

## Program Requirements for Graduate Medical Education in Otolaryngology Impact Statement for Major Revision

The Residency Review Committee for Otolaryngology (RRC-Oto) is proposing a major revision of the Program Requirements for Graduate Medical Education in Otolaryngology with an effective date of July 1, 2011. The purpose of this proposed revision is to match the intent of the outcomes project and base fellowship training on the competencies, rather than the curriculum or process. At the same time, the RRC-Oto's goal continues to be to protect the residents and the faculty members and to ensure resources necessary to support programs. There were editorial changes made to the requirements as well. These changes are not expected to have any impact on programs and were done to enhance clarity. These edits have not been itemized.

Below are the major revisions to the Otolaryngology requirements and their impact on education.

Line Number(s): 12 -31
Requirement Revision (major revisions only):  Definition and Scope of the Specialty: Residency programs in otolaryngology – head and neck surgery educate residents to provide comprehensive medical and surgical care of patients with diseases and disorders that affect the ears, the respiratory and upper alimentary systems and related structures of the head and neck  Specific areas of training must include:  1. Facial Plastic and Reconstructive Surgery 2. Head & Neck Surgery 3. Immunology/Allergy 4. Laryngology/Communication Disorders 5. Neurotology, as it pertains to primary otolaryngology 6. Otology/Audiology 7. Pediatric Otolaryngology 8. Rhinology and Chemical Senses 9. Sleep Medicine
Describe, as appropriate, how the revision:  1) impacts the quality and safety of patient care; <b>NA</b> 2) improves the quality of resident education; <b>the requirements clearly identify the expectation for all residents at the conclusion of their education.</b> 3) affects the way the resident, the service, and the staff provide patients with continuing care; <b>NA</b> 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); <b>NA</b> 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); <b>NA</b> 6) impacts residency education in other specialties. <b>clarifies for all specialties the minimal content for the otolaryngology residency.</b>

Line Number(s): 111 - 120

Requirement Revision (major revisions only): Sponsoring Institution

The sponsoring institution must provide:

~~at least 10% salary support for protected time for the program director; and, These responsibilities include the selection and evaluation of residents; didactic and clinical instruction, including patient management and scholarly activity; and the recruitment and evaluation of staff.~~

salary support for a residency coordinator dedicated to the educational and administrative needs of the program.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **NA**
- 2) improves the quality of resident education; **The proposed requirements may facilitate the program director's responsibilities in meeting the ACGME competencies and outcome assessment, monitoring duty hour compliance, and ensures appropriate commitment to support the educational program by the sponsoring institution. Furthermore, ensuring program director support for his/her administrative time should offer the program director more opportunities to enhance the educational program curriculum.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **NA**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **The institution is being asked to acknowledge the many contributions of the program director and enhances the program director's ability to provide direct advocacy for residents' learning experiences. The importance of the administrative support for the work of the program director is emphasized.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **NA**
- 6) impacts residency education in other specialties. **NA**

Line Number(s): 174 -191

Requirement Revision (major revisions only):

Rotations to foreign countries and non-participating sites used to meet minimum educational standards must adhere to the following requirements:

The program director must approve all rotations to foreign countries and non-participating sites.

The total time spent in rotations to foreign countries and non-participating sites should be no more than one month over the five--year program.

All institutional policies and procedures that govern the program at the sponsoring

institution must continue to be in effect for residents during the foreign rotation and at non-participating sites.

Surgical procedures completed during the foreign rotation and non-participating sites must not be counted toward meeting the required minima of procedures.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **NA**
- 2) improves the quality of resident education; **The requirement ensures the safety of residents and eliminates time spent away from the program that is not supervised by faculty and where continuity of care (pre-operative, operative, and post-operative) may be non-existent. Surgical procedures in foreign rotations have never counted as part of the resident's education because residents are not supervised appropriately by faculty and there is difficulty in providing care in unaccredited sites under many different circumstances.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **NA**
- 4) Requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **The institution must guarantee that the residents have all the rights, protections and privileges that they would have if never leaving the sponsoring institution.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **NA**
- 6) impacts residency education in other specialties. **NA**

Line Number(s): 220 -222

Requirement Revision (major revisions only):

[Qualifications of the program director must include:] evidence of periodic updates of knowledge and skills to discharge the roles and responsibilities for teaching, supervision, and formal evaluation of residents.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **the knowledge and skills of the faculty must be current in order to care for patients and teach residents.**
- 2) improves the quality of resident education; **if faculty possesses up to date knowledge and skills, residents will have the opportunity to have current information and prepared faculty.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **NA**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **The institution may have to support continuing educational opportunities for faculty.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **NA**
- 6) impacts residency education in other specialties. **NA**

Line Number(s): 578 - 617

Requirement Revision (major revisions only):

The didactic curriculum must include cyclical presentation of core specialty knowledge supplemented by the addition of breakthrough information.

Educational conferences must include grand rounds, quality improvement conferences, mortality and morbidity conferences, tumor conferences, and conferences on other pertinent topics.

Faculty must participate in the preparation and presentation of educational conferences.

Residents must attend educational conferences.

Resident attendance at educational conferences must be monitored.

Educational conferences must be evaluated.

Didactic topics must include: basic sciences, as relevant to the head and neck and upper-aerodigestive system; allergy and immunology, anatomy, biochemistry, cell biology, the communication sciences (including audiology and speech-language pathology and the voice sciences as they related to laryngology), embryology, genetics, microbiology, pathology, pharmacology, physiology, and rhinology, as well as the chemical senses, endocrinology, and neurology as they relate to the head and neck.;

Anatomy should include the study and dissection of cadaver anatomic specimens, including the temporal bone, and procedural skills laboratories, along with appropriate lectures and other formal sessions.

Pathology should include formal instruction in correlative pathology, including gross and microscopic pathology relating the head and neck area. Residents should study and discuss with the pathology service tissues removed at operations as well as autopsy material.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **clearly identifying curricular content and outlining the goals and objectives for education of residents provides for all patients and the public knowledge of the minimum requirements. The resident is prepared as a comprehensive otolaryngologist.**
- 2) improves the quality of resident education; **NA**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **NA**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **NA**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **NA**
- 6) impacts residency education in other specialties. **NA**

Line Number(s): 634- 808

Requirement Revision (major revisions only):

Residents must demonstrate proficiency in data gathering and interpretation in areas including:

1. allergy testing
2. audiology testing
3. clinical history and exam
4. facial analysis
5. histopathology studies
6. imaging studies of the head and neck
7. laboratory testing
8. sleep studies
9. smell and taste testing; and
10. vestibular testing

Residents must demonstrate proficiency in formulating differential diagnoses of conditions affecting the head and neck.

Residents must demonstrate proficiency in surgical (including perioperative) and non-surgical management and treatment of conditions affecting the head and neck including:

1. aerodigestive foreign body obstruction;
2. allergic and immunologic disorders;
3. chemoreceptive disorders;
4. communicative and swallowing disorders;
5. disorders related to the geriatric population;
6. endocrinology as it relates to the thyroid and parathyroid;
7. facial plastic and reconstructive disorders;
8. idiopathic disorders;
9. infectious and inflammatory disorders;
10. metabolic disorders;
11. neoplastic disorders;
12. neurologic disorders related to the head and neck;
13. pain;
14. pediatric and congenital disorders;
15. sleep disorders;
16. traumatic disorders;
17. vascular disorders; and,
18. vestibular and hearing disorders.

Residents should demonstrate competency in otolaryngologic procedures including:

1. computer assisted navigation
2. endoscopy of the upper aerodigestive tract
3. laser usage
4. local and regional anesthesia
5. resuscitation
6. stroboscopy
7. universal precautions

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Identifies for the faculty and residents the goals and objectives and the expectation for proficiency and competence which ultimately can affect patient care in a positive way.**
- 2) improves the quality of resident education; **NA**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; Clearly **identifying for all patients and the professionals the range of skills and knowledge lends a transparency of resident education.**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **NA**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **NA**
- 6) impacts residency education in other specialties. **NA**

Line Number(s): 817 - 825

Requirement Revision (major revisions only): Medical Knowledge

~~[Residents] must demonstrate knowledge appropriate for unsupervised practice of otolaryngology as defined by the ABO curriculum; and, learn within a comprehensive, well-organized, and effective curriculum, including the cyclical presentation of core specialty knowledge supplemented by the addition of current information. Residents must learn in a variety of educational settings, such as clinics, classrooms, operating rooms, bedsides, and laboratories, employing accepted educational principles.~~

Describe, as appropriate, how the revision: **This is rewrite of an established requirement.**

- 1) impacts the quality and safety of patient care; **immediately after graduation, residents are expected to practice independently and the program director is now asked to prepare the resident to practice autonomously.**
- 2) improves the quality of resident education; **NA**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **NA**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **NA**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **NA**
- 6) impacts residency education in other specialties. **NA**

Line Number(s): 827-831

Requirement Revision (major revisions only): Medical Knowledge

[Residents] must demonstrate knowledge of anatomy, through procedural skills demonstrated in cadaver dissection, temporal bone lab, and/or surgical simulator labs. ~~understanding of the basic principles of study design, performance, analysis, and reporting~~

Describe, as appropriate, how the revision: **This is a re-statement of an established requirement.**

- 1) impacts the quality and safety of patient care; **NA**
- 2) improves the quality of resident education; **NA**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **NA**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **NA**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **NA**
- 6) impacts residency education in other specialties. **NA**

Line Number(s): 1000-1093

Requirement Revision (major revisions only):IV.A.6.

Curriculum Organization and Resident Experiences

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **These requirements have been newly organized to delineate resident responsibilities and clinical assignments with emphasis on increasing responsibilities.**
- 2) improves the quality of resident education; **NA**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **While these requirements have been in existence they are more clearly organized.**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **The requirements call for state of the art advances and emerging technology in otolaryngology.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **NA**
- 6) impacts residency education in other specialties. **NA**

Line Number(s): 1103-1117

Requirement Revision (major revisions only):

The educational program should provide a structured research experience for the residents for a minimum of 3 months. This should include instruction in research methods and design as well as outcomes assessment. The research experience should result in a completed manuscript suitable for publication.

Describe, as appropriate, how the revision:

- 7) impacts the quality and safety of patient care; **Residents should be able to determine the appropriateness of evidence based medicine for treatment of patients.**
- 8) improves the quality of resident education; **while a structured activity for research has been identified in the past, the minimum of a three month time allotment has not been specified. This time should be sufficient to begin the research process, and it will culminate in a manuscript suitable for publication. Not only will residents understand the research process ---more thoroughly but will be able to read studies and determine the appropriateness of methodology, and conclusions.**
- 9) affects the way the resident, the service, and the staff provide patients with continuing care; **NA**
- 10) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **NA**
- 11) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **NA**
- 12) impacts residency education in other specialties. **NA**

Line Number(s): 1164-1167

Requirement Revision (major revisions only):

Residents who fail to demonstrate appropriate industry, competence, responsibility, learning abilities, or ethics should be successively counseled and after due process and remediation, dismissed if remediation is not successful.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Patient care should become safer if challenged residents are identified earlier and remediation begun sooner.**
- 2) improves the quality of resident education; **NA**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **NA**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **The extension of a resident's education may require additional resources. The extent of the cost may vary for as long as the resident's education is prolonged. Faculty may have to devote more time to one resident's education.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **NA**
- 6) impacts residency education in other specialties. **NA**

Line Number(s): 1218-1227

Requirement Revision (major revisions only):

Residents must participate in existing national examinations. Use of the annual Otolaryngology Training Examination (OTE) is strongly suggested. An analysis of the results of these testing programs must be limited to guiding the faculty in assessing the strengths and weaknesses of the program.

75% of the program's graduates from the preceding five years taking the ABO certifying examination for the first time must pass.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **The proposed requirement will allow programs to use certification information to make adjustments to the curriculum. Changes to the program made as a result of these data can have a positive impact on patient care.**
- 2) improves the quality of resident education; **NA**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **NA**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **NA**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **NA**
- 6) impacts residency education in other specialties. **NA**