

**Goals and Objectives**  
**July 1, 2016 – June 30, 2017**

**Department of Otolaryngology**  
**SUNY-Downstate and Affiliated Hospitals**  
**Educational Program for Residents**

**Sponsoring Institution:** State University of New York-Downstate Medical Center

**Affiliated Institutions:** Kings County Hospital Center, New York Methodist Hospital, Maimonides Medical Center, Brooklyn VA Medical Center, University Hospital of Brooklyn, Manhattan Eye, Ear and Throat Hospital, Richmond University Medical Center

**Chair and Program Director:** Richard M. Rosenfeld, MD, MPH

**Associate Program Director:** Nira A. Goldstein, MD, MPH

**OVERALL RESIDENCY EXPERIENCE**

Goals and Objectives for resident education are best understood in the context of the entire program, which is based in 7 academic centers, as well as in private offices in the region. The academic centers are located in Brooklyn, Manhattan and Staten Island and include Kings County Hospital Center (KCHC), University Hospital of Brooklyn (UHB), New York Methodist Hospital (Methodist), Maimonides Medical Center (Maimo), the Brooklyn Veterans Administration Medical Center (BVAMC), the Manhattan Eye, Ear and Throat Hospital (MEETH), and Richmond University Medical Center (RICHU).

The Department of Otolaryngology offers a fully accredited residency program that provides education and experience in surgery, inpatient and outpatient clinical care, basic sciences and research as they relate to diseases of the head and neck. The practice of otolaryngology-head and neck surgery is exciting, as it involves aspects of medicine, pediatrics, neurology, neurosurgery, ophthalmology, plastic surgery, and surgery. It is a specialty inclusive of all age groups from newborns with congenital anomalies to the very aged with profound hearing losses or head and neck tumors. Many of those conditions treated by the otolaryngologist-head and neck surgeon require periodic examinations with extended follow-up, so that the patient-physician relationship becomes more established.

Some practitioners in otolaryngology-head and neck surgery concentrate in specific areas, such as laryngology, neurotology, rhinology, pediatric otolaryngology, facial plastic surgery, skull base surgery, microvascular reconstruction, or head and neck oncology. Others emphasize the medical or the surgical aspects of head and neck problems, including allergy, immunology, and communicative disorders. This broad mix of patients, medical disorders, and surgical challenges makes otolaryngology an exciting and rewarding specialty.

Each resident develops skill and knowledge of all aspects of modern otolaryngology. Practice experience in private, governmental, and municipal hospitals is blended to give the trainee a quality learning experience. Individual supervision and teaching are provided at all levels of training. Participation in clinical care and the operating rooms is commensurate with the trainee's level of competence and ability. Ample clinical material is available, ensuring graduated resident

responsibility. A basic science program is strategically placed at the beginning of the trainee's education in otolaryngology-head and neck surgery. This didactic and laboratory experience is heavily weighted in histopathology and temporal bone dissection.

High priority is given to educating medical students that rotate within the department. Students elect to spend from two weeks to two months on the service. Residents participate actively in a coordinated program designed to furnish the students with a basic core of knowledge and understanding of the discipline. Outpatient clinics, ward rounds, operating room exposure, and special seminars are the foundation of their learning.

The rare combination of diverse practice settings and a single training program serving a population of more than 3 million inhabitants of Brooklyn and Staten Island makes the SUNY Downstate Residency Training Program a unique opportunity for exposure to all aspects of Otolaryngology.

### **PROGRAM CORE**

The Otolaryngology Residency is five years. The first year is coordinated with the SUNY-Downstate Medical Center Departments of Surgery, Anesthesiology, Emergency Medicine and Neurosurgery, with whom we have had a productive working relationship for many years. The excellent training provided by those departments is an integral part of the program designed to prepare the contemporary otolaryngologist-head and neck surgeon. The following four years are spent in the Department of Otolaryngology.

There are 15 residents, with 3 residents accepted each year through the National Resident Matching Program. The training program is designed to provide graduated responsibility, culminating in an intensive and tailored Chief Residency year. There is full attending physician supervision in clinics, inpatient care and operating rooms in all affiliated hospitals.

### **Rotation Schedule**

<b>PGY-1</b>	Surgery (2 months selected from general surgery and pediatric surgery)	1 month in each of the following: Anesthesia (UHB), Critical Care (KCHC), Oral-maxillofacial surgery (KCHC), and Neurosurgery (KCHC)	Otolaryngology: 2 months at KCHC/UHB and 4 months at Maimonides
<b>PGY-2</b>	KCHC/UHB	KCHC/UHB	Methodist
<b>PGY-3</b>	Research	BVAMC	KCHC/UHB
<b>PGY-4</b>	Ambulatory Care/MEETH	Maimonides	KCHC/UHB
<b>PGY-5</b>	Methodist	BVAMC	KCHC/UHB

## **FIRST YEAR OF OTOLARYNGOLOGY / SURGICAL TRAINING (PGY-1)**

The PGY-1 year in otolaryngology includes clinical and didactic activities that prepare residents to (a) assess, plan, and initiate treatment of adult and pediatric patients with surgical and/or medical problems, (b) care for patients of all ages with surgical and medical emergencies, multiple organ system trauma, soft tissue wounds, nervous system injuries and disease, and peripheral vascular and thoracic injuries, (c) care for critically-ill surgical and medical patients in the intensive care unit and emergency room settings, (d) participate in the pre-, intra-, and post-operative care of surgical patients, and (e) understand surgical anesthesia in hospital and ambulatory care settings, including anesthetic risks and the management of intra-operative anesthetic complications.

The training in this year is managed by the Departments Otolaryngology in coordination with the Departments of Surgery, Anesthesiology, Oral and Maxillofacial Surgery and Neurosurgery. This year includes the following rotations, as mandated by the ACGME Program Requirements for Graduate Medical Education in Otolaryngology:

1. Six months of otolaryngology rotations.
2. Rotations selected from anesthesia, general surgery, neurological surgery, oral-maxillofacial surgery, pediatric surgery and plastic surgery. The total time for each non-otolaryngology rotation must be at least four weeks but must not exceed two months.
3. One month of an intensive care rotation.

Rotations take place at KCHC, UHB, the BVAMC, Maimonides and RICHU as described below:

- KCHC rotations: otolaryngology, general surgery, critical care unit (SICU), neurosurgery, oral and maxillofacial surgery (OMFS)
- UHB rotations: otolaryngology, pediatric surgery, anesthesia
- BVAMC rotation: general surgery
- RICHU: general surgery
- Maimonides: otolaryngology

### **PGY-1 Otolaryngology Rotation (KCHC, UHB, Maimonides)**

As a PGY-1, the resident spends 6 months on the Otolaryngology Rotation. The resident is based at KCHC/UHB (2 months) and Maimonides (4 months). The PGY-1 rotation is directed to the development of clinical abilities, the taking of otolaryngological histories, performing physical examinations, and learning special techniques, leading to the identification and treatment of common conditions encountered in otolaryngology. The resident participates in the outpatient clinical care of both pediatric and adult populations and also participates in specialty clinics, such as pediatrics, otology, and head and neck oncology.

The Basic Science Program, during the first two months of the resident year, reinforces basic science application to the clinical practice of otolaryngology-head and neck surgery. The lectures are provided by full-time and part-time faculty of otolaryngology and other medical school faculty. An introduction to hearing and speech evaluation/therapy is provided by the audiology and speech faculty.

## Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

### Objectives:

1. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and operative cases and be able to apply this knowledge to their assignments.
  - a. Bailey's and/or Cumming's textbooks should be skimmed on a case-based basis to gain exposure to the field.
  - b. Residents should prepare for assigned cases by reading a head and neck surgery atlas (*Lore, Bailey, Myers & Eibling, Bluestone & Rosenfeld*)
  - c. Residents should skim one or more core journals (*Ann Otol Rhinol Laryngol, Arch Otolaryngol Head Neck Surg, Laryngoscope, Otolaryngol Head Neck Surg, and Otolaryngol Clin North Am*) on a weekly basis to gain exposure to the field.
2. Attendance at grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Basic science course.
  - b. Board Vitals for ENT review
  - c. Head & Neck Multidisciplinary Tumor Board
  - d. KCHC/SUNY/Maimonides tumor boards
  - e. Resident teaching rounds with all KCHC/SUNY attendings
  - f. Otology Rounds
  - g. Head and Neck Journal Club
  - h. AAO-HNS Home study course.
  - i. Annual Otolaryngology in-service examination - residents are expected to take the examination.
3. Specific knowledge to be obtained:
  - a. Understand the anatomy, physiology, embryology, pathology, and genetics of the upper aerodigestive tract.
  - b. Basic principles of communicative disorders including audiology and speech pathology.
  - c. Familiarity with basic anatomical features of CT scans of the neck and plain X-rays of the facial bones.
  - d. Recognize when and what type of CT should be ordered.
  - e. Develop familiarity of head and neck anatomy.
  - f. Develop familiarity with temporal bone anatomy.
  - g. Develop understanding of disorders of the head and neck including the disciplines of head and neck, plastic and reconstructive surgery, otology, neurotology, rhinology, allergy, pediatric otolaryngology, laryngology and voice disorders.
  - h. Evaluate and treat common otolaryngologic diseases
    - i. General - disorders of the nose and paranasal sinuses, hearing loss, benign disorders of the larynx, salivary gland disease
    - ii. Head and neck- benign and malignant diseases
    - iii. Allergic diseases
    - iv. Pediatric otolaryngology - otitis media, sleep apnea, infectious diseases, hearing loss, airway disorders, congenital anomalies
  - i. Understand aspects of disease prevention as it pertains to otolaryngology.
  - j. Identify the indications, contraindications, risks and benefits of a wide variety of

otolaryngologic procedures.

### Patient Care

Goal: 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.

#### Objectives for Clinical Skills:

1. Clinical skills and basic procedures
  - a. Conduct a complete otolaryngologic history including chief complaint, history of present illness, past medical history, past surgical history, medications, allergies, social history, family history and review of systems
  - b. Proficiency in Head & Neck examination including pneumatic otoscopy, otomicroscopy, rhinoscopy, use of head mirror
  - c. Perform flexible and rigid endoscopy
2. Admissions, transfers, discharges
  - a. Participates under direction of senior residents
3. Use of labs, ancillary studies, consultations
  - a. Understands the appropriate use
4. Administrative skills including electronic health records, documentation, medical records, transcriptions
  - a. Timely and accurate completion of assignments
5. Follow-up care
  - a. Delivers basic post-operative care to inpatients and outpatients
  - b. Completes assignments
6. Universal precautions
  - a. Uses appropriately
7. Informed Consent
  - a. Understanding informed consent including a discussion of indications, risks, benefits, alternative treatments, and potential complications

#### Objectives for Surgical/Procedural Competency:

1. Management of tracheostomy tubes
2. Incision and drainage, simple abscesses
3. Basic wound management
4. Otomicroscopy and cerumen removal
5. Flexible fiberoptic laryngoscopy
6. Anterior nasal packing
7. Repair of simple and complex facial lacerations
8. Fine needle aspiration biopsy

### Practice-based Learning and Improvement (PBLI)

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

#### Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Review of bi-monthly faculty evaluations, mentor meeting discussions, 360 evaluations by chief residents, nursing and support staff for each rotation,

- semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
    - a. Participate in team efforts under the supervision of senior residents and attending physicians
    - b. Discussion of specific cases at monthly morbidity and mortality conferences
  3. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
  4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
    - a. Use information resources effectively including textbooks, journal articles and internet based resources
  5. Participate in the departmental Grand Rounds program
    - a. Attend and learn
  6. Participate in monthly journal club
    - a. Learn critical appraisal skills
  7. Participate in the education of patients, families, students and other health professionals
    - a. Participate as member of health care team
  8. Research expectations
    - a. Serve as co-investigator on a project for presentation at the annual research day
  9. Teaching
    - a. Teach medical students rotating on the service

#### Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

#### Objectives:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Participate with supervision at clinic visits, on the wards, in the emergency room and operating room
  - b. Use of hospital translation services if needed
2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Participate with supervision
  - b. Obtain skills in presenting cases to senior residents and attending physicians
  - c. Understand the urgency of the situation and follow department escalation policy if necessary
3. Work effectively as a member or leader of a health care team or other professional group
  - a. Work effectively as team member
  - b. Works with nursing staff, social services and ancillary departments to optimize patient care
4. Act in a consultative role to other physicians and health professionals
  - a. Gather information and present
  - b. Respond to requests for consultation in a timely and courteous manner
5. Maintain comprehensive, timely, and legible medical records

#### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Objectives:

1. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
2. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
3. Demonstrate respect for patient privacy and autonomy
  - a. Residents will not disclose patient information and will be cognizant of discussing patient information in elevators or other public places
  - b. Patient identity will not be disclosed during case conferences or publications
  - c. Residents will complete required HIPPA training at KCHC and UHB
4. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - a. Self-mastery

#### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Objectives:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Understand role on the KCHC/UHB/Maimonides otolaryngology teams
  - b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the KCHC/UHB and Maimonides populations
2. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Participate as a team member
  - b. Attend multidisciplinary conferences including tumor board
  - c. Participate in discharge rounds with nurses and social services
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers
4. Work in inter-professional teams to enhance patient safety and improve patient care quality

- a. Attend dept. Tumor Board; Program evaluation committee
5. Participate in identifying system errors and implementing potential system solutions
6. Advocate for quality patient care and optimal patient care systems

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- Board Vitals for ENT Review – twice monthly
- Head & Neck Multidisciplinary Tumor Board - twice monthly
- KCHC/SUNY/Maimonides tumor boards
- Resident teaching rounds with all KCHC/SUNY attendings
- Otology Rounds
- Head and Neck Journal Club
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- AAOHNS Academy Q

#### Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year
- COCLIA - attends conference session twice monthly conference
- Journal Club - read articles on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Textbook (Bailey's or Cummings) should be skimmed on a case-based basis to gain exposure to the field.
- Core journals should be skimmed on a weekly basis to obtain exposure to the field
- Preparation for assigned cases, clinics, attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses

### Evaluation Methods

- Faculty evaluations - monthly - available on New Innovations for review by resident
- 360 evaluations by chief residents, nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to take the examination

## **Rotation-Specific Goals and Objectives for PGY-1 non-Otolaryngology Rotations**

### **PGY-1 General Surgery/Pediatric Surgery Rotations (UHB, KCHC, BVAMC, RICHU)**

The Goals and Objectives for these rotations are adapted from the “Prerequisites for Graduate Surgical Education. A Guide for Medical Students and PGY-1 Surgical Residents” published by the American College of Surgeons. 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

#### Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

#### Objectives

1. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and operative cases and be able to apply this knowledge to their assignments.
  - a. Residents are expected to read standard surgical texts.
  - b. Residents are expected to come to the operating room prepared to discuss the particular case, regional anatomy, pathophysiology and steps of operation.
2. Attendance at otolaryngology grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Otolaryngology basic science course.
  - b. AAO-HNS Home study course.
  - c. Annual Otolaryngology in-service examination - residents are expected to take the examination.
  - d. Weekly surgery case conference at SUNY followed by Grand Rounds Guest Speaker
  - e. Participation in ACS web-based core curriculum
3. Specific knowledge to be obtained:
  - a. Pre- and post operative management in an inpatient and outpatient setting
  - b. Pathophysiology of vital organ systems
  - c. Basic surgical pathology
  - d. Basic fluids and electrolytes and derangements in surgical patients
  - e. Cost effectiveness of surgical care

#### Patient Care

Goal: 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.

#### Objectives:

1. History and Physical Examination, Documentation
  - a. Obtain a detailed surgical history and obtain and review relevant medical records and reports
  - b. Perform a detailed physical examination.
  - c. Develop a complete differential diagnosis.
  - d. Maintain a personal patient log.

- e. Write a succinct H&P, including a risk assessment evaluation.
  - f. Obtain a written informed consent.
  - g. Document the treatment plan in the medical record, including the indications for treatment.
  - h. Dictate an operative note and discharge summary.
2. Patient Assessment and Perioperative Management
- a. Order and interpret basic laboratory tests and screening X-Rays, and evaluate the patient's cardiac, pulmonary, renal, and neurological status.
  - b. Develop a preoperative assessment of risk factors.
  - c. Review, prioritize, and order medications the patient is currently taking, as appropriate.
  - d. Use and understand the nursing notes and patient data.
  - e. Prescribe activity level, management of medications, pain management, follow up appointments, and obtain urgent contact information.
3. Assessment of Basic Diagnostic Tests and X-Rays
- a. Recognize abnormalities in basic radiologic and laboratory tests and learn normal values and ranges.
  - b. Choose the optimal imaging technique.
  - c. Recognize the following:
    - i. pleural effusion on CXR
    - ii. chest mass on CXR
    - iii. pneumonitis on CXR
    - iv. bowel gas patterns on flat plate abdomen
    - v. diaphragm abnormalities on CXR
    - vi. spinal column fractures
    - vii. cervical spine radiographs
  - d. Interpret basic EKG findings
  - e. Recognize ischemia & arrhythmia patterns on EKG.
4. Management of Fluid/Electrolyte and Acid Base Balance
- a. Understand acid-base balance and the applications of body composition to fluid, electrolyte, and acid-base balance in health and disease.
  - b. Give fluid resuscitation, manage postoperative fluid requirements, and recognize and correctly manage acid-base disorders.
  - c. Make adjustments in fluid administration for comorbid conditions, e.g. renal or cardiac insufficiency, diabetes, hypovolemia.
  - d. Use CVP and urine flow rates for adjustments of fluid administration.
  - e. Perform a saphenous cutdown.
  - f. Recognize and treat calcium and magnesium imbalance.
5. Fever, Microbiology, and Surgical Infection
- a. 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.
  - b. Initiate definitive treatment with appropriate antibiotics.
  - c. Be able to monitor antibiotic levels and recognize drug-related complications.
  - d. Know the antibiotic of choice.
  - e. Know and apply the principles of prevention of nosocomial infections, sterile technique and universal precautions.
  - f. Order and interpret the appropriate imaging studies for localization of an infected focus.
  - g. Know and apply the principles of incision and drainage.

- h. Know the proper use of prophylactic antibiotics.
  - i. Know the classification of wounds (clean, clean-contaminated, contaminated, infected).
  - j. Recognize the septic syndrome and initiate appropriate supportive treatment.
  - k. Be familiar with the current literature concerning the causes and mediators of the sepsis syndrome and its pathophysiology.
6. Epidemiology and Public Health
- a. Be knowledgeable in AIDS diagnosis and prevention of HIV infection.
  - b. Understand the epidemiology and treatment of sexually transmitted diseases and other communicable diseases.
7. Nutrition
- a. Perform a metabolic assessment of the surgical patient.
  - b. Understand the metabolic implications of trauma and operation.
  - c. Know the indications for nutritional support of the surgical patient.
  - d. Know the methods of calculation of nutritional requirements in health and disease using the Harris-Benedict or similar formulae.
  - e. Know the composition of various enteral and parenteral formulas and adjust appropriately.
  - f. Calculate and order basic enteral or parenteral formulas.
  - g. Recognize complications of enteral and parenteral feedings.
  - h. Manage central IV lines.
  - i. Manage gastrostomy or jejunostomy feeding tubes.
  - j. Assess when a postoperative patient can be fed and assess adequacy of intake.
  - k. Know and utilize comparative costs of nutritional support methods.
8. Perioperative Preparation
- a. Complete, document, and assess appropriate workup
  - b. Write preoperative orders
  - c. Obtain required consultation from other specialists.
9. Surgical Skills
- a. Learn surgical site positioning, preparation and draping.
  - b. Perform as first assistant.
  - c. Obtain hemostasis of small vessels and exposure of the operative field.
  - d. Be familiar with common surgical instruments (including scalpel, forceps, scissors, needle holders, hemostats, retractors, electrocautery) and suture materials and their proper uses.
  - e. Perform basic maneuvers, e.g. suture of skin, soft tissues, fascia; tie knots; obtain simple hemostasis.
  - f. Learn basic techniques of dissection and handling of soft tissues.
  - g. Under supervision:
    - i. excise benign lesions of skin and subcutaneous tissues.
    - ii. perform lymph node biopsy.
    - iii. remove superficial foreign bodies.
    - iv. incise and drain an abscess.
    - v. repair simple lacerations.
    - vi. repair umbilical and type I and II inguinal hernias.
    - vii. perform appendectomy.
10. Sterile Technique
- a. Understand indications for and utilize appropriate methods of routine and reverse isolation procedures.

- b. Maintain appropriate sterile technique in the ER, at the bedside, in the ICU, and in the office.

#### 11. Wound Management

- a. Differentiate between wound infection, hematoma, and seroma, and initiate therapy.
- b. Recognize and differentiate between wound infection and necrotizing fasciitis, and detect crepitus.
- c. Perform extensive debridement with supervision.
- d. Perform simple debridement, pack wounds and apply dressings.
- e. Identify wound dehiscence and evisceration.
- f. Know and apply the specific recommendations for tetanus immunization (active and passive).
- g. Know the clinical manifestations of rabies in carrier and patient, and agents available to prevent development of the disease.
- h. Obtain proper wound specimen and perform and interpret Gram stain.

#### 12. Prioritize and Manage Complications

- a. 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, aspiration pneumonia, fecal impaction, constipation, chest pain, dyspnea, pneumothorax, congestive heart failure, pulmonary edema, superficial phlebitis, pulmonary embolus, urinary retention, diabetic ketoacidosis, hyperosmolar coma, peripheral ischemia, cyanosis, seizures, alcohol or drug withdrawal

#### Practice-based Learning and Improvement (PBLI)

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

#### Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Prepare for assigned operative cases by review of relevant anatomy, pathophysiology, surgical indications, and steps of procedure
  - b. Review of monthly faculty evaluations, mentor meeting discussions, 360 evaluations by chief residents, nursing and support staff for each rotation, semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
  - a. Participate in team efforts under the supervision of senior residents and attending physicians
  - b. Discussion of specific cases at monthly morbidity and mortality conferences
3. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
  - c. Use information resources effectively including textbooks, journal articles and internet-based resources
5. Participate in the departmental Grand Rounds program

6. Participate in the education of patients, families, students residents, and other health professionals
  - d. Participate as member of health care team
7. Teaching
  - e. Teaching of medical students on service

### Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

#### Objectives:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Participate with supervision at clinic visits, on the wards, in the emergency room and operating room
  - b. Use of hospital translation services if needed
2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Participate with supervision
  - b. Obtain skills in presenting cases to senior residents and attending physicians
  - c. Understand the urgency of the situation and follow department escalation policy if necessary
3. Work effectively as a member or leader of a health care team or other professional group
  - a. Work effectively as team member
  - b. Works with nursing staff, social services and ancillary departments to optimize patient care
4. Act in a consultative role to other physicians and health professionals
  - a. Gather information and present
  - b. Respond to requests for consultation in a timely and courteous manner
5. Maintain comprehensive, timely, and legible medical records

### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### Objectives:

1. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
2. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
3. Demonstrate respect for patient privacy and autonomy
  - a. Residents will not disclose patient information and will be cognizant of discussing patient information in elevators or other public places
  - b. Patient identity will not be disclosed during case conferences or publications
  - c. Residents will complete required HIPPA training at KCHC, the BVAMC and RICHU
4. Demonstrate accountability to patients, society, and the profession

- a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
    - a. Self-mastery

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

### Objectives:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Understand role on the general and pediatric surgery teams
  - b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the respective hospital populations
2. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Participate as a team member
  - b. Participate in discharge rounds with nurses and social services
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers
4. Work in inter-professional teams to enhance patient safety and improve patient care quality
  - a. Attend dept. Tumor Board
  - b. Participate in the depart. Program Evaluation Committee
5. Advocate for quality patient care and optimal patient care systems

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- General surgery case conference at SUNY followed by Grand Rounds Guest Speaker

#### Courses/ Assigned Readings:

- ACS web-based core curriculum
- AAO-HNS Home Study Course - 4 issues per year

- Journal Club - read articles on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Textbook (Bailey's or Cummings) case-based chapters skimmed during PGY-1 year
- Core journals - skim on a weekly basis
- Preparation for assigned cases, clinics, attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses

### Evaluation Methods

- Faculty evaluations - monthly - available on New Innovations for review by resident
- 360 evaluations by chief residents, nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to take the examination.

## **PGY-1 Anesthesiology Rotation (UHB)**

The main goal of this rotation is to provide the PGY-1 resident with an organized experience to enable him/her to acquire the basic knowledge and skills in preoperative care including pre-anesthetic evaluation, anesthetic risk assessment, airway evaluation and management, and immediate postoperative care. During the rotation, the resident participates in a combination of clinical anesthesia and classroom instruction (morning report and daily case discussion; weekly anesthesia conference). The anesthesia rotation takes place at the University Hospital of Brooklyn.

The first day includes an overview of the operating room, clinical and conference schedules, as well as orientation to the surgical suite, pre-operative and post-operative areas, and anesthesia equipment. The otolaryngology resident receives hands-on instruction, problem-based learning and didactic lectures. Each day has a theme (e.g. preop, induction, maintenance, emergence/postop) and both clinical O.R. instruction and the conferences/lectures emphasize the themes.

The supervising anesthesia attending makes clinical anesthesia assignments to appropriate cases and pairs the otolaryngology resident with a senior anesthesia resident and the associated attending.

### Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

#### Objectives:

1. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and be able to apply this knowledge to their assignments.
  - a. Residents are expected to read a standard anesthesia text.
  - b. Residents are expected to come to the operating room prepared for the anesthetic management of the patient.
2. Attendance at otolaryngology grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Otolaryngology basic science course.
  - b. AAO-HNS Home study course.
  - c. Annual Otolaryngology in-service examination - residents are expected to take the examination.
  - d. Weekly anesthesia grand rounds

### Patient Care

Goal: 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.

#### Objectives:

At the completion of this rotation, the PGY-1 otolaryngology resident should be knowledgeable in the following areas and be able to do:

1. Properly prepare an ASA I or II patient for anesthesia
2. Assign an ASA Physical Status Class
3. Appropriately premedicate a healthy patient

4. Create a basic anesthesia plan
5. Recognize basic hemodynamic changes
6. Perform the actions required to achieve appropriate emergence
7. Identify patients appropriate for regional anesthesia
8. Actively participate in provision of conscious sedation
9. Describe controlled drug procedures
10. Describe basic laryngeal anatomy and physiology.
11. Describe appropriate indications for general vs. local anesthesia.
12. Perform 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.
13. Write pre-anesthetic orders
14. Obtain oropharyngeal control of airway and provide Ambu ventilation
15. Be able to perform:
  - a. orotracheal intubation
  - b. nasotracheal intubation
  - c. laryngeal mask ventilation
16. Interpret the anesthesia record
17. Position the patient properly for operative exposure, temperature control, and protection from pressure/traction.
18. Be familiar with intraoperative monitoring.
19. Insert arterial and venous lines.
20. Know the dose range and complications (including pulmonary edema and malignant hyperthermia) of the following agents:
  - a. barbiturates
  - b. local anesthetics
  - c. paralyzing agents
  - d. reversing agents
  - e. inhalant anesthetics
21. Know when and how to use epinephrine in local anesthesia
22. Under supervision, administer general anesthesia
23. Understand conscious sedation

#### Practice-based Learning and Improvement (PBLI)

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

#### Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Prepare for assigned cases by review of planned anesthesia management
  - b. Review of monthly faculty evaluations, mentor meeting discussions, 360 evaluations by chief residents, nursing and support staff for each rotation, semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
  - a. Participate in team efforts under the supervision of senior residents and attending physicians
  - b. Discussion of specific cases at monthly morbidity and mortality conferences

3. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
5. Use information resources effectively including textbooks, journal articles and internet based resources
6. Participate in the departmental Grand Rounds program
7. Participate in the education of patients, families, students residents, and other health professionals
  - a. Participate as member of health care team
8. Teaching
  - a. Teaching of medical students on service

### Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

Objectives:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Participate with supervision in the pre-operative holding area, operating room and recovery room
  - b. Use of hospital translation services if needed
2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Participate with supervision
  - b. Obtain skills in presenting cases to senior residents and attending physicians
  - c. Understand the urgency of the situation and follow department escalation policy if necessary
3. Work effectively as a member or leader of a health care team or other professional group
  - a. Work effectively as team member
  - b. Works with nursing staff, social services and ancillary departments to optimize patient care
4. Act in a consultative role to other physicians and health professionals
  - a. Gather information and present
5. Maintain comprehensive, timely, and legible medical records

### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Objectives:

1. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
2. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
3. Demonstrate respect for patient privacy and autonomy

- a. Residents will not disclose patient information and will be cognizant of discussing patient information in elevators or other public places
  - b. Patient identity will not be disclosed during case conferences or publications
  - c. Residents will complete required HIPPA training at UHB
4. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records
  - b. Completion of faculty, program and self-evaluations
  - c. Completion of work hour surveys
  - d. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - a. Self-mastery

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

### Objectives:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Understand role on the UHB anesthesia surgery team
  - b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the UHB population
2. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Participate as a team member
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers
4. Work in inter-professional teams to enhance patient safety and improve patient care quality
5. Advocate for quality patient care and optimal patient care systems

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- Anesthesia Grand Rounds

#### Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year
- Journal Club - read articles on monthly basis

- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Textbook (Bailey's or Cummings) case-based chapters skimmed during PGY-1 year
- Core journals - skim on a weekly basis
- Preparation for assigned cases by reading appropriate textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses

#### Evaluation Methods

- Faculty evaluations - monthly - available on New Innovations for review by resident
- 360 evaluations by chief residents, nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to take the examination.

## **PGY-1 Critical Care Rotation (SICU) (KCHC)**

The main goal of this rotation is to provide the PGY-1 resident with 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.

### Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

#### Objectives:

1. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and be able to apply this knowledge to their assignments.
  - a. Residents are expected to read standard surgical texts.
2. Attendance at otolaryngology grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Otolaryngology basic science course.
  - b. AAO-HNS Home study course.
  - c. Annual Otolaryngology in-service examination - residents are expected to take the examination.
  - d. Weekly surgery case conference at SUNY followed by Grand Rounds Guest Speaker
  - e. Participation in ACS web-based core curriculum
3. Specific knowledge to be obtained:
  - a. Pre- and post operative management in an inpatient intensive care setting
  - b. Pathophysiology of vital organ systems
  - c. Basic surgical pathology
  - d. Basic fluids and electrolytes and derangements in surgical patients
  - e. Cost effectiveness of surgical care

### Patient Care

Goal: 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.

#### Objectives:

1. Critical Care and Management of Shock
  - a. Differentiate types of shock (hemorrhagic, cardiogenic, septic, neurologic) and initiate appropriate therapy.
  - b. Insert central venous and arterial catheters; obtain hemodynamic data, interpret data and initiate therapy.
  - c. Recognize clinic presentation of a pneumothorax and insert a chest tube
  - d. Understand and utilize basic principles of mechanical ventilation.
  - e. Recognize the indications for blood component therapy and initiate therapy.
  - f. Recognize a transfusion reaction and initiate management.

- g. Institute measures to prevent upper GI bleeding in critically ill patients.
2. Coagulation and Anticoagulation
    - a. Choose the appropriate tests for diagnosis of a coagulopathy, and have a working knowledge of factor analysis.
    - b. Apply effective preventive measures for DVT and PE.
    - c. Initiate and monitor therapeutic anticoagulation and its complications.
    - d. Diagnose and manage acute deep venous thrombosis.
    - e. Acutely manage a patient with a suspected acute pulmonary embolus, and provide a differential diagnosis.
  3. Applied Cardiac Physiology
    - a. Recognize rhythm disturbances, myocardial ischemia on EKG.
    - b. Assess, formulate a differential diagnosis and initiate therapy for hypotension.
    - c. Know and apply appropriate treatment for supraventricular tachycardia.
    - d. Treat congestive failure and acute pulmonary edema.
    - e. Manage hypertension in a surgical patient. Understand multidrug therapy and the toxic and side effects of antihypertensive drugs.
  4. Applied Renal Physiology
    - a. 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 acute renal failure (ARF).
    - b. Recognize and treat simple electrolyte disturbances.
    - c. Understand appropriate fluid replacement and balance.
  5. Applied Pulmonary Physiology
    - a. Know the manifestations—clinical and by laboratory testing—of obstructive pulmonary disease and pulmonary insufficiency, and their surgical perioperative management.
    - b. Recognize bronchoconstrictive disorders and their perioperative management
  6. Applied Nutrition
    - a. Learn to manage the nutritional needs of a critically ill patient.
    - b. Placement of nasogastric tube and Dobhoff feeding tube.
    - c. Management of PEG and jejunostomy tubes.
  7. Surgical Skills
    - a. Develop surgical skills in ACLS, central venous catheter placement, arterial catheter placement, and chest tube placement.
    - b. Perform as first assistant in bedside bronchoscopy, pulmonary lavage, and tracheotomy.
    - c. Obtain oropharyngeal control of airway, provide Ambu ventilation and perform orotracheal intubation.

Practice-based Learning and Improvement (PBLI)

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

Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Prepare for assigned procedures and ICU management by review of relevant anatomy, pathophysiology, surgical indications, and steps of procedure
  - b. Review of monthly faculty evaluations, mentor meeting discussions, 360 evaluations by chief residents, nursing and support staff for each rotation, semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
  - a. Participate in team efforts under the supervision of senior residents and attending physicians
  - b. Discussion of specific cases at monthly morbidity and mortality conferences
3. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
5. Use information resources effectively including textbooks, journal articles and internet-based resources
6. Participate in the departmental Grand Rounds program
7. Participate in the education of patients, families, students residents, and other health professionals
  - a. Participate as member of health care team
8. Teaching
  - a. Teaching of medical students on service

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

Objectives:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Participate with supervision at clinic visits, on the wards, in the emergency room and operating room
  - b. Use of hospital translation services if needed
2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Participate with supervision
  - b. Obtain skills in presenting cases to senior residents and attending physicians
  - c. Understand the urgency of the situation and follow department escalation policy if necessary
3. Work effectively as a member or leader of a health care team or other professional group
  - a. Work effectively as team member
  - b. Works with nursing staff, social services and ancillary departments to optimize patient care
4. Act in a consultative role to other physicians and health professionals
  - a. Gather information and present

- b. Respond to requests for consultation in a timely and courteous manner
- 5. Maintain comprehensive, timely, and legible medical records

### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### Objectives:

1. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
2. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
3. Demonstrate respect for patient privacy and autonomy
  - a. Residents will not disclose patient information and will be cognizant of discussing patient information in elevators or other public places
  - b. Patient identity will not be disclosed during case conferences or publications
  - c. Residents will complete required HIPPA training at KCHC
4. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - a. Self-mastery

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

#### Objectives:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Understand role on the KCHC SICU team
  - b. Understand the workings of the operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the KCHC population
2. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Participate as a team member
  - b. Participate in discharge rounds with nurses and social services
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers

4. Work in inter-professional teams to enhance patient safety and improve patient care quality
  - a. Attend dept. Tumor Board
5. Participate in dept. Program Evaluation Committee
6. Advocate for quality patient care and optimal patient care systems

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- Board Vitals for ENT Review – twice monthly
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- General surgery case conference at SUNY followed by Grand Rounds Guest Speaker

#### Courses/ Assigned Readings:

- ACS web-based core curriculum
- AAO-HNS Home Study Course - 4 issues per year
- Journal Club - read articles on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Textbook (Bailey's or Cummings) case-based chapters skimmed during PGY-1 year
- Core journals - skim on a weekly basis
- Preparation for assigned cases procedures and attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses

### Evaluation Methods

- Faculty evaluations - monthly - available on New Innovations for review by resident
- 360 evaluations by chief residents, nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to take the examination.

## **PGY-1 Neurosurgery Rotation (KCHC)**

The main goal of this rotation is to provide the PGY-1 resident with 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 otolaryngology and neurosurgery specialties.

### Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

#### Objectives:

1. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and operative cases and be able to apply this knowledge to their assignments.
  - a. Residents are expected to read standard neurosurgical texts.
  - b. Residents are expected to come to the operating room prepared to discuss the particular case, regional anatomy, pathophysiology and steps of operation.
2. Attendance at otolaryngology grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Otolaryngology basic science course.
  - b. AAO-HNS Home study course.
  - c. Annual Otolaryngology in-service examination - residents are expected to take the examination.
  - d. Neurosurgery grand rounds

### Patient Care

Goal: 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.

#### Objectives:

1. Review basic cranial anatomy including cranial nerve origin and function.
2. Perform neurosurgical patient evaluation, assessment and management.
3. Learn evaluation and treatment of neurological trauma, critical care and emergencies.
4. The indications for and basic interpretation of diagnostic tests and X-rays including basic head CT and MRI imaging studies.
5. Basic neurosurgical skills, technique, and wound management including simple craniotomy, dural suturing and craniotomy closure.
6. Recognition, diagnosis, and basic management of cerebrospinal (CSF) leaks.
7. Insertion and management of a lumbar drain.
8. Management of common neurosurgical complications.
9. Participate in at least 5 major procedures (such as cranial decompression, craniotomy, removal of pituitary adenoma).
10. Differentiate between stroke, transient ischemic attack (TIA), and non-cerebrovascular events causing neurological symptoms and know the diagnostic techniques.

### Practice-based Learning and Improvement (PBLI)

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

Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Prepare for assigned operative cases by review of relevant anatomy, pathophysiology, surgical indications, and steps of procedure
  - b. Review of monthly faculty evaluations, mentor meeting discussions, 360 evaluations by chief residents, nursing and support staff for each rotation, semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
  - a. Participate in team efforts under the supervision of attending physicians
  - b. Discussion of specific cases at monthly morbidity and mortality conferences
3. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
5. Use information resources effectively including textbooks, journal articles and internet-based resources
6. Participate in the departmental Grand Rounds program
7. Participate in the education of patients, families, students residents, and other health professionals
  - a. Participate as member of health care team
8. Teaching
  - a. Teaching of medical students on service

#### Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

Objectives:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Participate with supervision at clinic visits, on the wards, in the emergency room and operating room
  - b. Use of hospital translation services if needed
2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Participate with supervision
  - b. Obtain skills in presenting cases to attending physicians
  - c. Understand the urgency of the situation and follow department escalation policy if necessary
3. Work effectively as a member or leader of a health care team or other professional group
  - a. Work effectively as team member
  - b. Works with nursing staff, social services and ancillary departments to optimize patient care

4. Act in a consultative role to other physicians and health professionals
  - a. Gather information and present
  - b. Respond to requests for consultation in a timely and courteous manner
5. Maintain comprehensive, timely, and legible medical records

### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### Objectives:

1. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
2. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
3. Demonstrate respect for patient privacy and autonomy
  - a. Residents will not disclose patient information and will be cognizant of discussing patient information in elevators or other public places
  - b. Patient identity will not be disclosed during case conferences or publications
  - c. Residents will complete required HIPPA training at KCHC
4. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - a. Self-mastery

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

#### Objectives:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Understand role on the KCHC neurosurgery team
  - b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the KCHC population
2. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Participate as a team member
  - b. Participate in discharge rounds with nurses and social services

3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers
4. Work in inter-professional teams to enhance patient safety and improve patient care quality
  - a. Attend dept. Tumor Board
  - b. Participate in dept. Program Evaluation Committee
5. Advocate for quality patient care and optimal patient care systems

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- Neurosurgery Grand Rounds

#### Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year
- Journal Club - read articles on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Textbook (Bailey's or Cummings) case-based chapters skimmed during PGY-1 year
- Core journals - skim on a weekly basis
- Preparation for assigned cases procedures and attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses

### Evaluation Methods

- Faculty evaluations - monthly - available on New Innovations for review by resident
- 360 evaluations by chief residents, nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to take the examination.

## **PGY-1 Oral and Maxillofacial Surgery (OMFS) - KCHC**

### Medical Knowledge

Goal: The resident will achieve a detailed knowledge of the techniques and practice of oral and maxillofacial surgery.

#### Objectives:

1. Know the embryology of the head and neck.
2. Understand the tenets of growth of the craniofacial skeleton.
3. Discuss the principles of odontogenesis.
4. Describe the common diagnoses in maxillofacial surgery and their management including retrogenia, mandibular excess and deficiency, vertical maxillary excess and maxillary deficiency.
5. Understand the different kinds of occlusion including overjet, overbite, Angle classification and crossbites.
6. Describe the acquired diseases of the TMJ and their management.

### Patient Care

Goal: 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.

#### Objectives for Clinical Skills:

8. Clinical skills and basic procedures
  - a. Perform the various local anesthetic facial blocks done in oral and maxillofacial surgery.
  - b. Perform the Head & Neck examination in the facial trauma patient
  - c. Perform the facial evaluation for orthognathic surgery patients.
  - d. Participate in common maxillofacial surgical procedures including facial fractures, genioplasties, sagittal split mandibular osteotomies, maxillary LeFort I osteotomies and bimaxillary osteotomies
  - e. Participate in the creation and application of dental splints in maxillofacial surgery.
9. Admissions, transfers, discharges
  - a. Participates under direction of senior residents
10. Use of labs, ancillary studies, consultations
  - a. Understands the appropriate use
11. Administrative skills including electronic health records, documentation, medical records, transcriptions
  - a. Timely and accurate completion of assignments
12. Follow-up care
  - a. Delivers basic post-operative care to inpatients and outpatients
  - b. Completes assignments
13. Universal precautions
  - a. Uses appropriately
14. Informed Consent
  - a. Understanding informed consent including a discussion of indications, risks, benefits, alternative treatments, and potential complications

### Practice-based Learning and Improvement (PBLI)

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

#### Objectives:

10. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Review of bi-monthly faculty evaluations, mentor meeting discussions, 360 evaluations by chief residents, nursing and support staff for each rotation, semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
11. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
  - a. Participate in team efforts under the supervision of senior residents and attending physicians
  - b. Discussion of specific cases at monthly morbidity and mortality conferences
12. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
13. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
  - a. Use information resources effectively including textbooks, journal articles and internet based resources
14. Participate in the departmental Grand Rounds program
  - a. Attend and learn
15. Participate in monthly journal club
  - a. Learn critical appraisal skills
16. Participate in the education of patients, families, students and other health professionals
  - a. Participate as member of health care team
17. Research expectations
  - a. Serve as co-investigator on a project for presentation at the annual otolaryngology research day
18. Teaching
  - a. Teach medical students rotating on the service

### Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

#### Objectives:

6. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Participate with supervision at clinic visits, on the wards, in the emergency room and operating room
  - b. Use of hospital translation services if needed
7. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Participate with supervision
  - b. Obtain skills in presenting cases to senior residents and attending physicians

- c. Understand the urgency of the situation and follow department escalation policy if necessary
- 8. Work effectively as a member or leader of a health care team or other professional group
  - a. Work effectively as team member
  - b. Works with nursing staff, social services and ancillary departments to optimize patient care
- 9. Act in a consultative role to other physicians and health professionals
  - a. Gather information and present
  - b. Respond to requests for consultation in a timely and courteous manner
- 10. Maintain comprehensive, timely, and legible medical records

### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### Objectives:

- 6. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
- 7. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
- 8. Demonstrate respect for patient privacy and autonomy
  - a. Residents will not disclose patient information and will be cognizant of discussing patient information in elevators or other public places
  - b. Patient identity will not be disclosed during case conferences or publications
  - c. Residents will complete required HIPPA training at KCHC
- 9. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
- 10. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - a. Self-mastery

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

#### Objectives:

- 7. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Understand role on the KCHC OMFS team

- b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the KCHC population
- 8. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Participate as a team member
  - b. Attend multidisciplinary conferences including tumor board
  - c. Participate in discharge rounds with nurses and social services
- 9. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers
- 10. Work in inter-professional teams to enhance patient safety and improve patient care quality
  - a. Attend dept. Tumor Board; Program evaluation committee
- 11. Participate in identifying system errors and implementing potential system solutions
- 12. Advocate for quality patient care and optimal patient care systems

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- COCLIA - bimonthly
- Head & Neck Multidisciplinary Tumor Board - twice monthly
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly

#### Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year
- COCLIA - attends conference session twice monthly conference
- Journal Club - read articles on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Core journals should be skimmed on a weekly basis to obtain exposure to the field
- Preparation for assigned cases, clinics, attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses

### Evaluation Methods

- Faculty evaluations - monthly - available on New Innovations for review by resident
- 360 evaluations by chief residents, nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to take the examination

## **SECOND YEAR OF OTOLARYNGOLOGY (PGY-2)**

This year includes 6 two-month rotations, 4 two-month rotations at Kings County Hospital Center/University Hospital of Brooklyn and 2 two-month rotations at the New York Methodist Hospital. This PGY-2 year is directed to the development of clinical abilities, the taking of otolaryngological histories, performing physical examinations, and learning special techniques, leading to the identification and treatment of common conditions encountered in otolaryngology. The resident participates in the outpatient clinical care of both pediatric and adult populations and also participates in specialty clinics, such as pediatric, otology, and head and neck oncology.

The Basic Science Program, during the first two months of the resident year, reinforces basic science application to the clinical practice of otolaryngology-head and neck surgery. The lectures, in addition to temporal bone dissection and head and neck gross anatomy dissection, are provided by full-time and part-time faculty of otolaryngology and other medical school faculty. An introduction to hearing and speech evaluation/therapy is provided by the audiology and speech faculty.

### **KCHC/UHB PGY-2 rotation, 8 months**

#### **Special Features of the Rotation:**

The PGY-2 has two hospitals in which to gain clinical experience in ambulatory care, inpatient and ED care, and performing or assisting in surgery. This busy service, which includes a level I trauma center, requires the resident to work closely with the entire team to make sure all clinical and educational activities are covered, while adhering to duty hours restrictions. The resident is expected to participate in the following:

- Supervising and teaching the General Surgery Intern
- Teaching medical students
- Cooperating with other services in the municipal hospital environment
- Dealing with numerous consultations from the Emergency Department
- Presenting cases and discussing management of head and neck cancer at the monthly KCHC/UHB tumor board
- Learning to handle the healthcare issues of a patient population that is culturally diverse and largely indigent
- Improving communication skills with the culturally-diverse patient population
- Learning in an educational environment that includes medical colleagues from many areas of the world, particularly in the primary care specialties
- Learning the aspect of systems-based practice, with particular exposure to the Health and Hospitals System in New York City

#### Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

#### Objectives:

1. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and operative cases and be able to apply this knowledge to their assignments.

- a. All chapters of Bailey's and/or Cumming's textbooks should be read to gain exposure to the field.
  - b. Residents should prepare for assigned cases by reading a head and neck surgery atlas (*Lore, Bailey, Myers & Eibling, Bluestone & Rosenfeld*)
  - c. Residents should spend at least one hour per week reading one or more core journals (*Ann Otol Rhinol Laryngol, Arch Otolaryngol Head Neck Surg, Laryngoscope, Otolaryngol Head Neck Surg, and Otolaryngol Clin North Am*).
2. Attendance at grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
- a. Basic science course.
  - b. Board Vitals for ENT Review - present basic topics
  - c. Head & Neck Multidisciplinary Tumor Board
  - d. Cochlear Implant Conference
  - e. Temporal Bone Radiology Review
  - f. AAO-HNS Home study course.
  - g. Temporal bone anatomy course - Perform mastoidectomy and labyrinthectomy.
  - h. Annual Otolaryngology in-service examination - residents are expected to meet or exceed median PGY-2 score.
3. Specific knowledge to be obtained:
- a. Understand the anatomy, physiology, embryology, pathology, and genetics of the upper aerodigestive tract.
  - b. Basic principles of communicative disorders including audiology and speech pathology.
  - c. Interpretation of pure tone and speech audiometry, tympanometry, acoustic reflexes, otoacoustic emissions, auditory brainstem response testing and electronystagmography.
  - d. Interpretation of plain radiographs of the sinuses, facial bones, neck and chest
  - e. Interpretation of CT scans and MRIs of the neck, sinuses, temporal bones, head and neck, chest
  - f. Interpretation of barium swallows, ultrasonography of the neck, thyroid and parathyroids, nuclear studies, PET scans, angiography
  - g. Interpretation of overnight polysomnograms
  - h. Develop knowledge of head and neck anatomy.
  - i. Develop knowledge of temporal bone anatomy.
  - j. Develop understanding of disorders of the head and neck including the disciplines of head and neck, plastic and reconstructive surgery, otology, neurotology, rhinology, allergy, pediatric otolaryngology, laryngology and voice disorders.
  - k. Evaluate and treat common otolaryngologic diseases
    - i. General - disorders of the nose and paranasal sinuses, hearing loss, benign disorders of the larynx, salivary gland disease
    - ii. Head and neck- benign and malignant diseases
    - iii. Allergic diseases
    - iv. Pediatric otolaryngology - otitis media, sleep apnea, infectious diseases, hearing loss, airway disorders, congenital anomalies
  - l. Understand aspects of disease prevention as it pertains to otolaryngology.
  - m. Identify the indications, contraindications, risks and benefits of a wide variety of otolaryngologic procedures.

## Patient Care

Goal: 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.

Objectives for Clinical Skills:

1. Clinical skills and basic procedures
  - a. Conduct a complete otolaryngologic history including chief complaint, history of present illness, past medical history, past surgical history, medications, allergies, social history, family history and review of systems
  - b. Proficiency in Head & Neck examination including pneumatic otoscopy, otomicroscopy, rhinoscopy, use of head mirror
  - c. Perform flexible and rigid endoscopy
2. Admissions, transfers, discharges
  - a. Coordinates with senior residents
3. Use of labs, ancillary studies, consultations
  - a. Handles with supervision
4. Administrative skills including electronic health records, documentation, medical records, transcriptions
  - a. Timely and accurate completion of assignments
5. Follow-up care
  - a. Delivers basic post-operative care to inpatients and outpatients
  - b. Completes assignments
6. Universal precautions
  - a. Uses appropriately
7. Informed Consent
  - a. Understanding informed consent including a discussion of indications, risks, benefits, alternative treatments, and potential complications

Objectives for Surgical Procedure Competency:

1. General otolaryngology, head and neck surgery
  - a. Fine needle aspiration, neck
  - b. Insertion of tracheostomy tube
  - c. Direct laryngoscopy, diagnostic
  - d. I&D neck abscess
  - e. I&D peritonsillar abscess
2. Otolology and neurotology
  - a. Microscopic examination, external ear, cerumen removal
  - b. In-office adult myringotomy/ tube
3. Allergy
  - a. Fiberoptic intubation, angioedema
4. Adult sleep medicine and surgery
  - a. Septoplasty
  - b. Turbinate reduction
  - c. Tonsillectomy
5. Sinonasal
  - a. Anterior and posterior nasal packing
  - b. Septoplasty
  - c. Submucous turbinate resection
6. Pediatric otolaryngology
  - a. Foreign body removal, ear, nose, pharynx
  - b. Myringotomy and tube placement
  - c. Tonsillectomy

- d. Adenoidectomy
- e. Frenuloplasty
- 7. Plastic and reconstructive surgery
  - a. Closed reduction, mandible fracture
  - b. Closed reduction, nasal fracture
  - c. Excision skin lesions, primary closure
  - d. Repair of Lacerations

Practice-based Learning and Improvement (PBLI)

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

Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Prepare for assigned operative cases by review of relevant anatomy, pathophysiology, surgical indications, and steps of procedure & use attending feedback and Objective Structured Assessment of Surgical Skills (OSATs) evaluations to improve knowledge and skills
  - b. Review of bi-monthly faculty evaluations, mentor meeting discussions, 360 evaluations by chief residents, nursing and support staff for each rotation, semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
  - a. Participate in team efforts under the supervision of senior residents and attending physicians
  - b. Discussion of specific cases at monthly morbidity and mortality conferences
3. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
  - a. Use information resources effectively including textbooks, journal articles and internet based resources
5. Participate in the departmental Grand Rounds program
  - a. Present case reports and topic reviews
6. Participate in monthly journal club
  - a. Learn critical appraisal skills
7. Participate in the education of patients, families, students residents, and other health professionals
  - a. Participate as member of health care team
8. Research expectations
  - a. Prepare a case report for presentation at the annual research day
9. Teaching
  - a. Teach head and neck examination to 2nd year medical students as part of physical diagnosis course
  - b. Assist in anatomy laboratory during head and neck dissections as part of 1st year medical student course

### Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

#### Objectives:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Participate with supervision at clinic visits, on the wards, in the emergency room and operating room
  - b. Use of hospital translation services if needed
2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Participate with supervision
  - b. Obtain skills in presenting cases to senior residents and attending physicians
  - c. Understand the urgency of the situation and follow department escalation policy if necessary
3. Work effectively as a member or leader of a health care team or other professional group
  - a. Work effectively as team member
  - b. Works with nursing staff, social services and ancillary departments to optimize patient care
4. Act in a consultative role to other physicians and health professionals
  - a. Gather information and present
  - b. Respond to requests for consultation in a timely and courteous manner
5. Maintain comprehensive, timely, and legible medical records

### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### Objectives:

1. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
2. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
3. Demonstrate respect for patient privacy and autonomy
  - a. Residents will not disclose patient information and will be cognizant of discussing patient information in elevators or other public places
  - b. Patient identity will not be disclosed during case conferences or publications
  - c. Residents will complete required HIPPA training at KCHC/UHB
4. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician

5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - a. Self-mastery

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

### Objectives:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Understand role on the KCHC/UHB otolaryngology team
  - b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the KCHC/UHB population
2. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Participate as a team member
  - b. Attend multidisciplinary conferences including tumor board and endocrine conference
  - c. Participate in discharge rounds with nurses and social services
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers
4. Work in inter-professional teams to enhance patient safety and improve patient care quality
  - a. Attend dept. Tumor Board; Program evaluation committee
5. Participate in identifying system errors and implementing potential system solutions
6. Advocate for quality patient care and optimal patient care systems

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- COCLIA - bimonthly
- Head & Neck Multidisciplinary Tumor Board - twice monthly
- KCHC/UHB tumor boards - weekly
- Resident teaching rounds with all KCHC/UHB attendings - weekly
- Head and Neck Journal Club - twice monthly
- Otolaryngology rounds - weekly
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- NYC Pediatric Airway Symposium – yearly

#### Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year

- COCLIA - resident presents assigned questions on basic topics for twice monthly conference
- Journal Club - read and present assigned article on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Temporal Bone Course - 4 sessions every Winter/Spring
- Laser Safety Course – given once every 4 years
- Assigned topic presented at grand rounds - once per year
- Presentation of cases at the Head & Neck Multidisciplinary Tumor Board
- Textbook (Bailey's or Cummings) completed by end of PGY-2 year
- Core journals - read weekly at least 1 hour
- Preparation for assigned cases, clinics, attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses
- AAOHNS Academy Q

### Evaluation Methods

- Faculty evaluations - bimonthly - available on New Innovations for review by resident
- 360 evaluations by chief residents, nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to meet and exceed median PGY-2 score
- Journal club & grand rounds presentation evaluations - evaluations completed by faculty and self-examination completed by resident
- Objective Structured Assessment of Surgical Skills (OSATs) - Evaluation of surgical technique on case by case basis by attending and self-evaluation by resident for key cases - PGY-2 cases are myringotomy & tube insertion and closed reduction of nasal fracture

### **New York Methodist Hospital PGY-2 rotation, 4 months**

#### **Special Features of the Rotation:**

In general the PGY-2 has three main areas of work: ambulatory care in the clinic, in-patient care and performing or assisting in surgery. The busy service at Methodist requires the ability for a resident to work closely with the entire team to make sure that all activities are covered while adhering to work hour regulations from both the department, ACGME and NYS DOH 405.

Clinical experience is gained in working with the full-time academic staff and part-time or voluntary staff. All subspecialties are represented in the attending staff. The PGY-2 resident works closely with the pediatric otolaryngologists. The resident is expected to participate in the following:

- Cooperating with other services in a private hospital environment
- Dealing with numerous consultations from the Emergency Department
- Presenting cases and discussing management of head and neck cancer at the monthly KCHC/UHB and New York Methodist tumor boards
- Improving communication skills with the culturally-diverse patient population

- Learning the aspect of systems-based practice, with particular exposure to the private hospital environment

### Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

#### Objectives:

4. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and operative cases and be able to apply this knowledge to their assignments.
  - a. All chapters of Bailey's and/or Cumming's textbooks should be read to gain exposure to the field.
  - b. Residents should prepare for assigned cases by reading a head and neck surgery atlas (*Lore, Bailey, Myers & Eibling, Bluestone & Rosenfeld*)
  - c. Residents should spend at least one hour per week reading one or more core journals (*Ann Otol Rhinol Laryngol, Arch Otolaryngol Head Neck Surg, Laryngoscope, Otolaryngol Head Neck Surg, and Otolaryngol Clin North Am*).
5. Attendance at grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Basic science course.
  - b. COCLIA (AAO-HNS web based program) - present basic topics
  - c. Head & Neck Multidisciplinary Tumor Board
  - d. Cochlear Implant Conference
  - e. Temporal Bone Radiology Review
  - f. AAO-HNS Home study course.
  - g. Temporal bone anatomy course - Perform mastoidectomy and labyrinthectomy.
  - h. Annual Otolaryngology in-service examination - residents are expected to meet or exceed median PGY-2 score.
6. Specific knowledge to be obtained:
  - a. Understand the anatomy, physiology, embryology, pathology, and genetics of the upper aerodigestive tract.
  - b. Basic principles of communicative disorders including audiology and speech pathology.
  - c. Interpretation of pure tone and speech audiometry, tympanometry, acoustic reflexes, otoacoustic emissions, auditory brainstem response testing and electronystagmography.
  - d. Interpretation of plain radiographs of the sinuses, facial bones, neck and chest
  - e. Interpretation of CT scans and MRIs of the neck, sinuses, temporal bones, head and neck, chest
  - f. Interpretation of barium swallows, ultrasonography of the neck, thyroid and parathyroids, nuclear studies, PET scans, angiography
  - g. Interpretation of overnight polysomnograms
  - h. Develop knowledge of head and neck anatomy.
  - i. Develop knowledge of temporal bone anatomy.
  - j. Develop understanding of disorders of the head and neck including the disciplines of head and neck, plastic and reconstructive surgery, otology, neurotology, rhinology, allergy, pediatric otolaryngology, laryngology and voice disorders.
  - k. Evaluate and treat common otolaryngologic diseases

- i. General - disorders of the nose and paranasal sinuses, hearing loss, benign disorders of the larynx, salivary gland disease
  - ii. Head and neck- benign and malignant diseases
  - iii. Allergic diseases
  - iv. Pediatric otolaryngology - otitis media, sleep apnea, infectious diseases, hearing loss, airway disorders, congenital anomalies
- l. Understand aspects of disease prevention as it pertains to otolaryngology.
- m. Identify the indications, contraindications, risks and benefits of a wide variety of otolaryngologic procedures.

### Patient Care

Goal: 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.

#### Objectives for Clinical Skills:

- 8. Clinical skills and basic procedures
  - a. Conduct a complete otolaryngologic history including chief complaint, history of present illness, past medical history, past surgical history, medications, allergies, social history, family history and review of systems
  - b. Proficiency in Head & Neck examination including pneumatic otoscopy, otomicroscopy, rhinoscopy, use of head mirror
  - c. Perform flexible and rigid endoscopy
- 9. Admissions, transfers, discharges
  - a. Coordinates with senior residents
- 10. Use of labs, ancillary studies, consultations
  - a. Handles with supervision
- 11. Administrative skills including electronic health records, documentation, medical records, transcriptions
  - a. Timely and accurate completion of assignments
- 12. Follow-up care
  - a. Delivers basic post-operative care to inpatients and outpatients
  - b. Completes assignments
- 13. Universal precautions
  - a. Uses appropriately
- 14. Informed Consent
  - a. Understanding informed consent including a discussion of indications, risks, benefits, alternative treatments, and potential complications

#### Objectives for Surgical Procedure Competency:

- 8. General otolaryngology, head and neck surgery
  - a. Fine needle aspiration, neck
  - b. Insertion of tracheostomy tube
  - c. Direct laryngoscopy, diagnostic
  - d. I&D neck abscess
  - e. I&D peritonsillar abscess
- 9. Otology and neurotology
  - a. Microscopic examination, external ear, cerumen removal
  - b. In-office adult myringotomy/ tube
- 10. Allergy
  - a. Fiberoptic intubation, angioedema
- 11. Adult sleep medicine and surgery

- a. Septoplasty
  - b. Turbinate reduction
  - c. Tonsillectomy
12. Sinonasal
- a. Anterior and posterior nasal packing
  - b. Septoplasty
  - c. Submucous turbinate resection
13. Pediatric otolaryngology
- a. Foreign body removal, ear, nose, pharynx
  - b. Myringotomy and tube placement
  - c. Tonsillectomy
  - d. Adenoidectomy
  - e. Frenuloplasty
14. Plastic and reconstructive surgery
- a. Closed reduction, mandible fracture
  - b. Closed reduction, nasal fracture
  - c. Excision skin lesions, primary closure
  - d. Repair of Lacerations

Practice-based Learning and Improvement (PBLI)

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

Objectives:

- 10. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Prepare for assigned operative cases by review of relevant anatomy, pathophysiology, surgical indications, and steps of procedure & use attending feedback and Objective Structured Assessment of Surgical Skills (OSATs) evaluations to improve knowledge and skills
  - b. Review of bi-monthly faculty evaluations, mentor meeting discussions, 360 evaluations by chief residents, nursing and support staff for each rotation, semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
- 11. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
  - a. Participate in team efforts under the supervision of senior residents and attending physicians
  - b. Discussion of specific cases at monthly morbidity and mortality conferences
- 12. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
- 13. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
  - a. Use information resources effectively including textbooks, journal articles and internet based resources
- 14. Participate in the departmental Grand Rounds program
  - a. Present case reports and topic reviews
- 15. Participate in monthly journal club
  - a. Learn critical appraisal skills

16. Participate in the education of patients, families, students residents, and other health professionals
  - a. Participate as member of health care team
17. Research expectations
  - a. Prepare a case report for presentation at the annual research day
18. Teaching
  - a. Teach head and neck examination to 2nd year medical students as part of physical diagnosis course
  - b. Assist in anatomy laboratory during head and neck dissections as part of 1st year medical student course

### Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

Objectives:

6. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Participate with supervision at clinic visits, on the wards, in the emergency room and operating room
  - b. Use of hospital translation services if needed
7. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Participate with supervision
  - b. Obtain skills in presenting cases to senior residents and attending physicians
  - c. Understand the urgency of the situation and follow department escalation policy if necessary
8. Work effectively as a member or leader of a health care team or other professional group
  - a. Work effectively as team member
  - b. Works with nursing staff, social services and ancillary departments to optimize patient care
9. Act in a consultative role to other physicians and health professionals
  - a. Gather information and present
  - b. Respond to requests for consultation in a timely and courteous manner
10. Maintain comprehensive, timely, and legible medical records

### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Objectives:

6. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
7. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
8. Demonstrate respect for patient privacy and autonomy

- a. Residents will not disclose patient information and will be cognizant of discussing patient information in elevators or other public places
- b. Patient identity will not be disclosed during case conferences or publications
- c. Residents will complete required HIPPA training at Methodist
9. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
10. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - a. Self-mastery

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

### Objectives:

7. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Understand role on the Methodist otolaryngology team
  - b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the Methodist population
8. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Participate as a team member
  - b. Attend multidisciplinary conferences including tumor board and endocrine conference
  - c. Participate in discharge rounds with nurses and social services
9. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers
10. Work in inter-professional teams to enhance patient safety and improve patient care quality
  - a. Attend dept. Tumor Board; Program evaluation committee
11. Participate in identifying system errors and implementing potential system solutions
12. Advocate for quality patient care and optimal patient care systems

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- Board Vitals for ENT Review – twice bimonthly
- Head & Neck Multidisciplinary Tumor Board - twice monthly

- Methodist tumor boards - weekly
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- NYC Pediatric Airway Symposium - yearly

Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year
- COCLIA - resident presents assigned questions on basic topics for twice monthly conference
- Journal Club - read and present assigned article on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Temporal Bone Course - 4 sessions every Winter/Spring
- Laser Safety Course – given every 4 years
- Assigned topic presented at grand rounds - once per year
- Presentation of cases at the Head & Neck Multidisciplinary Tumor Board
- Textbook (Bailey's or Cummings) completed by end of PGY-2 year
- Core journals - read weekly at least 1 hour
- Preparation for assigned cases, clinics, attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses
- AAOHNS Academy Q

Evaluation Methods

- Faculty evaluations - bimonthly - available on New Innovations for review by resident
- 360 evaluations by chief residents, nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to meet and exceed median PGY-2 score
- Journal club & grand rounds presentation evaluations - evaluations completed by faculty and self-examination completed by resident
- Objective Structured Assessment of Surgical Skills (OSATs) - Evaluation of surgical technique on case by case basis by attending and self-evaluation by resident for key cases - PGY-2 cases are myringotomy & tube insertion and closed reduction of nasal fracture

### **THIRD YEAR OF OTOLARYNGOLOGY (PGY-3)**

This year includes one four-month rotation at the Brooklyn VA Medical Center, one four-month rotation at Kings County Hospital Center and four months of research. Increasing responsibilities are reflected in performing inpatient consultations, and in teaching of medical students and residents of other programs. Broad clinic patient responsibility and refinement of diagnostic and treatment skills are continued in the junior year.

Knowledge of work-up and differential diagnosis for complex diseases related to otolaryngology is required, such as acoustic neuroma, Ménière's disease, diseases of the thyroid gland, allergy mediated disease, and unknown primary cancer of the head and neck. Residents gain experience in open reduction of facial fractures, removal of foreign bodies from the upper aerodigestive tract, pediatric endoscopy and laser procedures, tympanoplasty, excision of salivary glands, frontal and ethmoid sinus surgery, regional skin flaps, radical neck dissection, total laryngectomy, and cosmetic facial surgery.

#### **KCHC/UHB PGY-3 rotation, 4 months**

##### **Special Features of the Rotation:**

- Supervising and teaching the General Surgery Intern, PGY-1 and PGY-2
- Teaching medical students
- Consultations to other services (supervised, confirmed and reviewed by the Chief Resident and Attending)
- Cooperation with other services in the municipal hospital environment
- Dealing with numerous consultations from the Emergency Department
- Learning to handle the healthcare issues of a patient population that is culturally diverse and largely indigent
- Improving communication skills with the culturally-diverse patient population
- Learning in an educational environment that includes medical colleagues from many areas of the world, particularly in the primary care specialties
- Learning the aspect of systems-based practice that are somewhat unique to the Health and Hospital Corporation System in New York City
- Maintaining good communications within a team that covers two hospitals (KCHC and UHB)

##### Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

##### Objectives:

1. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and operative cases and be able to apply this knowledge to their assignments.
  - a. All chapters of Bailey's and/or Cumming's textbooks should be read to gain understanding.
  - b. Residents should prepare for assigned cases by reading a head and neck surgery atlas (*Lore, Bailey, Myers & Eibling, Bluestone & Rosenfeld*)

- c. Residents should spend at least one hour per week reading one or more core journals (*Ann Otol Rhinol Laryngol*, *Arch Otolaryngol Head Neck Surg*, *Laryngoscope*, *Otolaryngol Head Neck Surg*, and *Otolaryngol Clin North Am*) and selected additional journals.
2. Attendance at grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Basic science course.
  - b. COCLIA (AAO-HNS web based program) - present more advanced topics
  - c. Head & Neck Multidisciplinary Tumor Board
  - d. KCHC/SUNY tumor boards
  - e. Resident teaching rounds with all KCHC/SUNY attendings
  - f. Otology Rounds
  - g. Head and Neck Journal Club
  - h. AAO-HNS Home study course.
  - i. Temporal bone anatomy course - Perform cochleostomy and ossiculoplasty
  - j. Weill- Cornell Allergy Resident Education (WeCARE) Course - attend on-line sessions
  - k. AO North America Maxillofacial Trauma Course - attend as PGY-3 or PGY-4
  - l. Annual Otolaryngology in-service examination - residents are expected to meet or exceed median PGY-3 score.
3. Specific knowledge to be obtained:
  - a. Thorough knowledge of the anatomy, physiology, embryology, pathology, and genetics of the upper aerodigestive tract.
  - b. Advanced principles of communicative disorders including audiology and speech pathology and interpretation of testing.
  - c. Understand the indications, interpretation and cost-effective use of imaging studies, laboratory testing including microbiology, allergy testing, polysomnography, videostroboscopy
  - d. Develop an understanding of the pathophysiology of allergy, allergy testing including RAST/ImmunoCap and skin testing, allergy therapy including immunotherapy as well as management of allergic emergencies
  - e. Develop thorough knowledge of head and neck anatomy.
  - f. Develop thorough knowledge of temporal bone anatomy.
  - g. Develop in-depth understanding of disorders of the head and neck including the disciplines of head and neck, plastic and reconstructive surgery, otology, neurotology, rhinology, allergy, pediatric otolaryngology, laryngology and voice disorders.
  - h. Evaluate and treat common and uncommon otolaryngologic diseases
    - i. General - disorders of the nose and paranasal sinuses, hearing loss, benign disorders of the larynx, salivary gland disease
    - ii. Head and neck- benign and malignant diseases
    - iii. Allergic diseases
    - iv. Pediatric otolaryngology - otitis media, sleep apnea, infectious diseases, hearing loss, airway disorders, congenital anomalies
  - i. Understand aspects of disease prevention as it pertains to otolaryngology.
  - j. Identify the indications, contraindications, risks and benefits of a wide variety of otolaryngologic procedures.

#### Patient Care

Goal: 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.

Objectives for Clinical Skills:

1. Clinical skills and basic procedures
  - a. Continued proficiency in head and neck history and physical examination including examination techniques
  - b. Proficiency in adult endoscopy
  - c. Develop laser skills
  - d. Appropriate documentation of all otolaryngologic procedures and post-procedure and post-operative orders
  - e. Develop proficiency in dictation
  - f. Develop proficiency in post-operative wound care including flaps
2. Admissions, transfers, discharges
  - a. Coordinates with senior residents
3. Use of labs, ancillary studies, consultations
  - a. Effective and appropriate use
  - b. Appropriate use of specialty consultations
4. Administrative skills including electronic health records, documentation, medical records, transcriptions
  - a. Timely and accurate completion of assignments
5. Follow-up care
  - a. Plans care and ensures follow-up
6. Universal precautions
  - a. Uses appropriately and teaches
7. Informed consent
  - a. Proficiency in obtaining informed consent including a discussion of indications, risks, benefits, alternative treatments, and potential complications

Objectives for Surgical Procedure Competency:

1. General otolaryngology, head and neck surgery
  - a. Level 1 neck dissection
  - b. Tracheostomy
  - c. Deep lymph node excision/biopsy
  - d. Submandibular gland excision
  - e. Caldwell Luc procedure
  - f. Esophagoscopy, diagnostic, dilatation
  - g. Panendoscopy with biopsy
2. Otology and neurotology
  - a. Tympanoplasty, I
  - b. Simple mastoidectomy
3. Allergy
  - a. Administer and interpret allergy skin test
  - b. Allergy emergency protocol
4. Adult sleep medicine and surgery
  - a. Uvulopalatopharyngoplasty
5. Laryngology
  - a. Bronchoscopy, diagnostic
  - b. Laryngoscopy with excision
6. Sinonasal
  - a. Endoscopic anterior ethmoidectomy
  - b. Endoscopic maxillary antrostomy
  - c. Endoscopic polypectomy

- d. Endoscopic nasopharyngeal biopsy
- 7. Pediatric otolaryngology
  - a. Excision congenital neck masses, all types
  - b. Bronchoscopy, diagnostic, foreign body removal
  - c. Esophagoscopy with foreign body removal
- 8. Plastic and reconstructive surgery
  - a. Reduction facial fractures, nasal, malar, orbital, blowout, mandible, frontal
  - b. Pedicle flap procedure, local
  - c. Split and full thickness skin grafts
  - d. Repair complex facial lacerations
  - e. Scar revision

#### Practice-based Learning and Improvement (PBLI)

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

#### Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Prepare for assigned operative cases by review of relevant anatomy, pathophysiology, surgical indications, and steps of procedure & use attending feedback and Objective Structured Assessment of Surgical Skills (OSATs) evaluations to improve knowledge and skills
  - b. Review of bi-monthly faculty evaluations, mentor meeting discussions, 360 evaluations by chief residents, nursing and support staff for each rotation, semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
  - a. Participate in team efforts under the supervision of senior residents and attending physicians
  - b. Present and discuss specific cases at monthly morbidity and mortality conferences
  - c. Understand PDSA (Plan, Do, Study, Act)
3. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
  - a. Learn critical appraisal techniques
5. Participate in the departmental Grand Rounds program
  - a. Present evidence-based presentations
6. Participate in monthly journal club
  - a. Master critical appraisal skills
7. Participate in the education of patients, families, students residents, and other health professionals
  - a. Develop independence as member of health care team
8. Research expectations
  - a. Prepare a chart review for presentation at the annual research day
9. Teaching

- a. Teaching of otolaryngologic principles of diseases, history and examination techniques, and procedures to junior residents, physician assistants and medical students
- b. Teach head and neck examination to 2nd year medical students as part of physical diagnosis course
- c. Assist in anatomy laboratory during head and neck dissections as part of 1st year medical student course

### Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

Objectives:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Participate with supervision at clinic visits, on the wards, in the emergency room and operating room
  - b. Use of hospital translation services if needed
2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Participate with supervision
  - b. Fine-tune skills in presenting cases to senior residents and attending physicians
  - c. Understand the urgency of the situation and follow department escalation policy if necessary
3. Work effectively as a member or leader of a health care team or other professional group
  - a. Improve leadership skills
  - b. Works with nursing staff, social services and ancillary departments to optimize patient care
4. Act in a consultative role to other physicians and health professionals
  - a. Formulate treatment plan with supervision
  - b. Respond to requests for consultation in a timely and courteous manner
5. Maintain comprehensive, timely, and legible medical records

### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Objectives:

1. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
2. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
3. Demonstrate respect for patient privacy and autonomy
  - a. Residents will not disclose patient information and will be cognizant of discussing patient information in elevators or other public places
  - b. Patient identity will not be disclosed during case conferences or publications

- c. Residents will complete required HIPPA training at KCHC and UHB
4. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - a. Self-mastery

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

### Objectives:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Understand role on the KCHC/UHB otolaryngology team
  - b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the KCHC and UHB populations
2. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Coordinates with supervision
  - b. Attend multidisciplinary conferences including tumor board and endocrine conference
  - c. Participate in discharge rounds with nurses and social services
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers
4. Work in inter-professional teams to enhance patient safety and improve patient care quality
  - a. Present at dept. Tumor Board and Morbidity and Mortality Conferences; Program evaluation committee
  - b. Attend meetings or serve on Patient Safety Committee at KCHC
5. Participate in identifying system errors and implementing potential system solutions
6. Advocate for quality patient care and optimal patient care systems

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- Board Vitals for ENT Review - bimonthly
- Head & Neck Multidisciplinary Tumor Board - twice monthly

- KCHC/SUNY tumor boards - weekly
- Resident teaching rounds with all KCHC/SUNY attendings - weekly
- Otology Rounds - twice monthly
- Head and Neck Journal Club - weekly
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- NYC Pediatric Airway Symposium - yearly

Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year
- COCLIA - resident presents assigned questions for twice monthly conference
- Journal Club - read and present assigned article on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Temporal Bone Course - 4 sessions every Winter/Spring
- Laser Safety Course – given every 4 years
- Weill- Cornell Allergy Resident Education (WeCARE) Course - attend monthly on-line sessions Winter/Spring
- AO North America Maxillofacial Trauma Course - attend as PGY-3 or PGY-4
- Assigned topic presented at grand rounds - once per year
- Presentation of cases at the Head & Neck Multidisciplinary Tumor Board
- Textbook (Bailey's or Cummings) re-read by end of PGY-3 year
- Core journals and selected others - read weekly at least 1 hour
- Preparation for assigned cases, clinics, attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses
- AAOHNS Academy Q

Evaluation Methods

- Faculty evaluations - bimonthly - available on New Innovations for review by resident
- 360 evaluations by chief residents, nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to meet and exceed median PGY-3 score
- Journal club & grand rounds presentation evaluations - evaluations completed by faculty and self-examination completed by resident
- Objective Structured Assessment of Surgical Skills (OSATs) - Evaluation of surgical technique on case by case basis by attending and self-evaluation by resident for key cases - PGY-3 cases are tracheotomy, endoscopic sinus surgery and closed reduction of a nasal fracture.

## **BVAMC PGY-3 Rotation, 4 months**

### **Special Features of the Rotation:**

- Develop clinical diagnostic, patient management, and surgical skills for a predominantly geriatric veteran population.
- Develop independent thinking and assume more patient-care responsibility.
- Manage both emergency and inpatient consultations, and surgical case scheduling (to be approved by the chief resident and attendings).
- Understand the issues in a federal hospital system, including long range planning for optimal outpatient care
- Gain clinical experience and knowledge of voice and swallowing disorders, evaluation and management in coordinated team of speech/swallow therapists and attending laryngologist.
- Resident may also participate in clinical care at Maimo from time to time when the schedule is light to gain additional operative skills.

### Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

### Objectives:

1. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and operative cases and be able to apply this knowledge to their assignments.
  - a. All chapters of Bailey's and/or Cumming's textbooks should be read to gain understanding.
  - b. Residents should prepare for assigned cases by reading a head and neck surgery atlas (*Lore, Bailey, Myers & Eibling, Bluestone & Rosenfeld*)
  - c. Residents should spend at least one hour per week reading one or more core journals (*Ann Otol Rhinol Laryngol, Arch Otolaryngol Head Neck Surg, Laryngoscope, Otolaryngol Head Neck Surg, and Otolaryngol Clin North Am*) and selected additional journals.
2. Attendance at grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Basic science course.
  - b. Board Vitals for ENT Review - present more advanced topics
  - c. Head & Neck Multidisciplinary Tumor Board
  - d. VA Multidisciplinary Tumor Board
  - e. Otology Conference
  - f. AAO-HNS Home study course.
  - g. Temporal bone anatomy course - Perform cochleostomy and ossiculoplasty
  - h. Weill- Cornell Allergy Resident Education (WeCARE) Course - attend on-line sessions
  - i. AO North America Maxillofacial Trauma Course - attend as PGY-3 or PGY-4
  - j. Annual Otolaryngology in-service examination - residents are expected to meet or exceed median PGY-3 score.
3. Specific knowledge to be obtained:
  - a. Thorough knowledge of the anatomy, physiology, embryology, pathology, and genetics of the upper aerodigestive tract.

- b. Advanced principles of communicative disorders including audiology and speech pathology and interpretation of testing.
- c. Develop thorough knowledge of head and neck anatomy.
- d. Develop thorough knowledge of temporal bone anatomy.
- e. Develop in-depth understanding of disorders of the head and neck including the disciplines of head and neck, plastic and reconstructive surgery, otology, neurotology, rhinology, allergy, pediatric otolaryngology, laryngology and voice disorders.
- f. Understand the indications, interpretation and cost-effective use of imaging studies, laboratory testing including microbiology, allergy testing, polysomnography, videostroboscopy
- g. Evaluate and treat common and uncommon otolaryngologic diseases
  - i. General - disorders of the nose and paranasal sinuses, hearing loss, benign disorders of the larynx, salivary gland disease
  - ii. Head and neck- benign and malignant diseases
  - iii. Allergic diseases
  - iv. Pediatric otolaryngology - otitis media, sleep apnea, infectious diseases, hearing loss, airway disorders, congenital anomalies
- h. Understand aspects of disease prevention as it pertains to otolaryngology.
- i. Identify the indications, contraindications, risks and benefits of a wide variety of otolaryngologic procedures.

### Patient Care

Goal: 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.

### Objectives for Clinical Skills:

1. Clinical skills and basic procedures
  - a. Continued proficiency in head and neck history and physical examination including examination techniques
  - b. Proficiency in adult endoscopy
  - c. Develop laser skills
  - d. Appropriate documentation of all otolaryngologic procedures and post-procedure and post-operative orders
  - e. Develop proficiency in dictation
  - f. Develop proficiency in post-operative wound care including flaps
2. Admissions, transfers, discharges
  - a. Coordinates with senior residents
3. Use of labs, ancillary studies, consultations
  - a. Effective and appropriate use
  - b. Appropriate use of specialty consultations
4. Administrative skills including electronic health records, documentation, medical records, transcriptions
  - a. Timely and accurate completion of assignments
5. Follow-up care
  - a. Plans care and ensures follow-up
6. Universal precautions
  - a. Uses appropriately and teaches
7. Informed consent
  - a. Proficiency in obtaining informed consent including a discussion of indications, risks, benefits, alternative treatments, and potential complications

Objectives for Surgical Procedure Competency:

1. General otolaryngology, head and neck surgery
  - a. Level 1 neck dissection
  - b. Tracheostomy
  - c. Deep lymph node excision/biopsy
  - d. Submandibular gland excision
  - e. Caldwell Luc procedure
  - f. Esophagoscopy, diagnostic, dilatation
  - g. Panendoscopy with biopsy
2. Otology and neurotology
  - a. Tympanoplasty, I
  - b. Simple mastoidectomy
3. Allergy
  - a. Administer and interpret allergy skin test
  - b. Allergy emergency protocol
4. Adult sleep medicine and surgery
  - a. Uvulopalatopharyngoplasty
5. Laryngology
  - a. Bronchoscopy, diagnostic
  - b. Laryngoscopy with excision
6. Sinonasal
  - a. Endoscopic anterior ethmoidectomy
  - b. Endoscopic maxillary antrostomy
  - c. Endoscopic polypectomy
  - d. Endoscopic nasopharyngeal biopsy
7. Plastic and reconstructive surgery
  - a. Reduction facial fractures, nasal, malar, orbital, blowout, mandible, frontal
  - b. Pedicle flap procedure, local
  - c. Split and full thickness skin grafts
  - d. Repair complex facial lacerations
  - e. Scar revision

Practice-based Learning and Improvement (PBLI)

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

Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Prepare for assigned operative cases by review of relevant anatomy, pathophysiology, surgical indications, and steps of procedure & use attending feedback and Objective Structured Assessment of Surgical Skills (OSATs) evaluations to improve knowledge and skills
  - b. Review of bi-monthly faculty evaluations, mentor meeting discussions, 360 evaluations by chief residents, nursing and support staff for each rotation, semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement

- a. Participate in team efforts under the supervision of senior residents and attending physicians
  - b. Present and discuss specific cases at monthly morbidity and mortality conferences
  - c. Understand PDSA (Plan, Do, Study, Act)
3. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
  - a. Learn critical appraisal techniques
5. Participate in the departmental Grand Rounds program
  - a. Present evidence-based presentations
6. Participate in monthly journal club
  - a. Master critical appraisal skills
7. Participate in the education of patients, families, students residents, and other health professionals
  - a. Develop independence as member of health care team
8. Research expectations
  - a. Prepare a chart review for presentation at the annual research day
9. Teaching
  - a. Teaching of otolaryngologic principles of diseases, history and examination techniques, and procedures to junior residents and medical students
  - b. Teach head and neck examination to 2nd year medical students as part of physical diagnosis course
  - c. Assist in anatomy laboratory during head and neck dissections as part of 1st year medical student course

### Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

#### Objectives:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Participate with supervision at clinic visits, on the wards, in the emergency room and operating room
  - b. Use of hospital translation services if needed
2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Participate with supervision
  - b. Fine-tune skills in presenting cases to senior residents and attending physicians
  - c. Understand the urgency of the situation and follow department escalation policy if necessary
3. Work effectively as a member or leader of a health care team or other professional group
  - a. Improve leadership skills
  - b. Works with nursing staff, social services and ancillary departments to optimize patient care
4. Act in a consultative role to other physicians and health professionals
  - a. Formulate treatment plan with supervision

- b. Respond to requests for consultation in a timely and courteous manner
- 5. Maintain comprehensive, timely, and legible medical records

### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### Objectives:

1. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
2. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
3. Demonstrate respect for patient privacy and autonomy
  - a. Residents will not disclose patient information and will be cognizant of discussing patient information in elevators or other public places
  - b. Patient identity will not be disclosed during case conferences or publications
  - c. Residents will complete required HIPPA training at VA
4. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - a. Self-mastery

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

#### Objectives:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Understand role on the VA otolaryngology team
  - b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the VA population
2. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Coordinates with supervision
  - b. Attend multidisciplinary conferences including tumor board
  - c. Participate in discharge rounds with nurses and social services
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate

- a. Understand unique aspects of VA government system
4. Work in inter-professional teams to enhance patient safety and improve patient care quality
  - a. Present at dept. Tumor Board and Morbidity and Mortality Conferences; Program evaluation committee
5. Participate in identifying system errors and implementing potential system solutions
6. Advocate for quality patient care and optimal patient care systems

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- Board Vitals for ENT Review - bimonthly
- Head & Neck Multidisciplinary Tumor Board - twice monthly
- VA Multidisciplinary Tumor Board - weekly
- Otology Conference - weekly
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- NYC Pediatric Airway Symposium - yearly

#### Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year
- COCLIA - resident presents assigned questions for twice monthly conference
- Journal Club - read and present assigned article on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Temporal Bone Course - 4 sessions every Winter/Spring
- Laser Safety Course - yearly
- Weill- Cornell Allergy Resident Education (WeCARE) Course - attend monthly on-line sessions Winter/Spring
- AO North America Maxillofacial Trauma Course – 2-day course, attend as PGY-3 or PGY-4
- Assigned topic presented at grand rounds - once per year
- Presentation of cases at the Head & Neck Multidisciplinary Tumor Board
- Textbook (Bailey's or Cummings) re-read by end of PGY-3 year
- Core journals and selected others - read weekly at least 1 hour
- Preparation for assigned cases, clinics, attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses
- AAOHNS Academy Q

### Evaluation Methods

- Faculty evaluations - bimonthly - available on New Innovations for review by resident
- 360 evaluations by chief residents, nursing and administrative staff - every rotation

- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to meet and exceed median PGY-3 score
- Journal club & grand rounds presentation evaluations - evaluations completed by faculty and self-examination completed by resident
- Objective Structured Assessment of Surgical Skills (OSATs) - Evaluation of surgical technique on case by case basis by attending and self-evaluation by resident for key cases - PGY-3 cases are tracheotomy, endoscopic sinus surgery and closed reduction of a nasal fracture.

## **RESEARCH ROTATION PGY-3, 4 months**

During the research rotation, the resident has few other clinical responsibilities. Ideally the project design has been completed with the appropriate IRB approvals and grant funding already in place. For clinical projects, patient recruitment, study interventions, data collection, and data entry are completed under the direction of the faculty mentor. For basic science projects, the bench work including data collection and data entry are also completed under the supervision of the faculty mentor.

Data analysis and manuscript drafting are also begun. The resident obtains skills in research design, project planning, proposal writing, literature searching and review, budget planning, informed consent issues, research ethics, time management, data collection and entry, statistical analysis, data interpretation, manuscript writing. The resident obtains further skills in critical review of the literature and its implications to clinical practice and knowledge advancement. The research resident will remain on the on-call schedule at Methodist and will attend all departmental conferences and courses.

### Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to their research topic.

#### Objectives:

1. The residents must demonstrate that they have read and understand the literature pertaining to their topic and be able to apply this knowledge.
  - a. Journal articles, EBM resources and databases relevant to research topic.
  - b. IRB and/or IACUC required ethics courses.
  - c. Use of appropriate data entry software
2. Attendance at grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Basic science course – In-depth knowledge of topics
  - b. COCLIA (AAO-HNS web based program) - present advanced and complex topics
  - c. Head & Neck Multidisciplinary Tumor Board
  - d. AAO-HNS Home study course.
  - e. Temporal bone anatomy course – Develop confidence and avoid complications
  - f. Weill- Cornell Allergy Resident Education (WeCARE) Course - attend on-line sessions
  - g. AO North America Maxillofacial Trauma Course - attend as PGY-3 or PGY-4
  - h. Annual Otolaryngology in-service examination - residents are expected to meet or exceed median PGY-4 score.

Patient Care: N/A

### Practice-based Learning and Improvement (PBLI)

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

#### Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Assess knowledge regarding conduct of the project and obtain appropriate guidance as needed including statistical consultation
  - b. Review of bi-monthly faculty evaluations by research mentor and Director of Clinical or Basic Science Research to set learning improvement goals
2. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
3. Locate, appraise, and assimilate evidence from scientific studies related to their research project and patient care
  - a. Understand implications of project and relevance to clinical care
4. Participate in the departmental Grand Rounds program
  - a. Present evidence-based presentations
5. Participate in monthly journal club
  - a. Master critical appraisal skills
6. Research expectations
  - a. Planned, protocol driven research to be completed during rotation
  - b. In preparation, no later than 8 months prior to the start of the rotation, the resident must select a project and identify a faculty mentor and no later than 6 months prior to the rotation, the resident must submit the research rotation template to the Director of Clinical Research to allow time for review and feedback by the Directors of Clinical and Basic Science Research and the department Chairman
7. Teaching
  - a. Teach head and neck examination to 2nd year medical students as part of physical diagnosis course
  - b. Assist in anatomy laboratory during head and neck dissections as part of 1st year medical student course

#### Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

#### Objectives:

1. Communicate effectively with research subjects, collaborators and public across a broad range of socioeconomic and cultural backgrounds
  - a. Understand process of informed consent in research
  - b. Recruit study subjects and conduct study
2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Obtain skills in scientific writing including preparation of protocol, IRB/IACUC applications, study forms, grant-writing and manuscript preparation
3. Maintain comprehensive, timely, and legible research records
  - a. Proper use of data entry programs and secure handling of data

#### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### Objectives:

1. Demonstrate compassion, integrity, and respect for others

- a. Respect for patient autonomy must be demonstrated via full explanation of the research protocol and informed consent
2. Demonstrate respect for patient privacy and autonomy
  - a. Patient identity will not be disclosed in research publications
  - b. Residents will complete required HIPPA training and ethics courses and adhere to principles
3. Demonstrate accountability to patients, society, and the profession
  - a. Ethical conduct of research
  - b. Completion of faculty, program and self-evaluations
  - c. Completion of work hour surveys
  - d. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
  - e. Serve as role model at regional and national meetings
4. Demonstrate sensitivity and responsiveness to a diverse patient/research population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

#### Objectives:

1. Proper use of information technology including data entry and statistical software and EBM resources to conduct study
2. Understand ethical and legal issues surrounding research
3. Understand cost-effective use of research resources

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- COCLIA - bimonthly
- Head & Neck Multidisciplinary Tumor Board - twice monthly
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- NYC Pediatric Airway Symposium - yearly

#### Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year
- Board Vitals for ENT Review - resident presents assigned questions twice monthly
- Journal Club - read and present assigned article on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Temporal Bone Course - 4 sessions every Winter/Spring
- Laser Safety Course – given every 4 years
- Weill- Cornell Allergy Resident Education (WeCARE) Course - attend monthly on-line sessions Winter/Spring

- AO North America Maxillofacial Trauma Course – 2-day course, attend as PGY-3 or PGY-4
- Assigned topic presented at grand rounds - once per year
- Presentation of cases at the Head & Neck Multidisciplinary Tumor Board
- Textbook (Bailey's or Cummings) re-read by end of PGY-4 year
- Core journals and specialty journals - read weekly at least 1 hour
- Preparation for research project by reading appropriate journals, EBM resources, databases, and required ethics courses
- Institute for Healthcare Improvement Courses
- AAOHNS Academy Q

### Evaluation Methods

- Research project presented at Resident Research Day
- Manuscript reviewed by mentor and Director of Clinical or Basic Science Research as well as external reviewers when submitted
- Faculty evaluations - bimonthly by research mentor and Director of Clinical or Basic Science Research available on New Innovations for review by resident
- Semiannual self-evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to meet and exceed median PGY-4 score
- Journal club & grand rounds presentation evaluations - evaluations completed by faculty and self-examination completed by resident

## **FOURTH YEAR OF OTOLARYNGOLOGY (PGY-4)**

This year includes one four-month rotation at Maimonides Medical Center, one four-month rotation at Kings County Hospital Center and one four-month ambulatory care rotation. The resident has substantial responsibility in administration and in teaching junior otolaryngology residents. Also, at this stage, he or she develops knowledge and experience with various medical and surgical complications and their management.

The fourth-year otolaryngology resident is in charge of performing elective and emergency in-house consultations. The resident also develops awareness of rehabilitation techniques and procedures pertaining to otolaryngology. During this year, the resident gains more experience with parotidectomy, modified neck dissection, composite resection, sphenoethmoidectomy, mastoidectomy, stapedectomy, endolymphatic sac shunt, maxillectomy, rhinoplasty, rhytidectomy, blepharoplasty, otoplasty, correction of congenital deformities, facial nerve decompression, and removal of nasopharyngeal tumors.

The PGY-4 resident is expected to use the experience of this year to prepare for the Chief Resident experience.

### **KCHC/UHB PGY-4 rotation, 4 months**

#### **Special features of Rotation:**

- Serves as “Acting Chief Resident” with overall supervisory role for the team
- Reports (daily) to the Chief Resident and Director of Service
- Involved in all consultations
- Involved in all emergencies

#### Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

#### Objectives:

1. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and operative cases and be able to apply this knowledge to their assignments.
  - a. All chapters of Bailey's and/or Cumming's textbooks should be reread for greater insight
  - b. Residents should prepare for assigned cases by reading a head and neck surgery atlas (*Lore, Bailey, Myers & Eibling, Bluestone & Rosenfeld*)
  - c. Residents should spend at least one hour per week reading one or more core journals (*Ann Otol Rhinol Laryngol, Arch Otolaryngol Head Neck Surg, Laryngoscope, Otolaryngol Head Neck Surg, and Otolaryngol Clin North Am*) and subspecialty journals.
2. Attendance at grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Basic science course – In-depth knowledge of topics
  - b. COCLIA (AAO-HNS web based program) - present advanced and complex topics

- c. Head & Neck Multidisciplinary Tumor Board
  - d. KCHC/SUNY tumor boards
  - e. Resident teaching rounds with all KCHC/SUNY attendings
  - f. Otology Rounds
  - g. Head and Neck Journal Club
  - h. AAO-HNS Home study course.
  - i. Temporal bone anatomy course – Develop confidence and avoid complications
  - j. Weill- Cornell Allergy Resident Education (WeCARE) Course - attend on-line sessions
  - k. AO North America Maxillofacial Trauma Course - attend as PGY-3 or PGY-4
  - l. Annual Otolaryngology in-service examination - residents are expected to meet or exceed median PGY-4 score.
3. Specific knowledge to be obtained:
- a. Mastery of the anatomy, physiology, embryology, pathology, and genetics of the upper aerodigestive tract.
  - b. Advanced principles of communicative disorders including audiology and speech pathology and interpretation of testing.
  - c. Develop mastery of head and neck anatomy.
  - d. Develop mastery of temporal bone anatomy.
  - e. Develop mastery of disorders of the head and neck including the disciplines of head and neck, plastic and reconstructive surgery, otology, neurotology, rhinology, allergy, pediatric otolaryngology, laryngology and voice disorders.
  - f. In-depth knowledge of the indications, interpretation and cost-effective use of imaging studies, laboratory testing including microbiology, allergy testing, polysomnography, videostroboscopy
  - g. Evaluate and treat common, uncommon and rare otolaryngologic diseases
    - i. General - disorders of the nose and paranasal sinuses, hearing loss, benign disorders of the larynx, salivary gland disease
    - ii. Head and neck- benign and malignant diseases, endocrine diseases
    - iii. Allergic diseases
    - iv. Pediatric otolaryngology - otitis media, sleep apnea, infectious diseases, hearing loss, airway disorders, congenital anomalies
  - h. Thorough knowledge of aspects of disease prevention as it pertains to otolaryngology.
  - i. Thorough knowledge of the indications, contraindications, risks and benefits of the majority of otolaryngologic procedures.

### Patient Care

Goal: 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.

### Objectives for Clinical Skills:

- 1. Clinical skills and basic procedures
  - a. Mastery of head and neck history and physical examination including examination techniques
  - b. Proficiency in pediatric endoscopy
  - c. Learn stroboscopy
  - d. Appropriate documentation of all otolaryngologic procedures and post-procedure and post-operative orders
  - e. Develop mastery of dictation
  - f. Develop thorough knowledge of post-operative wound care including flaps

2. Admissions, transfers, discharges
  - a. Supervises junior residents
3. Use of labs, ancillary studies, consultations
  - a. Masters appropriate use
  - b. Masters use of specialty consultations
4. Administrative skills including electronic health records, documentation, medical records, transcriptions
  - a. Timely and accurate completion of assignments
  - b. Increasing role in supervision and teaching
5. Follow-up care
  - a. Increasing role in coordination of care
6. Universal precautions
  - a. Uses appropriately and teaches
7. Informed consent
  - a. Mastery in obtaining informed consent including a discussion of indications, risks, benefits, alternative treatments, and potential complications

Objectives for Surgical Procedure Competency:

1. General otolaryngology, head and neck surgery
  - a. Superficial parotidectomy
  - b. Selective neck dissection
  - c. Partial glossectomy
  - d. Thyroidectomy
  - e. Parathyroidectomy
  - f. Excision congenital neck mass, all types including thyroglossal duct and branchial cleft cysts
  - g. Endoscopic approach hypophysectomy
  - h. Lip wedge resection
  - i. Oral cavity tumor resection
  - j. Auricular excision
2. Otology and neurotology
  - a. Tympanoplasty, II-IV
  - b. Mastoidectomy, canal wall down
  - c. Canalplasty
  - d. Resection cerebellopontine angle tumor, assistant
3. Adult sleep medicine and surgery
  - a. Lingual tonsillectomy
4. Laryngology
  - a. Endoscopic laser ablation ± dilation laryngotracheal stenosis
  - b. Laryngoscopy with microflap excision, vocal fold mass
  - c. Endoscopic/ open excision Zenker's diverticulum
  - d. Tracheoesophageal fistula creation
  - e. Arytenoidectomy
5. Sinonasal
  - a. Endoscopic posterior ethmoidectomy
  - b. Endoscopic sphenoidectomy
  - c. Endoscopic frontal sinusotomy
  - d. Frontal sinus trephination
6. Pediatric otolaryngology
  - a. Endoscopic management, laryngotracheal stenosis

- b. Choanal atresia repair
- c. Otoplasty
- d. Tracheostomy, age under 2 years
- 7. Plastic and reconstructive surgery
  - a. Rhinoplasty, closed
  - b. Reconstruction, external ear
  - c. Tissue expander placement, removal
  - d. Eyelid weight placement
  - e. Brow lift
  - f. Rhytidectomy

#### Practice-based Learning and Improvement (PBLI)

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

#### Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Prepare for assigned operative cases by review of relevant anatomy, pathophysiology, surgical indications, and steps of procedure & use attending feedback and Objective Structured Assessment of Surgical Skills (OSATs) evaluations to improve knowledge and skills
  - b. Review of bi-monthly faculty evaluations, mentor meeting discussions, 360 evaluations by chief residents, nursing and support staff for each rotation, semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
  - a. Help lead in team efforts under the supervision of senior residents and attending physicians
  - b. Organize tumor board and present at monthly morbidity and mortality conferences
  - c. Create PDSA cycle (Plan, Do, Study and Act)
3. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
  - a. Assimilate and apply evidence to patient care
5. Participate in the departmental Grand Rounds program
  - a. Present evidence-based presentations
6. Participate in monthly journal club
  - a. Master critical appraisal skills
7. Participate in the education of patients, families, students, residents, and other health professionals
  - a. Serve as role model as member of health care team
8. Research expectations
  - a. Planned, protocol driven research to be completed during research rotation
9. Teaching

- a. Teaching of otolaryngologic principles of diseases, history and examination techniques, and procedures to junior residents, physician assistants and medical students
- b. Teach head and neck examination to 2nd year medical students as part of physical diagnosis course
- c. Assist in anatomy laboratory during head and neck dissections as part of 1st year medical student course

### Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

Objectives:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Continued improvement at clinic visits, on the wards, in the emergency room and operating room
  - b. Use of hospital translation services if needed
2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Progressive responsibility
  - b. Fine-tune skills in presenting cases to chief resident and attending physicians
  - c. Understand the urgency of the situation and follow department escalation policy if necessary
3. Work effectively as a member or leader of a health care team or other professional group
  - a. Prepare for role as chief resident
  - b. Work with junior residents, physician assistants, nursing staff, social services and ancillary departments to optimize patient care
4. Act in a consultative role to other physicians and health professionals
  - a. Increased independence
  - b. Respond to requests for consultation in a timely and courteous manner
5. Maintain comprehensive, timely, and legible medical records

### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Objectives:

1. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
2. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
3. Demonstrate respect for patient privacy and autonomy
  - a. Residents will not disclose patient information and will be cognizant of discussing patient information in elevators or other public places
  - b. Patient identity will not be disclosed during case conferences or publications
  - c. Residents will complete required HIPPA training at KCHC/UHB

4. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
  - f. Serve as role model at regional and national meetings
5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - a. Serve as role model

#### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

#### Objectives:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Understand role on the KCHC/UHB otolaryngology team
  - b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the KCHC and UHB populations
2. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Progressive responsibility
  - b. Attend multidisciplinary conferences including tumor board and endocrine conference
  - c. Participate in discharge rounds with nurses and social services
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers
4. Work in inter-professional teams to enhance patient safety and improve patient care quality
  - a. Present at dept. Tumor Board and Morbidity and Mortality Conferences; Program evaluation committee; Residency Selection Committee
5. Participate in identifying system errors and implementing potential system solutions
  - a. Attend meetings or serve on the Residents and Fellows Subcommittee of the GMEC at UHB
6. Advocate for quality patient care and optimal patient care systems

#### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- Board Vitals for ENT Review - bimonthly
- Head & Neck Multidisciplinary Tumor Board - twice monthly

- KCHC/SUNY tumor boards
- Resident teaching rounds with all KCHC/SUNY attendings
- Otology Rounds
- Head and Neck Journal Club
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- NYC Pediatric Airway Symposium - yearly

Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year
- COCLIA - resident presents assigned questions for twice monthly conferences
- Journal Club - read and present assigned article on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Temporal Bone Course - 4 sessions every Winter/Spring
- Laser Safety Course – given every 4 years
- Weill- Cornell Allergy Resident Education (WeCARE) Course - attend monthly on-line sessions Winter/Spring
- AO North America Maxillofacial Trauma Course – 2-day course, attend as PGY-3 or PGY-4
- Assigned topic presented at grand rounds - once per year
- Presentation of cases at the Head & Neck Multidisciplinary Tumor Board
- Textbook (Bailey's or Cummings) re-read by end of PGY-4 year
- Core journals and specialty journals - read weekly at least 1 hour
- Preparation for assigned cases, clinics, attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses
- AAOHNS Academy Q

Evaluation Methods

- Faculty evaluations - bimonthly - available on New Innovations for review by resident
- 360 evaluations by chief residents, nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to meet and exceed median PGY-4 score
- Journal club & grand rounds presentation evaluations - evaluations completed by faculty and self-examination completed by resident
- Objective Structured Assessment of Surgical Skills (OSATs) - Evaluation of surgical technique on case by case basis by attending and self-evaluation by resident for key cases - PGY-4 cases are tracheotomy, endoscopic sinus surgery with total ethmoidectomy, and open reduction internal fixation of zygomaticomaxillary complex (ZMC) fractures.

## **Maimonides PGY-4 rotation, 4 months**

### **Special Features of the Rotation:**

In addition to the general goals and objectives for the PGY-4 year, the Maimonides rotation gives some special opportunities. This resident is one of only two Otolaryngology residents at this institution and works closely with the five full-time otolaryngologists, several voluntary otolaryngologists, junior resident, PA and general surgery residents. The resident develops senior level thinking during this period by being in charge of planning his/her own schedule, monitoring performance of the PGY-2 and the PA, coordinating some activities of support staff and learning to work efficiently. In addition to the PGY-2 resident, residents from the Department of Surgery are prepared by the faculty and PGY-4 otolaryngology resident to provide primary, in-house, on-call coverage, with secondary, at-home coverage by the PGY-4 otolaryngology resident.

During this period the resident works both in the hospital itself and in the private practice office of the full-time staff, observing delivery of care to private patients and having the opportunity to discuss management of the service on a direct level. The caseload is focused on the large volume of major head and neck cases. Due to the ethnic diversity of the hospital population, the resident is also exposed to numerous cultures, which provides a focus on cultural competency and awareness of issues that occur. The resident experiences the greatest interaction with the Orthodox Jewish, Russian and Asian populations at this institution.

### **Clinical Skill Development**

- Builds on clinical skills developed as a PGY-3 otolaryngology resident
- Develops skills with lasers including CO<sub>2</sub> and YAG (under direct supervision of Attending)
- Develops further skill with the following procedures: adult and pediatric endoscopic procedures, submandibular gland excision, thyroglossal duct excision, septoplasty, turbinectomy and FESS, thyroidectomy, parotidectomy, and chronic ear surgery including tympanoplasty and mastoidectomy (under direct supervision of Attending)
- Develops clinical judgment by doing emergency evaluations and frequently consulting on inpatients on other services (under supervision by Attending)

### **Resident Duties**

- Performs all surgeries under direct visual supervision; progressively adds additional procedures and responsibilities
- Presents ED and in-house consultations to Attending physician, who examines the patient and discusses evaluation and management with the resident
- Performs surgery according to level of skill and experience, including the operations listed above
- Sees clinic outpatients under Attending supervision
- Attends AM & PM rounds and takes night call (from home on beeper; shared with attending)
- Attends all required courses and Grand Rounds
- Supervises rotating surgical resident and/or medical students
- Prepares and presents material at monthly M&M/PI/CQI conference

## **Progression of Responsibilities**

By being the sole senior Otolaryngology resident on the service, this rotation presents an opportunity to work and think independently and to develop initiative and leadership qualities. This experience enables the resident to transition more easily into the chief resident role. As operative skill improves in the course of the rotation, the resident assumes a larger role as the operative or first-assisting in a teaching capacity, as some of the cases are quite advanced.

### Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

#### Objectives:

1. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and operative cases and be able to apply this knowledge to their assignments.
  - a. All chapters of Bailey's and/or Cumming's textbooks should be reread for greater insight
  - b. Residents should prepare for assigned cases by reading a head and neck surgery atlas (*Lore, Bailey, Myers & Eibling, Bluestone & Rosenfeld*)
  - c. Residents should spend at least one hour per week reading one or more core journals (*Ann Otol Rhinol Laryngol, Arch Otolaryngol Head Neck Surg, Laryngoscope, Otolaryngol Head Neck Surg, and Otolaryngol Clin North Am*) and subspecialty journals.
2. Attendance at grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Basic science course – In-depth knowledge of topics
  - b. Board Vitals for ENT Review - present advanced and complex topics
  - c. Head & Neck Multidisciplinary Tumor Board
  - d. Maimonides tumor board
  - e. AAO-HNS Home study course.
  - f. Temporal bone anatomy course – Develop confidence and avoid complications
  - g. Weill- Cornell Allergy Resident Education (WeCARE) Course - attend on-line sessions
  - h. AO North America Maxillofacial Trauma Course - attend as PGY-3 or PGY-4
  - i. Annual Otolaryngology in-service examination - residents are expected to meet or exceed median PGY-4 score.
3. Specific knowledge to be obtained:
  - a. Mastery of the anatomy, physiology, embryology, pathology, and genetics of the upper aerodigestive tract.
  - b. Advanced principles of communicative disorders including audiology and speech pathology and interpretation of testing.
  - c. Develop mastery of head and neck anatomy.
  - d. Develop mastery of temporal bone anatomy.
  - e. Develop mastery of disorders of the head and neck including the disciplines of head and neck, plastic and reconstructive surgery, otology, neurotology, rhinology, allergy, pediatric otolaryngology, laryngology and voice disorders.
  - f. In-depth knowledge of the indications, interpretation and cost-effective use of imaging studies, laboratory testing including microbiology, allergy testing, polysomnography, videostroboscopy

- g. Evaluate and treat common, uncommon and rare otolaryngologic diseases
  - i. General - disorders of the nose and paranasal sinuses, hearing loss, benign disorders of the larynx, salivary gland disease
  - ii. Head and neck- benign and malignant diseases, endocrine diseases
  - iii. Allergic diseases
  - iv. Pediatric otolaryngology - otitis media, sleep apnea, infectious diseases, hearing loss, airway disorders, congenital anomalies
- h. Thorough knowledge of aspects of disease prevention as it pertains to otolaryngology.
- i. Thorough knowledge of the indications, contraindications, risks and benefits of the majority of otolaryngologic procedures.

### Patient Care

Goal: 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.

### Objectives for Clinical Skills:

1. Clinical skills and basic procedures
  - a. Mastery of head and neck history and physical examination including examination techniques
  - b. Proficiency in pediatric endoscopy
  - c. Learn stroboscopy
  - d. Appropriate documentation of all otolaryngologic procedures and post-procedure and post-operative orders
  - e. Develop mastery of dictation
  - f. Develop thorough knowledge of post-operative wound care including flaps
2. Admissions, transfers, discharges
  - a. Coordinates with attendings
3. Use of labs, ancillary studies, consultations
  - a. Masters appropriate use
  - b. Masters use of specialty consultations
4. Administrative skills including electronic health records, documentation, medical records, transcriptions
  - a. Timely and accurate completion of assignments
  - b. Effective and appropriate use
5. Follow-up care
  - a. Increasing role in coordination of care
6. Universal precautions
  - a. Uses appropriately and teaches
7. Informed consent
  - a. Mastery in obtaining informed consent including a discussion of indications, risks, benefits, alternative treatments, and potential complications

### Objectives for Surgical Procedure Competency:

1. General otolaryngology, head and neck surgery
  - a. Superficial parotidectomy
  - b. Selective neck dissection
  - c. Partial glossectomy
  - d. Thyroidectomy
  - e. Parathyroidectomy

- f. Excision congenital neck mass, all types including thyroglossal duct and branchial cleft cysts
- g. Endoscopic approach hypophysectomy
- h. Lip wedge resection
- i. Oral cavity tumor resection
- j. Auricular excision
- 2. Otolaryngology and neurotology
  - a. Tympanoplasty, II-IV
  - b. Mastoidectomy, canal wall down
  - c. Canalplasty
  - d. Resection cerebellopontine angle tumor, assistant
- 3. Adult sleep medicine and surgery
  - a. Lingual tonsillectomy
- 4. Laryngology
  - a. Endoscopic laser ablation ± dilation laryngotracheal stenosis
  - b. Laryngoscopy with microflap excision, vocal fold mass
  - c. Endoscopic/ open excision Zenker's diverticulum
  - d. Tracheoesophageal fistula creation
  - e. Arytenoidectomy
- 5. Sinonasal
  - a. Endoscopic posterior ethmoidectomy
  - b. Endoscopic sphenoidectomy
  - c. Endoscopic frontal sinusotomy
  - d. Frontal sinus trephination
- 6. Pediatric otolaryngology
  - a. Endoscopic management, laryngotracheal stenosis
  - b. Choanal atresia repair
  - c. Otoplasty
  - d. Tracheostomy, age under 2 years
- 7. Plastic and reconstructive surgery
  - a. Rhinoplasty, closed
  - b. Reconstruction, external ear
  - c. Tissue expander placement, removal
  - d. Eyelid weight placement
  - e. Brow lift
  - f. Rhytidectomy

#### Practice-based Learning and Improvement (PBLI)

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

#### Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Prepare for assigned operative cases by review of relevant anatomy, pathophysiology, surgical indications, and steps of procedure & use attending feedback and Objective Structured Assessment of Surgical Skills (OSATs) evaluations to improve knowledge and skills
  - b. Review of bi-monthly faculty evaluations, mentor meeting discussions, 360 evaluations by chief residents, nursing and support staff for each rotation,

- semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
    - a. Help lead in team efforts under the supervision of attending physicians
    - b. Organize tumor board and present at monthly morbidity and mortality conferences
    - c. Create PDSA cycle (Plan, Do, Study and Act)
  3. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
  4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
    - a. Assimilate and apply evidence to patient care
  5. Participate in the departmental Grand Rounds program
    - a. Present evidence-based presentations
  6. Participate in monthly journal club
    - a. Master critical appraisal skills
  7. Participate in the education of patients, families, students, residents, and other health professionals
    - a. Serve as role model as member of health care team
  8. Research expectations
    - a. Planned, protocol driven research to be completed during research rotation
  9. Teaching
    - a. Teaching of otolaryngologic principles of diseases, history and examination techniques, and procedures to physician assistants and medical students
    - b. Teach head and neck examination to 2nd year medical students as part of physical diagnosis course

#### Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

#### Objectives:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Continued improvement at clinic visits, on the wards, in the emergency room and operating room
  - b. Use of hospital translation services if needed
2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Progressive responsibility
  - b. Fine-tune skills in presenting cases to attending physicians
  - c. Understand the urgency of the situation and follow department escalation policy if necessary
3. Work effectively as a member or leader of a health care team or other professional group
  - a. Leader and role model of the Maimonides team
  - b. Work with physician assistants, nursing staff, social services and ancillary departments to optimize patient care
4. Act in a consultative role to other physicians and health professionals
  - a. Increased independence

- b. Respond to requests for consultation in a timely and courteous manner
- 5. Maintain comprehensive, timely, and legible medical records

### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### Objectives:

1. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
2. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
3. Demonstrate respect for patient privacy and autonomy
  - a. Residents will not private disclose patient information and will be cognizant of discussing patient information in elevators or other public places
  - b. Patient identity will not be disclosed during case conferences or publications
  - c. Residents will complete required HIPPA training at Maimonides
4. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
  - f. Serve as role model at regional and national meetings
5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - a. Serve as role model

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

#### Objectives:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Understand role as team leader on the Maimonides otolaryngology team
  - b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the Maimonides population
2. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Progressive responsibility
  - b. Attend multidisciplinary conferences including tumor board
  - c. Participate in discharge rounds with nurses and social services

3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers
4. Work in inter-professional teams to enhance patient safety and improve patient care quality
  - a. Present at dept. Tumor Board and Morbidity and Mortality Conferences; Program evaluation committee; Residency Selection Committee
5. Participate in identifying system errors and implementing potential system solutions
  - a. Participate in Root Cause Analyses as needed
6. Advocate for quality patient care and optimal patient care systems

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- Board Vitals for ENT Review - bimonthly
- Head & Neck Multidisciplinary Tumor Board - twice monthly
- Maimonides tumor board
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- NYC Pediatric Airway Symposium - yearly

#### Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year
- COCLIA - resident presents assigned questions for twice monthly conferences
- Journal Club - read and present assigned article on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Temporal Bone Course - 4 sessions every Winter/Spring
- Laser Safety Course – given every 4 years
- Weill- Cornell Allergy Resident Education (WeCARE) Course - attend monthly on-line sessions Winter/Spring
- AO North America Maxillofacial Trauma Course – 2-day course, attend as PGY-3 or PGY-4
- Assigned topic presented at grand rounds - once per year
- Presentation of cases at the Head & Neck Multidisciplinary Tumor Board
- Textbook (Bailey's or Cummings) re-read by end of PGY-4 year
- Core journals and specialty journals - read weekly at least 1 hour
- Preparation for assigned cases, clinics, attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses
- AAOHNS Academy Q

### Evaluation Methods

- Faculty evaluations - bimonthly - available on New Innovations for review by resident
- 360 evaluations by chief residents, nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to meet and exceed median PGY-4 score
- Journal club & grand rounds presentation evaluations - evaluations completed by faculty and self-examination completed by resident
- Objective Structured Assessment of Surgical Skills (OSATs) - Evaluation of surgical technique on case by case basis by attending and self-evaluation by resident for key cases - PGY-4 cases are endoscopic sinus surgery with total ethmoidectomy and thyroidectomy.

**Ambulatory Care Rotation PGY-4 rotation, 4 months (SUNY Downstate at Bay Ridge Ambulatory Surgery Center, Otolaryngology Private Offices at 185 Montague Street, MEETH)**

**Special Features of the Rotation:**

- Work with full-time academic otolaryngology attendings in private office setting concentrating on physical examination skills, differential diagnosis and work-up and management of patients in an outpatient setting
- Obtain familiarity with practice issues including billing, coding, staffing, equipment, office flow, and insurance issues
- Obtain familiarity with care of the ambulatory surgical patient
- Become more proficient in performance of audiograms and learn to interpret special audiological tests

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

Objectives:

1. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and operative cases and be able to apply this knowledge to their assignments.
  - a. All chapters of Bailey's and/or Cumming's textbooks should be reread for greater insight
  - b. Residents should prepare for assigned cases by reading a head and neck surgery atlas (*Lore, Bailey, Myers & Eibling, Bluestone & Rosenfeld*)
  - c. Residents should spend at least one hour per week reading one or more core journals (*Ann Otol Rhinol Laryngol, Arch Otolaryngol Head Neck Surg, Laryngoscope, Otolaryngol Head Neck Surg, and Otolaryngol Clin North Am*) and subspecialty journals.
2. Attendance at grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Basic science course – In-depth knowledge of topics
  - b. Board Vitals for ENT - present advanced and complex topics
  - c. Head & Neck Multidisciplinary Tumor Board
  - d. Cochlear Implant Conference
  - e. Temporal Bone Radiology Review
  - f. AAO-HNS Home study course.
  - g. Temporal bone anatomy course – Develop confidence and avoid complications
  - h. Weill- Cornell Allergy Resident Education (WeCARE) Course - attend on-line sessions
  - i. AO North America Maxillofacial Trauma Course - attend as PGY-3 or PGY-4
  - j. Annual Otolaryngology in-service examination - residents are expected to meet or exceed median PGY-4 score.
3. Specific knowledge to be obtained:
  - a. Mastery of the anatomy, physiology, embryology, pathology, and genetics of the upper aerodigestive tract.

- b. Advanced principles of communicative disorders including audiology and speech pathology and interpretation of testing.
- c. Develop mastery of head and neck anatomy.
- d. Develop mastery of temporal bone anatomy.
- e. Develop mastery of disorders of the head and neck including the disciplines of head and neck, plastic and reconstructive surgery, otology, neurotology, rhinology, allergy, pediatric otolaryngology, laryngology and voice disorders.
- f. In-depth knowledge of the indications, interpretation and cost-effective use of imaging studies, laboratory testing including microbiology, allergy testing, polysomnography, videostroboscopy
- g. Evaluate and treat common, uncommon and rare otolaryngologic diseases
  - i. General - disorders of the nose and paranasal sinuses, hearing loss, benign disorders of the larynx, salivary gland disease
  - ii. Head and neck- benign and malignant diseases, endocrine diseases
  - iii. Allergic diseases
  - iv. Pediatric otolaryngology - otitis media, sleep apnea, infectious diseases, hearing loss, airway disorders, congenital anomalies
- h. Thorough knowledge of aspects of disease prevention as it pertains to otolaryngology.
- i. Thorough knowledge of the indications, contraindications, risks and benefits of the majority of otolaryngologic procedures.

#### Patient Care

Goal: 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.

#### Objectives for Clinical Skills:

1. Clinical skills and basic procedures
  - a. Mastery of head and neck history and physical examination including examination techniques
  - b. Proficiency in pediatric endoscopy
  - c. Learn stroboscopy
  - d. Appropriate documentation of all otolaryngologic procedures and post-procedure and post-operative orders
  - e. Develop mastery of dictation
  - f. Develop thorough knowledge of post-operative wound care including flaps
2. Admissions, transfers, discharges
  - a. Supervises junior residents
3. Use of labs, ancillary studies, consultations
  - a. Masters appropriate use
  - b. Masters use of specialty consultations
4. Administrative skills including electronic health records, documentation, medical records, transcriptions
  - a. Timely and accurate completion of assignments
  - b. Increasing role in supervision and teaching
5. Follow-up care
  - a. Increasing role in coordination of care
6. Universal precautions
  - a. Uses appropriately and teaches
7. Informed consent

- a. Mastery in obtaining informed consent including a discussion of indications, risks, benefits, alternative treatments, and potential complications

Objectives for Surgical Procedure Competency:

1. General otolaryngology, head and neck surgery
  - a. Superficial parotidectomy
  - b. Selective neck dissection
  - c. Partial glossectomy
  - d. Thyroidectomy
  - e. Parathyroidectomy
  - f. Excision congenital neck mass, all types including thyroglossal duct and branchial cleft cysts
  - g. Endoscopic approach hypophysectomy
  - h. Lip wedge resection
  - i. Oral cavity tumor resection
  - j. Auricular excision
2. Otology and neurotology
  - a. Tympanoplasty, II-IV
  - b. Mastoidectomy, canal wall down
  - c. Canalplasty
  - d. Resection cerebellopontine angle tumor, assistant
3. Adult sleep medicine and surgery
  - a. Lingual tonsillectomy
4. Laryngology
  - a. Endoscopic laser ablation ± dilation laryngotracheal stenosis
  - b. Laryngoscopy with microflap excision, vocal fold mass
  - c. Endoscopic/ open excision Zenker's diverticulum
  - d. Tracheoesophageal fistula creation
  - e. Arytenoidectomy
5. Sinonasal
  - a. Endoscopic posterior ethmoidectomy
  - b. Endoscopic sphenoidectomy
  - c. Endoscopic frontal sinusotomy
  - d. Frontal sinus trephination
6. Pediatric otolaryngology
  - a. Endoscopic management, laryngotracheal stenosis
  - b. Choanal atresia repair
  - c. Otoplasty
  - d. Tracheostomy, age under 2 years
7. Plastic and reconstructive surgery
  - a. Rhinoplasty, closed
  - b. Reconstruction, external ear
  - c. Tissue expander placement, removal
  - d. Eyelid weight placement
  - e. Brow lift
  - f. Rhytidectomy

Practice-based Learning and Improvement (PBLI)

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

Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Prepare for assigned operative cases by review of relevant anatomy, pathophysiology, surgical indications, and steps of procedure & use attending feedback and Objective Structured Assessment of Surgical Skills (OSATs) evaluations to improve knowledge and skills
  - b. Review of bi-monthly faculty evaluations, mentor meeting discussions, 360 evaluations by chief residents, nursing and support staff for each rotation, semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
  - a. Help lead in team efforts under the supervision of senior residents and attending physicians
  - b. Organize tumor board and present at monthly morbidity and mortality conferences
  - c. Create PDSA cycle (Plan, Do, Study and Act)
3. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
  - a. Assimilate and apply evidence to patient care
5. Participate in the departmental Grand Rounds program
  - a. Present evidence-based presentations
6. Participate in monthly journal club
  - a. Master critical appraisal skills
7. Participate in the education of patients, families, students, residents, and other health professionals
  - a. Serve as role model as member of health care team
8. Research expectations
  - a. Planned, protocol driven research to be completed during research rotation
9. Teaching
  - a. Teaching of otolaryngologic principles of diseases, history and examination techniques, and procedures to junior residents, physician assistants and medical students
  - b. Teach head and neck examination to 2nd year medical students as part of physical diagnosis course
  - c. Assist in anatomy laboratory during head and neck dissections as part of 1st year medical student course

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

Objectives:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Continued improvement at clinic visits and operating room

- b. Use of hospital translation services if needed
- 2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Progressive responsibility
  - b. Fine-tune skills in presenting cases to chief resident and attending physicians
  - c. Understand the urgency of the situation and follow department escalation policy if necessary
- 3. Work effectively as a member or leader of a health care team or other professional group
  - a. Prepare for role as chief resident
  - b. Work with junior residents, physician assistants, nursing staff, social services and ancillary departments to optimize patient care
- 4. Act in a consultative role to other physicians and health professionals
  - a. Increased independence
  - b. Respond to requests for consultation in a timely and courteous manner
- 5. Maintain comprehensive, timely, and legible medical records

### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Objectives:

- 1. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
- 2. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
- 3. Demonstrate respect for patient privacy and autonomy
  - a. Residents will not disclose patient information and will be cognizant of discussing patient information in elevators or other public places
  - b. Patient identity will not be disclosed during case conferences or publications
  - c. Residents will complete required HIPPA training at SUNY Downstate and MEETH
- 4. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
  - f. Serve as role model at regional and national meetings
- 5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - a. Serve as role model

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and

system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Objectives:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Understand role on the office and ambulatory surgery otolaryngology teams
  - b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of private office population
2. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Progressive responsibility
  - b. Attend multidisciplinary conferences including tumor board and endocrine conference
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers
4. Work in inter-professional teams to enhance patient safety and improve patient care quality
  - a. Present at dept. Tumor Board and Morbidity and Mortality Conferences; Program evaluation committee; Residency Selection Committee
5. Participate in identifying system errors and implementing potential system solutions
6. Advocate for quality patient care and optimal patient care systems

Learning Methods

Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- COCLIA - bimonthly
- Head & Neck Multidisciplinary Tumor Board - twice monthly
- Cochlear Implant Conference
- Temporal Bone Radiology Review
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- NYC Pediatric Airway Symposium - yearly

Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year
- COCLIA - resident presents assigned questions for twice monthly conferences
- Journal Club - read and present assigned article on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Temporal Bone Course - 4 sessions every Winter/Spring
- Laser Safety Course – given every 4 years
- Weill- Cornell Allergy Resident Education (WeCARE) Course - attend monthly on-line sessions Winter/Spring
- AO North America Maxillofacial Trauma Course – 2-day course, attend as PGY-3 or PGY-4

- Assigned topic presented at grand rounds - once per year
- Presentation of cases at the Head & Neck Multidisciplinary Tumor Board
- Textbook (Bailey's or Cummings) re-read by end of PGY-4 year
- Core journals and specialty journals - read weekly at least 1 hour
- Preparation for assigned cases, clinics, attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses
- AAOHNS Academy Q

### Evaluation Methods

- Faculty evaluations - bimonthly - available on New Innovations for review by resident
- 360 evaluations by chief residents, nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to meet and exceed median PGY-4 score
- Journal club & grand rounds presentation evaluations - evaluations completed by faculty and self-examination completed by resident
- Objective Structured Assessment of Surgical Skills (OSATs) - Evaluation of surgical technique on case by case basis by attending and self-evaluation by resident for key cases - PGY-4 cases are endoscopic sinus surgery with total ethmoidectomy and thyroidectomy.

## **FIFTH YEAR OF OTOLARYNGOLOGY (PGY-5, CHIEF RESIDENT)**

This year includes one four-month rotation at New York Methodist Hospital (administrative chief resident), one four-month rotation at Kings County Hospital Center and one four-month rotation at Brooklyn VA Medical Center. The chief resident has administrative responsibility for all aspects of patient care. The resident gains wide exposure to the following concepts: chemotherapy and radiation therapy for treatment of patients with cancer of the head and neck, cancer immunology laryngotracheal reconstruction and skull base surgery. The chief resident develops broad experience with the following surgical procedures: partial and total laryngectomy, tracheal resection and reconstruction, total parotidectomy, parathyroidectomy, temporal bone resection, mediastinal resection, craniofacial resection, orbital decompression, neck dissection and composite resection, complicated reconstructive problems of the head, neck and face, neuro-otology (including middle cranial fossa surgery, Meniere's disease), cochlear implantation, skull base surgery, and major pediatric otolaryngological surgery.

The chief resident participates actively in teaching medical students, paramedical personnel, and junior otolaryngology residents. The chief resident also has major responsibility for assuring that the numerous consults received from other services are handled accurately and expeditiously and that attendings are fully informed and consulted on all patient care and administrative matters which occur at night and on the weekends. Chief residents also are responsible for exploring clinical research projects and stimulating other members of the team to explore research opportunities.

All Chief Residents (and PGY-4 at Maimonides) are responsible for preparation of material for monthly M&M/PI/CQI conferences in the required format. This includes presentation of data on patient volume (in-patient and out-patient), on-going issues in clinic and inpatient services, interaction with other services, NYPORTS, equipment and service needs, transfusions/rational, complications, morbidities, mortalities and changes in procedures mandated by the above.

Further information about the role of the Chief Resident is included in the Chief Resident Manual, which was first prepared by Boris Bentsianov, MD, former Chief Resident, and is updated annually.

### **Methodist PGY-5 rotation, 4 months**

#### **Special Features of the Rotation:**

- The Chief Resident serving at Methodist is the administrative chief resident, an assignment that includes working closely with the Director of Resident Training on the conference schedules.
- Do advanced reading for all operative procedures and guide the junior residents in their reading programs in order to prepare for operative experiences
- Coordinates preparation of the biweekly Head and Neck Tumor Conferences that involve presentations from all hospitals (making sure that all other services are informed of the cases to be presented)
- Understand the need for continuity of care and assist junior residents in meeting this need
- Intensive Otologic/neuro-otologic training including office-based management and surgery
- Work closely with faculty on evaluation of junior residents

- Coordinate junior resident and PA assignment for surgery, outpatient clinics and inpatient/ED consults on a weekly and daily basis.
- Work closely with attendings on patient care management.

### Structure of Monthly Departmental Grand Rounds

The administrative chief resident should observe the following structure when working when planning grand rounds sessions. Any changes should be approved by the program director:

### Thursday Grand Rounds Template – Updated November, 2015 SUNY Downstate Department of Otolaryngology 2015-2016 Academic Year

Week	6:30 – 6:55 A.M.	7:00 – 7:55 A.M.	8:00 – 8:55 A.M.	9:00 – 9:55 A.M.
1 <sup>st</sup>	RMR: Core competency and residency issues (see below for topics)	Keynote presentation by invited, external speaker (regional or national)  SUNY faculty can serve as backup if an external speaker cannot be secured	Resident-focused curriculum driven education	Unscheduled
2 <sup>nd</sup>	NAG: Research review: <sup>†</sup> ➤ Grid update: Nov, Mar, July ( <i>all faculty should attend</i> update sessions) ➤ Presentations and focused review: all other months		Journal club with critical analysis of literature <sup>§</sup>	Head & neck multidisciplinary tumor board <sup>§§</sup>
3 <sup>rd</sup>	Imaging & case review: ➤ Otology: Nov & Mar ➤ Rhinology: Jan & May ➤ Laryngology: Feb & Apr  ACGME-related discussion: ➤ All other months	Time: 45 minutes for presentation, 10 minutes Q&A	Resident-focused curriculum driven education	Unscheduled
4 <sup>th</sup>	Faculty or resident core clinical discussion	QI conference ( <i>all faculty must attend</i> )	Resident-focused curriculum driven education	Head & neck multidisciplinary tumor board <sup>§§</sup>
5 <sup>th</sup>	Meeting with faculty mentors	Keynote or faculty presentation	Mock oral boards	Unscheduled

*All resident and medical student presentations must be reviewed and approved by the faculty mentor.*

Topics allocated by month: basic science (Jul-Aug), otology (Sep-Oct), pediatric (Nov-Dec), rhinology (Jan), facial plastic and reconstructive (Feb-Mar), laryngology (Apr), head & neck (May-Jun)

Topics for the 6:30 – 7:00 A.M. slot the first Thursday of every month will be:

- Jul/Jan: Residency Goals and Objectives
- Aug/Feb: New Innovations, Surgical Case Logs
- Sep/Mar: Patient Care, Work Hours
- Oct/Apr: Medical Knowledge, Practice-Based Learning & Improvement
- Nov/May: Professionalism, Interpersonal and Communication Skills

Dec/Jun: Systems-Based Practice, ACGME Resident Survey

†Research review should include: (a) quarterly update of research grid, (b) status report by all PGY-3 residents on research rotation, (c) status report by PGY-2 residents on planning for research rotation, (d) accommodating medical student needs

§UHB chief resident selects 3 articles related to the current block theme, striving for variety in study design (e.g., randomized trial, observational/outcomes study, diagnostic test evaluation, case series, systematic review, basic science experiment). Electronic files (pdf) are distributed in advance.

§§Chief resident must review resident case presentations before tumor board; emphasis should be on presenting cases pre-treatment rather than post-operative

Summer basic science course, July and August: One lecture at 7:00 to 7:45 a.m. followed by a second at 7:45 to 8:30 a.m. Faculty attendance is optional.

### Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

#### Objectives:

1. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and operative cases and be able to apply this knowledge to their assignments.
  - a. All chapters of Bailey's and/or Cumming's textbooks should be reread for greater insight
  - b. Residents should prepare for assigned cases by reading a head and neck surgery atlas (*Lore, Bailey, Myers & Eibling, Bluestone & Rosenfeld*)
  - c. Residents should spend at least one hour per week reading one or more core journals (*Ann Otol Rhinol Laryngol, Arch Otolaryngol Head Neck Surg, Laryngoscope, Otolaryngol Head Neck Surg, and Otolaryngol Clin North Am*) and subspecialty journals.
2. Attendance at grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Basic science course – In-depth knowledge of topics
  - b. Board Vitals for ENT Review - present advanced and complex topics, lead discussion and supervise junior residents
  - c. Head & Neck Multidisciplinary Tumor Board
  - d. Cochlear Implant Conference
  - e. Temporal Bone Radiology Review
  - f. AAO-HNS Home study course.
  - g. Temporal bone anatomy course – Teach junior residents
  - h. Annual Otolaryngology in-service examination - residents are expected to meet or exceed median PGY-5 score.
3. Specific knowledge to be obtained:
  - a. Mastery of the anatomy, physiology, embryology, pathology, and genetics of the upper aerodigestive tract.
  - b. Advanced principles of communicative disorders including audiology and speech pathology and interpretation of testing.

- c. Develop mastery of head and neck anatomy.
- d. Develop mastery of temporal bone anatomy.
- e. Develop mastery of disorders of the head and neck including the disciplines of head and neck, plastic and reconstructive surgery, otology, neurotology, rhinology, allergy, pediatric otolaryngology, laryngology and voice disorders.
- f. Mastery of knowledge of the indications, interpretation and cost-effective use of imaging studies, laboratory testing including microbiology, allergy testing, polysomnography, videostroboscopy
- g. Evaluate and treat common, uncommon and rare otolaryngologic diseases
  - i. General - disorders of the nose and paranasal sinuses, hearing loss, benign disorders of the larynx, salivary gland disease
  - ii. Head and neck- benign and malignant diseases, endocrine diseases
  - iii. Allergic diseases
  - iv. Pediatric otolaryngology - otitis media, sleep apnea, infectious diseases, hearing loss, airway disorders, congenital anomalies
- h. Thorough knowledge of aspects of disease prevention as it pertains to otolaryngology.
- i. Thorough knowledge of the indications, contraindications, risks and benefits of the majority of otolaryngologic procedures.

#### Patient Care

Goal: 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.

#### Objectives for Clinical Skills:

- 1. Clinical skills and basic procedures
  - a. Mastery of head and neck history and physical examination including examination techniques
  - b. Develop personal style and approach
- 2. Admissions, transfers, discharges
  - a. Supervises junior residents with teaching
- 3. Use of labs, ancillary studies, consultations
  - a. Masters appropriate use
  - b. Masters use of specialty consultations
  - c. Team leader
- 4. Administrative skills including electronic health records, documentation, medical records, transcriptions
  - a. Timely and accurate completion of assignments
  - b. Mastery and team leader
- 5. Follow-up care
  - a. Master and team leader
- 6. Universal precautions
  - a. Leader and role model
- 7. Informed consent
  - a. Mastery in obtaining informed consent including a discussion of indications, risks, benefits, alternative treatments, and potential complications

#### Objectives for Surgical Procedure Competency:

- 1. General otolaryngology, head and neck surgery
  - a. Total parotidectomy ± facial nerve graft
  - b. Total glossectomy

- c. Radical neck dissection
  - d. Modified radical neck dissection
  - e. Lateral rhinotomy
  - f. Skull base resection, anterior, middle
  - g. Composite resection, oral cavity/oropharynx
  - h. Mandibular resection
  - i. Parapharyngeal space tumor excision
  - j. Maxillectomy ± orbital exenteration
  - k. Laryngopharyngectomy
  - l. Major vessel repair
2. Otolaryngology and neurotology
    - a. Ossiculoplasty
    - b. Stapedectomy
    - c. Temporal bone resection
    - d. Skull base resection, lateral
    - e. Aural atresia repair
    - f. Facial nerve decompression
    - g. Repair perilymphatic fistula
    - h. Labyrinthectomy
    - i. Cochlear implantation
    - j. Resection cerebellopontine angle tumor, assistant
  3. Adult sleep medicine and surgery
    - a. Tongue advancement procedure
  4. Laryngology
    - a. Total laryngectomy
    - b. Partial laryngectomy, open or endoscopic
    - c. Laryngotracheoplasty
    - d. Repair laryngeal fracture
    - e. Tracheal resection, anastomosis
    - f. Thyroplasty, arytenoid adduction
    - g. Injection laryngoplasty
  5. Sinonasal
    - a. Endoscopic repair CSF leak
    - b. Endoscopic sphenopalatine ligation
    - c. Osteoplastic frontal sinus obliteration
    - d. Advanced endoscopic frontal sinusotomy
    - e. Dacryocystorhinostomy
  6. Pediatric otolaryngology
    - a. Laryngotracheal reconstruction, open
    - b. Lymphangioma excision
    - c. Management subglottic hemangioma
    - d. Excision juvenile nasopharyngeal angiofibroma
  7. Plastic and reconstructive surgery
    - a. Pedicle flap procedure, myocutaneous
    - b. Rhinoplasty, open
    - c. Microsurgical free flap
    - d. Blepharoplasty
    - e. Facial nerve graft or repair procedures
    - f. Cleft palate, Cleft lip repair

Practice-based Learning and Improvement (PBLI)

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

Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Prepare for assigned operative cases by review of relevant anatomy, pathophysiology, surgical indications, and steps of procedure & use attending feedback and Objective Structured Assessment of Surgical Skills (OSATs) evaluations to improve knowledge and skills
  - b. Review of bi-monthly faculty evaluations, mentor meeting discussions, 360 evaluations by nursing and support staff for each rotation, semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
  - a. Lead team efforts under the supervision of attending physicians
  - b. Organize tumor board and present at monthly morbidity and mortality conferences
  - c. Create PDSA cycle (Plan, Do, Study and Act)
3. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
  - a. Assimilate and apply evidence to patients
5. Departmental Grand Rounds program
  - a. Organizes program and invites speakers
  - b. Present evidence-based presentations
6. Participate in monthly journal club
  - a. Master critical appraisal skills
  - b. Chooses journal club articles
7. Participate in the education of patients, families, students, residents, and other health professionals
  - a. Serve as role model as member of health care team
8. Research expectations
  - a. Present and publish research
9. Teaching
  - a. Teaching of otolaryngologic principles of diseases, history and examination techniques, and procedures to junior residents, physician assistants and medical students
  - b. Teach head and neck examination to 2nd year medical students as part of physical diagnosis course
  - c. Assist in anatomy laboratory during head and neck dissections as part of 1st year medical student course

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

Objectives:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Team leader and mentor to junior residents
  - b. Use of hospital translation services if needed
2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Team leader and mentor of junior residents
  - b. Mastery of skills in presenting cases to attending physicians
  - c. Rapidly assesses the urgency of the situation and follow department escalation policy if necessary
3. Work effectively as a member or leader of a health care team or other professional group
  - a. Team leader
  - b. Work with junior residents, physician assistants, nursing staff, social services and ancillary departments to optimize patient care
4. Act in a consultative role to other physicians and health professionals
  - a. Mastery
  - b. Respond to requests for consultation in a timely and courteous manner
5. Maintain comprehensive, timely, and legible medical records

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Objectives:

1. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
2. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
3. Demonstrate respect for patient privacy and autonomy
  - a. Residents will not disclose patient information and will be cognizant of
4. discussing patient information in elevators or other public places
  - a. Patient identity will not be disclosed during case conferences or publications
  - b. Residents will complete required HIPPA training at Methodist
5. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
  - f. Serve as role model at regional and national meetings
6. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - a. Serve as role model

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

#### Objectives:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Team leader on the Methodist otolaryngology team
  - b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the Methodist population
2. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Mastery
  - b. Attend multidisciplinary conferences including tumor board and endocrine conference
  - c. Supervise discharge rounds with nurses and social services
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers
4. Work in inter-professional teams to enhance patient safety and improve patient care quality
  - a. Lead and present at dept. Tumor Board and Morbidity and Mortality Conferences; Program evaluation committee; Residency Selection Committee
5. Participate in identifying system errors and implementing potential system solutions
  - a. Participate in Root Cause Analyses as needed
6. Advocate for quality patient care and optimal patient care systems

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- COCLIA - bimonthly
- Head & Neck Multidisciplinary Tumor Board - twice monthly
- Cochlear Implant Conference
- Temporal Bone Radiology Review
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- NYC Pediatric Airway Symposium - yearly

#### Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year
- Board Vitals for ENT Review -presents assigned questions and leads discussion for twice monthly conferences
- Journal Club - read and present assigned article on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Temporal Bone Course - 4 sessions every Winter/Spring

- Laser Safety Course – given every 4 years
- Assigned topic presented at grand rounds - once per year
- Presentation of cases at the Head & Neck Multidisciplinary Tumor Board
- Textbook (Bailey's or Cummings) re-read by end of PGY-5 year
- Core journals and specialty journals - read weekly at least 1 hour
- Preparation for assigned cases, clinics, attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses
- Institute for Healthcare Improvement Courses
- AAOHNS Academy Q

### Evaluation Methods

- Faculty evaluations - bimonthly - available on New Innovations for review by resident
- 360 evaluations by nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to meet and exceed median PGY-5 score
- Journal club & grand rounds presentation evaluations - evaluations completed by faculty and self-examination completed by resident
- Objective Structured Assessment of Surgical Skills (OSATs) - Evaluation of surgical technique on case by case basis by attending and self-evaluation by resident for key cases - PGY-5 cases are stapedectomy and thyroidectomy.

## KCHC/UHB PGY-5 rotation, 4 months

### Special Features of the Rotation:

- Do advanced reading for all operative procedures and guide the junior residents in their reading programs in order to prepare for operative experiences
- Work with Methodist chief resident on preparation of the biweekly Head and Neck Tumor Conferences that involve presentations from all hospitals (making sure that all other services are informed of the cases to be presented)
- Supervise preparation of cases for the monthly Tumor Board at UHB
- Understand the need for continuity of care and assist junior residents in meeting this need
- Intensive Otolologic/neuro-otologic training including office-based management and surgery
- Intensive head and neck oncology training which includes detailed work-up and management plan, surgery, post-operative care and coordination with other services
- Work closely with faculty on evaluation of junior residents
- Coordinate junior resident assignments for surgery, outpatient clinics and inpatient/ED consults on a weekly and daily basis
- Work closely with attendings on patient care management
- Monitor the performance of the PGY-4 who is in charge of clinics

### Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

### Objectives:

1. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and operative cases and be able to apply this knowledge to their assignments.
  - a. All chapters of Bailey's and/or Cumming's textbooks should be reread for greater insight
  - b. Residents should prepare for assigned cases by reading a head and neck surgery atlas (*Lore, Bailey, Myers & Eibling, Bluestone & Rosenfeld*)
  - c. Residents should spend at least one hour per week reading one or more core journals (*Ann Otol Rhinol Laryngol, Arch Otolaryngol Head Neck Surg, Laryngoscope, Otolaryngol Head Neck Surg, and Otolaryngol Clin North Am*) and subspecialty journals.
2. Attendance at grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Basic science course – In-depth knowledge of topics
  - b. Board Vitals for ENT Review - present advanced and complex topics, lead discussion and supervise junior residents
  - c. Head & Neck Multidisciplinary Tumor Board
  - d. KCHC/SUNY tumor boards
  - e. Resident teaching rounds with all KCHC/SUNY attendings
  - f. Otology Rounds
  - g. Head and Neck Journal Club
  - h. AAO-HNS Home study course.
  - i. Temporal bone anatomy course – Teach junior residents
  - j. Annual Otolaryngology in-service examination - residents are expected to meet or exceed median PGY-5 score.

3. Specific knowledge to be obtained:
  - a. Mastery of the anatomy, physiology, embryology, pathology, and genetics of the upper aerodigestive tract.
  - b. Advanced principles of communicative disorders including audiology and speech pathology and interpretation of testing.
  - c. Develop mastery of head and neck anatomy.
  - d. Develop mastery of temporal bone anatomy.
  - e. Develop mastery of disorders of the head and neck including the disciplines of head and neck, plastic and reconstructive surgery, otology, neurotology, rhinology, allergy, pediatric otolaryngology, laryngology and voice disorders.
  - f. Mastery of knowledge of the indications, interpretation and cost-effective use of imaging studies, laboratory testing including microbiology, allergy testing, polysomnography, videostroboscopy
  - g. Evaluate and treat common, uncommon and rare otolaryngologic diseases
    - i. General - disorders of the nose and paranasal sinuses, hearing loss, benign disorders of the larynx, salivary gland disease
    - ii. Head and neck- benign and malignant diseases, endocrine diseases
    - iii. Allergic diseases
    - iv. Pediatric otolaryngology - otitis media, sleep apnea, infectious diseases, hearing loss, airway disorders, congenital anomalies
  - h. Thorough knowledge of aspects of disease prevention as it pertains to otolaryngology.
  - i. Thorough knowledge of the indications, contraindications, risks and benefits of the majority of otolaryngologic procedures.

#### Patient Care

Goal: 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.

#### Objectives for Clinical Skills:

1. Clinical skills and basic procedures
  - a. Mastery of head and neck history and physical examination including examination techniques
  - b. Develop personal style and approach
2. Admissions, transfers, discharges
  - a. Supervises junior residents with teaching
3. Use of labs, ancillary studies, consultations
  - a. Masters appropriate use
  - b. Masters use of specialty consultations
  - c. Team leader
4. Administrative skills including electronic health records, documentation, medical records, transcriptions
  - a. Timely and accurate completion of assignments
  - b. Mastery and team leader
5. Follow-up care
  - a. Master and team leader
6. Universal precautions
  - a. Leader and role model
7. Informed consent
  - a. Mastery in obtaining informed consent including a discussion of indications, risks, benefits, alternative treatments, and potential complications

Objectives for Surgical Procedure Competency:

1. General otolaryngology, head and neck surgery
  - a. Total parotidectomy ± facial nerve graft
  - b. Total glossectomy
  - c. Radical neck dissection
  - d. Modified radical neck dissection
  - e. Lateral rhinotomy
  - f. Skull base resection, anterior, middle
  - g. Composite resection, oral cavity/oropharynx
  - h. Mandibular resection
  - i. Parapharyngeal space tumor excision
  - j. Maxillectomy ± orbital exenteration
  - k. Laryngopharyngectomy
  - l. Major vessel repair
2. Otology and neurotology
  - a. Ossiculoplasty
  - b. Stapedectomy
  - c. Temporal bone resection
  - d. Skull base resection, lateral
  - e. Aural atresia repair
  - f. Facial nerve decompression
  - g. Repair perilymphatic fistula
  - h. Labyrinthectomy
  - i. Cochlear implantation
  - j. Resection cerebellopontine angle tumor, assistant
3. Adult sleep medicine and surgery
  - a. Tongue advancement procedure
4. Laryngology
  - a. Total laryngectomy
  - b. Partial laryngectomy, open or endoscopic
  - c. Laryngotracheoplasty
  - d. Repair laryngeal fracture
  - e. Tracheal resection, anastomosis
  - f. Thyroplasty, arytenoid adduction
  - g. Injection laryngoplasty
5. Sinonasal
  - a. Endoscopic repair CSF leak
  - b. Endoscopic sphenopalatine ligation
  - c. Osteoplastic frontal sinus obliteration
  - d. Advanced endoscopic frontal sinusotomy
  - e. Dacryocystorhinostomy
6. Pediatric otolaryngology
  - a. Laryngotracheal reconstruction, open
  - b. Lymphangioma excision
  - c. Management subglottic hemangioma
  - d. Excision juvenile nasopharyngeal angiofibroma
7. Plastic and reconstructive surgery
  - a. Pedicle flap procedure, myocutaneous
  - b. Rhinoplasty, open
  - c. Microsurgical free flap

- d. Blepharoplasty
- e. Facial nerve graft or repair procedures
- f. Cleft palate, Cleft lip repair

Practice-based Learning and Improvement (PBLI)

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

Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities
  - a. Prepare for assigned operative cases by review of relevant anatomy, pathophysiology, surgical indications, and steps of procedure & use attending feedback and Objective Structured Assessment of Surgical Skills (OSATs) evaluations to improve knowledge and skills
  - b. Review of bi-monthly faculty evaluations, mentor meeting discussions, 360 evaluations by nursing and support staff for each rotation, semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
  - a. Lead team efforts under the supervision of attending physicians
  - b. Organize tumor board and present at monthly morbidity and mortality conferences
  - c. Create PDSA cycle (Plan, Do, Study and Act)
3. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
  - a. Assimilate and apply evidence to patient care
5. Participate in the departmental Grand Rounds program
  - a. Present evidence-based presentations
6. Participate in monthly journal club
  - a. Master critical appraisal skills
7. Participate in the education of patients, families, students, residents, and other health professionals
  - a. Serve as role model as member of health care team
8. Research expectations
  - a. Present and publish research
9. Teaching
  - a. Teaching of otolaryngologic principles of diseases, history and examination techniques, and procedures to junior residents, physician assistants and medical students
  - b. Teach head and neck examination to 2nd year medical students as part of physical diagnosis course
  - c. Assist in anatomy laboratory during head and neck dissections as part of 1st year medical student course

### Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

#### Objectives:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Team leader and mentor to junior residents
  - b. Use of hospital translation services if needed
2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Team leader and mentor of junior residents
  - b. Mastery of skills in presenting cases to attending physicians
  - c. Rapidly assesses the urgency of the situation and follow department escalation policy if necessary
3. Work effectively as a member or leader of a health care team or other professional group
  - a. Team leader
  - b. Work with junior residents, physician assistants, nursing staff, social services and ancillary departments to optimize patient care
4. Act in a consultative role to other physicians and health professionals
  - a. Mastery
  - b. Respond to requests for consultation in a timely and courteous manner
5. Maintain comprehensive, timely, and legible medical records

### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### Objectives:

1. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
2. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
3. Demonstrate respect for patient privacy and autonomy
  - a. Residents will not disclose patient information and will be cognizant of discussing patient information in elevators or other public places
  - b. Patient identity will not be disclosed during case conferences or publications
  - c. Residents will complete required HIPPA training at KCHC/UHB
4. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
  - f. Serve as role model at regional and national meetings

5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
6. Serve as role model

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

#### Objectives:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Team leader on the KCHC/UHB otolaryngology team
  - b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the KCHC and UHB populations
2. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Mastery
  - b. Attend multidisciplinary conferences including tumor board and endocrine conference
  - c. Supervise discharge rounds with nurses and social services
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers
4. Work in inter-professional teams to enhance patient safety and improve patient care quality
  - a. Lead and present at dept. Tumor Board and Morbidity and Mortality Conferences; Program evaluation committee; Residency Selection Committee
5. Participate in identifying system errors and implementing potential system solutions
  - a. Participate in Root Cause Analyses as needed
6. Advocate for quality patient care and optimal patient care systems

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- COCLIA - bimonthly
- Head & Neck Multidisciplinary Tumor Board - twice monthly
- KCHC/SUNY tumor boards
- Resident teaching rounds with all KCHC/SUNY attendings
- Otolaryngology Rounds
- Head and Neck Journal Club
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- NYC Pediatric Airway Symposium - yearly

#### Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year
- COCLIA -presents assigned questions and leads discussion for twice monthly conferences
- Journal Club - read and present assigned article on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Temporal Bone Course - 4 sessions every Winter/Spring
- Laser Safety Course – given every 4 years
- Assigned topic presented at grand rounds - once per year
- Presentation of cases at the Head & Neck Multidisciplinary Tumor Board
- Textbook (Bailey's or Cummings) re-read by end of PGY-5 year
- Core journals and specialty journals - read weekly at least 1 hour
- Preparation for assigned cases, clinics, attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses
- AAOHNS Academy Q

#### Evaluation Methods

- Faculty evaluations - bimonthly - available on New Innovations for review by resident
- 360 evaluations by nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to meet and exceed median PGY-5 score
- Journal club & grand rounds presentation evaluations - evaluations completed by faculty and self-examination completed by resident
- Objective Structured Assessment of Surgical Skills (OSATs) - Evaluation of surgical technique on case by case basis by attending and self-evaluation by resident for key cases - PGY-5 cases are stapedectomy and thyroidectomy.

## **BVAMC PGY-5 rotation, 4 months**

### **Special Features of the Rotation:**

- Refine clinical diagnostic, patient management, and surgical skills for a predominantly geriatric veteran population.
- Refine independent critical thinking and continue the leadership role.
- Supervise junior resident in the clinic, on patient wards, and in the operating room, and fine-tune their diagnostic and management skills.
- Resident may also participate in clinical care at Maimo from time to time when the schedule is light to gain additional operative skills.

### Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

### Objectives:

1. The residents must demonstrate that they have read and understand the literature pertaining to their clinical assignments and operative cases and be able to apply this knowledge to their assignments.
  - a. All chapters of Bailey's and/or Cumming's textbooks should be reread for greater insight
  - b. Residents should prepare for assigned cases by reading a head and neck surgery atlas (*Lore, Bailey, Myers & Eibling, Bluestone & Rosenfeld*)
  - c. Residents should spend at least one hour per week reading one or more core journals (*Ann Otol Rhinol Laryngol, Arch Otolaryngol Head Neck Surg, Laryngoscope, Otolaryngol Head Neck Surg, and Otolaryngol Clin North Am*) and subspecialty journals.
2. Attendance at grand rounds as well as the following conferences and educational activities is mandatory for knowledge acquisition and clinical applications:
  - a. Basic science course – In-depth knowledge of topics
  - b. Board Vitals for ENT Review - organize the program, present advanced and complex topics, lead discussion and supervise junior residents
  - c. Head & Neck Multidisciplinary Tumor Board
  - d. VA tumor board
  - e. Otology Rounds
  - f. AAO-HNS Home study course.
  - g. Temporal bone anatomy course – Teach junior residents
  - h. Annual Otolaryngology in-service examination - residents are expected to meet or exceed median PGY-5 score.
3. Specific knowledge to be obtained:
  - a. Mastery of the anatomy, physiology, embryology, pathology, and genetics of the upper aerodigestive tract.
  - b. Advanced principles of communicative disorders including audiology and speech pathology and interpretation of testing.
  - c. Develop mastery of head and neck anatomy.
  - d. Develop mastery of temporal bone anatomy.

- e. Develop mastery of disorders of the head and neck including the disciplines of head and neck, plastic and reconstructive surgery, otology, neurotology, rhinology, allergy, pediatric otolaryngology, laryngology and voice disorders.
- f. Mastery of knowledge of the indications, interpretation and cost-effective use of imaging studies, laboratory testing including microbiology, allergy testing, polysomnography, videostroboscopy
- g. Evaluate and treat common, uncommon and rare otolaryngologic diseases
  - i. General - disorders of the nose and paranasal sinuses, hearing loss, benign disorders of the larynx, salivary gland disease
  - ii. Head and neck- benign and malignant diseases, endocrine diseases
  - iii. Allergic diseases
  - iv. Pediatric otolaryngology - otitis media, sleep apnea, infectious diseases, hearing loss, airway disorders, congenital anomalies
- h. Thorough knowledge of aspects of disease prevention as it pertains to otolaryngology.
- i. Thorough knowledge of the indications, contraindications, risks and benefits of the majority of otolaryngologic procedures.

### Patient Care

Goal: 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.

### Objectives for Clinical Skills:

- 1. Clinical skills and basic procedures
  - a. Mastery of head and neck history and physical examination including examination techniques
  - b. Develop personal style and approach
- 2. Admissions, transfers, discharges
  - a. Supervises junior residents with teaching
- 3. Use of labs, ancillary studies, consultations
  - a. Masters appropriate use
  - b. Masters use of specialty consultations
  - c. Team leader
- 4. Administrative skills including electronic health records, documentation, medical records, transcriptions
  - a. Timely and accurate completion of assignments
  - b. Mastery and team leader
- 5. Follow-up care
  - a. Master and team leader
- 6. Universal precautions
  - a. Leader and role model
- 7. Informed consent
  - a. Mastery in obtaining informed consent including a discussion of indications, risks, benefits, alternative treatments, and potential complications

### Objectives for Surgical Procedure Competency:

- 1. General otolaryngology, head and neck surgery
  - a. Total parotidectomy ± facial nerve graft
  - b. Total glossectomy
  - c. Radical neck dissection
  - d. Modified radical neck dissection

- e. Lateral rhinotomy
  - f. Skull base resection, anterior, middle
  - g. Composite resection, oral cavity/oropharynx
  - h. Mandibular resection
  - i. Parapharyngeal space tumor excision
  - j. Maxillectomy ± orbital exenteration
  - k. Laryngopharyngectomy
  - l. Major vessel repair
2. Otolaryngology and neurotology
    - a. Ossiculoplasty
    - b. Stapedectomy
    - c. Temporal bone resection
    - d. Skull base resection, lateral
    - e. Aural atresia repair
    - f. Facial nerve decompression
    - g. Repair perilymphatic fistula
    - h. Labyrinthectomy
    - i. Cochlear implantation
    - j. Resection cerebellopontine angle tumor, assistant
  3. Adult sleep medicine and surgery
    - a. Tongue advancement procedure
  4. Laryngology
    - a. Total laryngectomy
    - b. Partial laryngectomy, open or endoscopic
    - c. Laryngotracheoplasty
    - d. Repair laryngeal fracture
    - e. Tracheal resection, anastomosis
    - f. Thyroplasty, arytenoid adduction
    - g. Injection laryngoplasty
  5. Sinonasal
    - a. Endoscopic repair CSF leak
    - b. Endoscopic sphenopalatine ligation
    - c. Osteoplastic frontal sinus obliteration
    - d. Advanced endoscopic frontal sinusotomy
    - e. Dacryocystorhinostomy
  6. Plastic and reconstructive surgery
    - a. Pedicle flap procedure, myocutaneous
    - b. Rhinoplasty, open
    - c. Microsurgical free flap
    - d. Blepharoplasty
    - e. Facial nerve graft or repair procedures
    - f. Cleft palate, Cleft lip repair

Practice-based Learning and Improvement (PBLI)

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

Objectives:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities

- a. Prepare for assigned operative cases by review of relevant anatomy, pathophysiology, surgical indications, and steps of procedure & use attending feedback and Objective Structured Assessment of Surgical Skills (OSATs) evaluations to improve knowledge and skills
  - b. Review of bi-monthly faculty evaluations, mentor meeting discussions, 360 evaluations by nursing and support staff for each rotation, semiannual self-evaluations, and semiannual program director evaluation to set learning improvement goals
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
  - a. Lead team efforts under the supervision of attending physicians
  - b. Organize tumor board and present at monthly morbidity and mortality conferences
  - c. Create PDSA cycle (Plan, Do, Study and Act)
3. Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning
4. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
  - a. Assimilate and apply evidence to patient care
5. Participate in the departmental Grand Rounds program
  - a. Present evidence-based presentations
6. Participate in monthly journal club
  - a. Master critical appraisal skills
7. Participate in the education of patients, families, students, residents, and other health professionals
  - a. Serve as role model as member of health care team
8. Research expectations
  - a. Present and publish research
9. Teaching
  - a. Teaching of otolaryngologic principles of diseases, history and examination techniques, and procedures to junior residents, physician assistants and medical students
  - b. Teach head and neck examination to 2nd year medical students as part of physical diagnosis course
  - c. Assist in anatomy laboratory during head and neck dissections as part of 1st year medical student course

### Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

Objectives:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - a. Team leader and mentor to junior resident
  - b. Use of hospital translation services if needed
2. Communicate effectively with physicians, other health professionals, and health related agencies
  - a. Team leader and mentor of junior resident
  - b. Mastery of skills in presenting cases to attending physicians

- c. Rapidly assesses the urgency of the situation and follow department escalation policy if necessary
- 3. Work effectively as a member or leader of a health care team or other professional group
  - a. Team leader
  - b. Work with junior resident, physician assistants, nursing staff, social services and ancillary departments to optimize patient care
- 4. Act in a consultative role to other physicians and health professionals
  - a. Mastery
  - b. Respond to requests for consultation in a timely and courteous manner
- 5. Maintain comprehensive, timely, and legible medical records

### Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### Objectives:

- 1. Demonstrate compassion, integrity, and respect for others
  - a. Respect for patient autonomy must be demonstrated via full explanation of the patient's condition and informed consent
  - b. Demonstration of empathy at all patient encounters
- 2. Demonstrate responsiveness to patient needs that supersedes self-interest
  - a. Proper introductions at all patient encounters
  - b. Close doors and curtains to maximize patient privacy
- 3. Demonstrate respect for patient privacy and autonomy
  - a. Residents will not disclose patient information and will be cognizant of discussing patient information in elevators or other public places
  - b. Patient identity will not be disclosed during case conferences or publications
  - c. Residents will complete required HIPPA training at the VA
- 4. Demonstrate accountability to patients, society, and the profession
  - a. Accurate and timely completion of all medical records including operative dictations
  - b. Completion of ACGME operative logs
  - c. Completion of faculty, program and self-evaluations
  - d. Completion of work hour surveys
  - e. Attend grand rounds presentations of resident fatigue, resident burn-out, and the impaired physician
  - f. Serve as role model at regional and national meetings
- 5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - a. Serve as role model

### Systems-based Practice

Goals: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

#### Objectives:

- 1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
  - a. Team leader on the VA otolaryngology team

- b. Understand the workings of the outpatient clinics, operating room, emergency room, inpatient services, and ancillary departments
  - c. Understand the unique characteristics of the VA population
2. Coordinate patient care within the health care system relevant to their clinical specialty
  - a. Mastery
  - b. Attend multidisciplinary conferences including tumor board
  - c. Supervise discharge rounds with nurses and social services
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate
  - a. Understand differences in third party payers
4. Work in inter-professional teams to enhance patient safety and improve patient care quality
  - a. Lead and present at dept. Tumor Board and Morbidity and Mortality Conferences; Program evaluation committee; Residency Selection Committee
5. Participate in identifying system errors and implementing potential system solutions
  - a. Participate in Root Cause Analyses as needed
6. Advocate for quality patient care and optimal patient care systems

### Learning Methods

#### Conferences:

- Grand Rounds - weekly (includes monthly journal club and morbidity and mortality session)
- COCLIA - bimonthly
- Head & Neck Multidisciplinary Tumor Board - twice monthly
- VA tumor board
- Otology Conference
- Annual Resident Research Day -yearly
- Annual Head and Neck Symposium- yearly
- NYC Pediatric Airway Symposium - yearly

#### Courses/ Assigned Readings:

- AAO-HNS Home Study Course - 4 issues per year
- Board Vitals for ENT Review -presents assigned questions and leads discussion for twice monthly conferences
- Journal Club - read and present assigned article on monthly basis
- Basic Science Course - lecture series covering 12 basic science topics incorporated into grand rounds schedule in July and August
- Temporal Bone Course - 4 sessions every Winter/Spring
- Laser Safety Course – given every 4 years
- Assigned topic presented at grand rounds - once per year
- Presentation of cases at the Head & Neck Multidisciplinary Tumor Board
- Textbook (Bailey's or Cummings) re-read by end of PGY-5 year
- Core journals and specialty journals - read weekly at least 1 hour
- Preparation for assigned cases, clinics, attending rounds by reading appropriate atlases, textbooks, journal articles, EBM resources
- Institute for Healthcare Improvement Courses
- AAOHNS Academy Q

### Evaluation Methods

- Faculty evaluations - bimonthly - available on New Innovations for review by resident
- 360 evaluations by nursing and administrative staff - every rotation
- Semiannual self evaluation
- Program director meetings - semiannual
- Annual otolaryngology in-service examination - residents are expected to meet and exceed median PGY-5 score
- Journal club & grand rounds presentation evaluations - evaluations completed by faculty and self-examination completed by resident
- Objective Structured Assessment of Surgical Skills (OSATs) - Evaluation of surgical technique on case by case basis by attending and self-evaluation by resident for key cases - PGY-5 cases are stapedectomy and thyroidectomy.

## Contact Information

<b>Department Site</b>	<b>Attending/ Supervisor</b>	<b>Contact Person</b>	<b>Contact Number</b>
Otolaryngology 185 Montague Street	Richard Rosenfeld, MD, MPH <i>Chairman</i>	Svetlana Lyulko	718-780-1282
Otolaryngology Methodist	Joshua Silverman, MD, PhD <i>Site Director</i>	Carol Facciponti	718-780-5209 718-780-3537
Otolaryngology KCHC	Matthew Hanson, MD <i>Director of Service</i>	Sandra Daley-Clarke	718-245-4156
Otolaryngology UHB Bay Ridge Ambulatory Surgery Center	Richard Rosenfeld, MD, MPH <i>Program Director</i> Nira Goldstein, MD, MPH <i>Associate Program Director</i>	Nicole Fraser	718-270-1638
Otolaryngology Brooklyn VAMC	Michael Weiss, MD <i>Site Director</i>	Lucretia Gonzalez	718-836-6600 Ext. 6829 or 6821 718-630-3706
Otolaryngology Manhattan Eye, Ear and Throat Hospital	Jessica Lim, MD <i>Site Director</i>	Ossy or Lauren (Dr. Westreich's Office)  Blanca Morales (LHH GME office)	212-595-1922
Otolaryngology Maimonides MC	Michael Weiss, MD <i>Site Director</i>	Maria Demarest	718-283-6260
General Surgery UHB, KCHC	Lisa Dresner, MD <i>Program Director</i>	Natasha Sagal	718-270-3302
General Surgery UHB, KCHC	Alexander Schwartzman, MD <i>Associate Program Director</i>	Svetlana Shakhvorostova	718-270-1791
General Surgery Brooklyn VAMC	Teri R. Martin, MD <i>Chairman of Surgery</i>	Lucretia Gonzalez	718-836-6600 Ext. 4152, 6829 or 6821
General Surgery Richmond University Medical Center	Richard Steinbruck, MD <i>Site Director</i>		
Anesthesia UHB	David Wlody, MD <i>Program Director</i>	Jackie Dowling	718-270-1926
Neurosurgery KCHC	Ali Sadr, MD <i>Chief of Service</i>	Lorna Negron	718-245-4707
Oral and Maxillofacial Surgery	Stewart Lazow, MD, DDS <i>Chief of Service</i>		718-245-2987