

ACGME Program Requirements for Graduate Medical Education in Pediatric Otolaryngology

Common Program Requirements are in BOLD

Effective: July 1, 2006

I. Introduction

I.A. Definition and Scope of the Specialty

Pediatric otolaryngology is a subspecialty within otolaryngology-head and neck surgery defined by both the age of the patient served and the knowledge and skill of the physician providing medical and surgical care. The pediatric otolaryngologist has an advanced education and experience, beyond that afforded in otolaryngology residency, in the management of neonates and children with complex otolaryngologic problems and significant co-morbidities, generally referred to tertiary care pediatric institutions. A pediatric otolaryngology educational program will be based in a tertiary care pediatric institution where the care of neonates and children can be readily coordinated with other subspecialists, thus allowing sufficient exposure and broad experience, beyond that afforded otolaryngology residency, in the management of uncommon and complex otolaryngologic disorders in high risk neonates and children who may have a variety of significant co-morbidities.

A pediatric otolaryngology educational program must provide the following experiences for the pediatric otolaryngology fellows: the diagnosis and care of uncommon and complex congenital and acquired conditions involving the aerodigestive tract, nose and paranasal sinuses, the ear, diseases and disorders of the laryngotracheal complex and the head and neck; expertise in the diagnosis, treatment, and management of childhood disorders of voice, speech, language, and hearing; and a knowledge of genetics. The program should provide opportunities for the pediatric otolaryngologist to function as an advocate for the child and facilitate patient management in the home, school, or institutional setting.

I.B. Duration and Scope of Education

I.B.1. Admission prerequisites:

Admission to a pediatric otolaryngology program is contingent on satisfactory completion of a residency program in otolaryngology accredited by either the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.

I.B.2. Length of program:

Programs will be accredited to provide 12 months of education in pediatric otolaryngology, all of which must be spent in participating institutions approved by the Review Committee. The pediatric

otolaryngology program must be associated with an ACGME-accredited otolaryngology program.

I.B.3. Specific description of program format:

A minimum of one pediatric otolaryngology fellow should be enrolled. A program without a fellow for 4 successive years will be administratively withdrawn.

I.B.4. Policy/procedure for notifying fellows:

Prior to entry into the program, each fellow must be notified in writing of the required length of the program.

II. Institutions

II.A. Sponsoring institution

One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating institutions.

II.A.1. A pediatric otolaryngology educational program must be associated with a general otolaryngology program in good standing and sponsored by a single sponsoring institution, as stated in the Institutional Requirements. In addition, the program must be based within a pediatric tertiary care institution that provides sufficient exposure and broad experience, beyond that afforded in otolaryngology residency, in the management of children and neonates with uncommon and complex otolaryngic disorders, with or without significant co-morbidities.

II.A.2. The sponsoring institution must provide sufficient faculty, clinical material, research and other educational resources to meet the needs of the pediatric otolaryngology fellows.

II.A.3. Service commitments must not compromise the achievement of educational goals and objectives.

II.B. Participating institutions

II.B.1. **Assignments to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.**

II.B.2. **Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:**

- II.B.2.a) **identify the faculty who will assume the educational and supervisory responsibility for fellows.**
- II.B.2.b) **specify their responsibilities, supervision, and formal evaluation of fellows as specified later in this document;**
- II.B.2.c) **specify the duration and content of the educational experience; and**
- II.B.2.d) **state the policies and procedures that will govern fellow education during the assignment.**
- II.B.3. Assignment at participating institutions should provide resources not otherwise available to the program
- II.B.4. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities.
- II.B.5. The Review Committee must approve the addition or deletion of all participating institutions prospectively. Such approval will be based on a clear educational rationale and the value of the institution to the program.

III. Program Personnel and Resources

III.A. Program Director

- III.A.1. **There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the Review Committee through the Web Accreditation Data System of the Accreditation Council for Graduate Medical Education (ACGME).**
 - III.A.1.a) The program director must be licensed to practice medicine in the state where the institution that sponsors the program is located and must be appointed in good standing to the medical staff of an institution participating in the program.
- III.A.2. **The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.**
- III.A.3. **Qualifications of the program director are as follows:**

- III.A.3.a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.**
- III.A.3.b) The program director must be certified in otolaryngology by the American Board of Otolaryngology, or possess qualifications judged to be acceptable by the Review Committee for Otolaryngology.**
- III.A.3.c) The program director must be appointed in good standing and based at the primary teaching site.**
- III.A.4. Responsibilities of the program director are as follows:**
- III.A.4.a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.**
- III.A.4.a).(1) Development of a sound administrative and organizational framework that includes an effective faculty as an essential element of the program. Continuity of leadership is essential to the program's stability. Frequent changes in leadership or long periods of temporary leadership will be cause for serious concern.
- III.A.4.a).(2) Devotion of sufficient time to the program to ensure continuity of leadership and to fulfill all the responsibilities inherent in meeting the educational goals of the program.
- III.A.4.a).(3) Maintenance of a record of pediatric otolaryngology operative cases using the ACGME data collection system which includes a record of operative experience which includes a record of operative experience for each pediatric otolaryngology fellow. These records must be reviewed at least semiannually by the program director as a part of his or her responsibility for evaluation of the balanced progress of each individual fellow and of the total program. These data must be submitted to the Review Committee at the time of each program review.
- III.A.4.a).(4) Preparation of a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of fellows at each level of education and for each major rotation or other program assignment. This statement must be distributed to fellows and members of the faculty and be readily available for review.

- III.A.4.a).(5) Selection of fellows for appointment to the program in accordance with institutional and departmental policies and procedures.
- III.A.4.a).(6) Selection and supervision of faculty and other personnel at each institution participating in the program.
- III.A.4.a).(7) Supervision of fellows through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the faculty. Fellows must be provided with prompt, reliable systems for communication and interaction with supervising physicians.
- III.A.4.a).(8) The Program Director is responsible for developing a structured curriculum with written, defined goals and objectives. Clinical, basic science, research conferences and seminars, and journal club activities pertaining to the subspecialty must be conducted regularly. The pediatric otolaryngology fellow must participate in planning and conducting the conferences. Both the faculty and the fellow must attend and participate in multidisciplinary conferences.
- III.A.4.b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the Review Committee, as well as updating annually both program and fellow records through the ACGME's Accreditation Data System.**
- III.A.4.c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.**
- III.A.4.d) The program director must seek the prior approval of the Review Committee for any changes in the program that may significantly alter the educational experience of the fellows. Such changes, for example, include:**
- III.A.4.d).(1) the addition or deletion of a participating institution;**
- III.A.4.d).(2) a change in the format of the educational program;**
- III.A.4.d).(3) a change in the approved fellow complement for those specialties that approve fellow complement.**

On review of a proposal for any such major change in a program, the Review Committee may determine that a site visit is necessary.

III.B. Faculty

III.B.1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

III.B.2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of fellows, and must support the goals and objectives of the educational program of which they are a member.

III.B.2.a) One measure of this commitment is the extent to which faculty members permit pediatric otolaryngology fellows to participate in the management of patients under their care.

III.B.3. Qualifications of the physician faculty are as follows:

III.B.3.a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.

III.B.3.b) The physician faculty must be certified in the specialty by the American Board of Otolaryngology, or possess qualifications in pediatric otolaryngology judged to be acceptable by the Review Committee.

III.B.3.c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.

III.B.4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. *Scholarship* is defined as the following:

III.B.4.a) the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

III.B.4.b) the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks;

III.B.4.c) the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of

inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellow's participation, as appropriate, in scholarly activities

III.B.4.d) Graduate medical education must take place in an environment of inquiry and scholarship in which pediatric otolaryngology fellows are encouraged to participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty.

III.B.5. Qualifications of the nonphysician faculty are as follows:

III.B.5.a) Nonphysician faculty must be appropriately qualified in their field.

III.B.5.b) Nonphysician faculty must possess appropriate institutional appointments.

III.B.6. Because the care of pediatric otolaryngology patients may be multidisciplinary in nature, additional peers from pediatrics and other related pediatric disciplines should participate in the program to enhance the fellows' educational opportunities. Examples of related faculty may include anesthesiology, medical genetics, radiology, neonatology, sleep medicine, behavioral pediatric and child psychiatry, pulmonology, pediatric neurology, audiology, speech, voice, and hearing specialists, prenatal and fetal medicine, plastic surgery and pathology.

III.B.7. The faculty must be organized and have regular documented meetings to review program goals and objectives and program effectiveness in achieving them. At least one pediatric otolaryngology fellow should participate in these reviews.

III.B.8. The faculty should periodically evaluate the utilization of resources available to the program, the contribution of each participating institution, the financial and administrative support for the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the faculty, and the quality of fellow supervision.

III.C. Other Program Personnel

Additional necessary professional, technical, and clerical personnel must be provided to support the program.

III.D. Resources

The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation

services) are available.

- III.D.1. The course of study must include research methodology, not to exceed 6 months, with protected time for the pursuit of scholarly activities and research.
- III.D.2. The pediatric otolaryngology fellow should study epidemiology, statistical methods, experimental design, and manuscript preparation, including literature search and the use of computerized databases.
- Library
- III.D.3. Fellows must have ready access to a major medical library, either at the institution where the fellows are located or through arrangements with convenient nearby institutions.
- III.D.4. Library services should include the electronic retrieval of information from medical databases.
- III.D.5. There must be access to an onsite library or to collections of appropriate texts and journals in each institution participating in the educational program.

IV. Fellow Appointment

IV.A. Eligibility Criteria

The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

IV.B. Number of Fellows

The Review Committee will approve the number of fellows based upon established written criteria that include the adequacy of resources for fellow education (e.g., the quality and volume of patients and related clinical material available for education), faculty-fellow ratio, institutional funding, and the quality of faculty teaching.

- IV.B.1. The program may not graduate more fellows in any year than are approved by the Review Committee unless prior approval has been received.

IV.C. Fellow Transfer

To determine the appropriate level of education for a fellow who is transferring from another fellowship program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring fellow, prior to their acceptance into the program. A program director is required to provide verification of fellowship education for any fellows who may leave the program prior to completion of their education.

IV.D. Appointment of Fellows and Other Students

The appointment of other specialty fellows or students must not dilute or detract from the educational opportunities of the regularly appointed specialty fellows.

IV.E. The appointment of other fellows requires a clear statement of the areas of training, clinical responsibilities, and duration of the special education. This statement must be supplied to the Residency Review Committee at the time the program is site visited.

IV.F. If such fellows so appointed will, in the judgment of the Residency Review Committee, detract from the education of the regularly appointed otolaryngology residents, the accreditation status of the program may be adversely affected.

V. Program Curriculum

V.A. Program Design

V.A.1. Format

The program design and sequencing of educational experiences will be approved by the Review Committee as part of the review process.

V.A.1.a) The educational program must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment, and attitudes that are essential for the practice of the subspecialty. This objective can be achieved only when the program leadership, the faculty, and the sponsoring institution are committed to the educational program and when appropriate resources and facilities are available.

V.A.2. Goals and Objectives

The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty, and must be reviewed with fellows prior to their assignments.

V.A.2.a) The statement must outline its educational goals with respect to knowledge and skills beyond those afforded in otolaryngology residency, for the care of uncommon and complex ear, nose, throat, head and neck, and bronchoesophageal disorders of infants and children with significant co-morbidities.

V.A.2.b) The overall goal for residency education is to provide the pediatric otolaryngology fellow with diagnostic medical and surgical skills for ear, nose, throat, head and neck, and bronchoesophageal

disorders of children.

V.A.2.c) Specific objectives include:

V.A.2.c).(1) an in-depth study of the embryology, developmental anatomy and physiology, microbiology, oncology, and psychology of the infant and child as related to the head and neck;

V.A.2.c).(2) an understanding of the differences with regard to the medical management of infant, childhood, and adult diseases of the head and the neck;

V.A.2.c).(3) provision for a sufficient number and variety of pediatric otolaryngology surgical procedures in the scope of the specialty with emphasis on those complex and uncommon procedures which are infrequently encountered in the general practice of otolaryngology, as well as medical and surgical treatment of neonates and children with significant co-morbidities;

V.A.2.c).(4) an appreciation for the inherent complexities of interacting and counseling with children and their families compared with adult patients; and

V.A.2.c).(5) the ability to teach otoscopic and other diagnostic skills to pediatricians and other primary care physicians.

V.B. Specialty Curriculum

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management.

V.B.1. General

V.B.1.a) The pediatric otolaryngology fellow must be provided with opportunities to develop skills in providing consultation, in communicating with colleagues and referring physicians, and in teaching and supervising medical students, fellows, physicians, and other professional personnel.

V.B.1.b) Lines of responsibility must be clearly defined between pediatric otolaryngology and otolaryngology fellows in the areas of education, clinical responsibilities, and duration of education. Such information must be supplied to the Review Committee at the time of the survey and review.

V.B.2. Clinical

V.B.2.a) Outpatient Experiences

- V.B.2.a).(1) There must be adequate outpatient experiences to provide a sufficient number of visits for the evaluation of patients with varied types of disorders to provide the fellows with wide experience in diagnosis and outpatient management of patients with complex and uncommon otolaryngologic disorders. Fellows are required to attend a minimum of one clinic sessions per week.
- V.B.2.a).(2) Experience in the ambulatory care setting should include evaluation of children with complex and uncommon disorders and experience with the diagnosis and management of children with congenital abnormalities of the head and neck, hearing impairment, inherited disorders and developmental abnormalities, swallowing disorders, and sinus disease.
- V.B.2.a).(3) In addition, multispecialty, interdisciplinary team experience should be provided to include, for example, craniofacial, cleft palate, or cochlear implant team.
- V.B.2.b) Inpatient
- V.B.2.b).(1) An adequate inpatient facility must be available to provide a broad range of pediatric consultative experience.
- V.B.2.b).(2) Pediatric intensive care facilities must be available for fellows' experience.
- V.B.2.b).(3) There must be a sufficient number and variety of surgical cases to provide the pediatric otolaryngology fellow with operative experience in all aspects of pediatric otolaryngology. The surgical case load should include experience in the following areas:
laryngobronchoesophagology, head and neck surgery, care for patients with co-morbidities, laryngotracheal surgery, otologic surgery, surgery of the nose and paranasal sinuses, surgery for congenital abnormalities of the head and neck, and surgery for benign and malignant head and neck disorders.
- V.B.2.b).(4) The responsibilities or independence given to fellows in patient care should depend upon each fellow's knowledge, manual skill, experience, and the complexity of the patient's illness and the degree of surgical risk.
- V.B.2.c) Diagnostic
- V.B.2.c).(1) Complete diagnostic facilities for infants and children with otolaryngologic disorders must be available to provide the fellow with the opportunity to interpret the results of

diagnostic studies.

V.B.2.c).(2)

The diagnostic procedures and techniques for complete audiologic, voice, speech, language, and developmental assessments must be available. In addition, state-of-the-art diagnostic, therapeutic, and laboratory facilities must be provided.

V.C. Fellow's Scholarly Activities

Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities.

V.C.1.

Graduate medical education must take place in an environment of inquiry and scholarship in which pediatric otolaryngology fellows are encouraged to participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty.

V.D. ACGME Competencies

The residency program must require its fellows to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their fellows to demonstrate the following:

V.D.1.

***Patient care* that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;**

V.D.2.

***Medical Knowledge* about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;**

V.D.3.

***Practice-based learning and improvement* that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;**

V.D.4.

***Interpersonal and communication skills* that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;**

V.D.5.

***Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;**

V.D.6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

VI. Fellow Duty Hours and the Working Environment

Providing fellow with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellow to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellow's time and energy. Duty hour assignments must recognize that faculty and fellow collectively have responsibility for the safety and welfare of patients.

VI.A. Supervision of Fellows

VI.A.1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

VI.A.2. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

VI.A.3. Faculty and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

VI.B. Duty Hours

VI.B.1. Duty hours are defined as all clinical and academic activities related to the fellowship program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

VI.B.2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

VI.B.3. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

VI.B.4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

VI.C. On-call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when fellows are required to be immediately available in the assigned institution.

VI.C.1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

VI.C.2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

VI.C.3. No new patients may be accepted after 24 hours of continuous duty.

VI.C.4. *At-home call (or pager call)* is defined as a call taken from outside the assigned institution.

VI.C.4.a) The frequency of at-home call is not subject to the every-third- night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

VI.C.4.b) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.

VI.C.4.c) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

VI.D. Moonlighting

VI.D.1. Because fellowship education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.

VI.D.2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

VI.D.3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This

refers to the practice of *internal moonlighting*.

VI.E. Oversight

VI.E.1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellowship duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

VI.E.2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

VI.F. Duty Hours Exceptions

An Review Committee may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation

VII.A. Fellow

VII.A.1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program, and for utilizing the results to improve fellow performance.

VII.A.1.a) Assessment should include the use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

VII.A.1.b) Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.

VII.A.1.c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in fellows' competence and performance.

VII.A.2. Final Evaluation

The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

VII.A.2.a) These records should also include a list of all surgical operative procedures performed by the fellow during the fellowship program.

VII.A.2.b) These data must be accessible to the program director through the ACGME and kept in a permanent file for inspection by the Review Committee at the time of the site visit and review.

VII.B. Faculty

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

VII.C. Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

VII.C.1. **Representative program personnel (i.e., at least the program director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellow's confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.**

VII.C.2. **The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.**

VIII. Experimentation and Innovation

Since responsible innovation and experimentation are essential to improving professional education, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the Review Committee, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to fellowships for the duration of such a project.

IX. Certification

Fellows who plan to seek certification by the American Board of Otolaryngology should communicate with the office of the board regarding the full requirements for certification.

ACGME Approved: June 2005 Effective: July 2006
Editorial Revision: September 2006
Minor Revision Effective: November 9, 2007
Editorial Revision: July 1, 2009