

1 **ACGME Program Requirements for Fellowship Education**
2 **in Pediatric Otolaryngology**

3
4 **Common Program Requirements are in BOLD**

5
6 Introduction

7
8 Int.A. **Definition and Scope of the Specialty**

9
10 Pediatric otolaryngology is a subspecialty within otolaryngology ~~head and neck~~
11 ~~surgery~~ defined by both the age of the patients served and the knowledge and
12 skill of the physician providing medical and surgical care. The pediatric
13 otolaryngologist has an advanced education and experience, beyond that
14 afforded in otolaryngology residency, in the management of neonates and
15 children, 18 years or younger, with complex otolaryngologic problems and
16 significant co-morbidities, generally referred to tertiary care pediatric institutions.
17 ~~A pediatric otolaryngology educational program will be based in a tertiary care~~
18 ~~pediatric institution where the care of neonates and children can be readily~~
19 ~~coordinated with other subspecialists, thus allowing sufficient exposure and~~
20 ~~broad experience, beyond that afforded otolaryngology residency, in the~~
21 ~~management of uncommon and complex otolaryngologic disorders in high risk~~
22 ~~neonates and children who may have a variety of significant co-morbidities.~~

23
24 ~~A pediatric otolaryngology educational program must provide the following~~
25 ~~experiences for the pediatric otolaryngology fellows: the diagnosis and care of~~
26 ~~uncommon and complex congenital and acquired conditions involving the~~
27 ~~aerodigestive tract, nose and paranasal sinuses, the ear, diseases and disorders~~
28 ~~of the laryngotracheal complex and the head and neck; expertise in the~~
29 ~~diagnosis, treatment, and management of childhood disorders of voice, speech,~~
30 ~~language, and hearing; and a knowledge of genetics. The program should~~
31 ~~provide opportunities for the pediatric otolaryngologist to function as an advocate~~
32 ~~for the child and facilitate patient management in the home, school, or~~
33 ~~institutional setting.~~

34
35 Int.B. **Duration and Scope of Education**

36
37 1. ~~Admission prerequisites:~~

38
39 ~~Admission to a pediatric otolaryngology program is contingent on~~
40 ~~satisfactory completion of a residency program in otolaryngology~~
41 ~~accredited by either the Accreditation Council for Graduate Medical~~
42 ~~Education (ACGME) or the Royal College of Physicians and Surgeons of~~
43 ~~Canada.~~

44
45 2. ~~Length of program:~~

46
47 The educational program in pediatric otolaryngology Programs must ~~will be~~
48 ~~accredited to provide~~ be 12 months of education in pediatric otolaryngology, in
49 length, ~~all of which must be spent in participating institutions approved by the~~
50 ~~Review Committee. The pediatric otolaryngology program must be associated~~
51 ~~with an ACGME-accredited otolaryngology program.~~

52
53 3.—— Specific description of program format:

54
55 4.—— Policy/procedure for notifying fellows:

56
57 **I. Institutions**

58
59 **I.A. Sponsoring Institution**

60
61 **One sponsoring institution must assume ultimate responsibility for the**
62 **program, as described in the Institutional Requirements, and this**
63 **responsibility extends to fellow assignments at all participating sites.**

64
65 **The sponsoring institution and the program must ensure that the program**
66 **director has sufficient protected time and financial support for his or her**
67 **educational and administrative responsibilities to the program.**

68
69 I.A.1. ~~A pediatric otolaryngology educational program~~ The program must will be based in
70 a tertiary care pediatric institution where the care of neonates and
71 children can be readily coordinated with other subspecialists, ~~thus~~
72 ~~allowing sufficient exposure and broad experience, beyond that afforded~~
73 ~~otolaryngology residency, in the management of uncommon and complex~~
74 ~~otolaryngologic disorders in high risk neonates and children who may~~
75 ~~have a variety of significant co-morbidities.~~

76
77 I.A.2. The sponsoring institution must also sponsor an Accreditation Council for
78 Graduate Medical Education (ACGME)-accredited general otolaryngology
79 program. A pediatric otolaryngology educational program must be
80 associated with a general otolaryngology program in good standing and
81 sponsored by a single sponsoring institution, as stated in the Institutional
82 Requirements. In addition, the program must be based within a pediatric
83 tertiary care institution that provides sufficient exposure and broad
84 experience, beyond that afforded in otolaryngology residency, in the
85 management of children and neonates with uncommon and complex
86 otolaryngic disorders, with or without significant co-morbidities.

87
88 **I.B. Participating Sites**

89
90 **I.B.1. There must be a program letter of agreement (PLA) between the**
91 **program and each participating site providing a required**
92 **assignment. The PLA must be renewed at least every five years.**

93
94 **The PLA should:**

95
96 **I.B.1.a) identify the faculty who will assume both educational and**
97 **supervisory responsibilities for fellows;**

98
99 **I.B.1.b) specify their responsibilities for teaching, supervision, and**
100 **formal evaluation of fellows, as specified later in this**
101 **document;**

102

- 103 I.B.1.c) specify the duration and content of the educational
104 experience; and,
105
- 106 I.B.1.d) state the policies and procedures that will govern fellow
107 education during the assignment.
108
- 109 I.B.2. The program director must submit any additions or deletions of
110 participating sites routinely providing an educational experience,
111 required for all fellows, of one month full time equivalent (FTE) or
112 more through the Accreditation Council for Graduate Medical
113 Education (ACGME) Accreditation Data System (ADS).
114
- 115 I.B.2.a) ~~Assignments at participating institutions must be of sufficient
116 length to ensure a quality educational experience and should
117 provide sufficient opportunity for continuity of care. Although the
118 number of participating institutions may vary with the various
119 specialties' needs, all participating institutions must demonstrate
120 the ability to promote the program goals and educational and peer
121 activities.~~
- 122
- 123 I.B.2.b) ~~The Review Committee must approve the addition or deletion of
124 all participating institutions prospectively. Such approval will be
125 based on a clear educational rationale and the value of the
126 institution to the program.~~
127
- 128 II. Program Personnel and Resources
- 129
- 130 II.A. Program Director
- 131
- 132 II.A.1. There must be a single program director with authority and
133 accountability for the operation of the program. The sponsoring
134 institution's GMEC must approve a change in program director.
135 After approval, the program director must submit this change to the
136 ACGME via the ADS.
137
- 138 II.A.2. Qualifications of the program director must include:
- 139
- 140 II.A.2.a) requisite specialty expertise and documented educational
141 and administrative experience acceptable to the Review
142 Committee;
143
- 144 II.A.2.b) current certification in the subspecialty by the American
145 Board of Otolaryngology, or subspecialty qualifications that
146 are acceptable to the Review Committee; and,
147
- 148 II.A.2.c) current medical licensure and appropriate medical staff
149 appointment.
150
- 151 II.A.3. The program director must administer and maintain an educational
152 environment conducive to educating the fellows in each of the
153 ACGME competency areas. The program director must:

154		
155	II.A.3.a)	prepare and submit all information required and requested by the ACGME;
156		
157		
158	II.A.3.b)	be familiar with and oversee compliance with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;
159		
160		
161		
162	II.A.3.c)	obtain review and approval of the sponsoring institution's GMEC/DIO before submitting to the ACGME information or requests for the following:
163		
164		
165		
166	II.A.3.c).(1)	all applications for ACGME accreditation of new programs;
167		
168		
169	II.A.3.c).(2)	changes in fellow complement;
170		
171	II.A.3.c).(3)	major changes in program structure or length of training;
172		
173		
174	II.A.3.c).(4)	progress reports requested by the Review Committee;
175		
176	II.A.3.c).(5)	responses to all proposed adverse actions;
177		
178	II.A.3.c).(6)	requests for increases or any change to fellow duty hours;
179		
180		
181	II.A.3.c).(7)	voluntary withdrawals of ACGME-accredited programs;
182		
183		
184	II.A.3.c).(8)	requests for appeal of an adverse action;
185		
186	II.A.3.c).(9)	appeal presentations to a Board of Appeal or the ACGME.
187		
188		
189	II.A.3.d)	obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:
190		
191		
192		
193	II.A.3.d).(1)	program citations, and/or
194		
195	II.A.3.d).(2)	request for changes in the program that would have significant impact, including financial, on the program or institution.
196		
197		
198		
199	II.A.3.e)	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.
200		
201		
202		
203		
204		

205	II.A.3.f)	Devotion of sufficient time to the program to ensure continuity of
206		leadership and to fulfill all the responsibilities inherent in meeting
207		the educational goals of the program.
208		
209	II.A.3.g)	Maintenance of a record of pediatric otolaryngology operative
210		cases using the ACGME data collection system, which includes a
211		record of operative experience and for each pediatric
212		otolaryngology fellow. These records must be reviewed at least
213		semiannually by the program director as a part of his or her
214		responsibility for evaluating the balanced progress of each
215		individual fellow and of the total program.
216		
217	II.A.3.h)	These data must be submitted to the Review Committee at the
218		time of each program review.
219		
220	II.A.3.i)	Preparation of a written statement outlining the educational goals
221		of the program with respect to the knowledge, skills, and other
222		attributes of fellows for each major program assignment. This
223		statement must be distributed to fellows and members of the
224		faculty and be readily available for review.
225		
226	II.A.3.j)	Selection of fellows for appointment to the program in accordance
227		with institutional and departmental policies and procedures.
228		
229	II.A.3.k)	Selection and supervision of faculty and other personnel at each
230		institution participating in the program.
231		
232	II.A.3.l)	<u>prepare and implement a supervision policy that specifies lines of</u>
233		<u>responsibility for fellows and faculty, as well as for residents and</u>
234		<u>other learners</u> Supervision of fellows through explicit written
235		descriptions of supervisory lines of responsibility for the care of
236		patients. Such guidelines must be communicated to all members
237		of the faculty.
238		
239	II.A.3.l).(1)	Lines of responsibility must be clearly defined between
240		pediatric otolaryngology fellows and otolaryngology
241		residents in the areas of education, clinical responsibilities,
242		and duration of education. Such information must be
243		supplied to the Review Committee at the time of the survey
244		and review.
245		
246	II.A.3.m)	The program director is responsible for developing a structured
247		curriculum with written, defined goals and objectives. Clinical,
248		basic science, research conferences and seminars; and journal
249		club activities pertaining to the subspecialty, must be conducted
250		regularly. The pediatric otolaryngology fellow must participate in
251		planning and conducting the conferences. Both the faculty and the
252		fellow must attend and participate in multidisciplinary conferences.
253		
254	II.B.	Faculty
255		

- 256 **II.B.1.** **There must be a sufficient number of faculty with documented**
257 **qualifications to instruct and supervise all fellows.**
258
- 259 **II.B.2.** **The faculty must devote sufficient time to the educational program**
260 **to fulfill their supervisory and teaching responsibilities and**
261 **demonstrate a strong interest in the education of fellows.**
262
- 263 **II.B.3.** **The physician faculty must have current certification in the**
264 **subspecialty by the American Board of Otolaryngology, or possess**
265 **qualifications acceptable to the Review Committee.**
266
- 267 **II.B.4.** **The physician faculty must possess current medical licensure and**
268 **appropriate medical staff appointment.**
269
- ~~270 **II.B.5.** **The faculty should permit pediatric otolaryngology fellows to participate in**~~
~~271 **the management of patients under their care**~~
272
- 273 **II.B.6.** The faculty must establish and maintain an environment of inquiry and
274 scholarship with an active research component. Graduate medical
275 education must take place in an environment of inquiry and scholarship,
276 in which pediatric otolaryngology fellows are encouraged to participate in
277 the development of new knowledge, learn to evaluate research findings,
278 and develop habits of inquiry as a continuing professional responsibility.
279 The responsibility for establishing and maintaining an environment of
280 inquiry and scholarship rests with the faculty. Scholarly activity of program
281 faculty in the preceding three years must include at least two of the
282 following:
283
- 284 **II.B.6.a)** funded research grants;
285
- 286 **II.B.6.b)** peer-reviewed publications; or
287
- 288 **II.B.6.c)** presentations in regional or national conferences.
289
- 290 **II.B.7.** ~~Because the care of pediatric otolaryngology patients may be~~
291 ~~multidisciplinary in nature, additional peers from pediatrics and other~~
292 ~~related pediatric disciplines should participate in the program to enhance~~
293 ~~the fellows' educational opportunities. Examples of related faculty may~~
294 ~~include anesthesiology, medical genetics, radiology, neonatology, sleep~~
295 ~~medicine, behavioral pediatric and child psychiatry, pulmonology,~~
296 ~~pediatric neurology, audiology, speech, voice, and hearing specialists,~~
297 ~~prenatal and fetal medicine, plastic surgery and pathology. To enhance~~
298 ~~fellows' educational experience, there should be participation from~~
299 ~~appropriately-qualified faculty from other related pediatric disciplines,~~
300 ~~including:~~
301
- 302 **II.B.7.a)** audiology and speech pathology;
303
- 304 **II.B.7.b)** behavioral and child psychiatry;
305
- 306 **II.B.7.c)** medical genetics;

- 307
308 II.B.7.d) neonatology;
309
310 II.B.7.e) pathology;
311
312 II.B.7.f) pediatric anesthesiology;
313
314 II.B.7.g) pediatric neurology;
315
316 II.B.7.h) plastic surgery;
317
318 II.B.7.i) prenatal and fetal medicine;
319
320 II.B.7.j) radiology; and,
321
322 II.B.7.k) sleep medicine.
323

324 **II.C. Other Program Personnel**

325
326 **The institution and the program must jointly ensure the availability of all**
327 **necessary professional, technical, and clerical personnel for the effective**
328 **administration of the program.**
329

330 **II.D. Resources**

331
332 **The institution and the program must jointly ensure the availability of**
333 **adequate resources for fellow education, as defined in the specialty**
334 **program requirements.**
335

336 II.D.1. These resources must include:

337
338 II.D.1.a) ~~The sponsoring institution must provide sufficient faculty, clinical~~
339 ~~material and research facilities; and other educational resources~~
340 ~~to meet the needs of the pediatric otolaryngology fellows~~
341

342 II.D.1.b) ~~complete diagnostic facilities for diagnostic studies of infants and~~
343 ~~children with otolaryngologic disorders, must be available,~~
344 ~~including audiologic, voice, speech, language and developmental~~
345 ~~assessments; to provide the fellow with the opportunity to interpret~~
346 ~~the results of diagnostic studies.~~
347

348 II.D.1.c) neonatal and pediatric intensive care facilities; and must be
349 available for fellows' experience.
350

351 II.D.1.d) an emergency department, as well as adequate inpatient and
352 outpatient facility facilities. ~~must be available to provide a broad~~
353 ~~range of pediatric consultative experience.~~
354

355 II.D.2. Fellows must be provided with prompt, reliable systems for
356 communication and interaction with supervising physicians.
357

358 II.D.3. ~~The diagnostic procedures and techniques for complete audiologic, voice,~~
359 ~~speech, language, and developmental assessments must be available. In~~
360 ~~addition, state-of-the-art diagnostic, therapeutic, and laboratory facilities~~
361 ~~must be provided.~~

362
363 **II.E. Medical Information Access**

364
365 **Fellows must have ready access to specialty-specific and other appropriate**
366 **reference material in print or electronic format. Electronic medical literature**
367 **databases with search capabilities should be available.**

368
369 **III. Fellow Appointments**

370
371 **III.A. Eligibility Criteria**

372
373 **Each fellow must successfully complete an ACGME-accredited specialty**
374 **program and/or meet other eligibility criteria as specified by the Review**
375 **Committee. The program must document that each fellow has met the**
376 **eligibility criteria.**

377
378 III.A.1. ~~Prior to appointment in the program, fellows Admission to a pediatric~~
379 ~~otolaryngology program is contingent on satisfactory completion of must~~
380 ~~have successfully completed a residency program in otolaryngology~~
381 ~~accredited by either the Accreditation Council for Graduate Medical~~
382 ~~Education (ACGME) or the Royal College of Physicians and Surgeons of~~
383 ~~Canada.~~

384
385 III.A.2. ~~Prior to entry into the program, each fellow must be notified in writing of~~
386 ~~the required length of the program.~~

387
388 III.A.3. ~~The appointment of other fellows requires a clear statement of the areas~~
389 ~~of training, clinical responsibilities, and duration of the special education.~~
390 ~~This statement must be supplied to the Residency Review Committee at~~
391 ~~the time the program is site visited.~~

392
393 III.A.4. ~~If such fellows so appointed will, in the judgment of the Residency Review~~
394 ~~Committee, detract from the education of the regularly appointed~~
395 ~~otolaryngology residents, the accreditation status of the program may be~~
396 ~~adversely affected.~~

397
398 **III.B. Number of Fellows**

399
400 **The program director may not appoint more fellows than approved by the**
401 **Review Committee, unless otherwise stated in the specialty-specific**
402 **requirements. The program's educational resources must be adequate to**
403 **support the number of fellows appointed to the program.**

404
405 **III.C. Other Learners**

406
407 The presence of regularly-appointed otolaryngology residents, other fellows, or
408 other learners must not interfere with the appointed fellows' education.

409
410 A minimum of one pediatric otolaryngology fellow should be enrolled. A program
411 without a fellow for four successive years will be administratively withdrawn.
412

413 **IV. Educational Program**

414
415 **IV.A. The curriculum must contain the following educational components:**

416
417 **IV.A.1. Skills and competencies the fellow will be able to demonstrate at the**
418 **conclusion of the program. The program must distribute these skills**
419 **and competencies to fellows and faculty annually, in either written**
420 **or electronic form. These skills and competencies should be**
421 **reviewed by the fellow at the start of each rotation;**
422

423 **IV.A.2. ACGME Competencies**

424
425 **IV.A.2.a) The program must integrate the following ACGME**
426 **competencies into the curriculum:**

427
428 **IV.A.2.b) Patient Care**

429
430 **Fellows must be able to provide patient care that is**
431 **compassionate, appropriate, and effective for the treatment of**
432 **health problems and the promotion of health. Fellows:**

433
434 **IV.A.2.b).(1) must demonstrate competence in:**

435
436 **IV.A.2.b).(1).(a) manage/managing complex diagnostic medical and**
437 **surgical treatment for ear, nose, throat, head and**
438 **neck, and bronchoesophageal disorders of children**
439 **18 years or younger;**

440
441 **IV.A.2.b).(1).(b) Must have a sufficient number and variety of**
442 **performing pediatric otolaryngology surgical**
443 **procedures, including in the scope of the specialty**
444 **with emphasis on those complex and uncommon**
445 **procedures which are infrequently encountered in**
446 **the general practice of otolaryngology, as well as**
447 **medical and surgical treatment of neonates and**
448 **children with significant co-morbidities; Must have a**
449 **surgical case load that permits experience in the**
450 **following areas: head and neck surgery,**
451 **laryngobronchoesophagology, ~~care,~~**
452 **laryngotracheal surgery, otologic surgery, surgery**
453 **for congenital abnormalities of the head and neck,**
454 **surgery for benign and malignant head and neck**
455 **disorders, and surgery of the nose and paranasal**
456 **sinuses, as well as surgical treatment for patients**
457 **with co-morbidities, and patients less than two**
458 **years of age; and,**
459

460 IV.A.2.b).(1).(b).(i) Fellows must document surgical experience
461 as both assistant surgeon and surgeon in
462 the ACGME Case Log System, including
463 patient age, as defined by the American
464 Society of Anesthesiology (ASA),
465 designation for each pediatric
466 otolaryngology case, with special emphasis
467 on patients less than two years of age, and
468 ASA classifications 3 and 4.

470 IV.A.2.b).(1).(c) ~~Should have experience in the ambulatory care~~
471 ~~setting to include evaluation of evaluating~~ children
472 with complex and uncommon disorders, and
473 ~~experience with the diagnosis and management of~~
474 diagnosing and managing children with congenital
475 abnormalities of the head and neck, hearing
476 impairment, inherited disorders and developmental
477 abnormalities, sinus disease, and swallowing
478 disorders.

480 IV.A.2.b).(1).(d) ~~Must gain an appreciation for the inherent~~
481 ~~complexities of interacting and counseling with~~
482 ~~children and their families compared with adult~~
483 ~~patients.~~

485 **IV.A.2.c) Medical Knowledge**

486
487 **Fellows must demonstrate knowledge of established and**
488 **evolving biomedical, clinical, epidemiological and social-**
489 **behavioral sciences, as well as the application of this**
490 **knowledge to patient care. Fellows:**

491
492 IV.A.2.c).(1) ~~Must undertake an in-depth study of the embryology,~~
493 ~~developmental anatomy and physiology, microbiology,~~
494 ~~oncology, and psychology of the infant and child as related~~
495 ~~to the head and neck;~~

496
497 IV.A.2.c).(2) ~~must be proficient in their knowledge an understanding of~~
498 ~~the differences with regard to the medical and surgical~~
499 ~~management of infant and childhood, and adult diseases~~
500 ~~of the head and the neck to a level appropriate for~~
501 unsupervised practice.

503 **IV.A.2.d) Practice-based Learning and Improvement**

504
505 **Fellows are expected to develop skills and habits to be able**
506 **to meet the following goals:**

507
508 **IV.A.2.d).(1) systematically analyze practice using quality**
509 **improvement methods, and implement changes with**
510 **the goal of practice improvement;**

511		
512	IV.A.2.d).(2)	locate, appraise, and assimilate evidence from
513		scientific studies related to their patients' health
514		problems.
515		
516	IV.A.2.e)	Interpersonal and Communication Skills
517		
518		Fellows must demonstrate interpersonal and communication
519		skills that result in the effective exchange of information and
520		collaboration with patients, their families, and health
521		professionals.
522		
523	IV.A.2.e).(1)	Fellows must develop the ability to teach otoscopic and
524		other diagnostic skills to pediatricians and other primary
525		care physicians.
526		
527	IV.A.2.e).(2)	The pediatric otolaryngology-Fellows must be provided
528		with opportunities to develop <u>demonstrate competence</u>
529		skills in providing consultation; in communicating with
530		colleagues, and referring physicians, <u>and family</u> ; and in
531		teaching and supervising medical students, fellows,
532		physicians, and other professional personnel.
533		
534	IV.A.2.e).(3)	Communicate effectively with physicians, other health
535		professionals, and health related agencies;
536		
537	IV.A.2.e).(4)	Communicate effectively with patients, families, and the
538		public, as appropriate, across a broad range of
539		socioeconomic and cultural backgrounds;
540		
541	IV.A.2.e).(5)	Work effectively as a member or leader of a health care
542		team or other professional group;
543		
544	IV.A.2.e).(6)	Act in a consultative role to other physician and health
545		professionals; and,
546		
547	IV.A.2.e).(7)	Maintain comprehensive, timely, and legible medical
548		records, if applicable.
549		
550	IV.A.2.f)	Professionalism
551		
552		Fellows must demonstrate a commitment to carrying out
553		professional responsibilities and an adherence to ethical
554		principles.
555		
556	IV.A.2.f).(1)	The program should provide opportunities for the pediatric
557		otolaryngologist to function as an <u>Fellows must</u> advocate
558		for the child and <u>facilitate when facilitating patient</u>
559		management in the home, school, or institutional setting;.
560		
561	IV.A.2.f).(2)	Compassion, integrity, and respect for others;

613 IV.A.3.a).(1).(b) ~~experiences in the diagnosis and care of~~
614 ~~uncommon and complex congenital and acquired~~
615 ~~conditions involving the aerodigestive tract, nose~~
616 ~~and paranasal sinuses, the ear, diseases and~~
617 ~~disorders of the laryngotracheal complex and the~~
618 ~~head and neck;~~
619
620 IV.A.3.a).(1).(c) ~~expertise in the diagnosis, treatment, and~~
621 ~~management of childhood disorders of hearing,~~
622 ~~language, speech, and voice; and~~
623
624 IV.A.3.a).(1).(d) ~~and a knowledge of genetics.~~
625
626 IV.A.3.a).(2) Quality improvement conferences must take place at least
627 quarterly.
628
629 IV.A.3.a).(3) Fellows must participate in planning and conducting
630 conferences.
631
632 IV.A.3.a).(4) Both the faculty and fellows must attend and participate in
633 multidisciplinary conferences.
634
635 IV.A.3.a).(5) Attendance at conferences must be documented.
636
637 IV.A.3.b) Fellows must participate in experiences common to the practice of
638 a pediatric otolaryngology subspecialist, including:
639
640 IV.A.3.b).(1) ~~opportunities surgical and clinical experiences, beyond~~
641 ~~those afforded in otolaryngology residency, for the care of~~
642 ~~uncommon and complex disorders of infants and children~~
643 ~~with significant co-morbidities; ~~The program must provide~~~~
644 ~~the pediatric otolaryngology fellow with the skills and~~
645 ~~knowledge to manage complex diagnostic medical and~~
646 ~~surgical treatment for ear, nose, throat, head and neck,~~
647 ~~and bronchoesophageal disorders of children.~~
648
649 IV.A.3.b).(2) ~~Adequate outpatient surgery and clinic experiences ~~that to~~~~
650 ~~provide a sufficient number of visits for include evaluating~~
651 ~~the evaluation of patients with varied types of disorders to~~
652 ~~provide wide experience in diagnosis and outpatient~~
653 ~~management of patients with complex and uncommon~~
654 ~~otolaryngologic disorders; ~~;~~~~
655
656 IV.A.3.b).(3) ~~interacting with and counseling with children and their~~
657 ~~families as well as with adult patients.~~
658
659 IV.A.3.b).(4) ~~experience participating in a multispecialty, interdisciplinary~~
660 ~~team in areas such as including at least one of the~~
661 ~~following: cleft palate, cochlear implant, craniofacial, skull~~
662 ~~base, tumor, or vascular anomalies; and,~~
663

- 664 IV.A.3.b).(5) attendance at a minimum of four clinic sessions per month.
- 665
- 666 IV.A.3.c) Fellows should be given increased responsibilities and
- 667 independence in patient care commensurate with based on each
- 668 fellow's demonstrated competence knowledge, manual skill,
- 669 experience, and the complexity of the patient's illness and the
- 670 degree of surgical risk.
- 671
- 672 **IV.B. Fellows' Scholarly Activities**
- 673
- 674 It is suggested that each fellow complete at least one scientific study suitable for
- 675 publication.
- 676
- 677 ~~IV.B.1. The program must ensure the participation of residents and faculty in~~
- 678 ~~journal clubs, research conferences, didactics, and/or other activities that~~
- 679 ~~address critical appraisal of the literature and understanding of the~~
- 680 ~~research process. The course of study must include research~~
- 681 ~~methodology, not to exceed 6 months, with protected time for the pursuit~~
- 682 ~~of scholarly activities and research.~~
- 683
- 684 ~~IV.B.2. The pediatric otolaryngology fellow should study epidemiology, statistical~~
- 685 ~~methods, experimental design, and manuscript preparation, including~~
- 686 ~~literature search and the use of computerized databases.~~
- 687
- 688 **V. Evaluation**
- 689
- 690 **V.A. Fellow Evaluation**
- 691
- 692 **V.A.1. Formative Evaluation**
- 693
- 694 **V.A.1.a) The faculty must evaluate fellow performance in a timely**
- 695 **manner.**
- 696
- 697 **V.A.1.b) The program must:**
- 698
- 699 **V.A.1.b).(1) provide objective assessments of competence in**
- 700 **patient care, medical knowledge, practice-based**
- 701 **learning and improvement, interpersonal and**
- 702 **communication skills, professionalism, and systems-**
- 703 **based practice;**
- 704
- 705 **V.A.1.b).(2) use multiple evaluators (e.g., faculty, peers, patients,**
- 706 **self, and other professional staff); and,**
- 707
- 708 **V.A.1.b).(3) provide each fellow with documented semiannual**
- 709 **evaluation of performance with feedback.**
- 710
- 711 **V.A.1.c) The evaluations of fellow performance must be accessible for**
- 712 **review by the fellow, in accordance with institutional policy.**
- 713
- 714 **V.A.1.d) These records must be reviewed at least semiannually by the**

715 program director as part of his or her responsibility for evaluating
716 the balanced progress of each individual fellow and o the total
717 program. The program director must review the operative Case
718 Log data, at least semiannually with each fellow, to ensure fellows'
719 balanced progress, as well as the quality of the program's
720 curriculum.

721
722 **V.A.2. Summative Evaluation**

723
724 **The program director must provide a summative evaluation for each**
725 **fellow upon completion of the program. This evaluation must**
726 **become part of the fellow's permanent record maintained by the**
727 **institution, and must be accessible for review by the fellow in**
728 **accordance with institutional policy. This evaluation must:**

729
730 **V.A.2.a) document the fellow's performance during their education,**
731 **and**

732
733 **V.A.2.b) verify that the fellow has demonstrated sufficient competence**
734 **to enter practice without direct supervision.**

735
736 ~~V.A.2.c) The summative evaluation should also include a list of all surgical~~
737 ~~operative procedures performed by the fellow during the~~
738 ~~fellowship program. These data must be accessible to the~~
739 ~~program director through the ACGME and kept in a permanent file~~
740 ~~for inspection by the Review Committee at the time of the site visit~~
741 ~~and review.~~

742
743 **V.B. Faculty Evaluation**

744
745 **V.B.1. At least annually, the program must evaluate faculty performance as**
746 **it relates to the educational program.**

747
748 **V.B.2. These evaluations should include a review of the faculty's clinical**
749 **teaching abilities, commitment to the educational program, clinical**
750 **knowledge, professionalism, and scholarly activities.**

751
752 **V.C. Program Evaluation and Improvement**

753
754 **V.C.1. The program must document formal, systematic evaluation of the**
755 **curriculum at least annually. The program must monitor and track**
756 **each of the following areas:**

757
758 **V.C.1.a) fellow performance, and**

759
760 **V.C.1.b) faculty development.**

761
762 **V.C.2. If deficiencies are found, the program should prepare a written plan**
763 **of action to document initiatives to improve performance in the**
764 **areas listed in section V.C.1. The action plan should be reviewed**
765 **and approved by the teaching faculty and documented in meeting**

- 766 **minutes.**
- 767
- 768 V.C.3. The faculty must be organized and must meet at least annually to review
769 program goals and objectives and program effectiveness in achieving
770 them. At least one pediatric otolaryngology fellow should participate in
771 these reviews.
- 772
- 773 ~~V.C.4. The faculty should periodically evaluate the utilization of resources~~
774 ~~available to the program, the contribution of each participating institution,~~
775 ~~the financial and administrative support for the program, the volume and~~
776 ~~variety of patients available to the program for educational purposes, the~~
777 ~~performance of members of the faculty, and the quality of fellow~~
778 ~~supervision.~~
- 779
- 780 **VI. Fellow Duty Hours in the Learning and Working Environment**
- 781
- 782 **VI.A. Principles**
- 783
- 784 **VI.A.1. The program must be committed to and be responsible for**
785 **promoting patient safety and fellow well-being and to providing a**
786 **supportive educational environment.**
- 787
- 788 **VI.A.2. Duty hour assignments must recognize that faculty and fellows**
789 **collectively have responsibility for the safety and welfare of patients.**
- 790
- 791 VI.A.3. Service commitments must not compromise the achievement of
792 educational goals and objectives.
- 793
- 794 **VI.B. Supervision of Fellows**
- 795
- 796 **The program must ensure that qualified faculty provide appropriate**
797 **supervision of fellows in patient care activities.**
- 798
- 799 **VI.C. Duty Hours (the terms in this section are defined in the ACGME Glossary**
800 **and apply to all programs)**
- 801
- 802 **Duty hours are defined as all clinical and academic activities related to the**
803 **program; i.e., patient care (both inpatient and outpatient), administrative**
804 **duties relative to patient care, the provision for transfer of patient care,**
805 **time spent in-house during call activities, and scheduled activities, such as**
806 **conferences. Duty hours do *not* include reading and preparation time spent**
807 **away from the duty site.**
- 808
- 809 **VI.C.1. Duty hours must be limited to 80 hours per week, averaged over a**
810 **four-week period, inclusive of all in-house call activities.**
- 811
- 812 **VI.C.2. Fellows must be provided with one day in seven free from all**
813 **educational and clinical responsibilities, averaged over a four-week**
814 **period, inclusive of call.**
- 815
- 816 **VI.C.3. Adequate time for rest and personal activities must be provided.**

817 This should consist of a 10-hour time period provided between all
818 daily duty periods and after in-house call.
819
820 **VI.D. On-call Activities**
821
822 **VI.D.1. In-house call must occur no more frequently than every-third-night,**
823 **averaged over a four-week period.**
824
825 **VI.D.2. Continuous on-site duty, including in-house call, must not exceed 24**
826 **consecutive hours. Fellows may remain on duty for up to six**
827 **additional hours to participate in didactic activities, transfer care of**
828 **patients, conduct outpatient clinics, and maintain continuity of**
829 **medical and surgical care.**
830
831 **VI.D.3. No new patients may be accepted after 24 hours of continuous duty.**
832
833 **VI.D.3.a) A new patient is defined as any patient for whom the pediatric**
834 **otolaryngology service has not previously provided care.**
835
836 **VI.D.4. At-home call (or pager call)**
837
838 **VI.D.4.a) The frequency of at-home call is not subject to the every-**
839 **third-night, or 24+6 limitation. However at-home call must not**
840 **be so frequent as to preclude rest and reasonable personal**
841 **time for each fellow.**
842
843 **VI.D.4.b) Fellows taking at-home call must be provided with one day in**
844 **seven completely free from all educational and clinical**
845 **responsibilities, averaged over a four-week period.**
846
847 **VI.D.4.c) When fellows are called into the hospital from home, the**
848 **hours fellows spend in-house are counted toward the 80-hour**
849 **limit.**
850
851 **VI.E. Moonlighting**
852
853 **Internal moonlighting must be considered part of the 80-hour weekly limit**
854 **on duty hours.**
855
856 ***