

# UNIVERSITY OF MINNESOTA GRADUATE MEDICAL EDUCATION

## EDUCATIONAL PROGRAM/CURRICULUM 2019-2020

### **Department of Otolaryngology** --- **Pediatric Otolaryngology Fellowship**

This Pediatric Otolaryngology Fellowship Educational Program/Curriculum is intended for use together with the Graduate Medical Education Institution Policy Manual, available online at <http://z.umn.edu/gmeim>. The Institution Policy Manual contains information about benefits, policies and procedures that apply to all residents and fellows in a training program at the University of Minnesota. Should information in the Program Manual conflict with the Institution Manual, the Institution Manual takes precedence.

It is also intended for use with the Department of Otolaryngology Program Policy and Procedure Manual, available online at: <http://www.ent.umn.edu/education/fellowships>. The Department Policy Manual contains information about policies and procedures that apply to all residents and fellows in a training program in the Department of Otolaryngology at the University of Minnesota.

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UNIVERSITY OF MINNESOTA OTOLARYNGOLOGY DEPARTMENT  
PEDIATRIC OTOLARYNGOLOGY FELLOWSHIP EDUCATIONAL PROGRAM/CURRICULUM

**Pediatric Otolaryngology Fellowship Program Mission Statement**

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The mission of the Pediatric Otolaryngology Fellowship is to develop expertise in the diagnosis and medical/surgical management of complex pediatric patients in the tertiary healthcare setting.

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## A. EDUCATIONAL PROGRAM/CURRICULUM

### **ACCREDITATION**

The Pediatric Otolaryngology Fellowship Program at University of Minnesota is accredited by the Accreditation Council for Graduate Medical Education (ACGME). Accreditation status is included in Appendix 1. Current requirements for accreditation are included in Appendix 2. For the most up-to-date information visit ACGME's web site, [www.acgme.org](http://www.acgme.org).

### **ACGME Case Log**

Pediatric ENT fellows must maintain a record of their surgical procedures on the Resident Case Log System provided by the Accreditation Council for Graduate Medical Education (ACMGE) at [www.acgme.org](http://www.acgme.org). Contact Faith Courchane, 612-625-7692 or [courc002@umn.edu](mailto:courc002@umn.edu) if you have not received initial login and password from ACGME.

Include procedures performed in clinic as well as in the operating room.

ACGME's Otolaryngology Residency Review Committee highly recommends that residents/fellows log their cases on a weekly, or more frequent, basis, so that procedures don't become lost or forgotten. Residents/fellows are able to view their case logs at any time, and can correct entries as needed. The Program Director is able to, at any time, review the operative data submitted by the fellows. A number of statistics regarding operative data are available on the ACGME web site (password protected) for access by residents/fellows and program directors, including cumulative national medians, means and standard deviations for each procedure category, subdivided by year of otolaryngology training. Program Directors are able to scan the case logs of each of their residents/fellows, tagged for procedure experiences 1 standard deviation or more below the national norms per fellow year of training, so they can tailor rotations accordingly.

Residents/fellows will be able to print out their cumulative operative experiences.

Resident/fellow logging of procedures relies solely on the AMA's CPT coding system. The opportunity to use the CPT codes prepares the residents/fellows for coding procedures after the completion of training.

The one, and significant, deviation from CPT coding rules allows for "unbundling" so that all procedures or significant segments of such done by each resident/fellow can be captured. Ample samples of "unbundling" acceptable for resident/fellow reporting purposes have been placed as a link on the Resident Case Log web site.

Categories of resident/fellow involvement in a surgical procedure include "resident surgeon," "assistant surgeon" and "resident supervisor." Definitions of these categories are available on the resident case log web site.

### **AMERICAN BOARD OF OTOLARYNGOLOGY**

Board certification, Otolaryngology: Fellows are expected to take the Otolaryngology certification exam during their fellowship. Fellows will be given time for preparation for and participation in this examination. Visit the American Board of Otolaryngology web site at [www.aboto.org](http://www.aboto.org) for the most up-to-date information on requirements and deadlines.

Board certification, Pediatric Otolaryngology: Board certification is not currently available in the subspecialty of pediatric otolaryngology.

### **EDUCATIONAL GOALS AND OBJECTIVES**

The Pediatric Otolaryngology Fellow will develop their surgical and practice skills to the level where they will be able to practice independently as a high level specialist in pediatric otolaryngology. Fellowship goals and objectives are based on achieving competencies in patient care, medical knowledge, practice based learning and improvement, communication skills with patients and the rest of the health care team, professionalism and the ability to train and practice within a complex pediatric health care system. They will demonstrate this primarily by managing patients in the operating room, clinic and hospital wards. In addition to teaching residents and medical students and preparing conferences, the Fellow will make certain that the service runs smoothly, and will delegate responsibility appropriately to junior residents. The Fellow will meet informally with the Program Director for Pediatric Otolaryngology weekly to discuss any issues or problems they see developing in the direction of the service. The fellow will be evaluated quarterly by the pediatric otolaryngology faculty on the written goals and objectives as listed below. The goals and objectives below apply to both sites (Children's Hospitals and Clinics of Minnesota and Masonic Children's-University of Minnesota) Pediatric patients with the listed disorders are seen and cared for at both sites. The fellow reviews the surgical schedule at both sites one week ahead of time and then will plan their future schedule accordingly to obtain and complete their goals and objectives. Outpatient clinic is performed only at Children's ENT and Facial Plastic Surgery which is within and attached to Children's Hospital of Minnesota. Children's Hospitals and Clinics of Minnesota and the University of Minnesota Masonic Children's Hospital are approximately three miles apart.

Patient Care: The Fellow must:

Demonstrate ability to manage the Pediatric Otolaryngology Service, including:

- Direct residents and coordinate nursing, social services and administration to optimize patient care.
- Care for patients in the pediatric, cleft, craniofacial, tumor board, Velocardiofacial, and vascular anomalies clinics.
- Develop the treatment plan for all patients undergoing medical or surgical care on the Service.
- Direct the presentation of appropriate patients to the Pediatric Head and Neck Tumor Board.
- Demonstrate practice based learning by evaluating and effectively critiquing the current medical literature related to patient care
- Demonstrate effective communication with the health care team and the patient and the patient's care givers.
- Demonstrate professional behavior at all times through communication and knowledge with the patient and their family.
- Demonstrate and be aware of cost effective management for a particular patient's care as well as possible ethical or medical-legal issues.

Medical Knowledge: The Fellow must:

- Demonstrate superior medical knowledge, equal to the faculty, regarding all aspects of pediatric otolaryngology (otology, head & neck, bronchoesophagology, craniofacial & cleft palate / lip, facial plastics, laryngology and rhinology), including the following:
  - Ear
    - Pathophysiology in children of: otitis media, otitis externa, otorrhea, hearing loss, vertigo, tinnitus, Eustachian tube dysfunction, mastoiditis, intracranial suppurative complications, temporal bone tumors
  - Nose, paranasal sinuses, face and orbit
    - Pathophysiology in children of: nasal obstruction, rhinorrhea, epistaxis, associated orbital infection, cosmetic nasal deformity, allergies, sinusitis, tumors of the paranasal sinuses
  - Mouth, Pharynx and Esophagus
    - Pathophysiology in children of: pharyngitis, tonsillitis, dysphagia, congenital malformations, cleft lip and palate, inflammatory disorders, salivary gland disorders, tumors of the mouth and pharynx, trauma to pharynx and esophagus, foreign bodies of the mouth and pharynx.
  - Larynx, Trachea, Bronchi and Lungs
    - Pathophysiology in children of: cough, aspiration, hoarseness, stridor, airway obstruction, congenital malformations of the airway, infections of the airway, neurologic disorders of the airway, tumors of the respiratory tract, trauma to the airway, foreign bodies, airway reconstruction
  - Neck
    - Pathophysiology in children of: neck masses, developmental anomalies, adenopathy, injuries and trauma, tumors (benign and malignant)
  - Communication Disorders
    - Pathophysiology in children of: language and speech disorders, cleft lip and palate, velopharyngeal insufficiency.

The Fellow must demonstrate ability to perform:

- Laryngobronchoesophagology in premature neonates, neonates, infants and children.
- Head and neck surgery including salivary, endocrine, lymphovascular and neck dissections in children as well as demonstrate capabilities in the latest endoscopic techniques in head and neck surgery,
- Care for patients with co-morbidities, including cardiac, hematology-oncology and both solid organ and bone marrow transplants ,
- Laryngotracheal surgery both open and endoscopic techniques,
- Otologic surgery including cochlear implants, and reconstruction for congenital malformations
- Surgery of the nose and paranasal sinuses,
- Surgery for congenital abnormalities of the head and neck,
- Surgery for benign and malignant head and neck disorders.

- Pediatric facial plastics including cleft lip and palate, mandibular advancement and rhinoplasty

Although the majority of the Fellow's time is spent at Children's Hospital and Clinics of Minnesota, the addition of University of Minnesota Masonic Children's Hospital provides access to an expanded patient base, especially in the area of otology, thus broadening the educational opportunities available to the fellow. Masonic Children's Hospital includes the Lions Children's Ear Clinic where approximately 50 pediatric cochlear implants are done per year by the pediatric otolaryngology service in addition to numerous complex pediatric otologic cases located at this site. Additional patients include children with airway reconstructive needs, cystic fibrosis, bone marrow transplantation and patients with complex pediatric head and neck tumors. The fellow averages about 2 cases per week at this site.

At Masonic Children's Hospital, the fellow will have additional opportunities to demonstrate superior medical knowledge in the areas of:

- Pathophysiology in children of: otitis media, otitis externa, otorrhea, hearing loss, vertigo, tinnitus, Eustachian tube dysfunction, mastoiditis, intracranial suppurative complications, temporal bone tumors

And to demonstrate the ability to perform:

- Otologic surgery including cochlear implants, and reconstruction for congenital malformations

#### Benchmarks for the Maturation of the Pediatric Otolaryngology Fellow

At both sites, the Fellow should show increasing skill and knowledge in the care of patients, in the doctor-patient relationship, in the use of diagnostic and therapeutic aids and methods, in the ability to form accurate diagnoses and institute appropriate treatment, in the use of medical literature, in the desire and ability to research problems areas and in teaching.

Specific and in-depth knowledge of the following subjects, as related to the entire body, with emphasis on the head and neck, bronchopulmonary, otologic and esophageal areas should increase during the training period:

- Allergy
- Anatomy
- Anesthesia-both local and general
- Audiology
- Biochemistry
- Clinical pathology
- Embryology and developmental defects
- Histology
- Histopathology
- Microbiology and microbiopathology
- Physiology
- Oncology
- Radiographic anatomy and diagnosis

Surgical development ultimately should satisfy these critical performance requirements:

1. Eliciting historical information
2. Obtaining information by physical examination
3. Obtaining and interpreting x-rays

4. Obtaining additional information by other means
5. Approaching diagnosis objectively
6. Recognizing condition
7. Adapting treatment to the individual case
8. Determining extent and immediacy of therapy needs
9. Obtaining consultation on proposed treatment
10. Planning the operation
11. Making necessary preparations for operating
12. Performing the operation
13. Modifying operative plans according to situation
14. Handling operative complications
15. Instituting a non-operative therapy program
16. Handling patient
17. Performing emergency treatment
18. Paying attention post-operatively
19. Monitoring patient's progress
20. Providing long-term care
21. Showing concern and consideration

Practice Based Learning and Improvement: The Fellow should demonstrate the ability to:

- Evaluate and effectively critique published literature in critically acclaimed journals and texts.
- Apply clinical trials data to patient management.
- Lead academic and clinical discussions.
- Attend and actively participate and direct teaching conferences.

Interpersonal and Communication Skills: The Fellow should:

- Establish and maintain professional and therapeutic relationships with patients and healthcare team members.
- Manage and maintain efficiency of the team (O.R. team, ward team, clinic team).
- Teach residents, medical students, nurses, and physician assistant students.

Professionalism: The Fellow should:

- Demonstrate behaviors that reflect an ongoing commitment to continuous professional development, ethical practice, sensitivity to diversity and responsible attitudes.
- Actively seek and be receptive to feedback on performance.
- Be attentive to ethical issues.
- Be involved in end-of-life discussions and decisions.
- Be sensitive to gender, age, race, and cultural issues.
- Demonstrate leadership.

Systems Based Practice: The Fellow should:

- Be aware of cost-effective care issues.
- Be sensitive to medical-legal issues.
- Use information technology/computer resources.

## Sample of Goals and Objectives For One Assignment

### CLEFT PALATE AND CRANIOFACIAL CLINIC

#### Patient Care

- Direct residents and coordinate nursing, social services and administration to optimize patient care.
- Care for patients in the pediatric, cleft, craniofacial clinics.
- Develop the treatment plan for all patients undergoing medical or surgical care on the Service.
- Direct the presentation of appropriate patients to the multidisciplinary board during the clinic.
- Demonstrate practice based learning by evaluating and effectively critiquing the current medical literature related to patient care
- Demonstrate effective communication with the health care team and the patient and the patient's care givers.
- Demonstrate professional behavior at all times through communication and knowledge with the patient and their family.
- Demonstrate and be aware of cost effective management for a particular patient's care as well as possible ethical or medical-legal issues.

#### Medical Knowledge

- Demonstrate superior medical knowledge, equal to the faculty, regarding all aspects of pediatric craniofacial & cleft palate / lip, and facial plastics.
- Demonstrate the ability to present above knowledge to the multidisciplinary board.
- Translate such knowledge in layman terms to the patient's family.
- Demonstrate staff level of knowledge of involved genetics and associated syndromes.
- Demonstrate staff level of knowledge regarding associated embryogenesis of craniofacial disorders.

#### Practice Based Learning and Improvement

- Evaluate and effectively critique published literature in critically acclaimed journals and texts regarding cleft lip / palate and craniofacial disorders and apply that knowledge during the weekly multidisciplinary conference.
- Apply clinical trials data to patient management.
- Lead academic and clinical discussions during the weekly multidisciplinary conference.
- Attend and actively participate in the multidisciplinary conference.

#### Interpersonal and Communication Skills

- Establish and maintain professional and therapeutic relationships with patients and healthcare team members of the cleft / craniofacial team.
- Manage and maintain efficiency of the team.
- Teach residents, medical students, nurses, and physician assistant students.
- Translate difficult terminology into layman's terms for the patient and care giver.

### Professionalism

- Demonstrate behaviors that reflect an ongoing commitment to continuous professional development, ethical practice, sensitivity to diversity and responsible attitudes.
- Actively seek and be receptive to feedback on performance from the cleft / craniofacial team.
- Be attentive to ethical issues.
- Be involved in decision making to avoid potentially serious or poor outcomes.
- Be sensitive to gender, age, race, and cultural issues.
- Demonstrate leadership within the clinic and team.

### Systems Based Practice

- Be aware of cost-effective care issues regarding cleft / craniofacial care.
- Be sensitive to medical-legal issues.
- Use information technology/computer resources extensively and effectively.

### **CONFERENCES/COURSES**

Orientation: New fellows are required to attend University of Minnesota Medical School Resident/Fellow Orientation.

Pediatric ENT Conference /Resident Case Presentation, Fridays, 6:30 a.m., Childrens

The pediatric ENT fellow presents one to three interesting cases at the weekly pediatric otolaryngology resident conference. Each week, the core otolaryngology resident on the pediatric ENT rotation formally presents a case and related literature to the fellow and staff. The fellow provides feedback to the ENT resident.

Pediatric ENT Pre-op Conference, Wednesdays, 6:30 a.m., Childrens

ENT Resident Core Conference - weekly, Tuesday, 6:30 a.m., University

The pediatric ENT fellow participates when these conferences are devoted to pediatric topics.

Morbidity and Mortality Conference, monthly, first Tuesday, 6:30 a.m., University

Web-based Learning, provided by the American Society for Pediatric Otolaryngology (ASPO) monthly.

Visiting Professors, 6:00 p.m., University, four to six times per year

Resident/Fellow Graduation Scientific Program, annually, June

### **RESEARCH/SCHOLARLY ACTIVITY**

A research project is required during the fellowship program, and must be approved by Program Director, Brianne Roby, M.D.

## **EVALUATION**

See Also Institution Policy Manual, <http://z.umn.edu/gmeim>, Evaluation Policy.

### **Written Evaluations**

Evaluations of the fellow are done quarterly by the pediatric otolaryngology faculty through the online system, where they are available to the director of the pediatric otolaryngology fellowship for review. The director then meets with the fellow quarterly on an informal basis to discuss the fellow's progress and review the case logs.

### **Semi-Annual Performance Review**

The fellowship director meets with the fellow semiannually for a formal review and documents this meeting in writing. The fellowship director's summary of the semi-annual review is signed by both the director and the fellow. The written notes are kept the fellow's file.

### **Components/Principles of the Review**

All relevant aspects of fellow progress are considered by the faculty/program director at the time of the review. Review will consider progress toward the goals listed on pages 2 through 7, and will include:

- Clinical and surgical performance and progress: Faculty submit written evaluations quarterly using the online system.
- Research/publication progress
- Administrative skill and experience
- Teaching skill and experience: Residents submit written evaluations of fellow teaching using the online system.
- Attitude
- Punctuality
- Conference attendance, participation and presentation

The faculty assume a fellow's performance will mature as the fellow gains greater education and experience. Therefore, expectations for the fourth-quarter fellow are different from those for the first-quarter fellow.

### **Possible Outcomes**

Positive outcomes of the Fellow Review include:

- Affirmation of good clinical progress
- Recommendation for graduation from the program
- Information becomes part of the fellows' permanent file

Negative outcomes of the Fellow Review include:

- A reprimand related to concern about performance
- Meetings at six-week intervals to evaluate improved performance until the next scheduled evaluation
- Probation for a period of months to allow performance to improve
- Expulsion, conducted according to the University of MN appeals process
- Information becomes part of the fellows' permanent file

### **Fellow Evaluation of Faculty and Rotations/Training Program**

At the end of each clinical rotation, fellows have the opportunity to evaluate the rotation and the faculty using the confidential, online evaluation system. Residents/fellows will receive email reminders when evaluations are due. This information is valuable to improving our program and residents/fellows are encouraged to complete it.

Fellows can also review evaluations of their own progress submitted by faculty and ancillary personnel through the evaluation system.

New Innovations Residency Management Suite (RMS) is located at [www.new-innov.com](http://www.new-innov.com).

If you don't know your user name or password, contact Faith Courchane, 612-625-7692 or [courc002@umn.edu](mailto:courc002@umn.edu). Institution is "mmcgmme." You may use the "NET" (not enough time) feature to delete evaluations that have been inappropriately assigned to you.

## 2882631016 - UNIVERSITY OF MINNESOTA PROGRAM

Pediatric Otolaryngology - Minneapolis, MN

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Accreditation Council for Graduate Medical Education (ACGME) - Public

Children's ENT and Facial Plastic Surgery

Children's Specialty Center, Suite 450

2530 Chicago Ave S

Minneapolis, MN 55404

<http://www.ent.umn.edu/education/pediatric-otolaryngology/index.htm> [↗](#)

Specialty:

Pediatric otolaryngology

Sponsoring Institution:

[ 269501 ] University of Minnesota Medical School

Core Programs:

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### Director Information

Brianne B Roby, MD

Program Director

Director First Appointed:

July 27, 2016

### Coordinator Information

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### Accreditation And General Information

Original Accreditation Date:

July 01, 2012

Accreditation Status:

Continued Accreditation

Effective Date:

January 26, 2018

Accredited Length of Training:

Legend



Clinical Site

Primary Clinical Site

1 years

Osteopathic Recognition:

No Information Currently Present

Osteopathic Recognition Effective Date:

No Information Currently Present

Director of Osteopathic-Focused Education:

No Information Currently Present

Last Site V isit Date:

April 16, 2014

Date of Next Site V isit (Approximate):

No Information Currently Present

Self Study Due Date (Approximate):

August 01, 2020

10 Year Site V isit (Approximate):

February 01, 2022

Positions
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Total Approved Resident Positions:

1

Total Filled Resident Positions\*:

1

Complement Breakdown: Approved		
Years:	1	Total
Approved:	1.0	1.0

Complement Breakdown: Filled		
Years:	1	Total
Filled:	1.0	1.0

\*Total filled will reflect the previous academic year until the annual update is completed for the current academic year. Totals may vary from year to year due to off cycle residents.

Participating Site Information				
#	ID	Site Name	Required Rotation	Rotation Months Y1
1	260740	Children's Hospitals and Clinics of Minnesota - Minneapolis	Yes	12
2	268128	University of Minnesota Masonic Children's Hospital	Yes	0.1

Showing 1 to 2 of 2 entries





**Accreditation Council for  
Graduate Medical Education**

## **ACGME Program Requirements for Graduate Medical Education in Pediatric Otolaryngology**

ACGME-approved: June 10, 2012; effective: July 1, 2013

ACGME approved categorization: June 9, 2013; effective: July 1, 2014

ACGME approved focused revision: February 3, 2014; effective: July 1, 2014

Revised Common Program Requirements effective: July 1, 2015

Revised Common Program Requirements effective: July 1, 2016

Revised Common Program Requirements effective: July 1, 2017

# ACGME Program Requirements for Graduate Medical Education in Pediatric Otolaryngology

One-year Common Program Requirements are in **BOLD**

Where applicable, text in italics describes the underlying philosophy of the requirements in that section. These philosophic statements are not program requirements and are therefore not citable.

## Introduction

**Int.A. Residency and fellowship programs are essential dimensions of the transformation of the medical student to the independent practitioner along the continuum of medical education. They are physically, emotionally, and intellectually demanding, and require longitudinally-concentrated effort on the part of the resident or fellow.**

**The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident and fellow physician to assume personal responsibility for the care of individual patients. For the resident and fellow, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents and fellows gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept--graded and progressive responsibility--is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident's and fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.**

Int.B. Pediatric otolaryngologists specialize in the medical and surgical management of neonates, infants, children, and adolescents 18 years or younger, particularly those with complex otolaryngologic problems and significant co-morbidities, generally cared for in tertiary care pediatric institutions.

Int.C. The educational program in pediatric otolaryngology must be 12 months in length. <sup>(Core)</sup>

## I. Institutions

### I.A. Sponsoring Institution

**One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating sites. <sup>(Core)\*</sup>**

**The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.** <sup>(Core)</sup>

I.A.1. The program must be based in a tertiary care pediatric institution where the care of neonates and children can be readily coordinated with other subspecialists. <sup>(Core)</sup>

I.A.2. The sponsoring institution must also sponsor an Accreditation Council for Graduate Medical Education (ACGME)-accredited otolaryngology program. <sup>(Core)</sup>

## **I.B. Participating Sites**

**I.B.1. There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years.** <sup>(Core)</sup>

**The PLA should:**

**I.B.1.a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;** <sup>(Detail)</sup>

**I.B.1.b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;** <sup>(Detail)</sup>

**I.B.1.c) specify the duration and content of the educational experience; and,** <sup>(Detail)</sup>

**I.B.1.d) state the policies and procedures that will govern fellow education during the assignment.** <sup>(Detail)</sup>

**I.B.2. The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS).** <sup>(Core)</sup>

## **II. Program Personnel and Resources**

### **II.A. Program Director**

**II.A.1. There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMC must approve a change in program director.** <sup>(Core)</sup>

**II.A.1.a) The program director must submit this change to the ACGME via the ADS.** <sup>(Core)</sup>

- II.A.2. Qualifications of the program director must include:**
- II.A.2.a) requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;** <sup>(Core)</sup>
- II.A.2.b) current certification in the subspecialty by the American Board of Otolaryngology (ABOto), or subspecialty qualifications that are acceptable to the Review Committee; and,** <sup>(Core)</sup>
- II.A.2.b).(1) The Review Committee only accepts ABOto certification in otolaryngology. <sup>(Core)</sup>
- II.A.2.b).(2) The program director should have also completed a pediatric otolaryngology fellowship. <sup>(Core)</sup>
- II.A.2.c) current medical licensure and appropriate medical staff appointment.** <sup>(Core)</sup>
- II.A.3. The program director must administer and maintain an educational environment conducive to educating the fellows in each of the ACGME competency areas.** <sup>(Core)</sup>
- The program director must:**
- II.A.3.a) prepare and submit all information required and requested by the ACGME;** <sup>(Core)</sup>
- 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;** <sup>(Detail)</sup>
- II.A.3.c) obtain review and approval of the sponsoring institution's GMEC/DIO before submitting information or requests to the ACGME, including:** <sup>(Core)</sup>
- II.A.3.c).(1) **all applications for ACGME accreditation of new programs;** <sup>(Detail)</sup>
- II.A.3.c).(2) **changes in fellow complement;** <sup>(Detail)</sup>
- II.A.3.c).(3) **major changes in program structure or length of training;** <sup>(Detail)</sup>
- II.A.3.c).(4) **progress reports requested by the Review Committee;** <sup>(Detail)</sup>
- II.A.3.c).(5) **requests for increases or any change to fellow duty hours;** <sup>(Detail)</sup>

- II.A.3.c).(6) **voluntary withdrawals of ACGME-accredited programs;** <sup>(Detail)</sup>
- II.A.3.c).(7) **requests for appeal of an adverse action; and,** <sup>(Detail)</sup>
- II.A.3.c).(8) **appeal presentations to a Board of Appeal or the ACGME.** <sup>(Detail)</sup>
- II.A.3.d) **obtain DIO review and co-signature on all program application forms, as well as any correspondence or document submitted to the ACGME that addresses:** <sup>(Detail)</sup>
  - II.A.3.d).(1) **program citations, and/or,** <sup>(Detail)</sup>
  - II.A.3.d).(2) **request for changes in the program that would have significant impact, including financial, on the program or institution.** <sup>(Detail)</sup>
- II.A.3.e) prepare and implement a supervision policy that specifies lines of responsibility for fellows and faculty members, as well as for residents and other learners. <sup>(Core)</sup>
- II.B. **Faculty**
  - II.B.1. **There must be a sufficient number of faculty with documented qualifications to instruct and supervise all fellows.** <sup>(Core)</sup>
  - II.B.2. **The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and demonstrate a strong interest in the education of fellows.** <sup>(Core)</sup>
  - II.B.3. **The physician faculty must have current certification in the subspecialty by the American Board of Otolaryngology, or possess qualifications judged acceptable to the Review Committee.** <sup>(Core)</sup>
    - II.B.3.a) The Review Committee only accepts ABOto certification in otolaryngology. <sup>(Core)</sup>
  - II.B.4. **The physician faculty must possess current medical licensure and appropriate medical staff appointment.** <sup>(Core)</sup>
  - II.B.5. The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. <sup>(Core)</sup>
  - II.B.6. Scholarly activity of each core physician faculty member must include at least one of the following <sup>(Core)</sup>
    - II.B.6.a) funded research grants; <sup>(Detail)</sup>
    - II.B.6.b) peer-reviewed publications; or, <sup>(Detail)</sup>

- II.B.6.c) presentations in regional or national conferences. <sup>(Detail)</sup>
- II.B.7. To enhance fellows' educational experience, there must be participation from appropriately-qualified faculty members from other related pediatric disciplines, including: <sup>(Core)</sup>
  - II.B.7.a) anesthesiology; <sup>(Core)</sup>
  - II.B.7.b) audiology and speech pathology; <sup>(Core)</sup>
  - II.B.7.c) child and adolescent psychiatry; <sup>(Core)</sup>
  - II.B.7.d) gastroenterology; <sup>(Core)</sup>
  - II.B.7.e) medical genetics; <sup>(Core)</sup>
  - II.B.7.f) neonatology; <sup>(Core)</sup>
  - II.B.7.g) neurology; <sup>(Core)</sup>
  - II.B.7.h) pathology; <sup>(Core)</sup>
  - II.B.7.i) plastic surgery; <sup>(Core)</sup>
  - II.B.7.j) prenatal and fetal medicine; <sup>(Core)</sup>
  - II.B.7.k) pulmonology; <sup>(Core)</sup>
  - II.B.7.l) radiology; and, <sup>(Core)</sup>
  - II.B.7.m) sleep medicine. <sup>(Core)</sup>

**II.C. Other Program Personnel**

**The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.** <sup>(Core)</sup>

**II.D. Resources**

**The institution and the program must jointly ensure the availability of adequate resources for fellow education, as defined in the specialty program requirements.** <sup>(Core)</sup>

- II.D.1. Program resources must include:
  - II.D.1.a) inpatient and outpatient facilities. <sup>(Core)</sup>
  - II.D.1.b) an emergency department; <sup>(Core)</sup>
  - II.D.1.c) neonatal and pediatric intensive care units; <sup>(Core)</sup>

- II.D.1.d) facilities for the diagnostic assessment of infants and children with otolaryngologic disorders, including audiologic, voice, speech, language and developmental assessments; and, <sup>(Core)</sup>
- II.D.1.e) facilities to support clinical research. <sup>(Core)</sup>
- II.D.2. Fellows must be provided with prompt reliable systems for communication and interaction with supervising physicians. <sup>(Core)</sup>

## **II.E. Medical Information Access**

**Fellows must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.** <sup>(Detail)</sup>

## **III. Fellow Appointments**

### **III.A. Eligibility Requirements – Fellowship Programs**

**All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or in an RCPSC-accredited or CFPC-accredited residency program located in Canada.** <sup>(Core)</sup>

Prior to appointment in the program, fellows must have successfully completed an otolaryngology residency accredited by the ACGME, or an otolaryngology residency located in Canada and accredited by the RCPSC. <sup>(Core)</sup>

**III.A.1. Fellowship programs must receive verification of each entering fellow's level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program.** <sup>(Core)</sup>

### **III.A.2. Fellow Eligibility Exception**

**A Review Committee may grant the following exception to the fellowship eligibility requirements:**

**An ACGME-accredited fellowship program may accept an exceptionally qualified applicant\*\*, who does not satisfy the eligibility requirements listed in Sections III.A. and III.A.1., but who does meet all of the following additional qualifications and conditions:** <sup>(Core)</sup>

**III.A.2.a) Assessment by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and** <sup>(Core)</sup>

**III.A.2.b) Review and approval of the applicant's exceptional**

qualifications by the GMEC or a subcommittee of the GMEC;  
and <sup>(Core)</sup>

- III.A.2.c) Satisfactory completion of the United States Medical Licensing Examination (USMLE) Steps 1, 2, and, if the applicant is eligible, 3, and; <sup>(Core)</sup>
- III.A.2.d) For an international graduate, verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification; and, <sup>(Core)</sup>
- III.A.2.e) Applicants accepted by this exception must complete fellowship Milestones evaluation (for the purposes of establishment of baseline performance by the Clinical Competency Committee), conducted by the receiving fellowship program within six weeks of matriculation. This evaluation may be waived for an applicant who has completed an ACGME International-accredited residency based on the applicant's Milestones evaluation conducted at the conclusion of the residency program. <sup>(Core)</sup>
- III.A.2.e).(1) If the trainee does not meet the expected level of Milestones competency following entry into the fellowship program, the trainee must undergo a period of remediation, overseen by the Clinical Competency Committee and monitored by the GMEC or a subcommittee of the GMEC. This period of remediation must not count toward time in fellowship training. <sup>(Core)</sup>

**\*\* An exceptionally qualified applicant has (1) completed a non-ACGME-accredited residency program in the core specialty, and (2) demonstrated clinical excellence, in comparison to peers, throughout training. Additional evidence of exceptional qualifications is required, which may include one of the following: (a) participation in additional clinical or research training in the specialty or subspecialty; (b) demonstrated scholarship in the specialty or subspecialty; (c) demonstrated leadership during or after residency training; (d) completion of an ACGME-International-accredited residency program.**

- III.A.3. The Review Committee for Otolaryngology does not allow exceptions to the Eligibility Requirements for Fellowship Programs in Section III.A. <sup>(Core)</sup>

**III.B. Number of Fellows**

The program's educational resources must be adequate to support the number of fellows appointed to the program. <sup>(Core)</sup>

- III.B.1. The program director may not appoint more fellows than approved by the Review Committee, unless otherwise stated in the specialty-

**specific requirements.** <sup>(Core)</sup>

III.C. Other Learners

The presence of other learners, including otolaryngology residents, residents from other specialties, unaccredited pediatric otolaryngology fellows, other subspecialty fellows, PhD students, and nurse practitioners, must not interfere with the appointed fellows' education. <sup>(Core)</sup>

IV. Educational Program

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

IV.A.1. **Skills and competencies the fellow will be able to demonstrate at the conclusion of the program. The program must distribute these skills and competencies to fellows and faculty at least annually, in either written or electronic form.** <sup>(Core)</sup>

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

**The program must integrate the following ACGME competencies into the curriculum:** <sup>(Core)</sup>

IV.A.2.a) **Patient Care and Procedural Skills**

IV.A.2.a).(1) **Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.** <sup>(Outcome)</sup>

IV.A.2.a).(2) **Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Fellows:** <sup>(Outcome)</sup>

must demonstrate competence in:

IV.A.2.a).(2).(a) evaluating neonates, infants, children, and adolescents 18 years and younger with congenital abnormalities, infectious and inflammatory disorders, and inherited and acquired conditions of the head and neck, including hearing loss and other communication impairments; <sup>(Outcome)</sup>

IV.A.2.a).(2).(b) diagnosing and managing the medical and surgical treatment of the aerodigestive tract, ear, nose, sinus, throat, voice and speech, and head and neck and disorders of neonates, infants, children, and adolescents 18 years and younger; and, <sup>(Outcome)</sup>

IV.A.2.a).(2).(c) performing procedures in the following domains

with an emphasis on neonates, infants, children younger than three years of age, and children and adolescents with significant co-morbidities as defined by American Society of Anesthesiology (ASA) status: (Outcome)

- IV.A.2.a).(2).(c).(i) closed and open airways; (Outcome)
- IV.A.2.a).(2).(c).(ii) congenital anomalies; (Outcome)
- IV.A.2.a).(2).(c).(iii) endoscopic airways; (Outcome)
- IV.A.2.a).(2).(c).(iv) facial plastics; (Outcome)
- IV.A.2.a).(2).(c).(v) facial trauma; (Outcome)
- IV.A.2.a).(2).(c).(vi) head and neck surgery; (Outcome)
- IV.A.2.a).(2).(c).(vii) otology; (Outcome)
- IV.A.2.a).(2).(c).(viii) rhinology; and, (Outcome)
- IV.A.2.a).(2).(c).(ix) complex and uncommon pediatric procedures infrequently encountered in the general practice of otolaryngology. (Outcome)
- IV.A.2.a).(3) Fellows must document surgical experience as assistant surgeon, surgeon, and resident supervisor in the ACGME Case Log System, recording patient age and ASA classification for each documented case. (Core)

#### **IV.A.2.b) Medical Knowledge**

**Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows:** (Outcome)

- IV.A.2.b).(1) must demonstrate proficiency in their knowledge of medical and surgical management of neonatal, infant, childhood, and adolescent diseases of the head and neck to a level appropriate for unsupervised practice as defined by the didactic curriculum. (Outcome)

#### **IV.A.2.c) Practice-based Learning and Improvement**

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

- IV.A.2.c).(1) **systematically analyze practice using quality improvement methods, and implement changes with**

**the goal of practice improvement; and,** <sup>(Outcome)</sup>

**IV.A.2.c).(2)**

**locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.** <sup>(Outcome)</sup>

**IV.A.2.d)**

**Interpersonal and Communication Skills**

**Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.** <sup>(Outcome)</sup>

**IV.A.2.e)**

**Professionalism**

**Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.** <sup>(Outcome)</sup>

**IV.A.2.e).(1)**

Fellows must demonstrate competence in advocating for quality patient care when facilitating patient management in the home, school, or institutional setting. <sup>(Outcome)</sup>

**IV.A.2.f)**

**Systems-based Practice**

**Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.** <sup>(Outcome)</sup>

**IV.A.3.**

**Curriculum Organization and Fellow Experiences**

**IV.A.3.a)**

The didactic curriculum must include basic science, clinical, and research conferences and seminars, as well as journal club activities pertaining to pediatric otolaryngology. <sup>(Core)</sup>

**IV.A.3.a).(1)**

Didactic topics must include:

**IV.A.3.a).(1).(a)**

developmental anatomy and physiology, embryology, microbiology, oncology, and psychology of the infant and child as related to the head and neck; <sup>(Detail)</sup>

**IV.A.3.a).(1).(b)**

diagnosis and care of uncommon and complex congenital and acquired conditions involving the aerodigestive tract, nose and paranasal sinuses, and ear, as well as diseases and disorders of the laryngotracheal complex and the head and neck; <sup>(Detail)</sup>

**IV.A.3.a).(1).(c)**

diagnosis, treatment, and management of

childhood disorders of hearing, language, speech, and voice; and, <sup>(Detail)</sup>

IV.A.3.a).(1).(d)

genetics. <sup>(Detail)</sup>

IV.A.3.a).(2)

Quality improvement conferences must take place at least quarterly. <sup>(Detail)</sup>

IV.A.3.a).(3)

Fellows must participate in planning and conducting conferences. <sup>(Detail)</sup>

IV.A.3.a).(4)

Both faculty members and fellows must attend and participate in multidisciplinary conferences. <sup>(Detail)</sup>

IV.A.3.a).(5)

Faculty and fellow attendance at conferences must be documented. <sup>(Detail)</sup>

IV.A.3.b)

Fellows' clinical experiences must include:

IV.A.3.b).(1)

participation in a multispecialty, interdisciplinary team to manage and treat conditions for at least three of the following: cochlear implant, craniofacial disorders, tumors, or vascular anomalies; and, <sup>(Core)</sup>

IV.A.3.b).(2)

attendance at a minimum of four clinic sessions per month. <sup>(Detail)</sup>

## **IV.B. Fellows' Scholarly Activities**

IV.B.1.

Fellows' scholarly activity initiated or completed during the program, including scientific study, production of review articles or chapters, or creation of online educational activities, must be documented. <sup>(Outcome)</sup>

## **V. Evaluation**

### **V.A. Fellow Evaluation**

**V.A.1.**

**The program director must appoint the Clinical Competency Committee.** <sup>(Core)</sup>

**V.A.1.a)**

**At a minimum the Clinical Competency Committee must be composed of three members of the program faculty.** <sup>(Core)</sup>

**V.A.1.a).(1)**

**The program director may appoint additional members of the Clinical Competency Committee.**

**V.A.1.a).(1).(a)**

**These additional members must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience**

with the program's fellows in patient care and other health care settings. <sup>(Core)</sup>

V.A.1.a).(1).(b)

Chief residents who have completed core residency programs in their specialty and are eligible for specialty board certification may be members of the Clinical Competency Committee. <sup>(Core)</sup>

V.A.1.b)

There must be a written description of the responsibilities of the Clinical Competency Committee. <sup>(Core)</sup>

V.A.1.b).(1)

The Clinical Competency Committee should:

V.A.1.b).(1).(a)

review all fellow evaluations semi-annually; <sup>(Core)</sup>

V.A.1.b).(1).(b)

prepare and ensure the reporting of Milestones evaluations of each fellow semi-annually to ACGME; and, <sup>(Core)</sup>

V.A.1.b).(1).(c)

advise the program director regarding fellow progress, including promotion, remediation, and dismissal. <sup>(Detail)</sup>

V.A.2.

#### Formative Evaluation

V.A.2.a)

The faculty must evaluate fellow performance in a timely manner. <sup>(Core)</sup>

V.A.2.b)

The program must:

V.A.2.b).(1)

provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones; <sup>(Core)</sup>

V.A.2.b).(2)

use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff); and, <sup>(Detail)</sup>

V.A.2.b).(3)

provide each fellow with documented semiannual evaluation of performance with feedback. <sup>(Core)</sup>

V.A.2.c)

The evaluations of fellow performance must be accessible for review by the fellow, in accordance with institutional policy. <sup>(Detail)</sup>

V.A.2.d)

The program director must meet with each fellow in person to review his or her cumulative operative experience and Case Log data at least semiannually to ensure balanced progress towards

achieving experience with a variety and complexity of surgical procedures. <sup>(Core)</sup>

**V.A.3. Summative Evaluation**

**V.A.3.a) The specialty-specific Milestones must be used as one of the tools to ensure fellows are able to practice core professional activities without supervision upon completion of the program. <sup>(Core)</sup>**

**V.A.3.b) The program director must provide a summative evaluation for each fellow upon completion of the program. <sup>(Core)</sup>**

**This evaluation must:**

**V.A.3.b).(1) become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; <sup>(Detail)</sup>**

**V.A.3.b).(2) document the fellow's performance during their education; and, <sup>(Detail)</sup>**

**V.A.3.b).(3) verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision. <sup>(Detail)</sup>**

**V.B. Faculty Evaluation**

**V.B.1. At least annually, the program must evaluate faculty performance as it relates to the educational program. <sup>(Core)</sup>**

**V.B.2. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. <sup>(Detail)</sup>**

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

**V.C.1. The program director must appoint the Program Evaluation Committee (PEC). <sup>(Core)</sup>**

**V.C.1.a) The Program Evaluation Committee:**

**V.C.1.a).(1) must be composed of at least two program faculty members and should include at least one fellow; <sup>(Core)</sup>**

**V.C.1.a).(2) must have a written description of its responsibilities; and, <sup>(Core)</sup>**

**V.C.1.a).(3) should participate actively in:**

- V.C.1.a).(3).(a) **planning, developing, implementing, and evaluating educational activities of the program;** <sup>(Detail)</sup>
- V.C.1.a).(3).(b) **reviewing and making recommendations for revision of competency-based curriculum goals and objectives;** <sup>(Detail)</sup>
- V.C.1.a).(3).(c) **addressing areas of non-compliance with ACGME standards; and,** <sup>(Detail)</sup>
- V.C.1.a).(3).(d) **reviewing the program annually using evaluations of faculty, fellows, and others, as specified below.** <sup>(Detail)</sup>
- V.C.2. **The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation.** <sup>(Core)</sup>
- The program must monitor and track each of the following areas:**
- V.C.2.a) **fellow performance;** <sup>(Core)</sup>
- V.C.2.b) **faculty development; and,** <sup>(Core)</sup>
- V.C.2.c) **progress on the previous year’s action plan(s).** <sup>(Core)</sup>
- V.C.3. **The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section V.C.2., as well as delineate how they will be measured and monitored.** <sup>(Core)</sup>
- V.C.3.a) **The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.** <sup>(Detail)</sup>
- V.C.4. **The faculty must meet at least annually to review program goals and objectives and program effectiveness in achieving them. At least one fellow should participate in these reviews.** <sup>(Detail)</sup>

## VI. The Learning and Working Environment

***Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:***

- ***Excellence in the safety and quality of care rendered to patients by fellows today***
- ***Excellence in the safety and quality of care rendered to patients by today’s fellows in their future practice***
- ***Excellence in professionalism through faculty modeling of:***

- *the effacement of self-interest in a humanistic environment that supports the professional development of physicians*
- *the joy of curiosity, problem-solving, intellectual rigor, and discovery*
- *Commitment to the well-being of the students, residents/fellows, faculty members, and all members of the health care team*

**VI.A. Patient Safety, Quality Improvement, Supervision, and Accountability**

**VI.A.1. Patient Safety and Quality Improvement**

*All physicians share responsibility for promoting patient safety and enhancing quality of patient care. Graduate medical education must prepare fellows to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by fellows who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care.*

*Fellows must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating fellows will apply these skills to critique their future unsupervised practice and effect quality improvement measures.*

*It is necessary for fellows and faculty members to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.*

**VI.A.1.a) Patient Safety**

**VI.A.1.a).(1) Culture of Safety**

*A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.*

**VI.A.1.a).(1).(a)** The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.  
(Core)

**VI.A.1.a).(1).(b)** The program must have a structure that promotes safe, interprofessional, team-based

care. <sup>(Core)</sup>

VI.A.1.a).(2)

### Education on Patient Safety

Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques. <sup>(Core)</sup>

VI.A.1.a).(3)

### Patient Safety Events

*Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.*

VI.A.1.a).(3).(a)

Residents, fellows, faculty members, and other clinical staff members must:

VI.A.1.a).(3).(a).(i)

know their responsibilities in reporting patient safety events at the clinical site; <sup>(Core)</sup>

VI.A.1.a).(3).(a).(ii)

know how to report patient safety events, including near misses, at the clinical site; and, <sup>(Core)</sup>

VI.A.1.a).(3).(a).(iii)

be provided with summary information of their institution's patient safety reports. <sup>(Core)</sup>

VI.A.1.a).(3).(b)

Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. <sup>(Core)</sup>

VI.A.1.a).(4)

### Fellow Education and Experience in Disclosure of Adverse Events

*Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for faculty physicians to model, and for fellows to develop and apply.*

- VI.A.1.a).(4).(a) All fellows must receive training in how to disclose adverse events to patients and families. <sup>(Core)</sup>
- VI.A.1.a).(4).(b) Fellows should have the opportunity to participate in the disclosure of patient safety events, real or simulated. <sup>(Detail)</sup>
- VI.A.1.b) Quality Improvement
- VI.A.1.b).(1) Education in Quality Improvement
- A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals.*
- VI.A.1.b).(1).(a) Fellows must receive training and experience in quality improvement processes, including an understanding of health care disparities. <sup>(Core)</sup>
- VI.A.1.b).(2) Quality Metrics
- Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.*
- VI.A.1.b).(2).(a) Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. <sup>(Core)</sup>
- VI.A.1.b).(3) Engagement in Quality Improvement Activities
- Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.*
- VI.A.1.b).(3).(a) Fellows must have the opportunity to participate in interprofessional quality improvement activities. <sup>(Core)</sup>
- VI.A.1.b).(3).(a).(i) This should include activities aimed at reducing health care disparities. <sup>(Detail)</sup>
- VI.A.2. Supervision and Accountability
- VI.A.2.a) *Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate,*

***and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.***

***Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.***

- VI.A.2.a).(1)** Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care. (Core)
- VI.A.2.a).(1).(a)** This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)
- VI.A.2.a).(1).(b)** Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)
- VI.A.2.b)** ***Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced fellow. Other portions of care provided by the fellow can be adequately supervised by the immediate availability of the supervising faculty member or fellow physician, either on site or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback.***
- VI.A.2.b).(1)** The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)
- VI.A.2.c)** **Levels of Supervision**
- To promote oversight of fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: (Core)
- VI.A.2.c).(1)** **Direct Supervision – the supervising physician is physically present with the fellow and patient.** (Core)

- VI.A.2.c).(2)** **Indirect Supervision:**
- VI.A.2.c).(2).(a)** **with Direct Supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision. (Core)**
- VI.A.2.c).(2).(b)** **with Direct Supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision. (Core)**
- VI.A.2.c).(3)** **Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. (Core)**
- VI.A.2.d)** **The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)**
- VI.A.2.d).(1)** **The program director must evaluate each fellow’s abilities based on specific criteria, guided by the Milestones. (Core)**
- VI.A.2.d).(2)** **Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)**
- VI.A.2.d).(3)** **Fellows should serve in a supervisory role to residents or junior fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)**
- VI.A.2.e)** **Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)**
- VI.A.2.e).(1)** **Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)**
- VI.A.2.f)** **Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow**

and to delegate to the fellow the appropriate level of patient care authority and responsibility. <sup>(Core)</sup>

**VI.B. Professionalism**

**VI.B.1. Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients. <sup>(Core)</sup>**

**VI.B.2. The learning objectives of the program must:**

**VI.B.2.a) be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; <sup>(Core)</sup>**

**VI.B.2.b) be accomplished without excessive reliance on fellows to fulfill non-physician obligations; and, <sup>(Core)</sup>**

**VI.B.2.c) ensure manageable patient care responsibilities. <sup>(Core)</sup>**

**VI.B.3. The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. <sup>(Core)</sup>**

**VI.B.4. Fellows and faculty members must demonstrate an understanding of their personal role in the:**

**VI.B.4.a) provision of patient- and family-centered care; <sup>(Outcome)</sup>**

**VI.B.4.b) safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events; <sup>(Outcome)</sup>**

**VI.B.4.c) assurance of their fitness for work, including: <sup>(Outcome)</sup>**

**VI.B.4.c).(1) management of their time before, during, and after clinical assignments; and, <sup>(Outcome)</sup>**

**VI.B.4.c).(2) recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team. <sup>(Outcome)</sup>**

**VI.B.4.d) commitment to lifelong learning; <sup>(Outcome)</sup>**

**VI.B.4.e) monitoring of their patient care performance improvement indicators; and, <sup>(Outcome)</sup>**

**VI.B.4.f) accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data. <sup>(Outcome)</sup>**

**VI.B.5.** All fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. <sup>(Outcome)</sup>

**VI.B.6.** Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents/fellows, faculty, and staff. Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. <sup>(Core)</sup>

**VI.C. Well-Being**

*In the current health care environment, fellows and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of fellowship training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of fellow competence.*

**VI.C.1.** This responsibility must include:

**VI.C.1.a)** efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships; <sup>(Core)</sup>

**VI.C.1.b)** attention to scheduling, work intensity, and work compression that impacts fellow well-being; <sup>(Core)</sup>

**VI.C.1.c)** evaluating workplace safety data and addressing the safety of fellows and faculty members; <sup>(Core)</sup>

**VI.C.1.d)** policies and programs that encourage optimal fellow and faculty member well-being; and, <sup>(Core)</sup>

**VI.C.1.d).(1)** Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. <sup>(Core)</sup>

**VI.C.1.e)** attention to fellow and faculty member burnout, depression, and substance abuse. The program, in partnership with its

**Sponsoring Institution, must educate faculty members and fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Fellows and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must:** <sup>(Core)</sup>

- VI.C.1.e).(1)** encourage fellows and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence; <sup>(Core)</sup>
- VI.C.1.e).(2)** provide access to appropriate tools for self-screening; and, <sup>(Core)</sup>
- VI.C.1.e).(3)** provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. <sup>(Core)</sup>

**VI.C.2.** There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a fellow may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the fellow who is unable to provide the clinical work. <sup>(Core)</sup>

**VI.D. Fatigue Mitigation**

**VI.D.1. Programs must:**

- VI.D.1.a)** educate all faculty members and fellows to recognize the signs of fatigue and sleep deprivation; <sup>(Core)</sup>
- VI.D.1.b)** educate all faculty members and fellows in alertness management and fatigue mitigation processes; and, <sup>(Core)</sup>
- VI.D.1.c)** encourage fellows to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. <sup>(Detail)</sup>

**VI.D.2.** Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2, in the event that a fellow may be unable to perform their patient care responsibilities due to excessive fatigue. <sup>(Core)</sup>

**VI.D.3. The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)**

**VI.E. Clinical Responsibilities, Teamwork, and Transitions of Care**

**VI.E.1. Clinical Responsibilities**

**The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)**

VI.E.1.a) The workload associated with optimal clinical care of surgical patients is a continuum from the moment of admission to the point of discharge. (Detail)

VI.E.1.b) During the fellowship education process, surgical teams should be made up of attending surgeons, fellows, residents at various PGY levels, medical students (when appropriate), and other health care providers. (Detail)

VI.E.1.c) The work of the caregiver team should be assigned to team members based on each individual's level of education, experience, and competence. (Detail)

**VI.E.2. Teamwork**

**Fellows must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system. (Core)**

VI.E.2.a) Effective surgical practices entail the involvement of members with a mix of complementary skills and attributes (physicians, nurses, and other staff). Success requires both an unwavering mutual respect for those skills and contributions, and a shared commitment to the process of patient care. (Detail)

VI.E.2.b) Fellows must collaborate with fellow surgical residents, and with especially faculty, other physicians outside of their specialty, and non-traditional health care providers to best formulate treatment plans for an increasingly diverse patient population. (Detail)

VI.E.2.c) Fellows must assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. These tasks must be completed within the hours assigned, or, if that is not possible, fellows must learn and utilize the established methods for handing off remaining tasks to another member of the fellow team so that patient care is not compromised. (Detail)

VI.E.2.d) Lines of authority should be defined by programs, and all fellows must have a working knowledge of expected reporting relationships to maximize quality care and patient safety. <sup>(Detail)</sup>

### **VI.E.3. Transitions of Care**

VI.E.3.a) **Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.** <sup>(Core)</sup>

VI.E.3.b) **Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.** <sup>(Core)</sup>

VI.E.3.c) **Programs must ensure that fellows are competent in communicating with team members in the hand-over process.** <sup>(Outcome)</sup>

VI.E.3.d) **Programs and clinical sites must maintain and communicate schedules of attending physicians and fellows currently responsible for care.** <sup>(Core)</sup>

VI.E.3.e) **Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2, in the event that a fellow may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.** <sup>(Core)</sup>

### **VI.F. Clinical Experience and Education**

*Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.*

#### **VI.F.1. Maximum Hours of Clinical and Educational Work per Week**

**Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.** <sup>(Core)</sup>

#### **VI.F.2. Mandatory Time Free of Clinical Work and Education**

VI.F.2.a) **The program must design an effective program structure that is configured to provide fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being.** <sup>(Core)</sup>

- VI.F.2.b)** Fellows should have eight hours off between scheduled clinical work and education periods. <sup>(Detail)</sup>
- VI.F.2.b).(1)** There may be circumstances when fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. <sup>(Detail)</sup>
- VI.F.2.c)** Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. <sup>(Core)</sup>
- VI.F.2.d)** Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. <sup>(Core)</sup>
- VI.F.3.** **Maximum Clinical Work and Education Period Length**
- VI.F.3.a)** Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. <sup>(Core)</sup>
- VI.F.3.a).(1)** Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. <sup>(Core)</sup>
- VI.F.3.a).(1).(a)** Additional patient care responsibilities must not be assigned to a fellow during this time. <sup>(Core)</sup>
- VI.F.4.** **Clinical and Educational Work Hour Exceptions**
- VI.F.4.a)** In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
- VI.F.4.a).(1)** to continue to provide care to a single severely ill or unstable patient; <sup>(Detail)</sup>
- VI.F.4.a).(2)** humanistic attention to the needs of a patient or family; or, <sup>(Detail)</sup>
- VI.F.4.a).(3)** to attend unique educational events. <sup>(Detail)</sup>
- VI.F.4.b)** These additional hours of care or education will be counted toward the 80-hour weekly limit. <sup>(Detail)</sup>
- VI.F.4.c)** A Review Committee may grant rotation-specific exceptions

for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.

The Review Committee for Otolaryngology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.

**VI.F.4.c).(1)** In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the *ACGME Manual of Policies and Procedures*. <sup>(Core)</sup>

**VI.F.4.c).(2)** Prior to submitting the request to the Review Committee, the program director must obtain approval from the Sponsoring Institution's GMEC and DIO. <sup>(Core)</sup>

**VI.F.5. Moonlighting**

**VI.F.5.a)** Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. <sup>(Core)</sup>

**VI.F.5.b)** Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. <sup>(Core)</sup>

**VI.F.6. In-House Night Float**

**Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.** <sup>(Core)</sup>

**VI.F.6.a)** The Review Committee for Otolaryngology will not permit night float.

**VI.F.7. Maximum In-House On-Call Frequency**

**Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).** <sup>(Core)</sup>

**VI.F.8. At-Home Call**

**VI.F.8.a)** Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. <sup>(Core)</sup>

**VI.F.8.a).(1)** At-home call must not be so frequent or taxing as to

**preclude rest or reasonable personal time for each fellow.** <sup>(Core)</sup>

**VI.F.8.b)**

**Fellows are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.** <sup>(Detail)</sup>

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**\*Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

**Detail Requirements:** Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

**Outcome Requirements:** Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

### **Osteopathic Recognition**

For programs seeking Osteopathic Recognition for the entire program, or for a track within the program, the Osteopathic Recognition Requirements are also applicable.

[http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/Osteopathic\\_Recognition\\_Requirements.pdf](http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/Osteopathic_Recognition_Requirements.pdf)