OTOLARYNGOLOGY/FACIAL PLASTIC SURGERY

RESIDENCY PROGRAM

Revised 7/2015
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I. General Overview

The Western Reserve Hospital Residency Program in Otolaryngology/Facial Plastic Surgery has been developed to conform to the requirements of the ACGME Program Requirements for Graduate Medical Education in Otolaryngology. The program is designed to provide all the necessary requirements toward board certification in ENT / facial plastic surgery. The WRH administration, Graduate Medical Education Department, and ENT/facial plastics faculty are committed to provide high level training and resources in the development of competent specialists in general otolaryngology, head and neck surgery and orofacial plastic surgery. The program director shall be directly responsible for the training of the resident in ENT/orofacial plastic surgery; the residency shall be under the jurisdiction of and supervision of the Graduate Medical Education Committee of Western Reserve Hospital. The following serves as a supplementary resource for residents in the ENT / FPS Residency. The guidelines that follow, serve as program specific rules and requirements. For a more complete review of WRH policies and procedures please consult the WRH GME Policies and Procedure manual. Residency program policies are intended to complement the policies and procedures set forth by the ACGME Program Requirements in Otolaryngology and should, at no time, be in conflict with these requirements. If conflict inadvertently does exist, the policies of the ACGME Program Requirements in Otolaryngology will take precedence over the policies of the program.

II. ENT / FPS Residency Program Mission

The mission of the WRH ENT/FPS residency program is to develop a competent physician, skilled in the practice of otolaryngology, head and neck surgery and orofacial plastic surgery by meeting or exceeding educational goals and objectives through the use of competency based, compassionate, patient-centered learning strategies. Clinical exposure to all age groups, along with instruction in text, journal, and electronic resources is accomplished throughout the 5 years. The ultimate goal of our training program is excellence in patient care, recognized by colleagues and patients alike.

III. WRH Policies and Procedures

Residents are employees of Western Reserve Hospital, and as such, are expected to comply with all hospital policies and personnel requirements. These are outlined in the Graduate Medical Education Policies and Procedures Manual, provided to each incoming resident at the start of the academic year.

IV. Development and Approval of Residency Policies

The WRH GME Department along with the ENT / FPS Program Director (PD) are responsible for the development and approval of all ENT / FPS residency policies. All new and existing policies will be updated periodically on an "as needed" basis, not to exceed every 2 years. Recommendations for new or revised policies may originate from residents, faculty, or staff.

V. Responsibility for Provisions Contained in the Policy Manual:

All residents are required to be familiar with and responsible for the provisions contained in this policy section. In addition, at time of entry into the program, each new resident will read and be familiar with the ACGME Program Requirements for Graduate Medical Education in Otolaryngology (latest update 7/1/16). A copy of these standards can be found at http://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/15/Otolaryngology.

VI. Program Goals and Objectives

a. Upon completion of the residency program, the WRH ENT / FPS residents are required to attain and demonstrate competency in the current seven AOA/ACGME Core Competencies including:
    i. Osteopathic philosophy and OMM
    ii. Medical knowledge
    iii. Patient care
    iv. Interpersonal and communication skills
    v. Professionalism
    vi. Practice based learning and improvement
    vii. Systems based practice
b. Upon completion of the residency program, the WRH ENT / FPS Residents should possess the skills necessary to pass first-time on the AOCOO-HNS Board Certification Examination. To achieve this, each

candidate will be competent in all areas described herein this document as well as additional activities to supplement their ENT / FPS knowledge base.

VII. Program Structure

a. The ENT / FPS residency is a five year program. The first year will comply with the PGY-1 year as defined by the ACGME Program Requirements for Graduate Medical Education in Otolaryngology. The schedule is as follows:

- 6 months ENT
- 2 months General Surgery
- 2 months ICU
- 1 month Plastic Surgery
- 1 month Plastic Surgery elective

b. The OGME-2 through OGME-5 years will consist of advanced training in the basic science studies relating to otolaryngology / facial plastic surgery as it pertains to anatomy, physiology, microbiology, and pharmacology. There will be structured rotations in the following:

i.	General ENT / FPS	core faculty	30 months
ii.	Head and Neck	University Hospitals	4 months
iii.	Otology	Alleghany General	6 months
iv.	Pediatrics	University Hospitals	3 months
v.	Research	core facility	3 months
vi.	Basic sciences	University Hospitals	1 month
vii.	Elective	tbd	1 month

(Please see the attached rotational schedule for additional details)

VIII. Additional educational programming / responsibilities

a. Annual Temporal Bone Course.
b. Instruction on the use of CO2 as well as KTP/Yag Lasers may be done through completion of a course (such as that through Vanderbilt University), or a suitable alternative, once during the residency training.

c. Completion of a home study course through the American Academy of Otolaryngology – Head and Neck Surgery during the 2nd and 3rd years of training with documentation of completion by the end of the third of training. This can be accessed at www.entnet.org/hsc
d. Access, instruction and use of the temporal bone lab facility.
e. Participation in the annual Otolaryngology / FPS In-Service Examination.
f. Outpatient services with core ENT / FPS faculty in a private office setting. The Resident will have the opportunity to see patients, establish diagnoses, initiate treatment plans, and provide continuity in follow up. The resident will also learn the practice management skills to effectively operate an ENT / FPS office in today's healthcare system.
g. Call Coverage
    a. Residents are on-call through the residency, on a rotating basis, depending on the number of residents available. The on-call period begins at 5pm and lasts to 7am the following day for weekdays, and the full 24 hours for weekends and holidays. This is done either via one week call blocks, or on a rotating basis no more frequent than every third night averaged monthly.
    b. Call schedules are made in advance by the chief ENT/FPS Resident or designee, and are distributed to all faculty, residents and appropriate hospital departments.
    c. The call schedule will be available beginning the 15th of the prior month. All requests for call should be made prior to this.
    d. The requests will be granted by seniority.
    e. On-call hours are not additive to the rotation work week hours unless the resident is physically present for patient care. These call hours are averaged in the monthly work hour totals and as such may not violate the 80 work week rule. Call logs are maintained and the duty hours are monitored for unusually heavy activity. If the resident has a concern about duty hour violations, they should alert the chief resident of the service. If there is an unusually heavy volume of calls on a regular basis, the call schedule will be adjusted accordingly. This remains at the discretion of the PD.
    f. All on-call phone messages should be dictated by the resident on-call under the identification number of the attending physician who is covering.

g. During all resident on-call hours, there will be an attending physician faculty member as "back-up". This person can, and should be called, with any questions that arise that the resident cannot definitively answer. There are no exceptions to a physician faculty being available for resident communications.
h. All calls will be processed by the WRH Communications Department. Attending physicians and other House Staff may personally page the ENT / FPS residents at the residents' discretion.

h. Journal Club
    a. Weekly journal clubs are held. Topics are variable, and residents are assigned monthly to present relevant journal articles to fellow residents, attending faculty, and guests.
    b. The assignment schedule is made by the ENT / FPS chief resident and all inquiries/changes are directed to him/her.
    c. *Attendance is mandatory* each month, with the only allowable absences due to illness or rotation conflict. Every effort should be made to avoid scheduling conflicts as journal club sessions are invaluable towards learning current topics and usually entail one-on-one specialist discussions.

i. Research and Scholarly Activity
    a. Systematic structured research experiences will be done from OGME-2 through OGME-5, in which the residents develop the knowledge and skills necessary to apply the basic sciences to clinical questions. The Resident will prepare an annual paper during years 2, 3, and 4 submitted to the AOCOO-HNS, or a suitable alternative, with the goal of publication.
    b. During the research months, the resident must dedicate the working hours toward their research project. The resident will check in with their sponsoring attending weekly to monitor research progress.
    c. Exceptional surgical learning cases that arise may be covered by the research resident for the month.
    d. The resident will be responsible for one weekend (Friday-Sunday) of call during that month.

j. Didactics
    a. All residents and attendings meet Friday mornings at 7. Generally, the 7:00 lecture is a resident presentation; 8:00 is a subject directed

lecture sometimes by a guest and sometimes one of the Sr. Residents. The 9:00 will be board review/in-service review and 10:00 is book club.

b. Resident grand rounds
    i. Each resident is responsible for 6 comprehensive grand round presentations during the year.
    ii. Presentation should be based on a case that the resident participated in. The resident chooses the case.
    iii. Included in the grand rounds should be pictures, if available.
    iv. Include pathology, radiology, and surgery information as applicable.
    v. Let me know the topic one week in advance and I will also have an applicable journal article to discuss after the grand rounds talk.
    vi. Include relevant board-type questions in the talk.
    vii. This should be a very comprehensive review of the case and the topic you choose to present.

IX. WRH Graduate Medical Education department didactics

a. Weekly morning report
b. Bi-monthly OMM sessions with specialty specific lab sessions (see attached curriculum). *OMM lectures are mandatory for all residents that remain in AOA accredited programs*. These occur on the 2nd and 4th Wednesdays of each month at noon from September through May. Each resident will be evaluated by an OMM teaching faculty 2x/year on his/her OMM skills. The OMM component of this residency training program is essential to the development of an osteopathic ENT / FPS physician. There must be a minimum attendance of 50% of OMM lectures for a 1 year period**.**
c. Monthly cancer conference case review (ENT / FPS residents assigned to present)
d. Monthly morbidity and mortality conference (ENT / FPS residents assigned to present)
e. Monthly Board review sessions to be scheduled and assigned by ENT / FPS core faculty and chief resident.
f. Quarterly ½ day all-resident educational sessions that cover QA / QI topics, personal and professional development and hospital leadership.

X. Rotational Goals and Objectives

a. **General ENT / FPS rotations**

i. Patient education regarding medication abuse, pollutants, humidification, and allergies.
ii. Osteopathic manipulative treatment based on the musculoskeletal system's impact on circulation to and from all tissues, the autonomic nervous system and the promotion of lymphatic circulation and its role in reducing swelling and inflammation and stimulation of the immune system.
iii. Application of medical and surgical intervention combined with patient education and appropriate musculoskeletal treatment.
iv. Understanding of the morphology, physiology, pharmacology, pathology, microbiology biochemistry, genetics, and immunology relevant to the head and neck, the upper respiratory, and upper alimentary systems.
v. Understanding of the communication sciences, including knowledge of audiology and speech-language pathology.
vi. Understanding of the chemical senses and allergy, endocrinology, and neurology as they relate to the head and neck; and voice sciences as they relate to laryngology.
vii. Knowledge and application in the diagnosis and diagnostic methods as they pertain to audiologic and vestibular assessments, techniques in voice assessment, electrophysiological techniques, and other related laboratory procedures for diagnosing diseases and disorders of the ears, the upper respiratory and upper alimentary systems, and the head and neck.
viii. Understanding of therapeutic and diagnostic radiology including the interpretation of medical imaging techniques relevant to the head and neck and the thorax, including studies of the temporal bone, skull, nose, paranasal sinuses, salivary and thyroid glands, larynx, neck, lungs, and esophagus.
ix. Understanding of the diagnostic evaluation and management of congenital anomalies, otolaryngic allergy, trauma, and diseases affecting the regions and systems mentioned above.
x. Management of congenital, inflammatory, endocrine, neoplastic, degenerative, and traumatic states, including operative intervention and preoperative and postoperative care of the following major categories:
    1. General otolaryngology

2. Head and neck surgery
3. Plastic and reconstructive surgery
4. Otology
5. Endoscopy
6. Otolaryngic Allergy
7. General Medicine as it applies to otolaryngology

xi. Understanding of habilitation and rehabilitation techniques and procedures including respiration, deglutition, chemoreception, balance, speech, and hearing.

xii. Knowledge and use of diagnostic and therapeutic techniques involving the application and utilization of lasers and flexible and rigid upper aerodigestive endoscopy.

b. **Head and Neck Rotations**

i. Advanced specialty training in the morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, and immunology relevant to the head and neck, the upper respiratory, and upper alimentary systems.

ii. Concentrated training in the diagnosis, management, and diagnostic methods as it pertains to the management of congenital, inflammatory, endocrine, neoplastic, degenerative, and traumatic states, including operative intervention and preoperative and postoperative care of the head and neck..

iii. Advanced medical, surgical, and laser treatments in the head and neck surgery including otology, rhinology, laryngology, and otolaryngic allergy.

c. **Otology rotations**

i. Mastery of audiology, brainstem evoked response testing, tympanometry, electronystagmogram, CT, MRI and plain film interpretation of the temporal bone.

ii. Advanced medical and surgical management of hearing loss, both conductive and neurosensory, balance disorders and chronic ear diseases.

iii. Advanced techniques in temporal bone dissection, as it pertains to the medical and surgical management of patient care.

d. **Pediatrics rotations**.

i. Advanced diagnosis, management, and diagnostic methods as it pertains to the management of pediatric congenital, inflammatory, endocrine, neoplastic, degenerative, and traumatic states.

ii. Advanced training in the operative intervention and preoperative and postoperative care of pediatric head and neck diseases.
iii. Advanced training in the surgical techniques of myringotomy with tube placement, tympanoplasty, mastoidectomy, direct laryngoscopy with or without foreign body removal, adenoidectomy, tonsillectomy, and nasal foreign body removal.

e. **Basic Sciences Course**
   i. Advanced cadaver dissection on the head and neck, with familiarity to surgical anatomy and surgical techniques
   ii. Subspecialty lectures from the departments of anesthesia, OMFS, pathology, neurology, radiation oncology, radiology, and ophthalmology as they relate to the study of otolaryngology.
   iii. Exposure to workshops in temporal bone, wiring, and bone plating as it relates to the study of otolaryngology.
   iv. Completion of a minimum of 150 hours of study during this course in the basic sciences of ENT / FPS.

f. Facial Plastic Surgery rotations
   i. Advanced training in the traumatic, functional and cosmetic surgery of the head and neck.
   ii. Advanced training in, but not limited to, otoplasty, rhinoplasty, mentoplasty, rhytidectomy, blepharoplasty, liposuction, dermabrasion, pedical flap procedures, skin grafting, scar revision, and primary closure of skin lesions.
   iii. Advanced training in the reduction of frontal facial fractures and nasal fracture.

XI. Resident Responsibilities

a. The ENT / FPS residents are responsible for the knowledge of and adherence to the WRH Graduate Medical Education Policies and Procedures manual, which is updated yearly and outlines items particular to the WRH training programs, including residency duties and responsibilities, leave policy, prospective resident selection, grievance, disciplinary action, academic deficiencies, appeals procedures, work hours and supervision, dress code, library facilities, moonlighting, medical records and salary, stipend and benefit information.
b. Resident Clinic
   i. The resident should take responsibility for resident clinic patients.

ii. Try for continuity of care when possible. If a patient was seen by you in the past, try to see him/her again. This helps the resident learn and the patient feel "owned" as well.
iii. The resident must complete all documentation as well as billing information. You may not have time during clinic hours, but complete it before the day is over.
iv. It is important to document specific plans. Because residents share these patient's with each other, another resident needs to be able to pick up a chart as see exactly what you were thinking. This helps the efficiency if the plan is well documented.
v. The resident should send notes to PCP's and referring docs. Especially with new patients, post operative patients, and patients with a new ENT diagnosis.
vi. All new patients must be seen by an attending. After the resident sees them, he/she should form a plan and discuss with an attending.
vii. Follow up patients should be discussed with a senior resident or attending. Please discuss patient plans before the patient leaves the office.
viii. Any patient scheduled for surgery should be discussed and seen with an attending.

c. Operating Room/Surgical Assignments
i. Arrive at the operating room 30 minutes before the first case. See the patients in the preoperative holding area.
ii. The resident should complete post op orders, op note, and OR anesthesia sheet.
iii. The resident should assure the patient has home going scripts
iv. The resident must dictate each case the day it is completed.
v. The resident must prepare for the operating room by reviewing each case before the day. This should include reviewing office notes and imaging. Do this on your out rotations too.
vi. The resident should always prepare for the day by knowing how to do the procedures, too. Know the indications of the procedure and the operative steps before you go into the case.
vii. Clinic patients are the responsibility of the resident. The following is the responsibility of the resident for these patients.
1. See the patient in the pre op area
2. Talk to family members after the case

3. Follow up on pathology results

d. When assigned to an attending's office hours the resident is responsible for seeing and working up new patients.
    i. The resident is responsible for seeing and working up new patients.
    ii. See the patient → formulate a plan→ discuss and see with the attending
    iii. Complete the documentation for new patients. This includes the assessment and plan (this is the most important part)
    iv. You should also help with procedures and follow up patients as available.
e. Residents shall make rounds daily, before rounding with the attending physician then as an ENT / FPS surgical team. The residents must complete an admission note and daily progress note for each patient, each day of their stay at WRH. These notes must be properly attested to by the attending physician on the case in accordance with accrediting body standards and CMS regulations. Weekend Rounds: the resident should round before the attending. Have all notes written and information gathered.
f. Consults
    i. Residents are responsible for any inpatient consultations by other specialties to the ENT / FPS surgical team. Consults will be completed promptly and an initial history, physical, diagnosis, and treatment plan will be discussed with the attending surgeon. The resident may not function independently in any instance without appropriate consultation with the attending ENT / FPS surgeon involved in the case, except in emergency situations for which the resident has already proven
    ii. All consults must be dictated. Dictations should include a full H and P: Reason for consult, HPI, Past Medical History, Past surgery, Family Hx, Social Hx, Meds, Allergies, ROS, PE including vitals, Labs and Imaging, Assessment and Plan. This is necessary for billing.
    iii. The resident must turn in the consult and face sheet to the office to be scanned in.
    iv. If it is important that a consult be seen in follow up, the resident should make the appointment for them. Make the appointment for the patient while they are in the hospital and then tell the office staff when they are coming it.

v. Presenting to attending physicians
    1. This must be organized. The resident should tell the attending the whole story. In order of the H and P. The junior resident should practice their presentation skills with the senior residents.
    2. The resident should have information available such as imaging, labs, etc.
    3. The resident should call the attending after you have a complete assessment and plan.
    4. The "on call" person will be paged with consults during the day, but this does not mean that the consult must be completed by this person. During the day, a Sr. and Jr. level resident should see the consults and work them up together, if possible.

g. Residents shall be responsible for any emergency ENT / FPS cases in the hospital or outpatient service, under supervision of the attending physician. Ant time spent in direct patient care for these instances will be counted towards total duty hours and governed by the AOA / ACGME and specialty college standards.
h. Residents shall assume responsibility in the surgical care of patients as she/he acquires ability, but only with direct approval of the attending surgeon. As ability is demonstrated, an increasing reliance will be placed in the judgment of the resident in diagnosis, treatment and in the training of junior residents and medical students.
i. The resident will be responsible to make certain all surgical patients are properly prepared for surgery. This includes the availability of diagnostic testing and radiological study necessary to complete the surgical procedure. The resident shall notify the attending surgeon of any preoperative laboratory or x-ray finding that might contraindicate surgery.
j. Residents are expected in the surgical suite 30 minutes prior to the first scheduled surgery of the day. They shall be first assistant in all operative cases involving otolaryngology/facial plastic surgery, unless a conflict exists with a mandatory education activity. Intra-operative involvement in cases will depend on surgical ability, pre and post-operative care, evaluation of the patient and physician/patient relationship.
k. Residents will assist in instruction of fellow WRH House Staff and medical students on topics relating to otolaryngology or facial plastic

surgery. This may include noon lectures, journal clubs, or bedside teaching.

l. An accurate log of all patient interactions on the ENT / FPS surgical service must be kept, in accordance with the ACGME Program Requirements for GME in Otolaryngology. This is to include daily attendance at conferences or meetings, clinical work, operative involvement and assigned readings. A year-end log shall be submitted to the program director for inspection and signature. Copies of the signed monthly and year-end total logs are to be kept on file in the Medical Education office.

m. Residents may be asked to provide assistance to other services in the hospital in case of emergency or disaster as outlined in the WRH Policies and Procedures manual.

n. Medical Students
    i. As part of the teaching mission of the residency program, medical students will often be involved in patient care. As such, medical students are to function only as adjuncts to patient care. All patients must also be seen personally by the ENT / FPS resident or attending physician.
    ii. All patients are to be asked if they consent to being seen by a student physician prior to the start of care
    iii. All medical student notes in the chart will be thoroughly reviewed, annotated and signed, providing feedback to the student as appropriate
    iv. Medical students are to be chaperoned by a physician whenever performing any act which may be considered sensitive (i.e. sexual hx, rectal exam…)
    v. Any problems with medical student behavior or performance should be communicated to the attending physician covering that day. If the matter needs further attention, the physician will contact the undergraduate medical education office for intervention.

o. Hospital Requirements
    i. Please refer to the GME Policies and Procedures Manual for hospital requirements and rules. The requirements set forth in this document are to be additive and not in conflict to the GME policies. The policies for the ENT / FPS Residents are intended to clarify and delineate specific ENT / FPS topics