**New Application: Neurotology**

**Review Committee for Otolaryngology**

**ACGME**

The questions that follow provide programs with an opportunity to systematically describe the manner in which they comply with accreditation requirements. Responses should be **concise and focused**. During the site visit, fellows, faculty members, and others will be asked for comment on the information provided. **As such, those who will be interviewed should read the application prior to their meeting with the Accreditation Field Representative.**

**Oversight**

**Participating Sites**

1. For each participating site, list the site director and briefly describe the site director’s responsibilities for fellow education at the site. [PR I.B.3.a)] Add rows as necessary.

| **Site** | **Site Director Name** | **Site Director Clinical Responsibilities** |
| --- | --- | --- |
| **#1** |  |  |
| **#2** |  |  |
| **#3** |  |  |
| **#4** |  |  |
| **#5** |  |  |

**Resources**

1. Will the following resources be available to the program? [PR I.D.1.a)]
2. A temporal bone dissection laboratory [ ]  YES [ ]  NO
3. Testing facilities for complete auditory and vestibular evaluation and cranial nerve monitoring
 [ ]  YES [ ]  NO
4. Describe how the program director will ensure the presence of other learners (including otolaryngology residents, residents from other specialties, unaccredited neurotology fellows, other subspecialty fellows, PhD students, and nurse practitioners) will not interfere with the appointed fellows’ education. [PR I.E.]

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1. How will the program ensure that fellows contribute to the education of residents in core programs, if present? [PR I.E.]

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**Personnel**

**Responsibilities of the Program Director**

1. How will the program director select, supervise, and evaluate the members of the teaching staff and other program personnel at each participating site used by the program? How will the program director monitor fellow supervision and education at each site? [CPR II.A.4.]

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1. Will the program require fellows to sign a non-competition guarantee or restrictive covenant? [CPR II.A.4.a).(9).(a)] . [ ]  YES [ ]  NO

Explain if “YES”.

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**Program Coordinator and Other Program Personnel**

1. How will administrative support for program coordination and the availability of necessary personnel for the effective administration of the program be ensured? [CPR II.C.2-2.a).; II.D.]

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**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Describe the learning activity(ies), other than lecture, by which fellows will develop competence in care that is culturally sensitive, situationally sensitive, and specific to the particular patient/family needs. [PR IV.B.1.b).(1).(a)-IV.B.1.b).(1).(a).(iii)]

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2. Describe the learning activity(ies), other than lecture, by which fellows will develop competence in care that is accurate in diagnosis and treatment care options and based on best practice and standards of practice. [PR IV.B.1.b).(1).(b)]

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1. Describe the settings and activities in which fellows will participate to develop and demonstrate competence for each expected patient care outcome. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Performance of key procedures, including: |
| Lateral skull base approach to the jugular fossa[PR IV.B.1.b).(2).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Middle cranial fossa craniotomy[PR IV.B.1.b).(2).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Retrosigmoid approach to the cerebellopontine angle[PR IV.B.1.b).(2).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Translabyrinthine approach to the cerebellopontine angle[PR IV.B.1.b).(2).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Medical and surgical management strategies, including intracranial exposure, as well as the post-operative care necessary to treat congenital, inflammatory, neoplastic, idiopathic, and traumatic diseases of the petrous apex, internal auditory canal, cerebellopontine angle, cranial nerves, and lateral skull base, including the occipital bone, temporal bone, craniovertebral junction, and vascular neoplasms of the lateral and posterior fossa skull base[PR IV.B.1.b).(2).(b)] | Click here to enter text. | Click here to enter text. |
| The habilitation and rehabilitation of the vertiginous patient, and the treatment of intracranial and intratemporal facial nerve disorders[PR IV.B.1.b).(2).(c)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

1. Describe the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will develop knowledge in neurotology. Also indicate the method(s) that will be used to assess this knowledge. [PR IV.B.1.c)]

| **Area of Knowledge** | **Settings/Activities** | **Assessment Method(s)** |
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| Neurotology to a level appropriate for unsupervised practice, as defined by the required didactic curriculum[PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Describe one planned learning activity in which fellows will engage to develop the skills needed to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. [CPR IV.B.1.d)]

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**Interpersonal and Communication Skills**

1. Describe one learning activity in which fellows will develop competence in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [CPR IV.B.1.e)]

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**Systems-based Practice**

1. Describe the learning activity(ies) through which fellows will develop competence in demonstrating an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [CPR IV.B.1.f)]

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**Curriculum Organization and Fellow Experiences**

1. Describe how the program will coordinate combined interdisciplinary educational conferences that emphasize cooperative diagnostic efforts and surgical team approaches to operative therapy with neurological surgeons, and combined approaches to rehabilitative efforts with physical medicine and rehabilitation physicians. [PR IV.C.3.a)]

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1. List the type and frequency of conferences and seminars that will be included in the program. [PR IV.C.3.b] *Add rows as needed.*

| **Type** | **Frequency** |
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1. Describe how the program will ensure that fellows participate in both planning and conducting conferences. [PR IV.C.3.b).(1)]

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1. Describe how the program director will ensure that both faculty members and fellows attend and participate in multidisciplinary conferences. [PR IV.C.3.b).(2)]

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1. Provide a list of all the didactic sessions pertaining to neurotology planned for all participating sites in the program that will be given during the two-year educational program. Include the date/time, leader, and topic. Use site numbers as listed in the ACGME’s Accreditation Data System (ADS). [PRs IV.C.3.c)-IV.C.3.d).(4)] *Add rows as needed.*

| **Conference** | **Site #** | **Date/Time** | **Leader** | **Topic** |
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1. How will the program ensure that fellows are provided with graduated responsibility for adult and pediatric patients in both inpatient and outpatient environments? [PR IV.C.4.a)]

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1. How will the program ensure that neurotology and lateral skull base surgery with intracranial exposures that are performed by fellows are performed jointly with neurological surgery? [PR IV.C.4.b).(1)]

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1. Briefly describe how the program will ensure that fellows document, in the ACGME Case Log System, their experiences as both assistant surgeon and surgeon in surgical procedures. [PR IV.C.4.c)-IV.C.4.c).(3)]

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1. Briefly describe the planned experience in audiometric testing, including auditory brainstem responses and otoacoustic emissions, as well as vestibular testing, facial nerve testing, electrophysiologic monitoring strategies, and neuroradiologic procedures used to evaluate the temporal bone, skull base, and related structures. [PR IV.C.4.d)]

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1. Describe the planned experiences in neurological surgery, neurology, neuropathology, neuroradiology, and physical medicine and rehabilitation. [PR IV.C.4.e)]

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1. Describe fellow education in research methodology, including epidemiology, statistical methods, experimental design, and manuscript preparation will be addressed in the curriculum. [PRs IV.C.5.-5.a)]

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**Scholarship**

**Program Responsibilities**

1. How will adequate resources to facilitate fellow and faculty member involvement in scholarly activities be ensured? [CPR IV.D.1.b)]

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1. How will the program ensure that fellows are provided with protected time for the pursuit of scholarly activity and research? [PR IV.D.1.b).(1)]

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**Fellow Scholarly Activity**

1. How will the program ensure that during the course of the fellowship, each fellow will prepare and submit, at minimum, one paper for publication in a peer-reviewed journal? [PR IV.D.3.a)]

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**Evaluation**

**Fellow Evaluation**

1. Describe how the program will ensure that faculty members directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment, including review of each fellow’s cumulative operative experience in person with the fellow at least semiannually, to ensure the fellow’s progress towards gaining experience with the required variety and complexity of surgical procedures. [PR V.A.1.a)-V.A.1.a).(1)]

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**The Working and Learning Environment**

**Supervision and Accountability**

1. Describe the planned fellow responsibilities for inpatients, emergency rooms, outpatient clinics, operating rooms, and private offices, and how the program will ensure the appropriate level of supervision is provided in each area? [CPR VI.A.2.b).(1)]

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1. Describe how the program will ensure that decisions regarding the use of supervision through telecommunication technology are based on fellow experience, presence of an existing treatment plan, and case complexity/acuity. [PR VI.A.2.b).(1).(b).(i)]

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1. Describe how the assignment of progressive authority and responsibility, conditional independence, and a supervisory role in patient care will be ensured for each fellow. Include the specific criteria used by the program director to evaluate fellow abilities, the timing of such evaluation(s), and how the program director ensures that each faculty member and fellow functioning as a supervising physician uses this information to delegate portions of care to fellows and residents based on the needs of the patient and the skills of each fellow. [CPR VI.A.2.d)-VI.A.2.d).(3)]

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1. Describe the guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). [CPR VI.A.2.e)]

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**Clinical Responsibilities, Teamwork, and Transitions of Care**

1. Briefly describe the planned composition of the surgical teams at each site used by the program. [PR VI.E.1.b)]

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1. Briefly describe how the program will ensure the work of the caregiver team is assigned to team members based on each fellow’s level of education, experience, and competence. [PR VI.E.1.c)]

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1. Describe the planned composition of the interprofessional teams at each site used by the program. [PR VI.E.2.b)]

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1. Describe how the program will ensure fellows collaborate with surgical residents, and especially with faculty members, other physicians outside of their specialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. [PR VI.E.2.c)]

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1. Describe how the program will ensure that fellows assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. [PR VI.E.2.d)]

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**Institutional Operative Data**

This form must include data for the most recently completed academic year. Include all procedures performed by the otolaryngology/neurotology service that would have been available for fellow education. Use site numbers as listed in ADS and throughout this application document. [PR I.D.1.b)] *Add columns as needed.*

| **PROCEDURE CATEGORIES** | **CPT Code(s)** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| **Approaches for Skull Base Surgery** |
| Middle fossa approach for removal of tumor | 61590, 61591, 61592, 66970 |  |  |  |  |  |
| Posterior fossa approach for removal of tumor |
| Translabyrinthine | 61526, 61595 |  |  |  |  |  |
| Retrosigmoid/ suboccipital | 61595 |  |  |  |  |  |
| Transcocochlear | 61596 |  |  |  |  |  |
| Transcondylar | 61597 |  |  |  |  |  |
| Transpetrosal  | 61598 |  |  |  |  |  |
| Combined approach for cerebellopontine angle (CPA) | 61530 |  |  |  |  |  |
| Decompression of internal acoustic canal (IAC) | 69960 |  |  |  |  |  |
| Repair encephalocoele |
| Posterior fossa | 62121, 61519, 61520 |  |  |  |  |  |
| Middle fossa | 62120  |  |  |  |  |  |
| **Resection of Neurotologic Tumors** |
| Paraganglioma tumor surgery |
| Jugulare, extradural  | 69554, 61615 |  |  |  |  |  |
| Jugulare, intradural | 61616 |  |  |  |  |  |
| Tympanicum | 69550, 69552 |  |  |  |  |  |
| Extradural/petrous apex | 61605 |  |  |  |  |  |
| IAC lesions | 61606 |  |  |  |  |  |
| Cavernous sinus, extradural | 61607 |  |  |  |  |  |
| Kawase triangle, intradural  | 61608 |  |  |  |  |  |
| Facial nerve tumor | 69970 |  |  |  |  |  |
| Retrosigmoid, extradural | 61615 |  |  |  |  |  |
| Retrosigmoid, intradural | 61518, 61519, 61616 |  |  |  |  |  |
| Translabyrinthine | 61616, 61526, 61530 |  |  |  |  |  |
| **Temporal bone resection** |
| Temporal bone resection | 69150, 69155, 69535 |  |  |  |  |  |
| **Reconstruction after Resection of Neurotologic Tumors**  |
| By tissue graft (fat, fascia, etc.) | 61618, 20926 |  |  |  |  |  |
| By local or regional vascularized flap | 61619 |  |  |  |  |  |
| **Vestibular Surgery** |
| Endolymphatic sac surgery  | 69805, 69806 |  |  |  |  |  |
| Labyrinthectomy-transcanal | 69905 |  |  |  |  |  |
| Labyrinthectomy-transmastoid | 69910 |  |  |  |  |  |
| Middle ear perfusion (i.e., steroids or aminoglycosides) | 69801 |  |  |  |  |  |
| Semicircular canal dehiscence repair | 61590 |  |  |  |  |  |
| Vestibular nerve section | 69950 |  |  |  |  |  |
| **Rehabilitative Surgery**  |
| Congenital aural atresia | 69310, 69320 |  |  |  |  |  |
| Cochlear implantation | 69930 |  |  |  |  |  |
| Auditory brainstem implant | 61860, 61875 |  |  |  |  |  |
| Electromagnetic hearing device | 69710 |  |  |  |  |  |
| Removal/repair | 69711 |  |  |  |  |  |
| Osseointegrated implant | 69714, 69715 |  |  |  |  |  |
| Replacement | 69717, 69718 |  |  |  |  |  |
| Stapedectomy | 69650, 69660, 69661, 69662 |  |  |  |  |  |
| **Repair Cerebrospinal Fluid Leak – Must Report** |
| Middle cranial fossa | 62100 |  |  |  |  |  |
| Transmastoid  | 69670 |  |  |  |  |  |
| **Stereotactic Radiation for Skull Base Lesions – Must Report**  |
| One complex lesion | 61798 |  |  |  |  |  |
| Application of stereotactic frame | 61800 |  |  |  |  |  |
| **Facial Nerve Surgery – Must report**  |
| Decompression: lateral to geniculate ganglion | 69720 |  |  |  |  |  |
| Decompression: total-transtemporal | 69725, 69955 |  |  |  |  |  |
| Facial nerve repair: intratemporal  | 69740 |  |  |  |  |  |
| Facial nerve repair: extracranial | 64864 |  |  |  |  |  |
| XII-VII anastomosis | 64868 |  |  |  |  |  |
| Nerve graft harvest | 64885, 64886 |  |  |  |  |  |
| Facial nerve repair: medial to geniculate ganglion | 69745 |  |  |  |  |  |
| **Middle Ear and Mastoid – Must report**  |
| Tympanoplasty  | 69610, 69620, 69631, 69632, 69633 |  |  |  |  |  |
| Tympanomastoidectomy | 69635, 69636, 69637, 69641, 69642, 69643, 69644, 69645, 69646 |  |  |  |  |  |
| Mastoidectomy | 69501, 69502, 69505, 69511 |  |  |  |  |  |
| Revision mastoidectomy | 69601, 69602, 69603, 69604, 69605 |  |  |  |  |  |
| Mastoid obliteration | 69670 |  |  |  |  |  |
| Middle ear exploration | 69440, 69450 |  |  |  |  |  |
| Perilymph fistula repair | 69666, 69667 |  |  |  |  |  |
| Ear canal procedures  | 69140, 69145, 69205, 69222, 69420, 69421, 69424, 69433, 69436 |  |  |  |  |  |

*Add columns as needed.*

| **DIAGNOSES** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Total** |
| --- | --- | --- | --- | --- | --- |
| Paraganglioma tumor |  |  |  |  |  |
| Vestibular schwannoma (acoustic neuroma) |  |  |  |  |  |
| Facial nerve tumor |  |  |  |  |  |
| Vestibular disease (Meniere’s disease, vestibular migraine, vestibular neuronitis) |  |  |  |  |  |