediate and long term planning of patient care.
4. Become aware of the differences between resource availability and other challenges in providing inpatient and outpatient care for insured and indigent patients.
5. Understand the conflicting goals of providing state of the art and cost-effective healthcare, and demonstrate the ability to make cost-effective use of diagnostic tests and treatment modalities while maintaining quality of care.
OTO-3 RESEARCH ROTATION

Introduction

The Oto-3 Research Rotation is intended to provide protected time for the resident to carry out the primary research project proposed during the Oto-2 year. This project may be clinical or laboratory in nature. The research resident is also encouraged to become involved in any other research projects in which they are interested, although the focus of the rotation will be completion of the necessary data collection and, if feasible, manuscript preparation for the primary research study.

Mentor and Project for the Research Rotation: The identification of the research mentor (the faculty member supervising the research), the research project, development of the research plan should begin in the Oto-1 year. This will allow ample time for obtaining appropriate animal or human Institutional Review Boards critical for conducting the proposed research. It is strongly encouraged that Oto-1 residents formally meet with as many faculty members as possible to get a broad idea about the different experiences available within the department or at NYU. In addition, a summary of available projects will be listed on the Web and updated on a regular basis. Alternatively, the resident may develop a project of his/her own and choose an appropriate mentor.

Research Rotation Proposal: The written research proposal needs to be submitted by November 30th of the Oto-2 year. The research committee will meet with the Oto-2 residents on a regular basis from July – November to guide them through the process so that the November 30th deadline can be met. At the first meeting all Oto-2 residents will present their research to one or more of the research committee members to include: 1) defining the hypothesis around which the study is to be done, 2) specific aim(s) and 3) a preliminary review of the literature. At the second meeting, those items will be reviewed and the study design and methods will be presented. In the final session in October, individual resident project presentations will be done for committee approval and permission to submit all Institutional Review Board or Institutional Animal Care and Use Committee documents will be given.

The research resident will have protected time for research and will remain in the on-call pool at Tisch Hospital. The resident will also attend all conferences, courses, and symposia within the department. Formal evaluation of resident performance will be conducted by the Residency Director of Research and the resident’s faculty research mentor(s) following completion of the rotation.

Curriculum

Required Conferences

1) Weekly Basic Science and Resident Subspecialty Conferences – Monday and Thursday evening; to follow the department Basic Science Course curriculum and COCILIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.


3) Departmental Symposia – Temporal Bone Course, Surgical Anatomy Dissection Course, Rhinology Updates.

Required Reading

1) AAO – HNS Home Study Course.

2) Tutorial on Responsible Conduct of Research – access at http://www.research.vcu.edu/vpr/rcr/index.html

3) Guidelines for grant format – http://www.entlink.net/research/grant/core.cfm

4) (for human studies) Human subjects tutorial – http://www.med.nyu.edu/som/research.html
5) (for animal studies) Institutional Animal Care and Use Committee requirements – http://www.med.nyu.edu/DLAR/approval.htm

**Required Products**

1) Submission of all Home Study Course tests

2) Manuscript for case report or clinical research study to be submitted to peer-reviewed journal for presentation (begun in Oto-2 year).

3) Research study – the resident is expected to have made significant progress toward completion of the hypothesis driven research project proposed in the Oto-2 year. It is expected that in many cases data collection and analysis will be carried out beyond the time of the Oto-3 Research Rotation. Thus, while submission of a manuscript to a peer-reviewed journal is not required by completion of the Oto-3 Research Rotation, submission of a manuscript is required prior to completion of the residency program, and will be considered a requirement for completion of the program.

4) ABO In Training Examination – given yearly in March

5) ACGME Operative Case Log – must be updated at least monthly

**Clinical Duties and Responsibilities**

**Inpatient Care:** The Oto-3 research resident will not be a full-time member of the resident patient care team, and as such will not have regularly assigned inpatient duties. Rather, the research resident may be asked to cover patient care duties appropriate for his/her level when other residents are absent for leave or impending duty hour violations. Such coverage will be assigned at the discretion of the Program Director and Tisch Inpatient Chief Resident, and will be minimized so as not to negatively impact the resident’s research experience.

**Call Coverage:** The Oto-3 research resident is assigned to the first-call schedule, and as such will see inpatient and emergency room consultations in conjunction with the second-call senior resident and on-call attending.

**Administrative/Academic Duties:** The primary administrative responsibility is to make the call schedule for the 3-month rotation, in an equitable and compliant manner in consideration of work hour regulations.

**Goals and Objectives**

*By the completion of the Oto-3 Research Rotation, the resident should achieve the following goals (listed by core competency):*

**A. Patient Care** – N/A except on-call duties

**B. Medical Knowledge**

Develop the ability to identify areas of inadequate medical knowledge, either personal or global, and/or controversy, and to carry out a focused literature search to broaden one’s personal knowledge of existing information in this area.

**C. Practice Based Learning and Improvement**

To understand the research process including development of a hypothesis, formulation of research methodology to investigate the hypothesis, proper execution of the research project, appropriate statistical analysis and presentation of data. Evaluate and critically analyze clinical evidence published in the medical literature. Apply analysis of medical literature to patient management.
D. Interpersonal and Communication Skills
Establish and maintain professional relationships with patients, research subjects, and healthcare/research team members.
Develop skills in oral and written presentation of scientific information
Understand the basic requirements of informed consent for research study participation, and demonstrate adequate skill in obtaining informed consent from prospective research subjects
To understand the fundamentals of grant-writing.
To learn how to write a manuscript suitable for publication in the peer-reviewed medical literature

E. Professionalism
Actively seek and be receptive to feedback on performance.
Understand and practice the ethical treatment of human subjects in biomedical research as set forth by the
Be sensitive to gender, age, race, and cultural issues.
Demonstrate behaviors that reflect an ongoing commitment to continuous professional development, ethical practice, sensitivity to diversity and responsible attitudes.

F. Systems Based Practice
Be aware of cost-effective research issues.
Be sensitive to medical-legal issues.
Understand proper application of information technology/computer resources including online literature searching and database management.
OTO-4 BELLEVUE FACIAL PLASTICS ROTATION

Introduction

The Oto-4 Bellevue Facial Plastics Rotation is designed as a Junior Chief Residency in the subspecialty of Facial Plastics. The resident participates fully as part of the team at Bellevue but also focuses on the designated subspecialty.

This rotation is intended to provide a broad clinical experience with progressively increasing responsibility for the evaluation and management of adult and pediatric otolaryngologic conditions and specifically facial plastics conditions. This will build upon the Oto-3 experience on the Bellevue Otolaryngology service. In addition, the Oto-4 Facial Plastics Resident will have an increased supervisory role on the service, and thus begin to develop the leadership skills that will be necessary to successfully serve as Chief Resident. The Facial Plastics resident will, in fact, serve as the Chief Resident when s/he is not present. Each Oto-4 resident will spend 3 months on the Bellevue Facial Plastics rotation.

Whereas it is recognized that resident performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis, formal written evaluation of resident performance will be conducted quarterly.

Curriculum

Required Conferences

1) Weekly Basic Science and Resident Subspecialty Conferences – Monday and Thursday evening; follows the 2 year department Basic Science Course curriculum, which includes portions of the COCLIA syllabus established by the AAO-HNS. Conference topics are assigned in advance and residents are expected to be prepared to participate in and/or lead the conference.


3) Departmental Symposia – Surgical Anatomy Dissection Course, Rhinology Update.

Required Reading

1) AAO – HNS Home Study Course.

2) Otolaryngology/Head and Neck Surgery. (Byron J. Bailey, editor. 2005). Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

3) Facial Plastic and Reconstructive Surgery, Papel – preparatory reading for surgical cases and conferences.

Recommended Reading

1) Selected articles from the medical literature – recommend recent literature identified through other reading, or as suggested by patient care experiences, taken from otolaryngology core journals such as Laryngoscope, Archives of Otolaryngology – Head & Neck Surgery, and Otolaryngology – Head & Neck Surgery, or subspecialty journals such as Archives of Facial Plastic and Reconstructive Surgery, Head and Neck, Otology/Neurotology, or American Journal of Rhinology.


Required Products

1) Submission of all Home Study Course tests
2) ABO In Training Examination – given yearly in March
3) Presentations for assigned COCLIA Topics covered in weekly core curriculum conference
4) ACGME Operative Case Log – must be updated at least monthly
5) Resident presentation at Resident Subspecialty Conference – Powerpoint presentation of cases and discussion of topic based on assigned subspecialty curriculum

Clinical Duties

Outpatient Care: The Bellevue Oto-4 Facial Plastics Resident will attend all Otolaryngology Clinics unless otherwise occupied in the operating room. Specifically, the resident will be responsible for the weekly Facial Plastics Clinic, where preoperative consultation as well as postoperative care take place under direct supervision of the Facial Plastics Fellow and a Facial Plastics Attending. The resident will thoroughly assess a patient preoperatively including taking standard photographs and booking surgery.

Inpatient Care: While on the Bellevue service, the Oto-4 resident will assist the Chief Resident with oversight of the care provided by and teaching of the Oto-2-3 residents and medical students on the service. In addition, the Oto-4 Facial Plastics resident will begin to achieve proficiency in facial plastics procedures as listed below, as well as continue to improve general otolaryngologic skills and knowledge.

Specifically, the Facial Plastics resident will be primarily responsible for the pre- and postoperative care of his/her facial plastics patients. S/he will be the first senior person to supervise junior residents in making consultations for facial trauma and other facial plastics concerns.

Call Coverage: The Oto-4 resident is assigned to the first-call schedule, and as such will see inpatient and emergency room consultations at Bellevue in conjunction with the second-call senior resident and on-call attending.

Administrative/Academic Duties: The Oto-4 resident will be involved in teaching the Oto-2-3 residents as well as any medical students on the service. The Oto-4 Facial Plastics resident is also responsible for preparing a number of the didactic subspecialty conferences. The primary administrative responsibility is to keep a detailed log of all cases, and a separate log of trauma coverage (case type and attending coverage) and to seek the appropriate attending coverage for cases. The Oto-4 Facial Plastics Resident will substitute for the Chief Resident in his/her absence.

Goals and Objectives

Goal–Specific Objectives for the Oto-4 Bellevue Facial Plastics Resident:
By the completion of the Oto-4 year, the resident should achieve the following goals (listed by core competency):

A. Patient care

Goal 1. Perform a thorough and complete evaluation of pediatric and adult patients presenting to the outpatient clinics and emergency room with otolaryngologic complaints, including performance of a general and focused head and neck history, pertinent review of systems, and head and neck examination. Perform a focused facial plastics history and physical examination including assessment of patient expectations.

Objectives:
1. Be able to conduct a complete and targeted, problem-specific head and neck history including:
   a. Chief complaint
   b. History of present illness
c. Past medical and surgical history—including birth history when relevant

d. Allergies

e. Medications

f. Pertinent social history and cultural background

2. Focused facial plastics history

3. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck in terms of functional and cosmetic aspects.

4. Effectively use otolaryngologic clinical diagnostic instrumentation, including the head mirror, pneumatic otoscope oto-microscope, flexible and rigid endoscope in the evaluation of pediatric and adult patients.

5. Be able to consistently present the patient’s history and the pertinent physical findings, impression, differential diagnosis, and proposed management plan to attending staff in a concise and organized fashion.

6. Describe the elements of a complete facial plastics specialty outpatient clinical note, and consistently demonstrate appropriate chart documentation for patient encounters.

**Goal 2.** Demonstrate the ability to formulate a reasonable differential diagnosis, plan for further diagnostic studies, and initiate an appropriate and cost-effective treatment plan for common disorders affecting the head and neck in general. Formulate differential treatment plans for facial plastics patients based on deformity, etiology and solution.

**Objectives:**

1. Be able to formulate a complete differential diagnosis for patients presenting with complaints of the head and neck, and to describe the natural history, clinical presentation, and clinical evaluation findings of:

   a. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, vertigo, and neoplasms of the temporal bone.

   b. General otolaryngologic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.

   c. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.

   d. Inhalant and food allergies presenting with otolaryngologic manifestations.

   e. Congenital, reconstructive, and cosmetic deformities of the face, head, and neck.

   f. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.

   g. Facial deformities including nasal, auricular, aging face and facial trauma.

2. Understand the standard of care with respect to diagnostic workup required to confirm a diagnosis for the common disorders of the upper aerodigestive tract, head and neck and facial plastics listed above.

3. Understand the standard of care with respect to the treatment of the common disorders of the upper aerodigestive tract, head and neck, and facial plastics listed above.

**Goal 3.** Understand the indications for, cost-effective use of, and interpretation of diagnostic studies used in the evaluation of patients with otolaryngologic and specific facial plastic complaints.

**Objectives:**

1. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, and specifically
facial plastics including:
   a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.
   c. Computed tomography (CT) – Facial bones, head, neck, sinuses, temporal bone, chest, airway.
   d. Magnetic resonance imaging (MRI) – Face, head, neck, brain/posterior fossa
   e. Ultrasound – neck
   f. Angiography – CT and MR, as well as conventional angiography
   g. Nuclear medicine – positron emission tomography (PET), thyroid, and parathyroid imaging

2. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as:
   a. Pure tone audiometry
   b. Speech audiometry
   c. Tympanometry
   d. Acoustic reflexes
   e. Otoacoustic emissions
   f. Auditory brainstem response testing
   g. Electronystagmography

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:
   a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.
   b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.
   c. Allergy skin testing – including prick test and intradermal serial dilution testing.
   d. Polysomnography
   e. Videostroboscopy

**Goal 4.** Understand the indications, alternative treatments, potential benefits, and risks and complications of common otolaryngologic procedures and specific facial plastics procedures, both cosmetic and reconstructive.

**Objectives:**
1. Understand the indications and potential benefits for surgical intervention in the treatment of facial deformities and the aging face.
2. Understand the indications and potential benefits, for surgical intervention in the treatment of common disorders of the upper-aerodigestive tract, head, and neck.
3. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for
4. common otolaryngologic disorders and facial plastics conditions, including but not limited to
   a. acute and chronic otitis media
   b. hearing loss and tinnitus
   c. balance disorders
   d. recurrent or chronic pharyngotonsillitis
   e. chronic obstructive adenotonsillar hypertrophy
   f. acute and chronic sinusitis
   g. allergic and vasomotor rhinitis
   h. dysphagia and gastroesophageal/laryngopharyngeal reflux
   i. hoarseness
   j. neck masses
   k. obstructive sleep apnea
   l. thyroid and parathyroid disease
   m. diseases of the salivary glands
   n. facial deformities – congenital, traumatic, iatrogenic, aging face
5. Be able to list and describe the potential complications of common otolaryngologic procedures.
6. Demonstrate the ability to obtain informed consent, including the ability to discuss procedure
   indications, alternatives, potential risks, benefits and complications, and anticipated post-operative
   course in lay terms, understandable to the patients of varied socioeconomic and educational
   backgrounds.

**Goal 5.** Carry out an appropriate pre-operative evaluation, including appropriate use of consultations for
medical clearance, for patients undergoing major and minor otolaryngologic procedures.

**Objectives:**
1. Demonstrate the ability to perform and document a thorough pre-operative history and physical
   examination for patients undergoing common otolaryngologic procedures and specifically facial plastics
   procedures, either reconstructive or cosmetic.
2. Demonstrate an understanding of the potential added risk, in terms of intra or post-operative
   complications, for surgical procedures due to co-morbid illnesses.
3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients
   undergoing common otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation
   in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

**Goal 6.** Gain experience in basic inpatient and outpatient otolaryngologic procedures and specifically facial
plastics.

**Objectives:**
1. Demonstrate proficiency in the intra-operative preparation of the patient for basic head and neck
   procedures and specific facial plastics procedures, including patient positioning, surgical prepping,
   pharmacologic prophylaxis, premedication, and importantly, local anesthesia.
2. Understand the risks of airway compromise in patients undergoing otolaryngologic surgical
   procedures, and demonstrate appropriate cooperation with the anesthesia team in the management of
   the airway.
3. Demonstrate familiarity with otolaryngologic surgical equipment and instrumentation, including
   operating microscopes, rigid and flexible endoscopes, nerve monitoring equipment, and image
   guidance systems.
4. Develop competence in basic soft tissue surgical techniques, including tissue handling and general
   would closure and suturing especially to achieve cosmetic results.
5. Demonstrate the capability to effectively serve as first assistant in advanced otolaryngologic
   operative procedures. This should include knowledge of the relevant anatomy and an understanding
   of the various steps involved in the procedure, which are needed to allow the resident to anticipate
   the needs of the operating surgeon.
6. Be able to effectively perform, with appropriate supervision, the following surgical procedures in the
   operating room setting:
   a. Reconstruction of soft tissues defects of the face and neck
   b. Rhinoplasty
   c. Facial rejuvenation – facelift (open and endoscopic), injectable fillers, botox therapy
   d. Blepharoplasty
   e. Open and closed reduction of nasal fractures
   f. Reduction of mandible fractures, external and transoral, with rigid fixation and/or
      maxillomandibular fixation
   g. Reduction of midface fractures including LeFort I-III, zygomatic complex fractures, orbital
      fractures
h. Otoplasty
i. Management of nasal septal and auricular hematomas
j. Cosmetic closures of complex lacerations including lip involving vermilion, through and through ear lacerations and stellate facial lacerations

Goal 7. Attend to the basic post-operative care, both in the hospital and outpatient settings, of patients undergoing major and minor otolaryngologic procedures.

Objectives:
1. Demonstrate the ability to appropriately document, by written notes and dictation, all procedures performed in either the inpatient or outpatient settings, as per hospital guidelines and requirements.
2. Attend to the basic hospital needs of post-operative patients by proper entry of post-procedural care orders, and by appropriate communication and cooperation with other physician and non-physician members of the patient care team.
3. Develop competence in head and neck wound care, including debridement, dressing techniques, and drain management.
4. Demonstrate appropriate vigilance for, through thorough and regular post-operative patient assessment, and knowledge of treatment for complications of otolaryngologic surgical procedures.
5. Demonstrate appropriate use of specialty consultations in the management of post-operative patients’ medical co-morbid illnesses, as well as in the evaluation and treatment of surgical or anesthetic complications.

B. Medical Knowledge

Goal 1. Demonstrate basic understanding of head and neck anatomy and embryology, including the innervation, vasculature, lymphatics, musculature, and skeleton. Demonstrate detailed knowledge of facial analysis.

Objectives:
1. Successfully complete the head and neck anatomy course and sinus endoscopy symposium.
2. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:
   a. branchial pouches, arches, and clefts and derived structures
   b. external, middle, and inner ear, mastoid, and lateral skull base
   c. nose, paranasal sinuses, and anterior skull base
   d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea
   e. fascial planes and spaces of the head and neck
   f. salivary glands
   g. thyroid and parathyroid glands
   h. theories of facial analysis and applied anatomy

Goal 2. Demonstrate basic understanding of the medical sciences relevant to the upper aero-digestive tract, head and neck, including the communication sciences (audiology, speech pathology), pathology, pharmacology, physiology including the special senses of hearing, smell, and taste, basic genetics related to cancer tumorigenesis, congenital syndromes, and genetic hearing loss, immunology and otolaryngic allergy, endocrinology, and neurology.

Objectives:
Attend and actively participate in all departmental educational conferences, courses, and symposia.
Goal 3. Demonstrate basic knowledge of the pathophysiology, diagnostic evaluation, and treatment of common otolaryngologic disease processes.

Objectives:
1. Develop an understanding of the pathophysiology of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the upper aero-digestive tract, head & neck surgery patient and understanding of relevant basic science, as evidenced during patient care related activities and discussion with faculty.
2. Attend and actively participate in all departmental educational conferences, courses, and symposia.
3. Demonstrate knowledge through preparation of answers to assigned weekly COCLIA questions, and active participation in resident didactic conference.

C. Practice-Based Learning and Improvement

Goal 1. Demonstrate the ability to identify relevant patient-care related information in the medical literature or other sources, and appropriately apply this information to patient care.

Objectives:
1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.
2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.
3. Effectively utilize medical literature searching resources in the library and via the internet, as demonstrated during patient care-related and research activities.

Goal 2. Demonstrate the capability to monitor and analyze personal practice experience and perform practice-based improvement activities using a systematic methodology.

Objectives:
1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.
2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.
3. Show initiative in identifying personal areas of relative weakness and need for improvement, through consultation with faculty and resident colleagues, and address identified gaps in knowledge and clinical skills.

Goal 3. Demonstrate adequate teaching skills through close interactions with the Oto-2-3 residents and medical students.

Objectives:
1. Successfully teach Oto-2-3 resident basic head and neck examination and evaluation of facial plastics patients, including use of head mirror, otoscope, and flexible and rigid endoscopes. Promote Oto-2-3 residents’ understanding of the evaluation and management of disorders of the head and neck and facial plastics in terms of aesthetics, reconstruction and trauma.
2. Successfully teach medical students on service basic head and neck examination, including use of head mirror and otoscope, and demonstrate findings of examination with flexible and rigid
endoscopes.
3. Promote medical students’ understanding of the evaluation and management of disorders of the head and neck, and the scope of practice of otolaryngologist – head and neck surgeon.

**D. Interpersonal and Communication Skills**

**Goal 1.** Demonstrate the ability to effectively communicate personal medical information, disease processes, and treatments with patients, and when appropriate, their family members.

**Objectives:**
1. Begin to develop skills to build appropriate physician-patient relationships.
2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

**Goal 2.** Develop successful interpersonal communication skills with clinic staff, inpatient nursing staff, and operating room staff and maintain a professional environment.

**Objectives:**
1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.
2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.
3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.
4. Demonstrate ability and willingness to maintenance patient confidentiality, and knowledge of HIPAA statutes.
5. Strive for continuous self-improvement in this area, guided by Bellevue standards of professionalism as well as careful review of quarterly 360-degree evaluations with formulation of plan for self-improvement.

**E. Professionalism.**

**Goal 1.** Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

**Objectives:**
1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.
2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.
3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.
4. Demonstrate adequate preparation and planning before scheduled operative procedures.
5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.
6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

**Goal 2.** Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care,
confidentiality of patient information, informed consent, and business practices. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

**Objectives:**

1. Attend and actively participate in Graduate Medical Education Conference sessions regarding above issues.
2. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.
3. Demonstrate accountability for actions and decisions.

**F. Systems-Based Practice**

**Goal 1.** Demonstrate an awareness of and responsiveness to the larger context and system of health care.

**Objectives:**

1. Demonstrate an understanding of the organization of the Bellevue Otolaryngology service, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication.
2. Become familiar with the inpatient, operating room, and emergency room facilities at Bellevue, and resources available to the Otolaryngology service especially in terms of multidisciplinary case management or specialty suppliers.
3. Through patient care activities and participation in practice based learning conference, seek to identify opportunities to systematically improve healthcare delivery within Bellevue and beyond.
4. Demonstrate an understanding of the macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).
5. Demonstrate knowledge of how various forms of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
6. Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire surgical team for all components of surgical care.

**Goal 2.** Demonstrate the ability to effectively call on system resources to provide care that is of optimal value.

**Objectives:**

1. Utilize effective organizational and time-management skills required for efficient running of the inpatient otolaryngology – head and neck surgery service.
2. Exhibit understanding of each member's contributions to the multidisciplinary patient care team, and a willingness to work with these team members to provide optimal patient care.
3. Develop the habit of intermediate and long term planning of patient care.
4. Become aware of the differences between resource availability and other challenges in providing inpatient and outpatient care for insured and indigent patients.
5. Understand the conflicting goals of providing state of the art and cost-effective healthcare, and demonstrate the ability to make cost-effective use of diagnostic tests and treatment modalities while maintaining quality of care.
OTO-4 BELLEVUE OTOLOGY ROTATION

Introduction

The Oto-4 Bellevue Otology Rotation is designed as a Junior Chief Resident in the subspecialty of Otology. The resident participates fully as part of the resident team at Bellevue but also focuses on the designated subspecialty.

The Otology rotation is intended to provide a broad clinical experience with progressively increasing depth in evaluation and management of adult and pediatric otolaryngologic conditions, especially the otologic and neurotologic conditions. This will build upon the Oto-3 experience on the Bellevue Otolaryngology service. In addition, the Oto-4 resident will have an increased supervisory role on the service, and thus begin to develop the leadership skills that will be necessary to successfully serve as chief resident. Each Oto-4 resident will spend 3 months on the Bellevue service.

Performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis, formal written evaluation of resident performance will be conducted quarterly.

Curriculum

Required Conferences
1) Weekly Basic Science and Resident Subspecialty Conferences – Monday and Thursday evening; to follow the department Basic Science Course curriculum and COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.
3) Departmental Symposia – Surgical Anatomy Dissection Course, Rhinology Update.

Required Reading
1) AAO – HNS Home Study Course.
2) Otolaryngology/Head and Neck Surgery. (Byron J. Bailey, editor. 2005). Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

Recommended Reading
1) Selected articles from the medical literature – recommend recent literature identified through other reading, or as suggested by patient care experiences, taken from otolaryngology core journals such as Laryngoscope, Archives of Otolaryngology – Head & Neck Surgery, and Otolaryngology – Head & Neck Surgery, or subspecialty journals such as Archives of Facial Plastic and Reconstructive Surgery, Head and Neck, Otology/Neurotology, or American Journal of Rhinology.

Required Products
1) Submission of all Home Study Course tests
2) ABO In Training Examination – given yearly in March
3) Presentations for assigned COCLIA Topics covered in weekly core curriculum conference
4) ACGME Operative Case Log – must be updated at least monthly
5) Resident presentation at Resident Subspecialty Conference – Powerpoint presentation of cases and
**Clinical Duties**

**Outpatient Care:** The Bellevue Oto-4 Otology resident will attend all Otolaryngology Clinics unless otherwise occupied in the operating room. Specifically, the resident will be responsible for the weekly Otology Clinic, where preoperative consultation as well as postoperative care take place under direct supervision of the Otology Fellow and an Otology Attending. The resident will thoroughly assess a patient preoperatively and book surgery.

**Inpatient Care:** While on the Bellevue service, the Oto-4 resident will assist the Chief Resident with oversight of the care provided by and teaching of the Oto-2-3 residents and medical students on the service. In addition, the Oto-4 resident will begin to achieve proficiency in more advanced otolaryngologic procedures as listed below, including complex head and neck, facial plastics, rhinologic and especially otologic procedures. S/he will be primarily responsible for all otologic inpatients and consults on the service and will be the first senior resident to supervise junior residents in seeing otologic consult patients.

**Call Coverage:** The Oto-4 resident is assigned to the first-call schedule, and as such will see inpatient and emergency room consultations at Bellevue in conjunction with the second-call senior resident and on-call attending.

**Administrative/Academic Duties:** The Oto-4 resident will be involved in teaching the Oto-2-3 residents as well as any medical students on the service. The primary administrative responsibility is to make the call schedule for the 3-month rotation, in an equitable and compliant manner in consideration of work hour regulations. The Oto-4 Otology resident is responsible for the preparation of didactic and case presentation otology conferences. The Oto-4 Otology resident will also maintain detailed case logs of all otologic cases.

**Goals and Objectives**

**Goal–Specific Objectives for the Oto-4 Bellevue Otology resident:**
*By the completion of the Oto-4 year, the resident should achieve the following goals (listed by core competency):*

**A. Patient care**

**Goal 1.** Perform a thorough and complete evaluation of pediatric and adult patients presenting to the outpatient clinics and emergency room with otolaryngologic complaints, including performance of a general and focused head and neck history, pertinent review of systems, and head and neck examination. Thorough otologic and vestibular history and examination will be done.

**Objectives:**

1. Be able to conduct a complete and targeted, problem-specific head and neck history including:
   a. Chief complaint
   b. History of present illness
   c. Past medical and surgical history—including birth history when relevant
   d. Allergies
   e. Medications
   f. Pertinent social history and cultural background
2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck especially the otologic and vestibular systems.
3. Effectively use otolaryngologic clinical diagnostic instrumentation, including the head mirror, pneumatic otoscope, oto-microscope, flexible and rigid endoscope in the evaluation of pediatric and adult patients.

4. Understand the essentials of evaluating and managing a patient with pseudohypoacusis.

5. Be able to consistently present the patients history and the pertinent physical findings, impression, differential diagnosis, and proposed management plan to attending staff in a concise and organized fashion.

6. Describe the elements of a complete otologic, head and neck specialty outpatient clinical note, and consistently demonstrate appropriate chart documentation for patient encounters.

Goal 2. Demonstrate the ability to formulate a reasonable differential diagnosis, plan for further diagnostic studies, and initiate an appropriate and cost-effective treatment plan for common disorders affecting the head and neck and specifically for neurotologic conditions.

Objectives:
1. Be able to formulate a complete differential diagnosis for patients presenting with complaints of the head and neck, and to describe the natural history, clinical presentation, and clinical evaluation findings of:
   a. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, vertigo, and neoplasms of the temporal bone.
   b. General otolaryngologic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
   c. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
   d. Inhalant and food allergies presenting with otolaryngologic manifestations.
   e. Congenital, reconstructive, and cosmetic deformities of the face, head, and neck.
   f. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.
2. Understand the standard of care with respect to diagnostic workup required to confirm a diagnosis for the common disorders of the upper aerodigestive tract, head and neck listed above.
3. Understand the standard of care with respect to the treatment of the common disorders of the upper aerodigestive tract, head and neck listed above.

Goal 3. Understand the indications for, cost-effective use of, and interpretation of diagnostic studies used in the evaluation of patients with otolaryngologic complaints.

Objectives:
1. Understand the indications for, cost-effective use of, and interpretation of audiologic and vestibular studies such as:
   a. basic audiometric evaluation, including air and bone conduction audiometry, use of clinical masking, and acoustic reflex testing including potential pitfalls in audiometric testing that may have important impact in clinical diagnosis and surgical decision-making.
   b. impedance audiometry
   c. otoacoustic emission (OAE) testing in the context of newborn hearing screening, clinical otologic care, and preoperative applications
   d. auditory brainstem response (ABR) testing in relation to cochlear integrity, auditory neural pathways, and its use in newborn screening programs, clinical diagnosis, and intra-operative
surgical monitoring
e. electrocochleography (ECoG)
f. electroneystagmography and advanced analysis of oculomotor function, including video and electro-oculographic recordings.
g. caloric irrigations, along with clinical and interpretive pitfalls associated with each method.
h. rotational chair testing and vestibular autorotation testing.
i. dynamic posturography testing.
j. vestibular test results from the raw data, including an ability to integrate the results and articulate the clinical implications of the findings.

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:
   a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.
   b. Computed tomography (CT) – Temporal bone, head, neck, sinuses, chest, airway.
   c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa
   d. Ultrasound – neck
   e. Angiography - CT and MR, as well as conventional angiography
   f. Nuclear medicine – positron emission tomography (PET), thyroid, and parathyroid imaging

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:
   a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.
   b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.
   c. Allergy skin testing – including prick test and intradermal serial dilution testing.
   d. Polysomnography
   e. Videostroscopy

Goal 4. Understand the indications, alternative treatments, potential benefits, and risks and complications of common otolaryngologic procedures.

Objectives:
1. Understand the indications and potential benefits, for surgical intervention in the treatment of common disorders of the upper-aerodigestive tract, head, and neck.
2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for common otolaryngologic disorders, including but not limited to
   a. acute and chronic otitis media
   b. hearing loss and tinnitus
   c. balance disorders
   d. recurrent or chronic pharyngotonsillitis
   e. chronic obstructive adenotonsillar hypertrophy
   f. acute and chronic sinusitis
   g. allergic and vasomotor rhinitis
   h. dysphagia and gastroesophageal/laryngopharyngeal reflux
   i. hoarseness
   j. neck masses
   k. obstructive sleep apnea
   l. thyroid and parathyroid disease
   m. diseases of the salivary glands
4. Be able to list and describe the potential complications of common otolaryngologic procedures.
5. Demonstrate the ability to obtain informed consent, including the ability to discuss procedure
indications, alternatives, potential risks, benefits and complications, and anticipated post-operative course in lay terms, understandable to the patients of varied socioeconomic and educational backgrounds.

**Goal 5.** Carry out an appropriate pre-operative evaluation, including appropriate use of consultations for medical clearance, for patients undergoing major and minor otolaryngologic procedures and specifically otologic and neurotologic procedures.

**Objectives:**
1. Demonstrate the ability to perform and document a thorough pre-operative history and physical examination for patients undergoing common otolaryngologic procedures.
2. Demonstrate an understanding of the potential added risk, in terms of intra or post-operative complications, for surgical procedures due to co-morbid illnesses.
3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.
5. Understand indications and risks of vestibular surgical procedures, including perilymph fistula repair, endolymphatic sac decompression, posterior semi-circular canal occlusion, vestibular nerve section, singular neurectomy and labyrinthectomy.

**Goal 6.** Gain experience in basic inpatient and outpatient otolaryngologic procedures, specifically otologic and neurotologic procedures.

**Objectives:**
1. Demonstrate proficiency in the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, and local anesthesia.
2. Understand the risks of airway compromise in patients undergoing otolaryngologic surgical procedures, and demonstrate appropriate cooperation with the anesthesia team in the management of the airway.
3. Demonstrate familiarity with otolaryngologic surgical equipment and instrumentation, including operating microscopes, rigid and flexible endoscopes, nerve monitoring equipment, and image guidance systems.
4. Develop competence in basic soft tissue surgical techniques, including tissue handling and general wound closure and suturing.
5. Demonstrate the capability to effectively serve as first assistant in advanced otolaryngologic operative procedures. This should include knowledge of the relevant anatomy and an understanding of the various steps involved in the procedure, which are needed to allow the resident to anticipate the needs of the operating surgeon.
6. Be able to effectively perform, with appropriate supervision, the following surgical procedures in the operating room setting:
   a. Canalplasty/meatoplasty
   b. Tympanoplasty/myringoplasty
   c. Tympanomastoidectomy
   d. Facial recess approach
   e. Facial nerve dissection
   f. Middle ear dissection
   g. Ossicular chain reconstruction
   h. Jugular foramen dissection
i. Transmastoid labyrinthectomy
j. Facial nerve decompression and translocation without injury to the nerve
all without violation of the dura, superior petrosal sinus, facial nerve, or internal auditory canal.

**Goal 7.** Attend to the basic post-operative care, both in the hospital and outpatient settings, of patients undergoing major and minor otolaryngologic procedures, specifically otologic and neurotologic procedures.

**Objectives:**
1. Demonstrate the ability to appropriately document, by written notes and dictation, all procedures performed in either the inpatient or outpatient settings, as per hospital guidelines and requirements.
2. Attend to the basic hospital needs of post-operative patients by proper entry of post-procedural care orders, and by appropriate communication and cooperation with other physician and non-physician members of the patient care team.
3. Develop competence in head and neck wound care, including debridement, dressing techniques i.e. mastoid dressing, and drain management.
4. Demonstrate appropriate vigilance for, through thorough and regular post-operative patient assessment, and knowledge of treatment for complications of otolaryngologic surgical procedures.
5. Demonstrate appropriate use of specialty consultations in the management of post-operative patients’ medical co-morbid illnesses, as well as in the evaluation and treatment of surgical or anesthetic complications.

**B. Medical Knowledge**

**Goal 1.** Demonstrate basic understanding of head and neck anatomy and embryology, including the innervation, vasculature, lymphatics, musculature, and skeleton. Master concepts in otology and neurotology.

**Objectives:**
1. Successfully complete the head and neck anatomy course and sinus endoscopy symposium.
2. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:
   a. branchial pouches, arches, and clefts and derived structures
   b. external, middle, and inner ear, mastoid, and lateral skull base
   c. nose, paranasal sinuses, and anterior skull base
   d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea
   e. fascial planes and spaces of the head and neck
   f. salivary glands
   g. thyroid and parathyroid glands

**Goal 2.** Demonstrate basic understanding of the medical sciences relevant to the upper aero-digestive tract, head and neck, including the communication sciences (audiology, speech pathology), pathology, pharmacology, physiology including the special senses of hearing, smell, and taste, basic genetics related to cancer tumorigenesis, congenital syndromes, and genetic hearing loss, immunology and otolaryngic allergy, endocrinology, and neurology.

**Objectives:**
Attend and actively participate in all departmental educational conferences, courses, and symposia.

**Goal 3.** Demonstrate basic knowledge of the pathophysiology, diagnostic evaluation, and treatment of common
otolaryngologic disease processes and specifically otology/neurotology.

Objectives:

1. Develop an understanding of the pathophysiology of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the upper aero-digestive tract, head & neck surgery, and specifically otologic patient and understanding of relevant basic science, as evidenced during patient care related activities and discussion with faculty.
   a. Auditory System
      i. physiologic function of the external ear and external auditory canal and their contribution to human hearing
      ii. mechanism of middle ear function and the impedance matching characteristics of the ossicular chain and tympanic membrane
      iii. anatomical relationships within the cochlea and their physiologic correlates
      iv. functional characteristics of the basilar membrane, inner and outer hair cells, the traveling wave theory, tonotopic organization and characteristic frequency-tuning of the cochlea and higher auditory system structures
      v. cochlear innervation and the neural pathways of the auditory brainstem and cortex
   b. Vestibular System
      i. anatomic pathways and the physiologic and functional mechanisms that subserve human balance, especially in relation to the inner ear, the vestibular-ocular reflex and postural control
      ii. central vestibular neural pathways and their interaction in the brainstem, cerebellum and cerebral cortex
      iii. generation of physiologic and pathologic nystagmus and its relationship to peripheral and central manifestations of vestibular and neurologic disorders
      iv. common clinical disease processes causing vertigo and disorders of equilibrium
   c. Anatomy of the Temporal Bone and Related Structures
      i. radiographic anatomy of the temporal bone, adjacent skull base structures, and the cerebello-pontine angle using CT and MRI
      ii. manifestations of congenital abnormalities within the temporal bone
      iii. surgical anatomy and anatomical relationships of vital structures within the temporal bone in the dissection laboratory

2. Attend and actively participate in all departmental educational conferences, courses, and symposia.
3. Demonstrate knowledge through preparation of answers to assigned weekly COCLIA questions, and active participation in resident didactic conference.

C. Practice-Based Learning and Improvement

Goal 1. Demonstrate the ability to identify relevant patient-care related information in the medical literature or other sources, and appropriately apply this information to patient care.

Objectives:

1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.
2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.
3. Effectively utilize medical literature searching resources in the library and via the internet, as demonstrated during patient care-related and research activities.
Goal 2. Demonstrate the capability to monitor and analyze personal practice experience and perform practice-based improvement activities using a systematic methodology.

Objectives:
1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.
2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.
3. Show initiative in identifying personal areas of relative weakness and need for improvement, through consultation with faculty and resident colleagues, and address identified gaps in knowledge and clinical skills.

Goal 3. Demonstrate adequate teaching skills through close interactions with the Oto-2-3 residents and medical students.

Objectives:
1. Successfully teach Oto-2-3 resident basic head and neck examination and otologic examination, including use of head mirror, otoscope, and flexible and rigid endoscopes and otologic binocular microscopy. Promote Oto-2-3 residents’ understanding of the evaluation and management of disorders of the head and neck.
2. Successfully teach medical students on service basic head and neck examination, including use of head mirror and otoscope, and demonstrate findings of examination with flexible and rigid endoscopes. Promote medical students’ understanding of the evaluation and management of disorders of the head and neck, and the scope of practice of otolaryngologist – head and neck surgeon.

D. Interpersonal and Communication Skills

Goal 1. Demonstrate the ability to effectively communicate personal medical information, disease processes, and treatments with patients, and when appropriate, their family members.

Objectives:
1. Begin to develop skills to build appropriate physician-patient relationships.
2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

Goal 2. Develop successful interpersonal communication skills with clinic staff, inpatient nursing staff, and operating room staff and maintain a professional environment.

Objectives:
1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.
2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.
3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.
4. Demonstrate ability and willingness to maintain patient confidentiality, and knowledge of HIPAA statutes.
5. Strive for continuous self-improvement in this area, guided by Lenox Hill standards of
professionalism as well as careful review of quarterly 360-degree evaluations with formulation of plan for self-improvement.

E. Professionalism.

**Goal 1.** Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

**Objectives:**
1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.
2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.
3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.
4. Demonstrate adequate preparation and planning before scheduled operative procedures.
5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.
6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

**Goal 2.** Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

**Objectives:**
1. Attend and actively participate in Graduate Medical Education Conference sessions regarding above issues.
2. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.
3. Demonstrate accountability for actions and decisions.

F. Systems-Based Practice

**Goal 1.** Demonstrate an awareness of and responsiveness to the larger context and system of health care.

**Objectives:**
1. Demonstrate an understanding of the organization of the Bellevue Otolaryngology service, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication.
2. Become familiar with the inpatient, operating room, and emergency room facilities at Bellevue and resources available to the Otolaryngology service.
3. Through patient care activities and participation in practice based learning conference, seek to identify opportunities to systematically improve healthcare delivery within Bellevue and beyond.
4. Demonstrate an understanding of the macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).
5. Demonstrate knowledge of how various forms of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
6. Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the
entire surgical team for all components of surgical care.

Goal 2. Demonstrate the ability to effectively call on system resources to provide care that is of optimal value.

Objectives:

1. Utilize effective organizational and time-management skills required for efficient running of the inpatient otolaryngology – head and neck surgery service.
2. Exhibit understanding of each member's contributions to the multidisciplinary patient care team, and a willingness to work with these team members to provide optimal patient care.
3. Develop the habit of intermediate and long term planning of patient care.
4. Become aware of the differences between resource availability and other challenges in providing inpatient and outpatient care for insured and indigent patients.
5. Understand the conflicting goals of providing state of the art and cost-effective healthcare, and demonstrate the ability to make cost-effective use of diagnostic tests and treatment modalities while maintaining quality of care.
OTO-4 LENOX HILL GENERAL OTOLARYNGOLOGY ROTATION

Introduction

The Oto-4 Lenox Hill General Otolaryngology Rotation is intended to provide a broad clinical experience with progressively increasing depth in evaluation and management of adult and pediatric otolaryngologic conditions. This will build upon the Oto-3 experience on the Lenox Hill Otolaryngology service. In addition, the Oto-4 resident will have an increased supervisory role on the service, and thus begin to develop the leadership skills that will be necessary to successfully serve as chief resident and will in fact substitute for the Chief Resident when s/he is absent. Each Oto-4 resident will spend 3 months on the Lenox Hill service.

Performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis; formal written evaluation of resident performance will be conducted quarterly.

Curriculum

Required Conferences
1) Weekly Basic Science and Resident Subspecialty Conferences – Monday and Thursday evening; to follow the department Basic Science Course curriculum and COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.
3) Departmental Symposia – Surgical Anatomy Dissection Course, Rhinology Update.
4) Lenox Hill Conferences (separate and in addition to departmental conferences) – Weekly Grand Rounds, weekly literature review, bimonthly Morbidity and Mortality, bimonthly Neuroradiology, bimonthly Endocrine Pathology, bimonthly Pathology, bimonthly Journal Club

Required Reading
1) AAO – HNS Home Study Course.
2) Otolaryngology/Head and Neck Surgery. (Byron J. Bailey, editor. 2005). Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

Recommended Reading
1) Selected articles from the medical literature – recommend recent literature identified through other reading, or as suggested by patient care experiences, taken from otolaryngology core journals such as Laryngoscope, Archives of Otolaryngology – Head & Neck Surgery, and Otolaryngology – Head & Neck Surgery, or subspecialty journals such as Archives of Facial Plastic and Reconstructive Surgery, Head and Neck, Otology/Neurotology, or American Journal of Rhinology.

Required Products
1) Submission of all Home Study Course tests
2) ABO In Training Examination – given yearly in March
3) Presentations for assigned COCLIA Topics covered in weekly core curriculum conference
4) ACGME Operative Case Log – must be updated at least monthly
5) Lenox Hill Grand Rounds Presentation – one per rotation, appropriate to level of training (i.e. in-depth analysis of current controversy in Otolaryngology or presentation of novel research)
Clinical Duties

Inpatient Care: While on the Lenox Hill service, the Oto-4 resident will assist the Chief Resident with oversight of the care provided by and teaching of the Oto-2-3 residents and medical students on the service. In addition, the Oto-4 resident will begin to achieve proficiency in more advanced otolaryngologic procedures as listed below, including complex head and neck, facial plastics, rhinologic and otologic procedures.

Call Coverage: The Oto-4 resident is assigned to the first-call schedule, and as such will see inpatient and emergency room consultations at Lenox Hill in conjunction with the second-call senior resident and on-call attending.

Administrative/Academic Duties: The Oto-4 resident will be involved in teaching the Oto-2-3 residents on the service as well as any medical students. The primary administrative responsibility is to make the call schedule for the 3 month rotation, in an equitable and compliant manner in consideration of work hour regulations.

Goals and Objectives

Goal–Specific Objectives for the Oto-4 Lenox Hill General Otolaryngology resident:
By the completion of the Oto-4 year, the resident should achieve the following goals (listed by core competency):

A. Patient care

Goal 1. Perform a thorough and complete evaluation of pediatric and adult patients presenting to the outpatient clinics and emergency room with otolaryngologic complaints, including performance of a general and focused head and neck history, pertinent review of systems, and head and neck examination.

Objectives:
1. Be able to conduct a complete and targeted, problem-specific head and neck history including:
   a. Chief complaint
   b. History of present illness
   c. Past medical and surgical history—including birth history when relevant
   d. Allergies
   e. Medications
   f. Pertinent social history and cultural background
2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.
3. Effectively use otolaryngologic clinical diagnostic instrumentation, including the head mirror, pneumatic otoscope, oto-microscope, flexible and rigid endoscope in the evaluation of pediatric and adult patients.
4. Be able to consistently present the patients’ history and the pertinent physical findings, impression, differential diagnosis, and proposed management plan to attending staff in a concise and organized fashion.
5. Describe the elements of a complete head and neck specialty outpatient clinical note, and consistently demonstrate appropriate chart documentation for patient encounters.

Goal 2. Demonstrate the ability to formulate a reasonable differential diagnosis, plan for further diagnostic studies, and initiate an appropriate and cost-effective treatment plan for common disorders affecting the head and neck.
Objectives:

1. Be able to formulate a complete differential diagnosis for patients presenting with complaints of the head and neck, and to describe the natural history, clinical presentation, and clinical evaluation findings of:
   a. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, vertigo, and neoplasms of the temporal bone.
   b. General otolaryngologic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
   c. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
   d. Inhalant and food allergies presenting with otolaryngologic manifestations.
   e. Congenital, reconstructive, and cosmetic deformities of the face, head, and neck.
   f. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.

2. Understand the standard of care with respect to diagnostic workup required to confirm a diagnosis for the common disorders of the upper aerodigestive tract, head and neck listed above.

3. Understand the standard of care with respect to the treatment of the common disorders of the upper aerodigestive tract, head and neck listed above.

Goal 3. Understand the indications for, cost-effective use of, and interpretation of diagnostic studies used in the evaluation of patients with otolaryngologic complaints.

Objectives:

1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as:
   a. Pure tone audiometry
   b. Speech audiometry
   c. Tympanometry
   d. Acoustic reflexes
   e. Otoacoustic emissions
   f. Auditory brainstem response testing
   g. Electronystagmography

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:
   a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.
   b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.
   c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa
   d. Ultrasound – neck
   e. Angiography - CT and MR, as well as conventional angiography
   f. Nuclear medicine – positron emission tomography (PET), thyroid, and parathyroid imaging

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:
   a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.
   b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.
   c. Allergy skin testing – including prick test and intradermal serial dilution testing.
d. Polysomnography
e. Videostroboscopy

**Goal 4.** Understand the indications, alternative treatments, potential benefits, and risks and complications of common otolaryngologic procedures.

**Objectives:**
1. Understand the indications and potential benefits, for surgical intervention in the treatment of common disorders of the upper-aerodigestive tract, head, and neck.
2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for common otolaryngologic disorders, including but not limited to:
   a. acute and chronic otitis media
   b. hearing loss and tinnitus
   c. balance disorders
   d. recurrent or chronic pharyngotonsillitis
   e. chronic obstructive adenotonsillar hypertrophy
   f. acute and chronic sinusitis
   g. allergic and vasomotor rhinitis
   h. dysphagia and gastroesophageal/laryngopharyngeal reflux
   i. hoarseness
   j. neck masses
   k. obstructive sleep apnea
   l. thyroid and parathyroid disease
   m. diseases of the salivary glands
3. Be able to list and describe the potential complications of common otolaryngologic procedures.
4. Demonstrate the ability to obtain informed consent, including the ability to discuss procedure indications, alternatives, potential risks, benefits and complications, and anticipated post-operative course in lay terms, understandable to the patients of varied socioeconomic and educational backgrounds.

**Goal 5.** Carry out an appropriate pre-operative evaluation, including appropriate use of consultations for medical clearance, for patients undergoing major and minor otolaryngologic procedures.

**Objectives:**
1. Demonstrate the ability to perform and document a thorough pre-operative history and physical examination for patients undergoing common otolaryngologic procedures.
2. Demonstrate an understanding of the potential added risk, in terms of intra or post-operative complications, for surgical procedures due to co-morbid illnesses.
3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

**Goal 6.** Gain experience in basic inpatient and outpatient otolaryngologic procedures.

**Objectives:**
1. Demonstrate proficiency in the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, and local anesthesia.
2. Understand the risks of airway compromise in patients undergoing otolaryngologic surgical procedures,
and demonstrate appropriate cooperation with the anesthesia team in the management of the airway.

3. Demonstrate familiarity with otolaryngologic surgical equipment and instrumentation, including operating microscopes, rigid and flexible endoscopes, nerve monitoring equipment, and image guidance systems.

4. Develop competence in basic soft tissue surgical techniques, including tissue handling and general wound closure and suturing.

5. Demonstrate the capability to effectively serve as first assistant in advanced otolaryngologic operative procedures. This should include knowledge of the relevant anatomy and an understanding of the various steps involved in the procedure, which are needed to allow the resident to anticipate the needs of the operating surgeon.

6. Be able to effectively perform, with appropriate supervision, the following surgical procedures in the operating room setting:
   a. Reconstruction of soft tissues defects of the head and neck
   b. Neck Dissection
   c. Excision of salivary gland lesions
   d. Closed and open treatment of mandibular and maxillofacial trauma
   e. Exploration and repair of blunt and penetrating injuries of the head and neck
   f. Endoscopic laser surgery
   g. Ethmoidectomy
   h. Sphenoid sinus surgery
   i. Frontal sinus surgery
   j. Canalplasty/meatoplasty
   k. Tympanoplasty/myringoplasty
   l. Tympanomastoidectomy

Goal 7. Attend to the basic post-operative care, both in the hospital and outpatient settings, of patients undergoing major and minor otolaryngologic procedures.

Objectives:
1. Demonstrate the ability to appropriately document, by written notes and dictation, all procedures performed in either the inpatient or outpatient settings, as per hospital guidelines and requirements.
2. Attend to the basic hospital needs of post-operative patients by proper entry of post-procedural care orders, and by appropriate communication and cooperation with other physician and non-physician members of the patient care team.
3. Develop competence in head and neck wound care, including debridement, dressing techniques, and drain management.
4. Demonstrate appropriate vigilance for, through thorough and regular post-operative patient assessment, and knowledge of treatment for complications of otolaryngologic surgical procedures.
5. Demonstrate appropriate use of specialty consultations in the management of post-operative patients’ medical co-morbid illnesses, as well as in the evaluation and treatment of surgical or anesthetic complications.

B. Medical Knowledge

Goal 1. Demonstrate basic understanding of head and neck anatomy and embryology, including the innervation, vasculature, lymphatics, musculature, and skeleton.

Objectives:
1. Successfully complete the head and neck anatomy course, temporal bone course, and sinus endoscopy symposium.
2. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:
   a. branchial pouches, arches, and clefts and derived structures
   b. external, middle, and inner ear, mastoid, and lateral skull base
   c. nose, paranasal sinuses, and anterior skull base
   d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea
   e. fascial planes and spaces of the head and neck
   f. salivary glands
   g. thyroid and parathyroid glands

Goal 2. Demonstrate basic understanding of the medical sciences relevant to the upper aero-digestive tract, head and neck, including the communication sciences (audiology, speech pathology), pathology, pharmacology, physiology including the special senses of hearing, smell, and taste, basic genetics related to cancer tumorigenesis, congenital syndromes, and genetic hearing loss, immunology and otolaryngic allergy, endocrinology, and neurology.

Objectives:
Attend and actively participate in all departmental educational conferences, courses, and symposia.

Goal 3. Demonstrate basic knowledge of the pathophysiology, diagnostic evaluation, and treatment of common otolaryngologic disease processes.

Objectives:
1. Develop an understanding of the pathophysiology of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the upper aero-digestive tract, head & neck surgery patient and understanding of relevant basic science, as evidenced during patient care related activities and discussion with faculty.
2. Attend and actively participate in all departmental educational conferences, courses, and symposia.
3. Demonstrate knowledge through preparation of answers to assigned weekly COCLIA questions, and active participation in resident didactic conference.

C. Practice-Based Learning and Improvement

Goal 1. Demonstrate the ability to identify relevant patient-care related information in the medical literature or other sources, and appropriately apply this information to patient care.

Objectives:
1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.
2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.
3. Effectively utilize medical literature searching resources in the library and via the internet, as demonstrated during patient care-related and research activities.

Goal 2. Demonstrate the capability to monitor and analyze personal practice experience and perform practice-based improvement activities using a systematic methodology.

Objectives:
1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.
2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.
3. Show initiative in identifying personal areas of relative weakness and need for improvement, through consultation with faculty and resident colleagues, and addressing identified gaps in knowledge and clinical skills.

**Goal 3.** Demonstrate adequate teaching skills through close interactions with the Oto-2-3 residents and medical students.

**Objectives:**
1. Successfully teach Oto-2-3 resident basic head and neck examination, including use of head mirror, otoscope, and flexible and rigid endoscopes. Promote Oto-2-3 residents’ understanding of the evaluation and management of disorders of the head and neck.
2. Successfully teach medical students on service basic head and neck examination, including use of head mirror and otoscope, and demonstrate findings of examination with flexible and rigid endoscopes. Promote medical students’ understanding of the evaluation and management of disorders of the head and neck, and the scope of practice of otolaryngologist – head and neck surgeon.

**D. Interpersonal and Communication Skills**

**Goal 1.** Demonstrate the ability to effectively communicate personal medical information, disease processes, and treatments with patients, and when appropriate, their family members.

**Objectives:**
1. Begin to develop skills to build appropriate physician-patient relationships.
2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

**Goal 2.** Develop successful interpersonal communication skills with clinic staff, inpatient nursing staff, and operating room staff and maintain a professional environment.

**Objectives:**
1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.
2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.
3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.
4. Demonstrate ability and willingness to maintenance patient confidentiality, and knowledge of HIPAA statutes.
5. Strive for continuous self-improvement in this area, guided by Lenox Hill standards of professionalism as well as careful review of quarterly 360-degree evaluations with formulation of plan for self-improvement.

**E. Professionalism**

**Goal 1.** Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society
that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to
excellence and on-going professional development.

**Objectives:**
1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.
2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.
3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.
4. Demonstrate adequate preparation and planning before scheduled operative procedures.
5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.
6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

**Goal 2.** Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

**Objectives:**
1. Attend and actively participate in Graduate Medical Education Conference sessions regarding above issues.
2. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.
3. Demonstrate accountability for actions and decisions.

**F. Systems-Based Practice**

**Goal 1.** Demonstrate an awareness of and responsiveness to the larger context and system of health care.

**Objectives:**
1. Demonstrate an understanding of the organization of the Lenox Hill Otolaryngology service, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication.
2. Become familiar with the inpatient, operating room, and emergency room facilities at Lenox Hill, the ambulatory surgery facility of MEETH, and resources available to the Otolaryngology service.
3. Through patient care activities and participation in practice based learning conference, seek to identify opportunities to systematically improve healthcare delivery within Lenox Hill and beyond.
4. Demonstrate an understanding of the macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).
5. Demonstrate knowledge of how various forms of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
6. Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire surgical team for all components of surgical care.

**Goal 2.** Demonstrate the ability to effectively call on system resources to provide care that is of optimal value.

**Objectives:**
1. Utilize effective organizational and time-management skills required for efficient running of the inpatient otolaryngology – head and neck surgery service.
2. Exhibit understanding of each member's contributions to the multidisciplinary patient care team, and a willingness to work with these team members to provide optimal patient care.
3. Develop the habit of intermediate and long term planning of patient care.
4. Become aware of the differences between resource availability and other challenges in providing inpatient and outpatient care for insured and indigent patients.
5. Understand the conflicting goals of providing state of the art and cost-effective healthcare, and demonstrate the ability to make cost-effective use of diagnostic tests and treatment modalities while maintaining quality of care.
OTO-4 MANHATTAN VA CHIEF RESIDENT ROTATION

Introduction

The Oto-4 Manhattan VA Chief Resident Rotation is intended to provide an initial experience as service chief resident, and also to provide a broad clinical experience in a unique patient population. Due to the demographics of the Veteran population, it is anticipated that this rotation will provide extensive experience in head and neck oncology to supplement that obtained at Bellevue and Tisch Hospitals, but will also include all other areas of adult otolaryngology-head and neck surgery. Whereas it is recognized that resident performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis, formal written evaluation of resident performance will be conducted quarterly. Each Oto-4 resident will spend 4 months as the VA Chief Resident.

Curriculum

Required Conferences
1) Weekly Basic Science and Resident Subspecialty Conferences – Monday and Thursday evening; to follow the department Basic Science Course curriculum and COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.
3) Departmental Symposia – Surgical Anatomy Dissection Course, Rhinology Updates.
4) VA Monthly Surgical Service Morbidity and Mortality Conference – the Oto-4 will attend this monthly conference, and is responsible for preparation and presentation of case presentations to be made on behalf of the otolaryngology service, for those cases in which the Oto-4 was the primary resident involved.

Required Reading
1) AAO – HNS Home Study Course.
2) Otolaryngology/Head and Neck Surgery. (Byron J. Bailey, editor. 2005). Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

Recommended Reading
1) Selected articles from the medical literature – recommend recent literature identified through other reading, or as suggested by patient care experiences, taken from otolaryngology core journals such as Laryngoscope, Archives of Otolaryngology – Head & Neck Surgery, and Otolaryngology – Head & Neck Surgery, or subspecialty journals such as Archives of Facial Plastic and Reconstructive Surgery, Head and Neck, Otology/Neurotology, or American Journal of Rhinology.
4) Diseases of the Sinuses: Diagnosis and Management, Kennedy (ed) – preparatory reading for surgical cases.

Required Products
1) Submission of all Home Study Course tests
2) ABO In Training Examination – given yearly in March
3) Presentations for assigned COCLIA Topics covered in weekly core curriculum conference
4) ACGME Operative Case Log – must be updated at least monthly
5) Multidisciplinary Head and Neck Tumor Board Case Presentations – weekly presentation and case discussions to determine diagnosis and treatment plans for Head and Neck Oncology patients.

**Clinical Duties**

**Outpatient Clinic:** The Oto-4 Manhattan VA Chief Resident will be assigned to the outpatient clinics under the supervision of the appropriate faculty, and there will be involved in the evaluation and treatment of outpatients in general and subspecialty clinics. It is expected that this experience will build upon the Oto-3 experience and Oto-4 rotations to date, such that the Oto-4 resident will hone examination skills, and further develop the skills and knowledge required to evaluate and initiate treatment for patients with increasingly complex otolaryngologic complaints.

**Inpatient Care:** While serving as chief resident at Manhattan VA the Oto-4 resident will be responsible for all aspects of patient care by the Otolaryngology service. The Oto-4 resident will run daily rounds and, in consultation with the appropriate attending covering the service, is responsible for all decisions in patient management, surgical or medical. The Oto-4 resident will also perform all consult activities. The Oto-4 resident will begin to achieve proficiency in more advanced otolaryngologic procedures as listed below, including complex head and neck rhinologic and otologic procedures.

**Call Coverage:** The Oto-4 resident is assigned to the first-call schedule, and as such is responsible to see all inpatient and emergency room consultations, and oversee care of inpatients on the otolaryngology service.

**Administrative/Academic Duties:** The Oto-4 Manhattan VA Chief Resident will be responsible for setting and coordinating, in consultation with the attending faculty, the weekly operating room schedule for the service. S/he also determines the priority and appropriate clinic for new non-emergent consults by triaging outpatient consults prior to scheduling appointments. The resident is primarily responsibility for monitoring the access to medical care, including ensuring that patients are scheduled for appointments in a timely fashion, appointments are scheduled for the appropriate clinic and patients have adequate follow-up. The resident will be responsible for complete documentation according to VA standards.

**Goals and Objectives**

**Goal–Specific Objectives for the Oto-4 Manhattan VA Chief Resident Rotation:**

This rotation marks the beginning of the Chief Resident experience, in preparation for the Oto-5 year. It is expected that during the three-month Oto-4 rotation, the resident will demonstrate progress toward attainment of the Goals and Objectives listed below, while complete fulfillment of these goals and objectives will not be completed until the Oto-5 year. These Goals and Objectives are provided here for completeness (listed by core competency):

**A. Patient care**

**Goal 1.** Perform a thorough and complete evaluation of pediatric and adult patients presenting to the outpatient clinics and emergency room with otolaryngologic complaints.

**Objectives:**

1. Be able to conduct a complete and targeted, problem-specific head and neck history including:
   a. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.
   b. Effectively use otolaryngologic clinical diagnostic instrumentation, including the head mirror, pneumatic otoscope, oto-microscope, flexible and rigid endoscope in the evaluation of pediatric
and adult patients.
c. Be able to consistently present the patients’ history and the pertinent physical findings, impression, differential diagnosis, and proposed management plan to attending staff in a concise and organized fashion.

2. Consistently demonstrate complete and appropriate chart documentation for patient encounters in the CPRS federally-regulated VA computer system.

Goal 2. Demonstrate the ability to formulate a thorough differential diagnosis, plan for further diagnostic studies, and initiate an appropriate and cost-effective treatment plan for disorders affecting the head and neck.

Objectives:
1. Be able to formulate a complete differential diagnosis for patients presenting with complaints of the head and neck, and to describe the natural history, clinical presentation, and clinical evaluation findings of:
   a. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, vertigo, and neoplasms of the temporal bone.
   b. General otolaryngologic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
   c. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
   d. Inhalant and food allergies presenting with otolaryngologic manifestations.
   e. Congenital, reconstructive, and cosmetic deformities of the face, head, and neck.
   f. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.
2. Understand the standard of care with respect to diagnostic workup required to confirm a diagnosis for the common disorders of the upper aerodigestive tract, head and neck listed above.
3. Understand the standard of care with respect to the treatment of the common disorders of the upper aerodigestive tract, head and neck listed above.

Goal 3. Understand the indications for, cost-effective use of, and interpretation of diagnostic studies used in the evaluation of patients with otolaryngologic complaints.

Objectives:
1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as:
   a. Pure tone audiometry
   b. Speech audiometry
   c. Tympanometry
   d. Acoustic reflexes
   e. Otoacoustic emissions
   f. Auditory brainstem response testing
   g. Electronystagmography
2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:
   a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.
   b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.
c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa

d. Ultrasound – neck

e. Angiography - CT and MR, as well as conventional angiography

f. Nuclear medicine – positron emission tomography (PET), thyroid, and parathyroid imaging

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:
a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.
b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.
c. Allergy skin testing – including prick test and intradermal serial dilution testing.
d. Polysomnography

e. Videostroboscopy

**Goal 4.** Understand the indications, alternative treatments, potential benefits, and risks and complications of common otolaryngologic procedures.

**Objectives:**

1. Understand the indications and potential benefits, for surgical intervention in the treatment of common disorders of the upper-aerodigestive tract, head, and neck.

2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for common otolaryngologic disorders, including but not limited to:
   a. acute and chronic otitis media
   b. hearing loss and tinnitus
   c. balance disorders
   d. recurrent or chronic pharyngotonsillitis
   e. chronic obstructive adenotonsilar hypertrophy
   f. acute and chronic sinusitis
   g. allergic and vasomotor rhinitis
   h. dysphagia and gastroesophageal/laryngopharyngeal reflux
   i. hoarseness
   j. neck masses
   k. obstructive sleep apnea
   l. thyroid and parathyroid disease
   m. diseases of the salivary glands

3. Be able to list and describe the potential complications of common otolaryngologic procedures.

4. Demonstrate the ability to obtain informed consent, including the ability to discuss procedure indications, alternatives, potential risks, benefits and complications, and anticipated post-operative course in lay terms, understandable to the patients of varied socioeconomic and educational backgrounds.

**Goal 5.** Carry out an appropriate pre-operative evaluation, including appropriate use of consultations for medical clearance, for patients undergoing major and minor otolaryngologic procedures.

**Objectives:**

1. Demonstrate the ability to perform and document a thorough pre-operative history and physical examination for patients undergoing common otolaryngologic procedures.

2. Demonstrate an understanding of the potential added risk, in terms of intra or post-operative complications, for surgical procedures due to co-morbid illnesses.

3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (e.g., cardiology, pulmonology, etc.) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

**Goal 6.** Gain experience in basic inpatient and outpatient otolaryngologic procedures.

**Objectives:**

1. Demonstrate proficiency in the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, and local anesthesia.
2. Understand the risks of airway compromise in patients undergoing otolaryngologic surgical procedures, and demonstrate appropriate cooperation with the anesthesia team in the management of the airway.
3. Demonstrate familiarity with otolaryngologic surgical equipment and instrumentation, including operating microscopes, rigid and flexible endoscopes, nerve monitoring equipment, surgical lasers, and image guidance systems.
4. Develop competence in basic soft tissue surgical techniques, including tissue handling and general wound closure and suturing.
5. Be able to effectively perform, with appropriate supervision, the following surgical procedures in the operating room setting:
   a. Oral cavity resection/composite resection/mandibulectomy/glossectomy
   b. Laryngectomy
   c. Reconstruction of soft tissues defects
   d. Exploration and repair of penetrating injuries of the head and neck
   e. Thyroidectomy/parathyroidectomy
   f. Parotidectomy
   g. Phonatory/laryngeal framework surgery
   h. Management of laryngeal fractures
   i. Endoscopic surgery of the sinuses and orbit
   j. Canalplasty/meatoplasty
   k. Middle ear exploration/ossicular reconstruction
   l. Cochlear implantation/bone-anchored hearing aid placement

**Goal 7.** Attend to the basic post-operative care, both in the hospital and outpatient settings, of patients undergoing major and minor otolaryngologic procedures.

**Objectives:**

1. Demonstrate the ability to appropriately document, by written notes and dictation, all procedures performed in either the inpatient or outpatient settings, as per hospital guidelines and requirements.
2. Attend to the basic hospital needs of post-operative patients by proper entry of post-procedural care orders, and by appropriate communication and cooperation with other physician and non-physician members of the patient care team.
3. Develop competence in head and neck wound care, including debridement, dressing techniques, and drain management.
4. Demonstrate appropriate vigilance for, through thorough and regular post-operative patient assessment, and knowledge of treatment for complications of otolaryngologic surgical procedures.
5. Demonstrate appropriate use of specialty consultations in the management of post-operative patients’ medical co-morbid illnesses, as well as in the evaluation and treatment of surgical or anesthetic complications.

**B. Medical Knowledge**
Goal 1. Demonstrate thorough understanding of head and neck anatomy and embryology, including the innervation, vasculature, lymphatics, musculature, and skeleton.

Objectives:
1. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:
   a. branchial pouches, arches, and clefts and derived structures
   b. external, middle, and inner ear, mastoid, and lateral skull base
   c. nose, paranasal sinuses, and anterior skull base
   d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea
   e. fascial planes and spaces of the head and neck
   f. salivary glands
   g. thyroid and parathyroid glands

Goal 2. Demonstrate thorough understanding of the medical sciences relevant to the upper aero-digestive tract, head and neck, including the communication sciences (audiology, speech pathology), pathology, pharmacology, physiology including the special senses of hearing, smell, and taste, basic genetics related to cancer tumorigenesis, congenital syndromes, and genetic hearing loss, immunology and otolaryngic allergy, endocrinology, and neurology.

Objectives:
1. Attend and actively participate in all departmental educational conferences, courses, and symposia.
2. Achieve a score of greater than or equal to 30th percentile on annual ABO In Training Examination.

Goal 3. Demonstrate basic knowledge of the pathophysiology, diagnostic evaluation, and treatment of common otolaryngologic disease processes.

Objectives:
1. Develop an understanding of the pathophysiology of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the upper aero-digestive tract, head & neck surgery patient and understanding of relevant basic science, as evidenced during patient care related activities and discussion with faculty.
2. Attend and actively participate in all departmental educational conferences, courses, and symposia.
3. Demonstrate knowledge through preparation of answers to assigned weekly COCLIA questions, and active participation in resident didactic conference.
4. Achieve a score of greater than or equal to 30th percentile on annual ABO In Training Examination.

C. Practice-Based Learning and Improvement

Goal 1. Demonstrate the ability to identify relevant patient-care related information in the medical literature or other sources, and appropriately apply this information to patient care.

Objectives:
1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.
2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.
3. Effectively utilize medical literature searching resources in the library and via the internet, as
demonstrated during patient care-related and research activities.

Goal 2. Demonstrate the capability to monitor and analyze personal practice experience and perform practice-based improvement activities using a systematic methodology.

Objectives:
1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.
2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.
3. Show initiative in identifying personal areas of relative weakness and need for improvement, through consultation with faculty and resident colleagues, and address identified gaps in knowledge and clinical skills.

Goal 3. Demonstrate adequate teaching skills through close interactions with medical students.

Objectives:
Successfully teach medical students on service basic head and neck examination, including use of head mirror and otoscope, and demonstrate findings of examination with flexible and rigid endoscopes. Promote medical students’ understanding of the evaluation and management of disorders of the head and neck, and the scope of practice of an Otolaryngologist – Head and Neck surgeon.

D. Interpersonal and Communication Skills

Goal 1. Demonstrate the ability to effectively communicate personal medical information, disease processes, and treatments with patients and, when appropriate, their family members.

Objectives:
1. Begin to develop skills to build appropriate physician-patient relationships.
2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

Goal 2. Develop successful interpersonal communication skills with clinic staff, inpatient nursing staff, and operating room staff and maintain a professional environment.

Objectives:
1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.
2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.
3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.
4. Demonstrate ability and willingness to maintain patient confidentiality, and knowledge of HIPAA statutes.
5. Strive for continuous self-improvement in this area, guided by VA standards of professionalism as well as careful review of semiannual 360-degree evaluations with formulation of plan for self-improvement.

E. Professionalism
Goal 1. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

Objectives:
1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.
2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.
3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.
4. Demonstrate adequate preparation and planning before scheduled operative procedures.
5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.
6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

Goal 2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

Objectives:
1. Attend and actively participate in Graduate Medical Education Conference sessions regarding above issues.
2. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.
3. Demonstrate accountability for actions and decisions.

F. Systems-Based Practice

Goal 1. Demonstrate an awareness of and responsiveness to the larger context and system of health care.

Objectives:
1. Demonstrate an understanding of the organization of the Manhattan VA Otolaryngology service, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication.
2. Become familiar with the outpatient, inpatient, operating room, and emergency room facilities at the Manhattan VA, and resources available to the Otolaryngology service.
3. Through patient care activities and participation in practice based learning conference, seek to identify opportunities to systematically improve healthcare delivery within VA and beyond.
4. Demonstrate an understanding of the macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).
5. Demonstrate knowledge of how various forms of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
6. Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire surgical team for all components of surgical care.

Goal 2. Demonstrate the ability to effectively call on system resources to provide care that is of optimal value.

Objectives:
1. Utilize effective organizational and time-management skills required for efficient running of the
inpatient otolaryngology – head and neck surgery service.
2. Exhibit understanding of each member's contributions to the multidisciplinary patient care team, and a willingness to work with these team members to provide optimal patient care.
3. Develop the habit of intermediate and long term planning of patient care.
4. Become aware of the differences between resource availability and other challenges in providing inpatient and outpatient care for insured and indigent patients.
5. Understand the conflicting goals of providing state of the art and cost-effective healthcare, and demonstrate the ability to make cost-effective use of diagnostic tests and treatment modalities while maintaining quality of care.
Introduction

The Oto-5 Bellevue Chief Resident Rotation is intended to provide a broad clinical experience with an intensive administrative role comprising complete oversight of all patient care activities on the service. This will build upon all prior training experiences from each prior rotation. It is expected that experiences provided through this rotation will allow the Oto-5 resident to hone clinical skills already developed, and fill any remaining gaps in the resident operative experience, such that by completion of the chief resident year, the resident will have demonstrated sufficient professional ability to practice competently and independently without direct supervision.

While acting as chief resident, the Oto-5 resident will also be responsible for leading the resident team, and thus will have extensive supervisory, administrative, and teaching roles. Each Oto-5 resident will spend 3 months as the Bellevue Otolaryngology Service Chief Resident.

Performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis; formal written evaluation of resident performance will be conducted quarterly.

Curriculum

Required Conferences

1) Weekly Basic Science and Resident Subspecialty Conferences – Monday and Thursday evening; to follow the department Basic Science Course curriculum and COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.
3) Departmental Symposia – Surgical Anatomy Dissection Course, Rhinology Update.

Required Reading

1) AAO – HNS Home Study Course.
2) Otolaryngology/Head and Neck Surgery. (Byron J. Bailey, editor. 2005). Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

Recommended Reading

1) Selected articles from the medical literature – recommend recent literature identified through other reading, or as suggested by patient care experiences, taken from otolaryngology core journals such as Laryngoscope, Archives of Otolaryngology – Head & Neck Surgery, and Otolaryngology – Head & Neck Surgery, or subspecialty journals such as Archives of Facial Plastic and Reconstructive Surgery, Head and Neck, Otology/Neurotology, or American Journal of Rhinology.
4) Diseases of the Sinuses: Diagnosis and Management, Kennedy (ed) – preparatory reading for surgical cases.

Required Products

1) Submission of all Home Study Course tests
2) ABO In Training Examination – given yearly in March
3) Presentations for assigned COCLIA Topics covered in weekly core curriculum conference
4) Grand Rounds Presentation – Grand rounds format, stressing critical evaluation of medical literature available for chosen topic.
5) ACGME Operative Case Log – must be updated at least monthly, with each month’s cases to be input no later than the 10th day of the following month.
6) Multidisciplinary Head and Neck Tumor Board Case Presentations – weekly presentation and case discussions to determine diagnosis and treatment plans for Head and Neck Oncology patients.

Clinical Duties

Outpatient Clinic: The Oto-5 Bellevue Chief Resident will be assigned to the outpatient clinic under the supervision of the faculty, and there will be involved in the evaluation and treatment of outpatients, in addition to assuming a teaching role with the junior residents and medical students in the clinic. It is expected that this experience will consolidate the education of the resident up to that time such that the Oto-5 resident will hone examination skills, and further develop the clinical skills and knowledge required to evaluate and initiate treatment for patients with increasingly complex otolaryngologic complaints across all subspecialties of the field.

The Chief Resident at Bellevue will be primarily responsible for the Head and Neck and Rhinology Clinics under direct supervision of an attending. The Chief will also, in turn, precept for the junior residents and medical students in clinic.

Inpatient Care: While serving as chief resident at Bellevue, the Oto-5 resident will be responsible for all aspects of patient care by the Otolaryngology service. The Oto-5 resident will run daily rounds and, in consultation with the appropriate attending, is responsible for all decisions in patient management, surgical or medical. The Oto-5 resident will also supervise all adult and pediatric consult activities including bedside procedures. The Oto-5 resident will achieve proficiency in advanced otolaryngologic procedures as listed below, including complex head and neck, rhinologic and otologic procedures.

Call Coverage: The Oto-5 resident is assigned to the second-call schedule, and as such will oversee all patient care activities of the first call resident at Bellevue and the other institutions, including inpatient and emergency room consultations, and care of inpatients on the Bellevue otolaryngology service.

Administrative/Academic Duties: The Oto-5 resident will have a supervisory, and thus teaching role with respect to all other residents and students on service. While serving as Chief Resident, the Oto-5 resident will be responsible for making level- and proficiency-appropriate assignments for coverage of operative procedures at Bellevue by residents on the service. The Bellevue Oto-5 Chief Resident will also be responsible for appropriately and equitably dividing any daily patient care work among the residents and students on the service. S/he is also responsible for resident attendance/coverage of outpatient clinic and operative cases, if it is appropriate for other residents to participate.

The additional administrative functions include: selection and assignment of cases for discussion at conferences including submission of these cases in advance to the appropriate preceptor; collection and presentation of departmental outpatient and operative case statistics for the monthly QAI conference; quarterly approval of the resident on-call schedule. Lastly, but importantly, the Chief Resident is partially responsible for the residents’ morale and educational experience, and thus should report to the Program Director any perceived problems in the performance of the more junior residents. This includes immediate notification of the Program Director for instances of resident fatigue potentially compromising patient care, or impending violations of resident duty hour limits.
Goals and Objectives

Goal–Specific Objectives for the Oto-5 Bellevue Chief Resident Rotation:
By the completion of the Oto-5 year, the resident should achieve the following goals (listed by core competency):

A. Patient care

Goal 1. Perform a thorough and complete evaluation of pediatric and adult patients presenting to the outpatient clinics and emergency room with otolaryngologic complaints.

Objectives:
1. Be able to conduct a complete and targeted, problem-specific head and neck history including:
2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.
3. Effectively use otolaryngologic clinical diagnostic instrumentation, including the head mirror, pneumatic otoscope, oto-microscope, flexible and rigid endoscope in the evaluation of pediatric and adult patients.
4. Be able to consistently present the patients history and the pertinent physical findings, impression, differential diagnosis, and proposed management plan to attending staff in a concise and organized fashion.
5. Consistently demonstrate complete and appropriate chart documentation for patient encounters.

Goal 2. Demonstrate the ability to formulate a thorough differential diagnosis, plan for further diagnostic studies, and initiate an appropriate and cost-effective treatment plan for disorders affecting the head and neck.

Objectives:
1. Be able to formulate a complete differential diagnosis for patients presenting with complaints of the head and neck, and to describe the natural history, clinical presentation, and clinical evaluation findings of:
   a. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, vertigo, and neoplasms of the temporal bone.
   b. General otolaryngologic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
   c. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
   d. Inhalant and food allergies presenting with otolaryngologic manifestations.
   e. Congenital, reconstructive, and cosmetic deformities of the face, head, and neck.
   f. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.
2. Understand the standard of care with respect to diagnostic workup required to confirm a diagnosis for the common disorders of the upper aerodigestive tract, head and neck listed above.
3. Understand the standard of care with respect to the treatment of the common disorders of the upper aerodigestive tract, head and neck listed above.

Goal 3. Understand the indications for, cost-effective use of, and interpretation of diagnostic studies used in the evaluation of patients with otolaryngologic complaints.

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Objectives:

1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as:
   a. Pure tone audiometry
   b. Speech audiometry
   c. Tympanometry
   d. Acoustic reflexes
   e. Otoacoustic emissions
   f. Auditory brainstem response testing
   g. Electronystagmography

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:
   a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.
   b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.
   c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa
   d. Ultrasound – neck
   e. Angiography – CT and MR, as well as conventional angiography
   f. Nuclear medicine – positron emission tomography (PET), thyroid, and parathyroid imaging

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:
   a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.
   b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.
   c. Allergy skin testing – including prick test and intradermal serial dilution testing.
   d. Polysomnography
   e. Videostroboscopy

Goal 4. Understand the indications, alternative treatments, potential benefits, and risks and complications of common otolaryngologic procedures.

Objectives:

1. Understand the indications and potential benefits, for surgical intervention in the treatment of common disorders of the upper-aerodigestive tract, head, and neck.

2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for common otolaryngologic disorders, including but not limited to:
   a. acute and chronic otitis media
   b. hearing loss and tinnitus
   c. balance disorders
   d. recurrent or chronic pharyngotonsillitis
   e. chronic obstructive adenotonsillar hypertrophy
   f. acute and chronic sinusitis
   g. allergic and vasomotor rhinitis
   h. dysphagia and gastroesophageal/laryngopharyngeal reflux
   i. hoarseness
   j. neck masses
   k. obstructive sleep apnea
   l. thyroid and parathyroid disease
   m. diseases of the salivary glands
3. Be able to list and describe the potential complications of common otolaryngologic procedures.
4. Demonstrate the ability to obtain informed consent, including the ability to discuss procedure indications, alternatives, potential risks, benefits and complications, and anticipated post-operative course in lay terms, understandable to the patients of varied socioeconomic and educational backgrounds.

**Goal 5.** Carry out an appropriate pre-operative evaluation, including appropriate use of consultations for medical clearance, for patients undergoing major and minor otolaryngologic procedures.

**Objectives:**
1. Demonstrate the ability to perform and document a thorough pre-operative history and physical examination for patients undergoing common otolaryngologic procedures.
2. Demonstrate an understanding of the potential added risk, in terms of intra or post-operative complications, for surgical procedures due to co-morbid illnesses.
3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (e.g., cardiology, pulmonology, etc.) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

**Goal 6.** Gain experience in basic inpatient and outpatient otolaryngologic procedures.

**Objectives:**
1. Demonstrate proficiency in the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, and local anesthesia.
2. Understand the risks of airway compromise in patients undergoing otolaryngologic surgical procedures, and demonstrate appropriate cooperation with the anesthesia team in the management of the airway.
3. Demonstrate familiarity with otolaryngologic surgical equipment and instrumentation, including operating microscopes, rigid and flexible endoscopes, nerve monitoring equipment, surgical lasers, and image guidance systems.
4. Develop competence in basic soft tissue surgical techniques, including tissue handling and general wound closure and suturing.
5. Be able to effectively perform, with appropriate supervision, the following surgical procedures in the operating room setting:
   a. Oral cavity resection/composite resection/mandibulectomy/glossectomy
   b. Reconstruction of soft tissues defects
   c. Neck Dissection
   d. Pharyngotomy
   e. Repair of penetrating injuries of the head and neck
   f. Thyroidectomy/parathyroidectomy
   g. Parotidectomy
   h. Endoscopic laser surgery
   i. Phonatory/laryngeal framework surgery
   j. Management of laryngeal fractures
   k. Treatment of tracheoesophageal or pharyngoesophageal fistula
   l. Endoscopic surgery of the sinuses and orbit
   m. Canalplasty/meatoplasty
   n. Tympanoplasty
   o. Middle ear exploration
   p. Mastoidectomy
   q. Labyrinthectomy

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Goal 7. Attend to the advanced post-operative care, both in the hospital and outpatient settings, of patients undergoing major and minor otolaryngologic procedures.

Objectives:
1. Demonstrate the ability to appropriately document, by written notes and dictation, all procedures performed in either the inpatient or outpatient settings, as per hospital guidelines and requirements.
2. Attend to the basic hospital needs of post-operative patients by proper entry of post-procedural care orders, and by appropriate communication and cooperation with other physician and non-physician members of the patient care team.
3. Develop competence in head and neck wound care, including debridement, dressing techniques, and drain management.
4. Demonstrate appropriate vigilance for, through thorough and regular post-operative patient assessment, and knowledge of treatment for complications of otolaryngologic surgical procedures.
5. Demonstrate appropriate use of specialty consultations in the management of post-operative patients’ medical co-morbid illnesses, as well as in the evaluation and treatment of surgical or anesthetic complications.

B. Medical Knowledge

Goal 1. Demonstrate thorough understanding of head and neck anatomy and embryology, including the innervation, vasculature, lymphatics, musculature, and skeleton.

Objectives:
1. Master knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:
   a. branchial pouches, arches, and clefts and derived structures
   b. external, middle, and inner ear, mastoid, and lateral skull base
   c. nose, paranasal sinuses, and anterior skull base
   d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea
   e. fascial planes and spaces of the head and neck
   f. salivary glands
   g. thyroid and parathyroid glands

Goal 2. Demonstrate thorough understanding of the medical sciences relevant to the upper aero-digestive tract, head and neck, including the communication sciences (audiology, speech pathology), pathology, pharmacology, physiology including the special senses of hearing, smell, and taste, basic genetics related to cancer tumorigenesis, congenital syndromes, and genetic hearing loss, immunology and otolaryngic allergy, endocrinology, and neurology.

Objectives:
1. Attend and actively participate in all departmental educational conferences, courses, and symposia.
2. Achieve a score of greater than or equal to 30th percentile on annual ABO In Training Examination.

Goal 3. Demonstrate basic knowledge of the pathophysiology, diagnostic evaluation, and treatment of common otolaryngologic disease processes.

Objectives:
1. Develop an understanding of the pathophysiology of inflammatory, congenital, infectious, neoplastic,
vascular, and traumatic, processes affecting the upper aero-digestive tract, head & neck surgery patient and understanding of relevant basic science, as evidenced during patient care related activities and discussion with faculty.

2. Attend and actively participate in all departmental educational conferences, courses, and symposia.
3. Demonstrate knowledge through preparation of answers to assigned weekly COCLIA questions, and active participation in resident didactic conference.
4. Achieve a score of greater than or equal to 30th percentile on annual ABO In Training Examination.

C. Practice-Based Learning and Improvement

Goal 1. Demonstrate the ability to identify relevant patient-care related information in the medical literature or other sources, and appropriately apply this information to patient care.

Objectives:
1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.
2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.
3. Effectively utilize medical literature searching resources in the library and via the internet, as demonstrated during patient care-related and research activities.

Goal 2. Demonstrate the capability to monitor and analyze personal practice experience and perform practice-based improvement activities using a systematic methodology.

Objectives:
1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.
2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.
3. Show initiative in identifying personal areas of relative weakness and need for improvement, through consultation with faculty and resident colleagues, and address identified gaps in knowledge and clinical skills.

Goal 3. Demonstrate adequate teaching skills through close interactions with the Oto-2-4 residents and medical students.

Objectives:
1. Successfully instruct Oto-2-4 residents regarding inpatient, outpatient, and operative patient care skills necessary for the appropriate care of all patients on the Otolaryngology – Head & Neck Surgery service.
2. Successfully teach medical students on service basic head and neck examination, including use of head mirror and otoscope, and demonstrate findings of examination with flexible and rigid endoscopes. Promote medical students’ understanding of the evaluation and management of disorders of the head and neck, and the scope of practice of otolaryngologist – head and neck surgeon.

D. Interpersonal and Communication Skills

Goal 1. Demonstrate the ability to effectively communicate personal medical information, disease processes, and treatments with patients, and when appropriate, their family members.
Objectives:
1. Begin to develop skills to build appropriate physician-patient relationships.
2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

Goal 2. Develop successful interpersonal communication skills with clinic staff, inpatient nursing staff, and operating room staff and maintain a professional environment.

Objectives:
1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.
2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.
3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.
4. Demonstrate ability and willingness to maintain patient confidentiality, and knowledge of HIPAA statutes.
5. Strive for continuous self-improvement in this area, guided by Bellevue standards of professionalism as well as careful review of quarterly 360-degree evaluations with formulation of plan for self-improvement.

E. Professionalism.

Goal 1. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

Objectives:
1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.
2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.
3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.
4. Demonstrate adequate preparation and planning before scheduled operative procedures.
5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.
6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

Goal 2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

Objectives:
1. Attend and actively participate in Graduate Medical Education Conference sessions regarding above issues.
2. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.
3. Demonstrate accountability for actions and decisions.

F. Systems-Based Practice
**Goal 1.** Demonstrate an awareness of and responsiveness to the larger context and system of health care.

**Objectives:**
1. Demonstrate an understanding of the organization of the Bellevue Otolaryngology service, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication.
2. Become familiar with the outpatient, inpatient, operating room, and emergency room facilities at Bellevue, and resources available to the Otolaryngology service.
3. Through patient care activities and participation in practice based learning conference, seek to identify opportunities to systematically improve healthcare delivery within Bellevue and beyond.
4. Demonstrate an understanding of the macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).
5. Demonstrate knowledge of how various forms of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
6. Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire surgical team for all components of surgical care.

**Goal 2.** Demonstrate the ability to effectively call on system resources to provide care that is of optimal value.

**Objectives:**
1. Utilize effective organizational and time-management skills required for efficient running of the inpatient otolaryngology – head and neck surgery service.
2. Exhibit understanding of each member's contributions to the multidisciplinary patient care team, and a willingness to work with these team members to provide optimal patient care.
3. Develop the habit of intermediate and long term planning of patient care.
4. Become aware of the differences between resource availability and other challenges in providing inpatient and outpatient care for insured and indigent patients.
5. Understand the conflicting goals of providing state of the art and cost-effective healthcare, and demonstrate the ability to make cost-effective use of diagnostic tests and treatment modalities while maintaining quality of care.
OTO-5 TISCH OUTPATIENT CHIEF RESIDENT ROTATION

Introduction

The Oto-5 Tisch Outpatient Chief Resident Rotation is intended to provide a broad clinical experience with an emphasis on ambulatory surgical procedures and with oversight of patient care activities on the inpatient service as a backup for the Inpatient Chief Resident (Oto-5). This will build upon all prior training experiences from each prior rotation. It is expected that experiences provided through this rotation will allow the Oto-5 resident to hone clinical skills already developed, and fill any remaining gaps in the resident operative experience, such that by completion of the chief resident year, the resident will demonstrate sufficient professional ability to practice competently and independently in an ambulatory surgery setting without direct supervision. Each Oto-5 resident will spend 3 months as the Tisch Outpatient Chief Resident.

Performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis; formal written evaluation of resident performance will be conducted quarterly.

Curriculum

Required Conferences
1) Weekly Basic Science and Resident Subspecialty Conferences – Monday and Thursday evening; to follow the department Basic Science Course curriculum and COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.
3) Departmental Symposia – Surgical Anatomy Dissection Course, Rhinology Update.

Required Reading
1) AAO – HNS Home Study Course.
2) Otolaryngology/Head and Neck Surgery. (Byron J. Bailey, editor. 2005). Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

Recommended Reading
1) Selected articles from the medical literature – recommend recent literature identified through other reading, or as suggested by patient care experiences, taken from otolaryngology core journals such as Laryngoscope, Archives of Otolaryngology – Head & Neck Surgery, and Otolaryngology – Head & Neck Surgery, or subspecialty journals such as Archives of Facial Plastic and Reconstructive Surgery, Head and Neck, Otology/Neurotology, or American Journal of Rhinology.
4) Diseases of the Sinuses: Diagnosis and Management, Kennedy (ed) – preparatory reading for surgical cases.

Required Products
1) Submission of all Home Study Course tests
2) ABO In Training Examination – given yearly in March
3) Presentations for assigned COCLIA Topics covered in weekly core curriculum conference
4) Grand Rounds Presentation – Grand rounds format, stressing critical evaluation of medical literature available for chosen topic.
Clinical Duties

Ambulatory Surgery: The Oto-5 Tisch Outpatient Chief Resident will perform ambulatory surgery as first assistant or resident surgeon under the supervision of the faculty, and will be involved in the evaluation and treatment of outpatients, in addition to assuming a teaching role with the junior residents and medical students on the service. It is expected that this experience will consolidate the education of the resident up to that time in that the Oto-5 resident will hone examination skills, and further develop the skills and knowledge required to evaluate and initiate treatment for patients with increasingly complex otolaryngologic complaints across all subspecialties of the field, particularly as pertains to the ambulatory surgery setting.

Inpatient Care: While serving as the Outpatient Chief Resident at Tisch, the Oto-5 resident will be secondarily responsible for patient care by the junior residents on service. The Oto-5 Outpatient Chief Resident will be available as needed for rounds and supervision of junior residents during consults or bedside procedures.

Call Coverage: The Oto-5 resident is assigned to the second-call schedule, and as such will oversee all patient care activities of the first call resident at all institutions, including inpatient and emergency room consultations, and care of inpatients on the Tisch otolaryngology service.

Administrative/Academic Duties: The Oto-5 resident will have a supervisory, and thus teaching role with respect to all other residents and students on service.

The additional administrative functions include: selection and assignment of cases for discussion at Rhinology conferences including submission of these cases in advance to the appropriate preceptor, and collection and presentation of departmental outpatient and operative case statistics for the monthly QAI conference for ambulatory cases. Lastly, but importantly, every Chief Resident is partially responsible for the residents’ morale and educational experience, and thus should report to the Program Director any perceived problems in the performance of the more junior residents. This includes immediate notification of the Program Director for instances of resident fatigue potentially compromising patient care, or impending violations of resident duty hour limits.

Goals and Objectives

Goal–Specific Objectives for the Oto-5 Tisch Outpatient Chief Resident Rotation:

By the completion of the Oto-5 year, the resident should achieve the following goals (listed by core competency):

A. Patient care

Goal 1. Perform a thorough and complete evaluation of pediatric and adult patients presenting to the outpatient clinics and emergency room with otolaryngologic complaints.

Objectives:

1. Be able to conduct a complete and targeted, problem-specific head and neck history including: Chief complaint, History of present illness, Past medical and surgical history—including birth history when relevant, Allergies, Medications, Pertinent social history and cultural background.
2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the
head and neck.
3. Effectively use otolaryngologic clinical diagnostic instrumentation, including the head mirror, pneumatic otoscope, oto-microscope, flexible and rigid endoscope in the evaluation of pediatric and adult patients.
4. Be able to consistently present the patients history and the pertinent physical findings, impression, differential diagnosis, and proposed management plan to attending staff in a concise and organized fashion.
5. Consistently demonstrate complete and appropriate chart documentation for patient encounters.

Goal 2. Demonstrate the ability to formulate a thorough differential diagnosis, plan for further diagnostic studies, and initiate an appropriate and cost-effective treatment plan for disorders affecting the head and neck.

Objectives:
1. Be able to formulate a complete differential diagnosis for patients presenting with complaints of the head and neck, and to describe the natural history, clinical presentation, and clinical evaluation findings of:
   a. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, vertigo, and neoplasms of the temporal bone.
   b. General otolaryngologic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
   c. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
   d. Inhalant and food allergies presenting with otolaryngologic manifestations.
   e. Congenital, reconstructive, and cosmetic deformities of the face, head, and neck.
   f. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.
2. Understand the standard of care with respect to diagnostic workup required to confirm a diagnosis for the common disorders of the upper aerodigestive tract, head and neck listed above.
3. Understand the standard of care with respect to the treatment of the common disorders of the upper aerodigestive tract, head and neck listed above.

Goal 3. Understand the indications for, cost-effective use of, and interpretation of diagnostic studies used in the evaluation of patients with otolaryngologic complaints.

Objectives:
1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as:
   a. Pure tone audiometry
   b. Speech audiometry
   c. Tympanometry
   d. Acoustic reflexes
   e. Otoacoustic emissions
   f. Auditory brainstem response testing
   g. Electronystagmography
2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:
   a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.
   b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.
   c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa
   d. Ultrasound – neck
Goal 4. Understand the indications, alternative treatments, potential benefits, and risks and complications of common otolaryngologic procedures.

Objectives:
1. Understand the indications and potential benefits, for surgical intervention in the treatment of common disorders of the upper-aerodigestive tract, head, and neck.
2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for common otolaryngologic disorders, including but not limited to:
   a. acute and chronic otitis media
   b. hearing loss and tinnitus
   c. balance disorders
   d. recurrent or chronic pharyngotonsillitis
   e. chronic obstructive adenotonsillar hypertrophy
   f. acute and chronic sinusitis
   g. allergic and vasomotor rhinitis
   h. dysphagia and gastroesophageal/laryngopharyngeal reflux
   i. hoarseness
   j. neck masses
   k. obstructive sleep apnea
   l. thyroid and parathyroid disease
   m. diseases of the salivary glands
3. Be able to list and describe the potential complications of common otolaryngologic procedures.
4. Demonstrate the ability to obtain informed consent, including the ability to discuss procedure indications, alternatives, potential risks, benefits and complications, and anticipated post-operative course in lay terms, understandable to the patients of varied socioeconomic and educational backgrounds.

Goal 5. Carry out an appropriate pre-operative evaluation, including appropriate use of consultations for medical clearance, for patients undergoing major and minor otolaryngologic procedures.

Objectives:
1. Demonstrate the ability to perform and document a thorough pre-operative history and physical examination for patients undergoing common otolaryngologic procedures.
2. Demonstrate an understanding of the potential added risk, in terms of intra or post-operative complications, for surgical procedures due to co-morbid illnesses.
3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

Goal 6. Gain experience in basic inpatient and outpatient otolaryngologic procedures.
Objectives:

1. Demonstrate proficiency in the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, and local anesthesia.

2. Understand the risks of airway compromise in patients undergoing otolaryngologic surgical procedures, and demonstrate appropriate cooperation with the anesthesia team in the management of the airway.

3. Demonstrate familiarity with otolaryngologic surgical equipment and instrumentation, including operating microscopes, rigid and flexible endoscopes, nerve monitoring equipment, surgical lasers, and image guidance systems.

4. Develop competence in basic soft tissue surgical techniques, including tissue handling and general wound closure and suturing.

5. Be able to effectively perform, with appropriate supervision, the following surgical procedures in the operating room setting:
   a. Major Rhinologic and Sinus Surgery (maxillectomy, endoscopic and external sinus surgery, frontal sinus obliteration, image-guided endoscopic sinus surgery)
   b. Major Facial Plastics Procedures (functional and cosmetic primary and revision rhinoplasty, cosmetic facial surgery, maxillofacial trauma, Mohs reconstructions)
   c. Surgery for sleep disordered breathing
   d. Advanced endoscopy of the upper aerodigestive tract
   e. Reconstruction of soft tissues defects
   f. Repair of penetrating injuries of the head and neck
   g. Thyroidectomy/parathyroidectomy
   h. Parotidectomy
   i. Endoscopic laser surgery
   j. Phonatory/laryngeal framework surgery
   k. Management of laryngeal fractures
   l. Treatment of tracheoesophageal or pharyngoesophageal fistula
   m. Endoscopic surgery of the sinuses and orbit
   n. Canalplasty/meatoplasty
   o. Middle ear exploration
   p. Mastoidectomy
   q. Tympanoplasty
   r. Cochlear implantation/bone-anchored hearing aid placement

Goal 7. Attend to the advanced post-operative care, both in the hospital and outpatient settings, of patients undergoing major and minor otolaryngologic procedures.

Objectives:

1. Demonstrate the ability to appropriately document, by written notes and dictation, all procedures performed in either the inpatient or outpatient settings, as per hospital guidelines and requirements.

2. Attend to the basic hospital needs of post-operative patients by proper entry of post-procedural care orders, and by appropriate communication and cooperation with other physician and non-physician members of the patient care team.

3. Develop competence in head and neck wound care, including debridement, dressing techniques, and drain management.

4. Demonstrate appropriate vigilance for, through thorough and regular post-operative patient assessment, and knowledge of treatment for complications of otolaryngologic surgical procedures.

5. Demonstrate appropriate use of specialty consultations in the management of post-operative patients’ medical co-morbid illnesses, as well as in the evaluation and treatment of surgical or anesthetic conditions.
complications.

B. Medical Knowledge

Goal 1. Demonstrate thorough understanding of head and neck anatomy and embryology, including the innervation, vasculature, lymphatics, musculature, and skeleton.

Objectives:
1. Master knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:
   a. branchial pouches, arches, and clefts and derived structures
   b. external, middle, and inner ear, mastoid, and lateral skull base
   c. nose, paranasal sinuses, and anterior skull base
   d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea
   e. fascial planes and spaces of the head and neck
   f. salivary glands
   g. thyroid and parathyroid glands

Goal 2. Demonstrate thorough understanding of the medical sciences relevant to the upper aero-digestive tract, head and neck, including the communication sciences (audiology, speech pathology), pathology, pharmacology, physiology including the special senses of hearing, smell, and taste, basic genetics related to cancer tumorigenesis, congenital syndromes, and genetic hearing loss, immunology and otolaryngic allergy, endocrinology, and neurology.

Objectives:
1. Attend and actively participate in all departmental educational conferences, courses, and symposia.
2. Achieve a score of greater than or equal to 30th percentile on annual ABO In Training Examination.

Goal 3. Demonstrate basic knowledge of the pathophysiology, diagnostic evaluation, and treatment of common otolaryngologic disease processes.

Objectives:
1. Develop an understanding of the pathophysiology of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the upper aero-digestive tract, head & neck surgery patient and understanding of relevant basic science, as evidenced during patient care related activities and discussion with faculty.
2. Attend and actively participate in all departmental educational conferences, courses, and symposia.
3. Demonstrate knowledge through preparation of answers to assigned weekly COCLIA questions, and active participation in resident didactic conference.
4. Achieve a score of greater than or equal to 30th percentile on annual ABO In Training Examination.

C. Practice-Based Learning and Improvement

Goal 1. Demonstrate the ability to identify relevant patient-care related information in the medical literature or other sources, and appropriately apply this information to patient care.

Objectives:
1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.
2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in
scientific publications through critical evaluation of research study design and methods, and results.

3. Effectively utilize medical literature searching resources in the library and via the internet, as demonstrated during patient care-related and research activities.

**Goal 2.** Demonstrate the capability to monitor and analyze personal practice experience and perform practice-based improvement activities using a systematic methodology.

**Objectives:**
1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.
2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.
3. Show initiative in identifying personal areas of relative weakness and need for improvement, through consultation with faculty and resident colleagues, and address identified gaps in knowledge and clinical skills.

**Goal 3.** Demonstrate adequate teaching skills through close interactions with the Oto-1-3 residents and medical students.

**Objectives:**
1. Successfully instruct Oto-1-3 residents in inpatient, outpatient, and operative patient care skills necessary for the appropriate care of all patients on the Otolaryngology – Head & Neck Surgery service.
2. Successfully teach medical students on service basic head and neck examination, including use of head mirror and otoscope, and demonstrate findings of examination with flexible and rigid endoscopes. Promote medical students’ understanding of the evaluation and management of disorders of the head and neck, and the scope of practice of an Otolaryngologist – Head and Neck surgeon.

**D. Interpersonal and Communication Skills**

**Goal 1.** Demonstrate the ability to effectively communicate personal medical information pertaining to disease processes, and treatment options (risks, benefits, alternatives) with patients and, when appropriate, their family members.

**Objectives:**
1. Begin to develop skills to build appropriate physician-patient relationships.
2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

**Goal 2.** Develop successful interpersonal communication skills with clinic staff, inpatient nursing staff, and operating room staff and maintain a professional environment.

**Objectives:**
1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.
2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.
3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.
4. Demonstrate ability and willingness to maintain patient confidentiality in accordance with current HIPAA
statutes.
5. Strive for continuous self-improvement in this area, guided by Tisch standards of professionalism as well as careful review of quarterly 360-degree evaluations with formulation of plan for self-improvement.

**E. Professionalism.**

**Goal 1.** Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

**Objectives:**
1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.
2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.
3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.
4. Demonstrate adequate preparation and planning before scheduled operative procedures.
5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.
6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

**Goal 2.** Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

**Objectives:**
1. Attend and actively participate in Graduate Medical Education Conference sessions regarding above issues.
2. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.
3. Demonstrate accountability for actions and decisions.

**F. Systems-Based Practice**

**Goal 1.** Demonstrate an awareness of and responsiveness to the larger context and system of health care.

**Objectives:**
1. Demonstrate an understanding of the organization of the Tisch Otolaryngology service, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication.
2. Become familiar with the outpatient, inpatient, operating room, and emergency room facilities at Tisch, and resources available to the Otolaryngology service.
3. Through patient care activities and participation in practice based learning conference, seek to identify opportunities to systematically improve healthcare delivery within Tisch and beyond.
4. Demonstrate an understanding of the macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).
5. Demonstrate knowledge of how various forms of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
6. Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire surgical team for all components of surgical care.
Goal 2. Demonstrate the ability to effectively call on system resources to provide care that is of optimal value.

Objectives:
1. Utilize effective organizational and time-management skills required for efficient running of the inpatient otolaryngology – head and neck surgery service.
2. Exhibit understanding of each member's contributions to the multidisciplinary patient care team, and a willingness to work with these team members to provide optimal patient care.
3. Develop the habit of intermediate and long term planning of patient care.
4. Become aware of the differences between resource availability and other challenges in providing inpatient and outpatient care for insured and indigent patients.
5. Understand the conflicting goals of providing state of the art and cost-effective healthcare, and demonstrate the ability to make cost-effective use of diagnostic tests and treatment modalities while maintaining quality of care.
OTO-5 TISCH INPATIENT CHIEF RESIDENT ROTATION

Introduction

The Oto-5 Inpatient Chief Resident Rotation at Tisch Hospital consists of an intensive 3-month rotation predominantly involved with the evaluation, operative intervention and care of the inpatient Otolaryngology service patients at Tisch Hospital. This patient population consists of advanced Head and Neck Surgery and advanced Otology/Neurotology/Skull Base Surgery patients but may also involve the management and care of other emergency admissions, airway consultations and hospital consultations for Otolaryngologic problems. Advanced Sinus/Anterior Skull base disease and Pediatric Airway management patients also populate the service.

The Oto-5 Tisch Inpatient Chief Resident Rotation is intended to provide a broad clinical experience with an intensive administrative role comprising complete oversight of all patient care activities on the service under direct supervision of attending staff. This will build upon all prior training experiences from each prior rotation. It is expected that experiences provided through this rotation will allow the Oto-5 resident to hone clinical skills already developed, and fill any remaining gaps in the resident operative experience, such that by completion of the chief resident year, the resident will demonstrate sufficient professional ability to practice competently and independently.

While acting as chief resident, the Oto-5 resident will also be responsible for leading the resident team, and thus will have extensive supervisory, administrative, and teaching roles. Each Oto-5 resident will spend 3 months as the Tisch Inpatient Otolaryngology Service Chief Resident.

Performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis; formal written evaluation of resident performance will be conducted quarterly.

Curriculum

Required Conferences
1) Weekly Basic Science and Resident Subspecialty Conferences – Monday and Thursday evening; to follow the department Basic Science Course curriculum and COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.
3) Departmental Symposia – Surgical Anatomy Dissection Course, Rhinology Updates.

Required Reading
1) AAO – HNS Home Study Course.
2) Otolaryngology/Head and Neck Surgery. (Byron J. Bailey, editor. 2005). Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

Recommended Reading
1) Selected articles from the medical literature – recommend recent literature identified through other reading, or as suggested by patient care experiences, taken from otolaryngology core journals such as Laryngoscope, Archives of Otolaryngology – Head & Neck Surgery, and Otolaryngology – Head & Neck Surgery, or subspecialty journals such as Archives of Facial Plastic and Reconstructive Surgery, Head and Neck, Otology/Neurotology, or American Journal of Rhinology.
preparatory reading for surgical cases.
4) Diseases of the Sinuses: Diagnosis and Management, Kennedy (ed) – preparatory reading for surgical cases.

**Required Products**
1) Submission of all Home Study Course tests
2) ABO In Training Examination – given yearly in March
3) Presentations for assigned COCLIA Topics covered in weekly core curriculum conference
4) Grand Rounds Presentation – Grand rounds format, stressing critical evaluation of medical literature available for chosen topic.
5) ACGME Operative Case Log – must be updated at least monthly
6) Multidisciplinary Head and Neck Tumor Board Case Presentations – weekly presentation and case discussions to determine diagnosis and treatment plans for Head and Neck Oncology patients

**Clinical Duties**

**Inpatient Care:** While serving as Inpatient Chief Resident at Tisch, the Oto-5 resident will be responsible for all aspects of patient care by the service. The Oto-5 resident will run daily rounds and, in consultation with the appropriate attending, is responsible for all decisions in patient management, surgical or medical. The Oto-5 resident will also supervise all adult and pediatric consult activities including bedside procedures. The Oto-5 resident will achieve proficiency in advanced otolaryngologic procedures as listed below, including complex head and neck and neurotologic procedures.

**Call Coverage:** The Oto-5 resident is assigned to the second-call schedule, and as such will oversee all patient care activities of the first call resident at all institutions, including inpatient and emergency room consultations, and care of inpatients on the Tisch otolaryngology service.

**Administrative/Academic Duties:** The Oto-5 resident will have a supervisory, and thus teaching role with respect to all other residents and students on service. While serving as Inpatient Chief Resident, the Oto-5 resident will be responsible for making level- and proficiency-appropriate assignments for coverage of operative procedures at Tisch by residents on the service. The Tisch Inpatient Chief Resident will also be responsible for appropriately and equitably dividing any daily patient care work among the residents and students on the service. Additional administrative functions include: selection and assignment of cases for discussion at conferences including submission of these cases in advance to the appropriate preceptor; collection and presentation of departmental outpatient and operative case statistics for the monthly QAI conference; quarterly approval of the resident on-call schedule.

Lastly, but importantly, the Chief Resident is partially responsible for the residents’ morale and educational experience, and thus should report to the Program Director any perceived problems in the performance of the more junior residents. This includes immediate notification of the Program Director for instances of resident fatigue potentially compromising patient care, or impending violations of resident duty hour limits.

**Goals and Objectives**

**Goal–Specific Objectives for the Oto-5 Tisch Inpatient Chief Resident Rotation:**
By the completion of the Oto-5 year, the resident should achieve the following goals (listed by core competency):
A. Patient care

**Goal 1.** Perform a thorough and complete evaluation of pediatric and adult patients presenting to the outpatient clinics and emergency room with otolaryngologic complaints.

**Objectives:**
1. Be able to conduct a complete and targeted, problem-specific head and neck history including:
2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.
3. Effectively use otolaryngologic clinical diagnostic instrumentation, including the head mirror, pneumatic otoscope, oto-microscope, flexible and rigid endoscope in the evaluation of pediatric and adult patients.
4. Be able to consistently present the patients history and the pertinent physical findings, impression, differential diagnosis, and proposed management plan to attending staff in a concise and organized fashion.
5. Consistently demonstrate complete and appropriate chart documentation for patient encounters.

**Goal 2.** Demonstrate the ability to formulate a thorough differential diagnosis, plan for further diagnostic studies, and initiate an appropriate and cost-effective treatment plan for disorders affecting the head and neck.

**Objectives:**
1. Be able to formulate a complete differential diagnosis for patients presenting with complaints of the head and neck, and to describe the natural history, clinical presentation, and clinical evaluation findings of:
   a. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, vertigo, and neoplasms of the temporal bone.
   b. General otolaryngologic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
   c. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
   d. Inhalant and food allergies presenting with otolaryngologic manifestations.
   e. Congenital, reconstructive, and cosmetic deformities of the face, head, and neck.
   f. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.
2. Understand the standard of care with respect to diagnostic workup required to confirm a diagnosis for the common disorders of the upper aerodigestive tract, head and neck listed above.
3. Understand the standard of care with respect to the treatment of the common disorders of the upper aerodigestive tract, head and neck listed above.

**Goal 3.** Understand the indications for, cost-effective use of, and interpretation of diagnostic studies used in the evaluation of patients with otolaryngologic complaints.

**Objectives:**
1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as:
   a. Pure tone audiometry
   b. Speech audiometry
   c. Tympanometry
d. Acoustic reflexes  
e. Otoacoustic emissions  
f. Auditory brainstem response testing  
g. Electronystagmography  

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:  
a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.  
b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.  
c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa  
d. Ultrasound – neck  
e. Angiography - CT and MR, as well as conventional angiography  
f. Nuclear medicine – positron emission tomography (PET), thyroid, and parathyroid imaging  

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:  
a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.  
b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.  
c. Allergy skin testing – including prick test and intradermal serial dilution testing.  
d. Polysomnography  
e. Videostroboscopy  

**Goal 4.** Understand the indications, alternative treatments, potential benefits, and risks and complications of common otolaryngologic procedures.  

**Objectives:**  
1. Understand the indications and potential benefits, for surgical intervention in the treatment of common disorders of the upper-aerodigestive tract, head, and neck.  
2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for common otolaryngologic disorders, including but not limited to  
   a. acute and chronic otitis media  
   b. hearing loss and tinnitus  
   c. balance disorders  
   d. recurrent or chronic pharyngotonsillitis  
   e. chronic obstructive adenotonsillar hypertrophy  
   f. acute and chronic sinusitis  
   g. allergic and vasomotor rhinitis  
   h. dysphagia and gastroesophageal/laryngopharyngeal reflux  
   i. hoarseness  
   j. neck masses  
   k. obstructive sleep apnea  
   l. thyroid and parathyroid disease  
   m. diseases of the salivary glands  
3. Be able to list and describe the potential complications of common otolaryngologic procedures.  
4. Demonstrate the ability to obtain informed consent, including the ability to discuss procedure indications, alternatives, potential risks, benefits and complications, and anticipated post-operative course in lay terms, understandable to the patients of varied socioeconomic and educational backgrounds.  

**Goal 5.** Carry out an appropriate pre-operative evaluation, including appropriate use of consultations for medical clearance, for patients undergoing major and minor otolaryngologic procedures.
Objectives:
1. Demonstrate the ability to perform and document a thorough pre-operative history and physical examination for patients undergoing common otolaryngologic procedures.
2. Demonstrate an understanding of the potential added risk, in terms of intra or post-operative complications, for surgical procedures due to co-morbid illnesses.
3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (e.g., cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

Goal 6. Gain experience in basic inpatient and outpatient otolaryngologic procedures.

Objectives:
1. Demonstrate proficiency in the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, and local anesthesia.
2. Understand the risks of airway compromise in patients undergoing otolaryngologic surgical procedures, and demonstrate appropriate cooperation with the anesthesia team in the management of the airway.
3. Demonstrate familiarity with otolaryngologic surgical equipment and instrumentation, including operating microscopes, rigid and flexible endoscopes, nerve monitoring equipment, surgical lasers, and image guidance systems.
4. Develop competence in basic soft tissue surgical techniques, including tissue handling and general wound closure and suturing.
5. Be able to effectively perform, with appropriate supervision, the following surgical procedures in the operating room setting:
   a. Oral cavity resection/composite resection/mandibulectomy/glossectomy
   b. Reconstruction of soft tissue defects
   c. Neck Dissection
   d. Pharyngotomy
   e. Repair of penetrating injuries of the head and neck
   f. Thyroidectomy/parathyroidectomy
   g. Parotidectomy
   h. Arterial ligation
   i. Open and endoscopic management of Zenker’s diverticulum
   j. Partial/total laryngectomy/pharyngectomy
   k. Endoscopic laser surgery
   l. Phonatory/laryngeal framework surgery
   m. Management of laryngeal fractures
   n. Treatment of tracheoesophageal or pharyngoesophageal fistula
   o. Advanced endoscopic surgery of the sinuses and orbit
   p. Canalplasty/meatoplasty
   q. Middle ear exploration
   r. Mastoidectomy
   s. Labyrinthectomy
   t. Cochlear implantation/bone-anchored hearing aid placement
   u. Open and endoscopic skull base surgery

Goal 7. Attend to the advanced post-operative care, both in the hospital and outpatient settings, of patients
undergoing major and minor otolaryngologic procedures.

Objectives:
1. Demonstrate the ability to appropriately document, by written notes and dictation, all procedures performed in either the inpatient or outpatient settings, as per hospital guidelines and requirements.
2. Attend to the basic hospital needs of post-operative patients by proper entry of post-procedural care orders, and by appropriate communication and cooperation with other physician and non-physician members of the patient care team.
3. Develop competence in head and neck wound care, including debridement, dressing techniques, and drain management.
4. Demonstrate appropriate vigilance for, through thorough and regular post-operative patient assessment, and knowledge of treatment for complications of otolaryngologic surgical procedures.
5. Demonstrate appropriate use of specialty consultations in the management of post-operative patients’ medical co-morbid illnesses, as well as in the evaluation and treatment of surgical or anesthetic complications.

B. Medical Knowledge

Goal 1. Demonstrate thorough understanding of head and neck anatomy and embryology, including the innervation, vasculature, lymphatics, musculature, and skeleton.

Objectives:
Master knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:
   a. branchial pouches, arches, and clefts and derived structures
   b. external, middle, and inner ear, mastoid, and lateral skull base
   c. nose, paranasal sinuses, and anterior skull base
   d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea
   e. fascial planes and spaces of the head and neck
   f. salivary glands
   g. thyroid and parathyroid glands

Goal 2. Demonstrate thorough understanding of the medical sciences relevant to the upper aero-digestive tract, head and neck, including the communication sciences (audiology, speech pathology), pathology, pharmacology, physiology including the special senses of hearing, smell, and taste, basic genetics related to cancer tumorigenesis, congenital syndromes, and genetic hearing loss, immunology and otolaryngic allergy, endocrinology, and neurology.

Objectives:
1. Attend and actively participate in all departmental educational conferences, courses, and symposia.
2. Achieve a score of greater than or equal to 30th percentile on annual ABO In Training Examination.

Goal 3. Demonstrate basic knowledge of the pathophysiology, diagnostic evaluation, and treatment of common otolaryngologic disease processes.

Objectives:
1. Develop an understanding of the pathophysiology of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the upper aero-digestive tract, head & neck surgery patient and understanding of relevant basic science, as evidenced during patient care related activities and discussion with faculty.
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C. Practice-Based Learning and Improvement

Goal 1. Demonstrate the ability to identify relevant patient-care related information in the medical literature or other sources, and appropriately apply this information to patient care.

Objectives:
1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.
2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.
3. Effectively utilize medical literature searching resources in the library and via the internet, as demonstrated during patient care-related and research activities.

Goal 2. Demonstrate the capability to monitor and analyze personal practice experience and perform practice-based improvement activities using a systematic methodology.

Objectives:
1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.
2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.
3. Show initiative in identifying personal areas of relative weakness and need for improvement, through consultation with faculty and resident colleagues, and address identified gaps in knowledge and clinical skills.

Goal 3. Demonstrate adequate teaching skills through close interactions with the Oto-1-3 residents and medical students.

Objectives:
1. Successfully instruct Oto-1-3 residents in inpatient, outpatient, and operative patient care skills necessary for the appropriate care of all patients on the Otolaryngology – Head & Neck Surgery service.
2. Successfully teach medical students on service basic head and neck examination, including use of head mirror and otoscope, and demonstrate findings of examination with flexible and rigid endoscopes. Promote medical students’ understanding of the evaluation and management of disorders of the head and neck, and the scope of practice of otolaryngologist – head and neck surgeon.

D. Interpersonal and Communication Skills

Goal 1. Demonstrate the ability to effectively communicate personal medical information, disease processes, and treatments with patients and, when appropriate, their family members.
Objectives:
1. Begin to develop skills to build appropriate physician-patient relationships.
2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

Goal 2. Develop successful interpersonal communication skills with clinic staff, inpatient nursing staff, and operating room staff and maintain a professional environment.

Objectives:
1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.
2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.
3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.
4. Demonstrate ability and willingness to maintain patient confidentiality in accordance with current HIPAA statutes.
5. Strive for continuous self-improvement in this area, guided by Tisch standards of professionalism as well as careful review of quarterly 360-degree evaluations with formulation of plan for self-improvement.

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Goal 1. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

Objectives:
1. Demonstrate skills necessary to obtain appropriate physician-patient relationships. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care. Demonstrate adequate preparation and planning before scheduled operative procedures.
2. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.
3. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

Goal 2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

Objectives:
1. Attend and actively participate in Graduate Medical Education Conference sessions regarding above issues.
2. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.
3. Demonstrate accountability for actions and decisions.
F. Systems-Based Practice

Goal 1. Demonstrate an awareness of and responsiveness to the larger context and system of health care.

Objectives:
1. Demonstrate an understanding of the organization of the Tisch Otolaryngology service, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication.
2. Become familiar with the inpatient, operating room, and emergency room facilities at Tisch, and resources available to the Otolaryngology service.
3. Through patient care activities and participation in practice based learning conference, seek to identify opportunities to systematically improve healthcare delivery within Tisch and beyond.
4. Demonstrate an understanding of the macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).
5. Demonstrate knowledge of how various forms of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
6. Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire surgical team for all components of surgical care.

Goal 2. Demonstrate the ability to effectively call on system resources to provide care that is of optimal value.

Objectives:
1. Utilize effective organizational and time-management skills required for efficient running of the inpatient otolaryngology – head and neck surgery service.
2. Exhibit understanding of each member's contributions to the multidisciplinary patient care team, and a willingness to work with these team members to provide optimal patient care.
3. Develop the habit of intermediate and long term planning of patient care.
4. Become aware of the differences between resource availability and other challenges in providing inpatient and outpatient care for insured and indigent patients.
5. Understand the conflicting goals of providing state of the art and cost-effective healthcare, and demonstrate the ability to make cost-effective use of diagnostic tests and treatment modalities while maintaining quality of care.
OTO-5 LENOX HILL CHIEF RESIDENT ROTATION

Introduction

The Oto-5 Lenox Hill Chief Resident Rotation is intended to provide a broad clinical experience and increased administrative responsibility with complete oversight of all patient care activities on the service. This will build upon the Oto-4 experience on the Lenox Hill Otolaryngology service. It is expected that experiences provided through this rotation will allow the Oto-5 resident to hone clinical skills already developed, and fill any remaining gaps in the resident operative experience, such that by completion of the chief resident year, the resident will demonstrate sufficient professional ability to practice competently and independently without direct supervision.

While acting as chief resident, the Oto-5 resident will also be responsible for leading the resident team, and thus will have extensive supervisory, administrative, and teaching roles. Each Oto-5 resident will spend 3 months as the Lenox Hill Otolaryngology Service Chief Resident.

Performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis; formal written evaluation of resident performance will be conducted quarterly.

Curriculum

Required Conferences
1) Weekly Basic Science and Resident Subspecialty Conferences – Monday and Thursday evening; to follow the department Basic Science Course curriculum and COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.
3) Departmental Symposia – Surgical Anatomy Dissection Course, Rhinology Updates.
4) Lenox Hill Conferences (separate and in addition to departmental conferences) – Weekly Grand Rounds, weekly literature review, bimonthly Morbidity and Mortality, bimonthly Neuroradiology, bimonthly Endocrine Pathology, bimonthly Pathology, bimonthly Journal Club

Required Reading
1) AAO – HNS Home Study Course.
2) Otolaryngology/Head and Neck Surgery. (Byron J. Bailey, editor. 2005). Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

Recommended Reading
1) Selected articles from the medical literature – recommend recent literature identified through other reading, or as suggested by patient care experiences, taken from otolaryngology core journals such as Laryngoscope, Archives of Otolaryngology – Head & Neck Surgery, and Otolaryngology – Head & Neck Surgery, or subspecialty journals such as Archives of Facial Plastic and Reconstructive Surgery, Head and Neck, Otology/Neurotology, or American Journal of Rhinology.
4) Diseases of the Sinuses: Diagnosis and Management, Kennedy (ed) – preparatory reading for surgical cases.
Required Products
1) Submission of all Home Study Course tests
2) ABO In Training Examination – given yearly in March
3) Presentations for assigned COCLIA Topics covered in weekly core curriculum conference
4) ACGME Operative Case Log – must be updated at least monthly
5) Lenox Hill Grand Rounds Presentation – one per rotation, appropriate to level of training (i.e. in-depth analysis of current controversy in Otolaryngology or presentation of novel research)

Clinical Duties

Inpatient Care: While serving as Chief Resident at Lenox Hill Hospital, the Oto-5 resident will be responsible for all aspects of patient care by the service. The Oto-5 resident will run daily rounds and, in consultation with the appropriate attending, is responsible for all decisions in patient management, surgical or medical. The Oto-5 resident will also supervise all consult activities. The Oto-5 resident will achieve proficiency in advanced otolaryngologic procedures as listed below, including complex head and neck, facial plastics, rhinologic and otologic procedures.

Call Coverage: The Oto-5 resident is assigned to the second-call schedule, and as such will oversee all patient care activities of the first call resident at Lenox Hill, including inpatient and emergency room consultations, and care of inpatients on the otolaryngology service.

Administrative/Academic Duties: The Oto-5 resident will have a supervisory, and thus teaching role with respect to all other residents and students on service. While serving as Chief Resident, the Oto-5 resident will be responsible for making level and proficiency-appropriate assignments for coverage of operative procedures at Lenox Hill and Manhattan Eye, Ear and Throat Hospital by residents on the service. The Lenox Hill Oto-5 Chief Resident will also be responsible for appropriately and equitably dividing any daily patient care work among the residents on the service.

The Oto-5 Chief Resident is solely responsible for all administrative duties pertaining to didactic and clinical teaching of the residents and for departmental conferences, under direct supervision of the Executive Attending Staff. These functions include: supervision of the resident on-call schedule; scheduling departmental conferences; selection and assignment of cases for discussion at the bimonthly pathology and neuroradiology conferences, including submission of these cases in advance to the appropriate head and neck pathologist or neuroradiologist; collection and presentation of departmental outpatient and operative case statistics for the bimonthly QAI conference; assigning and approving resident Grand Rounds presentations.

Lastly, but importantly, the Chief Resident is partially responsible for the residents’ morale and educational experience, and thus should report to the Program Director any perceived problems in the performance of the junior residents. This includes immediate notification of the Program Director for instances of resident fatigue potentially compromising patient care, or impending violations of resident duty hour limits. Conversely, the Chief Resident will also have the responsibility of facilitating any resident concerns or complaints to the attending staff.

Goals and Objectives

Goal–Specific Objectives for the Oto-5 Lenox Hill Chief Resident Rotation:
By the completion of the Oto-5 year, the resident should achieve the following goals (listed by core competency):

A. Patient care
Goal 1. Perform a thorough and complete evaluation of pediatric and adult patients presenting to the inpatient service and emergency room with otolaryngologic complaints.

Objectives:
1. Be able to conduct a complete and targeted, problem-specific head and neck history including:
2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.
3. Effectively use otolaryngologic clinical diagnostic instrumentation, including the head mirror, pneumatic otoscope, oto-microscope, flexible and rigid endoscope in the evaluation of pediatric and adult patients.
4. Be able to consistently present the patients’ history and the pertinent physical findings, impression, differential diagnosis, and proposed management plan to attending staff in a concise and organized fashion.
5. Consistently demonstrate complete and appropriate chart documentation for patient encounters.

Goal 2. Demonstrate the ability to formulate a thorough differential diagnosis, plan for further diagnostic studies, and initiate an appropriate and cost-effective treatment plan for disorders affecting the head and neck.

Objectives:
1. Be able to formulate a complete differential diagnosis for patients presenting with complaints of the head and neck, and to describe the natural history, clinical presentation, and clinical evaluation findings of:
   a. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, vertigo, and neoplasms of the temporal bone.
   b. General otolaryngologic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
   c. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
   d. Inhalant and food allergies presenting with otolaryngologic manifestations.
   e. Congenital, reconstructive, and cosmetic deformities of the face, head, and neck.
   f. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.
2. Understand the standard of care with respect to diagnostic workup required to confirm a diagnosis for the common disorders of the upper aerodigestive tract, head and neck listed above.
3. Understand the standard of care with respect to the treatment of the common disorders of the upper aerodigestive tract, head and neck listed above.

Goal 3. Understand the indications for, cost-effective use of, and interpretation of diagnostic studies used in the evaluation of patients with otolaryngologic complaints.

Objectives:
1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as:
   a. Pure tone audiometry
   b. Speech audiometry
   c. Tympanometry
   d. Acoustic reflexes
2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:
   a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.
   b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.
   c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa
   d. Ultrasound – neck
   e. Angiography - CT and MR, as well as conventional angiography
   f. Nuclear medicine – positron emission tomography (PET), thyroid, and parathyroid imaging

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:
   a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.
   b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.
   c. Allergy skin testing – including prick test and intradermal serial dilution testing.
   d. Polysomnography
   e. Videostroboscopy

Goal 4. Understand the indications, alternative treatments, potential benefits, and risks and complications of common otolaryngologic procedures.

Objectives:
1. Understand the indications and potential benefits, for surgical intervention in the treatment of common disorders of the upper-aerodigestive tract, head, and neck.
2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for common otolaryngologic disorders, including but not limited to
   a. acute and chronic otitis media
   b. hearing loss and tinnitus
   c. balance disorders
   d. recurrent or chronic pharyngotonsillitis
   e. chronic obstructive adenotonsillar hypertrophy
   f. acute and chronic sinusitis
   g. allergic and vasomotor rhinitis
   h. dysphagia and gastroesophageal/laryngopharyngeal reflux
   i. hoarseness
   j. neck masses
   k. obstructive sleep apnea
   l. thyroid and parathyroid disease
   m. diseases of the salivary glands
3. Be able to list and describe the potential complications of common otolaryngologic procedures.
4. Demonstrate the ability to obtain informed consent, including the ability to discuss procedure indications, alternatives, potential risks, benefits and complications, and anticipated post-operative course in lay terms, understandable to the patients of varied socioeconomic and educational backgrounds.

Goal 5. Carry out an appropriate pre-operative evaluation, including appropriate use of consultations for medical clearance, for patients undergoing major and minor otolaryngologic procedures.
Objectives:
1. Demonstrate the ability to perform and document a thorough pre-operative history and physical examination for patients undergoing common otolaryngologic procedures.
2. Demonstrate an understanding of the potential added risk, in terms of intra or post-operative complications, for surgical procedures due to co-morbid illnesses.
3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.
4. Understand indications for general medical or specialty (e.g., cardiology, pulmonology, etc.) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

Goal 6. Gain experience in basic inpatient and outpatient otolaryngologic procedures.

Objectives:
1. Demonstrate proficiency in the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, and local anesthesia.
2. Understand the risks of airway compromise in patients undergoing otolaryngologic surgical procedures, and demonstrate appropriate cooperation with the anesthesia team in the management of the airway.
3. Demonstrate familiarity with otolaryngologic surgical equipment and instrumentation, including operating microscopes, rigid and flexible endoscopes, nerve monitoring equipment, surgical lasers, and image guidance systems.
4. Develop competence in basic soft tissue surgical techniques, including tissue handling and general wound closure and suturing.
5. Be able to effectively perform, with appropriate supervision, the following surgical procedures in the operating room setting:
   a. Oral cavity resection/composite resection/mandibulectomy/glossectomy
   b. Reconstruction of soft tissue defects
   c. Neck Dissection
   d. Pharyngotomy
   e. Partial and total laryngectomy/pharyngectomy
   f. Repair of penetrating injuries of the head and neck
   g. Thyroidectomy/parathyroidectomy
   h. Parotidectomy
   i. Endoscopic laser surgery
   j. Phonatory/laryngeal framework surgery
   k. Management of laryngeal fractures
   l. Treatment of tracheoesophageal or pharyngoesophageal fistula
   m. Endoscopic surgery of the sinuses and orbit
   n. Canalplasty/meatoplasty
   o. Middle ear exploration
   p. Mastoidectomy
   q. Tymanoplasty
   r. Craniofacial resection
   s. Skull base surgery

Goal 7. Attend to the basic post-operative care, both in the hospital and outpatient settings, of patients undergoing major and minor otolaryngologic procedures.

Objectives:
1. Demonstrate the ability to appropriately document, by written notes and dictation, all procedures performed in either the inpatient or outpatient settings, as per hospital guidelines and requirements.
2. Attend to the basic hospital needs of post-operative patients by proper entry of post-procedural care orders, and by appropriate communication and cooperation with other physician and non-physician members of the patient care team.
3. Develop competence in head and neck wound care, including debridement, dressing techniques, and drain management.
4. Demonstrate appropriate vigilance for, through thorough and regular post-operative patient assessment, and knowledge of treatment for complications of otolaryngologic surgical procedures.
5. Demonstrate appropriate use of specialty consultations in the management of post-operative patients’ medical co-morbid illnesses, as well as in the evaluation and treatment of surgical or anesthetic complications.

B. Medical Knowledge

Goal 1. Demonstrate thorough and advanced understanding of head and neck anatomy and embryology, including the innervation, vasculature, lymphatics, musculature, and skeleton.

Objectives:
Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:
   a. branchial pouches, arches, and clefts and derived structures
   b. external, middle, and inner ear, mastoid, and lateral skull base
   c. nose, paranasal sinuses, and anterior skull base
   d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea
   e. fascial planes and spaces of the head and neck
   f. salivary glands
   g. thyroid and parathyroid glands

Goal 2. Demonstrate thorough understanding of the medical sciences relevant to the upper aero-digestive tract, head and neck, including the communication sciences (audiology, speech pathology), pathology, pharmacology, physiology including the special senses of hearing, smell, and taste, basic genetics related to cancer tumorigenesis, congenital syndromes, and genetic hearing loss, immunology and otolaryngic allergy, endocrinology, and neurology.

Objectives:
1. Attend and actively participate in all departmental educational conferences, courses, and symposia.
2. Achieve a score of greater than or equal to 30th percentile on annual ABO In Training Examination.

Goal 3. Demonstrate basic knowledge of the pathophysiology, diagnostic evaluation, and treatment of common otolaryngologic disease processes.

Objectives:
1. Develop an understanding of the pathophysiology of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the upper aero-digestive tract, head & neck surgery patient and understanding of relevant basic science, as evidenced during patient care related activities and discussion with faculty.
2. Attend and actively participate in all departmental educational conferences, courses, and symposia.
3. Demonstrate knowledge through preparation of answers to assigned weekly COCLIA questions, and active participation in resident didactic conference.
4. Achieve a score of greater than or equal to 30th percentile on annual ABO In Training Examination.

C. Practice-Based Learning and Improvement

Goal 1. Demonstrate the ability to identify relevant patient-care related information in the medical literature or other sources, and appropriately apply this information to patient care.

Objectives:
1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.
2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.
3. Effectively utilize medical literature searching resources in the library and via the internet, as demonstrated during patient care-related and research activities.

Goal 2. Demonstrate the capability to monitor and analyze personal practice experience and perform practice-based improvement activities using a systematic methodology.

Objectives:
1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.
2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.
3. Show initiative in identifying personal areas of relative weakness and need for improvement, through consultation with faculty and resident colleagues, and address identified gaps in knowledge and clinical skills.

Goal 3. Demonstrate adequate teaching skills through close interactions with the Oto-2 through 4 residents and medical students.

Objectives:
1. Successfully instruct Oto-2-4 residents in inpatient, outpatient, and operative patient care skills necessary for the appropriate care of all patients on the Otolaryngology – Head & Neck Surgery service.
2. Successfully teach medical students on service basic head and neck examination, including use of head mirror and otoscope, and demonstrate findings of examination with flexible and rigid endoscopes. Promote medical students’ understanding of the evaluation and management of disorders of the head and neck, and the scope of practice of otolaryngologist – head and neck surgeon.

D. Interpersonal and Communication Skills

Goal 1. Demonstrate the ability to effectively communicate personal medical information, disease processes, and treatments with patients, and when appropriate, their family members.

Objectives:
1. Begin to develop skills to build appropriate physician-patient relationships.
2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.
Goal 2. Develop successful interpersonal communication skills with clinic staff, inpatient nursing staff, and operating room staff and maintain a professional environment.

Objectives:
1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.
2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.
3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.
4. Demonstrate ability and willingness to maintain patient confidentiality, and knowledge of HIPAA statues.
5. Strive for continuous self-improvement in this area, guided by Lenox Hill standards of professionalism as well as careful review of quarterly 360-degree evaluations with formulation of plan for self-improvement.

E. Professionalism

Goal 1. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

Objectives:
1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.
2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.
3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.
4. Demonstrate adequate preparation and planning before scheduled operative procedures.
5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.
6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

Goal 2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

Objectives:
1. Attend and actively participate in Graduate Medical Education Conference sessions regarding above issues.
2. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.
3. Demonstrate accountability for actions and decisions.

F. Systems-Based Practice

Goal 1. Demonstrate an awareness of and responsiveness to the larger context and system of health care.

Objectives:
1. Demonstrate an understanding of the organization of the Lenox Hill Otolaryngology service, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication.
2. Become familiar with the inpatient, operating room, and emergency room facilities at Lenox Hill, the ambulatory surgery facility MEETH, and resources available to the Otolaryngology service.
3. Through patient care activities and participation in practice based learning conference, seek to identify opportunities to systematically improve healthcare delivery within Lenox Hill and beyond.
4. Demonstrate an understanding of the macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).
5. Demonstrate knowledge of how various forms of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
6. Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire surgical team for all components of surgical care.

Goal 2. Demonstrate the ability to effectively call on system resources to provide care that is of optimal value.

Objectives:
1. Utilize effective organizational and time-management skills required for efficient running of the inpatient otolaryngology – head and neck surgery service.
2. Exhibit understanding of each member's contributions to the multidisciplinary patient care team, and a willingness to work with these team members to provide optimal patient care.
3. Develop the habit of intermediate and long term planning of patient care.
4. Become aware of the differences between resource availability and other challenges in providing inpatient and outpatient care for insured and indigent patients.
5. Understand the conflicting goals of providing state of the art and cost-effective healthcare, and demonstrate the ability to make cost-effective use of diagnostic tests and treatment modalities while maintaining quality of care.