

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

The Residency Review Committee for Pediatric Otolaryngology (RRC-Peds-Oto) is proposing a major revision of the Program Requirements for Fellowship Education in Pediatric 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 RC-Peds-Oto's goal continues to be to protect the trainees 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 Pediatric Otolaryngology requirements and their impact on education.

Line Number(s): 12-16
Requirement Revision (major revisions only): Int.A.
The pediatric otolaryngologist has an advanced education and experience, beyond that afforded in otolaryngology residency, in the management of neonates and children, <u>18 years or younger</u> , with complex otolaryngologic problems and significant co-morbidities, generally referred to tertiary care pediatric institutions.
Describe, as appropriate, how the revision: <ol style="list-style-type: none"> 1) impacts the quality and safety of patient care; N/A 2) improves the quality of resident education; N/A 3) affects the way the resident, the service, and the staff provide patients with continuing care; N/A 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); N/A 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); The change in the requirement more clearly identifies the scope of practice in pediatric otolaryngology. 6) impacts residency education in other specialties. N/A
Line Number(s): 273-322
Requirement Revision (major revisions only): II.B.6. & II.B.7.
II.B.6. <u>The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. 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. Scholarly activity of program faculty in the preceding three years must include at least two of the following:</u>
<u>funded research grants;</u>

peer-reviewed publications; or

presentations in regional or national conferences.

II.B.7. ~~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. To enhance fellows' educational experience, there should be participation from appropriately-qualified faculty from other related pediatric disciplines, including:~~

audiology and speech pathology;

behavioral and child psychiatry;

medical genetics;

neonatology;

pathology;

pediatric anesthesiology;

pediatric neurology;

plastic surgery;

prenatal and fetal medicine;

radiology; and.

sleep medicine.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **This may require departments/institutions to provide more resources to the pediatric otolaryngology program for faculty scholarly activity ranging from protected time to fiscal support. Ultimately fellows will benefit from the opportunity to share in the research and scholarly opportunities.**
- 5) may change the volume and variety of patients required to provide proper educational

resources in the institution(s); **N/A**

6) impacts residency education in other specialties. **N/A**

Line Number(s): 460-468

Requirement Revision (major revisions only): IV.A.2.a).(1).(b).(i)

Fellows must document surgical experience as both assistant surgeon and surgeon in the ACGME Case Log System, including patient age as defined by the American Society of Anesthesiology (ASA) designation for each pediatric otolaryngology case, with special emphasis on patients less than two years of age and ASA classifications 3 and 4.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **The increased emphasis on those patients at greater risk should ultimately prepare the fellow for a more challenging and specialty specific educational experience.**
- 2) improves the quality of resident education; **Fellows will have the opportunity to review both the depth and breadth of their experiences in order to identify gaps in their education. Entering the procedures in the ACGME case log system provides a mechanism for tracking specialty procedures and ASA status, and age. The RRC will have an improved understanding of the program's educational experiences.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **The increased emphasis on patients with greater risks is the type of patient that would seek subspecialty consultation.**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 497-501

Requirement Revision (major revisions only): IV.A.2.b).(2)

Fellows must be proficient in their knowledge of an understanding of the differences with regard to the medical and surgical management of infant and childhood, and adult diseases of the head and the neck to a level appropriate for unsupervised practice.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **The fellows are asked to demonstrate their knowledge of surgical and medical management as a mechanism to promote competence and independence upon graduation.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **N/A**

6) impacts residency education in other specialties. **N/A**

Line Number(s): 527-532

Requirement Revision (major revisions only): IV.A.2.e).(2)

Fellows must ~~demonstrate~~ develop the ability to teach otoscopic and other diagnostic skills to ~~pediatricians and other primary care physicians~~ competence in providing consultation, communicating with colleagues, ~~and referring~~ physicians, and family; and in teaching and supervising medical students, fellows, physicians, and other professional personnel.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Improved communication among all professionals ultimately would positively affect the safety and care of patients.**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **Improved communication among the many individuals involved in the care of children and adolescents is critical for improved patient outcomes and fellowship training.**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 674-675

Requirement Revision (major revisions only): IV.B.1.

It is suggested that each fellow complete at least one scientific study suitable for publication.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **ultimately the patient care may improve with new knowledge from scientific study.**
- 2) improves the quality of resident education; **The fellows are asked to demonstrate their interest in scientific inquiry and knowledgeable of the scientific rigor associated with advanced learning in pediatric otolaryngology.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **N/A**
- 6) impacts residency education in other specialties. **N/A**