

Goals and Objectives
July 1, 2018 – June 30, 2019

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, Maimonides Medical Center, University Hospital of Brooklyn, Lenox Hill Hospital - Manhattan Eye, Ear and Throat Hospital, New York-Presbyterian Brooklyn Methodist Hospital, Richmond University Medical Center

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

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 5 academic centers, as well as in private offices in the region. The academic centers are located in Brooklyn and Manhattan and include Kings County Hospital Center (KCHC), University Hospital of Brooklyn (UHB), Maimonides Medical Center (Maimo), Lenox Hill Hospital - Manhattan Eye, Ear and Throat Hospital (MEETH) and New York-Presbyterian Brooklyn Methodist Hospital (Methodist).

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, Oral and Maxillofacial Surgery 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

This rotation schedule reflects our uneven distribution of residents for the academic years between 2017 and 2020 as one of our residents returned from a one-year medical leave on 5/15/17. During the 2018-2019 academic year, there will be four PGY-4 residents and two PGY-5 residents and during the 2019-2020 academic year, there will be four PGY-5 residents. In 2020-2021, we will return to our usual complement of three residents per year.

Rotation Schedule 2018-2019

PGY-1 (n=3)	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	
	4 months	4 months	4 months	
PGY-2 (n=3)	KCHC/UHB	KCHC/UHB	Lenox Hill/MEETH	
PGY-3 (n=3)	Research	NYMH	KCHC/UHB	
	3 months	3 months	3 months	3 months
PGY-4 (n=4)	Ambulatory Care/MEETH/NYMH	Maimonides	KCHC/UHB	Lenox Hill/MEETH
	6 months	6 months		
PGY-5 (n=2)	KCHC/UHB	NYMH		

Rotation Schedule 2019-2020

PGY-1 (n=3)	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	
	4 months	4 months	4 months	
PGY-2 (n=3)	KCHC/UHB	KCHC/UHB	Lenox Hill/MEETH	
PGY-3 (n=3)	Research	NYMH	KCHC/UHB	
PGY-4 (n=3)	Ambulatory Care/MEETH/NYMH	Maimonides	KCHC/UHB	
	3 months	3 months	3 months	3 months
PGY-5 (n=4)	Lenox Hill/MEETH	NYMH	KCHC/UHB	Ambulatory Care/MEETH/NYMH

Yearly Rotation Schedule Starting 2020-2021

PGY-1 (n=3)	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
	4 months	4 months	4 months
PGY-2 (n=3)	KCHC/UHB	KCHC/UHB	Lenox Hill/MEETH
PGY-3 (n=3)	KCHC/UHB	NYMH	Research
PGY-4 (n=3)	Ambulatory Care/MEETH/NYMH	Maimonides	KCHC/UHB
PGY-5 (n=3)	Lenox Hill/MEETH	NYMH	KCHC/UHB

Abbreviations:

KCHC/UHB – Kings County Hospital Center/University Hospital of Brooklyn

MEETH – Manhattan Eye, Ear and Throat Hospital

NYMH - New York-Presbyterian Brooklyn Methodist Hospital

**ACGME Core Residency Training Competencies by Training Year
SUNY Downstate Department of Otolaryngology**

Purpose

This document describes expectations by training year for otolaryngology residents enrolled in the training program at the SUNY Downstate Department of Otolaryngology and apply to the primary training hospital and all affiliates. This is intended as a supplement to the document entitled "Residency Program Goals and Objectives," which is a more comprehensive overview of

the program structure. To view the Department of Otolaryngology's "Residency Program Goals and Objectives" please go to <http://www.downstate.edu/otolaryngology/>.

Table 1

Medical Knowledge: 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.

	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Annual otolaryngology in-service examination	Participate in examination	Meet or exceed median PGY-2 score	Meet or exceed median PGY-3 score	Meet or exceed median PGY-4 score	Meet or exceed median PGY-5 score
Basic science*	Familiarity	Attend Basic Science Course	Attend Basic Science Course	In-depth knowledge	In-depth knowledge
H&N Anatomy	Familiarity	Thorough understanding	In-depth knowledge	Mastery	Mastery
Clinical medicine learning focus	Approach to the patient	Surgical indications and general otolaryngology	General otolaryngology and subspecialties	Otolaryngology subspecialties	Mastery
Temporal bone course†	—	Mastoidectomy, labyrinthectomy	Cochleostomy, ossiculoplasty	Develop confidence; avoid complications	Teach junior residents
COCLIA‡	—	Present basic topics	Present more advanced topics	Present advanced and complex topics	Supervise junior residents; present
AO North America Maxillofacial Trauma Course	—	—	Attend as PGY-3 or PGY-4 resident	Attend as PGY-3 or PGY-4 resident	—
Cornell-Weill otolaryngic allergy course	—	—	Participate in on-line session	Participate in on-line sessions	—

Textbook reading (Bailey's and/or Cummings)	Case-based; skim chapters	Read all chapters for exposure to field	Read all chapters for understanding	Re-read all chapters for greater insight	Re-read all chapters for mastery
Journal reading	Skim core journals	Read core** ≥ 60 minutes/week	Read core** and selected others	Read core** & sub-specialty journals	Read core** & sub-specialty journals
Home Study Course	Exposure	100% participation	100% participation	100% participation	100% participation

*Basic Science includes anatomy, physiology, genetics, audiology, speech pathology, taste/smell, wound healing, child development

†Temporal Bone Course includes anatomy, mastoid drilling technique, middle ear prosthesis placement, and implantable hearing devices

‡COCLIA, or Comprehensive Otolaryngologic Curriculum Learning through Interactive Approach, is a teaching tool from the AAO-HNS Foundation to help residents learn otolaryngology – head and neck surgery through bimonthly conferences with faculty supervision

**Core journals are *Ann Otol Rhinol Laryngol*, *Arch Otolaryngol Head Neck Surg*, *Laryngoscope*, *Otolaryngol Head Neck Surg*, and *Otolaryngol Clin NA*.

Table 2

Patient Care, Clinical Skills: 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.

	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Clinical skills and basic procedures	Perform H&N exam	Proficiency in H&N exam; perform flexible endoscopy	Proficiency in adult endoscopy; develop laser skills	Proficiency in peds endoscopy; learn stroboscopy	Mastery; develops personal style and approach
Admissions, transfers, discharges	Participates	Coordinates with senior residents	Coordinates with senior residents	Supervision and teaching	Supervision and teaching
Use of labs, ancillary	Understands	Handles with	Effective and	Masters	Mastery and team

studies, consultations	appropriate use	supervision	appropriate use	appropriate use	leader
Administrative skills: EHR, documentation, medical records, transcriptions	Uses appropriately	Timely and accurate completion of assignments	Timely and accurate completion of assignments	Increasing role in supervision and teaching	Mastery and team leader
Follow-up care	Participates	Completes assignments	Plans care and ensures follow-up	Increasing role in coordination of care	Master and team leader
Universal precautions	Uses appropriately	Uses appropriately	Uses and teaches	Uses and teaches	Leader & role model

Table 2

Patient Care, Surgical Procedures: 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.

Specialty	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
General otolaryngology, head and neck surgery	<ul style="list-style-type: none"> • Physical examination • ACLS/ ATLS • Central line placement • Arterial blood gas sampling • Nasogastric tube placement • Foley catheter placement • Incision and drainage, 	<ul style="list-style-type: none"> • Fine needle aspiration, neck • Insertion of tracheostomy tube • Direct laryngoscopy, diagnostic • I&D neck abscess 	<ul style="list-style-type: none"> • Level 1 neck dissection • Tracheotomy • Deep lymph node excision/ biopsy • Submandibular gland excision • Caldwell Luc procedure • Esophagoscopy, diagnostic, dilation • Panendoscopy with biopsy 	<ul style="list-style-type: none"> • Superficial parotidectomy • Selective neck dissection • Partial glossectomy • Thyroidectomy • Parathyroidectomy • Excision congenital neck mass, all types including thyroglossal duct and branchial cleft cysts • Endoscopic approach hypophysectomy 	<ul style="list-style-type: none"> • Total parotidectomy ± facial nerve graft • Total glossectomy • Radical neck dissection • Modified radical neck dissection • Lateral rhinotomy • Skull base resection, anterior, middle • Composite resection, oral cavity/ oropharynx • Mandibular resection • Parapharyngeal space tumor excision • Maxillectomy ± orbital

	<p>simple abscesses</p> <ul style="list-style-type: none"> • Management tracheostomy tubes • Basic wound management 			<ul style="list-style-type: none"> • Lip wedge resection • Oral cavity tumor resection • Auricular excision 	<p>exenteration</p> <ul style="list-style-type: none"> • Laryngopharyngectomy • Major vessel repair
Otology and neurotology	N/A	<ul style="list-style-type: none"> • Microscopic examination, external ear • In-office adult myringotomy/ tube • Audiogram interpretation • Tympanogram interpretation 	<ul style="list-style-type: none"> • Tympanoplasty, I • Simple mastoidectomy 	<ul style="list-style-type: none"> • Tympanoplasty II-IV • Mastoidectomy, canal wall down • Canaloplasty • Resection cerebellopontine angle tumor, assistant 	<ul style="list-style-type: none"> • Ossiculoplasty • Stapedectomy • Temporal bone resection • Skull base resection, lateral • Aural atresia repair • Facial nerve decompression • Repair perilymphatic fistula • Labyrinthectomy • Cochlear implantation • Resection CPA tumor, assistant
Allergy	N/A	<ul style="list-style-type: none"> • Fiberoptic intubation, angioedema 	<ul style="list-style-type: none"> • Administer and interpret allergy skin test • Allergy emergency protocol 		
Adult sleep medicine and surgery	N/A	<ul style="list-style-type: none"> • Septoplasty, turbinate reduction • Tonsillectomy 	<ul style="list-style-type: none"> • Uvulopalatopharyngoplasty 	<ul style="list-style-type: none"> • Lingual tonsillectomy 	<ul style="list-style-type: none"> • Tongue advancement procedure
Laryngology	<ul style="list-style-type: none"> • Flexible laryngoscopy 		<ul style="list-style-type: none"> • Bronchoscopy, diagnostic • Laryngoscopy with excision 	<ul style="list-style-type: none"> • Endoscopic laser ablation ± dilation laryngotracheal stenosis • Laryngoscopy with 	<ul style="list-style-type: none"> • Total laryngectomy • Partial laryngectomy, open or endoscopic • Laryngotracheoplasty • Repair laryngeal

				microflap excision, vocal fold mass • Endoscopic/ open excision Zenker's diverticulum • Tracheoesophageal fistula creation • Arytenoidectomy	fracture • Tracheal resection, anastomosis • Thyroplasty, arytenoid adduction • Injection laryngoplasty
Sinonasal	• Flexible nasopharyn- goscopy	• Anterior and posterior nasal packing • Septoplasty • Submucous turbinate resection	• Endoscopic anterior ethmoidectomy • Endoscopic maxillary antrostomy • Endoscopic polypectomy • Endoscopic nasopharyngeal biopsy	• Endoscopic posterior ethmoidectomy • Endoscopic sphenoidectomy • Endoscopic frontal sinusotomy • Frontal sinus trephination	• Endoscopic repair CSF leak • Endoscopic sphenopalatine ligation • Osteoplastic frontal sinus obliteration • Advanced endoscopic frontal sinusotomy • Dacryocystorhinostomy
Pediatric otolaryngology	N/A	• Foreign body removal, ear, nose, pharynx • Myringotomy and tube placement • Tonsillectomy • Adenoidectomy • Frenuloplasty	• Excision congenital neck masses, all types • Bronchoscopy, diagnostic, foreign body removal • Esophagoscopy with foreign body removal	• Endoscopic management, laryngotracheal stenosis • Choanal atresia repair • Otoplasty • Tracheostomy, age under 2 years	• Laryngotracheal reconstruction, open • Lymphangioma excision • Management subglottic hemangioma • Excision juvenile nasopharyngeal angiofibroma
Plastic and Reconstructive surgery	• Suturing of uncompliate d lacerations	• Closed reduction, mandible fracture • Closed reduction, nasal fracture • Excision skin	• Reduction facial fractures, nasal, malar, orbital blowout, mandible, frontal • Pedicle flap procedure, local • Split and full thickness skin grafts	• Rhinoplasty, closed • Pedicle flap procedure, regional • Reconstruction external ear • Tissue expander placement, removal	• Pedicle flap procedure, myocutaneous • Rhinoplasty, open • Microsurgical free flap • Blepharoplasty • Facial nerve graft or

		lesions, primary closure	<ul style="list-style-type: none"> • Repair complex facial lacerations • Scar revision 	<ul style="list-style-type: none"> • Eyelid weight placement • Brow lift • Rhytidectomy 	repair <ul style="list-style-type: none"> • Facial reanimation procedures • Cleft palate. Cleft lip repair
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Table 3

Practice-based Learning and Improvement (PBLI): 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.

Residents are expected to:	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals; perform appropriate learning activities	Yes	Yes	Yes	Yes	Yes
Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement	Participate	Participate	Present at multi-disciplinary tumor board	Organize tumor board & present at M&M	Organize tumor board & present at M&M
Incorporate formative evaluation feedback into daily practice; use information technology to optimize learning	Yes	Yes	Yes	Yes	Yes
Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems	Learn search strategies	Use information resources effectively	Learn critical appraisal techniques	Assimilate and apply evidence to patient care	Assimilate and apply evidence to patient care
Participate in the departmental Grand	Attend and	Case report	Evidence-based	Evidence-based	Invite

Rounds program	learn format	and topic review	presentations	presentations	speakers* and organize program
Participate in monthly journal club	Learn critical appraisal	Learn critical appraisal	Master critical appraisal	Master critical appraisal	Organize and teach
Participate in the education of patients, families, students residents, and other health professionals	Participate in team	Participate in team	Develop independence	Serve as role model	Serve as role model
Research expectations	Co-investigator	Case report	Chart review	Planned, protocol-driven research	Present and publish research

*Invitations to invited speakers should be issued at least 6 months in advance, with a "cc" to the relevant attending

Table 4

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

Residents are expected to:	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds	Participate with supervision	Participate with supervision	Greater independence	Continued improvement	Team leader and mentor to junior residents
Communicate effectively with physicians, other health professionals, and health related agencies	Participate with supervision	Participate with supervision	Greater independence	Continued improvement	Team leader and mentor to junior residents
Work effectively as a member or leader of a health care team or other	Work effectively as	Work effectively as	Improve leadership	Prepare for role as chief resident	Team leader

professional group	team member	team member			
Act in a consultative role to other physicians and health professionals	Gather information and present	Gather information and present	Formulate plan with supervision	Increased independence	Mastery
Maintain comprehensive, timely, and legible medical records	Yes	Yes	Yes	Yes	Yes

Table 5

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

Residents are expected to:	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Demonstrate compassion, integrity, and respect for others	Yes	Yes	Yes	Yes	Yes
Demonstrate responsiveness to patient needs that supersedes self-interest	Awareness	Awareness	Progressive implementation	Progressive implementation	Mastery
Demonstrate respect for patient privacy and autonomy	Yes	Yes	Yes	Yes	Yes
Demonstrate accountability to patients, society, and the profession	Accountability to patients; self-mastery	Accountability to patients; self-mastery	Serve as role model for team, department	Role model at regional and national meetings	Role model at regional and national meetings
Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited	Self-mastery	Self-mastery	Serve as role model	Serve as role model	Serve as role model

to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation					
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Table 6

Systems-based Practice: 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.

Residents are expected to:	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Work effectively in various health care delivery settings and systems relevant to their clinical specialty	Work effectively at LICH and UHB/KCHC	Work effectively at LICH and UHB/KCHC	Work effectively at VAMC	Work effectively at Maimonides Hospital	Mastery
Coordinate patient care within the health care system relevant to their clinical specialty	Participate in team	Participate in team	Coordinate with supervision	Progressive responsibility	Mastery
Incorporate considerations of cost awareness and risk-benefit analysis in patient and or population-based care as appropriate	Understand and consider	Understand and consider	Incorporate	Incorporate	Incorporate
Work in interprofessional teams to enhance patient safety and improve patient care quality	Attend dept. M&M; Program evaluation committee	Attend dept. M&M; Program evaluation committee	Present at dept. M&M; Program evaluation committee; Residency Selection Committee	Present at dept. M&M; Program evaluation committee; Residency Selection Committee	Lead and present at dept. M&M; Program evaluation committee; Residency Selection Committee

Par participate in identifying system errors and implementing potential system solutions	—	Patient Safety Committee at KCHC	Residents Fellows Subcommittee of GMEC at UHB	Residents Fellows Subcommittee of GMEC at UHB	Root Cause Analyses (prn)
Advocate for quality patient care and optimal patient care systems	Yes	Yes	Yes	Yes	Yes

Be familiar with ethical, socioeconomic, and medico-legal issues that affect the provision of quality and cost-effective care and the utilization of resources within the health care system; the provision of quality and cost-effective otolaryngology care within the context of the health care system; and the use of resources of that health care system, other medical specialists, information technology, CME, and ongoing analysis of clinical outcomes to ensure such care