

## **GOALS AND OBJECTIVES**

The goals of the Division of Otolaryngology – Head and Neck Surgery are:

1. To provide the highest-quality patient care
2. To provide comprehensive education of residents and medical students in the field of Otolaryngology – Head and Neck Surgery
3. To promote the advancement of the field of Otolaryngology – Head and Neck Surgery through research activities

### **General Competencies for Otolaryngology**

1. Patient Care. Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:
  - a. Appropriately evaluate and treat a patient in person rather than try to manage the patient over the phone.
  - b. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
  - c. Gather essential and accurate information about their patients.
  - d. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
  - e. Develop and carry out patient management plans.
  - f. Counsel and educate patients and their families.
  - g. Use information technology to support patient care decisions and patient education.
  - h. Perform competently all medical and invasive procedures considered essential for the area of practice. The level of surgical skill should be appropriate for the level of training.
  - i. Provide health care services aimed at preventing health problems or maintaining health.
  - j. Work with health care professionals, including those from other disciplines, to provide patient-focused care.
  - k. Have a thorough knowledge of any patient they plan to operate on and prepare for the surgery with an adequate review of the medical literature.
2. Medical knowledge. Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) sciences and the application of the knowledge to patient care. Residents are expected to:
  - a. Demonstrate an investigatory and analytic thinking approach to clinical situations.
  - b. Know and apply the basic and clinically supportive sciences that are appropriate to their discipline.
  - c. Have a thorough knowledge of the anatomy and physiology of the head and neck.
  - d. Attend all required conferences
  - e. Tuesday morning conferences
  - f. Wednesday morning conferences
  - g. Friday morning conferences
  - h. Temporal bone dissection course
  - i. Head and Neck dissection course
  - j. Journal Club
  - k. Have a thorough knowledge of the planned surgical technique and relevant anatomy before going to the operating room.

3. Interpersonal and communication skills. Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates. Residents are expected to:
  - a. Create and sustain a therapeutic and ethically sound relationship with patients.
  - b. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and written skills.
  - c. Work effectively with others as a member or leader of a health care team or other professional group.
  - d. When on call, communicate to the appropriate supervisor, based on the established hierarchy.
4. Professionalism. Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:
  - a. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and ongoing professional development.
  - b. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
  - c. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
5. Practice-based learning and improvement. Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:
  - a. Analyze practice experience and perform practice-based improvement activities using a systematic methodology.
  - b. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
  - c. Obtain and use information about their population of patients and the larger population from which their patients are drawn.
  - d. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
  - e. Use information technology to manage information, access online medical information, and support own education.
  - f. Facilitate the learning of students and other health care professionals.
6. System-based practice. Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:
  - a. Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice.
  - b. Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
  - c. Practice cost-effective health care and resource allocation that does not compromise quality of care.
  - d. Advocate for quality patient care and assist patients in dealing with system complexities; know how to partner with health care managers and health care providers to assess, coordinate, and improve health care; and know how these activities can affect system performance.

## **Common Goals and Objectives for all Residents**

1. Meet the training requirements for their year.
  - a. Familiarize themselves with this handbook and ancillary training materials.
  - b. Communicate frequently with attendings and senior residents so that informal requirements are understood and addressed.
  - c. Make suggestions for clarification when training requirements are unclear.
  - d. Perform regular self-evaluation to assess one's own performance and develop plans for improvement.
2. Fulfill clinical assignments.
  - a. Be on time and be prepared.
  - b. Recognize the value of time spent in outpatient and consult services and on-call in preparing for a career as an otolaryngologist.
  - c. Work as a team member to support other residents' education and training opportunities.
  - d. Dress and groom appropriately to convey professionalism to patients.
3. Teach and evaluate junior trainees and other residents.
  - a. Provide direction for reading resources.
  - b. Model the objective standards and expectations.
  - c. Determine students understanding of the objective prior to the trainee attempting it.
  - d. Provide feedback and correction during and after the performance of the objective.
  - e. Complete formal evaluation reports in a timely fashion.
  - f. Develop increasing competence in group presentations and lecturing skills.
4. Value lifelong learning as a necessary prerequisite to maintaining surgical knowledge and skill.
  - a. Actively participate in all division educational and conference activities.
  - b. Obtain an Otolaryngology Training Examination overall score of at least the 50<sup>th</sup> percentile for his/her level (R2-5 only).
  - c. Develop increasing competence in critical review of literature through independent reading, and participation in journal club and home study course.
  - d. Demonstrate competence in research skills and understanding of the methods of scientific investigation through preparation of a Utah Otolaryngology Update research presentation, participation in Resident Research Committee Conference, and attendance at Utah Society of Otolaryngology meetings.

## **R2 Overall Goals and Objectives**

The goals of the second year are to:

1. Become competent in the assessment and care of the OTOHNS patient, especially in the determination of need for emergent/urgent otolaryngologic intervention
2. Concentrate on the foundation of basic science knowledge integral to otolaryngology diseases
3. Develop basic surgical techniques under close supervision and perform procedures appropriate for his/her technical level
4. Continue to learn the methods of scientific investigation and critical review of scientific literature.

The objectives of the second year are to demonstrate:

1. Competence in the otolaryngology history and physical exam in both the pediatric and adult patient, especially focusing on the otology, rhinology, allergy, pediatric otolaryngology and laryngology patient
2. Competence in the use of diagnostic clinic instrumentation, including head mirror, otologic microscope, nasal endoscopes, flexible fiberoptic laryngoscopy, and biopsy instrumentation
3. Development of clinical presentation skills of patients
4. Competence in the preoperative evaluation and medical clearance of the surgical patient, including obtaining appropriate preoperative testing, consultations and informed consent
5. Competence in the intra-operative preparation of the patient for otolaryngology surgical procedures (i.e., positioning, surgical prepping, pharmacologic prophylaxis, premedication)
6. Development of skills for intensive care unit and ward unit care of the postoperative patient
7. Competence and understanding of head and neck wound care (i.e., debridement, dressing techniques, drainage procedures)
8. Ability to assist in the assessment of emergency department and inpatient consultations (i.e., airway, bleeding, trauma, infection) to develop competence in the diagnosis of otolaryngology disease at its initial and acute presentation and determining which patients need emergent/urgent otolaryngologic intervention
9. Development of competence in the risks and indications for surgical intervention, including knowledge of the alternative treatments important in obtaining informed consent
10. Competence in the prevention, diagnosis and treatment of common areas of otolaryngology disease (i.e., epistaxis, sinusitis, otitis media) through clinical experience, educational conferences and textbook and journal readings
11. Competence in basic emergent procedures, especially those related to airway and bleeding
12. Development of basic soft tissue surgical techniques, starting with simple repairs and progressing ultimately to small excisions with local flap repairs
13. Competence in fundamental inpatient/outpatient procedures (i.e., tracheotomy tube changes, drain removals, dressing changes, nasal packing)
14. Competence in basic operative procedures (i.e., tonsillectomy, adenoidectomy, myringotomy with tube, peritonsillar abscess drainage, laceration repair) progressing to more complex procedures as resident develops (i.e., septoplasty, panendoscopy with biopsies, tracheotomy, laser procedures, airway foreign body removals, cervical node biopsies, skin grafts)
15. Familiarization with otolaryngology surgical equipment and instrumentation
16. Familiarization in the recognition and treatment of operative complications
17. Development of basic teaching skills through clinical interactions with medical students, nursing staff, and R1 residents, especially in the clinic and inpatient ICU and ward
18. Developing skills in research design through faculty-mentored preparation of a research project for the R3 Research Rotation

### **R3 Overall Goals and Objectives**

The goals of the third year are to:

1. Increase their competence in the basic evaluation and care of the otolaryngology patient, especially in terms of the diagnosis of otolaryngology disease
2. Build upon on the foundation of basic science knowledge integral to otolaryngology disease and then progress into more detailed education of common disorders.
3. Develop basic surgical techniques and perform progressively more advanced procedures appropriate for his/her technical development, while being challenged with even more advanced procedures through first assistantship in major operations
4. Strengthen teaching skills through close interactions with R1 and R2 residents and medical students
5. Learn firsthand, through an organized mentored research project, the methods of scientific investigation and critical review of scientific literature

The objectives of the third year are to demonstrate:

1. Competence in the otolaryngology history and physical exam in both the pediatric and adult patient
2. Developing skills of diagnosing common disorders and developing initial medical treatment plans
3. Competence in more advanced diagnostic procedures (i.e., laryngeal videostroboscopy)
4. Understanding of the basic otolaryngologic allergy evaluation and treatment
5. Competence in the preoperative evaluation and medical clearance of the surgical patient, including obtaining appropriate preoperative testing, consultations and informed consent
6. Competence in the intensive care unit and ward unit care of the postoperative patient
7. Competence in more detailed knowledge of common areas of sub-specialty otolaryngology disease through clinical experience, educational conferences and textbook and journal readings
8. Competence in more advanced emergent procedures, especially those related to airway and bleeding
9. Competence in soft tissue surgical techniques
10. Competence in increasingly more complex inpatient/outpatient procedures (i.e., ear or nasal foreign body removals, myringotomy with tube under local anesthesia)
11. Competence in increasingly more complex operative procedures (i.e., laser procedures, airway foreign body removals) progressing to more advanced procedures as resident develops (i.e., sleep apnea surgery, simple head and neck surgery, simple trauma surgery)
12. Developing understanding of tertiary surgical procedures through first assisting in the Operating Room
13. Advanced familiarization with otolaryngology surgical equipment and instrumentation
14. Development of competence in the recognition and treatment of operative complications
15. Continued development of teaching skills through clinical interactions with more junior residents and medical students, predominately in the outpatient clinic and inpatient ICU and ward, but with increasing teaching experience in operative teaching
16. Competence in developing a research plan, applying methods of scientific investigation and interpreting and presenting research results through faculty-mentored research rotation project
17. Competence in research project presentation at local/regional/national OTOHNS conferences and publication in peer-reviewed journals

## **R4 Overall Goals and Objectives**

The goals of the fourth year are to:

1. Develop competence in the diagnosis and treatment of the tertiary care patient, emphasizing the patient with advanced, complicated and/or recurrent disease
2. Develop organizational skills in acting as chief resident of the VAMC team.
3. Become competent in general OTOHNS knowledge and to build upon on this foundation of basic knowledge with detailed study into OTOHNS subspecialty areas
4. Begin to develop advanced surgical techniques by performing progressively more advanced procedures appropriate for his/her technical development
5. Strengthen their teaching skills through close interactions with both junior residents and medical students
6. Continue to learn the methods of scientific investigation and critical review of scientific literature

The objectives of the fourth year are to demonstrate:

1. Developing competence in the diagnosis of the tertiary care patient with advanced and/or recurrent disease
2. Developing competence in the formulation of a treatment plan for the tertiary care patient
3. Advanced competence in the intensive care unit and ward unit care of the postoperative patient with further organizational experience as chief resident of the VAMC team.
4. Understand the infrastructure for care of patients (administrative, clerical, clinical).
5. Advanced competence in recognition of surgical complications and their treatments
6. Advanced competence of leadership skills in emergency department and inpatient consultation services
7. Advanced competence in the risks and indications for surgical intervention, including knowledge of the alternative treatments important in obtaining informed consent
8. Advanced competence in the general knowledge base with further refinements gained through the teaching of junior residents and medical students
9. Development of competence in more in-depth knowledge of sub-specialty areas of otolaryngology disease through clinical experience, educational conferences and textbook and journal readings
10. Developing competence in tertiary surgical procedures as primary surgeon
11. Advanced competence with otolaryngologic surgical equipment and instrumentation
12. Advanced competence in the recognition and treatment of operative complications
13. Continued development of teaching skills through clinical interactions with more junior residents and medical students
14. Development of advanced clinical teaching skills through guiding junior residents through simpler surgical procedures
15. Competence in research project presentation at local/regional/national OTOHNS conferences and publication in peer-reviewed journals

## **R5 Overall Goals and Objectives**

The goals of the fifth year are to:

1. Become competent in the diagnosis and management of the tertiary care patient, emphasizing Chief Resident leadership skills in the overall multidisciplinary management of each service
2. Continue to build upon on his/her foundation of general knowledge with further in-depth study into subspecialty areas
3. Become competent in advanced surgical techniques by performing progressively more advanced procedures appropriate for his/her technical development
4. Become competent in teaching skills through continuous interactions with junior residents and medical students as Chief Resident
5. Become competent in the methods of scientific investigation, critical review of scientific literature, and the research process from conceptual plan to manuscript publication

The objectives of the fifth year are to demonstrate:

1. Mastery in the diagnosis of the tertiary care patient with advanced, complicated and/or recurrent disease
2. Mastery in the discussion of treatment alternatives and formulation of a management plan for the tertiary care patient
3. Competence in the Chief Resident leadership role of the multidisciplinary intensive care unit and ward unit care of the postoperative otolaryngology service
4. Mastery in recognition of surgical complications and their treatments
5. Mastery of leadership skills in emergency department and inpatient consultation services
6. Developing sense of personal clinical limitations given increased awareness of treatment options, mentor feedback and awareness of personal abilities
7. Mastery in the general otolaryngology knowledge base with further refinements gained through the teaching of junior residents and medical students
8. Competence in in-depth knowledge of otolaryngology sub-specialties
9. Competence and understanding of audiologic and vestibular diagnostic testing
10. Mastery of soft and hard tissue surgical techniques
11. Mastery of advanced inpatient/outpatient procedures
12. Mastery of tertiary care surgical procedures as primary surgeon and development of competence in post-graduate level surgical procedures
13. Mastery of otolaryngologic surgical equipment and instrumentation
14. Mastery of teaching skills through clinical interactions with junior residents and medical students, emphasizing learning via surgical supervision of junior residents during simpler OTOHNS surgical procedures
15. Competence in Chief Resident managerial and administrative skills in directing the OTOHNS Team
16. Mastery of the methods of scientific investigation with experience in the research process from research plan to national presentation and manuscript publication

## **Other Common Performance Requirements**

1. Residents will demonstrate honesty, integrity, and respect in his/her interpersonal interactions.
2. Residents will attempt to resolve interpersonal conflicts in the medical setting as they arise.
3. Residents must be free of the effects of alcohol and any unprescribed psychotropic drugs during work hours.
4. As a representative of the University of Utah School of Medicine, during normal duty hours and publicly during off hours, residents will uphold the moral and ethical standards expected of members of the medical profession.
5. Residents will treat information gained from parents, patients, and families as confidential, except where legal statutes take precedence (e.g., child abuse reporting).
6. Residents will seek professional help for emotional or physical problems that interfere with his/her ability to function as an effective Resident.
7. Residents will be present at assigned rotations during normal work hours. All absences must be approved by the chief resident, rotation director, and program director.
8. Residents will report to their supervisor (senior resident, chief resident, attending physician, or subspecialty/elective mentor) any practice by any member of the health care team that may violate acceptable medical practice or ethical standards.
9. Residents will participate in the evaluation component of the program, including the evaluation of rotations, faculty, and residents (including self-evaluations); meetings with the program director to discuss progress and performance; and overall program evaluation.
10. Tardiness, lack of preparation, and unexplained absences for conferences and meetings will not be tolerated.
11. Requests by the Program Director, Program Coordinator, or the Graduate Medical Education office will be responded to expeditiously and within the deadline given.
12. Residents will comply with all hospital, GME, RRC, and ABO requirements. This includes online HIPAA and SafetyCAT training, which must be completed by the due dates for each module.
13. All entries in the chart and orders will be date and time stamped.
14. Medical records will be completed in a timely fashion. All dictations will be performed within 24 hours and records will be signed weekly.
15. University e-mail accounts will be checked every other day. Text pages will be used for issues that require attention within 48 hours.
16. Resident Operative Experience Reports will be updated on a weekly basis.
17. Work hours will be reported on a weekly basis.
18. Pages will be returned within 10 minutes unless there are extenuating circumstances. On-call patient interactions, including the use of phone slips, will be documented in the medical record.
19. Senior residents will keep their beepers on at all times except if on vacation to allow faculty to contact residents in case patient information is required to facilitate continuity of care.
20. The resident who has responsibility for daily patient call backs will do these at 4:30pm, and will be released by faculty members from other clinical duties at this time in order to perform this duty.
21. Residents are not permitted to accept any patient in transfer. If an outside physician or an outside emergency room wishes to transfer a patient, this must be discussed with the attending physician on call.