Otolaryngology Residency Program Overview

The Otolaryngology Residency Program at Penn State Health Milton S. Hershey Medical Center resides within a university-based medical school atmosphere and academic environment. The majority of clinical activity occurs within the university hospital and outpatient offices. All otolaryngology patients at the facility are part of the teaching program. All residents participate in the management of inpatients and outpatients. The residents are exposed to a spectrum of pediatric, oncologic, otologic, facial plastic and reconstructive, neuro-otologic and skull base tumor patients.

All otolaryngology hospital inpatients are considered part of a single service, i.e. there is no division of patients into private practice and clinic services. Hospital inpatient rounds are conducted twice daily by the entire resident staff and students, in addition to rounds with the staff attending. The senior residents are primarily responsible for organizing rounds and assigning inpatient management tasks.

All patient care is done under attending supervision. The otolaryngology program is designed to provide in an attending-supervised atmosphere with graded responsibility, ultimately culminating in the chief resident(s) managing the all aspects of patient care. The level of attending supervision is initially intense.

Since July 2005, the PGY-1 year is part of the otolaryngology residency. This first year of residency serves as the introduction to graduate medical education and the beginning of surgical scholarship. The majority of the year is spent in one-month rotations in disciplines other than Otolaryngology. The goals and objectives of the PGY-1 year are outlined later in this document.

The majority of the remaining years of the residency are spent on the Otolaryngology service. During the second (PGY-2) and third (PGY-3) otolaryngology (Intermediate) years, the resident is closely supervised by both the faculty and senior residents during all endeavors at Milton S. Hershey Medical Center. The initial areas of activities include accurately obtaining an otolaryngologic history, formulating a differential diagnosis, and a beginning understanding of the management options in either the clinic or inpatient situation. These patient assessments must include an understanding of the patient’s comorbid medical, surgical, and psychological conditions that may impact their otolaryngic problems. A reading program to facilitate an early overview understanding of otolaryngic problems is emphasized.

Residents at this level of training are encouraged to consult with senior residents and faculty before any patient management plans are initiated. The level of resident independence and responsibility for initial evaluation, diagnosis, selection of therapy, and management of complications progressively increases with each year of education. Continuity of care is assured by supervised resident participation in preoperative evaluation, in-hospital stay, and post-discharge clinics. Night and weekend duty take place after “sign out rounds.” These rounds assure proper handoff and that the on call residents are familiar with the condition and issues of each patient so they can provide optimal care. All inpatients are discussed in depth during the weekly pre-operative conference. All surgical cases for the next week are also discussed.

As residents progress though the program, they are expected to function at increasing levels of independence and demonstrate mastery in all training areas. The resident is directly responsible for patient evaluation, pre- and postoperative management, and all aspects of operative procedures. This responsibility extends to the management of all postoperative complications and long-term follow-up of the patient. Patients are seen for regular follow-up in clinics and the timing of the operative and clinic schedule facilitates continuity of the care. In keeping with this increased responsibility, chief residents are significantly involved in teaching more junior
residents on their rotations. As the years progress, the residents get an increased surgical experience under the supervision of attending staff. They also assist with patient documentation by dictating narrative summaries on appropriate patients. The faculty on each service is committed to assuring the chief resident is a responsible, safe, and courteous otolaryngologic surgeon by the end of their tenure in the program. During the third year (PGY-3), the resident participates in a three-month research elective. See the section on Research Requirements for residents in Otolaryngology-Head and Neck Surgery on pages 73-74.

During the fourth year, the resident will be expected to demonstrate an increasing administrative responsibility in the co-coordination of the conference schedule and to compile a large proportion of their experience in more advanced surgical procedures.

The PGY-5 year is the year of chief residency. Chief residents are responsible for supervision of inpatient and emergency department care under the direction of clinical attendings. During the years that there are two chiefs, supervising responsibilities will be divided between two services. The chief resident is expected to assist in the teaching of otolaryngology along with the attending staff in all settings. The chief resident has administrative responsibilities including the creation of the resident’s on-call and vacation schedules. The chief resident also plays an active role in conferences and on rounds. Although his/her surgery is still under the supervision of an attending, the attending will make every effort to give as much responsibility to the chief resident as possible, often acting as an assistant him/herself. The chief resident is also present for most advanced surgical cases (those that would typically involve subspecialty fellows at institutions having fellowships). Additionally, the chief resident will see patients semi-independently in the chief resident clinic one-half day per week.
Two Major Services

Clinical experience is always under the direct supervision of attending staff. The Otolaryngology training curriculum is organized under two services: Pediatric-Sinus-Otology and Head and Neck-Facial Plastic and Reconstructive Surgery. Each resident spends equal time on these rotations each year. In that way, the resident enjoys the continuity of seeing the same patients during the progression of their care.

Pediatric-Sinus-Otology Rotation

During the Pediatric-Sinus-Otology rotation, the resident, depending on their level, is expected to become familiar and later, expert in the recognition, diagnosis, and management of disorders of the nose, paranasal sinuses and ears in adult and pediatric patients. Although the residents rotate through the services at different levels of their training, their responsibility changes as they progress through the program. The resident starts with the expected goal of understanding the related problems in these disciplines. Understanding the evaluation and management of these problems is the goal of the next year. When residents reach the senior and chief resident level, they are expected to have mastery of diagnosis, management, and follow-up of patients with these concerns. They are also exposed to, and expected to become expert in, the management of common and complex otolaryngology disorders of the pediatric patient including congenital disorders, bronchoesophasagology, and acquired disorders.

Head and Neck and Facial Plastic and Reconstructive Surgery Rotation

Head and Neck and Facial Plastic and Reconstructive Surgery rotation allows the resident to become exposed to the spectrum of clinical issues and management of patients with head and neck oncologic concerns, endocrine, and facial plastic and reconstructive surgery. Although the residents rotate through the services at different levels of their training, their responsibility changes as they progress through the program. The resident starts with the expected goal of understanding the related problems in these disciplines. Understanding the evaluation and management of these problems is the goal of the next year. When they reach the senior and chief resident level, they are expected to have mastery of diagnosis, management, and follow-up of patients with these concerns. In the rotation, they are exposed to major/minor head and neck procedures, including flap reconstruction, microvascular transfer, rhinoplasty, cosmetic surgery, and management of patients with facial nerve disorders.

The next sections list overall program goals, as well as skill and knowledge objectives for each area of Otolaryngology, for each year of training. Residents should use these as a guideline to monitor their own progress.
Residency Program Goals

Penn State Otolaryngology – Head and Neck Surgery residency program aims to guide the adult learner from medical student to an independent and competent practitioner of the surgical field. The process involves hard work and dedication on the part of educators and learners. A presumption is held that the resident applicant is an intelligent, motivated, and dedicated individual who enters the program seeking to reach the goal of competence and even expertise. With that ideal in mind, the curriculum has been designed and implemented to assist in achieving that goal. Significant independent, self-directed learning is expected from the resident throughout the training program.

The overreaching goals of the program include:

1. Guide the resident in development of an extensive fund of knowledge within medicine, and specifically the otolaryngologic sciences.
2. Empower the resident in the arena of life-long learning, as residency is not the completion, but the beginning of this process.
3. Provide graduated and progressive responsibility in the care of medical and surgical patients, as determined by training and ability.
4. Set forth practices to insure competent, safe, high quality, and fiscally responsible medical care to the patients under our care, regardless of socioeconomic or cultural background.
5. Provide guidance and experiential learning in the area of medical research, as a foundation for furthering the medical field and personal professional growth.
6. Provide skills in the identification and application of evidence-based medicine.
7. Assist in the creation of effective communication techniques for trainees, for interactions with peers, health care professionals, patients, families, and the community at large.
8. Promote awareness of the value of coordination of care amongst members of the healthcare delivery system, keeping in mind of safety, quality, and cost containment.
9. Develop the skills to incorporate formative and summative feedback in continuous practice improvement.
10. Promote all aspects of the six ACGME core competencies, as they relate to Otolaryngology – Head and Neck Surgery
Educational Curriculum

Otolaryngology – Head and Neck Surgery
Resident Educational Program
July 1, 2016 - June 30, 2017

General Goals and Objectives:

The Division of Otolaryngology – Head and Neck Surgery Resident Training Program of Penn State College of Medicine provides residents with comprehensive training in the medical and surgical care of patients with diseases of the head and neck region. The educational curriculum involves basic science training in all aspects of otolaryngology combined with clinical diagnosis and medical/surgical treatment of otolaryngologic illnesses. Bracketed terms indicate correspondence to core competency domains (see definitions in later section “Core Competencies”).

I. Internship (PGY-1)
   a. Knowledge Base: PGY-1 residents will have the following knowledge base by the completion of the academic year:
      i. Identify basic neck anatomy on CT scans. [MEDICAL KNOWLEDGE]
      ii. List the symptoms of acute sinusitis. [MEDICAL KNOWLEDGE]
      iii. Distinguish SNHL, CHL, Mixed HL, and normal hearing on an audiogram. [MEDICAL KNOWLEDGE]
      iv. Identify factors that support a diagnosis of otitis media (history, physical exam, ancillary tests). Medically manage acute otitis media. [MEDICAL KNOWLEDGE]
      v. Describe fractures on facial CT scans of trauma patients. [MEDICAL KNOWLEDGE]
      vi. Describe the normal anatomy of the facial soft tissues relevant to the trauma patient. [MEDICAL KNOWLEDGE]
      vii. Describe issues of concern for patients seen in the emergency room with nasal fractures, mandible fractures, human and animal bite injuries, and soft tissue avulsions. [PATIENT CARE, MEDICAL KNOWLEDGE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM, SYSTEMS-BASED PRACTICE]
      viii. Establish effective and compassionate communication with patients and their families. [INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]
      ix. Perform efficient electronic searches of medical databases (e.g. Medline, PubMed, etc) [PRACTICE-BASED LEARNING AND IMPROVEMENT]
      x. Demonstrates understanding of the need and benefit of formal patient safety measures [SYSTEMS-BASED PRACTICE]
      xi. Demonstrates respect for patient confidentiality [PROFESSIONALISM]
b. **Clinical Skills:** PGY-1 will have the following skills by the completion of the academic year:

i. Present patient cases to senior residents and Attending Staff in an efficient, but complete manner. *[PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, SYSTEMS-BASED PRACTICE]*

ii. Develop triage skills for patient care contacts in the emergency room, inpatient and outpatient setting. *[PATIENT CARE, SYSTEMS-BASED PRACTICE]*

iii. Perform a thorough physical examination of the facial trauma patient *[PATIENT CARE, MEDICAL KNOWLEDGE]*.

iv. Repair simple facial lacerations under supervision. *[MEDICAL KNOWLEDGE]*

v. Perform surgical scrub, participate in time out, and maintain sterile field *[PATIENT CARE]*

vi. Utilizes interpreters when necessary *[INTERPERSONAL AND COMMUNICATION SKILLS]*

II. Second Year Residents (PGY-2)

a. **Knowledge Base:**

i. General Otolaryngology

1. Interpret CT findings of acute and chronic sinusitis. *[MEDICAL KNOWLEDGE]*

2. Provide a list of contributing factors to sinus disease. *[MEDICAL KNOWLEDGE]*

3. Explain the allergic mechanism. *[MEDICAL KNOWLEDGE]*

4. Discuss the indications for endoscopic sinus surgery. *[MEDICAL KNOWLEDGE]*

5. Describe the spectrum of sleep disorders and the short- and long-term consequences / complications of OSA. *[MEDICAL KNOWLEDGE]*

6. List treatments of sialadenitis and factors precipitating inflammatory salivary disease. *[PATIENT CARE]*

7. Recognize age-related vocal and swallowing changes *[MEDICAL KNOWLEDGE]*

ii. Pediatric

1. Describe differences between pediatric and adult head and neck anatomy. *[MEDICAL KNOWLEDGE]*

2. Identify patterns of hearing loss that suggest a genetic etiology. *[MEDICAL KNOWLEDGE]*

3. Know how to evaluate a child with suspected congenital sensorineural hearing loss. *[MEDICAL KNOWLEDGE]*

4. Be able to obtain consent for ventilation tube insertion, adenoidectomy, tonsillectomy, bronchoscopy, neck mass excision (i.e., know indications/contraindications, potential complications and how they are dealt with, and usual post-op course). *[PATIENT CARE, MEDICAL KNOWLEDGE, PROFESSIONALISM, SYSTEMS-BASED PRACTICE]*

5. Know the potential complications of otitis media and how to manage them. *[MEDICAL KNOWLEDGE]*

6. Diagnose and manage pediatric OSA. *[PATIENT CARE, MEDICAL KNOWLEDGE]*

7. Identify respiratory distress in infants. *[MEDICAL KNOWLEDGE]*

iii. Otology

1. Be able to interpret audiograms and tympanograms. *[MEDICAL KNOWLEDGE]*
2. Differentiate normal from abnormal appearing eardrums. [MEDICAL KNOWLEDGE]
3. Discuss normal anatomy of the ear. [MEDICAL KNOWLEDGE]
4. Discuss middle ear mechanics. [MEDICAL KNOWLEDGE]
5. Outline the normal progression of presbycusis and noise-induced hearing loss. [MEDICAL KNOWLEDGE]
6. Diagnose and manage otitis externa and otitis media. [MEDICAL KNOWLEDGE]
7. Identify patient with Eustachian tube dysfunction and discuss normal and abnormal physiologic contributors [MEDICAL KNOWLEDGE]

iv. Head and Neck Oncology – Endocrine
1. Describe head and neck anatomy. [MEDICAL KNOWLEDGE]
2. Interpret CT scans of the neck for routine conditions. [MEDICAL KNOWLEDGE]
3. Appropriately order and interpret videostroboscopy. [MEDICAL KNOWLEDGE, SYSTEMS-BASED PRACTICE]
4. Appropriately order and interpret modified barium swallows. [MEDICAL KNOWLEDGE, SYSTEMS-BASED PRACTICE]
5. Describe care of the tracheostomy, both in the initial post-operative period, and long-term. [PATIENT CARE, MEDICAL KNOWLEDGE, INTERPERSONAL AND COMMUNICATION SKILLS, SYSTEMS-BASED PRACTICE]
6. Describe routine post-operative wound care. [PATIENT CARE, MEDICAL KNOWLEDGE]
7. Describe a basic algorithm for care of upper airway malignancies [MEDICAL KNOWLEDGE]

v. Facial Plastic and Reconstructive Surgery
1. Describe, in appropriate terminology, fractures on facial CT scans of trauma patients. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Describe the normal anatomy of the facial soft tissues relevant to the trauma patient, including an accurate knowledge about facial nerve function and anatomy. [PATIENT CARE, MEDICAL KNOWLEDGE]
3. Describe the management techniques for fractures of the: Nose, mandible, midface, zygoma, and naso-orbito-ethmoid. [PATIENT CARE, MEDICAL KNOWLEDGE]
4. Describe airway management in the facial fracture patient. [PATIENT CARE, MEDICAL KNOWLEDGE]
5. Participate in external Rhinoplasty Fundamentals Course [MEDICAL KNOWLEDGE, PROFESSIONALISM]

vi. Other
1. Perform efficient investigation of the medical literature for patient care issues. [PRACTICE-BASED LEARNING]
2. Understand the stresses incurred by patients and their families in serious illnesses. [INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]
3. Demonstrate sensitivity to patients concerns and diversity, in regard to ethnic, religious, social, economic, sexual, gender and age related factors. [INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]
4. Recognize the importance of alternative and homeopathic healing techniques and how they may affect allopathic care. [INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]

b. Clinical skills:
   i. General Otolaryngology
1. Perform flexible laryngoscopy on adult patient. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Perform tonsillectomy on adult patient. [PATIENT CARE, MEDICAL KNOWLEDGE]
3. Perform nasal endoscopy on anesthetized patient. [PATIENT CARE, MEDICAL KNOWLEDGE]
4. Control anterior epistaxis. [PATIENT CARE, MEDICAL KNOWLEDGE]
5. Perform tracheostomy on anesthetized patient. [PATIENT CARE, MEDICAL KNOWLEDGE]

ii. Pediatric
1. Complete head and neck exam on a cooperative child under 5 years. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Place ventilation tubes in “average” ears under GA. [PATIENT CARE, MEDICAL KNOWLEDGE]
3. Perform adenoidectomy and tonsillectomy in children over 3 years. [PATIENT CARE, MEDICAL KNOWLEDGE]

iii. Otology
1. Perform office micro-otoscopy, including cerumen cleaning. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Perform pneumo-ostoscopy. [PATIENT CARE, MEDICAL KNOWLEDGE]
3. Perform detailed exam of dizzy patient. [PATIENT CARE, MEDICAL KNOWLEDGE]

iv. Head and Neck Oncology – Endocrine
1. Visualize larynx with a mirror. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Manage post-operative ward and outpatients following head and neck surgery. [PATIENT CARE, MEDICAL KNOWLEDGE]
3. Perform as surgical first assistant on head and neck cases. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS]
4. Be able to perform:
   a. Excision of small skin lesions/uncomplicated neck masses [PATIENT CARE, MEDICAL KNOWLEDGE]
   b. Direct laryngoscopy in the OR [PATIENT CARE, MEDICAL KNOWLEDGE]
   c. Rigid esophagoscopy [PATIENT CARE, MEDICAL KNOWLEDGE]

v. Facial Plastic and Reconstructive Surgery
1. Repair simple facial lacerations with limited supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Repair complex facial lacerations with supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]
3. Correctly mobilize systems for the surgical correction of facial fractures. [PATIENT CARE, MEDICAL KNOWLEDGE, SYSTEMS-BASED PRACTICE]
4. Perform simple septoplasty. [PATIENT CARE, MEDICAL KNOWLEDGE]
5. Perform buccogingival incision for fracture exposure. [PATIENT CARE, MEDICAL KNOWLEDGE]
6. Elevate and inset small skin flaps under supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]

c. Research skills:
   i. Research Design
1. Identify a research mentor and formulate a basic plan for research goals. [PRACTICE-BASED LEARNING AND IMPROVEMENT, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]

2. Research Program Abstract (enclosures) must be completed by December 1.

3. Approved research faculty and staff include those working in the labs of fulltime Otolaryngology Division faculty, Drs. Danny Welsh, Edward Bixler, Timothy Craig, and Pat McLaughlin. Other faculty require Residency Director approval.

   ii. Research Skills: Planning and Funding

   1. Resident is to further develop the research plan, and write a proposal for the submission of a grant. [PRACTICE-BASED LEARNING AND IMPROVEMENT, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]

   2. Revised abstract and budget plan to be submitted by June 1 (enclosure).

d. Resident Duties:

   i. Responsible for the daily care of inpatients and consults, under the supervision of the Chief Resident and Attending Staff. [PATIENT CARE, MEDICAL KNOWLEDGE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM, SYSTEMS-BASED PRACTICE]

   ii. Evaluate emergency room and inpatient consultation patients when on call, or when assigned by the Chief Resident. [PATIENT CARE, MEDICAL KNOWLEDGE, PROFESSIONALISM, SYSTEMS-BASED PRACTICE]

   iii. Attend Rounds every morning and evening. [PATIENT CARE, MEDICAL KNOWLEDGE, PROFESSIONALISM]

   iv. Clinic and operating room assignments, as per the Program Director and Chief Resident.

   v. Attend all lectures, Grand Rounds, and symposiums on the academic calendar.

   vi. Take primary call for the Otolaryngology service, as per the call schedule created by the Chief Resident.

III. Third Year Resident (PGY-3)

a. Knowledge Base:

   i. General Otolaryngology

   1. Explain etiology of sinusitis complications and their management. [MEDICAL KNOWLEDGE]

   2. Evaluate and formulate management plan for patient with nasal obstruction. [PATIENT CARE, MEDICAL KNOWLEDGE]

   3. Discuss allergic fungal sinusitis, including current theories on etiology and management. [MEDICAL KNOWLEDGE]

   4. Provide differential for dysphagia and employ correct evaluation tools. [MEDICAL KNOWLEDGE]

   5. Evaluate hoarse patient and provide treatment plan. [PATIENT CARE, MEDICAL KNOWLEDGE]

   6. Discuss the theories and factors involved in voice production. [MEDICAL KNOWLEDGE]

   7. Participate in the external Basic Science Course in University of Indiana. [MEDICAL KNOWLEDGE, INTERPERSONAL AND COMMUNICATION SKILLS]

   ii. Pediatric

   1. Identify when flexible laryngoscopy is indicated in pediatric patients. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Identify factors contributing to subglottic stenosis in children. 
   Describe management of subglottic stenosis. [MEDICAL KNOWLEDGE]
4. Identify and manage laryngomalacia. [PATIENT CARE, MEDICAL KNOWLEDGE]
5. Diagnose and manage pediatric sinusitis and its complications. 
   [PATIENT CARE, MEDICAL KNOWLEDGE]
6. Identify common craniofacial syndromes and their ENT manifestations. [MEDICAL KNOWLEDGE]
7. Assess and manage pediatric neck masses, both midline and lateral. 
   [PATIENT CARE, MEDICAL KNOWLEDGE]

iii. Otology
1. Interpret temporal bone CT. [MEDICAL KNOWLEDGE]
2. Discuss differential diagnosis of dizziness. [MEDICAL KNOWLEDGE]
3. Diagnose and manage chronic otitis media. [PATIENT CARE, MEDICAL KNOWLEDGE]
4. Diagnose and manage cholesteatoma. [PATIENT CARE, MEDICAL KNOWLEDGE]
5. Discuss differential diagnosis of conductive hearing loss. [MEDICAL KNOWLEDGE]

iv. Head and Neck Oncology – Endocrine
1. Manage otolaryngology consultations of ICU patients. 
   [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM, SYSTEM-BASED PRACTICE]
2. Discuss surgical management of head and neck cancer. [PATIENT CARE, MEDICAL KNOWLEDGE]
3. Discuss progression routes of head and neck malignancies [MEDICAL KNOWLEDGE]
4. Discuss pathophysiology of benign mass lesions of the head and neck. [MEDICAL KNOWLEDGE]
5. Discuss pathophysiology of benign and malignant thyroid disease. [MEDICAL KNOWLEDGE]
6. Discuss pathophysiology of parathyroid diseases. [MEDICAL KNOWLEDGE]
7. Discuss medical treatment of common thyroid and parathyroid conditions. [PATIENT CARE, MEDICAL KNOWLEDGE]
8. Discuss concepts of local, pedicled, and free tissue reconstructive options for the head and neck. [MEDICAL KNOWLEDGE]
9. Raise skin flaps in salivary surgery, and close aesthetically [PATIENT CARE]

v. Facial Plastics and Reconstruction
1. Describe, in detail, the management techniques for fractures of the: 
   nose, mandible, midface, and naso-orbito-ethmoid, and other facial fractures. [MEDICAL KNOWLEDGE]
2. Describe airway management in the complex facial fractures and cervical injury patient. [MEDICAL KNOWLEDGE]
3. Describe abnormal and idea characteristic of the rhinoplasty patient. [MEDICAL KNOWLEDGE]

vi. Other
1. Apply scientific evidence and research to patient care scenarios for improved patient care. [PATIENT CARE, PRACTICE-BASED LEARNING AND IMPROVEMENT]
2. Recognize the outward signs of stress in patients and family. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]
3. Develop skills in managing healthcare provider stress when caring for critically ill patients. [PATIENT CARE, PRACTICE-BASED LEARNING AND IMPROVEMENT, PROFESSIONALISM]
4. Understand and utilize ancillary services in organizing outside resources for outpatient care. [SYSTEMS-BASED PRACTICE]
5. Develop skills in counseling patients on lifestyle and habitual changes for promotion of health. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]
6. Effectively communicates with patients and families of different cultural backgrounds [INTERPERSONAL AND COMMUNICATION SKILLS]

b. Clinical skills:
   i. General Otolaryngology
      1. Manage complex, or posterior epistaxis. [PATIENT CARE, MEDICAL KNOWLEDGE]
      2. Perform nasal endoscopy on awake patient. [PATIENT CARE, MEDICAL KNOWLEDGE]
      3. Perform direct laryngoscopy and esophagoscopy. [PATIENT CARE, MEDICAL KNOWLEDGE]
      4. Perform basic septoplasty and turbinate reductions. [PATIENT CARE, MEDICAL KNOWLEDGE]
      5. Perform endoscopic maxillary antrostomies and anterior ethmoidectomy. [PATIENT CARE, MEDICAL KNOWLEDGE]
      6. Perform tracheostomy for difficult airway. [PATIENT CARE, MEDICAL KNOWLEDGE]
      7. Perform uvulopalatopharyngoplasty for OSA. [PATIENT CARE, MEDICAL KNOWLEDGE]
      8. Perform UPPP in typical patient. [PATIENT CARE]
      9. Perform microlaryngoscopy with microflap technique. [PATIENT CARE, MEDICAL KNOWLEDGE]
      10. Set up and register a patient for computer-aided surgery procedures. [PATIENT CARE]

   ii. Pediatric
      1. Examine the head and neck of a neonate and uncooperative child under 5 years. [PATIENT CARE, MEDICAL KNOWLEDGE]
      2. Perform flexible laryngoscopy on an infant and differentiate normal from abnormal findings. [PATIENT CARE, MEDICAL KNOWLEDGE]
      3. Perform direct laryngoscopy on an anesthetized child older than 1 year and identify abnormalities. [PATIENT CARE, MEDICAL KNOWLEDGE]
      4. Tracheostomy in child over 1 year. [PATIENT CARE, MEDICAL KNOWLEDGE]
      5. Perform suspension microlaryngoscopy +/- laser on child over 1 year. [PATIENT CARE, MEDICAL KNOWLEDGE]

   iii. Otology
      1. Harvest fascia, "fool's fascia", or cartilage graft for tympanoplasty. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Perform a cortical mastoidectomy. [PATIENT CARE, MEDICAL KNOWLEDGE]
3. Complete the temporal bone lab curriculum. [MEDICAL KNOWLEDGE]
4. Place tubes in office. [PATIENT CARE, MEDICAL KNOWLEDGE]

iv. Head and Neck Oncology – Endocrine
1. Perform hemithyroidectomy with assistance. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Be able to assist with:
   a. Parotidectomy [PATIENT CARE, MEDICAL KNOWLEDGE]
   b. Neck dissection [PATIENT CARE, MEDICAL KNOWLEDGE]
   c. Free tissue transfer harvest [PATIENT CARE, MEDICAL KNOWLEDGE]
   d. Minimally invasive/radioguided parathyroidectomy [PATIENT CARE, MEDICAL KNOWLEDGE]
   e. Sentinel node dissection with/without radioguidance [PATIENT CARE, MEDICAL KNOWLEDGE]

v. Facial Plastic and Reconstruction
1. Perform a thorough physical examination of the facial trauma patient. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Repair complex facial lacerations with limited supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]
3. Perform osteotomies in the rhinoplasty patient. [PATIENT CARE, MEDICAL KNOWLEDGE]
4. Elevate the soft tissues in simple open rhinoplasty after incisions made. [PATIENT CARE, MEDICAL KNOWLEDGE]
5. Correctly perform eyelid incisions for upper facial fracture exposure. [PATIENT CARE, MEDICAL KNOWLEDGE]
6. Correctly perform scalp incisions for upper facial fracture exposure. [PATIENT CARE, MEDICAL KNOWLEDGE]
7. Be able to elevate and inset large skin flaps under supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]
8. Able to place patient in MMF [PATIENT CARE]

vi. Other
1. Utilizes checklists to prevent adverse events [SYSTEM-BASED PRACTICE]
2. Presents at M&M conference [SYSTEM-BASED PRACTICE]
3. Incorporates cost issues into patient care [SYSTEM-BASED PRACTICE]
4. Demonstrates use of Evidence Based Medicine [PRACTICE-BASED LEARNING AND IMPROVEMENT]
5. Improves own practices through feedback and self-assessment [PRACTICE-BASED LEARNING AND IMPROVEMENT]
6. Recognizes ethical issue in practice [PROFESSIONALISM]
7. Sustains relationships with consultant services [INTERPERSONAL AND COMMUNICATION SKILLS]

c. Research Skills: Experimental Work
   i. The three-month research block will be utilized to perform experimental work and initiate data collection. [MEDICAL KNOWLEDGE]
   ii. Adjustments to the protected research time may be considered on a case-by-case basis with the approval of the Program Director.

d. Resident Duties:
   i. Responsible for the daily care of inpatients and consults, under the supervision of the Chief Resident and Attending Staff. [PATIENT CARE,, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM, SYSTEMS-BASED PRACTICE]
ii. Evaluate emergency room and inpatient consultation patients when on call, or when assigned by the Chief Resident. [PATIENT CARE]

iii. Attend Rounds every morning and evening. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]

iv. Clinic and operating room assignments, as per the Program Director and Chief Resident.

v. Attend all lectures, Grand Rounds, and symposiums on the academic calendar.

vi. Take primary call for the Otolaryngology service, as per the call schedule created by the Chief Resident.

IV. Fourth Year Resident (PGY-4)

a. Knowledge Base:

i. General Otolaryngology
   1. Correctly evaluate videostroboscopic examinations of dysphonic patients. [PATIENT CARE, MEDICAL KNOWLEDGE]
   2. Discuss options for management of the immobile vocal fold. [PATIENT CARE, MEDICAL KNOWLEDGE]
   3. Discuss evaluation and management complex frontal sinus pathology. [PATIENT CARE, MEDICAL KNOWLEDGE]
   4. Evaluate, diagnose, and manage penetrating neck injuries. [PATIENT CARE, MEDICAL KNOWLEDGE]
   5. Demonstrate thorough understanding of vocal and swallowing physiology and pathology [MEDICAL KNOWLEDGE]
   6. Describe the histopathology of allergic and non-allergic rhinitis [MEDICAL KNOWLEDGE]

ii. Pediatric
   1. Diagnose and manage drooling children, including performing salivary duct ligation / submandibular gland excision. [PATIENT CARE, MEDICAL KNOWLEDGE]
   2. Diagnose and manage pediatric caustic ingestions and oral electrical burns. [PATIENT CARE, MEDICAL KNOWLEDGE]
   3. Identify common syndromes that include congenital hearing loss. [PATIENT CARE, MEDICAL KNOWLEDGE]

iii. Otology
   1. Diagnose and manage Meniere’s Disease. [PATIENT CARE, MEDICAL KNOWLEDGE]
   2. Diagnose and manage sudden hearing loss. [PATIENT CARE, MEDICAL KNOWLEDGE]
   3. Discuss the options to manage acoustic neuromas and glomus tumors. [PATIENT CARE, MEDICAL KNOWLEDGE]
   4. Interpret balance testing. [PATIENT CARE, MEDICAL KNOWLEDGE]
   5. Interpret MRI of internal auditory canals. [PATIENT CARE, MEDICAL KNOWLEDGE]

iv. Head and Neck Oncology – Endocrine
   1. Discuss adjuvant modalities for head and neck squamous cell carcinoma. [PATIENT CARE, MEDICAL KNOWLEDGE]
   2. Discuss the use of advanced imaging modalities (U/S, PET). [PATIENT CARE, MEDICAL KNOWLEDGE, SYSTEMS-BASED PRACTICE]
   3. Identify cytologic and pathologic diagnosis of benign and malignant head and neck and endocrine conditions. [PATIENT CARE, MEDICAL KNOWLEDGE]
   4. Describe skull base anatomy. [MEDICAL KNOWLEDGE]
5. Discuss computer-aided surgery for head and neck surgery. [PATIENT CARE, MEDICAL KNOWLEDGE]
6. Discuss medical management of flap ischemia. [PATIENT CARE, MEDICAL KNOWLEDGE]
7. Formulates correct treatment plan for salivary gland neoplasms [PATIENT CARE]

v. Facial Plastic and Reconstruction
1. Describe various options for the management of patients with facial fractures. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Describe the surgical management of complication of facial paralysis including: management of the brow, eyelids and mouth. [PATIENT CARE, MEDICAL KNOWLEDGE]
3. Describe various options for the management of facial soft tissue defects and management of complications. [PATIENT CARE, MEDICAL KNOWLEDGE]
4. Describe the management of the aging face including: resurfacing, rhytidectomy, and blepharoplasty. [PATIENT CARE, MEDICAL KNOWLEDGE]

vi. Other
1. Describe techniques for managing psychosocial stress in patients and family members. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]
2. Recognize the inherent problems with caring for pediatric patients from poor psychosocial environments. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM, SYSTEMS-BASED PRACTICE]
3. Establish effective communication skills with consulting services to provide quality care and good service. [INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM, SYSTEMS-BASED PRACTICE]
4. Create collaborative efforts with patients regarding healthcare decisions. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM, SYSTEMS-BASED PRACTICE]
5. Expand the understanding of insurance and financial issues for patients as they seek care, and how this affects their compliance with care plans. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM, SYSTEMS-BASED PRACTICE]

b. Clinical Skills:
   i. General Otolaryngology
      1. Perform endoscopic maxillary antrostomies, total anterior ethmoidectomy, frontal sinusotomy, and sphenoidotomy. [PATIENT CARE, MEDICAL KNOWLEDGE]
      2. Perform medialization thyroplasty under local anesthesia. [PATIENT CARE, MEDICAL KNOWLEDGE]
      3. Rapidly assess and control the difficult airway. [PATIENT CARE, MEDICAL KNOWLEDGE]
      4. Perform endoscopic repair of a CSF leak in ethmoid and sphenoid region. [PATIENT CARE, MEDICAL KNOWLEDGE]
      5. 
      6. Perform osteoplastic flap approach to the frontal sinus. [PATIENT CARE, MEDICAL KNOWLEDGE]
   ii. Pediatric
      1. Perform flexible laryngoscopy on a neonate and identify abnormalities. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Perform rigid bronchoscopy on an anesthetized child older than 1 year and identify abnormalities. [PATIENT CARE, MEDICAL KNOWLEDGE]

3. Perform infant tracheotomy. [PATIENT CARE, MEDICAL KNOWLEDGE]

4. Perform Sistrunk procedure in child over 1 year. [PATIENT CARE, MEDICAL KNOWLEDGE]

5. Place ventilation tubes in challenging ears (small EACs, tortuous EACs, retracted TMs) under GA, and in “average” ears under LA. [PATIENT CARE, MEDICAL KNOWLEDGE]

6. Perform T&A on child over 2 years. [PATIENT CARE, MEDICAL KNOWLEDGE]

iii. Otology

1. Complete tympanomastoidectomy with graft without OCR for chronic otitis media. [PATIENT CARE, MEDICAL KNOWLEDGE]

2. Place ventilation tube in office in a narrow ear. [PATIENT CARE, MEDICAL KNOWLEDGE]

3. Perform a cortical mastoidectomy and facial recess approach. [PATIENT CARE, MEDICAL KNOWLEDGE]

4. Perform a good canalplasty. [PATIENT CARE, MEDICAL KNOWLEDGE]

5. Perform transtympanic injections. [PATIENT CARE, MEDICAL KNOWLEDGE]

iv. Head and Neck Oncology – Endocrine

1. Be able to perform:
   a. Hemithyroidectomy [PATIENT CARE, MEDICAL KNOWLEDGE]
   b. Minimally invasive/radioguided parathyroidectomy [PATIENT CARE, MEDICAL KNOWLEDGE]
   c. Sentinel node dissection with/without radioguidance [PATIENT CARE, MEDICAL KNOWLEDGE]
   d. Parotidectomy [PATIENT CARE, MEDICAL KNOWLEDGE]

2. Be able to assist/perform:
   a. Total thyroidectomy [PATIENT CARE, MEDICAL KNOWLEDGE]
   b. Open parathyroid surgery [PATIENT CARE, MEDICAL KNOWLEDGE]
   c. Neck dissection [PATIENT CARE, MEDICAL KNOWLEDGE]
   d. Resection of head and neck primary [PATIENT CARE, MEDICAL KNOWLEDGE]
   e. Resection of congenital/benign head and neck lesions [PATIENT CARE, MEDICAL KNOWLEDGE]
   f. Pedicle flap procedures [PATIENT CARE, MEDICAL KNOWLEDGE]

3. Be able to assist:
   a. Microvascular free tissue transfer anastamosis [PATIENT CARE, MEDICAL KNOWLEDGE]
   b. A junior resident performing a tracheostomy [PATIENT CARE, MEDICAL KNOWLEDGE]
   c. A junior resident performing operative endoscopy [PATIENT CARE, MEDICAL KNOWLEDGE]

v. Facial Plastics and Reconstruction

1. Formulate a cogent plan for management of the facial fracture patient. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Correctly execute the surgical management of the facial fracture patient under supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]

3. Perform all the surgical skills in the management of the rhinoplasty patient, including photographic analysis, patient examination, and surgical procedures under supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]

4. Design pectoralis myocutaneous flap, elevation, and inset under supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]

5. Design, elevate and inset simple local flaps under supervision including forehead flap, bi-lobed flap, and nasolabial flap under supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]

6. Correctly evaluate the patient with facial paralysis under supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]

7. Evaluate the patient for blepharoplasty under supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]

vi. Other

1. Perform as acting-chief when the chief resident is unavailable. [INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]

2. Acts as primary resident member of the Curriculum Committee. [INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM, SYSTEMS-BASED PRACTICE]

c. Research Skills: Data Preparation, Writing, and Presentation

i. The completed experimental work will be subjected to appropriate statistical analysis. The project will be written and submitted for presentation.

d. Resident Duties:

i. Responsible for the daily care of inpatients and consults, under the supervision of the Chief Resident and Attending Staff. [PATIENT CARE]

ii. Evaluate emergency room and inpatient consultation patients when on call, or when assigned by the Chief Resident. [PATIENT CARE]

iii. Attend Rounds every morning and evening. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS]

iv. Clinic and operating room assignments, as per the Program Director and Chief Resident.

v. Attend all lectures, Grand Rounds, and symposiums on the academic calendar.

vi. Take primary call, or secondary call supporting a junior resident, for the Otolaryngology service, as per the call schedule created by the Chief Resident. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]

vii. Assists the Chief Resident in teaching the medical students and junior residents on service. [INTERPERSONAL AND COMMUNICATION SKILLS]

V. Fifth Year Resident (PGY-5)
a. Knowledge Base:

i. General Otolaryngology

1. Be able to discuss the indications for revision sinus surgery. [PATIENT CARE, MEDICAL KNOWLEDGE]

2. Identify cellular and molecular features of allergic rhinitis. [MEDICAL KNOWLEDGE]

3. Demonstrate a working knowledge of immunotherapy for allergic disease [MEDICAL KNOWLEDGE]

ii. Pediatric

1. Assess, diagnose and manage neonatal nasal obstruction, including choanal atresia. [PATIENT CARE, MEDICAL KNOWLEDGE]
iii. Otology
   1. Diagnose and manage otologic and non-otologic dizziness. [PATIENT CARE, MEDICAL KNOWLEDGE]
   2. Diagnose and manage tinnitus. [PATIENT CARE, MEDICAL KNOWLEDGE]
   3. Generate a differential and workup for uncommon causes of pediatric and adult hearing loss [MEDICAL KNOWLEDGE, PATIENT CARE]
   4. Discuss and identify candidates for cochlear implantation. [PATIENT CARE, MEDICAL KNOWLEDGE]

iv. Head and Neck Oncology – Endocrine
   1. Appropriately code/bill for head and neck procedures. [SYSTEMS-BASED PRACTICE].
   2. Discuss pathophysiology of skull base malignancies. [PATIENT CARE, MEDICAL KNOWLEDGE]
   3. Discuss approaches to the skull base. [PATIENT CARE, MEDICAL KNOWLEDGE]
   4. Accurately stage all head and neck cancers [MEDICAL KNOWLEDGE]

v. Facial Plastic and Reconstruction
   1. Describe various options for the management of patients with facial fractures. [PATIENT CARE, MEDICAL KNOWLEDGE]
   2. Describe the surgical management of complication of facial paralysis including: management of the brow, eyelids and mouth. [PATIENT CARE, MEDICAL KNOWLEDGE]
   3. Describe various options for the management of facial soft tissue defects and management of complications. [PATIENT CARE, MEDICAL KNOWLEDGE]
   4. Describe, in detail, the management of the aging face including: resurfacing, rhytidectomy, and blepharoplasty. [PATIENT CARE, MEDICAL KNOWLEDGE]

vi. Other
   1. Describe the ethical issues involved with care decisions in patients with life-threatening illnesses. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]
   2. Develop skills in discussing end of life decisions with patients and their family. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]
   3. Demonstrate the ability to counsel patients on all therapeutic alternatives – medical, surgical, radiologic, and chemotherapeutic. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM, SYSTEMS-BASED PRACTICE]

b. Clinical Skills:
   i. General Otolaryngology
      1. Perform revision endoscopic sinus surgery. [PATIENT CARE, MEDICAL KNOWLEDGE]
      2. Perform endoscopic orbital decompression, medial and inferior wall. [PATIENT CARE, MEDICAL KNOWLEDGE]
      3. Evaluate and surgically manage laryngeal trauma. [PATIENT CARE, MEDICAL KNOWLEDGE]
      4. Manage Zenker’s diverticulum, endoscopically and externally. [PATIENT CARE, MEDICAL KNOWLEDGE]
      5. Perform microlaryngoscopy with complete exposure and treat local benign and T1 malignant lesions [PATIENT CARE]

   ii. Pediatric
1. Perform rigid bronchoscopy on an anesthetized neonate and identify abnormalities. [PATIENT CARE, MEDICAL KNOWLEDGE]

2. Perform neck mass excision on infants. [PATIENT CARE, MEDICAL KNOWLEDGE]

iii. Otology
1. Complete a tympanomastoidectomy for cholesteatoma. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Complete a stapedotomy with a laser. [PATIENT CARE, MEDICAL KNOWLEDGE]
3. Complete a simple ossiculoplasty. [PATIENT CARE, MEDICAL KNOWLEDGE]
4. Complete a cartilage tympanoplasty. [PATIENT CARE, MEDICAL KNOWLEDGE]
5. Complete the bone work for temporal bone resection and a translabyrinthine approach to the internal auditory canal. [PATIENT CARE, MEDICAL KNOWLEDGE]
6. Skeletonize the facial nerve and remove granulation / cholesteatoma [PATIENT CARE]

iv. Head and Neck Oncology – Endocrine
1. Be able to perform/first assist junior residents performing:
   a. Thyroidectomy [PATIENT CARE, MEDICAL KNOWLEDGE]
   b. Parotidectomy [PATIENT CARE, MEDICAL KNOWLEDGE]
   c. Primary resection [PATIENT CARE, MEDICAL KNOWLEDGE]
   d. Neck dissection [PATIENT CARE, MEDICAL KNOWLEDGE]
   e. Parathyroid procedures [PATIENT CARE, MEDICAL KNOWLEDGE]
   f. Pedicle flaps [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Assist in open skull base procedures. [PATIENT CARE, MEDICAL KNOWLEDGE]
3. Assist/perform composite resections. [PATIENT CARE, MEDICAL KNOWLEDGE]
4. Assist on endoscopic skull base procedures. [PATIENT CARE, MEDICAL KNOWLEDGE]

v. Facial Plastic and Reconstruction
1. Correctly execute the surgical management of the pansfacial fracture patient under limited supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]
2. Perform all the surgical skills in the management of the rhinoplasty patient, including photographic analysis, patient examination, and surgical procedures under limited supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]
3. Be able to design pectoralis myocutaneous flap, elevation, and inset under limited supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]
4. Design, elevate and inset simple local flaps under supervision including forehead flap, bi-lobed flap, and nasolabial flap under limited supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]
5. Be able to correctly evaluate the patient with facial paralysis under limited supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]
6. Evaluate the patient for blepharoplasty under limited supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]
7. Perform uncomplicated upper eyelid blepharoplasty under supervision. [PATIENT CARE, MEDICAL KNOWLEDGE]

vi. Other
1. Advocate for quality in patient care systems [SYSTEMS-BASED PRACTICE]
2. Educate other services regarding patient safety issues in otolaryngology [SYSTEMS-BASED PRACTICE]
3. Lead interdisciplinary care team [SYSTEMS-BASED PRACTICE]
4. Organize educational activities at the program level [PRACTICE-BASED LEARNING AND IMPROVEMENT]
5. Analyze and manage ethical issues in complex situations [PROFESSIONALISM]
6. Develop and maintain relationships across specialties and systems [INTERPERSONAL AND COMMUNICATION SKILLS, SYSTEM-BASED PRACTICE]

**c. Research Skills: Data Preparation, Writing, and Presentation**

i. The completed experimental work will be subjected to appropriate statistical analysis. The project will be written and submitted for presentation.

d. **Resident Duties:**

i. Act as administrative chief for the service. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]

ii. Coordinate morning and evening rounds with the junior residents, under guidance of the Attending Staff. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]

iii. Assist the junior residents in evaluation of emergency room and inpatient consultation patients. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]

iv. Assign clinic and operating room responsibilities to the resident staff, under the supervision of the Program Director in maintaining appropriate case mix and numbers. [INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]

v. Attend all lectures, Grand Rounds, and symposiums on the academic calendar.

vi. Maintain the resident call schedule. [SYSTEMS-BASED PRACTICE]

vii. Take secondary call supporting a junior resident, for the Otolaryngology service. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]

viii. Assign cases and clinical responsibilities to junior residents. [PATIENT CARE, INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]

ix. Teach the medical students and junior residents on service. [INTERPERSONAL AND COMMUNICATION SKILLS, PROFESSIONALISM]

x. Other administrative duties as assigned by the Program Director.

**VI. Global Skills**

**a. Robot Privileging**

i. The Curriculum Committee feels that robotics training (TORS) for the residents is important, and should be a component of overall training. This training and experience allows the resident to graduate deemed "trained" in head and neck robotic surgery. Robotics is an evolving technology and technique, and will have growing applications beyond the current ones. Therefore, everyone may benefit from prior experience with the technology, even if your planned practice after graduation may not currently have applications of robotic surgery. Additionally, to facilitate working with faculty in the OR, residents should be familiar and adequately trained to use the robot.

ii. As the majority of the opportunity to participate in robotics cases is during
your senior years, the expectation is that residents complete the necessary prerequisite certification via on-line robotics course, and the hands-on simulation/practice by completion of the PGY-3 year. While it may be completed sooner, this is the deadline. This training is done outside of the typical curriculum and as your time allows, thus it is the personal responsibility of the resident (an ADULT learner) to complete the requirements on time. Dr. Goldenberg is a resource to you regarding the requirements, as is the Intuitive Surgical rep. All PGY-4 or PGY-5 residents should have completed the certification requirements. PGY-3 residents should actively pursue all requirements. PGY-2 residents are welcome to pursue certification, but are not required at this stage.

iii. A letter denoting your training and competency in TORS will be provided upon request by graduates who require this as part of credentialing.

b. Laser Privileges

i. Residents are trained in the use of multiple lasers during their training. Many hospitals require a letter stating specific training in laser physics, safety, and use, along with competency in each. Laser physics and safety are taught as part of the basic science portion of core lectures, as well as in the OR setting.

ii. Hospitals may also require a minimum required number of cases when privileging. Therefore, resident should maintain a personal log of laser cases, including data of laser type used and procedure. The Program will provide a letter upon request by graduates denoting your training and competency in each laser type used during training.