

**ACGME Program Requirements for Graduate Medical Education
in Otolaryngology
Summary and Impact of Focused Requirement Revisions**

Requirement #: IV.A.6.b).(1)-(2)

Requirement Revision (significant change only):

IV.A.6.b) The PG-1 year must include:

IV.A.6.b).(1) ~~a minimum of five months of structured education in at least three of the following: general surgery, pediatric surgery, plastic surgery, surgical oncology, thoracic surgery, transplantation surgery, and vascular surgery; and, six months of structured education on non-otolaryngology rotations designed to foster proficiency in the peri-operative care of surgical patients, inter-disciplinary care coordination, and airway management skills; and,~~ ^(Core) a minimum of five months of structured education in at least three of the following: general surgery, pediatric surgery, plastic surgery, surgical oncology, thoracic surgery, transplantation surgery, and vascular surgery; and, six months of structured education on non-otolaryngology rotations designed to foster proficiency in the peri-operative care of surgical patients, inter-disciplinary care coordination, and airway management skills; and,

IV.A.6.b).(1).(a) The total time a resident is assigned to any one non-otolaryngology rotation must be at least four weeks and must not exceed two months. ^(Core)

IV.A.6.b).(1).(b) Rotations must be selected from the following: anesthesia, general surgery, neurological surgery, neuroradiology, ophthalmology, oral-maxillofacial surgery, pediatric surgery, plastic surgery, and radiation oncology. ^(Core)

IV.A.6.b).(1).(b).(i) This must include a critical care (Intensive Care Unit or Trauma Unit) rotation. ^(Core)

IV.A.6.b).(2) ~~a minimum of four months of structured education to include one month in each of the following four clinical areas: anesthesiology, critical care unit (intensive care unit, trauma unit, or similar), emergency medicine, and neurological surgery six months of otolaryngology rotations designed to develop proficiency in basic surgical skills, general care of otolaryngology patients both in the inpatient setting and in the outpatient clinics, management of otolaryngology patients in the emergency department, and cultivation of an otolaryngology knowledge base.~~ ^(Core) a minimum of four months of structured education to include one month in each of the following four clinical areas: anesthesiology, critical care unit (intensive care unit, trauma unit, or similar), emergency medicine, and neurological surgery six months of otolaryngology rotations designed to develop proficiency in basic surgical skills, general care of otolaryngology patients both in the inpatient setting and in the outpatient clinics, management of otolaryngology patients in the emergency department, and cultivation of an otolaryngology knowledge base. ^(Core)

1. Describe the Review Committee's rationale for this revision:

The proposed revision to the PGY-1 requirements is the Committee's response to feedback from programs that residents training under the current Program Requirements are inadequately prepared for the PGY-2 from a basic surgical skills standpoint. This is attributed to several factors with respect to current PGY-1 surgical education and rotation requirements. In addition, the current requirements allow for variable otolaryngology exposure in PGY-1, ranging from one to three months. The revisions provide for a uniform six months of otolaryngology training in the PGY-1, and shift the responsibility for basic surgical skills training to the otolaryngology faculty. The ability to rotate on alternative specialty rotations of importance to otolaryngology is preserved, with the requirement of a critical care rotation.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The proposed change will reduce or eliminate PGY-1 education that is not in alignment with otolaryngology education goals, and places all 12 months under the oversight of the otolaryngology program director. The change mandates an increase in otolaryngology-specific rotations from a previous maximum of three months to a requisite six months, and shifts the responsibility of basic surgical skills training to the otolaryngology faculty. The remaining six months are to be focused on the development of specific patient care skills essential for a practicing otolaryngologist (peri-operative care of surgical patients, interdisciplinary care coordination, and airway management (this last was not previously required)). The list of non-otolaryngology specialty rotation options has been expanded in order to permit programs more flexibility to take advantage of the resources available at their institutions to provide the best educational experiences for their residents. This greater emphasis on and assessment of essential surgical and non-surgical basic skills acquisition during the PGY-1 year will enable the development of a higher level of proficiency in higher skills throughout the remaining residency years.

3. How will the proposed requirement or revision impact continuity of patient care?

The proposed revisions should have no impact on the continuity of patient care, which is currently an emphasis in all otolaryngology residency programs.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

The proposed revisions may require the addition of ancillary personnel to fill service needs (e.g., night floats) currently be provided by PGY-1 otolaryngology residents on surgical service rotations.

5. How will the proposed revision impact other accredited programs?

The proposed revisions for PGY-1 otolaryngology residents may impact general surgery programs from a PGY-1 'manpower' standpoint.

Requirement #: IV.A.6.d)

Requirement Revision (significant change only):

~~The final year of education must be a chief resident experience and must be spent within sites approved as part of the program. Each resident must spend a 12-month period as chief resident on the otolaryngology clinical service at the primary clinical site during the last 24 months of the educational program.~~ ^(Core)

1. Describe the Review Committee's rationale for this revision:

The Review Committee recognizes the field of otolaryngology continues to evolve as currently over 50% of otolaryngology resident graduates seek subspecialty training. With the full implementation of the Next Accreditation System, the Review Committee anticipates variable resident obtainment of competence in the Milestones and key indicator case minimums required for general otolaryngology training. The proposed revision will permit more flexibility in the design of the final two years of residency so as to either ensure attainment of the Milestone competencies within the PGY-5 or to alternatively allow a subspecialty focus in the PGY-5 if desired by the resident and deemed appropriate to do so by the program director.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The Review Committee anticipates allowing for an earlier focus on subspecialty training or broadened general otolaryngology training will improve resident/fellow education, whether they practice as a general otolaryngologist or further develop their subspecialty skills in a fellowship. The PGY-5 can also be used to ensure specific residents satisfy Milestones competency criteria or minimum case numbers, thereby potentially improving patient safety and/or patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?

The proposed revisions should have no impact on the continuity of patient care, which is currently an emphasis in all otolaryngology residency programs.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

This proposed revision should not require additional institutional resources.

5. How will the proposed revision impact other accredited programs?

This proposed revision should not have an impact on other accredited programs.