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**Department of Otolaryngology –**

**Head & Neck Surgery**

**Residency Training Program**

**Educational Goals and Objectives**

**2021-2022**

**Department of Otolaryngology – Head & Neck Surgery**

**Residency Educational Goals and Objectives**

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## Educational Goals of the Program

 The over-riding educational goal of the Department of Otolaryngology - Head and Neck Surgery of Virginia Commonwealth University is to provide comprehensive resident training in the medical and surgical care of patients with diseases affecting the ears, upper respiratory and aerodigestive tracts, and related structures of the head and neck, such that graduating residents may successfully begin independent practice.

 As stated by the Accreditation Council for Graduate Medical Education, the practicing physician must be skilled in six general areas, the core competencies, to enable the provision of excellent health care. This extends far beyond prescribing medications or performing procedures. It is thus expected that, prior to completion of the training program, a resident will have achieved a satisfactory level of competence in these six areas expected of a new independent practitioner.

These six areas of required competence are Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Interpersonal Skills and Communication, Professionalism, Systems Based Practice. Each of these broad areas includes many specific skills and attributes which residents at every level of training should master to varying degrees. In addition, each core competency may be taught and assessed with a variety of methods and tools. In the pages that follow, each core competency will be discussed in detail. In addition, the methods of teaching and assessment for each, as applies to residents at all levels of training in the Department of Otolaryngology – Head & Neck Surgery of Virginia Commonwealth University, will be outlined in detail. Please refer to the Resident Assessment policy for specific details related to performance and milestones assessment.

12/9/2021

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COMPETENCY-BASED EDUCATIONAL PROGRAM

I. PATIENT CARE

Competency Definition:

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

***Residents are expected to:***

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

### Patient Care Learning Experiences

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

**2) Core Curriculum and Departmental Conferences.** This consists of mandatory weekly Monday Resident Core Curriculum conferences, Thursday Departmental Grand Rounds, and yearly courses offered by the department, required of all residents. The core curriculum consists of a two-year program covering all major areas of otolaryngology – head and neck surgery, such that each resident will complete the curriculum twice during their four years of training. Core curriculum sessions are linked to assigned readings in the textbook Otolaryngology Head and Neck Surgery, 5th edition, 2010, C Cummings, editor which is available to all residents in the departmental library and electronically via the VCU online library. Weekly Grand Rounds consists of a rotating schedule of invited speakers from within or outside the department, QAI Conference, Evidence-Based Medicine Conference, Neuroradiology Conference in which residents are led through the interpretation of films by a faculty neuroradiologist, and Pathology Conference in which residents are led through the interpretation of head and neck pathology specimens by a faculty head and neck pathologist. Yearly departmental conferences are: Temporal Bone Course, Sinus Endoscopy Symposium, Microvascular, Hayden Otology Symposium, and Allergy Course.

**3) AAO – HNS FLEX Study Course.** This consists of a two year rotating series of selected readings from the recent medical literature and home self-tests directed at important areas of patient care and/or basic science relevant to the specialty.

**4) Self – directed learning.** Residents are given time and encouragement to pursue self-directed learning in areas of interest, and areas directly related to patient care activities. Computers located throughout the department have internet access to enable searching the medical literature at any time. Self-directed learning is strongly urged in preparation for the yearly American Board of Otolaryngology In Training Examination, required of all residents.

**5) Surgical skills laboratories.** The department offers three surgical skills courses at which resident attendance is mandatory. These are the 1) Temporal Bone Course, in which temporal bone dissection is taught and performed using cadaver specimens; residents are encouraged to practice and improve their skills in temporal bone dissection throughout the year in the departmental temporal bone laboratory, to which access is provided to all residents; 2) Soft Tissue Workshop, in which tissue handling and wound healing concepts are taught, and use of local flaps in reconstruction of head and neck soft tissue defects is practiced on animal models; 3) Sinus Endoscopy Symposium, in which lectures review sinus anatomy, surgical approaches, and patient care, and human cadavers are used to train residents in the techniques of endoscopic sinus surgery.

**Assessment of Resident Patient Care**

**1) Semiannual Global Evaluations by Faculty**

**2) Semiannual 360 Degree Surveys by Fellow Residents, Nursing, Patients and Support Staff, and Self Evaluation**

**3) Semiannual Portfolio Review with Program Director**

**4) Daily Observation during Patient Care Activities by Faculty and Supervising Residents, With Verbal Feedback**

**5) Review of Surgical Case Logs**

**6) Review of patient care documentation, including patient evaluation and management and drug prescribing.**

**7) AAO – HNS Flex Study Course Post Quiz Performance.**

**8) Clinical Competency Committee Semiannual Review of Attainment of Competency-specific Milestones** – on a semiannual basis the Department of Otolaryngology – Head & Neck Surgery Clinical Competency Committee will meet to review all residents’ performance. The goal of this assessment will be to review all assessment outcomes, and to incorporate this information in charting the residents progress in specific training milestones established for the specialty by the Residency Review Committee for Otolaryngology of the ACGME.

**II. MEDICAL KNOWLEDGE**

**Competency Definition:**

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

***Residents are expected to:***

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

**Medical Knowledge Learning Experiences**

**1) Faculty – supervised patient care.**

**2) Core Curriculum and Departmental Conferences.**

**3) AAO – HNS Flex Study Course.**

**4) Self – directed learning.**

**Assessment of Resident Medical Knowledge**

**1) Semiannual Global Evaluations by Faculty**

**2) Semiannual 360 Degree Surveys by Fellow Residents, Nursing and Support Staff, and self-evaluation**

**3) Semiannual Portfolio Review with Program Director**

**4) Daily Observation during Patient Care Activities by Faculty and Supervising Residents, With Verbal Feedback**

**5) Annual American Board of Otolaryngology in Training Examination**

**6) Weekly participation in Teaching Conferences and Departmental Courses**

**7) AAO – HNS Flex Course Post Quiz Performance.**

**8) Clinical Competency Committee Semiannual Review of Attainment of Competency-specific Milestones** – on a semiannual basis the Department of Otolaryngology – Head & Neck Surgery Clinical Competency Committee will meet to review all residents’ performance. The goal of this assessment will be to review all assessment outcomes, and to incorporate this information in charting the residents progress in specific training milestones established for the specialty by the Residency Review Committee for Otolaryngology of the ACGME.**III. PRACTICE-BASED LEARNING AND IMPROVEMENT**

**Competency Definition:**

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

***Residents are expected to:***

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

**Practice Based Learning and Improvement Learning Experiences**

**1) Faculty – supervised patient care.**

**2) Monthly Quality Assessment and Improvement Conference**. Residents are required to keep a log of all sub-optimal outcomes, including complications of surgical and medical therapies. The written log will include: a) Brief case description, b) Intervention, c) Sub-optimal outcome observed, d) Focused literature review, e) Interpretation of outcome, and proposal for personal practice or system changes. This will be reviewed with departmental faculty and residents at monthly departmental QAI meetings. Following the meeting, the resident will add to the log entry any additional analysis brought forth at the meeting. Each monthly log will be included as part of the resident file.

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

4) **AAO – HNS Flex Course.**

**5) GME Introduction to Research Course** – a yearly course organized by the GME providing background in research methodology, research ethics, research funding, IRB processes, and statistical methods, which will be taken each year by PGY-3 residents,

**6) Mentored Research Activities**

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

**1) Semiannual Global Evaluations by Faculty**

**2) Semiannual 360 Degree Surveys by Fellow Residents, Nursing and Support Staff, and self-evaluation**

**3) Semiannual Portfolio Review with Program Director**

**4) Daily Observation during Patient Care Activities by Faculty and Supervising Residents, With Verbal Feedback**

**5) Weekly participation in Teaching Conferences and Departmental Courses**

**6) Achievements in Research Activities**

**7) AAO – HNS Flex Course Post Quiz Performance.**

**8)** **Clinical Competency Committee Semiannual Review of Attainment of Competency-specific Milestones** – on a semiannual basis the Department of Otolaryngology – Head & Neck Surgery Clinical Competency Committee will meet to review all residents’ performance. The goal of this assessment will be to review all assessment outcomes, and to incorporate this information in charting the residents progress in specific training milestones established for the specialty by the Residency Review Committee for Otolaryngology of the ACGME.

**IV. INTERPERSONAL AND COMMUNICATION SKILLS**

**Competency Definition:**

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

***Residents are expected to:***

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

**Interpersonal and Communication Skills Learning Experiences**

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

**2) Core Curriculum and Departmental Conferences.** A variety of topics will be covered during departmental conferences relating to interpersonal communication and medical documentation.

**3) AAO – HNS Flex Study Course.** The home study course includes a section on the core competencies that covers various topics relevant to interpersonal communication.

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

**Assessment of Resident Interpersonal and Communication Skills**

**1) Semiannual Global Evaluations by Faculty**

**2) Semiannual 360 Degree Surveys by Fellow Residents, Patients, Nursing and Support Staff, and self-evaluation**

**3) Semiannual Portfolio Review with Program Director**

**4) Daily Observation during Patient Care Activities by Faculty and Supervising Residents, With Verbal Feedback**

**5) Weekly participation in Teaching Conferences and Departmental Courses**

**6) Evaluation of Research Presentations and Manuscripts**

**7) AAO – HNS Flex Course Post Quiz Performance.**

**8) Clinical Competency Committee Semiannual Review of Attainment of Competency-specific Milestones** – on a semiannual basis the Department of Otolaryngology – Head & Neck Surgery Clinical Competency Committee will meet to review all residents’ performance. The goal of this assessment will be to review all assessment outcomes, and to incorporate this information in charting the residents progress in specific training milestones established for the specialty by the Residency Review Committee for Otolaryngology of the ACGME.

**V. PROFESSIONALISM**

**Competency Definition:**

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

***Residents are expected to:***

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

**Professionalism Learning Experiences**

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

**2) Core Curriculum and Departmental Conferences.** A variety of topics will be covered during departmental conferences relating to professionalism.

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

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

**Assessment of Resident Professionalism**

**1) Semiannual Global Evaluations by Faculty**

**2) Semiannual 360 Degree Surveys by Fellow Residents, Patients, Nursing and Support Staff, and self-evaluation**

**3) Semiannual Portfolio Review with Program Director**

**4) Daily Observation during Patient Care Activities by Faculty and Supervising Residents, With Verbal Feedback**

**5) Weekly participation in Teaching Conferences and Departmental Courses**

**6) AAO – HNS Flex Course Post Quiz Performance.**

**7) Clinical Competency Committee Semiannual Review of Attainment of Competency-specific Milestones** – on a semiannual basis the Department of Otolaryngology – Head & Neck Surgery Clinical Competency Committee will meet to review all residents’ performance. The goal of this assessment will be to review all assessment outcomes, and to incorporate this information in charting the residents progress in specific training milestones established for the specialty by the Residency Review Committee for Otolaryngology of the ACGME.**VI. SYSTEMS-BASED PRACTICE**

**Competency Definition:**

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

***Residents are expected to:***

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

**Systems Based Practice Learning Experiences**

**1) Monthly Quality Assessment and Improvement Conference**.

**2) Departmental Quality Improvement Project.** All residents are required to participate in a departmental collaborative quality improvement project during their residency. Under the guidance of a faculty mentor, each resident will select among topics identified during the annual program evaluation for departmental QI initiatives. All residents will also complete annual IHI modules as assigned by the VCUHS Graduate medical education office.

**3) Hospital Committee Involvement.** Residents will be given the opportunity to serve a one or more year tenure on a hospital-wide committee. Each resident will maintain a log recording the issues discussed at the meeting, and proposals for their resolution, focusing on what personal practice or system-related changes may be made to address the issues at hand.

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

**5) Core Curriculum and Departmental Conferences.** A variety of topics will be covered during departmental conferences relating to system-based practice.

# 6) AAO – HNS Flex Course. The home study course includes a section on the core competencies that covers various topics relevant to system-based practice.

**Assessment of Resident Systems Based Practice**

**1) Semiannual Global Evaluations by Faculty**

**2) Semiannual 360 Degree Surveys by Fellow Residents, Nursing and Support Staff, and self-evaluation**

**3) Daily Observation during Patient Care Activities by Faculty and Supervising Residents, With Verbal Feedback**

**4) Critical Review and Evaluation of the Departmental QI Projects**

**5) AAO – HNS Flex Course Post Quiz Performance.**

**6)** **Clinical Competency Committee Semiannual Review of Attainment of Competency-specific Milestones** – on a semiannual basis the Department of Otolaryngology – Head & Neck Surgery Clinical Competency Committee will meet to review all residents’ performance. The goal of this assessment will be to review all assessment outcomes, and to incorporate this information in charting the residents progress in specific training milestones established for the specialty by the Residency Review Committee for Otolaryngology of the ACGME.

**PGY AND ROTATION SPECIFIC GOALS AND OBJECTIVES**

While all residents are expected to progress toward the end goal of achieving a level of competence expected of a new and independent practitioner of otolaryngology – head and neck surgery by completion of the residency program, specific goals and objectives exist for residents in each PGY, and for each resident rotation.

Current Resident Rotations: Overview

#### PGY-1

PGY-1 rotations will be scheduled prior to each academic year, and will be in strict compliance with requirements for the PGY-1 year set by the Residency Review Committee for Otolaryngology. As these requirements allow for some flexibility, rotations for each PGY-1 resident may differ within these constraints. Thus Each PGY-1 resident may not have all of the rotations listed below under “Additional Rotations,” although all PGY-1 schedules will be in compliance with RRC requirements for the PGY-1 year in Otolaryngology. PGY-1 rotations for all PGY-1 residents within VCUHS are on a 4 week block schedule, with start and stop dates determined yearly by the GMEC of VCUHS. Thus PGY-1 rotation “months” as indicated below are 4 week blocks. There are 13 such 4 week blocks during the academic year.

 Selected Rotations

* Otolaryngology-Head & Neck Surgery (6 months)
* Anesthesiology (1 month)
* Critical Care/Surgical Intensive Care Unit (1 month)
* Acute Care General Surgery (1month )
* Oral and Maxillofacial Surgery (1month)
* Plastic Surgery (1 month)
* Radiation Oncology (1 month)

#### PGY-2

* VCUHS Head and Neck/Plastics/General Otolaryngology (5 months)
* VCUHS Otology/Pediatric Otolaryngology (5 months)
* Research (1 month)
* VA Junior (1 month)

##### **PGY-3**

###### VCUHS Head and Neck/Plastics/General Otolaryngology (3 months)

* VA Junior Resident (4 months)
* Research (3 months)
* VA Chief Resident (2 months)

**PGY-4**

* VCUHS Head and Neck/Plastics/General Otolaryngology (8 months)
* VAMC Senior Resident (4 months)

#### PGY-5

* VCUHS Head and Neck/Plastics/General Otolaryngology Chief Resident (6 months)
* VCUHS Otology/Pediatric Otolaryngology Chief Resident (6 months)

*Note:* For PGY 2-5 rotations listed above, duration of rotation indicates *total time* spent on each rotation for the given PGY. Resident yearly rotation schedules, which are provided to all residents prior to the start of each academic year, typically provide for co-residents in a given PGY to alternate between rotations, such that each resident will be assigned to a particular rotation for 1-3 month blocks. This is intended to allow for more balanced clinical experience throughout the academic year.

***Competency Based Goals and Objectives for each rotation (each assignment at each educational level) are outlined in detail in the following pages.***

**PGY-1 YEAR**

**COMPETENCY BASED GOALS AND OBJECTIVES**

**PGY-1 VCUHS General Otolaryngology**

**Introduction**

The fundamental focus for the PGY-1 VCUHS General Otolaryngology Rotation is to provide an introductory clinical experience in the evaluation and management of common adult and pediatric otolaryngologic conditions. The curriculum and goals and objectives outlined below will apply to all PGY-1 residents assigned to the Otolaryngology – Head & Neck Surgery service, including residents from the Department of Otolaryngology – Head & Neck Surgery, and the Department of Anesthesia.

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

## Curriculum

**Required Conferences**\*

**1) Weekly Core Curriculum Conference** – Thursday evening; to follow the COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.

**2) Departmental Morning Conferences** – (Thursday morning) including Grand Rounds, Pathology Conference, Neuroradiology Conference, Practice-Based Learning Conference, and Journal Club.

**3) Departmental Symposia:** Temporal Bone Course, Microvascular Course, Sinus Endoscopy Symposium, Hayden Otology Symposium, and Allergy Course.

**\***PGY-1 residents from departments other than Otolaryngology – Head & Neck Surgery will be expected to attend the above teaching conferences while on service, but will be excused if attendance at these conferences will prevent attendance at teaching conferences required through their specialty residency training program.

**Required Reading**

**1** Otolaryngology Head and Neck Surgery, 6th edition, 2014, C Cummings, editor which is available to all residents in the departmental library and electronically via the VCU online library. Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

**2) Primary Care Otolaryngology (AAO-HNS)** – will be provided to each PGY-1 resident at beginning of rotation. This brief overview should be studied during the first week of the rotation.

**Recommended Reading**

**1) An Atlas of Head and Neck Surgery, Lore (ed), or Atlas of Head & Neck Surgery, Bailey (ed)** – preparatory reading for surgical cases, available in the department clinic library.

**2) Cummings Textbook Chapters** – general reading related to patient encounters. Both multi-volume sets are available in the departmental library or electronically through the VCU library website.

### Required Products

**1)) Monthly Practice-Based Learning Log** – cases of unfavorable or unexpected outcomes, with focused literature search and plan for practice improvement. (Hard copy of log entries to be submitted monthly for permanent file).

**2) ACGME Operative Case Log** – must be updated at least monthly, with each month’s cases to be input no later than the 10th day of the following month. (Hard copy of Case Log to be submitted yearly in July for permanent file).\*

**3) New Innovations Duty Hour Log** – must be updated at least monthly, no later than the 10th day of the following month.\*

**\***NOT required for PGY-1 residents from departments other than Otolaryngology – Head & Neck Surgery. Non-OTO-HNS residents should monitor duty hours in compliance with the policies of their specialty residency training program.

**Clinical Duties and Responsibilities**

**Outpatient Clinic:** In the outpatient clinic the PGY-1 resident will get experience in the workup and treatment of a wide variety of common otolaryngologic problems while under the direct supervision of departmental faculty and senior residents. The PGY-1 is expected to become competent in performing a basic head and neck examination, including flexible fiberoptic evaluation of the upper airway.

**Inpatient Care:** While on the VCU service, the PGY-1 resident is involved in all aspects of care for patients on the otolaryngology service. They are responsible for daily floor work including chart notes, orders, wound care and floor procedures, under the direct supervision of the chief resident. The PGY-1 resident will gain experience by performing under close supervision common otolaryngologic procedures as listed below. Additional experience will be gained by assisting more senior residents and faculty with more complex procedures, when not otherwise occupied.

**Administrative/Academic Duties:** The PGY-1 resident will be involved in teaching any medical students rotating on the service.

**Competency based Goals and Objectives**

**Goal–Specific Objectives for the PGY-1 resident:**

*By the completion of the PGY-1 General Otolaryngology Rotation, the resident should achieve the following goals (listed by core competency):*

**A. Patient care**

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

*Objectives:*

1. Be able to conduct a complete and targeted, problem-specific head and neck history including: Chief complaint, History of present illness, Past medical and surgical history—including birth history when relevant, Allergies, Medications, Pertinent social history and cultural background.

2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.

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

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

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

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

*Objectives:*

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

* 1. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, and vertigo.
	2. General otolaryngic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
	3. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
	4. Inhalant and food allergies presenting with otolaryngologic manifestations.
	5. Traumatic deformities of the face, head, and neck.
	6. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.

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

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

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

*Objectives:*

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

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:

a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.

b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, and airway.

c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa

d. Ultrasound – neck

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

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

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:

 a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.

 b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.

 c. Allergy skin testing – including prick test and intradermal serial dilution testing.

 d. Polysomnography

 e. Videostroboscopy

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

*Objectives:*

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

 2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for

Common otolaryngologic disorders, including but not limited to

a. acute and chronic otitis media

b. hearing loss and tinnitus

c. balance disorders

d. recurrent or chronic pharyngotonsillitis

e. chronic obstructive adenotonsillar hypertrophy

f. acute and chronic sinusitis

g. allergic and vasomotor rhinitis

h. dysphagia and gastroesophageal/laryngopharyngeal reflux

i. hoarseness

j. neck masses

k. obstructive sleep apnea

l. thyroid and parathyroid disease

m. diseases of the salivary glands

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

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

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

*Objectives:*

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

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

3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.

4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

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

*Objectives:*

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

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

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

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

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

6. Be able to effectively perform, with appropriate supervision, diagnostic and therapeutic procedures in the outpatient (clinic or emergency room) or inpatient setting, including:

 a. Microscopic ear exam and debridement or removal of cerumen

b. Intranasal cautery or packing for epistaxis

c. Rigid nasal endoscopy for debridement or biopsy

d. First tracheotomy tube change

e. Myringotomy with PE tube placement

f. Wound debridement

g. Mandibular arch bar removal

h. Removal of nasal and external auditory canal foreign bodies

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

h. Placement of mastoid dressing

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

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

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

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

a. Adenotonsillectomy

b. Tracheostomy

c. Direct laryngoscopy/microlaryngoscopy

d. Esophagoscopy (rigid and flexible)

f. Maxillary sinus surgery

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

 f. Myringotomy with or without tympanostomy tube insertion.

g. Nasal turbinate surgery

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

*Objectives:*

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

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

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

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

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

**B. Medical Knowledge**

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

*Objectives:*

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

2. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:

 a. branchial pouches, arches, and clefts and derived structures

 b. external, middle, and inner ear, mastoid, and lateral skull base

 c. nose, paranasal sinuses, and anterior skull base

 d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea

 e. fascial planes and spaces of the head and neck

 f. salivary glands

 g. thyroid and parathyroid glands

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

*Objectives:*

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

2. Complete required reading, to include AAO-HNS Home Study course, and assigned chapters in Cummings (ed) Otolaryngology/Head and Neck Surgery, in conjunction with weekly resident didactic conferences.

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

*Objectives:*

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

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

3. Demonstrate knowledge through preparation of answers to assigned weekly “Coclia” questions, and active participation in resident didactic conference.

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

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

*Objectives:*

1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.

2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.

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

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

*Objectives:*

1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.

2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.

 3. Show initiative in identifying personal areas of relative weakness and need for

Improvement, through consultation with faculty and resident colleagues, and address

Identified gaps in knowledge and clinical skills.

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

*Objectives:*

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

**D. Interpersonal and Communication Skills**

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

*Objectives:*

 1. Begin to develop skills to build appropriate physician-patient relationships.

2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

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

*Objectives:*

1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.

2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.

3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.

4. Demonstrate ability and willingness to maintenance patient confidentiality, and knowledge of HIPPA statutes.

5. Strive for continuous self-improvement in this area, guided by VCU standards of professionalism as well as careful review of semiannual 360 degree evaluations with formulation of plan for self-improvement.

**E. Professionalism.**

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

*Objectives:*

 1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.

2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.

3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.

4. Demonstrate adequate preparation and planning before scheduled operative procedures.

5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.

6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

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

*Objectives:*

1.Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.

 2. Demonstrate accountability for actions and decisions.

**F. Systems-Based Practice**

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

*Objectives:*

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

 2. Become familiar with the outpatient, inpatient, operating room, and emergency room

facilities at VCUMC, and resources available to the Otolaryngology service.

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

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

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

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

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

*Objectives:*

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

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

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

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

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

**ANESTHESIA ROTATION**

The main goal of this rotation is to provide the PGY1 resident an organized experience to enable him/her to acquire the basic knowledge and skills in preoperative care including preanesthetic evaluation, anesthetic risk assessment, airway evaluation and immediate postoperative care.

Suggested Reading: Morgan, Mikhail, Murray (eds): Clinical Anesthesiology

 Stoelting, Dierdorf, McCammon (eds): Anesthesia and Co-Existing Disease

 Appropriate Chapters in Barrash’s textbook based on clinical cases

**COMPETENCY BASED GOALS and OBJECTIVES**

**Patient Care:**

1. Residents are expected to provide efficient and compassionate care to all patients assigned to them during the rotation
2. The resident should work in concert with other members of the perioperative team to insure safe, effective patient care
3. Prepare the OR for various anesthetics in a timely manner
4. Organize the anesthesia work area so that case turn-over time is minimized
5. Prepare equipment needed for invasive monitoring and be familiar with intraoperative monitoring techniques.
6. Be able to perform a basic anesthetic induction on ASA 1-2 patients with minimal assistance
7. Be able to perform a rapid sequence induction, including obtaining oropharyngeal control of airway, appropriate mask ventilation, orotracheal intubation, nasotracheal intubation and laryngeal mask ventilation.
8. Perform appropriate monitoring of neuromuscular blockade and reversal
9. Place central venous catheters in selected patients with minimal assistance
10. Perform arterial cannulation with minimal assistance in appropriate settings
11. Understand and utilize 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.
12. Write pre-anesthetic orders
13. Position the patient properly for operative exposure, temperature control, and protection from pressure/traction.
14. Under supervision administer a local block and administer general anesthesia

 **Medical Knowledge:**

 As a result of this rotation, the resident should understand:

1. Understand basic laryngeal anatomy and physiology
2. Appropriate indications for general vs local anesthesia
3. Anesthetic implications of various surgical procedures.
4. The effect of position on patient safety and morbidity issues
5. Management of fluid shifts, deficits, and blood loss
6. Choice of anesthetic management including general anesthesia, MAC, regional techniques
7. Appropriate airway management during surgical procedures
8. Indications and complications of invasive monitoring
9. The methods and potential risks associated with temperature management during surgery
10. Universal precautions when managing patients
11. Neuromuscular blockade, monitoring, and reversal
12. Know the dose range and complications (including pulmonary edema and malignant

hyperthermia) of the following agents:

-barbiturates

-local anesthetics

-paralyzing agents

-reversing agents

-inhalant anesthetics

 13. Know when and how to use epinephrine and hyaluronidase in local anesthesia

**Practice-Based Learning and Improvement:**

1. The resident should establish a routine practice of reading new anesthesia material throughout this rotation
2. The resident is expected to research and review issues with any new or different case they do in order to better manage similar situations in the future
3. The resident should participate in any CQI presentations associated with any of their cases

**Interpersonal and Communication Skills:**

 The resident should develop the ability to:

1. Discuss anesthetic management issues with members of the care team
2. Discuss anesthetic options including risks/benefits with the patient, answer questions and concerns, and obtain informed consent
3. Communicate management issues with other members of the surgical team including, surgeons, nursing staff, technicians

**Professionalism:**

 The resident is expected to:

1. Arrive in time each day so that his/her room is ready to begin on time and that patients are seen and work up completed without delaying OR starts
2. Facilitate room turn-over and OR efficiency
3. Work with the team to develop efficient strategies to minimize delays and cancellations of cases

**Systems Based Practice:**

1. The resident should learn how their timely management of patients during the perioperative experience effects available resources throughout surgical services
2. The resident should understand how appropriate charting and billing information enhances the ability of the Medical Center to better provide care for patients

1. **CRITICAL CARE ROTATION (ICU)**

The main goal of this rotation is to provide the PGY1 resident an organized experience to enable him/her to acquire the basic knowledge and skills in the evaluation and management of patients in the intensive care setting.

A. **Patient Care**

*Demonstrate patient care that is compassionate, appropriate, and effective for the treatment of critical health problems. Early in his/her education, residents should*

*Demonstrate patient care skills relevant to patients on this service for patients with non-routine, complicated trauma and surgical critical care patients and under increasingly difficult circumstances.*

**Patient Care Procedures:** *The PGY-1 Resident should demonstrate the ability to conduct the following*

*Procedures* ***(under senior supervision):***

• Enteral tube placement (Nasogastric, etc)

• Obtain vascular access via:

•Inguinal (Femoral)

•Cervical (Internal jugular)

•Subclavian

•Antecubital

• Perform closed chest defibrillation

• Large volume resuscitation

• Set up the level one rapid infuser

• Arrives for trauma prepared for the cognitive components of his/her role taking care of the

Trauma patient.

• Assist attending staff with basic and complex surgical procedures

 **Patient Care Goals and Objectives**

*The PGY-1 Resident should demonstrate the ability to:*

• Perform a primary and secondary survey of a trauma patient in the ED according to ATLS

protocol.

• Perform accurate and efficient physical examination.

• Accurately and succinctly convey the assessment of the patient to chief residents and

attending surgical staff.

• Understand Advanced Cardiac Life Support protocols

• Demonstrate caring and respectful behaviors when interacting with patients and/or their

families.

• Incorporate the patient preferences in making decisions about diagnostic and therapeutic

interventions

• Gather essential and accurate information about patients.

• Understand decisions regarding appropriate triage of patients on trauma.

• Evaluate critically ill patients with surgical indications and presents a differential diagnosis

to chief resident.

• Begin to develop an understanding in decisions about diagnostic and therapeutic

interventions based on patient information and preferences, up-to-date scientific evidence,

and clinical judgment.

• Understand the policies and procedures in working with services, and carries out patient

management plans for trauma and critically ill patients.

• Demonstrate knowledge of the indications and contraindications for various medications

used in the preparation and performance of procedures.

• Assist chief resident and/or attending in the overall care of patients for the team of residents

and students.

• Assist chief resident and/or attending with all essential medical and invasive procedures.

• Assist chief resident and/or attending in coordinating with health care professionals,

including those from other disciplines, care of the critically ill patient so as to provide Patient focused care.

• Understand, follow, and execute the evidence based established critical care protocols and

trauma guidelines including:

-The Thoracic & Lumbar Spine clearance protocol

-Use of oral contrast fort abdominal CT in Trauma

-Potential compromised airway protection guidelines in trauma bay

- The Intravascular Catheter Policy & Management Algorithm

-The Surviving Sepsis Campaign Management Bundles

-The Guidelines for the Administration of Insulin Infusions

-The Guidelines for Deep Vein Thrombosis Assessment & Management

**Technical Skills in Patient Care**

•Demonstrates knowledge, psychomotor skills and judgment related to his/her role on the ICU service.

• Demonstrates manual dexterity appropriate for this level of training.

•Begin to develop necessary skills to give a medical opinion to another surgical or nonsurgical colleague about a patient.

•Demonstrate competence as assistant in the most surgical cases

• Develop an understanding of the benefits and limitations of operative surgical

techniques.

•Critique and refine assessment and management skills by participating in daily

teaching rounds.

•Provide continuity of care and assess outcomes.

• Gain experience in patient management in trauma room, outpatient clinic.

• Develop competence of interpretation of radiologic studies such as abdominal films

 And chest x-rays.

• Large volume resuscitation

• Basic laceration closure

• Arrives for trauma prepared for the cognitive components of his/her role taking care of the

trauma patient.

• Assist attending staff with basic and complex surgical procedures

**B. 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. It is important that residents demonstrate his/her ability to acquire and access new knowledge, interpret the information, and then apply it in the clinical setting. The

resident will demonstrate a commitment to lifelong learning.

*Medical Knowledge: Goals and Objectives*

• Demonstrate an understanding of:

-Basic science principles (ex: metabolism, wound healing)

- Trauma Surgery principles (ex: ATLS, shock)

 -General Surgery principles (ex: acute abdomen)

- General Medicine principles (ex: infectious disease)

-Critical Care subjects (ex: ARDS, SIRS, acid/base)

-Pharmacologic principles (ex: antibiotic management)

-Radiographic studies: indications and interpretation

• Develop ability to provide timely surgical assessment and operative management of the

patient with an acute general surgical problem.

• Define the categories of shock based upon type, and explain the etiology and

pathophysiology of each type of shock: cardiogenic, hypovolemic, septic, tamponade, tension pneumothorax.

• Develop ability to formulate and implement a diagnostic and treatment plan critically ill

patients.

• Develop understanding of multi-disciplinary care of the trauma and/or critical care patient.

• Exhibit knowledge in surgical infections, complications of acute surgical disease, and

surgical management.

• Demonstrate familiarity with surgical literature and areas of trauma and critical care.

• Must relate basic medical knowledge to patient care. Residents must evaluate and

demonstrate knowledge of pertinent scientific information.

• Exhibit knowledge base sufficient to teach junior level residents and students on the

service.

• Demonstrate surgical competence by the use of significant surgical knowledge and

advanced skill to achieve a performance that produces appropriate and anticipated

outcomes.

• Understand and integrate surgical continuity of care principles into the total care plan for

trauma and critically ill patients.

• Demonstrate understanding of the significance of the natural history of surgical disease, the consequence of surgical care (both positive and negative), and the influence of continuity of care upon surgical outcomes.

• Incorporate the knowledge of ethical, legal, economic, and/or social factors into the

activities of the entire trauma and/or critical care team for all components of patient care.

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

Residents must demonstrate the ability to investigate and evaluate their care, appraise and

assimilate scientific evidence, and to continuously improve patient care based on constant

self-evaluation. While assigned to this service.

*The PGY-1 Goals and Objectives:*

• Analyze practice-based improvement activities using a systematic methodology.

• Obtain and use information about their population of patients and the larger

population from which patients are drawn.

• Locate, appraise, and assimilate evidence from scientific studies related to their

Patients’ health problems.

• Apply knowledge of study designs and statistical methods to the appraisal of clinical

studies and other information on diagnostic and therapeutic effectiveness

• Use information technology to manage information, access on-line medical

information; and support his/her own education.

• Facilitate the learning of medical students.

• Exhibit and recognize the importance of lifelong learning in surgical practice.

• Learn to accept constructive criticism.

**D. Interpersonal Communication Skills**

The resident will demonstrate a commitment to listening well, exhibit rapport with patients,

staff and peers, and dictate all required discharge summaries and others on time. Residents

must communicate effectively with patients to perform specific tasks such as obtain a history, obtain informed consent, telephone triage, present cases, write notes, inform patients of a diagnosis and/or therapeutic plan. Residents will develop interpersonal skills through effectively interacting with patients, families, other health care providers through establishing trusting relationships.

*The PGY-1 Goals and Objectives:*

• Collegially interact with surgical and ICU faculty as well as the various consulting medical teams and emergency department physicians and staff.

• Accurately and succinctly convey the assessment of the patient to chief residents and

attending surgical staff.

• Effective listening skills, including observing nonverbal cues and using explanatory

questioning.

• Effective, complete, and legible note writing skills.

• Effective medical presentations in a concise, organized, chronological, logical and

knowledgeable manner

• Effective and thorough patient hand-off/sign out of surgical patients

• Skill and sensitivity for appropriate and ethical counseling and educating patients and

their families in a variety of trauma and critical care situations.

• Presents all patients and conference material in a concise, organized, chronologic,

logical and knowledgeable manner.

• Evaluates the performance and competence of all members of the surgical residency

team.

**E. Professionalism**

*The PGY-1 Critical Care Resident should:*

• Demonstrate respect, compassion, integrity and honesty.

• Demonstrate patient care that supersedes personal self interest.

• Demonstrate personal responsibility for patient problems.

• Understand and utilize privacy policies, informed consent, business and medical ethics,

especially as it pertains to provision or withholding of clinical care.

• Understand and follow institutional behavior policies (ie. Sexual harassment, etc.).

• Exhibit professionalism through timely completion of required administrative

responsibilities (evaluations, recording hours, chart documentation, medical record

dictations, etc.)

• Demonstrate accountability for actions and decisions.

• Demonstrate the ability to accept constructive criticism and positive feedback as provided

F. **System-Based Practice**

The resident will collaborate with and maintain appropriate professional attitudes and

behaviors toward other medical professionals and allied health personnel and identify

improvements in patient care. 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 within the system to provide optimal health care.

The PGY-1 Resident should exhibit awareness and responsiveness to the Health Care System by :

• Understanding how patient care and other professional practices affect other health

care professionals, the health care organization, and the larger society. Understand

how these elements of the system affect their own practice.

• Understanding how types of medical practice and delivery systems differ from one

another, including methods and controlling health care costs and allocating resources.

• Practicing cost-effective health care and resource allocation that does not compromise

quality of care for the trauma patient and/or critically ill.

• Advocating for quality patient care and assisting patients in dealing with system

complexities.

 **ACUTE CARE GENERAL SURGERY (MCVH PGY-1)**

**Medical Knowledge: *Demonstrates knowledge about established and evolving biomedical,***

***clinical, and cognate (e.g. epidemiological and social-behavioral) sciences; applies this***

***knowledge to patient care; demonstrates an investigatory and analytic thinking approach to***

***clinical situations; and demonstrates a commitment to lifelong learning.***

**Knowledge:**

• Specify characteristics of the history, physical examination findings, and mechanism of visceral

and somatic pain for the following processes: acute appendicitis, perforated ulcer, diffuse

peritonitis, bowel obstruction.

• Illustrate use of the following diagnostic studies in the work-up of the above process: blood

chemistries (white blood count, hematocrit), urinalysis, plain x-rays, ultrasound CT scan.

• Describe the anatomy, clinical presentation, and complications of non-operative management for these hernias: direct, indirect, inguinal, and femoral, ventral, umbilical and differentiate between incarceration and strangulation.

• Interpret the following in coordination with attending radiologists and staff: Acute abdominal series (identify free air, small bowel obstruction, ileus, colonic pseudo-obstruction, volvulus; the

presence of as cities, atelectasis vs. pneumonia), Upper GI series, Barium enema (identify

neoplasms, signs of ischemia) Abdominal ultrasound and CT scans.

• Evaluate and institute management of abdominal wound problems, including infection,

evisceration and dehiscence.

• Coordinate pre- and post- operative care for the patient with the acute abdomen.

• Accept responsibility for (under the guidance of the chief resident and attending surgeon) the

postoperative management of: nasogastric tubes, intra-abdominal drains, abdominal incisions,

Foley catheters, IV catheters and fluid.

• Evaluate and manage nutritional needs (enteral and parenteral) of surgical patients until normal

GI function returns.

• Outline the pathophysiology, evaluation, and management of the following: symptomatic

gallstones, acute cholecystitis, gallstone pancreatitis, cholangitis, acalculous, cholecystitis and

gallstone ileus.

• Demonstrate a basic understanding of surgical pathophysiology, pharmacology, physiology, and interpretation of hemodynamic data.

• Demonstrate the ability to formulate a diagnostic and treatment plan for diseases in abdominal

surgery that are amenable to surgical intervention.

• Demonstrate familiarity with surgical literature and areas of basic surgical disease in abdominal

surgery, alimentary tract and digestive systems, endocrine, liver, biliary tract and pancreas,

endoscopic and laparoscopic surgery.

• Must relate basic medical knowledge to patient care. Residents must critically evaluate and

demonstrate knowledge of pertinent scientific information.

• Exhibit knowledge base sufficient to teach students on the service.

• Demonstrate the use of significant surgical knowledge and skill to achieve a performance that

produces appropriate and anticipated outcomes.

• Develop an understanding of integrating surgical continuity of care principles into the total care

plan for all surgical patients.

• Demonstrate understanding of the significance of the natural history of surgical disease, the

consequence of surgical care (both positive and negative), and the influence of continuity of care

upon surgical outcomes.

• Exhibit knowledge of evaluation, preoperative management and postoperative management of

gastrointestinal, pancreatic and hepatobiliary diseases.

• Understand hepatobiliary, pancreatic and gastrointestinal anatomy and physiology.

• General understanding of immunologic principles.

• Demonstrate the ability to evaluate and manage gastrointestinal disease states.

**Patient Care: *Demonstrate patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.***

**Compassionate Patient Care:**

• Demonstrates caring and respectful behaviors when interacting with patients and/or their families.

• Incorporates the patient preferences in making decisions about diagnostic and therapeutic

interventions.

• Develops and executes patient care plans appropriate for PGY-1 resident.

**Appropriate Patient Care:**

• Gathers essential and accurate information about patients.

• Evaluates patients with surgical indications and presents a differential diagnosis.

• Compare laparoscopic versus open procedures for each case.

• Develops an understanding about diagnostic and therapeutic interventions based on patient

information and preferences, up-to-date scientific evidence, and clinical judgment.

• In less complex cases may develop and carry out patient management plans as discussed with

the chief resident and/or attending.

• Demonstrates an understanding of the indications and contraindications for various medications

used in the preparation and performance of procedures.

• Assist with the overall care of patients for the team of residents and students.

• Participates in daily rounds, outpatient clinics, and resident teaching conferences.

**Effective Treatment and Health Promotion:**

• Participates in all essential medical and invasive procedures.

• Provides health care services aimed at preventing health problems and maintaining health.

• Works with health care professionals, including those from other disciplines, to provide Patient focused care.

**Technical Skills in Patient Care:**

• Demonstrates knowledge, psychomotor skills and judgment related to his/her role in the

performance of operative surgical procedures.

• Arrives in the OR prepared for the cognitive components of his/her role in individual operative

surgical procedures.

• Demonstrates manual dexterity appropriate for a first year resident.

• Demonstrates an understanding of the various steps related to operative procedures in a manner

that is consistent with the flow of the operation.

• Exhibits an understanding of the management of common general surgical problems.

• Develops an understanding of the benefits and limitations of operative surgical techniques.

• Assist attending staff and/or upper level resident with surgical procedures.

• Assist with the common intermediate level biliary procedures and general surgical operations

including morbid obesity procedures.

• Evaluate and diagnose the acute abdomen.

• Gain skills in perioperative management of the surgical patients.

• Carry out patient management decisions in consultation with upper level residents on the service.

• Develop skills to manage coagulopathy, hepatic failure, encephalopathy and ascites.

• Develop ability to interpret all laboratory and radiological studies.

**Procedure Benchmarks: *Residents at the PGY-1 must be able to perform the procedures***

***listed, as assistant for the chief resident and/or attending.***

• Assist with hernia repairs in the groin and umbilicus, demonstrating a basic understanding of the anatomy and surgical repair.

• Develop skills in basic suturing, tying, and assistance at operations.

• Assist in the operating room; be able to suture and tie.

• Participate in more advanced cases to learn exposure, tissue handling and suture techniques.

• Insertion of central lines, arterial lines, NG tubes, Foley catheter.

• Perform less complicated surgical procedures such as: gastrostomy, appendectomy,

hemorrhoidectomy, incision and drainage of perirectal abscess.

**Practice-Based Learning and Improvement: *Investigates and evaluates patient care practices, ,appraises and assimilates scientific evidence, and improves his/her patient care practices.***

**Investigates And Evaluates Patient Care Practices:**

• Analyzes practice experience using a systematic methodology.

• Obtains and uses information about their population of patients and the larger population from

which patients are drawn.

**Appraises and Assimilates Scientific Evidence Relevant To Patient Care:**

• Locates, appraises, and assimilates evidence from scientific studies related to their Patients’

health problems.

• Understands study designs and statistical methods to the appraisal of clinical studies and other

information on diagnostic and therapeutic effectiveness.

• Performs practice-based improvement activities using a systematic methodology.

• Uses information technology to manage information, access on-line medical information; and

support his/her own education.

• Facilitates the learning of students.

• Exhibit and recognize the importance of lifelong learning in surgical practice.

**Improves Patient Care Practices:**

• Demonstrates the ability to analyze personal practice outcomes to improve patient care.

• Performs practice-based improvement activities using a systematic methodology.

• Uses information technology to manage information, access on-line medical information; and

support his/her own education.

• Facilitates the learning of students.

**Interpersonal and Communication Skills: *Demonstrate interpersonal and***

***communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.***

• Develops skill and sensitivity for appropriate counseling and educating patients and their families in a variety of clinical situations.

• Creates and sustains therapeutic and ethically sound relationships with patients and families.

• Works effectively with others of the health care team and/or other professional groups.

• Effectively and promptly documents practice activities.

• Presents all patients and conference material in a concise, organized, chronologic, logical and

knowledgeable manner.

• Utilizes input from all collaborative interactions with all personnel contributing to the surgical

patient care

• Exhibits the ability to interact as part of the surgical team.

• Contributes via effective teaching and example to the educational efforts of the surgical

residency.

• Participates in teaching students on the service.

• Exhibits honesty, reliability, good communication skills, and appropriate judgment.

**Professionalism: *Demonstrate a commitment to carrying out professional***

***responsibilities; adhere to ethical principles, and sensitivity to a diverse patient population.***

• Demonstrates respect, compassion and integrity; a responsiveness to the needs of patients and

society that supersedes self-interest; accountability to patients, society and the profession; and

a commitment to excellence and on-going professional development.

•Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.

• Demonstrates sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

• Exhibits professionalism through timely completion of required administrative responsibilities

(evaluations, recording hours, chart documentation, medical record dictations, etc.).

• Maintain positive relationships.

•Demonstrate accountability for actions and decisions.

**Systems-Based Practice: *Demonstrates an awareness of and responsiveness to the larger***

***context and system of health care and effectively calls on system resources to provide care that is of optimal value.***

**Awareness and Responsiveness to the Health Care System:**

• Understands how patient care and other professional practices affect other health care

professionals, the health care organization, and the larger society. Understand how these

elements of the system affect their own practice.

• Knows how types of medical practice and delivery systems differ from one another, including

methods and controlling health care costs and allocating resources.

• Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of

the entire surgical team for all components of surgical care.

**Utilization of System Resources:**

• Practices cost-effective health care and resource allocation that does not compromise quality of

care.

• Advocates for quality patient care and assist patients in dealing with system complexities.

• Partner with health care managers and health care provides to assess, coordinate, and improve

health care and understands how these activities can affect system performance.

**PLASTIC SURGERY PGY-1**

**Medical Knowledge: *Demonstrates knowledge about established and evolving biomedical,***

***clinical, and cognate (e.g. epidemiological and social-behavioral) sciences; applies this***

***knowledge to patient care; demonstrates an investigatory and analytic thinking approach to***

***clinical situations; and demonstrates a commitment to lifelong learning.***

**Knowledge:**

• Demonstrate an understanding of the anatomy, physiology, and pathophysiology of conditions

pertinent to plastic surgery.

• Exhibit knowledge of how these change with age and how those changes alter one’s conditions.

• Demonstrate familiarity with surgical literature and extensive areas of basic surgical disease in

plastic surgery.

• Must relate basic medical knowledge to patient care. Residents must critically evaluate and

demonstrate knowledge of pertinent scientific information.

• Demonstrate the capacity to integrate surgical continuity of care principles into the total care plan for the patients.

• Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of

the entire surgical team for all components of surgical care.

**Patient Care: *Demonstrate patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.***

**Compassionate Patient Care:**

• Demonstrates caring and respectful behaviors when interacting with patients and/or their families.

• Incorporates the patient preferences in making decisions about diagnostic and therapeutic

interventions.

**Appropriate Patient Care:**

• Gathers essential and accurate information about patients.

• Evaluates patients with complex surgical indications and presents history and physical.

• Participate in the development of patient management plans and assist in carrying out plan.

• Demonstrate knowledge of the indications and contraindications for various medications used in the preparation and performance of procedures.

• Participates in the overall care of patients for the team of residents and students.

**Effective Treatment and Health Promotion:**

• Performs competently, with supervision, medical and invasive procedures.

• Provides health care services aimed at preventing health problems and maintaining health

• Works with health care professionals, including those from other disciplines, to provide Patient focused care.

**Technical Skills in Patient Care:**

• Demonstrates knowledge, psychomotor skills and judgment related to his/her role in the

performance of operative surgical procedures.

• Demonstrates manual dexterity appropriate for level of training.

• Arrives in the OR prepared for the cognitive components of his/her role in individual operative

surgical procedures.

• Demonstrates the ability to proceed through various steps of operative procedures in a manner

that is consistent with the flow of the operation.

• Understand initial assessment of maxillofacial and hand injuries.

• Demonstrates an understanding of the benefits and limitations of operative surgical techniques.

**Procedure Benchmarks: *Residents at the PGY-1 must be able to***

• Understand management of traumatic and complex wounds of face, trunk and extremities.

• Understand different wound closure techniques.

• Perform basic wound closure

• Manage basic hand injuries

• Perform wound debridement and Wound – Vac placement.

**Practice-Based Learning and Improvement: *Investigates and evaluates patient care practices, appraises and assimilates scientific evidence, and improves his/her patient care practices.***

**Investigates And Evaluates Patient Care Practices:**

• Analyzes practice experience using a systematic methodology.

• Obtains and uses information about their population of patients and the larger population from

which patients are drawn.

**Appraises and Assimilates Scientific Evidence Relevant To Patient Care:**

• Locates, appraises, and assimilates evidence from scientific studies related to their patients’

health problems.

• Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.

• Performs practice-based improvement activities using a systematic methodology.

• Uses information technology to manage information, access on-line medical information; and

support his/her own education.

• Exhibit and recognize the importance of lifelong learning in surgical practice.

**Improves Patient Care Practices:**

• Demonstrates the ability to analyze personal practice outcomes to improve patient care.

• Performs practice-based improvement activities using a systematic methodology.

• Uses information technology to manage information, access on-line medical information; and

support his/her own education.

**Interpersonal and Communication Skills: *Demonstrate interpersonal and***

***communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.***

• Demonstrates skill and sensitivity for appropriate counseling and educating patients and their

families in a variety of clinical situations.

• Creates and sustains therapeutic and ethically sound relationships with patients and families.

• Works effectively with other professional groups.

• Effectively and promptly documents practice activities.

• Presents all patients and conference material in a concise, organized, chronologic, logical and

knowledgeable manner.

• Utilizes input from all collaborative interactions with all personnel contributing to the surgical

patient care.

**Professionalism: *Demonstrate a commitment to carrying out professional***

***responsibilities; adhere to ethical principles, and sensitivity to a diverse patient population.***

• Demonstrates respect, compassion and integrity; a responsiveness to the needs of patients and

society that supersedes self-interest; accountability to patients, society and the profession; and

a commitment to excellence and on-going professional development.

• Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical

care, confidentiality of patient information, informed consent, and business practices.

• Demonstrates sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

• Exhibits professionalism through timely completion of required administrative responsibilities

(evaluations, recording hours, chart documentation, medical record dictations, etc.).

•Maintain positive relationships.

•Demonstrate accountability for actions and decisions.

**Systems-Based Practice: *Demonstrates an awareness of and responsiveness to the larger***

***context and system of health care and effectively calls on system resources to provide care that is of optimal value.***

**Awareness and Responsiveness to the Health Care System:**

• Understands how patient care and other professional practices affect other health care

professionals, the health care organization, and the larger society.

• Understand how these elements of the system affect their own practice.

• Knows how types of medical practice and delivery systems differ from one another, including

methods and controlling health care costs and allocating resources.

**Utilization of System Resources:**

• Practices cost-effective health care and resource allocation that does not compromise quality of

care.

• Advocates for quality patient care and assist patients in dealing with system complexities.

• Partner with health care managers and health care provides to assess, coordinate, and improve

health care and understands how these activities can affect system performance.

**VCU Medical Center**

**Department of Otolaryngology**

**PGY 1 Oral and Maxillofacial Surgery 4 week Rotation**

**Goals and Objectives**

During this 4 week rotation, the PGY-1 resident will receive training in physical diagnosis, oral and maxillofacial pathology and histology, head & neck anatomy, orthognathic surgery, local anesthesia, temporomandibular joint (non-surgical and surgical) management, and dentoalveolar surgery. Didactic training in trauma, clefts, and cosmetic and reconstructive surgical procedures is supplemented by preparing for specific anticipated surgical procedures as they arise.

**Competency Based Goals and Objectives**

At the end of the rotation, residents will be able to:

**Patient Care:**

* Recognize and initiate management of common oral and maxillofacial disorders.
* Obtain and document a concise chief complaint, history of present illness and past medical history relevant to a wide variety of Oral and Maxillofacial medical and surgical problems commonly seen in the Emergency Department, outpatient clinics, and operating room.
* Perform and document a comprehensive oral and maxillofacial physical exam, including extra-oral, intra-oral, hard-tissue, soft-tissue, etc.
* Initiate management for common oral and maxillofacial medical and surgical problems commonly seen in the Emergency Department, outpatient clinics, and operating room.
* Perform and document the appropriate risk assessment, Informed Consent, and patient safety measures including the Time Out.
* The resident will be able to perform and document the ability to safely administer parenteral local anesthetics and facial blocks for common oral surgical procedures.
* Assist or perform under supervision standard outpatient oral and maxillofacial surgical procedures such as:
1. Simple extractions
2. Removal of impacted teeth
3. Management of hard and soft tissues post-extraction
4. Management of simple and complex pathology
5. Management of soft-tissue trauma
6. Management of dentoalveolar trauma
7. Management of maxillofacial skeletal trauma.
* The resident will be able to perform and document the ability to safely administer parenteral local anesthetics and facial blocks for common oral surgical procedures.

**Medical Knowledge:**

* Recognize the presenting symptoms and signs of a broad range of oral and maxillofacial medical and surgical conditions, enabling rapid diagnosis and expedient initial management
* Appropriately interpret radiographic findings in the setting of facial skeletal trauma and in the postoperative setting
* The resident will gain the necessary exposure to, and experience with, major dentoalveolar procedures.
* The resident will gain the necessary exposure to, and experience with, major soft-tissue trauma.
* The resident will gain the necessary exposure to, and experience with, major hard-tissue trauma including mandibular injuries, mid-face injuries, etc.
* The resident will gain the necessary exposure to, and experience with, orthognathic surgery including the diagnostic work-up, mandibular and maxillary/mid-face surgeries and post-operative care.
* The resident will gain the necessary exposure to, and experience with, hard and soft tissue pathology including the diagnosis and management of benign and malignant disease.
* The resident will gain the necessary exposure to, and experience with, preprosthetic and reconstructive surgery. This will include soft-tissue procedures such as vestibuloplasty and skin grafting and hard-tissue procedures such as management of tori, placement of osseointegrated implants in complex situations and autogenous, allogenic and xenogenic grafting and augmentation.
* The resident will gain the necessary exposure to, and experience with, the surgical management of disorders and derangements of the temporomandibular joint. This will include arthroscopic and open reconstructive procedures and total joint replacement.
* The resident will become familiar with the diagnosis and management of patients with infectious, inflammatory, and benign neoplastic disease of the oral and maxillofacial region. Residents will gain experience with the management of patients with malignant disease of the oral cavity, including diagnosis, evaluation, treatment planning, and pre, peri, and post-operative care. Residents will understand normal and abnormal hard and soft tissue clinical and microscopic presentation, biopsy and bacterial/fungal culturing techniques, and specimen preparation and reporting. Residents will understand patient and disease assessment, risk factors and assessment, informed consent, standard of care, assessment of outcomes, and recognition and management of complications. Residents will achieve competence in management of oral and maxillofacial inflammatory, benign neoplastic, and infectious disease.

**Practice-Based Learning and Improvement:**

* Utilize available resources to make timely and appropriate diagnostic and management

decisions of oral and maxillofacial conditions in the emergency room setting, outpatient clinics, and operating room.

* Evaluate and target areas for self-improvement and develop means to do so
* Analyze patient-care experiences and implement strategies to improve future quality of

care

• **Interpersonal and Communication Skills:**

* Efficiently communicate and utilize consultative services for appropriate and complete

 patient care

* Effectively communicate acute issues to Acute Care General Surgery (Trauma Surgery) and other consulting services
* Effectively communicate medical problems, interventions and therapies to patients and

 their families with respect and compassion to increase awareness and compliance

* Collaborate with physicians and other professionals to evaluate and treat patients, arrange appropriate placement and transfer if necessary, formulate a follow-up plan, and communicate effectively with patients, family, and involved health care members.

• **Professionalism:**

* Demonstrate respect and compassion through interactions with colleagues, patients and

their families

* Clearly communicate clinical questions, medical problems and interventions to admitting

teams and consultation services to facilitate continuity of patient care

* Complete and sign patient documentation at the end of each duty period

Complete all required program specific documentation in a timely fashion, including duty hour logs, surgical case log.

• **Systems-Based Practice:**

* Demonstrate an understanding of the organization of the VCU Oral and Maxillofacial Surgery service, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication.
* Effectively communicate with consultative, in-patient and ambulatory services to provide

focused and appropriate care

* Become familiar with the outpatient, inpatient, operating room, and emergency room

facilities at VCUMC, and resources available to the OMFS service.

* Demonstrate an understanding of the macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).
* Become aware of the differences between resource availability and other challenges in providing inpatient and outpatient care for insured and indigent patients.
* Understand the conflicting goals of providing state of the art and cost-effective healthcare, and demonstrate the ability to make cost-effective use of diagnostic tests and treatment modalities while maintaining quality of care.
* Demonstrate knowledge of how various forms of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
* Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire surgical team for all components of surgical care.
* Exhibit understanding of each member's contributions to the multidisciplinary patient care team, and a willingness to work with these team members to provide optimal patient care.
* Develop the habit of intermediate and long term planning of patient care.

**VCU Medical Center**

**Department of Otolaryngology**

**PGY 1 Radiation Oncology 4 week Rotation**

**Goals and Objectives**

During this 4 week rotation, the PGY-1 resident will receive training in the evaluation of adult adult patients with head and neck malignancies, and exposure to treatment of such lesions with radiation therapy. It is expected that the experience will allow the resident exposure to the initial evaluation of patients, multidisciplinary treatment planning through involvement in tumor board meetings, radiation simulation and treatment planning, intra-therapy monitoring for side effects and complications of treatment, and evaluation of post-treatment patients for surveillance of recurrence and long term complications. The rotation therefore provides opportunities for enhancing the resident’s multidisciplinary knowledge and management abilities for patients with these conditions. The resident is expected to gain experience with the simulation and treatment planning of patients with head and neck malignancies using external beam techniques, including 3-D conformal therapy (3-D CRT) and intensity-modulated radiation therapy (IMRT), in addition to brachytherapy techniques as applicable to this population of patients.

**General Goals and Objectives**

At completion of this rotation, the resident should be able to:

1) Evaluate patients suspected of malignancies of the head and neck region.

2) Formulate general treatment alternatives for these patients, presenting with tumors of different head and neck sites and stages.

3) Perform a complete head and neck examination including indirect (mirror) laryngoscopy and flexible fiberoptic endoscopy.

4) Understand issues related to simulation and treatment planning for radiation therapy.

5) Evaluate patients during in-treatment and post-treatment follow-up visits, and recognize and initiate management of common short and long term treatment side effects and complications, and also recognize common signs and symptoms of recurrent malignancy.

7) Review available published literature and incorporate into treatment recommendations and plans.

8) Contour normal structures in the head and neck, to include nodal drainage, based on available imaging studies.

9) Fuse PET/CT images with CT/simulation images to properly define target volumes.

10) Analyze dose-volume histograms and understand how the data is translated into critical appraisals of IMRT plans.

**Medical Knowledge**

Describe the relevant regional anatomic structures, including understanding the common draining lymphatics for different primary tumor sites in the head and neck.

Understand the radiation effects and response on organ of interest and surrounding

normal tissue, including common acute and chronic radiation effects and complications.

Identify epidemiologic and etiologic risk factors, tumor markers/molecular genetics,

potential preventative and screening methods for head and neck malignancies.

Understand natural history, typical clinical presentation, diagnostic workup and

staging, and clinicopathologic manifestations for head and neck malignancies.

Understand principles of multidisciplinary management, including roles of radiation and chemotherapy treatment, for head and neck malignancies occurring in common primary sites of the oral cavity, pharynx, larynx, head and neck skin, salivary glands, and the impact of tumor stage on treatment.

Understand the basic principles of radiological physics and radiobiology, and the potential impact of factors such as time-dose factors, repopulation, chemoradiation sensitization, hyperfractionation/altered fractionation, field alignment, and use of electron fields.

**Patient Care**

Be able to gather and organize essential information about a head & neck

cancer patient, including taking an accurate history of present illness, past

medical/surgical history, allergies, social/family history, particularly as they pertain to the

current illness.

Complete a full physical examination and be able to evaluate all hematological,

biochemical, and radiologic studies (eg, CXR, CT scans, PET scans) used to assess and stage

the head & neck cancer patient.

Gain familiarity with appropriateness of radiation, based on diagnostic

information and medical/scientific information, using clinical judgment.

Be able to complete chart appropriately, including timely completion of staging sheets,

consultation notes, treatment notes, and summaries.

Understand the development and implementation of patient management plans for Head and neck cancer patients who will receive pre-operative or post-operative radiation therapy +/- chemotherapy, including determination of intent of treatment (definitive/palliative);

Demonstrate familiarity with radiation therapy (including brachytherapy, as applicable) techniques and prescriptions, formulate and evaluate treatment plans and dosimetry according to accepted guidelines for primary sites within the head and neck, according to stage of

disease and the clinical situation

Learn basic critical organ tolerance dose parameters and begin to integrate this

information into the patient’s radiation therapy treatment plan.

Be able to identify and initiate management of acute, subacute and chronic side-effects in

patients under treatment and in follow-up, and to counsel/advise patients of appropriate

preevaluation, treatment and follow-up measures for each of these, including fatigue, cytopenia, skin reaction/dermatitis, mucositis, esophagitis, xerostermia, nutritional problems, soft tissue fibrosis, osteo-/chondronecrosis,

o Acknowledge and act upon the recognition of the opportunity to assist patients,

family members and society with smoking cessation, and provide appropriate counseling and

resources to achieve this goal.

**Practice-based Learning & Improvement**

Begin to locate, appraise and assimilate evidence from scientific studies related to

head & neck cancer patients, ie, become familiar with scientific evidence as may be

presented in a standard textbook.

Begin to apply knowledge of study design and statistical methods in order to appraise

clinical studies to support treatment recommendations.

Use information technology to manage information, access on-line medical

information and support own education.

Assist/facilitate the learning of students and other health care providers, including

nurses, therapists, and other junior residents.

**Interpersonal & Communication Skills**

Develop and sustain therapeutic and ethically sound relationships with

head & neck cancer patients through all phases of treatment.

Begin using effective listening, non-verbal, explanatory, questioning, and writing skills

to elicit and provide information to and about head & neck cancer patients, during interactions with patients, attendings, nurses, therapists, and administrative personnel.

Work effectively with others as a member of a multidisciplinary health care team, recognizing the roles and contributions of other providers.

**Professionalism**

Demonstrate respect, compassion, integrity, and responsiveness to the needs of the

head & neck cancer patient.

Obtain informed consent from head & neck cancer patients, including those entering protocols, and in doing so be able to communicate potential treatment risks, alternatives, and benefits.

Demonstrate commitment to ethical principles pertaining to permission/withholding of clinical care to head & neck cancer patients, especially those

treated for palliative purposes.

Begin, under the guidance of the attending, to gain experience in billing issues.

Demonstrate sensitivity/responsiveness to the head and neck cancer patients’

background, culture, and age.

**Systems-based Practice**

Understand how his/her patient care and other professional practices affect

other health care providers (eg, nurses and therapists).

Begin to practice health care that is cost-effective, and begin to learn how to allocate

resources, while not compromising quality of care.

Begin to help patients deal with health system complexities, eg, scheduling issues

relating to radiation, chemotherapy, dental appointments, etc.

**PGY-2 VCUHS GeneraL/Head and neck/facial plastics and reconstructive service Otolaryngology**

**Introduction**

The fundamental focus for the PGY-2 VCUHS General Otolaryngology/Head & Neck/Facial Plastic and Reconstructive Surgery rotation is to provide an introductory clinical experience with progressively increasing depth in evaluation and management of adult otolaryngologic conditions in General Otolaryngology, Head and Neck Oncology, and Facial Plastics and Reconstructive subspecialties. This will build upon the PGY-1 experience on the VCUMC Otolaryngology service. Each PGY-2 resident will spend 5 months on the VCU General/Head and Neck/Facial Plastic and Reconstructive service, 5 months on the Pediatric Otolaryngology/Otology Service and have a 1 month research block and 1 month VA Junior rotation (described under PGY-3). Thus for the first 10 months of the year both PGY-2 residents will be on the VCU team, but responsible for different “teams”. During this time one resident will primarily cover the pediatric and otology/neurotology otolaryngology responsibilities, while the other will primarily cover the adult general otolaryngology, head and neck cancer, and Plastics responsibilities. As both residents will alternate in their coverage on an approximately bi-monthly basis, the description that follows will pertain to both residents, regardless of daily assignments, when they are on the VCUHS service.

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

## Curriculum

**Required Conferences**

**1) Weekly Core Curriculum Conference** – Thursday evening; to follow the COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.

**2) Departmental Morning Conferences** – (Thursday morning) including Grand Rounds, Pathology Conference, Neuroradiology Conference, Practice-Based Learning Conference, and Journal Club.

**3) Departmental Symposia:** Temporal Bone Course, Microvascular, Sinus Endoscopy Symposium, Hayden Otology Symposium, and Allergy Course.

**Required Reading**

**1) AAO – HNS Flex Course.**

**2) Otolaryngology/Head and Neck Surgery. (Cummings or Bailey).** Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

**Recommended Reading**

**1) AAO-HNS Flex course and online modules -** – Patient and/or topic driven interactive online learning modules, many with pre-and post-tests with questions and answers.

**2) An Atlas of Head and Neck Surgery, Lore (ed), or Atlas of Head & Neck surgery, Bailey (ed)** – preparatory reading for surgical cases.

**3) Cummings Textbook Chapters, Review articles, etc** – general reading related to patient encounters.

### Required Products

**1) Submission of all Flex Course tests**

**2) ABO In Training Examination –** given yearly in March

**3) PowerPoint presentations for assigned “Coclia” Topics** covered in weekly core curriculum conference.

**4) Annual Grand Rounds Presentation** – Grand rounds format, stressing critical evaluation of medical literature available for chosen topic. (Electronic or hard copy of presentation to be submitted for permanent file).

**5) Monthly Practice-Based Learning Log** – cases of unfavorable or unexpected outcomes, with focused literature search and plan for practice improvement. (Hard copy of log entries to be submitted monthly for permanent file).

**6) ACGME Operative Case Log** – must be updated at least monthly, with each month’s cases to be input no later than the 10th day of the following month. (Hard copy of Case Log to be submitted yearly in July for permanent file).

**7) New Innovations Duty Hour Log** – must be updated at least monthly, no later than the 10th day of the following month.

**Clinical Duties and Responsibilities**

**Outpatient Clinic:** In the outpatient clinic the PGY-2 resident will get experience in the workup and treatment of a wide variety of otolaryngologic problems while under the direct supervision of departmental faculty. The PGY-2 is expected to become competent in performing a complete head and neck examination, including indirect laryngoscopy, microscopic examination of the ear, fiberoptic evaluation of the upper airway, and rigid endoscopy of the nose and paranasal sinuses.

**Inpatient Care:** While on the VCU service, the PGY-2 resident is involved in all aspects of care for patients on the otolaryngology service. They are responsible for daily floor work including chart notes, orders, wound care and floor procedures, under the direction of the chief resident. The PGY-2 resident is responsible for otolaryngology consultations in the emergency department, including the initial evaluation of head and neck trauma patients and closure of facial lacerations when the service covers facial trauma call (every third week). Evaluation findings and management plan are then discussed with the chief resident and/or the on-call attending. The PGY-2 resident will gain experience by performing under close supervision common otolaryngologic procedures as listed below. Additional experience will be gained by assisting more senior residents and faculty with more complex procedures, when not otherwise occupied.

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

**Administrative/Academic Duties:** The PGY-2 resident will be involved in teaching any medical students, as well as PGY-1 residents on the service.

**Competency based Goals and Objectives**

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

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

**A. Patient care**

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

*Objectives:*

1. Be able to conduct a complete and targeted, problem-specific head and neck history including: Chief complaint, History of present illness, Past medical and surgical history—including birth history when relevant, Allergies, Medications, Pertinent social history and cultural background.

2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.

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

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

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

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

*Objectives:*

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

* 1. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, and vertigo.
	2. General otolaryngic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
	3. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
	4. Inhalant and food allergies presenting with otolaryngologic manifestations.
	5. Traumatic deformities of the face, head, and neck.
	6. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.

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

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

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

*Objectives:*

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

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:

a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.

b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.

c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa

d. Ultrasound – neck

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

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

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:

 a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.

 b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.

 c. Allergy skin testing – including prick test and intradermal serial dilution testing.

 d. Polysomnography

 e. Videostroboscopy

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

*Objectives:*

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

 2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for

common otolaryngologic disorders, including but not limited to

a. acute and chronic otitis media

b. hearing loss and tinnitus

c. balance disorders

d. recurrent or chronic pharyngotonsillitis

e. chronic obstructive adenotonsillar hypertrophy

f. acute and chronic sinusitis

g. allergic and vasomotor rhinitis

h. dysphagia and gastroesophageal/laryngopharyngeal reflux

i. hoarseness

j. neck masses

k. obstructive sleep apnea

l. thyroid and parathyroid disease

m. diseases of the salivary glands

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

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

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

*Objectives:*

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

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

3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.

4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

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

*Objectives:*

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

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

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

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

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

6. Be able to effectively perform, with appropriate supervision, diagnostic and therapeutic procedures in the outpatient (clinic or emergency room) or inpatient setting, including:

 a. Microscopic ear exam and debridement or removal of cerumen

b. Intranasal cautery or packing for epistaxis

c. Rigid nasal endoscopy for debridement or biopsy

d. First tracheotomy tube change

e. Myringotomy with PE tube placement

f. Wound debridement

g. Mandibular arch bar removal

h. Removal of nasal and external auditory canal foreign bodies

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

h. Placement of mastoid dressing

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

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

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

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

a. Adenotonsillectomy

b. Tracheostomy

c. Direct laryngoscopy/microlaryngoscopy

d. Esophagoscopy (rigid and flexible)

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

 f. Myringotomy with or without tympanostomy tube insertion.

g. Nasal turbinate surgery

h. Closed reduction mandible fracture with maxillomandibular fixation

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

*Objectives:*

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

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

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

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

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

**B. Medical Knowledge**

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

*Objectives:*

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

2. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:

 a. branchial pouches, arches, and clefts and derived structures

 b. external, middle, and inner ear, mastoid, and lateral skull base

 c. nose, paranasal sinuses, and anterior skull base

 d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea

 e. fascial planes and spaces of the head and neck

 f. salivary glands

 g. thyroid and parathyroid glands

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

*Objectives:*

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

2. Complete required reading, to include AAO-HNS Home Study course, and assigned chapters in Cummings (ed) Otolaryngology/Head and Neck Surgery, in conjunction with weekly resident didactic conferences.

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

*Objectives:*

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

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

3. Demonstrate knowledge through preparation of answers to assigned weekly “Coclia” questions, and active participation in resident didactic conference.

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

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

*Objectives:*

1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.

2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.

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

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

*Objectives:*

1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.

2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.

 3. Show initiative in identifying personal areas of relative weakness and need for

improvement, through consultation with faculty and resident colleagues, and address

identified gaps in knowledge and clinical skills.

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

*Objectives:*

1. Successfully teach PGY-1 resident basic head and neck examination, including use of head mirror, otoscope, and flexible endoscopes. Promote PGY-1 residents’ understanding of the evaluation and management of disorders of the head and neck.

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

**D. Interpersonal and Communication Skills**

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

*Objectives:*

 1. Begin to develop skills to build appropriate physician-patient relationships.

2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

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

*Objectives:*

1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.

2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.

3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.

4. Demonstrate ability and willingness to maintenance patient confidentiality, and knowledge of HIPPA statutes.

5. Strive for continuous self-improvement in this area, guided by VCU standards of professionalism as well as careful review of semiannual 360 degree evaluations with formulation of plan for self-improvement.

**E. Professionalism.**

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

*Objectives:*

 1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.

2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.

3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.

4. Demonstrate adequate preparation and planning before scheduled operative procedures.

5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.

6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

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

*Objectives:*

1. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.

 2. Demonstrate accountability for actions and decisions.

**F. Systems-Based Practice**

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

*Objectives:*

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

 2. Become familiar with the outpatient, inpatient, operating room, and emergency room

facilities at VCUMC, and resources available to the Otolaryngology service.

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

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

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

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

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

*Objectives:*

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

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

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

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

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

**PGY-2 VCUHS Otology/Pediatric Otolaryngology**

**Introduction**

The fundamental focus for the PGY-2 VCUHS Otology/Pediatric Otolaryngology rotation is to provide an introductory clinical experience with progressively increasing depth in evaluation and management of otologic and pediatric otolaryngologic conditions. This will build upon the PGY-1 experience on the VCUMC Otolaryngology service. Each PGY-2 resident will spend 5 months on the VCU Otology/Pediatric service, 5 months on the General Adult/Head and Neck Oncology and Facial Plastics and Reconstructive Service, and have a 1 month research block and a 1 month VA Junior block (described in PGY-3). Thus for the first 10 months of the year both PGY-2 residents will be on the VCU team, but primarily responsible for different services. During this time one resident will primarily cover the pediatric and otologic responsibilities, while the other will primarily cover the adult general otolaryngology, head and neck cancer, and plastics responsibilities.

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

## Curriculum

**Required Conferences**

**1) Weekly Core Curriculum Conference** – Thursday evening; to follow the COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.

**2) Departmental Morning Conferences** – (Thursday morning) including Grand Rounds, Pathology Conference, Neuroradiology Conference, Practice-Based Learning Conference, and Journal Club.

**3) Departmental Symposia:** Temporal Bone Course, Microvascular Course, Sinus Endoscopy Symposium, Hayden Otology Symposium, and Allergy Course.

**Required Reading**

**1) AAO – HNS Flex Course.**

**2) Otolaryngology/Head and Neck Surgery. (Charles Cummings, editor).** Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

**Recommended Reading**

**1) 1) AAO-HNS Online Educational Materials -** – Patient and/or topic driven interactive online learning modules, many with pre-and post-tests with questions and answers.**2) An Atlas of Head and Neck Surgery, Lore (ed), or Atlas of Head & Neck surgery, Bailey (ed)** – preparatory reading for surgical cases.

**3) Cummings Textbook Chapters, Review articles, etc** – general reading related to patient encounters.

### Required Products

**1) Submission of all Home Study Course tests**

**2) ABO In Training Examination –** given yearly in March

**3) PowerPoint presentations for assigned “Coclia” Topics** covered in weekly core curriculum conference.

**4) Annual Grand Rounds Presentation** – Grand rounds format, stressing critical evaluation of medical literature available for chosen topic. (Hard copy or electronic version of presentation to be submitted for permanent file).

**5) Monthly Practice-Based Learning Log** – cases of unfavorable or unexpected outcomes, with focused literature search and plan for practice improvement. (Hard copy or electronic version of log entries to be submitted monthly for permanent file).

**6) ACGME Operative Case Log** – must be updated at least monthly, with each month’s cases to be input no later than the 10th day of the following month. (Hard copy of Case Log to be submitted yearly in July for permanent file).

**7) New Innovations Duty Hour Log** – must be updated at least quarterly, no later than the 10th day of the following month.

**Clinical Duties and Responsibilities**

**Outpatient Clinic:** In the outpatient clinic the PGY-2 resident will get experience in the workup and treatment of a wide variety of otolaryngologic problems while under the direct supervision of departmental faculty. Specifically on this rotation, the PGY-2 is expected to become competent in performing examinations of pediatric patients as well as adult and pediatric patients with otologic or neurotologic disorders. The resident will be expected to perform a complete head and neck examination, including indirect laryngoscopy, microscopic examination of the ear, fiberoptic evaluation of the upper airway, and rigid endoscopy of the nose and paranasal sinuses.

**Inpatient Care:** While on the VCU service, the PGY-2 resident is involved in all aspects of care for patients on the pediatric and otology service. They are responsible for daily floor work including chart notes, orders, wound care and floor procedures, under the direction of the chief resident. The Pediatric/Otology service PGY-2 resident will be responsible for inpatient pediatric consults and will present these consults to the Pediatric/Otology Service Chief Resident. Both PGY-2 residents are equally responsible for otolaryngology consultations in the emergency department, including the initial evaluation of head and neck trauma patients and closure of facial lacerations when the service covers facial trauma call (every third week). Evaluation findings and management plan are then discussed with the chief resident and/or the on-call attending. The PGY-2 resident will gain experience by performing under close supervision common otolaryngologic procedures as listed below. Additional experience will be gained by assisting more senior residents and faculty with more complex procedures, when not otherwise occupied.

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

**Administrative/Academic Duties:** The PGY-2 resident will be involved in teaching any medical students, as well as PGY-1 residents on the service.

**Competency based Goals and Objectives**

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

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

**A. Patient care**

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

*Objectives:*

1. Be able to conduct a complete and targeted, problem-specific head and neck history including: Chief complaint, History of present illness, Past medical and surgical history—including birth history when relevant, Allergies, Medications, Pertinent social history and cultural background.

2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.

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

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

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

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

*Objectives:*

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

1. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, and vertigo.
2. General otolaryngic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
3. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
4. Inhalant and food allergies presenting with otolaryngologic manifestations.
5. Traumatic deformities of the face, head, and neck.
6. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.

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

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

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

*Objectives:*

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

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:

a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.

b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.

c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa

d. Ultrasound – neck

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

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

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:

 a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.

 b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.

 c. Allergy skin testing – including prick test and intradermal serial dilution testing.

 d. Polysomnography

 e. Videostroboscopy

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

*Objectives:*

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

 2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for

common otolaryngologic disorders, including but not limited to

a. acute and chronic otitis media

b. hearing loss and tinnitus

c. balance disorders

d. recurrent or chronic pharyngotonsillitis

e. chronic obstructive adenotonsillar hypertrophy

f. acute and chronic sinusitis

g. allergic and vasomotor rhinitis

h. dysphagia and gastroesophageal/laryngopharyngeal reflux

i. hoarseness

j. neck masses

k. obstructive sleep apnea

l. thyroid and parathyroid disease

m. diseases of the salivary glands

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

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

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

*Objectives:*

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

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

3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.

4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

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

*Objectives:*

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

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

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

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

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

6. Be able to effectively perform, with appropriate supervision, diagnostic and therapeutic procedures in the outpatient (clinic or emergency room) or inpatient setting, including:

 a. Microscopic ear exam and debridement or removal of cerumen

b. Intranasal cautery or packing for epistaxis

c. Rigid nasal endoscopy for debridement or biopsy

d. First tracheotomy tube change

e. Myringotomy with PE tube placement

f. Wound debridement

g. Removal of nasal and external auditory canal foreign bodies

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

i. Placement of mastoid dressing

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

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

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

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

a. Adenotonsillectomy

b. Tracheostomy

c. Direct laryngoscopy/microlaryngoscopy

d. Esophagoscopy (rigid and flexible)

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

 f. Myringotomy with or without tympanostomy tube insertion.

g. Nasal turbinate surgery

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

*Objectives:*

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

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

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

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

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

**B. Medical Knowledge**

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

*Objectives:*

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

2. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:

 a. branchial pouches, arches, and clefts and derived structures

 b. external, middle, and inner ear, mastoid, and lateral skull base

 c. nose, paranasal sinuses, and anterior skull base

 d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea

 e. fascial planes and spaces of the head and neck

 f. salivary glands

 g. thyroid and parathyroid glands

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

*Objectives:*

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

2. Complete required reading, to include AAO-HNS Home Study course, and assigned chapters in Bailey and Calhoun (eds) Otolaryngology/Head and Neck Surgery, in conjunction with weekly resident didactic conferences.

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

*Objectives:*

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

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

3. Demonstrate knowledge through preparation of answers to assigned weekly “Coclia” questions, and active participation in resident didactic conference.

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

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

*Objectives:*

1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.

2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.

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

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

*Objectives:*

1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.

2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.

 3. Show initiative in identifying personal areas of relative weakness and need for

improvement, through consultation with faculty and resident colleagues, and address

identified gaps in knowledge and clinical skills.

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

*Objectives:*

1. Successfully teach PGY-1 resident basic head and neck examination, including use of head mirror, otoscope, and flexible endoscopes. Promote PGY-1 residents’ understanding of the evaluation and management of disorders of the head and neck.

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

**D. Interpersonal and Communication Skills**

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

*Objectives:*

 1. Begin to develop skills to build appropriate physician-patient relationships.

2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

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

*Objectives:*

1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.

2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.

3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.

4. Demonstrate ability and willingness to maintenance patient confidentiality, and knowledge of HIPPA statutes.

5. Strive for continuous self-improvement in this area, guided by VCU standards of professionalism as well as careful review of semiannual 360 degree evaluations with formulation of plan for self-improvement.

**E. Professionalism.**

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

*Objectives:*

 1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.

2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.

3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.

4. Demonstrate adequate preparation and planning before scheduled operative procedures.

5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.

6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

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

*Objectives:*

1. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.

 2. Demonstrate accountability for actions and decisions.

**F. Systems-Based Practice**

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

*Objectives:*

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

 2. Become familiar with the outpatient, inpatient, operating room, and emergency room

facilities at VCUMC, and resources available to the Otolaryngology service.

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

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

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

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

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

*Objectives:*

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

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

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

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

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

**PGY-2 VCUHS CONSULT ROTATION Otolaryngology**

**Introduction**

The fundamental focus for the PGY-2 VCUHS consult Otolaryngology rotation is to provide a broad clinical experience with progressively increasing depth in evaluation and management of adult and pediatric otolaryngologic conditions in the inpatient consultations etting. This will build upon the PGY-2 experience on the VCUHS Head & Neck/Plastics/General Otolaryngology service and Pediatric experience obtained during PGY-1. Each PGY-2 resident will spend 5 months on the inpatient consultation service.

In general the PGY-2 resident on the consult rotation will include provision of care for emergency room consultations, and wil be primarily responsible for the adult and pediatric inpatient consult service. All consult patients will be presented to the chief resident or consult attending for the week to arrive at a final diagnostic and treatment plan. Delegation of authority and responsibility for patient care will increase as the resident demonstrates increased competence in the delivery of safe, effective, and compassionate care. Whereas it is recognized that resident performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis, formal written evaluation of resident performance will be conducted semiannually.

## Curriculum

**Required Conferences**

**1) Weekly Core Curriculum Conference** – Thursday evening; to follow the COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.

**2) Departmental Morning Conferences** – (Thursday morning) including Grand Rounds, Pathology Conference, Neuroradiology Conference, Practice-Based Learning Conference, and Journal Club.

**3) Departmental Symposia:** Temporal Bone Course, Soft Tissue Workshop, Sinus Endoscopy Symposium, Hayden Otology Symposium, and Allergy Course.

**Required Reading**

**1) AAO – HNS Flex Course.**

**2) Otolaryngology/Head and Neck Surgery. (Charles Cummings editor).** Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

**Recommended Reading**

**1) 3) AAO-HNS Academy U -** – Patient and/or topic driven interactive online learning modules, many with pre-and post-tests with questions and answers.

**2) Selected articles from the medical literature** – recommend review articles such as those found in Otolaryngology Clinics of North America, large meta-analyses, and select “classic “ articles from the literature as identified by faculty in conferences, or identified through other reading.

**3) An Atlas of Head and Neck Surgery, Lore (ed), or Atlas of Head & Neck Surgery, Bailey (ed)** – preparatory reading for surgical cases.

### Required Products

**1) Submission of all AAO Flex Course tests**

**2) ABO In Training Examination –** given yearly in March

**3) PowerPoint presentations for assigned “Coclia” Topics** covered in weekly core curriculum conference.

**4) Annual Grand Rounds Presentation** – Grand rounds format, stressing critical evaluation of medical literature available for chosen topic. (Hard copy of presentation to be submitted for permanent file).

**5) Monthly Practice-Based Learning Log** – cases of unfavorable or unexpected outcomes, with focused literature search and plan for practice improvement. (Hard copy of log entries to be submitted monthly for permanent file).

**6) ACGME Operative Case Log** – must be updated at least monthly, with each month’s cases to be input no later than the 10th day of the following month. (Hard copy of Case Log to be submitted yearly in July for permanent file).

**7) New Innovations Duty Hour Log** – must be updated at least quarterly, no later than the 10th day of the following month.

**Clinical Duties and Responsibilities**

**Inpatient Care:** While on the VCUHS consult Otolaryngology service, during routine work hours the PGY-2 resident is responsible for the initial evaluation of all adult and pediatric inpatient consultations as well as emergency department consultations, including presentation of consults to the appropriate Otolaryngology service chief resident and on-call attending. They will also assist, teach, and oversee the PGY-1 residents in daily inpatient care duties, including chart notes, orders, wound care and floor procedures as availability permist. The PGY-2 resident will improve upon basic operative skills by participating in operative procedures on inpatients (e.g. tracheostomies on ICU patients) , and will also gain further experience in performing under close supervision more complex otolaryngologic procedures as listed below. Additional experience will be gained by assisting more senior residents and faculty with more complex procedures, when not otherwise occupied.

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

**Administrative/Academic Duties:** The PGY-2 consult Otolaryngology resident will be involved in teaching any medical students, as well as PGY-1 residents on the Otolaryngology service.

**Competency based Goals and Objectives**

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

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

**A. Patient care**

***Goal 1.*** Perform a thorough and complete evaluation of pediatric and adult patients presenting to the emergency room or requested by an inpatient service with otolaryngologic complaints, including performance of a general and focused head and neck history, pertinent review of systems, and head and neck examination.

*Objectives:*

1. Be able to conduct a complete and targeted, problem-specific head and neck history including: Chief complaint, History of present illness, Past medical and surgical history—including birth history when relevant, Allergies, Medications, Pertinent social history and cultural background.

2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.

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

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

5. Describe the elements of a complete head and neck specialty inpatient consultation clinical note, and consistently demonstrate appropriate chart documentation for patient encounters.

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

*Objectives:*

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

1. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, and vertigo.
2. General otolaryngic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
3. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
4. Inhalant and food allergies presenting with otolaryngologic manifestations.
5. Traumatic deformities of the face, head, and neck.
6. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.

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

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

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

*Objectives:*

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

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:

a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.

b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.

c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa

d. Ultrasound – neck

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

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

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:

 a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.

 b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.

 c. Allergy skin testing – including prick test and intradermal serial dilution testing.

 d. Polysomnography

 e. Videostroboscopy

***Goal 4.*** Understand the indications, alternative treatments, potential benefits, and risks and complications of common otolaryngologic procedures performed in the inpatient and emergency room setting.

*Objectives:*

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

 2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for

common otolaryngologic disorders, including but not limited to

a. acute and chronic otitis media

b. hearing loss and tinnitus

c. balance disorders

d. recurrent or chronic pharyngotonsillitis

e. chronic obstructive adenotonsillar hypertrophy

f. acute and chronic sinusitis

g. allergic and vasomotor rhinitis

h. dysphagia and gastroesophageal/laryngopharyngeal reflux

i. hoarseness

j. neck masses

k. obstructive sleep apnea

l. thyroid and parathyroid disease

m. diseases of the salivary glands

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

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

***Goal 5.*** Carry out an appropriate pre-operative evaluation, including appropriate use of consultations for medical clearance, for patients undergoing major and minor otolaryngologic procedures in the inpatient or emergency department setting.

*Objectives:*

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

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

3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.

4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

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

*Objectives:*

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

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

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

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

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

6. Be able to effectively perform, with appropriate supervision, diagnostic and therapeutic procedures in the emergency room or inpatient setting, including:

 a. Microscopic ear exam and debridement or removal of cerumen

b. Intranasal cautery or packing for epistaxis

c. Rigid nasal endoscopy for debridement or biopsy

d. First tracheotomy tube change

e. Myringotomy with PE tube placement

f. Wound debridement

g. Removal of nasal and external auditory canal foreign bodies

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

i. Placement of mastoid dressing

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

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

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

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

a. Adenotonsillectomy

b. Tracheostomy

c. Direct laryngoscopy/microlaryngoscopy

d. Esophagoscopy (rigid and flexible)

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

 f. Myringotomy with or without tympanostomy tube insertion.

g. Nasal turbinate surgery

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

*Objectives:*

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

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

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

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

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

**B. Medical Knowledge**

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

*Objectives:*

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

2. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:

 a. branchial pouches, arches, and clefts and derived structures

 b. external, middle, and inner ear, mastoid, and lateral skull base

 c. nose, paranasal sinuses, and anterior skull base

 d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea

 e. fascial planes and spaces of the head and neck

 f. salivary glands

 g. thyroid and parathyroid glands

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

*Objectives:*

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

2. Complete required reading, to include AAO-HNS Home Study course, and assigned chapters in Bailey and Calhoun (eds) Otolaryngology/Head and Neck Surgery, in conjunction with weekly resident didactic conferences.

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

*Objectives:*

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

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

3. Demonstrate knowledge through preparation of answers to assigned weekly “Coclia” questions, and active participation in resident didactic conference.

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

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

*Objectives:*

1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.

2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.

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

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

*Objectives:*

1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.

2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.

 3. Show initiative in identifying personal areas of relative weakness and need for

improvement, through consultation with faculty and resident colleagues, and address

identified gaps in knowledge and clinical skills.

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

*Objectives:*

1. Successfully teach PGY-1 resident basic head and neck examination, including use of head mirror, otoscope, and flexible endoscopes. Promote PGY-1 residents’ understanding of the evaluation and management of disorders of the head and neck.

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

**D. Interpersonal and Communication Skills**

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

*Objectives:*

 1. Begin to develop skills to build appropriate physician-patient relationships.

2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

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

*Objectives:*

1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.

2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.

3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.

4. Demonstrate ability and willingness to maintenance patient confidentiality, and knowledge of HIPPA statutes.

5. Strive for continuous self-improvement in this area, guided by VCU standards of professionalism as well as careful review of semiannual 360 degree evaluations with formulation of plan for self-improvement.

**E. Professionalism.**

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

*Objectives:*

 1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.

2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.

3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.

4. Demonstrate adequate preparation and planning before scheduled operative procedures.

5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.

6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

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

*Objectives:*

1. Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.

 2. Demonstrate accountability for actions and decisions.

**F. Systems-Based Practice**

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

*Objectives:*

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

 2. Become familiar with the inpatient, operating room, and emergency room

facilities at VCUMC, and resources available to the Otolaryngology service.

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

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

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

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

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

*Objectives:*

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

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

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

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

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

**PGY-2 Research Rotation**

**INTRODUCTION**

The PGY-2 Research Rotation is intended provide protected time for the resident to identify an area(s) of research interest, and to begin making any necessary arrangements to allow completion of a major project during the PGY-3 research rotation. In addition, the resident should select and complete a small project (case report or clinical study) during the PGY-2 Research Rotation. All residents will be required to complete at least one research project, to be submitted to an appropriate peer-reviewed journal as approved by their research mentor, in each of the PGY-2 through PGY-5 years. In addition, during this rotation, the resident will be introduced to research bioethics and study design. Research projects may be either clinical or laboratory in nature, and can be arranged with faculty members in any department within VCU Medical Center. The research resident will have protected time for research, but may also have some scheduled clinical duties including clinic or operating room vacation coverage, and on-call coverage. The resident will also attend all conferences, courses, and symposia within the department. Formal evaluation of resident performance will be conducted by the Residency Director of Research and the resident’s faculty research mentor(s) following completion of the rotation.

**Curriculum**

**Required Conferences**

**1) Weekly Core Curriculum Conference** – Thursday evening; to follow the COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.

**2) Departmental Morning Conferences** – (Thursday morning) including Grand Rounds, Pathology Conference, Neuroradiology Conference, Practice-Based Learning Conference, and Journal Club.

**3) Departmental Symposia:** Temporal Bone Course, Microvascular Course, Sinus Endoscopy Symposium, Hayden Otology Symposium, and Allergy Course.

**Required Reading**

**1) AAO – HNS Home Study Course.**

**2) Citi Program –** online tutorial in biomedical human subjects research – accessed at [www.citiprogram.org](http://www.citiprogram.org)

**3) eMedicine tutorials:** “Evaluating the Literature,” “Introductory Biostatistics,” “Screening and diagnostic Tests,” “ and “Study Designs” – access at <http://www.emedicine.com/emerg/EPIDEMIOLOGY.htm>

**4) Designing Clinical Research**, third edition, Stephen B. Hulley et al, eds, 2007

**Required Products**

**1) Submission of all Home Study Course tests**

**2) Successful completion of Citi Program tutorial and test for biomedical research, submission of completion certificate for resident file**

**3) Manuscript for case report or clinical research study** – the case to be reported and the faculty mentor should be identified, and a manuscript completed by the end of the rotation. This should be presented at either a state or national scientific meeting, and the manuscript *submitted* to a peer-reviewed journal for publication by no later than the end August of the PGY-3 year.

**4) Identification of primary research project and mentor** - the resident will be expected to identify a research mentor, develop a hypothesis and formulate a research project to test the hypothesis.

**5) NIH style Research Proposal for primary research study** to be completed in PGY-3 Research rotation – see attached, and instructions refer online to: <http://www.whitaker.org/sanders.html>

**6) Oral Presentation** – the primary research project detailed in 4) will be presented during Departmental Grand Rounds or Research Meeting in PowerPoint format (minimum 10 minutes) no later than the end of August of the PGY-3 year.

**7) PowerPoint presentations for assigned “Coclia” Topics** covered in weekly core curriculum conference.

**8) Annual Grand Rounds Presentation** – Grand rounds format, stressing critical evaluation of medical literature available for chosen topic. (Hard copy of presentation to be submitted for permanent file).

**9) Monthly Practice-Based Learning Log** – cases of unfavorable or unexpected outcomes, with focused literature search and plan for practice improvement. (Hard copy of log entries to be submitted monthly for permanent file).

**10) ACGME Operative Case Log** – must be updated at least monthly, with each month’s cases to be input no later than the 10th day of the following month. (Hard copy of Case Log to be submitted yearly in July for permanent file).

**11) New Innovations Duty Hour Log** – must be updated at least quarterly, no later than the 10th day of the following month.

**Clinical Duties and Responsibilities**

**Outpatient Clinic:** As noted above, the PGY-2 research resident will have limited outpatient clinic assignments. In the outpatient clinic the PGY-2 resident will get experience in the workup and treatment of a wide variety of otolaryngologic problems while under the direct supervision of departmental faculty. The PGY-2 is expected to become competent in performing a complete head and neck examination, including indirect laryngoscopy, microscopic examination of the ear, fiberoptic evaluation of the upper airway, and rigid endoscopy of the nose and paranasal sinuses.

**Inpatient Care:** The PGY-2 research resident will not be a fulltime member of the resident patient care team, so as such will not have regularly assigned inpatient duties. Rather the research resident may be asked to cover patient care duties appropriate for his/her level when other residents are absent for leave or impending duty hour violations. Such coverage will be assigned at the discretion of the program director, and will be minimized so as not to negatively impact the resident’s research experience.

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

**Administrative/Academic Duties:** None.

**Competency based Goals and objectives**

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

**A. Patient Care – N/A**

**B. Medical Knowledge**

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

## C. Practice Based Learning and Improvement

* To understand the research process including development of a hypothesis, formulation of research methodology to investigate the hypothesis, proper execution of the research project, appropriate statistical analysis and presentation of data.
* Evaluate and critically analyze clinical evidence published in the medical literature.
* Apply analysis of medical literature to patient management.

## D. Interpersonal and Communication Skills

* Establish and maintain professional relationships with patients, research subjects, and healthcare/research team members.
* Develop skills in oral and written presentation of scientific information
* Understand the basic requirements of informed consent for research study participation, and demonstrate adequate skill in obtaining informed consent from prospective research subjects
* To understand the fundamentals of grant-writing.
* To learn how to write a manuscript suitable for publication in the peer-reviewed medical literature

## E. Professionalism

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

## F. Systems Based Practice

* Be aware of cost-effective research issues.
* Be sensitive to medical-legal issues.
* Understand proper application of information technology/computer resources including online literature searching and database management.

**Steps in Writing an NIH Research Proposal**

|  |  |
| --- | --- |
| Step 1 | * Idea
* Choose a submission deadline and stick to it (give yourself enough time)
 |
| Step 2 | * Read one or more successful R01/R03 proposals
* Read previous literature and related literatures
* Formulate 1 to 3 specific research questions
* Investigate data, materials, institutional arrangements, collaborations, anything else you need to get the project done
 |
| Step 3 | * Prepare 3-page summary of project (including research questions, data, methods, etc.)
* Get advice from experienced colleagues and NIH program officer
* Get started on human subjects review
 |
| **Step 4** | * Prepare proposal draft
* Get started on administrative paperwork/budget
 |
| **Step 5** | * Get experienced colleagues and program officer to read and critique proposal
* Revise the proposal (probably several times)
* Don’t give up or decide to wait until the next submission deadline
 |
| **Step 6**  | * Submit proposal
 |
| **Step 7** | * Get feedback after the review (talk to program officer; read written review)
* Show review to colleagues and get advice
 |
| **Step 8** | * Revise your proposal and resubmit
 |

**NIH Research Proposal Structure**

**1. Specific Aims (1 page maximum summary)**

* Introduction to the topic
* What specific questions you plan to answer (1-5 specific questions or goals)
* Brief summary of data and type of methods to be used (1-2 sentences)
* Why this study is important and/or innovative. What study will contribute. Why the reviewer should care about this topic and study.

**2. Background and Significance (2 page maximum)**

* Very focused literature review (not a general summary) centered on what we know about your specific research questions, what we don’t know, and what you will add to the literature
* Clear conceptual framework or theoretical approach (drawn from the literature review) that you will use to guide your analysis
* Why this issue is important and what will we learn from your study

**3. Progress Report/Previous Studies**

* Summarize any previous work you have done on this topic
* Summarize other previous work you’ve done that is related to this project
* Summarize qualifications of investigators to carry out this study

**4. Data and Methods (2 page maximum)**

* Very specific, clear and well-organized roadmap or game plan showing how you will conduct the analyses which with answer the 2-5 specific questions in your specific aims
* Can be organized around the questions or goals in Specific Aims (To answer this question I will…)
* Can be organized around stages of analysis (first I will do this..next I will do this…)
* Use illustrations of how you will conduct analysis
* Make sure all salient details of data, sampling, data quality, potential biases and limitations of data are described
* Be realistic about the strengths and limitations of your study are. Don’t oversell or undersell your solutions to problems that have plagued past studies.
* Don’t ignore methodological or data problems – recognize them and explain how they will be handled

**Total length should be 3-5 pages.**

**PGY-3 VCUHS Head & Neck/Plastics/General Otolaryngology**

**Introduction**

The fundamental focus for the PGY-3 VCUHS Head & Neck/Plastics/General Otolaryngology rotation is to provide a broad clinical experience with progressively increasing depth in evaluation and management of adult and pediatric otolaryngologic conditions. This will build upon the PGY-2 experience on the VCUHS Head & Neck/Plastics/General Otolaryngology service. Each PGY-3 resident will spend 3 months on the VCUHS Head & Neck/Plastics/General Otolaryngology Service, 6 months on the otolaryngology service at McGuire Veterans Administration Medical Center, and have a 3 month research block (described elsewhere).

In general the PGY-3 resident on the VCUHS Head & Neck/Plastics/General Otolaryngology service will assist with care of inpatients on the otolaryngology service, and evaluation of emergency room consultations, and will assist the chief resident with oversight of the care provided by the PGY-1 and 2 residents on the service. Delegation of authority and responsibility for patient care will increase as the resident demonstrates increased competence in the delivery of safe, effective, and compassionate care. Whereas it is recognized that resident performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis, formal written evaluation of resident performance will be conducted semiannually.

## Curriculum

**Required Conferences**

**1) Weekly Core Curriculum Conference** – Thursday evening; to follow the COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.

**2) Departmental Morning Conferences** – (Thursday morning) including Grand Rounds, Pathology Conference, Neuroradiology Conference, Practice-Based Learning Conference, and Journal Club.

**3) Departmental Symposia:** Temporal Bone Course, Soft Tissue Workshop, Sinus Endoscopy Symposium, Hayden Otology Symposium, and Allergy Course.

**Required Reading**

**1) AAO – HNS Flex Course.**

**2) Otolaryngology/Head and Neck Surgery. (Charles Cummings editor).** Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

**Recommended Reading**

**1) 3) AAO-HNS Academy U -** – Patient and/or topic driven interactive online learning modules, many with pre-and post-tests with questions and answers.

**2) Selected articles from the medical literature** – recommend review articles such as those found in Otolaryngology Clinics of North America, large meta-analyses, and select “classic “ articles from the literature as identified by faculty in conferences, or identified through other reading.

**3) An Atlas of Head and Neck Surgery, Lore (ed), or Atlas of Head & Neck Surgery, Bailey (ed)** – preparatory reading for surgical cases.

### Required Products

**1) Submission of all AAO Flex Course tests**

**2) ABO In Training Examination –** given yearly in March

**3) PowerPoint presentations for assigned “Coclia” Topics** covered in weekly core curriculum conference.

**4) Annual Grand Rounds Presentation** – Grand rounds format, stressing critical evaluation of medical literature available for chosen topic. (Hard copy of presentation to be submitted for permanent file).

**5) Monthly Practice-Based Learning Log** – cases of unfavorable or unexpected outcomes, with focused literature search and plan for practice improvement. (Hard copy of log entries to be submitted monthly for permanent file).

**6) ACGME Operative Case Log** – must be updated at least monthly, with each month’s cases to be input no later than the 10th day of the following month. (Hard copy of Case Log to be submitted yearly in July for permanent file).

**7) New Innovations Duty Hour Log** – must be updated at least quarterly, no later than the 10th day of the following month.

**Clinical Duties and Responsibilities**

**Outpatient Clinic:** The PGY-3 Head & Neck/Plastics/General Otolaryngology resident will be assigned to the outpatient clinic under the supervision of the faculty, and there will be involved in the evaluation and treatment of outpatients, in addition to assuming a teaching role with the PGY-1 and 2 residents and medical students in the clinic. It is expected that this experience will build upon the PGY-2 experience, so as such the PGY-3 resident will hone examination skills, and further develop the skills and knowledge required to evaluate and initiate treatment for patients with otolaryngologic complaints.

**Inpatient Care:** While on the VCUHS Head & Neck/Plastics/General Otolaryngology service, the PGY-3 resident will assist, teach, and oversee the PGY-1 and 2 residents in daily inpatient care duties, including chart notes, orders, wound care and floor procedures. During routine work hours the PGY-3 resident is responsible for the initial evaluation of all adult inpatient consultations, including presentation of consults to the Head & Neck/Plastics/General Otolaryngology service chief resident and on-call attending. The PGY-3 resident will improve upon basic operative skills developed in the PGY-2 year, and will also gain further experience in performing under close supervision more complex otolaryngologic procedures as listed below. Additional experience will be gained by assisting more senior residents and faculty with more complex procedures, when not otherwise occupied.

**Call Coverage:** The PGY-3 Head & Neck/Plastics/General Otolaryngology resident is assigned to the first-call schedule, and as such will see inpatient and emergency room consultations at VCUHS in conjunction with the second-call senior resident and on-call attending.

**Administrative/Academic Duties:** The PGY-3 Head & Neck/Plastics/General Otolaryngology resident will be involved in teaching any medical students, as well as PGY-1 and 2 residents on the Head & Neck/Plastics/General Otolaryngology service.

**Competency based Goals and Objectives**

**Goal–Specific Objectives for the** VCUHS Head & Neck/Plastics/General Otolaryngology PGY-3 resident:

The PGY-3 resident is considered an intermediate level resident on the VCUHS service, but is the junior resident on the VAMC service, and alternates with the PGY-2 residents in the first call schedule, there will be considerable overlap in Goals and Objectives for these two years. At the end of the PGY-3 year, the residents spends 2 months as the VA senior resident on service (see detailed Goals and Objectives for VA Senior under PGY-4 description). However the PGY-3 Head & Neck/Plastics/General Otolaryngology resident will be expected to demonstrate increased depth and breadth of medical knowledge and patient care skills, and further development in all areas of competency with graduated responsibility towards the end of the 3rd year.

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

**A. Patient care**

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

*Objectives:*

1. Be able to conduct a complete and targeted, problem-specific head and neck history including: Chief complaint, history of present illness, past medical and surgical history—including birth history when relevant, allergies, medications, pertinent social history and cultural background.

2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.

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

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

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

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

*Objectives:*

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

1. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, vertigo, and neoplasms of the temporal bone.
2. General otolaryngic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
3. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
4. Inhalant and food allergies presenting with otolaryngologic manifestations.
5. Congenital, reconstructive, and cosmetic deformities of the face, head, and neck.
6. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.

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

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

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

*Objectives:*

1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as:

 a. Pure tone audiometry

 b. Speech audiometry

 c. Tympanometry

 d. Acoustic reflexes

 e. Otoacoustic emissions

 f. Auditory brainstem response testing

 g. Electronystagmography

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:

a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.

b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.

c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa

d. Ultrasound – neck

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

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

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:

a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.

 b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.

 c. Allergy skin testing – including prick test and intradermal serial dilution testing.

 d. Polysomnography

 e. Videostroboscopy

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

*Objectives:*

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

 2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for

common otolaryngologic disorders, including but not limited to

a. acute and chronic otitis media

b. hearing loss and tinnitus

c. balance disorders

d. recurrent or chronic pharyngotonsillitis

e. chronic obstructive adenotonsillar hypertrophy

f. acute and chronic sinusitis

g. allergic and vasomotor rhinitis

h. dysphagia and gastroesophageal/laryngopharyngeal reflux

i. hoarseness

j. neck masses

k. obstructive sleep apnea

l. thyroid and parathyroid disease

m. diseases of the salivary glands

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

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

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

*Objectives:*

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

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

3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.

4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

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

*Objectives:*

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

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

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

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

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

6. Be able to effectively perform, with appropriate supervision, diagnostic and therapeutic procedures in the outpatient (clinic or emergency room) or inpatient setting, including:

 a. Microscopic ear exam and debridement or removal of cerumen

b. Intranasal cautery packing for epistaxis

c. Rigid nasal endoscopy for debridement or biopsy

d. First tracheotomy tube change

e. Myringotomy with PE tube placement

f. Wound debridement

g. Mandibular arch bar removal

h. Removal of nasal and external auditory canal foreign bodies

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

h. Placement of mastoid dressing

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

j. Layered or complex repair of head and neck lacerations.

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

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

1. Uvulopalatalpharyngoplasty
2. Microlaryngoscopy
3. Diagnostic Bronchoscopy
4. Diagnostic Esophagoscopy (flexible and rigid)
5. Neck abscess drainage
6. Maxillary sinus surgery/Caldwell-Luc
7. Septoplasty
8. Scar revision
9. Reduction of nasal, trimalar, and mandibular fractures
10. Esophagoscopy for foreign body removal
11. Endoscopic laser surgery
12. Submandibular gland excision
13. Excisional/incisional biopsy of head and neck masses
14. Tympanoplasty

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

*Objectives:*

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

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

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

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

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

**B. Medical Knowledge**

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

*Objectives:*

1. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:

 a. branchial pouches, arches, and clefts and derived structures

 b. external, middle, and inner ear, mastoid, and lateral skull base

 c. nose, paranasal sinuses, and anterior skull base

 d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea

 e. fascial planes and spaces of the head and neck

 f. salivary glands

 g. thyroid and parathyroid glands

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

*Objectives:*

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

 2. Successfully complete all AAO-HNS Home Study course modules.

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

*Objectives:*

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

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

3. Demonstrate knowledge through preparation of answers to assigned weekly “Coclia” questions, and active participation in resident didactic conference.

4. Successfully complete all AAO-HNS Home Study course modules.

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

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

*Objectives:*

1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.

2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.

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

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

*Objectives:*

1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.

2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.

 3. Show initiative in identifying personal areas of relative weakness and need for

improvement, through consultation with faculty and resident colleagues, and address

identified gaps in knowledge and clinical skills.

***Goal 3.*** Demonstrate adequate teaching skills through close interactions with the PGY-1 and 2 residents and medical students.

*Objectives:*

1. Successfully teach PGY-1 and 2 residents basic head and neck examination, including use of head mirror, otoscope, and flexible and rigid endoscopes. Promote PGY-1 and 2 residents’ understanding of the evaluation and management of disorders of the head and neck.

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

**D. Interpersonal and Communication Skills**

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

*Objectives:*

 1. Begin to develop skills to build appropriate physician-patient relationships.

2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

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

*Objectives:*

1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.

2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.

3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.

4. Demonstrate ability and willingness to maintenance patient confidentiality, and knowledge of HIPPA statutes.

5. Strive for continuous self-improvement in this area, guided by VCU standards of professionalism as well as careful review of semiannual 360 degree evaluations with formulation of plan for self-improvement.

**E. Professionalism.**

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

*Objectives:*

 1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.

2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.

3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.

4. Demonstrate adequate preparation and planning before scheduled operative procedures.

5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.

6. Strict adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

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

*Objectives:*

1. Complete AAO-HNS Home Study Course section on core competencies, including professionalism.

 2. Demonstrate accountability for actions and decisions.

**F. Systems-Based Practice**

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

*Objectives:*

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

 2. Become familiar with the outpatient, inpatient, operating room, and emergency room

facilities at VCUMC, and resources available to the Otolaryngology service.

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

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

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

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

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

*Objectives:*

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

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

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

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

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

**PGY 2 &3 McGuire VA Junior Resident Rotation**

**INTRODUCTION**

 The Division of Otolaryngology - Head and Neck Surgery at McGuire VA Medical Center (MVAMC) is part of the Department of General Surgery. The Division is under the direction of Chief of Otolaryngology - Head and Neck Surgery, Dr. Andrew Heller. Outpatient clinics, operative cases, and inpatient consults are all supervised by the division Chief or part-time faculty assigned to clinical care activities for the day, or on call periods. The resident team covering the service consists of two residents, one intermediate level and one acting chief resident. The PGY-4 residents rotate as chief of service at MVAMC, with the PGY-3 resident serving as the senior resident at the end of the academic year. Both PGY-3 residents rotate as service junior residents for the majority of the academic year, with a one month PGY-2 rotation at the end of the year.

The PGY-2 and -3 MVAMC Rotation is intended to provide a broad clinical experience with progressively increasing depth in evaluation and management of adult otolaryngologic conditions in a unique patient population. Due to the demographics of the Veteran population, it is anticipated that this rotation will provide extensive experience in head and neck oncology to supplement that obtained at VCUHS, but also all other areas of adult otolaryngology-head and neck surgery. The junior resident will be involved in all aspects of inpatient and outpatient care, including emergency room and inpatient consultations, under the supervision of the MVAMC chief resident and attending faculty.

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

Curriculum

**Same as for PGY-3 VCUHS Rotation (see above), and:**

## Required Conferences

**1) VA Multidisciplinary Tumor Board –** the PGY-2 or 3 will attend this monthly conference,and, along with the PGY3 or 4 resident on service, is responsible for preparation and presentation of case presentations to be made on behalf of the otolaryngology service at these meetings every three months.

**2) VA Monthly Surgical Service Morbidity and Mortality Conference -** the PGY-2 or 3 will attend this monthly conference,and is responsible for preparation and presentation of case presentations to be made on behalf of the otolaryngology service, for those cases in which the junior was the primary resident involved.

## Clinical Duties

**Outpatient Clinic:** The PGY-2 or 3 resident will be assigned to the outpatient clinic under the supervision of the faculty, and there will be involved in the evaluation and treatment of outpatients. It is expected that this experience will build upon the PGY-2 experience at VCUHS, so as such the VA junior resident will hone examination skills, and further develop the skills and knowledge required to evaluate and initiate treatment for patients with otolaryngologic complaints.

**Inpatient Care:** While on the MVAMC service, the PGY-2 or 3 resident will make daily rounds on all inpatients, and be involved in all aspects of patient care, including chart notes, orders, wound care and floor procedures, all under the direct supervision of the service chief resident and attending faculty. During routine work hours the PGY-2 or 3 resident is responsible for the initial evaluation of all inpatient and emergency room consultations, including presentation of consults to the service chief resident and on-call attending. The PGY-2 or 3 resident will improve upon basic operative skills developed in the PGY-2 year, and will also gain further experience in performing under close supervision more complex otolaryngologic procedures as listed below. Additional experience will be gained by assisting the chief resident and faculty with more complex procedures.

**Call Coverage:** The PGY-2 or 3 resident is assigned to the first-call schedule, and as such will see inpatient and emergency room consultations at VCUHS in conjunction with the second-call senior resident and on-call attending.

**Administrative/Academic Duties:** The PGY-2 or 3 resident will be involved in teaching any medical students on the service. In addition, as noted above, the PGY-2 or 3 resident may be asked, at the discretion of the chief resident, and depending on involvement by the junior resident, to prepare and present cases on behalf of the otolaryngology service at the MVAMC Monthly Surgical Service Morbidity and Mortality Conference. In addition, at the discretion of the chief resident, the junior resident may be asked to present on behalf of the otolaryngology service cases for the VA Multidisciplinary Tumor Board. However it is expected that, since this work provides an excellent learning opportunity, it will be divided equitably between the 2 residents on service, and thus all responsibility for such presentations will not fall upon the junior resident alone.

**Competency based Goals and Objectives**

*Refer to Goals and Objectives as listed above for PGY-3 VCUHS General Otolaryngology Rotation.*

**PGY-3 Research Rotation**

**INTRODUCTION**

The PGY-3 Research Rotation is intended provide protected time for the resident to carry out the primary research project proposed during the PGY-2 Research rotation. This project may be clinical or laboratory in nature. The research resident is also encouraged to become involved in any other research projects in which they are interested, although the focus of the rotation will be completion of the necessary data collection and, if feasible, manuscript preparation for the primary research study. All residents are however required to complete at least one research project, to be submitted to an appropriate peer-reviewed journal as approved by their research mentor, in each of the PGY-2 through PGY-5 years. The research resident will have protected time for research, but may also have some scheduled clinical duties including clinic or operating room coverage, and on-call coverage, depending on the time needs of the proposed primary research project. The resident will also attend all conferences, courses, and symposia within the department. Formal evaluation of resident performance will be conducted by the Residency Director of Research and the resident’s faculty research mentor(s) following completion of the rotation.

Curriculum

**Required Conferences**

**1) Weekly Core Curriculum Conference** – Thursday evening; to follow the COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.

**2) Departmental Morning Conferences** – (Thursday morning) including Grand Rounds, Pathology Conference, Neuroradiology Conference, Practice-Based Learning Conference, and Journal Club.

**3) Departmental Symposia:** Temporal Bone Course, Microvascular Course, Sinus Endoscopy Symposium, Hayden Otology Symposium, and Allergy Course.

**Required Reading**

**1) AAO – HNS Home Study Course.**

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

**3) Designing Clinical Research**, third edition, Stephen B. Hulley et al, eds, 2007.

**Required Products**

**1) Submission of all Home Study Course tests**

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

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

**4) ABO In Training Examination –** given yearly in March

**5) PowerPoint presentations for assigned “Coclia” Topics** covered in weekly core curriculum conference.

**6) Annual Grand Rounds Presentation** – Grand rounds format, stressing critical evaluation of medical literature available for chosen topic. (Hard copy of presentation to be submitted for permanent file).

**7) Monthly Practice-Based Learning Log** – cases of unfavorable or unexpected outcomes, with focused literature search and plan for practice improvement. (Hard copy of log entries to be submitted monthly for permanent file).

**8) ACGME Operative Case Log** – must be updated at least monthly, with each month’s cases to be input no later than the 10th day of the following month. (Hard copy of Case Log to be submitted yearly in July for permanent file).

**9) New Innovations Duty Hour Log** – must be updated at least quarterly, no later than the 10th day of the following month.

**Clinical Duties and Responsibilities**

**Outpatient Clinic:** As noted above, the PGY-3 research resident will have limited outpatient clinic assignments. In the outpatient clinic the PGY-3 resident experience will be identical to that outlined above for PGY-3 VCUHS rotation.

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

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

**Administrative/Academic Duties:** None.

**Competency based Goals and Objectives**

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

**A. Patient Care – N/A**

**B. Medical Knowledge**

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

## C. Practice Based Learning and Improvement

* To understand the research process including development of a hypothesis, formulation of research methodology to investigate the hypothesis, proper execution of the research project, appropriate statistical analysis and presentation of data.
* Evaluate and critically analyze clinical evidence published in the medical literature.
* Apply analysis of medical literature to patient management.

## D. Interpersonal and Communication Skills

* Establish and maintain professional relationships with patients, research subjects, and healthcare/research team members.
* Develop skills in oral and written presentation of scientific information
* Understand the basic requirements of informed consent for research study participation, and demonstrate adequate skill in obtaining informed consent from prospective research subjects
* To understand the fundamentals of grant-writing.
* To learn how to write a manuscript suitable for publication in the peer-reviewed medical literature

## E. Professionalism

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

## F. Systems Based Practice

* Be aware of cost-effective research issues.
* Be sensitive to medical-legal issues.
* Understand proper application of information technology/computer resources including online literature searching and database management.

**PGY-4 VCUHS General OTOLARYNGOLOGY/Head and Neck/Facial Plastics and reconstructive SURGERY**

**Introduction**

The PGY-4 VCUHS General Otolaryngology/Head and Neck/Facial Plastic and Reconstructive Surgery Rotation (henceforth “VCU Gen ENT/H&N”) is intended to provide a broad clinical experience with progressively increasing depth in evaluation and management of adult otolaryngologic conditions. This will build upon the PGY-3 experience on the VCUMC Otolaryngology service. In addition, the PGY-4 resident will have an increased supervisory role on the service, and thus begin to develop the leadership skills that will be necessary to successfully serve as chief resident. Each PGY-4 resident will spend 6 months on the VCU Gen ENT/H&N service. Whereas it is recognized that resident performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis, formal written evaluation of resident performance will be conducted semiannually.

## Curriculum

**Required Conferences**

**1) Weekly Core Curriculum Conference** – Thursday evening; to follow the COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.

**2) Departmental Morning Conferences** – (Thursday morning) including Grand Rounds, Pathology Conference, Neuroradiology Conference, Practice-Based Learning Conference, and Journal Club.

**3) Departmental Symposia:** Temporal Bone Course, Microvascular Course, Sinus Endoscopy Symposium, Hayden Otology Symposium, and Allergy Course.

**Required Reading**

**1) AAO – HNS Home Study Course.**

**2) Otolaryngology/Head and Neck Surgery. (Charles Cummings, editor. 2014).** Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

**Recommended Reading**

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

**2) An Atlas of Head and Neck Surgery, Lore (ed), or Atlas of Head & Neck Surgery, Bailey (ed)** – preparatory reading for surgical cases.

**3) AAO-HNS Academy U -** – Patient and/or topic driven interactive online learning modules, many with pre-and post-tests with questions and answers.

### Required Products

**1) Submission of all Home Study Course tests**

**2) ABO In Training Examination –** given yearly in March

**3) PowerPoint presentations and/or printed handouts for assigned “Coclia” Topics** covered in weekly core curriculum conference.

**4) SemiAnnual Grand Rounds Presentation** – Grand rounds format, stressing critical evaluation of medical literature available for chosen topic. (Hard copy of presentation to be submitted for permanent file).

**5) Monthly Practice-Based Learning Log** – cases of unfavorable or unexpected outcomes, with focused literature search and plan for practice improvement. (Hard copy of log entries to be submitted monthly for permanent file).

**6) ACGME Operative Case Log** – must be updated at least monthly, with each month’s cases to be input no later than the 10th day of the following month. (Hard copy of Case Log to be submitted yearly in July for permanent file).

**7) New Innovations Duty Hour Log** – must be updated at least quarterly, no later than the 10th day of the following month.

**Clinical Duties**

**Outpatient Clinic:** The PGY-4 resident will be assigned to the outpatient clinic for the appropriate services (General Adult ENT, Dalton Head and Neck Oncology Clinic, and Facial Plastics and Reconstructive Clinic) under the supervision of assigned faculty, and there will be involved in the evaluation and treatment of outpatients, in addition to assuming a teaching role with the PGY-1-3 residents and medical students in the clinic. It is expected that this experience will build upon the PGY-3 experience, so as such the PGY-4 resident will hone examination skills, and further develop the skills and knowledge required to evaluate and initiate treatment for patients with increasingly complex otolaryngologic complaints.

**Inpatient Care:** While on the VCUHS service, the PGY-4 resident will assist the chief resident with oversight of the care provided by and teaching of the PGY-1-3 residents and medical students on the service. In addition, when there is no PGY-3 resident assigned to the team (generally when one of the PGY-3 residents is on research block) the PGY-4 resident will be primarily responsible for the adult inpatient consult service, including presentation of adult consults to the service chief resident and on-call attending. The PGY-4 resident will begin to achieve proficiency in more advanced otolaryngologic procedures as listed below, including complex head and neck oncologic, facial plastic surgical, and general otolaryngologic procedures.

**Call Coverage:** The PGY-4 resident is assigned to the second-call schedule, and as such will oversee all patient care activities of the first call resident at VCUHS, including inpatient and emergency room consultations, and care of inpatients on the otolaryngology service.

**Administrative/Academic Duties:** The PGY-4 resident will be involved in teaching any medical students, as well as PGY-1-3 residents on the service.

**Competency based Goals and Objectives**

**Goal–Specific Objectives for the PGY-4 VCUHS General Otolaryngology/Head and Neck/Facial Plastic and Reconstructive Surgery resident:**

*By the completion of the PGY-4 year, the resident should achieve the following goals (listed by core competency):*

**A. Patient care**

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

*Objectives:*

1. Be able to conduct a complete and targeted, problem-specific head and neck history including:

* 1. Chief complaint
	2. History of present illness
	3. Past medical and surgical history—including birth history when relevant
	4. Allergies
	5. Medications
	6. Pertinent social history and cultural background

2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.

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

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

5. Describe the elements of a complete head and neck specialty outpatient clinical note, and consistently demonstrate appropriate chart (EMR) documentation for patient encounters.

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

*Objectives:*

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

1. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, vertigo, and neoplasms of the temporal bone.
2. General otolaryngic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
3. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
4. Inhalant and food allergies presenting with otolaryngologic manifestations.
5. Congenital, reconstructive, and cosmetic deformities of the face, head, and neck.
6. Other otolaryngologic conditions including congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.

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

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

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

*Objectives:*

1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as:

 a. Pure tone audiometry

 b. Speech audiometry

 c. Tympanometry

 d. Acoustic reflexes

 e. Otoacoustic emissions

 f. Auditory brainstem response testing

 g. Electronystagmography

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:

a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.

b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.

c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa

d. Ultrasound – neck

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

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

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:

 a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.

 b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.

 c. Allergy skin testing – including prick test and intradermal serial dilution testing.

 d. Polysomnography

 e. Videostroboscopy

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

*Objectives:*

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

 2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for

common otolaryngologic disorders, including but not limited to

a. acute and chronic otitis media

b. hearing loss and tinnitus

c. balance disorders

d. recurrent or chronic pharyngotonsillitis

e. chronic obstructive adenotonsillar hypertrophy

f. acute and chronic sinusitis

g. allergic and vasomotor rhinitis

h. dysphagia and gastroesophageal/laryngopharyngeal reflux

i. hoarseness

j. neck masses

k. obstructive sleep apnea

l. thyroid and parathyroid disease

m. diseases of the salivary glands

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

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

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

*Objectives:*

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

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

3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.

4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

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

*Objectives:*

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

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

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

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

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

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

1. Reconstruction of soft tissues defects of the head and neck
2. Neck Dissection
3. Excision of salivary gland lesions
4. Closed and open treatment of mandibular and maxillofacial trauma
5. Exploration and repair of blunt and penetrating injuries of the head and neck
6. Endoscopic laser surgery
7. Ethmoidectomy
8. Sphenoid sinus surgery
9. Frontal sinus surgery
10. Canalplasty/meatoplasty
11. Tympanoplasty/myringoplasty
12. Tympanomastoidectomy
13. Trans-tympanic instillation of ototoxic drugs

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

*Objectives:*

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

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

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

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

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

**B. Medical Knowledge**

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

*Objectives:*

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

2. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:

 a. branchial pouches, arches, and clefts and derived structures

 b. external, middle, and inner ear, mastoid, and lateral skull base

 c. nose, paranasal sinuses, and anterior skull base

 d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea

 e. fascial planes and spaces of the head and neck

 f. salivary glands

 g. thyroid and parathyroid glands

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

*Objectives:*

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

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

*Objectives:*

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

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

3. Demonstrate knowledge through preparation of answers to assigned weekly “Coclia” questions, and active participation in resident didactic conference.

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

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

*Objectives:*

1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.

2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.

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

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

*Objectives:*

1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.

2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.

 3. Show initiative in identifying personal areas of relative weakness and need for

improvement, through consultation with faculty and resident colleagues, and address

identified gaps in knowledge and clinical skills.

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

*Objectives:*

1. Successfully teach PGY-1 resident basic head and neck examination, including use of head mirror, otoscope, and flexible and rigid endoscopes. Promote PGY-1 residents’ understanding of the evaluation and management of disorders of the head and neck.

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

**D. Interpersonal and Communication Skills**

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

*Objectives:*

 1. Begin to develop skills to build appropriate physician-patient relationships.

2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

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

*Objectives:*

1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.

2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.

3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.

4. Demonstrate ability and willingness to maintenance patient confidentiality, and knowledge of HIPPA statutes.

5. Strive for continuous self-improvement in this area, guided by VCU standards of professionalism as well as careful review of semiannual 360 degree evaluations with formulation of plan for self-improvement.

**E. Professionalism.**

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

*Objectives:*

 1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.

2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.

3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.

4. Demonstrate adequate preparation and planning before scheduled operative procedures.

5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.

6. Strict adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

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

*Objectives:*

1.Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.

 2. Demonstrate accountability for actions and decisions.

**F. Systems-Based Practice**

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

*Objectives:*

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

2. Demonstrate an understanding of the organization and functioning of a private medical practice, including expected support personnel responsibilities, and the mechanisms of supervision, teamwork, and communication in this setting.

 2. Become familiar with the outpatient, inpatient, operating room, and emergency room

facilities at VCUMC and other Hospitals, and the resources available to practitioners on a large hospital based academic practice and the private practice setting..

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

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

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

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

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

*Objectives:*

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

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

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

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

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

**PGY-3 & 4 McGuire VA CHIEF Resident Rotation**

**INTRODUCTION**

 The Division of Otolaryngology - Head and Neck Surgery at McGuire VA Medical Center (MVAMC) is part of the Department of General Surgery. The Division is under the direction of Chief of Otolaryngology - Head and Neck Surgery, Dr. Andrew Heller. Outpatient clinics, operative cases, and inpatient consults are all supervised by the division Chief or part-time faculty assigned to clinical care activities for the day, or on call periods. The resident team covering the service consists of two residents, one junior and one senior resident who is the designated acting chief resident. The PGY-4 residents rotate as chief of service at MVAMC for the majority academic year, with the PGY-3 serving as the senior resident towards the end of the academic year for 2 months.

The PGY-3 or 4 MVAMC Chief Resident Rotation is intended to provide an initial experience as service chief resident, and also to provide a broad clinical experience in a unique patient population. Due to the demographics of the Veteran population, it is anticipated that this rotation will provide extensive experience in head and neck oncology to supplement that obtained at VCUHS, but also all other areas of adult otolaryngology-head and neck surgery. Whereas it is recognized that resident performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis, formal written evaluation of resident performance will be conducted semiannually.

Curriculum

**Same as for PGY-4 VCUHS Rotation (see above), and:**

## Required Conferences

**1) VA Multidisciplinary Tumor Board –** the PGY-3 or 4 will attend this monthly conferenceand, along with the PGY-2 or 3 resident on service, is responsible for preparation and presentation of case presentations to be made on behalf of the otolaryngology service at these meetings every three months.

**2) VA Monthly Surgical Service Morbidity and Mortality Conference -** the PGY-3 or 4 will attend this monthly conference,and is responsible for preparation and presentation of case presentations to be made on behalf of the otolaryngology service, for those cases in which the senior was the primary resident involved.

**Clinical Duties**

**Outpatient Clinic:** The PGY-3 or 4 MVAMC Chief Resident will be assigned to the outpatient clinic under the supervision of the faculty, and there will be involved in the evaluation and treatment of outpatients, in addition to assuming a teaching role with the PGY-2 or 3 resident in the clinic. It is expected that this experience will build upon the PGY-3 experience at VCUHS, so as such the PGY-3 or 4 resident will hone examination skills, and further develop the skills and knowledge required to evaluate and initiate treatment for patients with increasingly complex otolaryngologic complaints.

**Inpatient Care:** While serving as chief resident at MVAMC, the senior resident will be responsible for all aspects of patient care by the service. The PGY-3 or 4 resident will run daily rounds and, in consultation with the appropriate attending covering the service, is responsible for all decisions in patient management, surgical or medical. The senior resident will also supervise all consult activities. The senior resident will begin to achieve proficiency in more advanced otolaryngologic procedures as listed below, including complex head and neck and otologic procedures.

**Call Coverage:** The PGY-4 resident is assigned to the second-call schedule, and as such will oversee all patient care activities of the first call resident at VCUHS, including inpatient and emergency room consultations, and care of inpatients on the otolaryngology service. For the PGY-3 resident, please refer to the PGY-3 VA rotation description.

**Administrative/Academic Duties:** The PGY-3 or 4 resident will have a supervisory, and thus teaching role with respect to the junior resident on service. While serving as MVAMC Chief Resident, the PGY-3 or 4 resident will be responsible for appropriately dividing between him/herself and the junior resident the workload for any presentations required to be made on behalf of the service at MVAMC Multidisciplinary Tumor Board and Monthly Surgical Service Morbidity and Mortality Conference. Lastly, but most importantly, the senior Chief Resident will be responsible for setting and coordinating, in consultation with the attending faculty, the weekly operating room schedule for the service.

**Competency based Goals and Objectives**

**Goal–Specific Objectives for the PGY-4 McGuire VA Chief Resident Rotation:**

*This rotation marks the beginning of the Chief Resident experience at McGuire VA Medical Center.*

**A. Patient care**

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

*Objectives:*

1. Be able to conduct a complete and targeted, problem-specific head and neck history including:

2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.

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

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

5. Consistently demonstrate complete and appropriate chart documentation for patient encounters.

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

*Objectives:*

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

1. Otologic conditions including but not limited to acute and chronic otitis media, sensorineural and conductive hearing loss, cholesteatoma, Eustachian tube dysfunction, vertigo, and neoplasms of the temporal bone.
2. General otolaryngic conditions including disorders of the nose and paranasal sinuses, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.
3. Head and neck conditions including benign and malignant neoplasms of the upper aerodigestive tract, head, and neck.
4. Inhalant and food allergies presenting with otolaryngologic manifestations.
5. Congenital, reconstructive, and cosmetic deformities of the face, head, and neck.
6. Pediatric otolaryngologic conditions including otitis media and related complications, congenital hearing loss, congenital and acquired airway compromise, congenital anomalies of the head and neck, and sleep apnea.

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

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

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

*Objectives:*

1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as:

 a. Pure tone audiometry

 b. Speech audiometry

 c. Tympanometry

 d. Acoustic reflexes

 e. Otoacoustic emissions

 f. Auditory brainstem response testing

 g. Electronystagmography

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:

a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.

b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.

c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa

d. Ultrasound – neck

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

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

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:

 a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.

 b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.

 c. Allergy skin testing – including prick test and intradermal serial dilution testing.

 d. Polysomnography

 e. Videostroboscopy

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

*Objectives:*

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

 2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for

common otolaryngologic disorders, including but not limited to

a. acute and chronic otitis media

b. hearing loss and tinnitus

c. balance disorders

d. recurrent or chronic pharyngotonsillitis

e. chronic obstructive adenotonsillar hypertrophy

f. acute and chronic sinusitis

g. allergic and vasomotor rhinitis

h. dysphagia and gastroesophageal/laryngopharyngeal reflux

i. hoarseness

j. neck masses

k. obstructive sleep apnea

l. thyroid and parathyroid disease

m. diseases of the salivary glands

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

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

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

*Objectives:*

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

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

3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.

4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

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

*Objectives:*

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

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

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

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

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

 a. Oral cavity resection/composite resection/mandibulectomy/glossectomy

 b. Laryngectomy

 c. Reconstruction of soft tissues defects

 d. Exploration and repair of penetrating injuries of the head and neck

 e. Thyroidectomy/parathyroidectomy

 f. Phonatory/laryngeal framework surgery

 g. Management of laryngeal fractures

 h. Endoscopic surgery of the sinuses and orbit

 i. Canalplasty/meatoplasty

 j. Middle ear exploration/ossicular reconstruction

 k. Cochlear implantation/bone-anchored hearing aid placement

 l. Trans-tympanic instillation of ototoxic drugs

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

*Objectives:*

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

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

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

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

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

**B. Medical Knowledge**

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

*Objectives:*

1. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:

 a. branchial pouches, arches, and clefts and derived structures

 b. external, middle, and inner ear, mastoid, and lateral skull base

 c. nose, paranasal sinuses, and anterior skull base

 d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea

 e. fascial planes and spaces of the head and neck

 f. salivary glands

 g. thyroid and parathyroid glands

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

*Objectives:*

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

2. Achieve a score of greater than or equal to 30th percentile on annual ABO In Training Examination.

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

*Objectives:*

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

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

3. Demonstrate knowledge through preparation of answers to assigned weekly “Coclia” questions, and active participation in resident didactic conference.

4. Achieve a score of greater than or equal to 30th percentile on annual ABO In Training Examination.

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

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

*Objectives:*

1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.

2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.

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

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

*Objectives:*

1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.

2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.

 3. Show initiative in identifying personal areas of relative weakness and need for

improvement, through consultation with faculty and resident colleagues, and address

identified gaps in knowledge and clinical skills.

***Goal 3.*** Demonstrate adequate teaching skills through close interactions with the PGY2 and3 residents and medical students.

*Objectives:*

1. Successfully instruct PGY 2 and3 residents inpatient, outpatient, and operative patient care skills necessary for the appropriate care of all patients on the Otolaryngology – Head & Neck Surgery service.

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

**D. Interpersonal and Communication Skills**

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

*Objectives:*

 1. Begin to develop skills to build appropriate physician-patient relationships.

2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

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

*Objectives:*

1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.

2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.

3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.

4. Demonstrate ability and willingness to maintenance patient confidentiality, and knowledge of HIPPA statutes.

5. Strive for continuous self-improvement in this area, guided by VCU standards of professionalism as well as careful review of semiannual 360 degree evaluations with formulation of plan for self-improvement.

**E. Professionalism.**

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

*Objectives:*

 1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.

2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.

3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.

4. Demonstrate adequate preparation and planning before scheduled operative procedures.

5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.

6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

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

*Objectives:*

1Successfully complete AAO-HNS Home Study Course section on core competencies, including professionalism.

 2. Demonstrate accountability for actions and decisions.

**F. Systems-Based Practice**

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

*Objectives:*

1. Demonstrate an understanding of the organization of the Richmond McGuire Veterans Administration Hospital, including expected team member responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication.

 2. Become familiar with the outpatient, inpatient, operating room, and emergency room

facilities at Richmond VAMC, and resources available to the Otolaryngology service.

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

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

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

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

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

*Objectives:*

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

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

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

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

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

**PGY-5 VCUHS Head & Neck/Plastics/General Otolaryngology**

**chief Resident Rotation**

**Introduction**

The PGY-5 VCUHS Head & Neck/Plastics/General Otolaryngology Chief Resident Rotation is intended to provide a broad clinical experience with complete oversight of all patient care activities on the service. This will build upon the PGY-4 experience on the VCUHS Otolaryngology service. It is expected that experiences provided through this rotation will allow the PGY-5 resident to hone clinical skills and fill any remaining gaps in the resident procedural skills and also develop solid organizational, leadership, and teaching skills, such that by completion of the chief resident year, the resident will demonstrate sufficient professional ability to practice competently and independently. To that end, available experiences with Community physicians will expose the resident to the private practice setting, and allow the resident to gain familiarity with basic issues in practice management. While acting as chief resident, the PGY-5 resident will be responsible for leading the resident team, and thus will have extensive supervisory, administrative, and teaching roles for the other members of the Head & Neck/Plastics/General Otolaryngology service. Each PGY-5 resident will spend 6 months as the VCUHS Head & Neck/Plastics/General Otolaryngology Service Chief Resident, with the other 6 months spent as Chief Resident of the VCUHS Otology/Pediatric Otolaryngology Service. Whereas it is recognized that resident performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis, formal written evaluation of resident performance will be conducted semiannually.

## Curriculum

**Required Conferences**

**1) Weekly Core Curriculum Conference** – Thursday evening; to follow the COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.

**2) Departmental Morning Conferences** – (Thursday morning) including Grand Rounds, Pathology Conference, Neuroradiology Conference, Practice-Based Learning Conference, and Journal Club.

**3) Departmental Symposia:** Temporal Bone Course, Microvascular Course,Sinus Endoscopy Symposium, Hayden Otology Symposium, and Allergy Course.

**Required Reading**

**1) AAO – HNS Home Study Course.**

**2) Otolaryngology/Head and Neck Surgery. (Charles Cummings, editor. 2014).** Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

**Recommended Reading**

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

**2) An Atlas of Head and Neck Surgery, Lore (ed), or Atlas of Head & Neck Surgery, Bailey (ed)** – preparatory reading for surgical cases.

**3) AAO-HNS Academy U -** – Patient and/or topic driven interactive online learning modules, many with pre-and post-tests with questions and answers.

### Required Products

**1) Submission of all Home Study Course tests**

**2) ABO In Training Examination –** given yearly in March

**3) PowerPoint presentations for assigned “Coclia” Topics** covered in weekly core curriculum conference.

**4) Annual Grand Rounds Presentation** – Grand rounds format, stressing critical evaluation of medical literature available for chosen topic. (Hard copy of presentation to be submitted for permanent file).

**5) Monthly Practice-Based Learning Log** – cases of unfavorable or unexpected outcomes, with focused literature search and plan for practice improvement. (Hard copy of log entries to be submitted monthly for permanent file).

**6) ACGME Operative Case Log** – must be updated at least monthly, with each month’s cases to be input no later than the 10th day of the following month. (Hard copy of Case Log to be submitted yearly in July for permanent file).

**7) New Innovations Duty Hour Log** – must be updated at least quarterly, no later than the 10th day of the following month.

**Clinical Duties**

**Outpatient Clinic:** The PGY-5 VCUHS Head & Neck/Plastics/General Otolaryngology Chief Resident will be assigned to the outpatient clinics – both resident clinics and the clinics of faculty covered by the service - under the supervision of the faculty, and there will be involved in the evaluation and treatment of outpatients, in addition to assuming a teaching role with the junior residents and medical students in the clinic. It is expected that this experience will build upon the PGY-4 experience at MVAMC and VCUHS, so as such the PGY-5 resident will hone examination skills, and further develop the skills and knowledge required to evaluate and initiate treatment for patients with increasingly complex otolaryngologic complaints.

**Inpatient Care:** While serving as VCUHS Head & Neck/Plastics/General Otolaryngology Chief Resident, the PGY-5 resident will be responsible for all aspects of patient care by the Head & Neck/Plastics/General Otolaryngology service. The PGY-5 resident will run daily rounds and, in consultation with the appropriate attending, will be responsible for all decisions in patient management, surgical or medical. The PGY-5 VCUHS Head & Neck/Plastics/General Otolaryngology Chief Resident will also supervise the adult inpatient consult service. The PGY-5 resident will achieve proficiency in advanced otolaryngologic procedures as listed below, including complex head and neck oncologic, plastic and reconstructive, and general otolaryngologic procedures.

**Call Coverage:** The PGY-5 VCUHS Head & Neck/Plastics/General Otolaryngology Chief Resident is assigned to the second-call schedule, and as such will oversee all patient care activities of the first call resident at VCUHS, including inpatient and emergency room consultations, and care of inpatients on the otolaryngology service.

**Administrative/Academic Duties:** The PGY-5 resident will have a supervisory, and thus teaching role with respect to all other residents and students on service. The VCUHS Head & Neck/Plastics/General Otolaryngology Chief Resident will be responsible for making level and proficiency-appropriate assignments for coverage of operative procedures at VCUHS and by covered Community ENT providers by residents on the service, as well as clinic assignments. The VCUHS Head & Neck/Plastics/General Otolaryngology Chief Resident will also be responsible for appropriately and equitably dividing any daily patient care work among the residents and students on the service. The two PGY-5 Chief residents will share additional administrative functions, which are to be divided equitably between themselves at the beginning of the year. These functions include: monthly preparation of the resident on-call schedule; selection and assignment of cases for discussion at the monthly pathology and neuroradiology conferences, including submission of these cases in advance to the appropriate head and neck pathologist or neuroradiologist; collection and presentation of departmental outpatient and operative case statistics for the monthly QAI conference. Lastly, but importantly, the Chief Residents are partially responsible for the residents’ morale and educational experience, and thus should report to the Program Director any perceived problems in the performance of the more junior residents. This includes immediate notification of the Program Director for instances of resident fatigue potentially compromising patient care, or impending violations of resident duty hour limits.

**Competency based Goals and Objectives**

**Goal–Specific Objectives for the PGY-5 VCUHS Chief Resident Rotation:**

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

**A. Patient care**

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

*Objectives:*

1. Be able to conduct a complete and targeted, problem-specific head and neck history including:

2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.

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

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

5. Consistently demonstrate complete and appropriate chart documentation for patient encounters.

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

*Objectives:*

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

a General otolaryngic conditions including disorders of the nose and paranasal sinuses including inhalant and food allergies presenting with otolaryngologic manifestations.

b, salivary glands, oral cavity, oropharynx, hypopharynx, larynx, trachea, and neck, airway compromise, dysphagia, and sleep apnea.

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

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

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

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

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

*Objectives:*

1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as:

 a. Pure tone audiometry

 b. Speech audiometry

 c. Tympanometry

 d. Acoustic reflexes

 e. Otoacoustic emissions

 f. Auditory brainstem response testing

 g. Electronystagmography

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:

a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.

b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.

c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa

d. Ultrasound – neck

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

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

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:

 a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.

 b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.

 c. Allergy skin testing – including prick test and intradermal serial dilution testing.

 d. Polysomnography

 e. Videostroboscopy

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

*Objectives:*

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

 2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for

common otolaryngologic disorders, including but not limited to

a. recurrent or chronic pharyngotonsillitis

b. acute and chronic sinusitis

c. allergic and vasomotor rhinitis

d. dysphagia and gastroesophageal/laryngopharyngeal reflux

e. hoarseness

f. neck masses

g. obstructive sleep apnea

h. thyroid and parathyroid disease

i. diseases of the salivary glands

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

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

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

*Objectives:*

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

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

3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.

4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

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

*Objectives:*

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

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

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

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

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

 a. Oral cavity resection/composite resection/mandibulectomy/glossectomy

 b. Reconstruction of soft tissues defects

 c. Neck Dissection

 d. Pharyngotomy

 e. Repair of penetrating injuries of the head and neck

 f. Thyroidectomy/parathyroidectomy

 g. Endoscopic laser surgery

 h. Phonatory/laryngeal framework surgery

 i. Management of laryngeal fractures

 j. Treatment of tracheoesophageal or pharyngoesophageal fistula

 k. Endoscopic surgery of the sinuses and orbit

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

*Objectives:*

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

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

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

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

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

**B. Medical Knowledge**

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

*Objectives:*

1. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:

 a. branchial pouches, arches, and clefts and derived structures

 b. external, middle, and inner ear, mastoid, and lateral skull base

 c. nose, paranasal sinuses, and anterior skull base

 d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea

 e. fascial planes and spaces of the head and neck

 f. salivary glands

 g. thyroid and parathyroid glands

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

*Objectives:*

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

2. Achieve a score of greater than or equal to 30th percentile on annual ABO In Training Examination.

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

*Objectives:*

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

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

3. Demonstrate knowledge through preparation of answers to assigned weekly “Coclia” questions, and active participation in resident didactic conference.

4. Achieve a score of greater than or equal to 30th percentile on annual ABO In Training Examination.

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

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

*Objectives:*

1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.

2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.

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

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

*Objectives:*

1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.

2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.

 3. Show initiative in identifying personal areas of relative weakness and need for

improvement, through consultation with faculty and resident colleagues, and address

identified gaps in knowledge and clinical skills.

***Goal 3.*** Demonstrate adequate teaching skills through close interactions with the PGY-1-4 residents and medical students.

*Objectives:*

1. Successfully instruct PGY-1-4 residents inpatient, outpatient, and operative patient care skills necessary for the appropriate care of all patients on the Otolaryngology – Head & Neck Surgery service.

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

**D. Interpersonal and Communication Skills**

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

*Objectives:*

 1. Begin to develop skills to build appropriate physician-patient relationships.

2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

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

*Objectives:*

1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.

2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.

3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.

4. Demonstrate ability and willingness to maintenance patient confidentiality, and knowledge of HIPPA statutes.

5. Strive for continuous self-improvement in this area, guided by VCU standards of professionalism as well as careful review of semiannual 360 degree evaluations with formulation of plan for self-improvement.

**E. Professionalism.**

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

*Objectives:*

 1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.

2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.

3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.

4. Demonstrate adequate preparation and planning before scheduled operative procedures.

5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.

6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

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

*Objectives:*

1. complete AAO-HNS Home Study Course section on core competencies, including professionalism.

 2. Demonstrate accountability for actions and decisions.

**F. Systems-Based Practice**

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

*Objectives:*

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

2.Demonstrate an understanding of the organization and functioning of a private

Medical practice, including expected support personnel responsibilities, and the mechanisms of supervision, teamwork, and communication in this setting.

 3. Become familiar with the outpatient, inpatient, operating room, and emergency room

facilities at VCUMC and other Hospitals, and the resources available to practitioners on a large hospital based academic practice and the private practice setting..

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

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

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

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

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

*Objectives:*

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

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

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

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

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

**PGY-5 VCUHS Otology/Pediatric Otolaryngology**

**chief Resident Rotation**

**Introduction**

The PGY-5 VCUHS Otology/Pediatric Otolaryngology Chief Resident Rotation is intended to provide a broad clinical experience with complete oversight of all patient care activities on the service. This will build upon the PGY-4 experience on the VCUHS Otolaryngology service. It is expected that experiences provided through this rotation will allow the PGY-5 resident to hone clinical skills and fill any remaining gaps in the resident procedural skills and also develop solid organizational, leadership, and teaching skills, such that by completion of the chief resident year, the resident will demonstrate sufficient professional ability to practice competently and independently. To that end, available experiences with Community physicians will expose the resident to the private practice setting, and allow the resident to gain familiarity with basic issues in practice management. While acting as chief resident, the PGY-5 resident will be responsible for leading the resident team, and thus will have extensive supervisory, administrative, and teaching roles for the other members of the Otology/Pediatric Otolaryngology Service. Each PGY-5 resident will spend 6 months as the VCUHS Otology/Pediatric Otolaryngology Service Chief Resident, with the other 6 months spent as Chief Resident of the VCUHS Head & Neck/Plastics/General Otolaryngology Service. Whereas it is recognized that resident performance will constantly be monitored by the faculty, and appropriate feedback rendered on an ongoing basis, formal written evaluation of resident performance will be conducted semiannually.

## Curriculum

**Required Conferences**

**1) Weekly Core Curriculum Conference** – Thursday evening; to follow the COCLIA established by the AAO-HNS, with topics to be scheduled and assigned to a resident for presentation in advance.

**2) Departmental Morning Conferences** – (Thursday morning) including Grand Rounds, Pathology Conference, Neuroradiology Conference, Practice-Based Learning Conference, and Journal Club.

**3) Departmental Symposia:** Temporal Bone Course, Microvascular Course, Sinus Endoscopy Symposium, Hayden Otology Symposium, and Allergy Course.

**Required Reading**

**1) AAO – HNS Home Study Course.**

**2) Otolaryngology/Head and Neck Surgery. (Charles Cummings, editor. 2014).** Chapters will be assigned weekly to correspond to topics of discussion planned for weekly core curriculum conference.

**Recommended Reading**

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

**2) An Atlas of Head and Neck Surgery, Lore (ed), or Atlas of Head & Neck Surgery, Bailey (ed)** – preparatory reading for surgical cases.

**3) AAO-HNS Academy U -** – Patient and/or topic driven interactive online learning modules, many with pre-and post-tests with questions and answers.

### Required Products

**1) Submission of all Home Study Course tests**

**2) ABO In Training Examination –** given yearly in March

**3) PowerPoint presentations for assigned “Coclia” Topics** covered in weekly core curriculum conference.

**4) Annual Grand Rounds Presentation** – Grand rounds format, stressing critical evaluation of medical literature available for chosen topic. (Hard copy of presentation to be submitted for permanent file).

**5) Monthly Practice-Based Learning Log** – cases of unfavorable or unexpected outcomes, with focused literature search and plan for practice improvement. (Hard copy of log entries to be submitted monthly for permanent file).

**6) ACGME Operative Case Log** – must be updated at least monthly, with each month’s cases to be input no later than the 10th day of the following month. (Hard copy of Case Log to be submitted yearly in July for permanent file).

**7) New Innovations Duty Hour Log** – must be updated at least quarterly, no later than the 10th day of the following month.

**Clinical Duties**

**Outpatient Clinic:** The PGY-5 VCUHS Otology/Pediatric Otolaryngology Chief Resident will be assigned to the outpatient clinics – both resident clinics and the clinics of faculty covered by the service - under the supervision of the faculty, and there will be involved in the evaluation and treatment of outpatients, in addition to assuming a teaching role with the junior residents and medical students in the clinic. It is expected that this experience will build upon the PGY-4 experience at MVAMC and VCUHS, so as such the PGY-5 resident will hone examination skills, and further develop the skills and knowledge required to evaluate and initiate treatment for patients with increasingly complex otolaryngologic complaints.

**Inpatient Care:** While serving as VCUHS Otology/Pediatric Otolaryngology Chief Resident, the PGY-5 resident will be responsible for all aspects of patient care by the Otology/Pediatric Otolaryngology service. The PGY-5 resident will run daily rounds and, in consultation with the appropriate attending, will be responsible for all decisions in patient management, surgical or medical. The PGY-5 VCUHS Otology/Pediatric Otolaryngology Chief Resident will also supervise the pediatric inpatient consult service. The PGY-5 resident will achieve proficiency in advanced otolaryngologic procedures as listed below, focusing on otologic and complex pediatric otolaryngic procedures.

**Call Coverage:** The PGY-5 VCUHS Otology/Pediatric Otolaryngology Chief Resident is assigned to the second-call schedule, and as such will oversee all patient care activities of the first call resident at VCUHS, including inpatient and emergency room consultations, and care of inpatients on the otolaryngology service.

**Administrative/Academic Duties:** The PGY-5 resident will have a supervisory, and thus teaching role with respect to all other residents and students on service. The VCUHS Otology/Pediatric Otolaryngology Chief Resident will be responsible for making level and proficiency-appropriate assignments for coverage of operative procedures at VCUHS and by covered Community ENT providers by residents on the service. The VCUHS Otology/Pediatric Otolaryngology Chief Resident will also be responsible for appropriately and equitably dividing any daily patient care work among the residents and students on the service. The two PGY-5 Chief residents will share additional administrative functions, which are to be divided equitably between themselves at the beginning of the year. These functions include: monthly preparation of the resident on-call schedule; selection and assignment of cases for discussion at the monthly pathology and neuroradiology conferences, including submission of these cases in advance to the appropriate head and neck pathologist or neuroradiologist; collection and presentation of departmental outpatient and operative case statistics for the monthly QAI conference. Lastly, but importantly, the Chief Residents are partially responsible for the residents’ morale and educational experience, and thus should report to the Program Director any perceived problems in the performance of the more junior residents. This includes immediate notification of the Program Director for instances of resident fatigue potentially compromising patient care, or impending violations of resident duty hour limits.

**Competency based Goals and Objectives**

**Goal–Specific Objectives for the PGY-5 VCUHS Otology/Pediatric Otolaryngology** **Chief Resident Rotation:**

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

**A. Patient care**

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

*Objectives:*

1. Be able to conduct a complete and targeted, problem-specific head and neck history including:

2. Conduct a complete and focused review of systems, emphasizing systemic conditions that may affect the head and neck.

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

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

5. Consistently demonstrate complete and appropriate chart documentation for patient encounters.

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

*Objectives:*

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

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

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

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

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

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

*Objectives:*

1. Understand the indications for, cost-effective use of, and interpretation of audiologic studies such as:

 a. Pure tone audiometry

 b. Speech audiometry

 c. Tympanometry

 d. Acoustic reflexes

 e. Otoacoustic emissions

 f. Auditory brainstem response testing

 g. Electronystagmography

2. Understand the indications for, cost-effective use of, and interpretation of diagnostic imaging modalities used in the evaluation of disorders of the upper aerodigestive tract, head, and neck, including:

a. Plain radiographs – airway, chest, head and neck skeleton, sinuses, esophagram and modified barium swallow.

b. Computed tomography (CT) – Head, neck, sinuses, temporal bone, chest, airway.

c. Magnetic resonance imaging (MRI) – head, neck, brain/posterior fossa

d. Ultrasound – neck

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

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

3. Understand the indications for, cost-effective use of, and interpretation of clinical laboratory studies such as:

 a. Blood testing – chemistry, hematologic, immunologic including RAST testing for allergy.

 b. Microbiologic testing – including proper collection and test ordering for specimens obtained from the ears, nose or sinuses, soft tissue or wound infections.

 c. Allergy skin testing – including prick test and intradermal serial dilution testing.

 d. Polysomnography

 e. Videostroboscopy

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

*Objectives:*

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

 2. Demonstrate knowledge of appropriate and cost-effective non-surgical treatments for

common otolaryngologic disorders, including but not limited to

a. acute and chronic otitis media

b. hearing loss and tinnitus

c. balance disorders

d. recurrent or chronic pharyngotonsillitis

e. chronic obstructive adenotonsillar hypertrophy

f. acute and chronic sinusitis

g. allergic and vasomotor rhinitis

h. dysphagia and gastroesophageal/laryngopharyngeal reflux

i. hoarseness

j. neck masses

k. obstructive sleep apnea

l. thyroid and parathyroid disease

m. diseases of the salivary glands

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

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

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

*Objectives:*

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

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

3. Discuss current standard of care, including anesthesia guidelines, for the pre-operative testing of patients undergoing common otolaryngologic surgical procedures.

4. Understand indications for general medical or specialty (eg cardiology, pulmonology, etc) consultation in the pre-operative assessment of patients undergoing common otolaryngologic surgical procedures.

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

*Objectives:*

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

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

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

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

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

 a. Endoscopic surgery of the pediatric airway, including use of lasers

 b. Pediatric airway reconstructive surgery

 c. Endoscopic surgery of the sinuses and orbit on pediatric patients

 d. Canalplasty/meatoplasty

 e. Middle ear exploration

 f. Mastoidectomy

 g. Tympanoplasty

 h. Cochlear implantation/bone-anchored hearing aid placement

 i. Trans-tympanic instillation of ototoxic drugs

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

*Objectives:*

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

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

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

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

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

**B. Medical Knowledge**

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

*Objectives:*

1. Demonstrate adequate knowledge of head and neck surgical anatomy and embryology relevant to patient care activities in the clinic and operating room, as well as in educational conferences, to include the following areas:

 a. branchial pouches, arches, and clefts and derived structures

 b. external, middle, and inner ear, mastoid, and lateral skull base

 c. nose, paranasal sinuses, and anterior skull base

 d. pharynx (naso-, oro-, hypo-), oral cavity, larynx and trachea

 e. fascial planes and spaces of the head and neck

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

*Objectives:*

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

2. Achieve a score of greater than or equal to 30th percentile on annual ABO In Training Examination.

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

*Objectives:*

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

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3. Demonstrate knowledge through preparation of answers to assigned weekly “Coclia” questions, and active participation in resident didactic conference.

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

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

*Objectives:*

1. Develop competence in critical review of the medical literature relevant to the specialty through active participation in journal club, practice based learning conference, and through independent reading.

2. Understand the concept of evidence-based medicine, including the grading of medical evidence provided in scientific publications through critical evaluation of research study design and methods, and results.

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

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

*Objectives:*

1. Maintain accurate and up to date records of operative cases using the ACGME Resident Case Log System Data, and maintain record of unfavorable outcomes in both operative and non-operative patient care activities.

2. Attend and actively participate in monthly practice-based learning conference, in which unfavorable outcomes are analyzed, and opportunities for practice improvement identified.

 3. Show initiative in identifying personal areas of relative weakness and need for

improvement, through consultation with faculty and resident colleagues, and address

identified gaps in knowledge and clinical skills.

***Goal 3.*** Demonstrate adequate teaching skills through close interactions with the PGY-1-4 residents and medical students.

*Objectives:*

1. Successfully instruct PGY-1-4 resident’s inpatient, outpatient, and operative patient care skills necessary for the appropriate care of all patients on the Otolaryngology – Head & Neck Surgery service.

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

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

*Objectives:*

 1. Begin to develop skills to build appropriate physician-patient relationships.

2. Demonstrate effective listening and communication with patients and family members, including ability to discuss bad news with patients in an understandable and empathetic manner.

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

*Objectives:*

1. Orally present patient information to faculty during outpatient clinics in an organized, concise, and accurate manner.

2. Complete chart notes and dictations in a timely fashion, with legible writing, and including all relevant information to allow for provision of excellent patient care.

3. Demonstrate respect, cooperation, and professionalism in all interactions with other physicians and ancillary healthcare workers both in the clinic and hospital settings.

4. Demonstrate ability and willingness to maintenance patient confidentiality, and knowledge of HIPPA statutes.

5. Strive for continuous self-improvement in this area, guided by VCU standards of professionalism as well as careful review of semiannual 360 degree evaluations with formulation of plan for self-improvement.

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*Objectives:*

 1. Demonstrate skills necessary to obtain appropriate physician-patient relationships.

2. Respond promptly to patient care needs, whether direct patient care, contact with other health care professionals, response to patient phone inquiries, or completion of required medical records.

3. Show willingness to seek out appropriate learning experiences to improve medical knowledge and patient care.

4. Demonstrate adequate preparation and planning before scheduled operative procedures.

5. Contribute willingly and whenever possible without prompting to accomplish the goals of the patient care team.

6. Strictly adhere to ACGME duty hour regulations, including monitoring and timely recording of personal duty hours, and monitoring self and other physicians for signs of fatigue-related impairment.

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

*Objectives:*

1. Complete AAO-HNS Home Study Course section on core competencies, including professionalism.

 2. Demonstrate accountability for actions and decisions.

**F. Systems-Based Practice**

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

*Objectives:*

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

2. Demonstrate an understanding of the organization and functioning of a private medical practice, including expected support personnel responsibilities, and the mechanisms of supervision, teamwork, and communication in this setting.

 3. Become familiar with the outpatient, inpatient, operating room, and emergency room

facilities at VCUMC and other Hospitals, and the resources available to practitioners on a large hospital based academic practice and the private practice setting..

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

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

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

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

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

*Objectives:*

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

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

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

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

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