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MISSION STATEMENT

Our Mission is to teach our residents how to deliver quality, culturally-sensitive patient care with disorders of the ears, nose, throat, head and neck while simultaneously fostering opportunities for innovative research and providing an exceptional medical education. Our department emphasizes patient education, compassionate care, clinical excellence, and the use of the most modern state of the art technologies available to treat the medical and surgical problems within our specialty. We provide tertiary-level care for complex problems in the head and neck. Our principles are personified in the ethical management of services that ensure our patients are cared for in a courteous and respectful manner. We serve the entire Southern Nevada community and surrounding areas to provide care to all, including the underserved. Our trainees continue to practice with these highest standards while becoming leaders and active contributors to our specialty.
Welcome to the UNLV School of Medicine, Department of Otolaryngology-Head & Neck Surgery. Your responsibilities incorporate your function as an otolaryngology resident within this residency program. Your schedules and service assignments will be made by the Program Director. On each service, you are expected to work under the direction of the service attending(s) and Chief Resident. You are expected to be available for all service obligations, such as daily rounds and operative procedures. When you are on-call, rest quarters are available to you.

There are libraries with computer access within the departmental office and a larger institutional library at UNLV School of Medicine. We expect you to make use of these facilities for your educational needs.

Your contractual relationship begins on July 1 of your initial year with the training program and ends the final week in June of your last year, as long as General Criteria is met. The duration of your training will be five years. The first six months of your otolaryngology training will be comprised of various rotations in surgical services (General Surgery, Neurosurgery, Plastic Surgery, Pediatric Surgery) and services that will enhance the surgical learning experience (Emergency Medicine, Anesthesia, and Surgical/Trauma Intensive Care). The latter six-months will be otolaryngology and designed to develop proficiency in basic surgical skills, general care of otolaryngology patients both in the inpatient setting and in the outpatient clinics, evaluation and management of otolaryngology patients in the emergency department, and cultivation of an otolaryngology knowledge base.

The second through fourth years of Otolaryngology training (PGY-2 to PGY-5) involve increasing responsibilities in the clinical and surgical arenas. A total of four months of research in the fourth year will supplement the Otolaryngology training experience. The fifth year culminates as Chief Resident of the Otolaryngology service at the various clinical sites.

The specific economic conditions are outlined in your standard contract. Included in this manual are the procedures for disciplinary action and the resident grievance procedures.

The various institutions’ quality assurance methods are available in the staff brochures that will be provided and should be read.
In addition to the contents in this Otolaryngology-Head & Neck Surgery Residency Program Handbook, each resident is required to review the UNLV School of Medicine Resident/Fellow Handbook (https://www.unlv.edu/medicine/gme/handbook) that serves as the official compendium of GME policies, which apply to the operation and function of the training programs.
## LIST OF FACULTY

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Department</th>
<th>Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert C. Wang, MD, FACS</td>
<td>Chair &amp; Professor</td>
<td>Department of Otolaryngology – Head &amp; Neck Surgery</td>
<td></td>
</tr>
<tr>
<td>Matthew Ng, MD, FACS</td>
<td>Vice Chair, Associate Professor</td>
<td>Department of Otolaryngology – Head &amp; Neck Surgery</td>
<td></td>
</tr>
<tr>
<td>Oluwafunmilola Okiyemi, MD, FACS</td>
<td>Assistant Professor</td>
<td>Department of Otolaryngology – Head &amp; Neck Surgery</td>
<td></td>
</tr>
<tr>
<td>Jo-Lawrence Bigcas, MD</td>
<td>Assistant Professor</td>
<td>Department of Otolaryngology – Head &amp; Neck Surgery</td>
<td></td>
</tr>
<tr>
<td>Alycia G. Spinner, MD</td>
<td>Assistant Professor</td>
<td>Department of Otolaryngology – Head &amp; Neck Surgery</td>
<td></td>
</tr>
<tr>
<td>Tina Elkins, MD</td>
<td>Assistant Professor</td>
<td>Department of Otolaryngology – Head &amp; Neck Surgery</td>
<td></td>
</tr>
<tr>
<td>Jennifer Cornejo, MA, CCC-A/FAAA</td>
<td>Director of Audiology</td>
<td>Department of Otolaryngology – Head &amp; Neck Surgery</td>
<td></td>
</tr>
<tr>
<td>Anja Carl, Au. D., CCC-A, FAAA</td>
<td>Audiologist</td>
<td>Department of Otolaryngology – Head &amp; Neck Surgery</td>
<td></td>
</tr>
<tr>
<td>Diane Novak</td>
<td>Department Administrator</td>
<td>Department of Otolaryngology – Head &amp; Neck Surgery</td>
<td></td>
</tr>
<tr>
<td>Candyann Humphries</td>
<td>Residency Program Coordinator</td>
<td>Department of Otolaryngology – Head &amp; Neck Surgery</td>
<td></td>
</tr>
</tbody>
</table>
STATEMENT OF SUPERVISION AND RESPONSIBILITIES

The faculty of the UNLV School of Medicine Otolaryngology Residency Program places a high priority on the concept and implementation of active resident supervision during all aspects of this program. The driving force for this philosophy is educational, but we are also aware of the implications of adequate supervision on other important issues such as quality of care, cost containment, and legal liability. The declarations expressed in the remainder of this document carry the resolve of the Department. Behavior consistent with the principles of this document is a requirement for participation in the residency program, both at the attending and at the resident level.

The objective of this program is to educate and train physicians in the art and science of otolaryngology-head and neck surgery and to develop a competent and responsible otolaryngologist-head and neck surgeon with high moral and ethical character capable of functioning as an independent surgeon. The educational components of the program are, therefore, its most important features. While there exists an implied commitment of service to patients and to our affiliated institutions, service obligations must be seen as and made to work in concert with the educational objectives. Extensive and/or abusive use of residents as primary care providers in unsupervised, non-teaching situations is patently contrary to the philosophy of this Department. All patients cared for by residents have an attending surgeon. This attending surgeon must be a faculty member of the UNLV Department of Otolaryngology-Head & Neck Surgery. Ultimately, all patients admitted for care are the responsibility of the attending surgeon. The resident staff acts under the direction and supervision of the attending surgeon. Consequently, the attending surgeon is responsible for all actions of the resident, whether or not the attending surgeon is physically present when decisions are made or actions/procedures are undertaken.

It is the goal of this document to establish first a broad statement of how resident-to-resident and resident-to-attending interaction should occur and how these interactions should accomplish a system of graded authority and increasing responsibility as experience is gained by the resident. In addition, this document provides specific requirements for documentation of certain procedures that must be accomplished and documented by each resident prior to their independent performance.
The chain of communication between residents and faculty attending physicians is important for providing good patient care, allow clinical education, and to permit assumption of graded responsibility by the residents. The junior resident is expected to communicate with the senior resident on the service on all occasions in which there is a change in a patient’s clinical course. Even when the junior resident feels that he or she understands the event, it is expected that they will communicate with the senior resident to ensure that the correct steps are taken. Similarly, it is expected that the chief resident will communicate with the attending/faculty surgeon in such matters and members of the teaching staff must always be immediately available for consultation and support in order to properly execute safe patient care.

Specifically, the attending surgeon must be notified of and review all proposed major diagnostic and therapeutic procedures, significant revisions and treatment plans, and actual changes in the patient’s clinical course, whether or not such alterations require modification of the level or type of care. This requirement for close communication between residents and between residents and attending staff is meant to ensure that appropriate clinical care is being provided under the supervision of the faculty. This type of behavior and relationship between residents and faculty also establishes the framework for clinical education, maturation of residents, and the assumption of greater clinical responsibility by and for the resident staff. The key concept is that of constant and open communication.

In terms of specific responsibilities, judgments on delegation of responsibility to a resident must be made by the attending surgeon who is, as stated, ultimately responsible for a patient’s care. These judgments are based on the attending surgeon’s direct observation and knowledge of each resident’s skill and ability. Therefore, it is up to the attending surgeons to determine the intensity of supervision of resident activity within the operating room. It is presumed that over the five years of clinical training in otolaryngology the resident will demonstrate the ability to increasingly be able to function as an independent surgeon and assume the position of operating surgeon in this fashion.

Outside the operating room, surgical residents are frequently called upon to independently perform certain procedures (outlined below). To ensure that sufficient experience has been gained prior to independently carrying out these procedures, the following steps must be followed. The junior resident must perform each of the following procedures either under the supervision of a senior resident or an attending surgeon. The junior resident must be supervised at least five times and judged by the supervising person as demonstrating an adequate performance. When the resident has documented these five separately supervised
maneuvers by completion of the Procedures Log maintained by the Program Director, the resident is then judged able to independently perform these maneuvers on the wards, although again stressing the concept that the attending surgeon is always ultimately responsible.

The resident must document in the medical record: (1) all invasive procedures performed on the hospital ward, ENT procedure room, operating room, and outpatient clinic setting (2) any type of anesthesia or conscious sedation delivered by that resident. The resident must obtain and document written and verbal consent and inform nursing staff of the planned procedure. Another obligation is the maintenance of the ACGME operative log for all procedures, including key indicator cases.

In the performance of independent ward activities, residents must employ individual judgment as to their abilities to carry out the procedure. This also relates to the number of times a resident should attempt a given procedure before abandoning that attempt. Should a resident encounter unexpected difficulty or a patient whose anatomy makes the procedure more difficult, the resident must exercise good judgment and cease attempts after three to five failures. It does not benefit either the resident or the patient to persist in this situation. The resident should notify either the senior resident or attending on service about such failed attempts.
**UNLV: SCHOOL OF MEDICINE RESIDENT POLICY**

**Resident Working Hours**

Resident physicians’ hours are limited according to their resident program, as set forth below.

<table>
<thead>
<tr>
<th>Program</th>
<th>On Call Days</th>
<th>Day away from patient responsibilities</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics</td>
<td>1/3 – 1/4*</td>
<td>1/7</td>
<td>Emergency rotation no greater than 12 hours, consecutive shifts separated by at least 8 hours. Call free rotation on inpatient services not to exceed 4 months during 3 years.</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>1/3</td>
<td>1/7</td>
<td>No greater than 80 hours per week; maximum of 6 hours in hospital after 24 hours in-house call duty.</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>1/3</td>
<td>1/7</td>
<td>“prevent excessive frequency and length of on call”</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>1/3</td>
<td>1/7</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>1/3</td>
<td>1/7</td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>1/3</td>
<td>1/7</td>
<td>Average on call over 4 weeks, no greater than 80 hours/week. Continuous emergency room duty no greater than 12 hours and emergency call separated by no less than 8 hours.</td>
</tr>
<tr>
<td>Surgery</td>
<td>1/3</td>
<td>1/7</td>
<td>No greater than 80 hours per week; maximum of 6 hours in hospital after 24 hours in-house call duty.</td>
</tr>
<tr>
<td>ENT</td>
<td>1/3</td>
<td>1/7</td>
<td>No greater than 80 hours per week, no in-house call</td>
</tr>
</tbody>
</table>
CRITERIA FOR SUCCESSFUL COMPLETION OF EACH YEAR (PGY I-V)

PGY - I
During this year the resident is expected to acquire fundamental skills in the diagnosis of surgical diseases and the establishment of therapeutic plans. During this year, the resident will function as a junior resident on multiple services and in this capacity will frequently be performing admission history and physical examinations.

These experiences should be used by the resident to develop the capacity to diagnose surgical illnesses and begin to formulate diagnostic and therapeutic strategies.

Procedurally, the surgical residents are expected to become facile in the performance of basic procedures. Specific documentation of supervised training in placement of chest tubes, insertion of central venous catheters, endotracheal intubation, and conscious sedation is required and must be documented on the provided forms. In addition, the resident is expected to begin to develop knowledge of the workings and routines in the operating room, and to develop polished skills in the areas of suturing, knot tying, performing minor surgical procedures and assisting surgeries. While on the otolaryngology service, the PGY 1 resident should start to complete the Basic Procedures Competency grid (see Forms sections).

PGY – II
This year is really an extension of the first year in terms of goals and responsibilities. The resident serves as the junior resident on the Otolaryngology Service at UMC, rotating between Team 2 and Team 3. The junior resident will perform the majority of admission history and physical examinations. Again, the goal is for the resident to develop sophisticated capabilities in the realms of surgical diagnosis and planning of therapy. At this level, the resident is also expected to begin to develop and demonstrate competency in more sophisticated areas of patient management, such as in the intensive care unit, hospital wards and outpatient clinic.

Foundations in accurate history taking, physical examination, generating differential diagnoses and proposing appropriate treatment plans will be established by having the PGY-2 participate in the faculty and resident continuity clinic. Skills in flexible nasopharyngoscopy, binocular otomicroscopy, and evaluation of the upper aerodigestive tract will be obtained.

Procedurally, the resident is expected to become increasingly facile in the operating room with instrument technique, including suturing and knot tying. At this level, the resident is frequently
allowed to perform simple, non-complex otolaryngologic procedures and modestly-advanced surgical procedures under supervision, but the principal goal for this year is developing skills in patient care rather than operative technique. By the end of PGY2 year, the resident should have gained enough procedural experience to complete the Basic Procedures Competency grid and can then perform the procedures independently.

**PGY - III**

In many ways, this is the most challenging year of the residency. Although rarely the most senior resident on the Otolaryngology service, the resident in this year is frequently exposed to significant responsibility.

At this level, the resident is expected to develop the capability of appropriately focusing diagnostic and therapeutic strategies and to develop skills as an independent patient caregiver. In addition, at the procedural level, the resident will be expected to develop competence in planning and carrying out routine otolaryngologic surgical procedures including, but not limited to, such operations as tonsillectomy, adenoidectomy, tympanostomy tube placement, septoplasty, panendoscopy/biopsy, excision of superficial soft tissue lesions in the head and neck and repair of complex facial lacerations.

Rotations in Plastic Surgery, Laryngology, Allergy, Head & Neck Pathology, Oral and Maxillofacial Surgery will enhance the PGY-III resident education.

Research is a required activity during residency training. Each resident is expected to be involved in research beginning in the PGY2 year. Each resident should complete the process of identifying a research question, designing a study, collecting data, analyzing the data, writing and submitting a research paper to a peer-reviewed journal by the time of graduation.

**PGY - IV**

At this level the resident is expected to develop the ability to independently diagnose, to order appropriate diagnostic studies, to formulate differential diagnosis and treatment plan for otolaryngology surgery patients. By the end of the year, the resident should be fully competent in independent management of routine otolaryngology surgery patients in terms of diagnosis and patient management. By the end of the year, the PGY- IV otolaryngology resident should also be capable of performing many otolaryngologic surgery procedures with minimal assistance and guidance and should be judged ready to continue on to fifth year where more complex and advanced otolaryngologic surgical procedures are performed. At the procedural
level, the resident will be expected to develop competence in planning and carrying out routine otolaryngologic surgical procedures including, but not limited to, such operations as endoscopic sinus surgery, tympanoplasty with mastoidectomy, neck dissections, septorhinoplasties, and facial plastic surgery.

**PGY - V**

During this year the resident is given the responsibility of being the Chief resident.

This will include supervising the junior otolaryngology residents, organizing the call schedule and educational conference schedule, and developing skills to operate and manage patients independently. This year will allow the resident to master all aspects of otolaryngology-head and neck surgery and gain confidence to become an independent surgeon and practitioner. This will be performed under faculty supervision. The resident will also master all challenges of postoperative care.

It is mandatory for the resident to satisfactorily complete all requirements of the American Board of Otolaryngology-Head & Neck Surgery for admission to the Certifying Examination. These requirements are published by the American Board of Otolaryngology-Head & Neck Surgery website (www.aboto.org).

**POLICY: RESIDENT ADVANCEMENT**

**GENERAL CRITERIA (PGY I-V)**

For yearly advancement, the otolaryngology resident must perform to the satisfaction of the Clinical Competence Committee. Criterion involve: a) adherence to standards of conduct and behavior outlined in the Housestaff manual and the Otolaryngology Resident Orientation Manual; b) adequate clinical performance on each assigned rotation with attainment of objectives for knowledge and clinical skills; c) satisfactory attendance at education opportunities, and d) adequate academic performance on in-training examinations.

**SPECIFIC**

1. Residents will be advanced based on performance as graded by faculty on the competency-based evaluation.
2. Standards of conduct and behavior
a. The specific standards of conduct and behavior can be found in the UNLV House staff manual. Basically, these are fundamental, ethical and professional standards that we believe are universally accepted by the medical profession.

3. Clinical performance
   a. Attainment of the objectives for knowledge and clinical skills is evaluated by all members of the teaching faculty specifically associated with the residents’ current rotations using the following:
      i. Assessment of knowledge, skills and clinical performance
         1. Basic knowledge of pathophysiology; anatomy, and surgical management.
         2. Operative skills rating form.
         3. Analytical and decision-making skills including ability to gather information and use it effectively.
         4. Professional habits such as reliability; punctuality, and ability to manage workload effectively.
         5. Communication skills, ability to present patients and problems with clarity and accuracy.
         6. Chart work, including notes, orders, operative reports, and discharge summaries completed accurately, legibly, and promptly.
      ii. Other aspects of progress as a resident.
         1. Respectful, courteous manner with patients, families, faculty, other staff and fellow residents.
         2. Demonstrates appropriate preoperative case material review, and shows.
         3. Progress in studying about surgical management.
         4. Participates in pre- and postoperative care, and knows patients well.
         5. General emotional and physical state response to stress.

Once yearly in March, the examination will consist of the Otolaryngology In-Service Training Examination. These tests have been validated nation-wide and provide an excellent means to test the resident’s overall basic science and clinical knowledge base. They also lend themselves to statistical analysis and allow comparison of the resident’s progress compared to other residents in training in the United States. This type of examination format provides the closest
preparation for the qualifying examination of the American Board of Otolaryngology. Requirements are outlined below.

OTOLARYNGOLOGY YEAR PGY II – PGY V

- Satisfactory resident evaluations > 3.0
- General Otolaryngology In-Service Exam > 5 Group Stanine Rank
- Operative Skills rating forms > 2

SUMMARY

A mean rating of < 3.0 on all Resident Evaluations and < 2 Operative Skills rating forms and failure of one rotation is unacceptable and will require immediate remediation determined by the Program Director.

Receiving ≥5 Stanine Rank on the Otolaryngology Annual In-Service Exam the resident will have no corrective action. Receiving 4 or less Group Stanine Rank on the Otolaryngology Annual In-Service Exam the resident will be placed on Remediation with a supporting letter in his/her file. A prescribed written program of study or a corrective plan will be formulated by the Program Director for the resident to remedy above probation status.

Failure of two rotations and/or receiving < 3 Stanine Rank in two consecutive Otolaryngology In-Service Exams will result in a Contract Notice of Non-Renewal or repetitive year of training.

See Stanine Scale Below

![Normal Distribution](image)
## 2019-2020 Conference & Educational Schedule

<table>
<thead>
<tr>
<th>Activity</th>
<th>Site</th>
<th>Date</th>
<th>Time</th>
<th>R/O*</th>
<th>Speaker/Moderator</th>
<th>Specific Title/Topic**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Conference</td>
<td>SIM Classroom #2</td>
<td>1st, 2nd, 3rd &amp; 4th Thursdays</td>
<td>3 PM</td>
<td>R</td>
<td>Core ENT Faculty</td>
<td>Basic Science/Clinical Lecture</td>
</tr>
<tr>
<td>Resident Conference</td>
<td>Mountain View Hospital Executive Board Room</td>
<td>2nd &amp; 4th Monday</td>
<td>7 AM – 8 AM</td>
<td>R</td>
<td>Drs. Wang, Okuyemi, Bigcas, Med Onc, Rad Onc, Pathology, Radiology</td>
<td>Tumor Board</td>
</tr>
<tr>
<td>Resident Conference</td>
<td>SIM Classroom #2</td>
<td>1st Thursday</td>
<td>4 PM</td>
<td>R</td>
<td>Core ENT Faculty, Residents, or guest lecturer</td>
<td>Grand Rounds</td>
</tr>
<tr>
<td>Resident Conference</td>
<td>SIM Classroom #2</td>
<td>3rd Thursday</td>
<td>4 PM</td>
<td>R</td>
<td>Dr. Kaveh Kardooni</td>
<td>Neuroradiology Conference</td>
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<tr>
<td>Resident Conference</td>
<td>SIM Classroom #2</td>
<td>2nd Thursday</td>
<td>4 PM</td>
<td>R</td>
<td>ENT Residents</td>
<td>Morbidity &amp; Mortality/ QI</td>
</tr>
<tr>
<td>Resident Conference</td>
<td>SIM Classroom #2</td>
<td>4th Thursday</td>
<td>4 PM</td>
<td>R</td>
<td>Core ENT Faculty &amp; Residents</td>
<td>Journal Club</td>
</tr>
<tr>
<td>Resident Meeting</td>
<td>UNLV Main Campus</td>
<td>3rd Thursday</td>
<td>5:30 PM – 6:30 PM</td>
<td>R</td>
<td>Dr. Robert Wang</td>
<td>Basic Science Research Meeting</td>
</tr>
<tr>
<td>Resident Meeting</td>
<td>TBD</td>
<td>First Friday of Month</td>
<td>7 AM – 8 AM</td>
<td>O</td>
<td>Dr. Robert Wang</td>
<td>Clinical &amp; Basic Science Research Discussion</td>
</tr>
<tr>
<td>Bedside Rounds</td>
<td>UMC Hospital</td>
<td>Friday</td>
<td>7 AM – 8 AM</td>
<td>R</td>
<td>Dr. Robert Wang</td>
<td>Chairman Ward Rounds</td>
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<tr>
<td>Resident Conference</td>
<td>County Coroner Office</td>
<td>Yearly 1st – 2nd week May</td>
<td>TBD</td>
<td>R</td>
<td>Core ENT Faculty</td>
<td>Head &amp; Neck Dissection Course</td>
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<tr>
<td>Resident Conference</td>
<td>UMC</td>
<td>Yearly 3rd week May</td>
<td>TBD</td>
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<td>Dr. Matthew Ng</td>
<td>Temporal Bone Dissection Course</td>
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<td>UMC Endoscopy Suite</td>
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<td>Dr. Okuyemi &amp; Dr. Bigcas</td>
<td>Microvascular Course</td>
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<td>TBD</td>
<td>R</td>
<td>Core ENT Faculty</td>
<td>In-Service Exam Review</td>
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*Note: R=Required O=Optional*
## Conference & Educational Schedule (Weekly Calendar)

<table>
<thead>
<tr>
<th>Week</th>
<th>Sunday</th>
<th>Monday</th>
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<th>Wednesday</th>
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<tbody>
<tr>
<td><strong>Week 1</strong></td>
<td></td>
<td></td>
<td></td>
<td>Didactic lecture 3pm-4pm</td>
<td>Chairman Ward Rounds 7am-8am or Basic/Clinical Research Breakfast Meeting (last Friday of the month)</td>
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<td></td>
<td>Grand Rounds 4pm-5pm</td>
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<tr>
<td><strong>Week 2</strong></td>
<td>Tumor Board 7am-8am</td>
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<td></td>
<td>Didactic lecture 3pm-4pm</td>
<td>Chairman Ward Rounds 7am-8am</td>
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<td></td>
<td>M &amp; M/QI 4pm-5pm</td>
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<td><strong>Week 3</strong></td>
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<td></td>
<td></td>
<td>Didactic lecture 3pm-4pm Radiology Conference 4pm-5pm</td>
<td>Chairman Ward Rounds 7am-8am</td>
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<td></td>
<td>Basic Science Research Mtg 5:30pm-6:30pm</td>
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<tr>
<td><strong>Week 4</strong></td>
<td>Tumor Board 7am-8am</td>
<td></td>
<td></td>
<td>Didactic lecture 3pm-4pm Journal Club 4pm-5pm</td>
<td>Chairman Ward Rounds 7am-8am</td>
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<tr>
<td><strong>Week 5 (5th Thursday)</strong></td>
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<td>Open 3pm-5pm</td>
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<td>PGY1</td>
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<tr>
<td>Rotation</td>
<td>General Surgery (ONC)</td>
<td>NSGY</td>
<td>Anesthesia</td>
<td>Peds Surgery</td>
<td>ICU</td>
<td>PRS</td>
<td>ENT/Team 1</td>
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<tr>
<td>Site(s)</td>
<td>UMC</td>
<td>UMC</td>
<td>UMC</td>
<td>UMC/Sunrise</td>
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<thead>
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<th>July</th>
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<th>September</th>
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<th>December</th>
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<tr>
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<td>Team 2</td>
<td>Team 2</td>
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<td>Team 2</td>
<td>Team3</td>
<td>Team 3</td>
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<tr>
<td>Site(s)</td>
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<td>UMC/UNLV/SSC</td>
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<td>UMC/UNLV/SSC</td>
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<tbody>
<tr>
<td>Rotation</td>
<td>PRS</td>
<td>PRS</td>
<td>Path/Team 1</td>
<td>Allergy</td>
<td>Laryngology/Team 1</td>
<td>OMFS</td>
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<tr>
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<td>UMC</td>
<td>UMC/MTV</td>
<td>UMC/UNLV</td>
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<td>UMC/PO</td>
<td>Sunrise</td>
<td>Office</td>
<td>UMC/MTV</td>
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<th>August</th>
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<th>May</th>
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<tbody>
<tr>
<td>Site(s)</td>
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<td>Office/Lab</td>
<td>Office/Lab</td>
<td>UMC/UNLV/PO/USAF</td>
<td>UMC/UNLV/PO/USAF</td>
<td>UMC/UNLV/PO/USAF</td>
<td>UMC/UNLV/PO/USAF</td>
<td>UMC/UNLV/PO/USAF</td>
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<tbody>
<tr>
<td>Rotation</td>
<td>Chief Adv. Team 1</td>
<td>Chief Adv. Team 1</td>
<td>Chief Adv. Team 1</td>
<td>Chief Adv. Team 1</td>
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**Rotation Description**
- Team 1: HNS Rotation Director: Dr. Wang (Faculty: Wang, Okuyemi, Bigcas)
- Team 2: Otology/General ENT Rotation Director: Dr. Ng (Faculty: Ng, Elkins)
- Team 3: Pediatric ENT/General ENT Rotation Director: Dr. Spinner (Faculty: Spinner)
- Outpatient ENT Surgery: Rotation Director: Dr. Okuyemi (Faculty: Schroeder)

**Sites**
- UMC = University Medical Center
- UNLV = UNLV Medicine
- MTV = Mountain View Hospital
- PO = Private Office
- SSC = Specialty Surgery Center
- Sunrise = Sunrise Hospital
- USAF = Nellis Air Force Base
- Valley = Valley Hospital Medical Center
EVALUATIONS

BLANK EVALUATION:

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluator Name
Status
Employer
Program

Faculty Evaluation of Otolaryngology Resident
(Formative Evaluation)

Instructions:
In evaluating the resident's performance, use as your standard the level of knowledge, skills and attitudes expected from the clearly satisfactory resident at this stage of training. For any component that needs attention or is rated below a 3, please provide specific comments and recommendations. Be specific as possible, including reports of critical incidents and/or outstanding performance. Global adjectives or remarks, such as "good resident," do not provide meaningful feedback to the resident.

5 = Excellent Performance
4 = Above Average Performance
3 = Average Performance (Average is not bad)
2 = Below Average Performance
1 = Very Poor Performance

PATIENT CARE:

1. Examples of average performance in patient care demonstration:
- Interprets appropriate lab, pathologic, and radiologic studies
- Discusses appropriate therapeutic options and understands implications of those options
- Recognizes common complications, obtains appropriate consultations for patient management

<table>
<thead>
<tr>
<th>Very Poor Performance</th>
<th>Below Average Performance</th>
<th>Average Performance</th>
<th>Above Average Performance</th>
<th>Excellent Performance</th>
</tr>
</thead>
</table>

Comment:

2. Does the resident's performance in the competency of patient care require attention?

☐ Yes
☐ No

Comment:

MEDICAL KNOWLEDGE
3. Examples of average performance in medical knowledge demonstration:
   - Demonstrates understanding of anatomy and physiology
   - Demonstrates knowledge of disease progression
   - Demonstrates understanding of treatment options and rationales, and risks/benefits of each treatment option

<table>
<thead>
<tr>
<th>Very Poor Performance</th>
<th>Below Average Performance</th>
<th>Average Performance</th>
<th>Above Average Performance</th>
<th>Excellent Performance</th>
</tr>
</thead>
</table>

Comment

4. Does the resident’s performance in the competency of medical knowledge require attention?
   - Yes
   - No
   Comment

**PRACTICE-BASED LEARNING AND IMPROVEMENT**

5. Examples of average performance in practice-based learning:
   - Continually seeks and incorporates feedback to improve performance
   - Demonstrates improvement in clinical thought and action based on continual self-assessment
   - Selects an appropriate evidence-based information tool to answer specific questions

<table>
<thead>
<tr>
<th>Very Poor Performance</th>
<th>Below Average Performance</th>
<th>Average Performance</th>
<th>Above Average Performance</th>
<th>Excellent Performance</th>
</tr>
</thead>
</table>

Comment

6. Does the resident’s performance in the competency of practice-based learning require attention?
   - Yes
   - No
   Comment

**INTERPERSONAL AND COMMUNICATION SKILLS**

7. Examples of average performance in interpersonal and communication skills:
   - Sustains effective relationships with services requesting OHNS consultation
   - Works effectively as a member of a health care team
   - Uses multiple forms of communication (e.g., e-mail, patient portal, social media) ethically and with respect for patient privacy

<table>
<thead>
<tr>
<th>Very Poor Performance</th>
<th>Below Average Performance</th>
<th>Average Performance</th>
<th>Above Average Performance</th>
<th>Excellent Performance</th>
</tr>
</thead>
</table>

Comment
9. Does the resident’s performance in the competency of interpersonal and communication skills require attention?

- Yes
- No

Comment

PROFESSIONALISM

9. Examples of average performance in professionalism:
- Recognizes ethical issues in practice and is able to discuss, analyze, and manage common ethical situations
- Displays sensitivity and responsiveness toward all patient populations
- Completes paperwork, administrative tasks and assignments in a timely manner

<table>
<thead>
<tr>
<th>Very Poor Performance</th>
<th>Below Average Performance</th>
<th>Average Performance</th>
<th>Above Average Performance</th>
<th>Excellent Performance</th>
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</thead>
</table>

Comment

10. Does the resident’s performance in the competency of professionalism require attention?

- Yes
- No

Comment

SYSTEMS-BASED LEARNING

11. Examples of average performance in systems-based learning:
- Incorporates cost issues into care decisions
- Contributes to leadership of the interdisciplinary care team
- Uses technology and other hospital/clinic resources in patient care

<table>
<thead>
<tr>
<th>Very Poor Performance</th>
<th>Below Average Performance</th>
<th>Average Performance</th>
<th>Above Average Performance</th>
<th>Excellent Performance</th>
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</thead>
</table>

Comment

12. Does the resident's performance in the competency of systems-based practice require attention?

- Yes
- No

Comment

OVERALL
13. Resident's Overall Clinical Competence in Otolaryngology

<table>
<thead>
<tr>
<th>Very Poor Performance</th>
<th>Below Average Performance</th>
<th>Average Performance</th>
<th>Above Average Performance</th>
<th>Excellent Performance</th>
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14.* Does the resident's overall clinical competency in Otolaryngology require attention?

- [ ] Yes
- [ ] No

Comment

Milestones on this Evaluation

When Faculty evaluate Residents using this evaluation, designated milestone subcompetencies will automatically be included based on this department's settings. Comments are always allowed.
Otolaryngology Resident Evaluation of Faculty
(Confidential Evaluation)

Instructions:
Please evaluate the above faculty member based on your recent experiences. Click the appropriate response. When commenting, please generalize your comments to avoid identifiable resident feedback.

Use the following criteria for evaluation:

3= Hershe demonstrates this trait almost always
2= Hershe demonstrates this trait often
1= Hershe demonstrates this trait sometimes
0= Hershe demonstrates this trait seldom
1= Hershe hardly ever demonstrates this trait
N/A= Unable to evaluate (Infrequency or never seen in this setting)

1° Teaches effectively in the surgical clinic setting

<table>
<thead>
<tr>
<th>Never demonstrates this trait</th>
<th>Seldom demonstrates this trait</th>
<th>Demonstrates this trait sometimes</th>
<th>Demonstrates this trait often</th>
<th>Demonstrates this trait almost always</th>
<th>N/A</th>
<th>Comment</th>
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Comment

2° Teaches effective in the OR including instruction on improvement of technical skills

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<th>Never demonstrates this trait</th>
<th>Seldom demonstrates this trait</th>
<th>Demonstrates this trait sometimes</th>
<th>Demonstrates this trait often</th>
<th>Demonstrates this trait almost always</th>
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Comment

3° Probes residents with questions to improve critical thinking skills

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Comment
4. Provides feedback to residents about their performances

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Comment

5. Develops and maintains good rapport with residents

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<th>Seldom demonstrates this trait</th>
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Comment

6. Readily available to residents for discussion of patient problems

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Comment

7. Provides a role model for professional and caring interactions with patients

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8. Demonstrates effective use of the literature to support views on patient evaluation and management

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Comment

9. Attends and contributes to teaching conferences

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10. Stimulates house staff to higher personal and professional goals

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<th>Demonstrates this trait often</th>
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Comment

11. Overall teaching performance is exemplary

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<th>Demonstrates this trait often</th>
<th>Demonstrates this trait almost always</th>
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Comment

12. Comments (strengths and weaknesses)

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Milestones on this Evaluation

When Faculty evaluate Residents using this evaluation, designated milestone subcompetencies will automatically be included based on this department’s settings. Comments are always allowed.
OPERATIVE SKILLS RATING FORM

Operative Skills Rating Form Otolaryngology UNSOM

Instructions:
Please evaluate the resident surgeon’s performance for each of the following operative skills using the following rating scale (compare residents with all residents in program): 5 = Consistently performs this skill expertly, demonstrates this skill as much as any resident I have worked with; 4 = Demonstrates appropriate performance of this skill during most of the operative procedure; 3 = Occasional demonstrates good performance in the technical skill but is inconsistent, average performance; 2 = Demonstrates only an elemental understanding of this skill, rarely performs this skill appropriately; 1 = Unsatisfactory performance of this skill, would recommend remedial work.

OPERATIVE SKILLS

1 Procedure

2 Pre-operative evaluation

3 Precision in use of instruments

4 Accuracy and fine motor coordination in placement of sutures

5 Facility in following curve of needle with suturing

6 Security in performance, general confidence in operating ability

7 Avoidance of non-purposeful movements, economy of motion
<table>
<thead>
<tr>
<th></th>
<th>Efficiency in use of traction and counter traction</th>
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<td>2</td>
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<td>1</td>
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</table>

9 Knot tying ability

10 Instrument and suture selection

11 Ability to plan sequences of different activities throughout procedure (i.e., acts as if aware of sequence of steps and moves smoothly from one step to the next)

12 Overall organization in the operating room

13 Overall technical ability

14 Organizes assistants well

15 Accurate dissection

16 Dressing

17 Post-operative orders
Otolaryngology Resident Evaluation of Resident - Peer
(Formative Evaluation - Part of Multi-Source)

Instructions:
Please rate the resident in the following competencies and comment as appropriate.
Select the rating that best describes the resident's performance with a "3" rating being equal to a clearly satisfactory resident at this stage of training.
5 = Very Good
4 = Good
3 = Fair (Satisfactory)
2 = Poor
1 = Very Poor

Patient Care

1. Procedural skills

<table>
<thead>
<tr>
<th>1 = Very Poor</th>
<th>2 = Poor</th>
<th>3 = Fair</th>
<th>4 = Good</th>
<th>5 = Very Good (Excellent procedural skills)</th>
<th>Comment</th>
</tr>
</thead>
</table>

Comment

2. Written and verbal patient education

<table>
<thead>
<tr>
<th>1 = Very Poor</th>
<th>2 = Poor</th>
<th>3 = Fair</th>
<th>4 = Good</th>
<th>5 = Very Good (Excellent written &amp; verbal patient education)</th>
<th>Comment</th>
</tr>
</thead>
</table>

Comment

3. Discusses appropriate therapeutic options with patients

<table>
<thead>
<tr>
<th>1 = Very Poor</th>
<th>2 = Poor</th>
<th>3 = Fair</th>
<th>4 = Good</th>
<th>5 = Very Good (Takes great care of patients)</th>
<th>Comment</th>
</tr>
</thead>
</table>

Comment
Medical Knowledge

4* Demonstrates understanding of treatment options and rationales, and risks/benefits of each treatment option

<table>
<thead>
<tr>
<th>1 = Very Poor (Frequently unsure of how to proceed)</th>
<th>2 = Poor</th>
<th>3 = Fair</th>
<th>4 = Good</th>
<th>5 = Very Good (Able to integrate information to form plan)</th>
<th>Cannot Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="blank" alt="Rating 1" /></td>
<td><img src="blank" alt="Rating 2" /></td>
<td><img src="blank" alt="Rating 3" /></td>
<td><img src="blank" alt="Rating 4" /></td>
<td><img src="blank" alt="Rating 5" /></td>
<td><img src="blank" alt="Rating Cannot Rate" /></td>
</tr>
</tbody>
</table>

Comment

5* Demonstrates knowledge of disease progression

<table>
<thead>
<tr>
<th>1 = Very Poor (Has difficulty obtaining/using available data)</th>
<th>2 = Poor</th>
<th>3 = Fair</th>
<th>4 = Good</th>
<th>5 = Very Good (Effectively &amp; efficiently collects &amp; uses data)</th>
<th>Cannot Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="blank" alt="Rating 1" /></td>
<td><img src="blank" alt="Rating 2" /></td>
<td><img src="blank" alt="Rating 3" /></td>
<td><img src="blank" alt="Rating 4" /></td>
<td><img src="blank" alt="Rating 5" /></td>
<td><img src="blank" alt="Rating Cannot Rate" /></td>
</tr>
</tbody>
</table>

Comment

6* Active learning

<table>
<thead>
<tr>
<th>1 = Very Poor (Disinterested in continuous learning)</th>
<th>2 = Poor</th>
<th>3 = Fair</th>
<th>4 = Good</th>
<th>5 = Very Good (Frequently looks for new information)</th>
<th>Cannot Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="blank" alt="Rating 1" /></td>
<td><img src="blank" alt="Rating 2" /></td>
<td><img src="blank" alt="Rating 3" /></td>
<td><img src="blank" alt="Rating 4" /></td>
<td><img src="blank" alt="Rating 5" /></td>
<td><img src="blank" alt="Rating Cannot Rate" /></td>
</tr>
</tbody>
</table>

Comment

Practice-Based Learning/Improvement

7* Feedback incorporation to improve performance

<table>
<thead>
<tr>
<th>1 = Very Poor (Ineffectively complains about problems)</th>
<th>2 = Poor</th>
<th>3 = Fair</th>
<th>4 = Good</th>
<th>5 = Very Good (Seeks to partner with others for solutions)</th>
<th>Cannot Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="blank" alt="Rating 1" /></td>
<td><img src="blank" alt="Rating 2" /></td>
<td><img src="blank" alt="Rating 3" /></td>
<td><img src="blank" alt="Rating 4" /></td>
<td><img src="blank" alt="Rating 5" /></td>
<td><img src="blank" alt="Rating Cannot Rate" /></td>
</tr>
</tbody>
</table>

Comment
8. Use of learning resources

<table>
<thead>
<tr>
<th>1 = Very Poor (No use of information technology (IT))</th>
<th>2 = Poor</th>
<th>3 = Fair</th>
<th>4 = Good</th>
<th>5 = Very Good (Frequently &amp; effectively uses information technology (IT))</th>
<th>Cannot Rate</th>
</tr>
</thead>
<tbody>
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</table>

Comment

Interpersonal and Communication Skills

9. Possess a collaborative, cooperative and hospitable working relationship with all members of UNLV SOM

<table>
<thead>
<tr>
<th>1 = Very Poor (Poor listener/communicator)</th>
<th>2 = Poor</th>
<th>3 = Fair</th>
<th>4 = Good</th>
<th>5 = Very Good (Great listener/communicator)</th>
<th>Cannot Rate</th>
</tr>
</thead>
<tbody>
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</table>

Comment

10. Effectively communicates during transitions of care

<table>
<thead>
<tr>
<th>1 = Very Poor (Poor rapport with patients)</th>
<th>2 = Poor</th>
<th>3 = Fair</th>
<th>4 = Good</th>
<th>5 = Very Good (Excellent rapport with patients)</th>
<th>Cannot Rate</th>
</tr>
</thead>
<tbody>
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</table>

Comment

11. Works effectively with healthcare professionals

<table>
<thead>
<tr>
<th>1 = Very Poor (Aggressive, negative, dread working with this resident)</th>
<th>2 = Poor</th>
<th>3 = Fair</th>
<th>4 = Good</th>
<th>5 = Very Good (Friendly, upbeat, look forward to seeing this resident)</th>
<th>Cannot Rate</th>
</tr>
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</table>

Comment

Professionalism

12. Exhibits professional behavior (e.g., reliability, industry, integrity, and confidentiality)

<table>
<thead>
<tr>
<th>1 = Very Poor (Abusive to patients and/or staff, copes poorly)</th>
<th>2 = Poor</th>
<th>3 = Fair</th>
<th>4 = Good</th>
<th>5 = Very Good (Always respectful, copes well)</th>
<th>Cannot Rate</th>
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</thead>
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</tbody>
</table>
13. Demonstrates behavior that conveys caring, honesty, and genuine interest in patients and families

| 5 = Very Good (Prompt; professional appearance & demeanor) | Cannot Rate |
| 4 = Good | Cannot Rate |
| 3 = Fair | Cannot Rate |
| 2 = Poor | Cannot Rate |
| 1 = Very Poor (Tardy; unprofessional appearance & demeanor) | Cannot Rate |

Comment

14. Aware of ethical issues in patient care, including issues of autonomy, end-of-life care and research ethics

| 5 = Very Good (Sensitive to special issues) | Cannot Rate |
| 4 = Good | Cannot Rate |
| 3 = Fair | Cannot Rate |
| 2 = Poor | Cannot Rate |
| 1 = Very Poor (Disregards cultural, age, gender, disability issues) | Cannot Rate |

Comment

**Systems-Based Practice**

15. Identifies potential patient safety issues (patient positioning in OR, aspiration risk) and means to prevent those problems

| 5 = Very Good (Advocates for patients in system) | Cannot Rate |
| 4 = Good | Cannot Rate |
| 3 = Fair | Cannot Rate |
| 2 = Poor | Cannot Rate |
| 1 = Very Poor (Not a patient advocate) | Cannot Rate |

Comment

16. Leads interdisciplinary team in patient care

| 5 = Very Good (Sees & helps meet needs of others) | Cannot Rate |
| 4 = Good | Cannot Rate |
| 3 = Fair | Cannot Rate |
| 2 = Poor | Cannot Rate |
| 1 = Very Poor (Cares only for self) | Cannot Rate |

Comment

17. Makes the program look bad

| 5 = Very Good (A great representative of the program) | Cannot Rate |
| 4 = Good | Cannot Rate |
| 3 = Fair | Cannot Rate |
| 2 = Poor | Cannot Rate |
| 1 = Very Poor (Reflects program poorly) | Cannot Rate |

Comment
Milestones on this Evaluation

When Faculty evaluate Residents using this evaluation, designated milestone subcompetencies will automatically be included based on this department's settings. Comments are always allowed.

Overall Comment
SELF EVALUATION

Otolaryngology Resident Self Evaluation
(Formative Evaluation - Part of Multi-Source)

Instructions:
Please rate yourself on the following scale:

1 = Never
2 = Very Rarely
3 = Occasionally
4 = Very Frequently
5 = Always

Patient Care

1. Recognize abnormal findings and generate a differential diagnosis & treatment plan

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
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</tbody>
</table>

Comment

2. Understand and properly utilize OR instruments

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
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</table>

Comment

3. Understand & execute the planned operative procedure including setup/positioning, proper dissection and closure & utilizing assistants effectively.

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
</tr>
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<tbody>
<tr>
<td>✔️</td>
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</table>

Comment

4. Appropriately recommend follow up examinations, understanding impact on costs and information gained

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
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<tbody>
<tr>
<td>✔️</td>
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</table>

Comment
Medical Knowledge

5. Regularly read reference textbooks in preparation for rotations

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
</tr>
</thead>
</table>

Comment

6. Regularly read primary literature to expand knowledge beyond texts and apply to individual cases

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
</tr>
</thead>
</table>

Comment

7. Identify areas of weakness and adjust study habits to address those problem areas

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
</tr>
</thead>
</table>

Comment

8. Attend all conferences and maximize time spent in conferences. Incorporate this knowledge into everyday patient care.

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
</tr>
</thead>
</table>

Comment

Practice-Based Learning/Improvement

9. Appropriately utilize literature (primary and reference) to work through difficult and puzzling cases, including protocols and interpretation

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
</tr>
</thead>
</table>

Comment

10. Act as mentor/teacher to students and rotating residents while promoting a positive learning environment

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
</tr>
</thead>
</table>

Comment
11* Make suggestions for improvement in the residency program

1 = Never  2 = Very Rarely  3 = Occasionally  4 = Very Frequently  5 = Always

Comment

12* Make suggestions for improvement in the Otolaryngology Department.

1 = Never  2 = Very Rarely  3 = Occasionally  4 = Very Frequently  5 = Always

Comment

Interpersonal and Communication Skills

13* Communicate effectively with clinicians

1 = Never  2 = Very Rarely  3 = Occasionally  4 = Very Frequently  5 = Always

Comment

14* Possess a collaborative, cooperative and hospitable working relationship with all members of the Otolaryngology Department.

1 = Never  2 = Very Rarely  3 = Occasionally  4 = Very Frequently  5 = Always

Comment

15* Act as mentor/teacher to students and rotating residents while promoting a positive learning environment

1 = Never  2 = Very Rarely  3 = Occasionally  4 = Very Frequently  5 = Always

Comment

16* Participate in RATS.
17* Emphasizes the importance of teamwork and being a team player.

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
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</table>

Comment

**Professionalism**

18* Adhere to time and attendance guidelines.

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
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Comment

19* Flexible in view of interruptions, emergencies and schedule changes, including calls.

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
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</table>

Comment

20* Anticipate needs of patients/visitors.

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
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Comment

21* Prepare for conference and rotations through both case preparation and general reading.

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
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Comment

22* Record keeping completed in a timely manner.

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
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</table>

Comment
23. Present a professional image in attire and demeanor. Wear ID badge.

1 = Never  2 = Very Rarely  3 = Occasionally  4 = Very Frequently  5 = Always

Comment

Systems-Based Practice

24. Work efficiently with staff, therapists, nurses, hospital and clinic staff.

1 = Never  2 = Very Rarely  3 = Occasionally  4 = Very Frequently  5 = Always

Comment

25. Understand how to use various resources.

1 = Never  2 = Very Rarely  3 = Occasionally  4 = Very Frequently  5 = Always

Comment

26. Familiar with routine protocols and understand when they must be altered to answer specific questions.

1 = Never  2 = Very Rarely  3 = Occasionally  4 = Very Frequently  5 = Always

Comment

27. Utilization of staff to aid in planning for difficulty or puzzling cases.

1 = Never  2 = Very Rarely  3 = Occasionally  4 = Very Frequently  5 = Always

Comment

28. Ask for help when needed.

1 = Never  2 = Very Rarely  3 = Occasionally  4 = Very Frequently  5 = Always
29. Good steward of hospital resources.

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Very Rarely</th>
<th>3 = Occasionally</th>
<th>4 = Very Frequently</th>
<th>5 = Always</th>
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</table>

Comment

30. Strengths:

31. Areas for improvement:

32. Plan to make these improvements:

33. Goals for next 6 months:

34. Goals for 1 year:

Milestones on this Evaluation

When Faculty evaluate Residents using this evaluation, designated milestone subcompetencies will automatically be included based on this department's settings. Comments are always allowed.

Overall Comment
Faculty Evaluation of Otolaryngology Resident

(Formative Evaluation)

Instructions:
In evaluating the resident's performance, use as your standard the level of knowledge, skills, and attitudes expected from the clearly satisfactory resident at this stage of training. For any component that needs attention or is rated below a 3, please provide specific comments and recommendations. Be specific as possible, including reports of critical incidents and/or outstanding performance. Global adjectives or remarks, such as "good resident," do not provide meaningful feedback to the resident.

5= Excellent Performance
4= Above Average Performance
3= Average Performance (Average is not bad)
2= Below Average Performance
1= Very Poor Performance

PATIENT CARE

1. Examples of average performance in patient care demonstration:
   - Interprets appropriate lab, pathologic, and radiologic studies
   - Discusses appropriate therapeutic options and understands implications of those options
   - Recognizes common complications; obtains appropriate consultations for patient management

<table>
<thead>
<tr>
<th>Very Poor Performance</th>
<th>Below Average Performance</th>
<th>Average Performance</th>
<th>Above Average Performance</th>
<th>Excellent Performance</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

   Comment

2. Does the resident's performance in the competency of patient care require attention?
   ○ Yes
   ○ No
   Comment

MEDICAL KNOWLEDGE
3° Examples of average performance in medical knowledge demonstration:
- Demonstrates understanding of anatomy and physiology
- Demonstrates knowledge of disease progression
- Demonstrates understanding of treatment options and rationales, and risks/benefits of each treatment option

<table>
<thead>
<tr>
<th>Very Poor Performance</th>
<th>Below Average Performance</th>
<th>Average Performance</th>
<th>Above Average Performance</th>
<th>Excellent Performance</th>
</tr>
</thead>
</table>

Comment

4° Does the resident's performance in the competency of medical knowledge require attention?

☐ Yes
☐ No

Comment

PRACTICE-BASED LEARNING AND IMPROVEMENT

5° Examples of average performance in practice-based learning:
- Continually seeks and incorporates feedback to improve performance
- Demonstrates improvement in clinical thought and action based on continual self-assessment
- Selects an appropriate evidence-based information tool to answer specific questions

<table>
<thead>
<tr>
<th>Very Poor Performance</th>
<th>Below Average Performance</th>
<th>Average Performance</th>
<th>Above Average Performance</th>
<th>Excellent Performance</th>
</tr>
</thead>
</table>

Comment

6° Does the resident's performance in the competency of practice-based learning require attention?

☐ Yes
☐ No

Comment

INTERPERSONAL AND COMMUNICATION SKILLS

7° Examples of average performance in interpersonal and communication skills:
- Sustains effective relationships with services requesting OHNS consultation
- Works effectively as a member of a health care team
- Uses multiple forms of communication (e.g., e-mail, patient portal, social media) ethically and with respect for patient privacy

<table>
<thead>
<tr>
<th>Very Poor Performance</th>
<th>Below Average Performance</th>
<th>Average Performance</th>
<th>Above Average Performance</th>
<th>Excellent Performance</th>
</tr>
</thead>
</table>

Comment
9. Does the resident's performance in the competency of interpersonal and communication skills require attention?
   - [ ] Yes
   - [ ] No
   - Comment

PROFESSIONALISM

9. Examples of average performance in professionalism:
   - Recognizes ethical issues in practice and is able to discuss, analyze, and manage common ethical situations
   - Displays sensitivity and responsiveness toward all patient populations
   - Completes paperwork, administrative tasks and assignments in a timely manner

<table>
<thead>
<tr>
<th>Very Poor Performance</th>
<th>Below Average Performance</th>
<th>Average Performance</th>
<th>Above Average Performance</th>
<th>Excellent Performance</th>
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</table>

   - Comment

10. Does the resident's performance in the competency of professionalism require attention?
   - [ ] Yes
   - [ ] No
   - Comment

SYSTEMS-BASED LEARNING

11. Examples of average performance in systems-based learning:
   - Incorporates cost issues into care decisions
   - Contributes to leadership of the interdisciplinary care team
   - Uses technology and other hospital/clinic resources in patient care

<table>
<thead>
<tr>
<th>Very Poor Performance</th>
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<th>Average Performance</th>
<th>Above Average Performance</th>
<th>Excellent Performance</th>
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</table>

   - Comment

12. Does the resident's performance in the competency of systems-based practice require attention?
   - [ ] Yes
   - [ ] No
   - Comment

OVERALL
13. Resident's Overall Clinical Competence in Otolaryngology

<table>
<thead>
<tr>
<th>Very Poor Performance</th>
<th>Below Average Performance</th>
<th>Average Performance</th>
<th>Above Average Performance</th>
<th>Excellent Performance</th>
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</table>

14. Does the resident's overall clinical competency in Otolaryngology require attention?

- Yes
- No

Comment

---

Milestones on this Evaluation

When Faculty evaluate Residents using this evaluation, designated milestone subcompetencies will automatically be included based on this department's settings. Comments are always allowed.
Patient Evaluation of Resident’s Care

Resident’s Name: ___________________________ Date: ___/___/_____

Residents are doctors who are completing their training in a particular field of medicine. The doctor who sees you today is specializing in Otolaryngology – Ears, Nose and Throat. We would appreciate if you can take a brief moment to complete this evaluation form, and share your opinion about the resident who was involved in your care today.

All responses are anonymous, and will be used to improve patient care in the future.

For each statement below, please fill in the circle that best indicates your opinion:

1. Friendliness/courtesy of the Resident doctor
2. Explanations the Resident doctor gave you about your problem or condition
3. Concern the Resident doctor showed for your questions or worries
4. Resident doctor’s efforts to include you in decisions about your treatment
5. Information the Resident doctor gave you about medications (if any)
6. Instructions the Resident doctor gave you about follow-up care (if any)
7. Degree to which Resident doctor talked with you using words you could understand
8. Amount of time the Resident doctor spent with you
9. Your confidence in this Resident doctor
10. Likelihood of your recommending this Resident doctor to others
Paciente Evaluación del Cuidado del Residente

Resident's Name: __________________________ Date: ___ / ___ / _____
(nombre del residente) (fecha)

Los residentes son doctores que están completando su entrenamiento en un campo particular de la medicina. El médico que lo atiende hoy se está especializando en medicina de Otorrinolaringología de cabeza y cuello. Le agradeceríamos si puede tomar un breve momento para completar este formulario de evaluación, y compartir su opinión acerca del residente que estuvo envuelto hoy en su cuidado en el Departamento de Otorrinolaringología.

Todas las respuestas son anónimas, y serán usadas para mejorar el cuidado de pacientes en el futuro.

Para cada declaración abajo, por favor marque el círculo que mejor indique su opinión:

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<td>2. Explicaciones que el médico residente le dio sobre su problema o condición</td>
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<td>4. Esfuerzo del médico residente para incluirlo en las decisiones sobre su tratamiento</td>
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<td>6. Instrucciones que le dio el médico residente sobre la atención de seguimiento (si corresponde)</td>
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<td>7. Grado en que el médico residente habló con usted usando palabras que usted podría entender</td>
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<td>9. Tu confianza en este médico residente</td>
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<td>10. Probabilidad de recomendar este médico residente a otros</td>
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OTOLARYNGOLOGY RESIDENT SUPERVISION POLICY

PURPOSE
To establish guidelines and requirements for residents enrolled in the Otolaryngology-Head & Neck Surgery residency-training program at the University of Nevada, Las Vegas School of Medicine

POLICY
Attending staff physicians supervising residents in the otolaryngology program have the simultaneous purposes of enhancing the professional functioning of the resident while monitoring the quality of patient care delivered. Supervision is exercised through observation, consultation, role modeling and by directing the learning of the resident. Documentation of supervision is the written or computer-generated medical record of evidence of a patient encounter that reflects the level of supervision provided by a supervising medical staff physician.

The otolaryngology residency-training program utilizes standards and criteria for supervision of residents as put forth by the Residency Review Committee for Otolaryngology of the Accreditation Council for Graduate Medical Education.

PROCEDURE
A. Ultimate responsibility for the care of a patient rests with the attending physician in inpatient, outpatient, and operating room resident experiences.
B. The program director and/or individual attending must determine the level of supervision required to provide appropriate training and to assure quality of patient care.
C. To ensure patient safety and quality patient care while providing the opportunity to maximize the resident educational experience, supervising attending staff physicians will be available to the resident in person or by telephone 24 hours a day during clinical duty.
   i. PGY1 residents will be supervised either directly or indirectly with direct supervision immediately available.
   ii. Residency program coordinator will ensure that residents know which supervising attending staff physician is on call and how to reach this individual.
D. Supervision of otolaryngology residents is based on level of training. Interns are supervised by more senior residents who are supervised by chief residents and ultimately the attending. Residents rotating on the otolaryngology service are supervised by those more senior to them and the attending.
E. The program director with faculty input will delegate patient care responsibilities to residents in a way that will allow them to assume progressive authority and responsibility, conditional independence and a supervisory role in patient care based on individual assessments in accordance with their level of training, experience, and demonstrated clinical competence.
F. Inpatient and ambulatory assignments have been developed commensurate with residents’ abilities and with appropriate supervision as outlined in level specific, rotation specific goals and objectives.
G. Otolaryngology residents will be provided with prompt and reliable systems for
communication and interaction with supervisory physicians.
H. All non-emergent invasive procedures will have the prior approval of the attending physician.
I. Patient care rendered by a resident physician may not be contrary to the management
approved by the attending physician unless it is directed by the appropriate department
chairman in accordance with the Medical Staff by-laws.
J. Resident physicians with documented competencies will supervise assigned medical students.
K. Residents will be responsible for conveying information to the supervising attending staff
member for a given patient shall include but not limited to the following situations:
   i. Notification and review of a consultation in the emergency room or inpatient
      setting
   ii. Admission of a patient to the hospital inpatient service
   iii. Consideration of performing an elective invasive procedure
   iv. Notification of the performance of an emergent invasive procedure
   v. Review of a patient’s postoperative condition with the responsible attending staff
      whenever it deviates from the expected course, deteriorates, or within 24 hours
      after the procedure when the patient is stable and the postoperative course
      unremarkable
   vi. A patient leaving against medical advice
   vii. A patient and/or family asking to talk with an attending staff
   viii. A patient demonstrating new hostile, suicidal, homicidal or psychotic ideations
   ix. Difficulties in interaction with other residents and attending staff caring for a
      patient in common
   x. Possible violations of hospital policies regarding the care of a patient
   xi. Possible violations of local, state or federal laws regarding the care of a patient
   xii. Abnormal test results
   xiii. Change in a patient’s condition even if expected (including death)
   xiv. Need for an increasing level of acuity of care
   xv. Decision by patient, to initiate or change end-of-life categorization status
   xvi. Transfer of a patient (e.g., to a different level of care, another inpatient service,
      another attending’s service, etc.)
   xvii. Consideration of discharge of a patient from the hospital and discharge planning
   xviii. Discharge of a patient from the hospital.
L. With the exception of a life or death emergency, at no time can a resident be supervised by a
relative. The term “relative” is defined by state statute and University policy as any person
who is within the third degree of consanguinity or affinity. Consanguinity is a blood
relationship within a family of the same descent. Affinity is a marriage or other legal
relationship (such as adoption) formally recognized by the State of Nevada. Relationship within
the third degree of consanguinity or affinity are defined as:
   i. The employee’s spouse, child, parent, sibling, half-sibling, or step-relatives in the
      same relationship;
   ii. The spouse of the employee’s child, parent, sibling, half-sibling, or step-relative;
   iii. The employee’s in-laws, aunt, uncle, niece, nephew, grandparent, grandchild or
      first cousin.
M. Emergency room ENT consultations: When paged from the ER, the ENT resident will return the
page within 10 minutes, identify yourself by name and PGY year, name of ENT attending on
call. Determine nature and urgency of ENT problem with the ER consulting medical staff.
Mutually agree on plan of management and time frame of resident arrival to bedside for ENT
consultation.

ATTENDING STAFF SUPERVISION AND RESPONSIBILITY

Attending staff are responsible for, and must be personally involved in, the care provided to individual
patients in inpatient, outpatient, and operating room settings. When a resident is involved in the care of the
patient, the responsible attending physician must maintain personal involvement. The attending physician
oversees the care of the patient and provides the appropriate intensity of resident supervision based on the
nature of the patient’s condition, the likelihood of major changes in the management plan, the complexity
of care, and the experience and judgment of the resident being supervised. All services must be rendered
under the oversight of the responsible attending physician or be personally furnished by the attending
physician. Attending staff responsibilities include:

a) Inpatient:
   a. Attending physician is identified in the chart
   b. Meet with the patient within 24 hours of admission
   c. Document supervision with progress note(s) by the end of the day following admission
   d. Follow local admission guidelines for attending notification
   e. Ensure discharge is appropriate
      ▪ Ensure transfer from one inpatient service to another inpatient service is appropriate
      ▪ Resident participation in the management of patients in the perioperative period, both in the
        intensive care and the non-acute patient care units is supervised by a qualified faculty member
        and this supervision is documented in inpatient progress notes. Frequent consultation with
        faculty members is an essential part of both safe and excellent clinical care, and optimal resident
        teaching. Recognizing the value of the so- called “chain of command,” it is appropriate for junior
        level residents to report to senior-level residents and/or the chief residents. Therefore, much of
        the interface between the resident staff and faculty occurs at the chief resident level.

b) Outpatient:
   a. Attending physician is identified in the chart by either an attending note or documentation of
      attending supervision in the resident progress note.
   b. Countersign note
      ▪ All outpatient clinics at all participating institutions are supervised by a qualified faculty member
        and this supervision documented in all clinic notes. Faculty schedules are structured to provide
        residents with this continuous supervision. Attending notes are added to resident notes to
        comply with Medicare/Medicaid requirements. Typically, residents are given the opportunity to
        see patients then present the history to the faculty on a case-by-case basis. As they progress
        through training, residents are increasingly encouraged to report their interpretation of the
        patient presentation and test results, suggest provisional diagnoses, and recommend further
        diagnostic testing and preliminary treatment plans. Particular emphasis is placed on ensuring an
opportunity for follow-up care of surgical patients, so that the results of surgical care may be evaluated by the responsible residents.

c) Emergency Department/Consultations
   a. An attending physician must always be accessible by phone and will evaluate the patient within 24 hours
   b. Discuss with the resident doing a given consultation within 24 hours
   c. Document supervision of a given consultation by the end of the next working day
   d. Under no circumstances will a resident make an independent determination to admit, transfer, or discharge a patient without personal discussion of the case with the on-call faculty member. All calls from outside facilities requesting to transfer patients to the otolaryngology service will go directly to the faculty member.

d) Surgery/Procedures
   a. Attending physician will be notified if surgery needs to be performed.
   b. Attending meets with the patient and the individual with power of attorney to give operative consent before the procedure/surgery
   c. Attending staff will discuss indications, risks, complications, alternatives and benefits of surgery and will obtain the surgical consent
   d. The attending staff will document agreement with the proposed surgery/procedures
   e. The attending physician countersigns the procedure note
   f. Surgical supervision: All surgical cases at all participating institutions are supervised appropriately by qualified faculty and this supervision documented in all surgical notes. Faculty schedules are structured to provide residents with this continuous supervision. The degree to which the resident independently performs technical maneuvers during surgery is to be determined at the discretion of the faculty member and may change from case to case and even from minute to minute within the same case depending on the difficulty of the case or changes in patient health status.

LEVELS OF SUPERVISION:

*Direct Supervision*: supervising physician is physically present with the resident and patient.

*Indirect Supervision 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.

*Indirect Supervision 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.

*Oversight*: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
WORK ENVIRONMENT AND DUTY HOUR POLICY

INTRODUCTION
Residents will, in the course of their training/education, take home-call and require to come in to the hospital after-hours. Consequently, places to stay and accessibility to food are important.

- **Call Rooms** - Residents will be provided with safe, private, gender-specific, and quiet call rooms for the times that they need to remain in the hospital overnight. Linens, pillows and lockers will be provided for residents to keep their personal belongings while on call.

- **Meals** - Residents will have access to food while on call. At some facilities, food will be provided free of charge to those on duty and on call. At other institutions, funds will be distributed to residents based on the hours spent in the hospital and number of calls assigned per month. Distribution will be equitable for those with long in hospital assignments.

- **Laundry** - Laundry services are not available to the residents. However, clean scrubs are available to all residents at all institutions for call, for work in the operating suites, the delivery suites and in the emergency department. Each department provides lab coats to their residents. Orders will be taken by residency coordinators. Lab coats will be replaced as needed on an annual basis.

RESIDENT KEY INDICATOR CASE LOGS
Otolaryngology resident are required to enter their Key Indicator Case Log into the ACGME site every week and will be reviewed Thursdays at didactics by Dr. Wang.

ENT RESIDENT TRAVEL
All ENT resident travel to conferences or meetings must be approved at least 30 days in advance by the Program Director. This is inclusive of all in or out of state and foreign meetings, conferences, and lectures that take the resident away from assigned duties.

ENT RESIDENT VACATION
All resident vacation requests are taken and scheduled at the beginning of each academic year. Residents are allowed to take 15 days annually that are normally given 5 days at a time. We understand that events happen in life that can cause the need for changes to be made to this schedule. All changes must be approved by the Program Director and rotation director at least 30 days in advance with arrangement of adequate clinical coverage.

ENT DIDACTIC EXPECTATION
All residents are expected to actively participate in all aspects of this protected educational time. The use of cell phones will not be allowed with exception to the On-Call resident.

ENT RESIDENT CALL POLICY
Weekday call duties start at 8 PM and end at 6 AM the morning after. Weekend calls last for a period of 24 hours.

The on-call resident is responsible for staffing any clinical activity during the hours of call. Including but not limited to: surgeries, clinic, emergency consultation, and in hospital consultations.

Any special requests for call scheduling must be submitted in writing prior to the 15th of the month prior to the activity. Special requests will be considered but not guaranteed. Last-minute emergency accommodations may be arranged between residents. The assigned resident will remain the responsible person during the call and must relay all clinical information to the covering resident. The covering resident may assist in performing clinical activities. In order to minimize disruptions in clinical services and adhere to resident work-hour restrictions, emergency accommodation should be minimized. Residents must obtain approval of the on-call attending prior to any emergency accommodation is finalized.

TRANSITIONS IN CARE: During daily AM rounds, the resident coming off call will review all management & diagnostic plans for overnight admissions/consultations with the oncoming on-call resident, otolaryngology inpatient service team and responsible attending.

RESIDENT DUTY/ON-CALL HOURS

I. Definition

Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care responsibility, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

II. Requirements

This program will comply with the ACGME Institutional Requirements related to duty hours as well as all Residency Review Committee requirements as described in the Program Requirements for Otolaryngology. Basic requirements include:

a. Duty hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all call activities. Exceptions (for up to an additional 10%) will require UNLV GMEC and RRC approval.

b. Residents will be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

c. Continuous on-site duty must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

d. No new patients may be accepted after 24 hours of continuous duty.
e. Adequate time for rest and personal activities must be provided. This should consist of a minimum 10-hour time period provided between all daily duty periods and after call.

f. At-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period. At-home call (pager call) is defined as call taken from outside the assigned institution.
   i. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   ii. The program director and faculty will monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

g. Back-up support systems will be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
   i. The chief resident must be notified when patient care responsibilities are unusually difficult or prolonged or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care. The chief resident will, in turn, notify the attending on call and plans for clinical coverage will be arranged.

The following principles underlie all program-specific duty hours’ policies:

a. The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. The Program will ensure that residents are provided backup support when patient care responsibilities are especially difficult or prolonged.

b. Resident duty hours and on-call schedules must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. Duty hours must be consistent with the institutional and program requirements.

c. The program will provide services and develop systems to minimize the work of residents that is extraneous to their educational program.

III. Graduate Medical Education Requirements

a. The Program Director will provide a written copy of their duty hours policy to the Office of Graduate Medical Education at the beginning of each academic year.

b. The Program Director must provide a written copy of the duty hours policy to their faculty and house staff at the beginning of each academic year.

c. The Program Director is responsible for monitoring the effects of duty hours responsibilities and making necessary modifications to scheduling in order to mitigate excessive service demands or fatigue.
i. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service. Quarterly reports should be provided to the GME office for review and potential discussion at GMEC meetings.
ii. Duty hours policies will be evaluated at the time of internal review.
iii. Compliance with duty hours regulations will be evaluated quarterly. Non-adherence will be reported to the GMEC for further action.

IV. Institutional Support

UNLV School of Medicine provides institutional support for both residents and fellows through institutional compliance monitoring.

The Office of Graduate Medical Education reviews ACGME duty hours for each program. Any reports of non-adherence of duty hours policies will be investigated and reported to the GMEC for discussion and action.

The GME website provides for a confidential reporting mechanism where violations of duty hours may be reported anonymously and untraceably. Reporting a violation triggers an email to the GME office for an independent investigation while protecting the anonymity of any individual reporting a potential violation.

MOONLIGHTING POLICY

Otolaryngology Residents are not permitted to moonlight during their clinical rotations. It is felt that this would be competitive with time better spent in patient care, self-education, research, or in personal activities. Accordingly, moonlighting is not permitted.

UNLV SCHOOL OF MEDICINE RESIDENT POLICIES

PROCEDURES FOR RESIDENT PHYSICIAN’S COMPLAINTS/GRIEVANCES

I. INTRODUCTION

A resident’s complaint or grievance must be given appropriate attention. If the resident has a complaint, such as a disagreement with an evaluation or status in the program, working conditions, poor treatment by others, etc., he/she should attempt to resolve the complaint through informal channels with the program director and/or the department chair. If this fails, then the resident should follow the procedure below.

II. PROCEDURE:

- If the resident feels that complaint or grievance has not been satisfactorily addressed, he or she should contact, in writing (e-mail is acceptable): Associate Dean for Graduate Medical Education, UNLV School of Medicine, 2040 W. Charleston Blvd., Suite 507, Las Vegas, NV 89102. Phone (702) 895-0200.
- If the resident still does not feel the complaint or grievance has been satisfactorily addressed, he or she should contact, in writing (e-mail is acceptable) the Dean of the School of Medicine, whose decision on the matter is final.
- No complaint or grievance will be considered if the issue presented by the resident has already
been the subject of disciplinary procedures and due process under the University of Nevada, Las Vegas School of Medicine and Affiliated Hospitals’ Disciplinary Procedures for Resident Physicians/Dentists and Guarantee of Due Process policy (see pages 57-60 of this handbook).

- For complaints regarding equal employment opportunity or sexual harassment, please see Board of Regents Handbook, Title 4, Chapter 8 and/or the NSHE Sexual Harassment Policy (appendix IV).

### RESIDENT DUE PROCESS

#### I. INTRODUCTION

- Residents are entitled to due process, as described in this policy, whenever disciplinary action is contemplated to be taken against a resident which may result in probation, suspension, demotion, or dismissal from a program. Disciplinary action may be taken for:
  - Academic or knowledge-based reasons (such as failure to meet educational and training standards or requirements); and
  - Misconduct (including any prohibited conduct as defined by Title 2, Chapter 6 of the Nevada System of Higher Education Code or violation of any policy or procedure contained in the UNLV School of Medicine Resident Handbook)

- Residents may seek review of a notice of non-reappointment through the due process (see specifically section II, number 8).

- The procedure described below, will be used after informal attempts to settle the complaint have failed. Informal resolution of complaints is done within a department and/or a departmental evaluation or performance review committee.

- Informal complaints should be made to the resident, the senior supervising, and/or the resident’s supervising staff physician.

#### II. PROCEDURE:

1. Formal complaints must be made in writing to the Chair of the resident’s department with copies to the Associate Dean for Graduate Medical Education, Vice Dean and the Dean. When the complaint involves the resident's activities at an affiliated hospital, a copy will also be sent to the Chief of Staff. Anyone submitting a complaint will support the request by references to a specific activity, conduct, deficiency or other basis constituting the grounds for the request, and will provide supporting documentation, if it exists.

2. Upon receipt of a formal complaint, the Chair may:
   a. Informally resolve the complaint including remediation, in a mutually satisfactory manner, in writing with a copy to the resident’s file (informal resolution of a complaint including remediation, is limited to the first complaint against a resident), or
   b. Request the Resident Performance Review Committee to investigate the complaint and make a recommendation to the Chair. Additional details may be found in the Progressive Remediation Policy pages 61-62.
c. In either case a written report will be made to the Associate Dean for Graduate Medical Education, with copies to the Vice Dean and the Dean.

3. The Resident Performance Review Committee is a standing committee of the GMEC and will include the following individuals:
   a. 3 program directors appointed for a 12-month term with at least 3 alternates to remove potential conflicts of interest (if a resident is in a standing member’s department), the role of chair will rotate amongst the committee members.
   b. A senior resident who has been peer selected to serve on the GMEC, an alternate will be available to eliminate conflict of interest.
   c. The committee will be facilitated by the Associate Dean for Graduate Medical Education. This person will NOT have voting rights.

4. The Resident Performance Review Committee will:
   a. At least 10 days prior to the hearing, present the resident with a copy of the complaint which shall include a description of the charges, possible action contemplated by the Committee, a list of witnesses, a copy of the materials and documentation in support of the charges and the date, time, and location of the hearing.
   b. Allow the resident 10 days to prepare a response.
   c. Invite the resident (and, if the resident wishes, a legal representative) to be heard before the committee.
   d. Conduct a thorough investigation of the complaint, interviewing those persons it feels may have relevant information.
   e. Allow the resident or representative to confront and cross-examine witnesses.
   f. Record and transcribe all meetings. The GME Manager will be responsible for this activity.
   g. The transcription and the committee’s recommendations will be provided to the Chair, with copies to the Associate Dean for Graduate Medical Education, Vice Dean and Dean. The committee’s deliberations will not be recorded.

5. The resident has a right to:
   a. Written notice of the complaint which shall include a description of the charges, possible action contemplated by the Committee, a list of witnesses, a copy of the materials and documentation support of the charges and date, time and location of the hearing at least 10 days prior to the hearing.
   b. Be heard in person and to present witnesses and written documentation in support of his/her position.
   c. Question adverse witnesses.
   d. An unbiased, confidential hearing.
   e. Be accompanied by an advisor or legal representative at such meetings.
   f. Have the case determination made only on the evidence recorded at the hearing.
   g. Receive a written statement prepared by the review in body setting forth its findings; and decision and the reason(s) for reaching such decision.
   h. Appeal an adverse decision, under the procedures set forth below.
6. The Resident Performance Review Committee may recommend:
   a. No action against the resident.
   b. A verbal or written reprimand.
   c. A probationary period, after which the Review Committee will reconvene to review the case and make its final recommendation.
   d. That certain training or education be repeated.
   e. Suspension from the residency program for a specified length of time.
   f. Whether an emergency suspension should be continued by the Dean.
   g. Demotion.
   h. Dismissal from the residency program.

7. The Chair will consider the Resident Performance Committee's recommendation and will then take action on the complaint. The Chair will provide the resident with a written statement of (1) the action to be taken, (2) the reason which the action is based, and (3) any conditions which have been placed upon the resident. A copy of this statement will be sent to the Associate Dean for Graduate Medical Education, Vice Dean, Dean, and to the Administrator of the involved hospital, if applicable.

8. In the case of a notice of non-reappointment, the resident will, in writing, appeal this decision to the dean.
   a. The dean will notify the Associate Dean for Graduate Medical Education, and request the Resident Performance Review Committee to convene to hear the resident’s appeal.
   b. The resident will work with the Associate Dean for Graduate Medical Education to arrange a hearing, assemble witnesses, and provide documentation from the resident, the program director and other sources as deemed appropriate.
   c. The resident will have notice of the hearing no less than 10 days prior, and will receive all documentation that will be provided to the committee.
   d. The resident will be allowed legal representation if he/she chooses. Notification of this representation must follow item number 11 of this policy.
   e. The committee will have the opportunity to uphold the notice of non-reappointment or rescind the decision and make recommendations as to remediation of the resident. The committee will provide its recommendations to the dean and the dean’s decision will be final.

9. If the resident wishes to appeal the Chair’s decision, the resident will request in writing a review by the Dean within 10 days of receipt of the Chair’s written statement. The reasons for the appeal must be stated.
   a. The Dean, or his representative, may chair an Appeals Committee which will include, when practicable, the Administrator of the involved hospital (or his/her representative) and Chairs from other medical school departments with residency programs.
   b. The Appeals Committee may obtain additional facts, as deemed necessary, but will address no issues that were not raised in the original Notice of Action and response.
   c. The Appeals Committee will make, within 3 weeks of the written request for review, a recommendation on the matter to the Dean. The Dean will inform the resident of his/her
decision within 10 days of receipt of the Appeals Committee's recommendation. The Dean's decision will be final.

10. Deviation from these procedures will not invalidate a decision or proceeding unless it the course of the proceedings would have been substantially different had the deviation not occurred, in which event the resident must bring to the deviation to attention of the Department Chair immediately upon belief that such prejudice occurred.

11. Within five (5) days prior to the scheduled meeting date the resident will advise the Chair whether he/she will be represented at the meeting by an attorney or other advisor. Failure to do so shall result in the resident not being permitted to be accompanied by counsel except for good cause shown or upon written agreement of the parties.

12. A resident's failure to request a meeting to review an adverse decision, to appear at a scheduled meeting, or to appeal from an adverse decision, will be treated as consent to the action.

13. The Associate Dean for Graduate Medical Education will be required to notify the Nevada Board of Medical Examiners, the Nevada Board of Dental Examiners or the Nevada Board of Osteopathic Examiners, as the case maybe, when a resident has been disciplined under these Guidelines and the Dean has rendered a final decision.

14. Action under these procedures shall go forward regardless of other possible or pending administrative, civil or criminal proceedings arising out of the same or other events.

15. Except upon dismissal from their program, and in that event, only upon a final decision regarding dismissal, residents will be entitled to receive their regular compensation during any period of disciplinary action up to the end of the appointment period.

16. Technical departures from or errors in following the procedures established in the [NSHE] Code or in any applicable stated prohibition, policy, procedure, rule, regulation or bylaw of a System institution under which disciplinary procedures are being invoked shall not be grounds to withhold disciplinary action unless, in the opinion of the Dean, the technical departures or errors were such as to have prevented a fair and just determination of the charges.
SEXUAL HARASSMENT POLICY AND COMPLAINT PROCEDURE

Sexual harassment of students, employees, and users of university facilities is unacceptable and prohibited.

NSHE POLICY AGAINST SEXUAL HARRASSMENT AND COMPLAINT PROCEDURE

BOARD OF REGENTS HANDBOOK

TITLE 4, CHAPTER 8, SECTION 13

A. Sexual Harassment is Illegal Under Federal and State Law.

The Nevada System of Higher Education (NSHE) is committed to providing a place of work and learning free of sexual harassment. Where sexual harassment is found to have occurred, the NSHE will act to stop the harassment, to prevent its recurrence, and to discipline those responsible in accordance with the NSHE Code or, in the case of classified employees, the Nevada Administrative Code. Sexual harassment is a form of discrimination; it is illegal.

No employee or student, either in the workplace or in the academic environment, should be subject to unwelcome verbal or physical conduct that is sexual in nature. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior of a sexual nature that is not welcome, that is personally offensive, and that interferes with performance.

It is expected that students, faculty and staff will treat one another with respect.

B. Policy Applicability and Sanctions.

All students, faculty, staff, and other members of the campus community are subject to this policy. Individuals who violate this policy are subject to discipline up to and including termination and/or expulsion, in accordance with the NSHE Code or, in the case of classified employees, the Nevada Administrative Code. Other, lesser sanctions may be imposed, depending on the circumstances.

This policy is not intended to and does not infringe upon academic freedom in teaching or research as established in the NSHE Code, Ch. 2.

C. Training.

All employees shall be given a copy of this policy and each institution's Human Resources Office shall maintain documentation that each employee received the policy. New employees shall be given a copy of this policy at the time of hire and each institution's Human Resources Office shall maintain documentation that each new employee received the policy.

Each institution shall include this policy and complaint procedure in its general catalog. Each institution shall have an on-going sexual harassment training program for employees.

D. Sexual Harassment Defined.
Under this policy, unwelcome sexual advances, requests for sexual favors, and other visual, verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or academic status;
2. Submission to or rejection of the conduct is used as a basis for academic or employment decisions or evaluations, or permission to participate in an activity; or
3. The conduct has the purpose or effect of substantially interfering with an individual’s academic or work performance, or of creating an intimidating, hostile or offensive environment in which to work or learn.

Sexual harassment may take many forms—subtle and indirect, or blatant and overt. For example,

- It may occur between individuals of the opposite sex or of the same sex.
- It may occur between students, between peers and/or co-workers, or between individuals in an unequal power relationship.
- It may be aimed at coercing an individual to participate in an unwanted sexual relationship or it may have the effect of causing an individual to change behavior or work performance.
- It may consist of repeated actions or may even arise from a single incident if sufficiently severe.
- It may also rise to the level of a criminal offense, such as battery or sexual assault.

Determining what constitutes sexual harassment under this policy will be accomplished on a case by case basis and depends upon the specific facts and the context in which the conduct occurs. Some conduct may be inappropriate, unprofessional, and/or subject to disciplinary action, but would not fall under the definition of sexual harassment. The specific action taken, if any, in a particular instance depends on the nature and gravity of the conduct reported, and may include disciplinary processes as stated above.

Examples of unwelcome conduct of a sexual nature that may constitute sexual harassment may, but do not necessarily, include, and are not limited to:

- Physical assault.
- Sexually explicit statements, comments, questions, jokes, innuendoes, anecdotes, or gestures.
- Unnecessary touching, patting, hugging, or brushing against a person’s body or other inappropriate touching of an individual’s body.
- Remarks of a sexual nature about a person’s clothing or body.
- Use of electronic mail or computer dissemination of sexually oriented, sex-based communications.
- Sexual advances, whether or not they involve physical touching.
- Requests for sexual favors in exchange for actual or promised job or educational benefits, such as favorable reviews, salary increases, promotions, increased benefits, continued employment, grades, favorable assignments, letters of recommendation.
- Displaying sexually suggestive objects, pictures, magazines, cartoons, or screen savers.
- Inquiries, remarks, or discussions about an individual’s sexual experiences or activities and other written or oral references to sexual conduct.
Even one incident, if it is sufficiently serious, may constitute sexual harassment. One incident, however, does not usually constitute sexual harassment.

E. Procedure

The Chancellor and each president shall designate no fewer than two administrators to receive complaints of alleged sexual harassment. The administrators designated to receive the complaints may include the following: (1) the Human Resources Officer at the institution; (2) the Affirmative Action Program Officer; or (3) any other officer designated by the president. If the Human Resources Officer or the Affirmative Action Program Officer or another officer designated by the president, is not the individual who initially receives the complaint or alleged sexual harassment, then the individual who initially receives the complaint must immediately forward the complaint to either the Human Resources Officer or the Affirmative Action Program Officer.

An individual filing a complaint of alleged sexual harassment shall have the opportunity to select an independent advisor for assistance, support, and advice and shall be notified of this opportunity by the Human Resources Officer or the Affirmative Action Program Officer, or by their designee. It shall be the choice of the individual filing the complaint to utilize or not utilize the independent advisor. The independent advisor may be brought into the process at any time at the request of the alleged victim. The means and manner by which an independent advisor shall be made available shall be determined by each institution or unit.

Supervisors' Responsibilities: Every supervisor has responsibility to take reasonable steps intended to prevent acts of sexual harassment, which include, but are not limited to:

- Monitoring the work and school environment for signs that harassment may be occurring.
- Refraining from participation in, or encouragement of actions that could be perceived as harassment (verbal or otherwise).
- Stopping any observed acts that may be considered harassment, and taking appropriate steps to intervene, whether or not the involved individuals are within his/her line of supervision; and
- Taking immediate action to minimize or eliminate the work and/or school contact between the two individuals where there has been a complaint of harassment, pending investigation.

If a supervisor receives a complaint of alleged sexual harassment, or observes or becomes aware of conduct that may constitute sexual harassment, the supervisor must immediately contact one of the individuals identified above to forward the complaint, to discuss it and/or to report the action taken. Failure to take the above action to prevent the occurrence of or stop known harassment may be grounds for disciplinary action.

Complaints of sexual harassment must be filed within one hundred eighty (180) calendar days after the discovery of the alleged act of sexual harassment with the supervisor, department chair, dean, or one of the administrators listed above and/or designated by the president to receive complaints of alleged sexual harassment. Complaints of prohibited conduct, including sexual harassment, filed with an institution's administrative officer pursuant to NSHE Code Chapter 6, Section 6.8.1, are not subject to this 180-day filing requirement.

1. Employees.
a. An employee who believes that he or she has been subjected to sexual harassment by anyone is encouraged—but it is neither necessary nor required—to promptly tell the person that the conduct is unwelcome and ask the person to stop the conduct. A person who receives such a request must immediately comply with it and must not retaliate against the employee for rejecting the conduct.

b. The employee may also choose to file a complaint with his or her immediate supervisor, who will in turn immediately contact one of the officials listed above.

c. If the employee feels uncomfortable about discussing the incident with the immediate supervisor, the employee should feel free to bypass the supervisor and file a complaint with one of the other listed officials or any other supervisor.

d. After receiving any employee’s complaint of an incident of alleged sexual harassment, whether or not the complaint is in writing, the supervisor will immediately contact any of the individuals listed above to forward the complaint, to discuss it and/or to report the action taken. The supervisor has a responsibility to act even if the individuals involved are not supervised by that supervisor.

2. Students.

a. A student who believes that he or she has been subjected to sexual harassment by anyone is encouraged—but it is neither necessary nor required—to promptly tell the person that the conduct is unwelcome and ask the person to stop the conduct. A person who receives such a request must immediately comply with it and must not retaliate against the student for rejecting the conduct.

b. The student may also choose to file a complaint with his or her major department chair, who will in turn immediately contact one of the officials listed above.

c. If the student feels uncomfortable about discussing the incident with the department chair, the student should feel free to bypass the chair and file a complaint with one of the above officials or to any chair or dean, who will in turn immediately contact one of the officials listed above to forward the complaint, whether or not the complaint is in writing, to discuss it and/or to report the action taken. The chair or dean has a responsibility to act even if the individuals are not supervised by that chair or dean.

3. Non-Employees and Non-Students.

Individuals who are neither NSHE employees nor NSHE students and who believe they have been subjected to sexual harassment by a NSHE employee during the employee’s work hours or by a NSHE student on campus or at a NSHE-sponsored event may utilize any of the complaint processes set forth above in this section.

4. Investigation and Resolution.

a. After receiving a complaint of the incident or behavior, an investigation by one of the above listed officials will be initiated to gather information about the incident. Each institution may set guidelines for the manner in which an investigation shall be conducted.

b. At the completion of the investigation, a recommendation will be made to the appropriate management regarding the resolution of the matter. The recommendation is advisory only.

c. After the recommendation has been made, a determination will be made by appropriate management regarding the resolution of the matter. If warranted, disciplinary action up to and including involuntary termination or expulsion will be taken. Any such disciplinary action shall be taken in accordance with NSHE Code Chapter 6, or, in the case of classified
employees, NAC Chapter 284. Other appropriate actions will be taken to correct problems, if any, caused by or contributing to the conduct. If proceedings are initiated under Chapter 6, the investigation conducted pursuant to this policy may be used as the Chapter 6 investigation. The administrative officer, in his or her discretion, may also supplement the sexual harassment investigation with additional investigation.

d. After the appropriate management has made a determination regarding the resolution of the matter, and depending on the circumstances, both parties may be informed of the resolution. Certain actions made confidential under NSHE Code Chapters 5 and 6 or NAC Chapter 284 shall remain confidential.

F. Prompt Attention.
Complaints of sexual harassment are taken seriously and will be dealt with promptly. Where sexual harassment is found to have occurred, the NSHE institution or unit where it occurred will act to stop the harassment, to prevent its recurrence, and to discipline those responsible.

G. Confidentiality.
The NSHE recognizes that confidentiality is important. However, confidentiality cannot be guaranteed. The administrators, faculty or staff responsible for implementing this policy will respect the privacy of individuals reporting or accused of sexual harassment to the extent reasonably possible and will maintain confidentiality to the extent possible. Examples of situations where confidentiality cannot be maintained include, but are not limited to, necessary disclosures during an investigation, circumstances where the NSHE is required by law to disclose information (such as in response to legal process), or when an individual is in harm's way.

H. Retaliation.
Retaliation against an individual who in good faith complains of alleged sexual harassment or provides information in an investigation about behavior that may violate this policy is against the law, will not be tolerated, and may be grounds for discipline. Retaliation in violation of this policy may result in discipline up to and including termination and/or expulsion. Any employee or student bringing a sexual harassment complaint or assisting in the investigation of such a complaint will not be adversely affected in terms and conditions of employment and/or academic standing, nor discriminated against, terminated, or expelled because of the complaint. Intentionally providing false information is also grounds for discipline.

“Retaliation” may include, but is not limited to, such conduct as:

- the denial of adequate personnel to perform duties;
- frequent replacement of members of the staff;
- frequent and undesirable changes in the location of an office;
- the refusal to assign meaningful work;
- unwarranted disciplinary action;
- unfair work performance evaluations;
- a reduction in pay;
- the denial of a promotion;
- a dismissal;
- a transfer;
♦ frequent changes in working hours or workdays;
♦ an unfair grade;
♦ An unfavorable reference letter.

I. Relationship to Freedom of Expression.

The NSHE is committed to the principles of free inquiry and free expression. Vigorous discussion and debate are fundamental rights and this policy is not intended to stifle teaching methods or freedom of expression. Sexual harassment, however, is neither legally protected expression nor the proper exercise of academic freedom; it compromises the integrity of institutions, the tradition of intellectual freedom and the trust placed in the institutions by their members.

Effective 5/2003

NEVADA STATE BOARD OF MEDICAL EXAMINERS IMPAIRED PHYSICIAN DIVERSION PROGRAM

INTRODUCTION

The purpose of the Nevada State Board of Medical Examiners Diversion Program is to provide physicians and physician assistants a confidential means of seeking and obtaining treatment for addictive disease and mental or physical impairment.

RESPONSIBILITIES FOR IMPLEMENTATION OF PROGRAM

The Board delegates to the diversion program administrator the responsibility for the operation of the diversion program. The program administrator is responsible for carrying out the policies of the program. The board's executive director is responsible for seeing that the program is being appropriately administered by the program administrator.

THE PROGRAM

The purpose of the diversion program is to protect public health and safety, and to promote medical excellence by providing a means whereby licensees of the State Board of Medical Examiners suffering from the disease of chemical dependency, physical impairment, or a mental condition impairing ability to practice medicine, may obtain treatment through a recovery program adapted to the special needs of medical professionals.

The diversion program will arrange intervention upon impaired physicians and physician assistants with the help and expertise of selected medical consultants who have knowledge of the disease of addiction and impairment, and who themselves may be in recovery. The diversion program will direct the participant to the appropriate treatment facility or program with the capability of meeting the specific needs for the care and treatment of impaired physicians and physician assistants.
OPERATION OF PROGRAM

The diversion program recovery process begins with an initial notification to the program administrator from various sources including, but not limited to, self-referral, hospital staff, colleague, family or the Board of Medical Examiners. After verification of the facts of the referral, an intervention will be conducted by the program administrator, together with one or more consultants. After the intervention, the implementation of the appropriate treatment plan and ongoing therapeutic support system follows under the supervision of the program administrator and medical consultants.

COMPLIANCE WITH CONFIDENTIALITY

The program administrator will maintain strict confidentiality of the identities of all participants in the diversion program. An office separate from that of the Board of Medical Examiners is established to maintain files and correspondence pertaining to the diversion program. The administrator is prohibited from revealing the identity of the program participants to anyone, including employees and the Board of Medical Examiners and its committees. All records, including files, computer programs, fax transmissions and telephone conversations shall be maintained separate from other Board of Medical Examiners files.

DIVERSION CONTRACT

The diversion program, via its administrator, will enter into a contract with the impaired physician and/or physician assistant which will include:

- Valuation/treatment agreement
- Continuing care agreement
- Extended voluntary relationship agreement
- Standard monitoring and laboratory collection fees set by the Board.

If a licensee voluntarily enters into the diversion program and complies with all conditions set forth in his/her contract with the diversion program, the participant’s involvement with the diversion program will remain confidential.

NON-COMPLIANCE WITH DIVERSION PROGRAM

The program administrator is responsible to see that all licensees participating in the diversion program remain in compliance with their individual contract with the program.

If at any time during the process of recovery, i.e., intervention, treatment, after-care or contractual agreements, the participant is not in compliance with the requirements of the diversion program, the administrator must report this information to the Investigative Committee of the Board of Medical Examiners for appropriate confidential or public action.
1. Information received (source, type).
2. Investigation of above information (as confidential as possible)
3. Confer with consultants (in all stages when possible)
4. Intervention of impaired physician with consultants (family members, associates) (obtain urine sample)
5. Recommend evaluation at a recognized treatment facility (have evaluation agreement signed)
6. Arrange for transportation to treatment facility (notification of facility) (inform facility of reason)
7. Assist impaired physician prior to leaving (notifications, ride to airport, etc.)
8. Assist physician’s family while he or she is in treatment
   a. Communicate with treatment facility (any collateral information and receive progress reports)
   b. When physician returns from treatment:
      i. Have physician sign continuing care agreement
      ii. Arrange for physician’s participation in a re-entry group, caduceus, etc.
      iii. Monitor physician’s body fluid as per Continuing Care Agreement for a period of not less than five (5) years
   c. Obtain Quarterly reports from group facilitators of physician's attendance at meetings
   d. Report quarterly to treatment facility for a year after physician's return on his progress as per their recommendations for aftercare
   e. Report to medical consultants of status of every participant who has signed a Diversion Program agreement (generally done during Diversion Program quarterly committee meetings)
9. Maintain contact with recovering physicians during all phases of their recovery (assist them, their families and professional associates, if needed, during their recovery).

COMPETENCY BASED GOALS & OBJECTIVES

OTOLARYNGOLOGY RESIDENCY PROGRAM PGY I - V

OVERALL GOALS AND OBJECTIVES FOR THE PROGRAM

The following are summaries of educational goals specific to level of training and sub-divided by subspecialty rotations.

During Internship, residents will rotate with general surgery, plastic surgery, pediatric surgery, neurosurgery, surgical intensive care, and anesthesia for the first six months. During this time, the PGY-1 resident will assess, plan and initiate treatment of adult and pediatric patients with surgical and/or medical problems. They will care for patients of all ages with surgical and medical emergencies, multiple organ system trauma, soft tissue wounds, nervous system injuries and diseases, and peripheral vascular and thoracic injuries. They will care for critically-ill surgical and medical patients in the ICU and emergency room setting. They will
participate in the pre-, intra-, and post-operative care of surgical patients. They will participate in surgical anesthesia in hospital, including evaluation of anesthetic risks and management of intra-operative anesthetic complications. Activities will foster proficiency in the peri-operative care of surgical patients, inter-disciplinary care coordination, and airway management skills.

The latter six months of internship will be spent on otolaryngology-head & neck surgery under the supervision of the Otolaryngology Faculty. It is expected that they will develop basic surgical skills, as well as skills in the inpatient and outpatient management of surgical patients pre-, intra-, and post-operatively.

Residents will also be expected to differentiate between emergent and non-emergent situations. They will learn to manage otolaryngology patients in the emergency department. They will cultivate their otolaryngology knowledge base.

The OTO-2 house officer will become a full-time member of the otolaryngology service. The otolaryngology service is divided into 3 specialty teams:

1. Team 1: Head & Neck Surgery & Microvascular Head/Neck Reconstruction
2. Team 2: Otology & General Otolaryngology
3. Team 3: Pediatric Otolaryngology & General Otolaryngology

The OTO-2 house officer will spend 6 months on Team 2 and 6 months on Team 3. The weekly schedule will consist of 2-3 days of OR and 2-3 days of outpatient clinic. In addition, the resident will provide care on the wards and ICU for the inpatients on the UMC otolaryngology service. The resident will also attend all of the scheduled conferences during the week. The OTO-2 residents will rotate with OTO-4 and OTO-3 residents for junior level call duty at UMC Medical Center. All calls will be taken from home and will range from 2-5 days a week.

Following a year of Otolaryngology experience, the OTO-3 resident will now be able to incorporate and supplement those clinical experiences with 6 months of selective/elective rotations. Two of the required selectives are Plastic surgery for 2 months and Allergy/Immunology for one month. The remaining months will be spent on Laryngology, Head & Neck Pathology, and Oral-Maxillofacial Surgery. The OTO-3 resident will also spend the remainder of the 5 months as the junior resident on the head/neck surgery service (Team 1). He/she will have extensive experience assisting in complicated head and neck surgery such as neck dissection, laryngectomy, maxillectomy, thyroidectomy, and craniofacial resections. The resident will also gain experience as primary surgeon in the common otolaryngology surgeries, such as tracheostomy, septoplasty, various aerodigestive endoscopic evaluations and sinus surgery.

During the OTO-3 year, the resident will assume home-call for otolaryngology coverage of the UMC Emergency Department and in-hospital consults ranging from 2-5 days a week. While on the plastic surgery service, the resident will share on-call duties with other surgical residents for facial trauma (2 months) and is exempt from Otolaryngology home-call duties. The final month is spent on research whereby the OTO-3 resident will submit a research proposal, identify a faculty mentor, submit IRB approval, obtain necessary
grant funding and perform the preliminary steps in preparation for the OTO-4 continuous 3-month research block.

Three months of dedicated research is mandatory for the OTO-4 year. The OTO-4 resident will undertake a project worthy of presentation at a major meeting and publication. The project may be basic science, translational, or clinical in nature, and may draw upon the expertise and resources of members of the Otolaryngology faculty and/or those of allied disciplines (allergy and immunology, oncology, radiation oncology, pediatrics, neurobiology, anatomy, surgical pathology, audiology, speech pathology, etc.). For the remainder of the six months, OTO-4 residents will serve as the more senior resident on Teams 2 and 3.

Three months will be spent on Team 2 (Advanced Otology/General Otolaryngology) and three months will be spent on Team 3 (Advanced Pediatric Otolaryngology/General Otolaryngology). He/she will perform advanced level surgeries under the guidance of attending physicians and will be given the responsibility of in-patient care with attending guidance. Teaching of junior residents, interns, and medical students is also expected.

The remaining three months will be spent on Outpatient ENT Surgery under the supervision of Dr. Oluwafunmilola Okuyemi. The OTO-4 resident will participate in outpatient surgeries with Dr. Oluwafunmilola Okuyemi, Dr. Walter Schroeder (community otolaryngologist) and the Otolaryngology Staff at Nellis Air Force Base/ Michael O’Callaghan Federal Hospital. A major component of an otolaryngology practice is outpatient surgery. The OTO-4 resident will gain exposure in working in the outpatient surgery environment. They will be responsible for the preoperative evaluation and postoperative care of these patients. He/she will participate in endoscopic sinus surgery, septoplasty, facial plastic surgery, tonsillectomy, adenoidectomy, and laryngoscopies/ bronchoscopies.

The OTO-5 resident will be the administrative chief for the entire otolaryngology service for this year. He/she will be in charge of making the call schedule, making accommodations for resident vacation requests, and schedule staffing for the UMC outpatient clinics. In addition to being the service chief, the OTO-5 house officer will spend 6 months on the Advanced Head & Neck Surgery Service (Team 1). The service treats a wide variety of patients and performs a high volume of surgeries and reconstructions. With a special emphasis on head and neck oncology, the OTO-5 resident will be performing some of the most technically challenging cases in otolaryngology while on that service. For the other 6 months, the resident will be the Chief Resident at UMC. He/she will lead a team consisting of the otolaryngology intern and junior residents, the general surgery resident, and the emergency room resident who are on the otolaryngology rotation. At the end of this rotation, the graduating resident develops sound clinical judgment and possesses the ability to formulate and carry out appropriate management plans for patients with otolaryngology disorders. These activities will foster practice independence. The senior resident will attend all the conferences that are held at UMC, teach junior residents and medical students, organize conferences with the faculty, and give grand rounds. This is a culmination of residency training in preparation for a career in private practice, managed care, or academic otolaryngology. The educational didactic core lecture program is described in this document and includes weekly core curriculum and basic science lectures, grand rounds,
journal club, tumor board, neuroradiology conference, morbidity and mortality/quality improvement conferences.

GOAL ASSIGNMENT BY LEVEL

EDUCATIONAL GOALS FOR PGY-1 (OTOLARYNGOLOGY INTERNSHIP)

1. Know the principle components of general surgery and the surgical specialty areas (outlined below).
2. Know the pre-operative and post-operative management of general surgery and specialty surgery patients under their care, including:
3. Pain management
4. Fluid, electrolyte, and nutritional management
5. Routine measures of adverse incident prevention, including DVT and peptic ulcer prophylaxis, pneumonia, UTI and wound infection prophylaxis, etc.
6. Perform an efficient and thorough history and physical examination.
7. Develop communication skills to present patient’s history and other information on rounds, in teaching conferences and other appropriate venues in a concise, precise and complete manner.
8. Evaluate patients in the outpatient setting.
9. Know the day-to-day management of ward patients including obtaining and organizing laboratory, radiology, and pathology data so that they are available for patient care decisions.
10. Develop the skills necessary to care for critically ill patients in the ICU setting
11. Develop basic surgical skills, techniques and instrument recognition including:
12. Name recognition and handling of common surgical instruments
13. Incision, suturing and ligation of tissues
14. Participation in training- and skill-level appropriate operative cases.
15. Participate in and perform bedside procedures under appropriate supervision including:
   a. central venous catheter placement
   b. pulmonary artery catheter placement
   c. arterial catheter placement
   d. tube thoracostomy
   e. thoracentesis
   f. paracentesis
   g. lumbar puncture
   h. emergency cricothyroidotomy
   i. tracheostomy
   j. emergency thoracotomy
   k. incision and drainage of simple abscesses
   l. repair of superficial lacerations
   m. wound debridement and wound closure
   n. insertion of Foley catheters
   o. insertion of naso-enteric tubes
p. superficial excisional (skin) biopsy
q. suture removal
r. complex dressing changes

16. Participate and plan patients’ discharges in a timely organized fashion with involvement by the surgical team, nurses, social workers, ward clerks, and other personnel.

EDUCATIONAL GOALS FOR PGY-2 (OTO-2)

1. Perform a thorough comprehensive head and neck examination in adults and children.
2. Identify patients who need emergency ENT interventions.
3. Manage acute pediatric airway emergencies.
4. Perform flexible endoscopic examinations on pediatric patients.
5. Perform pediatric examinations under general anesthesia using rigid laryngoscopy, bronchoscopy, and esophagoscopy.
6. Know pre- and post-operative management of Otolaryngology surgical procedures.
7. Manage patients in the ICU.
8. Know the anatomy of the head and neck in both adults and children.
9. Be familiar with anatomy and clinically assess function of all cranial nerves
10. Be able to test the function of the cranial nerves
11. Apply the House-Brackmann grading system of facial paralysis.
12. Understand anatomy and physiology in the upper and lower airway.
13. Assess the upper and lower airway.
14. Describe the physiology of swallowing and the anatomy and physiology of the larynx.
15. Discuss the physiology of normal and abnormal speech, including the physiology of the velopharynx.
16. Know the physiology of hearing and how to test clinically all aspects of the auditory system.
17. Describe the rehabilitation of the hearing impaired patient.
18. Know the physiology of the vestibular system and how to perform clinical tests of its components.
19. Discuss the diagnosis and rehabilitation of patients with vertigo.
20. Become familiar with techniques and procedures for speech rehabilitation
21. Use both flexible and rigid scopes: nasal, layngopharyngeal, and laryngeal.
22. Describe the method of sterilization and maintenance of flexible and rigid scopes.
23. Use the operating microscope, both in the clinic and in the operating room.
24. Identify the different parts of the operating microscope.
25. Know the safe use of all lasers and their appropriate applications.
26. Know when to obtain and how to interpret the following tests:
   a. Audiogram
   b. Electronystagmography-videonystagmography
   c. Electroneuronography
   d. Thyroid tests, calcium and parathyroid hormone tests
   e. Parathyroid localization imaging studies
   f. Tests for autoimmune inner ear disease
g. Facial X-ray series
h. Panorex
i. Computed Tomography
j. Magnetic Resonance Imaging
k. Ultrasonography
l. Fine Needle Aspiration biopsy, simple and ultrasound-guided

27. Perform audiogram and tympanogram.
28. Manage airway emergencies.
29. Manage epistaxis.
30. Perform the following surgical procedures:
   a. Myringotomy and placement of ventilation tubes
   b. Tonsillectomy
   c. Adenoidectomy
   d. Tracheotomy
   e. Cricothyroidotomy
   f. Flexible endoscopy intubation
   g. Examination under general anesthesia, and rigid laryngoscopy, bronchoscopy and esophagoscopy with biopsy
   h. Mastoid cavity debridement
   i. Foreign body removal from ear and upper aerodigestive tract

31. Study and prepare for in-training examination
32. Develop several clinical and/or basic science research projects by the end of second year training.

EDUCATIONAL GOALS FOR PGY-3 (OTO-3)

1. Perform a comprehensive head and neck examination.
2. Know laser safety rules.
3. Perform laryngoscopic laser resections.
4. Perform EMG monitoring techniques of laryngeal and neck cranial nerves.
5. Assist and perform percutaneous endoscopic gastrostomies.
6. Perform removal of foreign body from upper respiratory and alimentary tracts.
7. Choose and perform appropriate tympanoplasty technique
8. Examine and evaluate patients with allergies.
10. Assess patients for allergic disease using skin testing.
11. Assess patients for allergic disease using in vitro testing.
12. Manage patients with allergic disease by environmental control.
13. Manage patients with allergic disease with pharmacotherapy.
14. Manage patients with allergic disease with immunotherapy.
15. Perform facial analysis from an aesthetic point of view.
16. Describe the principles of microvascular free tissue transfer.
17. Assist with microvascular free tissue transfer procedures in patients where this technique is necessary.
18. Gain exposure, perform and/or assist in radical and modified radical neck dissections and other major head and neck procedures such as parotidectomy, thyroidectomy, parathyroidectomy, pharyngectomy, and laryngectomy.
19. Perform local and pedicled flaps for head / neck reconstruction.
20. Design a research project following these steps:
   a. At the beginning of the year, identify a faculty-mentor to assist in the development of a research project.
   b. Obtain Institutional Review Board (IRB) approval for a research project
   c. Frame an appropriate research question or hypothesis with the guidance of the research mentor
   d. Apply for research funding if applicable
   e. Arrange for laboratory space if applicable
21. Teach junior residents and medical students.
22. Study and prepare for the in-training examination. Upward trend in ITE test scores expected.

EDUCATIONAL GOALS FOR PGY-4 (OTO-4)

1. Understand patient management in a private practice setting.
2. Understand the dynamics and workings of a private practice management.
3. Function as ENT consultant in the emergency department and triage ENT emergenices appropriately.
4. Teach rotating residents, junior residents, and students the management of otolaryngologic emergencies.
5. Know the endoscopic anatomy of the nose, paranasal sinuses, pediatric airway and anterior cranial base.
7. Perform pediatric airway repair procedures.
8. Know the microanatomy of the lateral skull base.
9. Perform the following surgical procedures:
   a. tympanoplasty with mastoidectomy, ossicular chain reconstruction
   b. pediatric airway reconstruction
   c. supraglottoplasty
   d. excision of congenital neck masses
12. Manage adult glottic and subglottic stenosis using laser, dilatation, and arytenoid/tracheal resection.
13. Complete a temporal bone dissection meeting outlined criteria.
14. Continue to teach junior residents and medical students.
15. Study and prepare for the in-training examination. Upward trending ITE courses expected.
EDUCATIONAL GOALS FOR PGY-5 (OTO-5)

1. Become proficient in the management of essentially all otolaryngologic disorders.
2. Senior resident may shape their clinical activities in the latter six months of PGY5 year to address clinical areas they feel weak in and need more training or to complete key indicator case requirements. They can use this time to focus their training in a subspecialty area of their choice, particularly if the resident will go on the fellowship training.
3. Supervise morning inpatient rounds
4. Improve surgical skills in all procedures performed in the field of Otolaryngology-Head and Neck Surgery.
5. Perform parotidectomies and facial nerve dissections.
6. Perform thyroidectomies.
7. Perform parathyroidectomies.
8. Perform and/or assist in advanced head and neck cancer procedures.
9. Act as Chief resident following the requirements by the UNLV Department of Otolaryngology-Head and Neck Surgery and UMC.
10. Participate in the administrative tasks for the program:
   a. Assist in the organization of the educational activities of the department
11. Complete a comprehensive research project with faculty and publish in a peer-reviewed journal.
12. Continue to teach junior residents and medical students.
13. Study and prepare for the in-training examination and American Board of Otolaryngology examination for board certification.
OTOLARYNGOLOGY (PGY-1) (6 MONTHS)
COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Rotation Directors: Robert Wang, M.D., FACS
Oluwafunmilola Okuyemi, M.D.
Jo-Lawrence Bigcas, M.D.

Assigned Residents: PGY-1

Length of Rotation: 6 mos


Conference Schedule: Otolaryngology service didactics / conference schedule

Method of Assessment: End of rotation evaluation
ABO Annual In-Training Examination

GOALS

During the six months of otolaryngology, the otolaryngology resident will gain competencies in the provision of care to patients, both inpatient and outpatient, with surgical problems relating to the head and neck and upper aerodigestive tract. The resident will learn to provide initial assessment of ENT emergencies that may include epistaxis, upper airway obstruction, infectious diseases in the head and neck. The resident will begin to develop basic surgical skills and build on a knowledge base in otolaryngology.

OBJECTIVES

MEDICAL KNOWLEDGE

GENERAL OTOLARYNGOLOGY

- Describe the basic anatomy of the ear, nose, larynx, oral cavity, pharynx, and neck
- Describe the physiology of voice production, airway protection, swallowing, breathing, and special senses of taste, smell and hearing
- Perform a basic head and neck examination
- Repair simple lacerations in the head and neck
- Explain the vascular sources contributing to anterior and posterior epistaxis
- Demonstrate basic surgical skills and wound management
- Manage ENT emergencies
- Manage the acute airway in adults and children
- Apply basic preoperative, perioperative, and postoperative management of ENT patients
PATIENT CARE

- Perform initial intake of patients on the otolaryngology service
- Obtain an appropriate history and perform physical examination to evaluate head and neck patients
- Demonstrate an increasing level of skill in the physical examination of the head and neck
- Perform, record, and report complete patient evaluation and assessment
- Participate in daily ward rounds under the supervision of junior and senior Otolaryngology residents

INTERPERSONAL AND COMMUNICATION SKILLS

- Obtain a problem-oriented history in outpatient clinic and ethically manages patient’s confidential information and medical records according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques to medical students

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty, including conversations in public places to be free of patient information and protected health information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students by being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find updated literature and evidence-based information to meet one’s learning need and for the care of one’s patients

SYSTEMS-BASED PRACTICE

- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
ANESTHESIA (PGY-1) (1 MONTH)
COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Rotation Directors: Samson Otuwa, M.D.

Assigned Residents: PGY-1

Length of Rotation: 1 month


Conference Schedule: Anesthesia conference schedule
Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation

GOALS
During the one month of anesthesia rotation, the otolaryngology resident will gain competencies in describing the indications, principles, techniques, and complications of local, regional, and general anesthesia. The resident will acquire the basic knowledge and skills in the preoperative care, including pre-anesthetic evaluation, anesthetic risk assessment, airway evaluation, and immediate postoperative care.

OBJECTIVES

MEDICAL KNOWLEDGE

- Understand the physiology of inhalational and intravenous anesthetics as they apply to conscious sedation and general anesthesia
- Recognize all monitoring equipment in facilities used for general, regional, and local anesthesia
- Demonstrate and understands the treatment of complications from anesthesia
- Understand complications of local anesthesia
- Demonstrate knowledge of an accurate anesthetic record
- Understand basic laryngeal anatomy and physiology
- Understand indications for general versus local anesthesia
- Utilize appropriate preoperative evaluations, such as chest x-ray, EKG, laboratory tests, patient’s past medical history and social habits
- Learn to evaluate the pre-operative status of a patient’s airway and how this affects attainment of a secure airway
PATIENT CARE
- Obtain and perform a complete history and physical examination on patients as it pertains to anesthesia
- Formulate an appropriate differential diagnosis, and record an independent, written diagnosis for each patient assigned
- Demonstrate proper care and follow-up management
- Apply the techniques of local and regional anesthesia
- Formulate a plan to determine which technique of anesthesia to be used on his or her patients and provides supervised education to the patient and family
- Understand and respond with sensitivity and integrity to patient’s anxiety about anesthesia
- Develop skills in orotracheal and nasotracheal intubation, including fiberoptic guidance.

INTERPERSONAL AND COMMUNICATION SKILLS
- Demonstrate to the attending staff the ability to take a problem-oriented history and ethically manage patient’s confidential information and medical record according to HIPAA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Communicate with surgeon pre-operatively to formulate anesthetic plan
- Communicate and examine patient and medical record pre-operatively to determine class of anesthetic risk
- Communicate with operating room support staff to meet anesthetic needs of patient

PROFESSIONALISM
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient protected information.
- Respond to criticism and correction with calm and attentive demeanor
- Demonstrate ability to listen to patient complaints and offer compassionate solutions
- Display leadership to medical students in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT
- Assess gaps in knowledge and develop a plan for personal improvement
- Uses Pub-Med, Med-Line and other online search engines to review most updated literature

SYSTEMS-BASED PRACTICE
- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate anesthetic procedures based on cost-effectiveness and risks to patient
- Demonstrate knowledge of relative cost of anesthetic agents which impacts the hospital system
SURGICAL CRITICAL CARE/SURGICAL ICU (PGY-1) (1 MONTH)

COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Rotation Directors: Deborah Kuhls, M.D.

Assigned Residents: PGY-1

Length of Rotation: 1 month


Conference Schedule: General Surgery conference schedule
Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation

GOALS

During the one-month of surgical critical care rotation, the otolaryngology resident will gain competencies in the provision of care to patients with serious postoperative complications and to manage shock states and multi-organ failure as practiced in a surgical intensive care unit (SICU/TICU). They will acquire basic knowledge and skills in the evaluation and management of patients in the intensive care setting.

The otolaryngology resident will also gain competencies in the management of cardio-respiratory, metabolic, and infectious complications in critically ill surgical patients.

OBJECTIVES

MEDICAL KNOWLEDGE

- Discuss the physiology of respiratory care including ventilatory support and mechanical ventilation
- Discuss cardiac parameters and circulatory performance including cardiac output, systemic vascular resistance, and normal/abnormal pressures in the cardiac chambers and circulatory system; and the pharmacologic support of low cardiac output states
- Describe physiologic and metabolic bases for various types of nutritional support including total parenteral nutrition (TPN)
- Review infection control and the pharmacology of antibiotic therapy as used in the SICU
- Understand basic hematology relevant to coagulopathy and the use of component therapy in transfusion; recognize transfusion reaction and initiate management
- Review cardiopulmonary resuscitation (CPR) and the pharmacology of drugs commonly used in CPR
Recognize effects of pre-existing conditions on the postoperative patient such as: drugs or alcohol intoxication, diabetes mellitus, atherosclerotic cardiovascular disease, hypertension, chronic obstructive pulmonary disease

Differentiate types of shock (hemorrhagic, cardiogenic, septic, neurologic) and initiate appropriate therapy

PATIENT CARE

- Obtain and perform a complete history and physical examination on patients
- Formulate an appropriate differential diagnosis, and record an independent, written diagnosis for each patient assigned
- Perform arterial line placement (femoral, radial, axillary), insertion of a Swan-Ganz catheter, and other procedures such as spinal taps, closed-tube thoracostomy, placement of subclavian venous catheters or jugular venous catheters, bronchoscopy

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate with critical care team (attending staff, residents, students, nurses, respiratory therapists, etc.) to formulate best plan for patient care
- Obtain a problem-oriented history in Intensive Care Unit and ethically manages patient confidential information and medical record according to HIPAA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques performed in Intensive Care Unit to medical students

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Communicate with family members in a manner in which they understand
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger residents by being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find updated literature to meet one’s learning needs and for the care of one’s patients

SYSTEMS-BASED PRACTICE

- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
- Manage post-transfer patient
NEUROSURGERY (PGY-1) (1 MONTH)
COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Rotation Directors: William Smith, M.D.

Assigned Residents: PGY-1

Length of Rotation: 1 month


Conference Schedule: Neurosurgery conference schedule
Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation

GOALS
During the one month of neurosurgery, the otolaryngology resident will gain competencies in the provision of care to patients with problems relating to the neurologic disease, neurologic trauma, and neurologic malignancy. The resident will receive an organized experience to enable him/her to acquire the basic knowledge and skills in the evaluation and management of patients presenting with neurosurgical complaints. The resident should gain an appreciation for the collaborative efforts between otolaryngology and neurosurgery specialties.

OBJECTIVES

MEDICAL KNOWLEDGE

- Understand basic cranial anatomy including cranial nerve origin and function
- Understand the indications for and basic interpretation of diagnostic tests, including CT and MRI imaging studies
- Describe the pathophysiology of traumatic head injury patients
- Recognize and manage patients with head injury
- Recognize and manage patients with spine injuries
- Recognize and manage patients with cervical and lumbar disc disease
- Describe the indications for monitoring intracranial pressure
- Recognize, diagnose, and manage CSF leaks
- Differentiate between stroke, TIA, and non-cerebrovascular events causing neurological symptoms and know the diagnostic techniques
PATIENT CARE

- Describe detailed neurological examination of patients in all states of consciousness
- Describe neurosurgical procedures and learn the skills required for such procedures by observation and participation
- Obtain and perform a complete history and physical exam on patients with traumatic head injury
- Formulate an appropriate differential diagnosis and record an independent, written diagnosis for each patient
- Obtain basic skills, technique, and wound management, including simple craniotomy, dural suturing, and craniotomy closure
- Manage common neurosurgical complications
- Insert and manage lumbar drain

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate with ER physicians and Trauma surgeons about patients with traumatic head and spine injuries
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPAA standards
- Coordinate and facilitate the interaction between resident team and medical students

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find updated literature to meet one’s learning need and for the care of one’s patients

SYSTEMS-BASED PRACTICE

- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
- Interact with radiology department for performing investigative tests for the diagnosis of neurosurgical disease including EEG, myelography, CT Scan, MRI Scan and angiography
PLASTIC SURGERY (PGY-1) (1 MONTH)
COMPEENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Rotation Directors: Richard Baynosa, M.D.

Assigned Residents: PGY-1

Length of Rotation: 1 month


Conference Schedule: Plastic Surgery conference schedule
Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation

GOALS

During this month, the otolaryngology resident will gain competencies in the provision of care to patients with plastic surgical problems relating to the knowledge of anatomy, physiology, and treatment for conditions of the integument, head and neck, trunk, breast and lower extremity.

OBJECTIVES

MEDICAL KNOWLEDGE

➢ Outline the components of a comprehensive focused history and physical examination pertinent to the evaluation and correction of congenital or acquired defects under the realm of plastic and reconstructive surgery
➢ Discuss and compare skin and connective tissue according to anatomy, normal physiology and biochemistry, pathophysiology of benign and malignant skin disorders, unique pathophysiology of connective tissue disorders
➢ Explain the basic techniques for surgical repair of superficial incisions and lacerations of the head, neck, trunk, and extremities

PATIENT CARE

➢ Complete a comprehensive physical examination and clinical data history, including pertinent diagnostic laboratory and radiographic findings
➢ Evaluate and treat simple and intermediate lacerations and burns of the face, trunk, and extremities
➢ Demonstrate competency in assisting with various plastic reconstructive procedures
➢ Obtain proficiency in suturing a variety of facial lacerations
INTERPERSONAL AND COMMUNICATION SKILLS

- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPAA standards
- Coordinate and facilitates the interaction between resident team and medical students
- Teach basic surgical techniques to medical students

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Demonstrate ability to listen to patient complaints and offers compassionate solutions
- Display leadership to medical students by being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard Plastic surgery textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find updated literature to meet one’s learning needs and for the care of one’s patients

SYSTEMS-BASED PRACTICE

- Interact with various specialties and primary care services
- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
GENERAL SURGERY (PGY-1) (1 MONTH)  
COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center  
1800 W. Charleston Blvd.  
Las Vegas, NV 89102

Rotation Directors: Jennifer Baynosa, M.D.

Assigned Residents: PGY-1

Length of Rotation: 1 month


Conference Schedule: General Surgery conference schedule  
Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation

GOALS

During the one month of general surgery, the otolaryngology resident will gain competencies in the provision of care to patients with surgical problems relating to the breast, abdomen, alimentary tract and digestive system, liver, biliary tract and pancreas. During the resident’s time on surgery, the knowledge and skills obtained will be pertinent to the formation of residents beginning their Otolaryngology residency.

OBJECTIVES

MEDICAL KNOWLEDGE

- Understand the fundamentals of patient assessment and preoperative management
- Understand fluid & electrolyte and acid/base balance
- Understand fever, microbiology, and surgical infection: know the mediators of fever, differential diagnosis, evaluation and management of the febrile patient
- Interpret basic EKG findings, recognize ischemia and arrhythmia patterns on EKG
- Recognize the diagnosis of AIDS and prevention of HIV infection, as well as sexually transmitted and other communicable diseases
- Summarize the significance of nutrition and the surgical patient: how to perform metabolic assessment, metabolic implications of trauma and operation, indications for nutritional support, methods of calculation of nutritional requirement in head and disease, calculate basic enteral and parenteral feedings, postoperative assessment of postoperative patient, complications of enteral/parenteral feedings, cost comparisons of nutritional support methods
- Understand indications for and utilize appropriate methods of routine and reverse isolation procedures
Differentiate between wound infection, hematoma, and seroma, and when to initiate therapy

PATIENT CARE

- Obtain a detailed surgical history and obtain and review relevant medical records and reports
- Perform a detailed physical examination
- Develop complete differential diagnosis
- Order and interpret appropriate basic diagnostic tests and x-rays
- Write succinct history and physical, including risk assessment evaluation.
- Obtain written informed consent
- Document treatment plan in the medical record, including the indications for treatment
- Dictate an operative report and discharge summary
- Give fluid resuscitation, manage postoperative fluid requirements, and recognize and correctly manage acid-base disorders; adjust for co-morbid conditions (renal or cardiac insufficiency, diabetes, hypovolemia); use CVP and urine flow rates for adjustments of fluid administration; recognize and treat calcium and magnesium imbalance
- Acquire basic surgical skills: learn patient site positioning, preparation and draping; function as first surgical assistant; familiarization of common surgical instruments (scalpel, forceps, scissors, needle holders, hemostats, retractors, electrocautery) and suture materials with their proper uses
- Perform basic maneuvers: suturing of soft tissues, skin, fascia; tie knots; obtain simple hemostasis
- Perform basic techniques of dissection and handling of tissues
- Practice sterile technique in the OR, ER, bedside, ICU, and the office setting
- Perform wound management: debridement with supervision, pack wounds, apply dressings; recognize and differentiate between wound infection and necrotizing fasciitis and detect crepitus; identify wound dehiscence and evisceration; apply tetanus immunization; obtain proper wound specimen and perform/interpret gram stain
- Prioritize and manage complications: altered mental status, fever, hypotension, hypovolemia, oliguria, hypoxia, pain, vomiting, abdominal distention, nausea, bleeding and coagulopathy, atelectasis, pneumonia, aspiration, fecal impaction, chest pain, dyspnea, pneumothorax, congestive heart failure, pulmonary edema, superficial phlebitis, pulmonary embolus, urinary retention, diabetic ketoacidosis, hyperosmolar coma, peripheral ischemia and cyanosis, seizures, alcohol or drug withdrawal

INTERPERSONAL AND COMMUNICATION SKILLS

- Obtain a problem-oriented history in outpatient clinic and ethically manages patient’s confidential information and medical records according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques to medical students
- Arrange and communicate effectively with healthcare consultants
PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students by being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and pertinent medical literature
- Use Pub-Med, Med-Line and other online search engines to find updated literature to meet one’s learning need and for the care of one’s patients

SYSTEMS-BASED PRACTICE

- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
PEDIATRIC SURGERY (PGY-1) (1 MONTH)
COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Sunrise Hospital & Medical Center
3186 S. Maryland Parkway
Las Vegas, NV 89109

Rotation Directors: Michael Scheidler, M.D.

Assigned Residents: PGY-1

Length of Rotation: 1 month


Conference Schedule: Anesthesia conference schedule
Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation

Elective and emergency pediatric surgery, with exposure to critically ill patients in both pediatric and neonatal intensive care units.

COMPETENCIES-BASED GOALS AND OBJECTIVES

The ACGME milestones are targets of competencies for all residents as they complete successive levels of training. Residents should be familiar with the year-specific goals and objective for the targeted level of competencies for each year. Taken together, as the residents advance they are expected to:

1. Attain knowledge and patient care skills from “core” conditions and operations to “advanced” conditions and operations;
2. Function in their responsibilities from being supervised to being independent;
3. Engage in research and education capacities and roles from basic participation to innovation and leadership.

MEDICAL KNOWLEDGE

The resident will acquire comprehensive knowledge in the evaluation of pediatric surgical patients, and in both the operative and non-operative management of their surgical conditions.

- Review the cardiac and pulmonary physiology in the pediatric patient.
- Define the goals of pediatric resuscitation.
Classify congenital malformations, recognize their embryologic origin and the need for surgical intervention, including:

- Thyroglossal duct cyst
- Cystic hygroma
- Pyloric stenosis
- Tracheal esophageal fistulas
- Abdominal wall defects (e.g., omphalocele and gastroschisis)
- Undescended testis
- Diaphragmatic hernia
- Imperforate anus
- Hirschsprung disease
- PDA

Explain the presentation of life threatening conditions of the newborn such as NEC and midgut volvulus.

Summarize the basic approach to the diagnosis and management of more common surgical problems of infancy and childhood, such as:

- Pyloric stenosis
- Appendicitis
- Intussusception
- Inguinal and umbilical hernias

Present the differential diagnosis for pediatric gastrointestinal hemorrhage.

Outline the surgical steps to complex surgical procedures for infants and children, such as:

- Thoracotomy (for pulmonary and esophageal disease)
- Flexible and rigid endoscopy
- Antireflux procedure
- Bowel resection
- Pull through operation for Hirschsprung disease
- Nephrectomy (e.g., Wilms tumor)
- Splenectomy and splenorrhaphy
- Management of the seriously injured pediatric patient
- Kasai procedure

Outline the diagnosis and management options in the treatment of short-gut syndrome.

PATIENT CARE

The resident will provide comprehensive care for pediatric surgical patients and demonstrate progressive expertise in their surgical procedures.

- Evaluate surgical conditions in the pediatric population through a comprehensive history, physical examination, and appropriate diagnostic studies.
- Manage the post-operative care of pediatric patients undergoing both routine and complicated procedures.
Perform routine surgical procedures, including:
- Excision of skin and subcutaneous lesions
- Lymph node biopsy
- Chest tube placement
- Central venous catheter placement
- Venous cutdown
- Pyloromyotomy
- Appendectomy
- Herniorrhaphy (umbilical and inguinal)
- Circumcision
- Orchiopexy
- Oophorectomy
- Vaginoscopy for foreign body or biopsy
- Excision of supernumerary digit
- Muscle biopsy
- Thyroglossal duct cyst excision
- Endoscopy (e.g., for FB removal)
- Gastrostomy
- Tracheostomy

Assist in the operative care of more complex problems in pediatric surgery, including:
- Gastroschisis and omphalocele
- Branchial cleft cyst
- Cystic hygroma
- TEF
- Diaphragmatic hernia
- ECMO
- GE reflux
- Intussusception
- Laparotomy for trauma
- Splenectomy (laparoscopic or open), splenorrhaphy
- Cholecystectomy (open or laparoscopic)
- Neuroblastoma or Wilm’s tumor
- Teratomas or germ cell tumors
- Torticollis
- Biliary atresia
- PDA
- Hirschsprung disease
- Imperforate anus
- Undescended testis
- NEC
o Midgut malrotation

INTRPERSONAL AND COMMUNICATION SKILLS

The resident will demonstrate effective interpersonal and communication skills in the care of patients, coordination of care, and in the performance of procedures.

- Report up the “chain of command” concisely and in a timely fashion.
- Performs clear informed consent from care givers.
- Communicate with patients and family clearly and effectively, including bad news (e.g., cancer diagnosis) and complications, and manages conflicts.
- Facilitate exchange of information, updates, and recommendations among health care teams.
- Educate patients (and their adult care givers) on behavior modification
- Coordinate anticipated needs and minimize the unexpected in the operating room.

PROFESSIONALISM

The resident will demonstrate professional behavior in patient care, maintenance of own health, and in performance of assignments and tasks.

- Exhibit compassion, empathy, and respect to patients and family, including recognition of their culture background and adherence to privacy regulations.
- Exemplify ethical behavior for medical students and other trainees.
- Respond to criticism, correction, and difficult situations with composure and attention.
- Recognize own errors and limitation, and seek advice and improvement.
- Maintain own physical and emotional health, follow principles of wellness and fatigue mitigation, and assure a working environment and schedule which do not compromise patient safety.
- Respond promptly to requests from consultants, faculty and staff.
- Complete records and logs and attend conferences without reminders.
- Respect residents from other specialties (e.g., pediatric or FM residents).

PRACTICE BASED LEARNING AND IMPROVEMENT

The resident will improve his or her own practice in education, self-directed learning, and patient care.

- Engage in effective teaching style in both informal setting and in conferences to medical students and other learners.
- Present patient cases and topics in conferences clearly with citation of supporting evidence.
- Lead, design, and organize education activities, including skills labs.
- Develop self-learning plan (e.g. SCORES) based on feedback and ABSITE scores.
- Seek and adopt evidence-based information (e.g., society journals) for best practices and changes in practice patterns.
- Develop a working knowledge of prior research milestones (landmark findings), current research efforts, and research methodology.
- Analyze current data addressing controversial areas pediatric surgery.
Identify gaps in skills (open, laparoscopic, and robotic) and practice independently (e.g. simulation models) to improve.

**SYSTEMS-BASED PRACTICE**

The resident will coordinate and improve care within the system into which he or she delivers care.

- Apply appropriate screening/surveillance for common congenital problems.
- Recognize the differences between PPO’s HMO’s and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations.
- Compare and contrast academic and private practice.
- Consider cost-effectiveness when selecting alternative diagnostic and therapeutic options.
- Elucidate the economic and psychosocial issues associated with the care of the pediatric surgical patient, including:
  - Ethics
  - Rehabilitation
  - Home care resources
  - Patient and family support groups
  - Enterostomal therapy
  - Cost containment
  - Resource utilization
- Adhere to protocols and standards of care.
- Assist and plan for palliative care for children with advanced diseases.
- Identify and correct system issues and errors (e.g., EHR).
- Arrange for discharge care, such as follow-up appointments and visiting home care.
- Engage in process improvement and quality improvement committees, workgroups, or research teams.
- Understand and practice the use of ICD-10 Codes/CPT Codes in billing.
- Coordinate multi-disciplinary care of complex problems to involve:
  - Pediatricians
  - Intensivists
  - Social services
  - Child Psychiatrist
  - Physical therapy
- Observe advanced directives such as living will, health care proxy and power of attorney.
OTOLARYNGOLOGY TEAM 2 – OTOLOGY AND GENERAL OTOLARYNGOLOGY (PGY-2) (6 MONTHS)

COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Rotation Directors: Matthew Ng, M.D.
Rotation Faculty: Matthew Ng, M.D.
Tina Elkins, M.D.

Assigned Residents: PGY-2

Length of Rotation: 3-months x 2 (total 6 months)

Reference Sources: BJ Bailey and JT Johnson “Head & Neck Surgery-Otolaryngology”
Cummings “Otolaryngology”

Conference Schedule: Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation
Annual ABO in-training exam scores
AAO-HNS Home study course exam scores
360-degree evaluations
Resident self-assessment review
Surgical case log
OR skills assessment
ENT basic procedure checklist
Completion of resident quality improvement project

GOALS

The fundamental focus for this resident rotation is expanded clinical experience and depth in diagnosis and treatment of otologic and neurotologic conditions. Principles of diagnosis and treatment are taught progressively and continuity of care is emphasized. This rotation gives residents in-depth experience with the diagnosis and management of external ear, middle ear, and inner ear pathology. The otolaryngology resident will be supervised and instructed by otology attending staff. When more senior residents are present on the service, a hierarchical system will prevail, with the junior resident reporting to the senior resident, who in turn reports to the attending staff. It is expected that, until delegated more authority, the junior resident will discuss all issues with the chief resident or attending staff. Senior residents and attending surgical staff will be available in a rapid reliable manner. Delegation of authority and responsibility for patient care will increase as the resident demonstrates increased competence in the delivery of safe, effective, and compassionate care. The otology staff will formally evaluate each otolaryngology trainee’s performance at the end of the rotation.
The otolaryngology resident will also gain clinical experience and depth in diagnosis and treatment of general otolaryngologic conditions. This rotation takes into consideration that this will be the resident’s first experience as the primary otolaryngology provider and surgeon in simple and non-complex otolaryngologic surgeries. Close supervision and one-on-one teaching will be delivered to the PGY-2 junior resident by otology attending staff.

**OBJECTIVES**

**MEDICAL KNOWLEDGE**

- Understand the indications, contraindications, and risks of otologic surgical procedures, as well as alternatives to such procedures.
- Define the capabilities of diagnostic radiologic procedures for otologic conditions (plain film radiography, CT and MRI scans) and define characteristic radiographic appearances of common and uncommon otopathology.
- Understand the development and embryology of the temporal bone as it relates to congenital otopathologic conditions.
- Acquire core knowledge in otology/neurotology through book reviews and departmental educational activities.
- Understand and apply temporal bone anatomy to common otologic diseases and surgical conditions.
- Gain experience in temporal bone dissection.
- Describe common and uncommon anomalies and conditions that may be encountered in the otologic/neurotologic exam.
- Understand basic auditory and vestibular physiology.
- Utilize the House-Brackmann grading system of facial paralysis.
- Describe natural history, clinical presentation, and evaluation of otitis media and all treatment options; describe potential complications of acute otitis media and management options for each complication; know appropriate medication for acute and chronic otitis media; explain bacteriology and patterns of resistance that influence selection of antibiotics.
- Understand natural history, presentation, management of chronic otitis media, mastoiditis, and cholesteatoma.
- Develop differential diagnosis for hearing loss (congenital and acquired) and list treatment options (surgical vs. non-surgical).
- Understand the fundamentals of local flaps for closure of surgical defects: advancement flaps, rotational flaps, pedicled flaps, and free flaps.
- Understand flap physiology.
- Apply facial analysis to enhance surgical decision making for rhinoplasty, blepharoplasty, rhytidectomy.

**PATIENT CARE**

- Perform a general and targeted otologic/neurotologic history and physical examination.
- Improve on history taking and physical examination for general otolaryngology patients.
Perform flexible laryngoscopic and rigid nasal endoscopic examinations
Use operating microscope for diagnosis and treatment of external and middle ear disorders, including pneumatic otoscopy, cerumen management, tympanocentesis, removal of ear canal foreign bodies
Use Frenzel lenses, tuning forks to help with assessment of the otologic/neurotologic patient
Describe the elements of a complete otologic/neurotologic specialty outpatient clinic note
Increase skill in diagnosis and management of patients who present to an otology/neurotology clinic
Participate in the preoperative, perioperative, and postoperative management of surgical patients who present to an otology/neurotology clinic
Interpret audiogram, tympanogram, auditory brainstem response testing, ENG, ENOG, EMG
Perform an audiogram and tympanogram
Evaluate and treat the dizzy patient and efficiently evaluate for BPPV, Meniere’s disease, vestibular neuritis, superior semicircular canal dehiscence, perilymphatic fistula, multisensory disorder, postural hypotension, vertebrobasilar artery insufficiency, migraine and CNS causes
Perform: myringotomy and tympanostomy tube placement
Perform: septoplasty, turbinate reduction, endoscopic epistaxis control, excision of superficial head and neck lesions, tonsillectomy, adenoidectomy, panendoscopy with biopsy and laser treatment, scar revisions, incision and drainage of peritonsillar and oropharyngeal abscesses, tracheotomy
Perform in-office excision of cutaneous lesions with plastics closure
Obtain informed consent for otologic and general otolaryngologic surgical procedures
Participate in in-office sinus procedures such as sinonasal debridements, epistaxis control, balloon sinuplasty

INTERPERSONAL AND COMMUNICATION SKILLS

Increase skill in presenting new and established otology patients in a concise and focused manner
Expand contact in the regional professional environment
Develop effective and efficient communication with support staff: audiologist, speech therapist
Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPAA standards
Coordinate and facilitate the interaction between resident team and medical students
Demonstrate the ability to teach basic surgical techniques to interns and medical students

PROFESSIONALISM

Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
Respond to criticism and correction with calm and attentive demeanor
Listen to patient complaints and offer compassionate solutions
Display leadership to medical students and younger residents by being sensitive to patient confidential needs
PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge of otology/neurotology/general otolaryngology and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and the otolaryngology journal literature
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and one’s care of patients.

SYSTEMS-BASED PRACTICE

- Interact with audiologist and/or local hearing aid dispenser to coordinate care for one’s patients
- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal patient care
OTOLARYNGOLOGY TEAM 3 – GENERAL ORL/PEDIATRIC ENT (PGY-2) (6 MONTHS)

COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Rotation Directors: Alycia Spinner, M.D.
Rotation Faculty: Alycia Spinner, M.D.

Assigned Residents: PGY-2

Length of Rotation: 3-months x 2 (total 6 months)

Reference Sources: BJ Bailey and JT Johnson “Head & Neck Surgery-Otolaryngology”
Cummings “Otolaryngology”

Conference Schedule: Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation
Annual ABO in-training exam scores
AAO-HNS Home study course exam scores
360-degree evaluations
Grand rounds evaluation
Resident self-assessment review
Surgical case log
OR skills assessment
ENT basic procedure checklist
Completion of resident quality improvement project

GOALS

During the six months of pediatric/general otolaryngology, the otolaryngology resident will gain competencies in the provision of care to patients with surgical problems relating to the head and neck, special emphasis will be placed on the airway, upper digestive tract, and care of pediatric patients.

OBJECTIVES

MEDICAL KNOWLEDGE

GENERAL OTOLARYNGOLOGY

➢ Describe the physiology of swallowing and the anatomy and physiology of the larynx.
➢ Discuss the physiology of normal and abnormal speech, including the physiology of the velopharynx
➢ Be familiar with anatomy and function of all cranial nerves
Be familiar with the common etiologies of hearing loss. Understand various methods of audiologic testing.

Understand the anatomy and physiology of epistaxis.

Know the House-Brackmann grading system of facial paralysis.

Understand anatomy and physiology in the upper and lower airway.

**PEDIATRIC OTOLARYNGOLOGY**

Understand the etiology and treatment algorithm for subglottic stenosis.

Understand obstructive sleep apnea diagnosis and treatment.

Be familiar with the head and neck manifestations of congenital syndromes.

Be familiar with surgical indications of chronic otitis media and chronic tonsillitis.

Be familiar with deep neck infections.

Understand congenital hearing loss.

Understand hearing restoration for pediatric patients.

**PATIENT CARE**

**GENERAL OTOLARYNGOLOGY**

Perform a thorough comprehensive head and neck examination in adults.

Perform an appropriate head and neck exam in pediatric patients.

Identify patients who need emergency interventions.

Test cranial nerve function.

Render appropriate preventive and invasive treatments for epistaxis.

Know pre- and post-operative management of otolaryngology surgical procedures.

**PEDIATRIC OTOLARYNGOLOGY**

Tailor a thorough head and neck examination to the tolerance of pediatric patients.

Provide appropriate work-up for obstructive sleep apnea.

Manage acute pediatric airway emergencies.

Perform awake flexible endoscopic examinations on pediatric patients.

Be proficient in the performance of uncomplicated surgeries such as:

- Myringotomy and placement of ventilation tubes
- Tonsillectomy
- Adenoidectomy
- Tracheotomy
- Cricothyroidotomy
- Flexible endoscopy intubation
- Examination under general anesthesia, and rigid laryngoscopy, bronchoscopy and esophagoscopy with biopsy.
INTERPERSONAL AND COMMUNICATION SKILLS

➢ Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
➢ Coordinate and facilitate the interaction between resident team and medical students
➢ Teach basic surgical techniques

PROFESSIONALISM

➢ Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
➢ Respond to criticism and correction with calm and attentive demeanor
➢ Demonstrate ability to listen to patient complaints and offers compassionate solutions
➢ Display leadership to medical students and younger residents in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

➢ Assess gaps in knowledge and develop a plan for personal improvement.
➢ Demonstrate expertise at reading and critically analyzing standard surgical textbooks and surgical literature.
➢ Interact with social services and community agency resources to provide optimal care for patients
➢ Use Pub-Med, Med-Line and other online search engines to find the most updated literature to improve one’s knowledge and to provide care for one’s patients

SYSTEMS-BASED PRACTICE

➢ Interact with consulting and referring physicians in a timely fashion
➢ Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
➢ Select appropriate medical procedures based on cost-effectiveness and risk to patient
OTOLARYNGOLOGY TEAM 3 – ALLERGY (PGY-3) (1 MONTHS)
COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Rotation Directors: Tina Elkins, M.D.

Assigned Residents: PGY-3

Length of Rotation: 1 Month

Cummings “Otolaryngology”

Conference Schedule: Otolaryngology service conference schedule

Method of Assessment: End of rotation evaluation

GOALS
The resident is expected to obtain sufficient knowledge to diagnose and treat allergy related disorders of the upper respiratory tract. The resident is expected to gain this knowledge by reading appropriate textbooks, attending lectures given by faculty, participating in Grand Rounds and Journal Clubs, and performing supervised patient evaluations in the outpatient setting. The resident is expected to learn and gain practical hands-on experience with otolaryngologic allergy testing and treatment techniques in the clinical setting.

It is expected that as the resident obtains experience and knowledge of otolaryngologic allergy diagnosis and management that he/she will be given, in a graduated manner, responsibility for care of the allergy patient and in a similar manner will help teach and supervise lower level residents as they attempt to learn.

OBJECTIVES

MEDICAL KNOWLEDGE

- Summarize the history and evolution of otolaryngologic allergy
- Understand basic immunology related to allergic etiology and symptomatology
- Apply concepts and comprehend specific etiologies and symptomatology of seasonal and perennial allergies
- Recite the theory and principles of food-related allergy, etiology and diagnosis; understand fixed “anaphylactic” food allergy, its causes and symptoms; understand cyclic “delayed” food allergy, its causes and symptoms; apply Elimination/Challenge test for the diagnosis of cyclic food allergy in the clinical setting; understand and be able to apply use of the Rotary Diversified diet
- Identify medications useful for treatment of allergy, their indications, contraindications, appropriate dosing and side effects
Apply principles, techniques and indications for testing the suspected allergic patient
Know the clinical indications for and techniques for immunotherapy
Identify the signs, symptoms, and treatment of anaphylaxis
Apply methods for diagnosis and treatment of fixed and cyclic food allergy
Compare and contrast the methods of testing and treatment of allergies by the otolaryngology community and how they compare and differ from the methods of the general allergy community
Understand the basic immunology related to Gell and Coombs Classification with emphasis on Type I (IgE-mediated) and Type III (immune-complex mediated) immunologic responses
Define the cellular and chemically-mediated responses and their effect on symptom production
Define “total allergic load”
Become familiar with seasonal allergens, their classification, and timing of pollination/prevalence; local and regional environmental factors affecting antigenicity and potency of allergens
Understand the multiple etiologies of perennial allergies
Identify common allergic symptoms related to the ears, nose, mouth and throat and the head and neck region in general.
Exhibit knowledge and understanding of allergy testing principles as they relate to skin reactivity (erythema and whealing), to allergens when applied topically, by prick method, intradermal injection and progressive dilutional testing.
Gain knowledge of different testing techniques including skin testing and in-vitro testing and the applications of each
Recognize the signs, symptoms and treatment anaphylaxis: develop knowledge of the physical signs and symptoms of anaphylaxis and be able to differentiate them from those of the vasovagal reaction; develop knowledge of basic and advanced treatment methods for anaphylaxis
Apply in-vitro testing techniques (with emphasis on RAST-type) and be able to interpret results

PATIENT CARE
Interpret symptoms and physical signs of inhalant allergy
Perform techniques for inhalant allergy testing
Apply avoidance and medical management for inhalant allergy
Perform immunotherapy: apply skin and in-vitro testing results for application to immunotherapy treatment; prepare skin testing treatment boards; prepare multi-dose multi-allergen vials based on test results; perform and interpret vial tests; administer allergy shots to patients; manage immunotherapy dose escalation; understand maintenance immunotherapy
Perform techniques for inhalant allergy testing
Perform basic skin testing techniques and interpretation by observing and performing prick, intradermal and dilutional techniques in the clinic and laboratory setting
Medically-treat allergies using antihistamines, decongestants, mucolytics/expectorants, corticosteroids (oral and topical), leukotriene inhibitors, and other “allergy” medications
INTERPERSONAL AND COMMUNICATION SKILLS

- Discuss options for allergy treatment with patients and their families
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger residents by being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge of allergy and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing allergy textbooks and the otolaryngologic allergy journal literature
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and one’s care of patients.

SYSTEMS-BASED PRACTICE

- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for allergy treatment
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal patient care
GOALS

The resident is expected to obtain sufficient knowledge that will permit comprehensive management of the patient with oral and maxillofacial pathology. The resident will learn the principles that guide the practice of oromaxillofacial surgery. The resident will understand the importance of co-management of head and neck conditions with oromaxillofacial surgery.

OBJECTIVES

MEDICAL KNOWLEDGE

- Know the types of dental occlusion/malocclusion and anatomical terminology used to determine the type of dental occlusion
- Understand the types of mandibular fractures: favorable and unfavorable
- Understand the fundamentals of miniplate fixation as it relates to mandible and midfacial fractures
- Know the types of odontogenic tumors and how they affect adjacent sinus and neck anatomy
- Develop an algorithm for management of panfacial fractures
- Describe reconstructive options for mandibular defects
- Differentiate advantages of panorex and CT scan imaging for oral pathologies
- Understand the relationship between odontogenic infectious processes and airway management
- Understand the principles of dental extraction
PATIENT CARE

- Perform mandibular-maxillary wire fixation
- Perform incision and drainage of odontogenic abscesses
- Interpret panorex films for the management of mandibular fractures
- Apply principles of open reduction-internal fixation to mandibular fractures

INTERPERSONAL AND COMMUNICATION SKILLS

- Obtain a problem-oriented history relevant to oral-maxillofacial surgery
- Communicate effectively with an oral-maxillofacial surgeon
- Communicate effectively members of a multidisciplinary craniofacial team that includes oral-maxillofacial surgeon, orthodontist, and general dentist

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger residents by being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge of allergy and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing oral-maxillofacial surgery journal literature
- Uses Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and one’s care of patients.

SYSTEMS-BASED PRACTICE

- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for allergy treatment
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal patient care
HEAD AND NECK PATHOLOGY (PGY-3) (1 MONTH)
COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Rotation Directors: Jill Ono, M.D.
Mary McDonald, M.D.

Assigned Residents: PGY-3

Length of Rotation: 1 Month

Reference Sources:
Cummings “Otolaryngology”
Wenig “Atlas of Head and Neck Pathology”

Conference Schedule: Pathology and Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation

GOALS
The goals of the head and neck pathology rotation are to familiarize the resident with the basic pathology of common head and neck neoplastic and non-neoplastic lesions. They will develop knowledge and skill for effective clinicopathologic correlation.

During the one month of this rotation, the Otolaryngology resident will gain competencies in the procurement, processing, and interpretation of pathologic specimens leading to advanced understanding of diseases, surgical treatment by analysis of pathologic specimens, while closely interacting with Pathology faculty and technicians.

OBJECTIVES

MEDICAL KNOWLEDGE

- Recognize cytologic features of common head and neck disorders from FNA
- Know characteristic cytologic and pathologic appearances of head and neck squamous cell carcinoma, salivary gland neoplasms, thyroid neoplasms, papillar and polypoid lesions of the nasal cavities and paranasal sinuses
- Know a variety of biopsy techniques (1° tumors, unguided and guided FNA biopsy of parotid, thyroid, cervical tumors, sentinel node biopsy)
Interpret surgical pathology reports (tumor size, thickness, differentiation, pattern of invasion, margins of resection, etc.) in order to make clinical decisions in the treatment of head and neck tumors

Understand biopsy techniques and indications for each of the following biopsies:
- Fine needle aspiration
- Punch biopsy
- Incisional biopsy
- Excisional biopsy

Understand the interpretation of pathology reports

Know the indications for frozen sections, special stains, immunohistochemistry, electron microscopy, flow cytometry and cytogenetics in the evaluation of pathology specimens

PATIENT CARE
- Perform fine needle aspiration and interpretation of cytology specimen
- Participate in multidisciplinary tumor board
- Observe frozen section, grossing and signing-out of surgical pathology specimen, in particular, head and neck tumor specimen
- Interpret pathology reports
- Know indicators for special studies
- Accurately pathologically stage malignancies of the head and neck using the AJCC TNM staging system

INTERPERSONAL AND COMMUNICATION SKILLS
- Communicate effectively with the surgical pathologist, as well as members of a multidisciplinary tumor board
- Educate patients regarding the impact of certain pathologic features on disease prognosis and treatment

PROFESSIONALISM
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger residents by being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT
- Assess gaps in knowledge in surgical pathology and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing pathology textbooks
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and one’s care of patients.
SYSTEMS-BASED PRACTICE

➢ Select appropriate medical procedures based on cost-effectiveness and risk to patient
➢ Interact with social services and community agency resources to provide optimal patient care

OTOLARYNGOLOGY TEAM 1 – GENERAL ORL/HEAD & NECK (PGY-3) (5 MONTHS)

COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Mountain View Hospital
3100 N. Tenaya Way
Las Vegas, NV 89128

Rotation Directors: Robert Wang, M.D., FACS
Rotation Faculty: Robert Wang, M.D., FACS
Oluwafunmilola Okuyemi, M.D.
Jo-Lawrence Bigcas, M.D.

Assigned Residents: PGY-3

Length of Rotation: 5 months

Cummings “Otolaryngology”

Conference Schedule: Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation
Annual ABO in-training exam scores
AAO-HNS Home study course exam scores
360-degree evaluations
Grand rounds evaluation
Resident self-assessment review
Surgical case log
OR skills assessment
Completion of resident quality improvement project

GOALS

During this 5 month rotations, the Otolaryngology resident will have exposure to all aspects of otolaryngology, including general otolaryngology, laryngology, facial plastic & reconstructive surgery with special emphasis on Head and Neck Oncology.
The Otolaryngology resident will gain increased competency in the evaluation, diagnosis, and treatment of Otolaryngologic diseases and develop further judgment and skills in surgical management.

**OBJECTIVES**

**MEDICAL KNOWLEDGE:**

- Understand the anatomy of the upper aerodigestive tract including the nose, paranasal sinuses, ear and temporal bone, salivary glands, thyroid, parathyroids, lip, oral cavity, mandible, oropharynx, nasopharynx, hypopharynx, cervical esophagus, larynx, tracheobronchial tree and neck contents as each relates to neoplasms of the head and neck area
- Know the normal embryological development and common embryological development disorders that affect the head and neck region, and how embryological development disorders impact treatment of these disorders
- Recognize, assess, diagnose and manage diseases and disorders of the head and neck, to include congenital, traumatic, neoplastic, and cosmetic
- Request the appropriate imaging modality based upon the differential diagnosis developed from the history and physical examination
- Understand the physiology of sleep, including sleep stages, and sleep disorders
- Understand the physiology of respiration, phonation and swallowing
- Recognize, assess, diagnose and manage diseases and disorders within laryngology
- Recognize, assess, diagnose, and manage diseases and disorders of the nose and paranasal sinuses, and anterior skull base
- Understand basic laser physics and physiology, to include laser selection for specific lesions, as well as principles and practices of laser safety
- Understand the medical evaluation necessary to assess co-morbidity for patients undergoing general anesthesia and the appropriate specialty or subspecialty evaluations necessary to assess perioperative risk and to optimize the patient’s medical condition prior to the proposed procedure
- Understand the various methods of airway management and indications for endotracheal intubation, laryngeal mask anesthesia, emergency tracheotomy, cricothyrotomy
- Understand the mode of action of commonly used local anesthetics for topical application and local infiltration, mode of action, dose ranges, untoward effects, treatment of toxic reactions, and role of vasoconstrictors
- Articulate regional anesthetics blocks commonly used in the head and neck
- Apply preoperative risk assessment strategies, appropriate consultation for management of co-morbidity, the role of prophylactic antibiotics and their indications and duration based on the type of procedure, fluid and electrolyte management in the perioperative period, strategies for acute pain management, wound catheter management, glucose regulation in the diabetic patient, wound management (both complicated and uncomplicated)
- Understand the treatment strategies and procedures for the basic surgical management of diseases and disorders of the head and neck region, including reconstructive and cosmetic diseases
Understand the methodological criteria used to assess the validity, importance, and applicability of the medical literature
Understand the concepts of evidence-based medicine, and integrate the results of an evidence-based review with their own experience and the patient’s wishes, to provide evidence-based care

PATIENT CARE

- Observe, perform and/or assist in laryngoscopic laser and non-laser resections and procedures including thyroplasty
- Perform EMG as well as stroboscopic laryngeal examination
- Assist and perform percutaneous endoscopic gastrostomies
- Assist with microvascular free tissue transfer procedures
- Observe, perform and/or assist in radical and modified radical neck dissections and other major head and neck procedures.
- Perform and/or assist in local and pedicled flaps for reconstruction.
- Perform endoscopic and non-endoscopic rhinologic-sinus procedures
- Perform surgical procedures for obstructive sleep apnea

INTERPERSONAL AND COMMUNICATION SKILLS

- Interact with oncologist and radiation oncologist in the management of head and neck cancer patients

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger residents by being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge in head and neck surgery and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing otolaryngology textbooks and journals
- Uses Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and one’s care of patients.

SYSTEMS-BASED PRACTICE

- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with speech therapists, occupational and physical therapists, social services and community agency resources to provide optimal care for patients, including:
PLASTIC SURGERY (PGY-3) (2 MONTHS)
COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Rotation Directors: Richard Baynosa, M.D.
Rotation Faculty: Richard Baynosa, M.D.
John Menezes, M.D.
John Brosious, M.D.

Assigned Residents: PGY-3

Length of Rotation: 2 months

Cummings “Otolaryngology”
Mathes “Plastic Surgery” 2nd Edition

Conference Schedule: Plastic Surgery service conference schedule
Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation

GOALS

During this two-month rotation, residents will develop understanding of the basic principles of plastic surgery and will be able to define, translate and apply these principles to conditions of the head and neck.

OBJECTIVES

MEDICAL KNOWLEDGE

- Describe the physiology of various techniques of skin and composite tissue transplantation
- Explain the assessment of facial skeletal trauma
- Define the tumor, node, and metastases (TNM) classification system as used for neoplasms of skin, soft tissue, and head and neck
- Discuss epidemiology, risk factors, treatment, and prevention of
cutaneous malignancies in the geriatric patient

• Explain the methods for performing incisional and excisional biopsies of skin and oral cavity

PATIENT CARE

➢ Perform simple incisional biopsies and excise small lesions on the skin and subcutaneous tissue of the
➢ Provide definitive treatment plans for superficial incised and lacerated wounds of the neck and neck.
➢ Master assisting skills at this level

INTERPERSONAL AND COMMUNICATION SKILLS

➢ Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
➢ Coordinate and facilitate the interaction between resident team and medical students
➢ Demonstrate the ability to teach basic surgical techniques to interns and medical students

PROFESSIONALISM

➢ Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
➢ Respond to criticism and correction with calm and attentive demeanor
➢ Listen to patient complaints and offers compassionate solutions
➢ Display leadership to medical students and younger residents by being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

➢ Assess gaps in knowledge of plastic surgery and develop a plan for personal improvement.
➢ Demonstrate expertise at reading and critically analyzing standard surgical textbooks and the plastic surgical literature
➢ Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and one’s care of patients.

SYSTEMS-BASED PRACTICE

➢ Interact with Ophthalmologist, Dermatologist, Orthopedic Surgeon, and Trauma Service to coordinate care for one’s patients
➢ Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different
➢ Select appropriate medical procedures based on cost-effectiveness and risk to patient
➢ Interact with social services and community agency resources to provide optimal patient care
GOALS

The resident is expected to obtain sufficient knowledge that will permit comprehensive management of the patient with speech pathology. The resident will learn the basic principles of clinical instruction across speech-language pathology and laryngology, other related clinical fields. The resident will understand the importance of co-management of head and neck conditions with gross anatomy of the brain and brainstem, craniofacial osteology and arthrology, myology of the face/mandible/sphenoid/maxillae/palatine/hyoid bones, anatomy of the pharynx/larynx/upper esophagus/respiratory musculature, anatomy and pathways of the peripheral cranial and upper segment spinal nerves and associated sensory &/or motor fields, dentition and soft tissue of the oral cavity, and salivary glands.

OBJECTIVES

MEDICAL KNOWLEDGE

- Know the pathophysiology of neurogenic communication and swallowing disorders, tracheostomy assessment and management, neurological assessment and advanced applied neuroscience, pediatric feeding assessment and management, structure and function of respiratory and digestive systems and medical ethics
- Understand the fundamentals areas of articulation, fluency, voice, swallowing, hearing, social pragmatics, cognition, and augmentative-alternative communication (AAC) for adults
- Provide advanced study of the physiological processes involved in speech production and swallowing
- Be familiar with the management of professional voice disorders and its office outpatient management
PATIENT CARE

- Perform biopsies of the upper aerodigestive tract
- Perform diagnostic laryngoscopies
- Perform laryngeal botox and Radiesse injections

INTERPERSONAL AND COMMUNICATION SKILLS

- Obtain a problem-oriented history relevant to speech pathology and laryngology
- Communicate effectively with an oral-maxillofacial surgeon
- Communicate effectively members of a multidisciplinary team consisting of speech language pathologists and voice therapists.

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger residents by being sensitive to patient confidential needs
- Conduct themselves in a professional manner as reflected in demeanor, dress, verbal exchanges, and compliance with all policies and procedures associated with clinical assignments

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge of speech pathology and develop a plan for personal improvement
- Focus on the skills for asking clinical questions, searching for the best evidence to answer questions, and critically appraising the evidence.
- Demonstrate expertise at reading and critically analyzing speech pathology journal literature
- Receive hands-on experience in the acquisition, measurement and interpretation of acoustic and physiologic data.
- Uses Pub-Med, Med-Line and other on-line search engines to select the most updated literature to improve one’s fund of knowledge and one’s care of patients.

SYSTEMS-BASED PRACTICE

- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for allergy treatment
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal patient care
OTOLARYNGOLOGY TEAM 3 – ADVANCED GENERAL ORL/PEDIATRIC ENT (PGY-4) (3 MONTHS)

COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Rotation Directors: Alycia Spinner, M.D.
Rotation Faculty: Alycia Spinner, M.D.

Assigned Residents: PGY-4

Length of Rotation: 3 months

Cummings “Otolaryngology”

Conference Schedule: Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation
Annual ABO in-training exam scores
AAO-HNS Home study course exam scores
360-degree evaluations
Grand rounds evaluation
Resident self-assessment review
Surgical case log
OR skills assessment
ENT basic procedure checklist
Completion of resident quality improvement project

GOALS

During the three months of advanced pediatric/general otolaryngology, the otolaryngology resident will gain competencies in the provision of care to patients with surgical problems relating to the head and neck, special emphasis will be placed on the pediatric airway, upper digestive tract, and care of pediatric patients. They will participate in more complex aspects of general otolaryngology, ranging from sleep medicine, chronic refractory sinusitis, voice problems, laryngology, and nasal obstruction.

OBJECTIVES

MEDICAL KNOWLEDGE

GENERAL OTOLARYNGOLOGY

➢ Describe the physiology of swallowing and the anatomy and physiology of the larynx.
➢ Discuss the physiology of normal and abnormal speech, including the physiology of the velopharynx
➢ Be familiar with anatomy and function of all cranial nerves
Be familiar with the common etiologies of hearing loss. Understand various methods of audiologic testing.

Understand the anatomy and physiology of epistaxis.

Know the House-Brackmann grading system of facial paralysis.

Understand anatomy and physiology in the upper and lower airway.

**PEDIATRIC OTOLARYNGOLOGY**

- Understand the etiology and treatment algorithm for subglottic stenosis.
- Understand obstructive sleep apnea diagnosis and treatment.
- Be familiar with the head and neck manifestations of congenital syndromes.
- Be familiar with surgical indications of chronic otitis media and chronic tonsillitis.
- Be familiar with deep neck infections.
- Understand congenital hearing loss.
- Understand hearing restoration for pediatric patients.

**PATIENT CARE**

**GENERAL OTOLARYNGOLOGY**

- Perform a thorough comprehensive head and neck examination in adults.
- Perform an appropriate head and neck exam in pediatric patients.
- Identify patients who need emergency interventions.
- Test cranial nerve function.
- Render appropriate preventive and invasive treatments for epistaxis.
- Know pre- and post-operative management of otolaryngology surgical procedures.

**PEDIATRIC OTOLARYNGOLOGY**

- Tailor a thorough head and neck examination to the tolerance of pediatric patients.
- Provide appropriate work-up for obstructive sleep apnea.
- Manage acute pediatric airway emergencies.
- Perform awake flexible endoscopic examinations on pediatric patients.
- Be proficient in the performance of uncomplicated surgeries such as:
  - Myringotomy and placement of ventilation tubes
  - Tonsillectomy
  - Adenoidectomy
  - Tracheotomy
  - Cricothyroidotomy
  - Flexible endoscopy intubation
  - Examination under general anesthesia, and rigid laryngoscopy, bronchoscopy and esophagoscopy with biopsy
  - Laryngotracheal reconstruction
Surgical treatment for congenital airway problems (choanal atresia, laryngotracheal abnormalities)
- Microtia repair
- Pediatric long-term tracheotomy care

INTERPERSONAL AND COMMUNICATION SKILLS
- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques

PROFESSIONALISM
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Demonstrate ability to listen to patient complaints and offers compassionate solutions
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT
- Assess gaps in knowledge and develop a plan for personal improvement.
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and surgical literature.
- Interact with social services and community agency resources to provide optimal care for patients
- Use Pub-Med, Med-Line and other online search engines to find the most updated literature to improve one’s knowledge and to provide care for one’s patients
Site Location: University Medical Center  
1800 W. Charleston Blvd.  
Las Vegas, NV 89102

Rotation Directors: Matthew Ng, M.D.  
Rotation Faculty: Matthew Ng, M.D.  
Tina Elkins, M.D.

Assigned Residents: PGY-4

Length of Rotation: 3 months

Cummings “Otolaryngology”

Conference Schedule: Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation  
Annual ABO in-training exam scores  
AAO-HNS Home study course exam scores  
360-degree evaluations  
Grand rounds evaluation  
Resident self-assessment review  
Surgical case log  
OR skills assessment  
ENT basic procedure checklist  
Completion of resident quality improvement project

GOALS

The fundamental focus for this resident rotation is expanded clinical experience and depth in diagnosis and treatment of otologic and neurotologic conditions. Principles of diagnosis and treatment are taught progressively and continuity of care is emphasized. This rotation gives residents in-depth experience with the diagnosis and management of external ear, middle ear, and inner ear pathology. The otolaryngology resident will be supervised and instructed by senior otology attending staff. When more senior residents are present on the service, a hierarchical system will prevail, with the junior resident reporting to the senior resident, who in turn reports to the attending staff. It is expected that, until delegated more authority, the junior resident will discuss all issues with the chief resident or attending staff. Senior residents and attending surgical staff will be available in a rapid reliable manner. Delegation of authority and responsibility for patient care will increase as the resident demonstrates increased competence in the delivery of safe,
effective, and compassionate care. The otology staff will formally evaluate each otolaryngology trainee’s performance at the end of the rotation.

The otolaryngology resident will also gain clinical experience and depth in diagnosis and treatment of general otolaryngologic conditions, in addition to otologic and facial plastic surgical conditions. This rotation takes into consideration that this will be the resident’s second formal exposure to otology and facial plastic surgery. They will be given an opportunity to participate in the care of patients with more complex otologic and facial plastic surgery conditions. Correspondingly, they will perform more complex surgeries than the PGY-2 on the service.

OBJECTIVES

MEDICAL KNOWLEDGE

- Understand the indications, contraindications, and risks of otologic surgical procedures, as well as alternatives to such procedures
- Define the capabilities of diagnostic radiologic procedures for otologic conditions (plain film radiography, CT and MRI scans) and define characteristic radiographic appearances of common and uncommon otopathology
- Understand the development and embryology of the temporal bone as it relates to congenital otopathologic conditions
- Acquire core knowledge in otology/neurotology through book reviews and departmental educational activities
- Understand and apply temporal bone anatomy to common otologic diseases and surgical conditions
- Gain experience in temporal bone dissection
- Describe common and uncommon anomalies and conditions that may be encountered in the otologic/neurotologic exam
- Understand basic auditory and vestibular physiology
- Utilize the House-Brackmann grading system of facial paralysis.
- Describe natural history, clinical presentation, and evaluation of otitis media and all treatment options; describe potential complications of acute otitis media and management options for each complication; know appropriate medication for acute and chronic otitis media; explain bacteriology and patterns of resistance that influence selection of antibiotics
- Understand natural history, presentation, management of chronic otitis media, mastoiditis, and cholesteatoma
- Develop differential diagnosis for hearing loss (congenital and acquired) and list treatment options (surgical vs. non-surgical)
- Understand the fundamentals of local flaps for closure of surgical defects: advancement flaps, rotational flaps, pedicled flaps, and free flaps
- Understand flap physiology
Apply facial analysis to enhance surgical decision making for rhinoplasty, blepharoplasty, rhytidectomy

PATIENT CARE

- Perform a general and targeted otologic/neurotologic history and physical examination
- Improve on history taking and physical examination for general otolaryngology patients
- Perform flexible laryngoscopic and rigid nasal endoscopic examinations
- Use operating microscope for diagnosis and treatment of external and middle ear disorders, including pneumatic otoscopy, cerumen management, tympanocentesis, removal of ear canal foreign bodies
- Use Frenzel lenses, tuning forks to help with assessment of the otologic/neurotologic patient
- Describe the elements of a complete otologic/neurotologic specialty outpatient clinic note
- Increase skill in diagnosis and management of patients who present to an otology/neurotology clinic
- Participate in the preoperative, perioperative, and postoperative management of surgical patients who present to an otology/neurotology clinic
- Interpret audiogram, tympanogram, auditory brainstem response testing, ENG, ENOG, EMG
- Perform an audiogram and tympanogram
- Evaluate and treat the dizzy patient and efficiently evaluate for BPPV, Meniere’s disease, vestibular neuritis, superior semicircular canal dehiscence, perilymphatic fistula, multisensory disorder, postural hypotension, vertebrobasilar artery insufficiency, migraine and CNS causes
- Perform: tympanoplasty (medial graft and lateral graft), ossicular chain reconstruction, mastoidectomies (intact canal wall, canal wall down, modified radical and radical); canalplasty, temporal bone resection, facial nerve decompression
- Perform: septoplasty, turbinate reduction, endoscopic epistaxis control, excision of superficial head and neck lesions, tonsillectomy, adenoidectomy, panendoscopy with biopsy and laser treatment, scar revisions, incision and drainage of peritonsillar and oropharyngeal abscesses, tracheotomy
- Perform in-office excision of cutaneous lesions with plastics closure
- Perform: rhinoplasty, rhytidectomy, blepharoplasty, reconstruction of Moh’s defects, cheek and chin augmentation
- Obtain informed consent for otologic, facial plastic, and general otolaryngologic surgical procedures

INTERPERSONAL AND COMMUNICATION SKILLS

- Increase skill in presenting new and established otology patients in a concise and focused manner
- Expand contact in the regional professional environment
- Develop effective and efficient communication with support staff: audiologist, speech therapist
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPAA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Demonstrate the ability to teach basic surgical techniques to interns and medical students
PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger residents by being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge of otology/neurotology/general otolaryngology and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and the otolaryngology journal literature
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and one’s care of patients.

SYSTEMS-BASED PRACTICE

- Interact with audiologist and/or local hearing aid dispenser to coordinate care for one’s patients
- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal patient care
**OUTPATIENT ENT SURGERY (PGY-4) (3 MONTHS)**

**COMPETENCY-BASED GOALS AND OBJECTIVES**

**Site Location:** Ear, Nose & Throat Consultants of Nevada  
3195 St. Rose Parkway Suite 210  
Henderson, NV 89052  

Outpatient surgery centers:  
Surgery Center Southern Nevada  
Durango Surgery Center  
Sunrise Outpatient Surgery  
Sahara Surgery Center  

**Rotation Directors:** Walter Schroeder, M.D.  
**Rotation Faculty:** Walter Schroeder, M.D.  
Anna Tsai, M.D.  
Marvin Spann, M.D.  
Candace Spann, M.D.  

**Assigned Residents:** PGY-4  

**Length of Rotation:** 3 months  

Cummings “Otolaryngology”  

**Conference Schedule:** Otolaryngology didactics / conference schedule  

**Method of Assessment:** End of rotation evaluation  
Annual ABO in-training exam scores  
AAO-HNS Home study course exam scores  
360-degree evaluations  
Grand rounds evaluation  
Resident self-assessment review  
Surgical case log  
OR skills assessment  
Completion of resident quality improvement project  

**GOALS**

Outpatient ENT Surgery is a dedicated block of time that the OTO-4 resident will spend in outpatient surgery. A major part of an otolaryngology practice is outpatient surgery. The surgery will learn aspects of preoperative work-up and postoperative care of patients undergoing common outpatient otolaryngology cases. There will be a focus on endoscopic sinus surgery, functional and cosmetic rhinoplasty, surgery for
nasal and upper airway obstruction, panendoscopy of the upper aerodigestive tract. They will learn to choose appropriate candidates for outpatient surgery based on ASA criteria.

OBJECTIVES

MEDICAL KNOWLEDGE

➢ Identify appropriate candidates for outpatient surgery
➢ Learn the medical conditions that can potentially complicate outpatient surgery and arrange preoperative cardiac, pulmonary, endocrine work-up and clearance
➢ Apply the ASA grading system and determine outpatient surgical candidacy

PATIENT CARE

➢ Obtain history and physical examination
➢ Analyze preoperative work-ups and determine adequacy for outpatient surgery
➢ Evaluate the airway and identify potential airway management issues that may complicate outpatient surgery
➢ Perform the following surgical procedures:
  o Endoscopic sinus surgery: anterior ethmoidectomy, posterior ethmoidectomy, total ethmoidectomy, concha bullosa resection; maxillary antrostomy (simple and extended), frontal and sphenoid sinusotomy, balloon sinoplasty
  o Septorhinoplasty (functional and cosmetic)
  o Direct laryngoscopy, micro-direct laryngoscopy, tracheoscopy and bronchoscopy
  o Excision of laryngeal lesions
  o Uvulopalatopharyngoplasty
  o Turbinate surgery
  o Rhytidectomy
  o Blepharoplasty
  o Local and pedicled flaps for reconstruction

INTERPERSONAL AND COMMUNICATION SKILLS

➢ Communicate with anesthesiologist, outpatient nursing staff regarding outpatient care issues
➢ Gain experience in communication with patient and family regarding surgical results/outcomes and special postoperative instructions
➢ Communicate with patient after discharge to address postoperative concerns and follow-up

PROFESSIONALISM

➢ Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
➢ Respond to criticism and correction with calm and attentive demeanor
➢ Listen to patient complaints and offer compassionate solutions
PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge in outpatient surgery and develop a plan for personal improvement
- Understand the methodological criteria used to assess the validity, importance, and applicability of the medical literature when addressing conditions related to outpatient surgery and their outcomes
- Demonstrate expertise at reading and critically analyzing otolaryngology textbooks and journals
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and one’s care of patients.

SYSTEMS-BASED PRACTICE

- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for outpatient surgery
- Select appropriate surgical procedures based on cost-effectiveness and risk to patient
- Interact with preoperative nursing, operating room nursing and staff, postoperative and recovery nursing to facilitate the outpatient surgery experience for the patient and making the experience more cost-effective
GOALS
Residents are required to begin preparations for a research project in their PGY-2 and PGY-3 for the research rotation. This includes identifying:

✓ Research mentor
✓ Laboratory
✓ Funding source
✓ Institutional Review Board Approval
✓ Literature review
✓ Methods design and protocol

Therefore, the three months in the PGY-4 year will be dedicated to performing experiments, procuring data, data analysis, and manuscript preparation. The research rotation in the PGY-4 year is protected research time, free of clinical duties with the exception of home-call responsibilities. The resident will prepare for publication and presentation at a peer-reviewed conference.

OBJECTIVES
MEDICAL KNOWLEDGE
- Develop working knowledge of the scientific process

**PATIENT CARE**
- Obtain increasing ability to independently work-up emergency room patient presenting with head and neck disorder while on call
- Continue to provide patient care with compassion, appropriateness, and effectiveness

**INTERPERSONAL AND COMMUNICATION SKILLS**
- Communicate with research mentor and laboratory team weekly
- Improve scientific written communication in the form of abstracts and manuscripts
- Communicate with fellow residents regarding continuance of care in the post-call period

**PROFESSIONALISM**
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor

**PRACTICE BASED LEARNING AND IMPROVEMENT**
- Demonstrate expertise at reading and critically analyzing research material
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge
- Set timely research goals and critically evaluate for improvements
- Implement changes in research technique to improve research process

**SYSTEMS-BASED PRACTICE**
- Work effectively in laboratory setting alongside laboratory technicians and support staff
- Incorporate considerations of cost awareness in the laboratory setting
ADVANCED HEAD & NECK SURGERY – TEAM 1 (PGY-5) (6 MONTHS)

COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Mountain View Hospital
3100 N. Tenaya Way
Las Vegas, NV 89128

Rotation Directors: Robert Wang, M.D., FACS
Rotation Faculty: Robert Wang, M.D., FACS
Oluwafunmilola Okuyemi, M.D.
Jo-Lawrence Bigcas, M.D.

Assigned Residents: PGY-5

Length of Rotation: 3 months X 2 (6 Months)

Cummings “Otolaryngology”

Conference Schedule: Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation
Annual ABO in-training exam scores
AAO-HNS Home study course exam scores
360-degree evaluations
Grand rounds evaluation
 Resident self-assessment review
Surgical case log
PGY-5 mock oral exams
OR Skills assessment
Completion of resident quality improvement project

GOALS

The PGY-5 chief resident will function as an independent clinician and surgeon. This rotation will allow the resident to see patients in the faculty practice setting under supervision, inpatient consultations under supervision, and patients on the resident service under increasing autonomy. Having developed a sound foundation in history taking and physical examination of the head and neck, the resident will assess all clinical information, request appropriate diagnostic testing, construct a complete differential diagnosis, and formulate a sound medical and/or surgical treatment plan. The resident will also participate in postoperative follow-up that involves wound management, review of pathology, and patient/family counseling. The Team
1 chief resident will gain experience in in-patient hospital consultations and will have the opportunity to function in a private, community hospital, instead of a public, county hospital.

The PGY-5 chief resident will be able to perform basic otolaryngology surgical procedures to completion. The resident will also participate in the most advanced and complex surgeries with attending staff present to supervise.

**MEDICAL KNOWLEDGE**

- Understand current options of evidence-based care for advanced head and neck cancer in discussions with oncology and radiation therapy services at tumor board conferences
- Understand the rationale for the AJCC staging system for malignant tumors of the head and neck and the rules that govern staging assignment
- Understand treatment strategies and procedures for the advanced surgical management of diseases and disorders of the head and neck region, including reconstructive and cosmetic diseases
- Understand, anticipate and implement treatment and/or counseling for quality of life adversely affected by head and neck cancer treatment, such as dysphagia, dysphonia, aphonia, aspiration, xerostomia, hyposmia, and dysgeusia
- Improve on medical and surgical decision making when addressing issues of hearing loss, dizziness and vertigo, determination of candidacy for cochlear implantation vs. hearing aid, appropriateness of vestibular ablative procedures, resectability of skull base lesions, appropriate situations to employ observation vs. surgery vs. stereotactic radiation to skull base tumors.
- Become experts of head and neck anatomy.
- Become experts in the etiology and treatment of various head and neck diseases.
- Become able to determine the appropriate treatment for each particular disease process.
- Understand when additional treatment would not yield additional benefits.
- Have full grasp of latest technology available to otolaryngologists.
- Understand both sides of controversy in common debates of medicine.

**PATIENT CARE**

- Improve surgical skills in all procedures performed in the field of Otolaryngology- Head and Neck Surgery
- Perform and assist in complex head and neck procedures including those in conjunction with plastic surgery, neurosurgery, neurotology, vascular and thoracic surgery services
- Become proficient in the management of all general otolaryngologic disorders.
- Become adept at the management of all neoplastic otolaryngologic problems.
- Understand when multi-discipline approaches should be utilized to treat particular diseases
- Improve on medical and surgical decision making when addressing issues of hearing loss, dizziness and vertigo, determination of candidacy for cochlear implantation vs. hearing aid, appropriateness of vestibular ablative procedures, resectability of skull base lesions, appropriate situations to employ observation vs. surgery vs. stereotactic radiation to skull base tumors.
- Assist in and/or perform complex head and neck cases: total/subtotal/partial/extended laryngectomy, radical pharyngectomy, resection of extensive arteriovenous or lymphatic malformations, partial/total/extended maxillectomy and mandibulectomy, craniofacial resection, deep parotid/parapharyngeal space tumor resection with or without manbibulotomy approach, extended/difficult modified radical neck dissections, superior mediastinal dissections, transoral robotically assisted surgical resections of oropharynx, hypopharynx and larynx.

**INTERPERSONAL AND COMMUNICATION SKILLS**

- Develop working and effective communication system for information exchange between patients and family and members of patient’s healthcare team.
- Communicate effectively with patient, family and the public across broad range of socioeconomic and cultural backgrounds.
- Work effectively as leader of a healthcare team.
- Act in a consultative role to other physicians and health professionals.
- Maintain comprehensive, timely, and legible medical records.
- Be able to help patients analyze and understand their disease.
- Synthesize efficient interaction between resident team and medical students.
- Lead the otolaryngology team in providing efficient and effective patient care.
- Recognize the subtle non-verbal cues that instill confidence in the patient.
- Become an effective leader of the surgical treatment team.
- Instill confidence in office staff and earn their respect.

**PROFESSIONALISM**

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor.
- Conduct professional behavior and adhere to ethical principles.
- Demonstrate compassion, integrity, and respect for others.
- Obtain responsiveness to patient needs that supersedes self-interest.
- Respect patient privacy and autonomy.
- Demonstrate ability to listen to patient complaints and offers compassionate solutions.
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs.
- Develop appropriate boundary in the physician-patient relationship.
- Demonstrate compassion and sympathy in the delivery of unfavorable prognosis.
PRACTICE BASED LEARNING AND IMPROVEMENT

- Demonstrate expertise at reading and critically analyzing clinical material from journals, textbooks, literature review
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge
- Identify strengths, deficiencies and expertise and address those prior to leaving training program
- Construct better learning techniques that may be helpful for junior residents
- Devise a quality-improvement project operable in the outpatient or inpatient setting
- Seek out methods to constantly update knowledge and develop a plan for personal improvement.
- Become experts in analyzing new advances in medicine.
- Interact with social services and community agency resources to provide optimal care for patients

SYSTEMS-BASED PRACTICE

- Work effectively in various healthcare delivery setting and systems: indigent clinic, private practice setting, county and community hospital
- Interact with oncologist and radiation oncologist in the management of head and neck cancer patients to formulate best treatment plan
- Participate in hospital quality control team to enhance patient safety and to improve patient care quality
- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with speech therapists, occupational and physical therapists, social services and community agency resources to provide optimal care for patients, including: functional rehabilitation, psychosocial rehabilitation, speech pathology/therapy and supportive care
- Interact with consulting and referring physicians in a professional manner.
- Recognize medicine as a limited resource and strive to limit waste while magnifying the effect of all expenditure.
- Be effective in educating the community regarding the specialty of otolaryngology.
- Strive to improve the medical system at every opportunity.
UMC CHIEF SERVICE (PGY-5) (6 MONTHS)
COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

Rotation Directors: Robert Wang, M.D., FACS
Rotation Faculty: Robert Wang, M.D., FACS
Oluwafunmilola Okuyemi, M.D.
Matthew Ng, M.D.
Jo-Lawrence Bigcas, M.D.

Assigned Residents: PGY-5

Length of Rotation: 6 Months

Cummings “Otolaryngology”

Conference Schedule: Otolaryngology didactics / conference schedule

Method of Assessment: End of rotation evaluation
Annual ABO in-training exam scores
AAO-HNS Home study course exam scores
360-degree evaluations
Grand rounds evaluation
Resident self-assessment review
Surgical case log
OR Skills assessment
Completion of resident quality improvement project

GOALS

The PGY-5 chief resident will function as an independent clinician/surgeon and leader of the inpatient UMC otolaryngology service consisting of junior residents, interns, and medical students. The resident will be given the opportunity to make major decisions regarding inpatient treatment plan. The chief resident will develop sound clinical judgment and possess the ability to formulate and carry out appropriate management plans for patients with otolaryngology disorders. The resident will take charge of daily ward rounds and assume leadership role. The chief resident will communicate directly with the attending on-call on a daily basis to discuss patient management issues and treatment plans. The chief resident will help resolve any conflicts and take on administrative duties in constructing equitable call and vacation schedules.

Having developed a sound foundation in history taking and physical examination of the head and neck, the resident will assess all clinical information, request appropriate diagnostic testing, construct a complete
differential diagnosis, and formulate a sound medical and/or surgical treatment plan. The resident will also participate in postoperative follow-up that involves wound management, review of pathology, and patient/family counseling. The UMC chief resident will gain experience in in-patient hospital consultations and will have the opportunity to function in a busy public, county hospital.

The PGY-5 chief resident will be able to perform basic otolaryngology surgical procedures in completion. The resident will also participate in the most advanced and complex surgeries with attending staff present to supervise.

**MEDICAL KNOWLEDGE**

- Become an expert of head and neck anatomy.
- Become an expert in the etiology and treatment of various head and neck diseases.
- Be able to determine the appropriate treatment for each particular disease process.
- Understand when additional treatment would not yield additional benefits.
- Have full grasp of latest technology available to otolaryngologists.
- Understand both sides of controversy in common debates of medicine.
- Understand current options of evidence-based care for advanced head and neck cancer in discussions with oncology and radiation therapy services at tumor board conferences
- Understand the rationale for the AJCC staging system for malignant tumors of the head and neck and the rules that govern staging assignment
- Understand treatment strategies and procedures for the advanced surgical management of diseases and disorders of the head and neck region, including reconstructive and cosmetic diseases
- Improve on medical and surgical decision making when addressing issues of hearing loss, dizziness and vertigo, determination of candidacy for cochlear implantation vs. hearing aid, appropriateness of vestibular ablative procedures, resectability of skull base lesions, appropriate situations to employ observation vs. surgery vs. stereotactic radiation to skull base tumors

**PATIENT CARE**

- Improve surgical skills in all procedures performed in the field of Otolaryngology - Head and Neck Surgery
- Perform and assist in complex head and neck procedures including those in conjunction with plastic surgery, neurosurgery, neurotology, vascular and thoracic surgery services
- Become proficient in the management of all general otolaryngologic disorders.
- Improve surgical skills in all procedures performed in the field of Otolaryngology - Head and Neck Surgery.
- Become adept at the management of adult and pediatric advanced and tertiary level otolaryngologic problems.
- Understand when multi-discipline approaches should be utilized to treat particular diseases
- Perform complex otologic cases: stapedectomy, canal-wall down mastoidectomy, labyrinthectomy, petrous apicotomies, atresia repairs, cochlear implantation, placement of bone-anchored hearing aids, resection of temporal bone tumors
Assist in complex neurotologic cases: resection of vestibular schwannoma, translabyrinthine and retrosigmoid/retrolabyrinthine craniotomies; repair of CSF leaks from the lateral skull base

Assist in and/or perform complex head and neck cases: total/subtotal/partial/extended laryngectomy, radical pharyngectomy, resection of extensive arteriovenous or lymphatic malformations, partial/total/extended maxillectomy and mandibulectomy, craniofacial resection, deep parotid/parapharyngeal space tumor resection with or without manubibulotomy approach, extended/difficult modified radical neck dissections, superior mediastinal dissections, transoral robotically assisted surgical resections of oropharynx, hypopharynx and larynx

INTERPERSONAL AND COMMUNICATION SKILLS

- Develop working and effective communication system for information exchange between patients and family and members of patient’s healthcare team
- Communicate effectively with patient, family and the public across broad range of socioeconomic and cultural backgrounds
- Work effectively as leader of a healthcare team
- Act in a consultative role to other physicians and health professionals
- Maintain comprehensive, timely, and legible medical records
- Be able to help patients analyze and understand their disease.
- Synthesize efficient interaction between resident team and medical students.
- Lead the otolaryngology team in providing efficient and effective patient care.
- Recognize the subtle non-verbal cues that instill confidence in the patient
- Become an effective leader of the surgical treatment team.
- Instill confidence in office staff and earn their respect.

PROFESSIONALISM

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor
- Conduct professional behavior and adhere to ethical principles
- Demonstrate compassion, integrity, and respect for others
- Obtain responsiveness to patient needs that supersedes self-interest
- Respect patient privacy and autonomy
- Demonstrate ability to listen to patient complaints and offers compassionate solutions
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs.
- Develop appropriate boundary in the physician-patient relationship.
- Demonstrate compassion and sympathy in the delivery of unfavorable prognosis
PRACTICE BASED LEARNING AND IMPROVEMENT

- Demonstrate expertise at reading and critically analyzing clinical material from journals, textbooks, literature review
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge
- Identify strengths, deficiencies and expertise and address those prior to leaving training program
- Construct better learning techniques that may be helpful for junior residents
- Devise a quality-improvement project operable in the outpatient or inpatient setting
- Seek out methods to constantly update knowledge and develop a plan for personal improvement.
- Become experts in analyzing new advances in medicine.
- Interact with social services and community agency resources to provide optimal care for patients

SYSTEMS-BASED PRACTICE

- Work effectively in various healthcare delivery setting and systems: private practice setting, county and community hospital; outpatient surgery center
- Interact with medical oncologist, radiation oncologist, radiologist, and pathologist in the management of head and neck cancer patients to formulate best treatment plan
- Participate in hospital quality control team to enhance patient safety and to improve patient care quality
- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with speech therapists, occupational and physical therapists, social services and community agency resources to provide optimal care for patients, including: functional rehabilitation, psychosocial rehabilitation, speech pathology/therapy and supportive care
- Interact with consulting and referring physicians in a professional manner.
- Recognize medicine as a limited resource and strive to limit waste while magnifying the effect of all expenditure.
- Be effective in educating the community regarding the specialty of otolaryngology.
- Strive to improve the medical system at every opportunity.
## Salivary Disease — Patient Care

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<tbody>
<tr>
<td>• Obtains basic history and physical</td>
<td>• Obtains focused history and physical, including comprehensive head and neck exam, neck and cranial nerve exam; orders appropriate labs, fine-needle aspiration (FNA), and radiologic studies</td>
<td>• Interprets appropriate lab, pathologic, and radiologic studies</td>
<td>• Accurately tumor node metastasis (TNM) stages a specific patient</td>
<td>• Performs ultrasound guided FNA of salivary gland mass</td>
</tr>
<tr>
<td>• Understands normal salivary gland function</td>
<td>• Discusses treatment modality options in general terms (including adjuvant treatment)</td>
<td>• Describes an accurate differential diagnosis of a salivary gland mass; able to clinically distinguish neoplastic from non-neoplastic etiologies</td>
<td>• Makes correct diagnosis from clinical, radiologic, and pathologic information; knows histopathologic findings of common neoplastic processes</td>
<td>• Teaches pathophysiology</td>
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<tr>
<td>• Knows treatment of sialadenitis</td>
<td>• Performs intra-operative patient prep; raises skin flaps in appropriate plane; able to aesthetically close wound</td>
<td>• Discusses appropriate therapeutic options and understands implications of those options</td>
<td>• Formulates appropriate treatment plan for a specific salivary gland cancer patient based on primary site, disease stage, and patient factors</td>
<td>• Performs extended dissection of parotid bed neoplasm with preservation of neurovascular (NV) structures as appropriate; teaches procedure</td>
</tr>
<tr>
<td>• Knows how to scrub; performs surgical time out; maintains sterile field</td>
<td>• Lists some potential complications</td>
<td>• Performs procedure with assistance; identifies neurovascular structures</td>
<td>• Completes procedure with oversight</td>
<td>• Treats complex complications</td>
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**Comments:**
# AERODIGESTIVE TRACT LESIONS (ADT)

## Aerodigestive Tract Lesions (ADT) — Patient Care

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<tbody>
<tr>
<td>• Obtains basic history and physical</td>
<td>• Obtains focused history and physical, including comprehensive aerodigestive tract and cranial nerve clinic exam with recognition of normal anatomy and obvious abnormalities</td>
<td>• Orders appropriate labs, functional, and radiologic studies; performs flexible and rigid endoscopic evaluation</td>
<td>• Interprets appropriate lab, functional, and radiologic studies</td>
<td>• Performs flexible fiberoptic laryngoscopy with manipulation with oversight</td>
</tr>
<tr>
<td>• Demonstrates limited understanding of normal laryngeal function</td>
<td>• Understands normal laryngeal and esophageal function; understands factors precipitating inflammatory laryngeal disease</td>
<td>• Knows differential diagnosis of vocal cord lesion; able to clinically distinguish neoplastic from non-neoplastic etiologies</td>
<td>• Makes correct diagnosis from clinical, radiologic, and pathologic information; knows histopathologic findings of common neoplastic processes</td>
<td>• Teaches pathophysiology</td>
</tr>
<tr>
<td>• Demonstrates limited knowledge of treatment options</td>
<td>• Discusses appropriate therapeutic options and understands implications of each</td>
<td>• Discusses appropriate treatment plan for a specific vocal cord lesion patient based on lesion and patient factors</td>
<td>• Formulates appropriate treatment plan for a specific vocal cord lesion patient based on lesion and patient factors</td>
<td>• Teaches management of complex aerodigestive tract (ADT) lesions</td>
</tr>
</tbody>
</table>

- Positions patient properly for laryngoscopy, and sometimes able to visualize the larynx
- Positions patient properly for esophagoscopy, and sometimes able to visualize the esophagus
- Lists some potential complications (e.g., identifies and appropriately treats local injury from endoscopic instruments)
- Able to consistently visualize the larynx during laryngoscopy and perform binocular microlaryngoscopy
- Performs esophagoscopy with biopsy in patients with favorable anatomy
- Recognizes common complications; obtains appropriate consultations for patient management
- Performs microlaryngoscopy consistently with complete exposure of the anterior commissure
- Recognizes and is able to treat and/or develop treatment plan for common complications

- Performs esophagoscopy with complex intervention efficiently in the difficult to expose patient
- Treats complex complications

**Comments:**

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### Sleep Disordered Breathing (SDB) — Patient Care

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<tr>
<td>• Obtains general history and performs basic physical exam</td>
<td>• Recognizes signs and symptoms of SDB and the differences between children and adults; orders appropriate routine lab, radiologic, and sleep studies</td>
<td>• Performs detailed examination with evaluation of upper airway anatomy and interprets basic diagnostic testing</td>
<td>• Interprets examination and advanced diagnostic testing</td>
<td>• Teaches focused history and physical exam</td>
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<td>• Demonstrates basic understanding of spectrum of sleep disorders in children and adults</td>
<td>• Demonstrates moderate understanding of spectrum of sleep disorders in children and adults</td>
<td>• Demonstrates thorough understanding of spectrum of sleep disorders in children and adults</td>
<td>• Recognizes interaction between SDB and other sleep disorders in children and adults</td>
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<td>• Demonstrates beginning understanding of treatment measures</td>
<td>• Demonstrates deepening understanding of medical treatments, role of surveillance, and alternate therapies</td>
<td>• Able to list and prioritize treatment options for the patient with SDB in complicated patient populations</td>
<td>• Identifies indications and risks of non-surgical treatment plans for sleep disorders other than SDB, and disorders of initiating and maintaining sleep</td>
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<td>• Performs tonsillectomy and/or adenoidectomy (T&amp;A) on typical pediatric or adult patient</td>
<td>• Performs palatopharyngoplasty on typical patient</td>
<td>• Performs T&amp;A and palatopharyngoplasty on complex patients</td>
<td>• Teaches T&amp;A and palatopharyngoplasty</td>
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<td>• Lists common potential complications</td>
<td>• Lists rare complications; recognizes common complications and is able to initiate treatment in the typical patient</td>
<td>• Recognizes and is able to treat and/or develop treatment plan for common and uncommon complications in the complex patient</td>
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<tr>
<td>• Obtains history and performs basic physical exam</td>
<td>• Recognizes symptoms of mandible and facial fractures; able to quickly assess airway, breathing, and circulation (ABC's) and need for urgent intervention</td>
<td>• Obtains focused history and performs focused exam, including airway evaluation and survey for other head and neck injuries; orders appropriate routine lab and radiologic studies</td>
<td>• Interprets appropriate lab and radiologic studies; identifies and orders necessary adjunctive studies (i.e., angiography)</td>
<td>• Develops appropriate treatment plan for panfacial fracture patient</td>
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<td>• Demonstrates basic knowledge of normal facial skeleton and relationships</td>
<td>• Localizes zones of the traumatically involved facial skeleton (i.e., frontal, orbital, midface, and mandible) using detailed familiarity with normal facial boney and soft tissue anatomy</td>
<td>• Identifies common facial skeleton fracture patterns</td>
<td>• Accurately diagnoses location and extent of specific facial trauma</td>
<td>• Performs revision/infected mandibular fracture ORIF</td>
</tr>
<tr>
<td>• Demonstrates limited knowledge of treatment options</td>
<td>• Discusses treatment modality options in general terms; demonstrates limited knowledge of potential indications for operative open reduction and internal fixation (ORIF) of the spectrum of facial fractures</td>
<td>• Discusses appropriate therapeutic options for major facial fracture types/patterns</td>
<td>• Develops appropriate treatment plan and performs ORIF for a facial fracture patient with combined mandible and midface fracture</td>
<td>• Treats complex complications</td>
</tr>
<tr>
<td>• Knows how to scrub; Performs surgical time out</td>
<td>• Demonstrates beginning ability to apply maxillo-mandibular fixation hardware and to perform intraoral and external incisions</td>
<td>• Facile at placing maxillary-mandibular fixation (MMF) and establishing baseline patient occlusion; able to perform surgical approaches (location and extent) to visualize fractures and provide adequate exposure for ORIF</td>
<td>• Performs uncomplicated mandibular ORIF</td>
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<tr>
<td>• Demonstrates limited familiarity with complications</td>
<td>• Lists some potential complications</td>
<td>• Recognizes common complications; makes appropriate consultations for patient management</td>
<td>• Recognizes and is able to treat common complications</td>
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Comments:
# Rhinosinusitis — Patient Care

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| • Obtains basic sinonasal symptom history and performs basic head and neck exam  
• Recognizes symptoms that indicate sinonasal pathology  
• Demonstrates minimal knowledge of treatment options  
• Performs surgical time out; familiar with pre-op documentation requirements (e.g., consent, history and physical, imaging) Knows how to scrub  
• Lists some complications of rhinosinusitis | • Obtains focused history and physical, including detailed sinonasal symptom inventory  
• Explains the diagnostic distinction between viral upper respiratory infections (URI) and acute bacterial sinusitis  
• Discusses treatment modality options in general terms; prescribes medical therapy for simple common conditions (i.e., viral URI, acute bacterial rhinosinusitis [ABRS])  
• Performs intra-operative patient nasal decongestion and local injections under endoscopic guidance; able to apply/register stereotactic surgical guidance system  
• Lists some potential complications of sinus surgery | • Performs nasal endoscopy and recognizes basic sinonasal pathology; demonstrates basic understanding of appropriate laboratory, pathologic, and radiologic diagnostic studies  
• Provides a differential diagnosis that includes the most common spectrum of bacterial sinusitis disease processes  
• Discusses appropriate therapeutic options for chronic rhinosinusitis (CRS) and chronic rhinosinusitis with nasal polyps (CRSNP)  
• Performs endoscopic sinus surgery (ESS) procedure with guidance; recognizes endoscopic surgical landmarks  
• Recognizes common complications; appropriate management for common complications | • Identifies nasal endoscopic pathologic findings in the previously operated patient; facile with interpretation/use of appropriate laboratory, pathologic and radiologic diagnostic studies  
• Distinguishes the pathophysiologic and clinical presentations of the various subtypes of chronic rhinosinusitis  
• Formulates appropriate treatment plan for patient with acute exacerbations of CRS or recurrent polypoid disease; tailors medical therapy to patient’s symptoms level and disease presentation  
• Completes ESS procedure with oversight  
• Recognizes and is able to treat and/or develop treatment plan for significant complications | • Teaches nasal endoscopy  
• Recognizes and diagnoses the possible uncommon etiologies of chronic bacterial sinusitis refractory to standard therapy  
• Provides treatment of recurrent/extensive frontal sinus disease  
• Performs revision and advanced endoscopic sinus surgery  
• Treats complex complications |

**Comments:**
# Nasal Deformity — Patient Care

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<tbody>
<tr>
<td>• Obtains basic history and performs basic head and neck exam</td>
<td>• Obtains focused history and physical</td>
<td>• Performs limited dynamic nasal function analysis and anterior rhinoscopy</td>
<td>• Performs comprehensive dynamic nasal function analysis; identifies aesthetic/cosmetic abnormalities; correlates examination findings with underlying structural etiologies</td>
<td>• Performs analysis in revision/post-surgical setting</td>
</tr>
<tr>
<td>• Demonstrates minimal knowledge of treatment options</td>
<td>• Demonstrates understanding of normal nasal physiology</td>
<td>• Differentiates between variable and fixed nasal obstruction contributors</td>
<td>• Identifies specific components of nasal pathophysiology in functional obstruction</td>
<td>• Formulates appropriate treatment plan for patient requiring revision surgery</td>
</tr>
<tr>
<td>• Performs surgical time out; knows how to scrub</td>
<td>• Discusses treatment modality options in general terms; prescribes medical therapy for simple common condition</td>
<td>• Discusses appropriate therapeutic options for common nasal deformities</td>
<td>• Formulates appropriate treatment plan for patient with fixed and/or dynamic nasal obstruction</td>
<td>• Performs revision rhinoplasty, including harvest and placement of graft material</td>
</tr>
<tr>
<td>• Obtains basic history and performs basic head and neck exam</td>
<td>• Preparations for surgical time-out</td>
<td>• Plans and performs incisions that would be needed for both intranasal and external rhinoplasty; cognizant of landmarks that mark important neurovascular structures</td>
<td>• Resects or augments bony or cartilaginous framework, places and secure grafting material, and performs osteotomies</td>
<td>• Performs revision septal surgery, including correction of complex septal abnormalities</td>
</tr>
<tr>
<td>• Demonstrates minimal knowledge of treatment options</td>
<td>• Plans, performs, and closes incisions that would be needed for adequate exposure; able to intraoperatively prepare patient (i.e., pack nose with decongestant pledgets, inject nose with local anesthetic)</td>
<td>• Elevates septal mucosal flaps adequately to address identified structural abnormalities</td>
<td>• Resects, recontours, and corrects septal abnormalities</td>
<td>• Treats complex complications</td>
</tr>
<tr>
<td>• Demonstrates limited knowledge of potential complications</td>
<td>• Demonstrates limited knowledge of potential complications</td>
<td>• Recognizes common complications</td>
<td>• Recognizes and is able to treat and/or develop treatment plan for common complications</td>
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**Comments:**
## Chronic Ear — Patient Care

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<tr>
<td>• Performs general history and physical</td>
<td>• Obtains pertinent otologic history and performs hand-held otoscopy; differentiates middle ear/mastoid disease from otitis externa; performs cranial nerve exam</td>
<td>• Performs reliable otomicroscopic exam; orders appropriate audiometry, laboratory, and radiologic studies</td>
<td>• Accurately interprets appropriate diagnostic studies; understands the indications for operative intervention; recognizes acute complications in the setting of COM</td>
<td>• Interprets less commonly utilized diagnostic tests</td>
</tr>
<tr>
<td>• Knows some common symptoms of ear infections</td>
<td>• Identifies Eustachian tube (ET) dysfunction and the normal and abnormal physiologic contributors</td>
<td>• Clinically differentiates otitis media (OM), otitis externa (OE), necrotizing OE, chronic otitis media (COM), mastoiditis, and cholesteatoma</td>
<td>• Understands mechanisms underlying the development of intratemporal and intracranial complications of chronic ear disease</td>
<td>• Manages chronic otitis media in an only hearing ear</td>
</tr>
<tr>
<td>• Demonstrates limited knowledge of chronic ear disease</td>
<td>• Prescribes appropriate systemic and/or topical antibiotic therapy for chronic otitis media; understands basics of post-operative wound care</td>
<td>• Recognizes clinical failure of medical management; describes surgical risks, benefits, and alternatives; understands concept of recidivism and understands need for long-term surveillance plan</td>
<td>• Formulates appropriate treatment plan for care of a patient with complications of chronic ear disease</td>
<td>• Performs canal wall down mastoidectomy skillfully; able to proficiently perform facial recess approach</td>
</tr>
<tr>
<td>• Demonstrates little knowledge of medical/surgical treatments for ear disease</td>
<td>• Positions, preps, and drapes patient; able to inject local anesthetic; makes post-auricular incision; able to aesthetically close wound</td>
<td>• Performs ear canal incisions and elevates tympanomeatal flap; performs cortical mastoidectomy and identifies antrum/horizontal semicircular canal; skeletonizes posterior canal wall</td>
<td>• Removes granulation tissue and/or cholesteatoma from the middle ear/mastoid; skeletonizes vertical segment of the facial nerve; performs tympanoplasty and/or ossiculoplasty</td>
<td>• Treats major post-surgical complications</td>
</tr>
<tr>
<td>• Knows how to scrub; performs surgical time out; maintains sterile field</td>
<td>• Lists potential complications of ear surgery</td>
<td>• Able to manage routine post-operative complications</td>
<td>• Recognizes major complications</td>
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**Comments:**
## Pediatric Otitis Media — Patient Care

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| • Performs basic history and physical examination  
  • Understands concept of OM and OE  
  • Participates in surgical time out  
  • Describes the etiologic organisms most commonly associated with OM and OE; understands the predisposing factors associated with each type of ear infection  
  • Appropriately prescribes topical and/or oral antibiotics for ear infections; demonstrates familiarity with effectiveness/ineffectiveness of non-antibiotic medications and alternative treatments  
  • Inserts ear speculum and safely cleans cerumen from ear canal  
  • Lists potential complications  
  • Performs pneumatic otoscopy and accurately diagnose acute OM, OM with effusion, and OE; knows when additional imaging is required for diagnosis  
  • Accurately diagnoses patients along the OM natural history spectrum and identifies ramifications of treated/untreated OM  
  • Recognizes treatment failures/refractoriness and indications for surgical intervention  
  • Identifies tympanic membrane and external auditory canal (EAC) landmark and structures; able to consistently perform appropriate myringotomy  
  • Recognizes common complications; obtains appropriate consultations for patient management  
  • Skilled pneumatic otoscopyist in children of all ages; recognizes complications of acute OM, OM with effusion, and OE  
  • Diagnoses intra- and extracranial complications of ear infections  
  • Treats complications of ear infections  
  • Places tympanostomy tube safely in all patients with easy anatomy and in some patients with difficult anatomy  
  • Recognizes and is able to treat and/or develop treatment plan for common complications  
  • Skilled pneumatic otoscopyist in syndromic children  
  • Places tympanostomy tube safely in patients with difficult anatomy |

Comments:
### Upper Aerodigestive Tract (UADT) Malignancy — Medical Knowledge

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<tr>
<td>• Demonstrates basic understanding of UADT and neck anatomy</td>
<td>• Demonstrates moderate knowledge of UADT and neck anatomy; teaches anatomy to medical students in the operating room (OR)</td>
<td>• Demonstrates proficient knowledge of normal anatomy; teaches anatomy to junior residents in the OR</td>
<td>• Correlates anatomic knowledge with disease physical examination (PEx) and radiologic findings</td>
<td>• Gives lectures on anatomy</td>
</tr>
<tr>
<td>• Knows normal UADT function (mastication, deglutition, respiration, and phonation)</td>
<td>• Knows abnormal UADT physiologic function and locoregional manifestations; knows tobacco is correlated with UADT cancer</td>
<td>• Knows major risk factors for UADT cancer according to type of cancer</td>
<td>• Understands molecular basis for UADT cancer; knows benign and malignant differential diagnoses of common site presentations</td>
<td>• Articulates treatment protocol specifics for primary chemoradiation therapy</td>
</tr>
<tr>
<td>• Obtains basic history and physical</td>
<td>• Knows most common disease state presentations for UADT malignancies</td>
<td>• Knows most common disease progression routes for UADT malignancy</td>
<td>• Knows staging system for most common UADT cancers, and can accurately stage using available clinical and radiologic data</td>
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<tr>
<td>• Performs focused history and physical, including clinic laryngoscopy; understands appropriate labs, FNA, and radiologic studies for workup</td>
<td>• Describes basic treatment algorithm for UADT malignancies</td>
<td>• Interprets appropriate lab, pathologic, and radiologic studies</td>
<td>• Understands the prognostic indicators of tumor pathology, including molecular markers</td>
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<tr>
<td>• Describes basic treatment algorithm for UADT malignancies</td>
<td>• Correlates anatomic knowledge with disease physical examination (PEx) and radiologic findings</td>
<td>• Understands concepts of neo-adjuvant, primary, and adjuvant treatments; describes options for securing the difficult airway in the OR</td>
<td>• Describes treatment options based on primary site, disease stage, and patient factors</td>
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**Comments:**
# Hearing Loss

## Medical Knowledge

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<tr>
<td>• Demonstrates limited knowledge of temporal bone and cochleovestibular anatomy</td>
<td>• Demonstrates proficient knowledge of temporal bone and cochleovestibular gross anatomy/embryology</td>
<td>• Demonstrates proficient knowledge of normal temporal bone and cochleovestibular histopathology</td>
<td>• Understands congenital variations of temporal bone and cochleovestibular anatomy</td>
<td>• Demonstrates knowledge of central auditory pathways</td>
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<tr>
<td>• Demonstrates limited understanding of the physiology of hearing</td>
<td>• Understands normal middle ear mechanics and cochlear physiology</td>
<td>• Generates differential diagnosis for hearing loss in adult patients</td>
<td>• Generates differential diagnosis for hearing loss in children, and identifies uncommon causes of hearing loss in adults</td>
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<tr>
<td>• Demonstrates limited understanding of the natural history of hearing loss</td>
<td>• Understands the natural history of presbycusis and noise-induced hearing loss</td>
<td>• Understands the natural history of adult onset hearing loss</td>
<td>• Understands the natural history of pediatric hearing loss and uncommon causes of adult-onset hearing loss</td>
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<td>• Recognizes normal ear exam and normal audiometry; able to identify basic hearing loss classifications on an audiogram; demonstrates limited knowledge of options for diagnostic work-up of hearing loss</td>
<td>• Recognizes an abnormal ear exam/audiogram; orders appropriate routine audiometric, laboratory, and imaging tests for work-up</td>
<td>• Considers unusual causes for hearing loss and orders/interprets appropriate advanced audiometric, laboratory, and imaging studies</td>
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<td>• Demonstrates awareness of non-surgical aural rehabilitation options; understands importance of hearing surveillance</td>
<td>• Demonstrates comprehensive awareness of aural rehabilitation options, including surgical management of hearing loss</td>
<td>• Describes indications/contraindications and complications of the surgical aural rehabilitation techniques; tailors aural rehabilitation to patient-specific needs</td>
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**Comments:**
# Dysphagia-Dysphonia

## Dysphagia-Dysphonia — Medical Knowledge

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<tr>
<td>Demonstrates limited understanding of aerodigestive functional anatomy</td>
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<td>Demonstrates limited understanding of common voice and swallowing disorders</td>
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<tr>
<td>Demonstrates limited knowledge of disease progression and sequelae of untreated voice and swallowing disorders</td>
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<tr>
<td>Obtains basic history and physical</td>
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<tr>
<td>Demonstrates minimal understanding of treatment options and rationales, and risks/benefits of each treatment option</td>
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<tr>
<td>Understands basic anatomy and physiology of voice and swallowing</td>
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<td>Demonstrates basic understanding of common voice and swallowing disorders</td>
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<tr>
<td>Understands age-related changes to voice and swallowing</td>
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<tr>
<td>Obtains focused history and physical, including clinic laryngoscopy; able to list appropriate diagnostic modalities for work-up of voice and swallowing disorders</td>
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<tr>
<td>Demonstrates beginning understanding of treatment options and rationales, and risks/benefits of each treatment option</td>
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<tr>
<td>Demonstrates mid-level understanding of anatomy and physiology of voice and swallowing</td>
</tr>
<tr>
<td>Demonstrates mid-level understanding of common voice and swallowing disorders</td>
</tr>
<tr>
<td>Demonstrates knowledge of disease progression and sequelae of untreated voice and swallowing disorders</td>
</tr>
<tr>
<td>Interprets appropriate lab, pathologic, and radiologic studies</td>
</tr>
<tr>
<td>Demonstrates mid-level understanding of treatment options and rationales, and risks/benefits of each treatment option</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 4</th>
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<tbody>
<tr>
<td>Demonstrates thorough knowledge of anatomy and physiology of voice and swallowing</td>
</tr>
<tr>
<td>Demonstrates comprehensive understanding of most voice and swallowing disorders, including voice and swallowing manifestations of systemic diseases (i.e., autoimmune disorders, sarcoid, neuromuscular disorders)</td>
</tr>
<tr>
<td>Articulates comprehensive understanding of risk factors and timeframe for malignant transformation of premalignant conditions (laryngopharyngeal reflux disease [LPRD], Barrett's, Dysplasia/Leukoplakia, recurrent respiratory papillomatosis [RRP])</td>
</tr>
<tr>
<td>Correlates laboratory and radiologic work-up with clinical diagnosis</td>
</tr>
<tr>
<td>Demonstrates understanding of treatment options and rationales, risks/benefits of each treatment option, and surveillance algorithms for malignant disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 5</th>
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<tbody>
<tr>
<td>Teaches pathophysiology</td>
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</table>

**Comments:**
## Inhalant Allergy — Medical Knowledge

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
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</thead>
<tbody>
<tr>
<td>• Demonstrates familiarity with basic nasal anatomy and normal respiratory mucosa histology</td>
<td>• Demonstrates basic understanding of derangements in nasal anatomy and mucosal inflammation</td>
<td>• Demonstrates knowledge of histopathology of allergic rhinitis and anatomic factors affecting the nasal airway</td>
<td>• Demonstrates thorough understanding of anatomic impact of allergic inflammation on the nasal airway</td>
<td>• Demonstrates advanced understanding of allergy diagnostic testing</td>
</tr>
<tr>
<td>• Demonstrates familiarity with normal functions of nasal mucosa and nasal cavities</td>
<td>• Knows pathophysiology of allergic rhinitis (AR)</td>
<td>• Knows pathophysiology of non-allergic rhinitis</td>
<td>• Distinguishes presentations of allergic and non-allergic rhinitis patients; demonstrates knowledge of cellular and molecular features of inhalant allergy</td>
<td>• Is facile with multiple methods of immunotherapy</td>
</tr>
<tr>
<td>• Demonstrates limited knowledge of allergy work-up</td>
<td>• Describes comorbidities in AR</td>
<td>• Describes the natural history and components of severity in allergic disease</td>
<td>• Describes systems for AR subtype and severity (e.g., seasonal vs. perennial, intermittent vs. persistent, etc.) and incorporates knowledge of severity and natural history into patient management</td>
<td></td>
</tr>
<tr>
<td>• Demonstrates familiarity with clinical presentations of allergic disease</td>
<td>• Demonstrates knowledge of testing methods in allergic disease</td>
<td>• Demonstrates knowledge of testing methods in allergic disease</td>
<td>• Combines clinical features and test results to correctly diagnose allergic disease</td>
<td></td>
</tr>
<tr>
<td>• Prescribes basic medical treatment for AR</td>
<td>• Prescribes advanced medical treatment for allergic disease</td>
<td>• Prescribes advanced medical treatment for allergic disease</td>
<td>• Demonstrates a working knowledge of immunotherapy for allergic disease</td>
<td></td>
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</tbody>
</table>

Comments:
### Patient Safety — Systems-based Practice

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<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Understands the need for formal patient safety measures (e.g., surgical time out)</td>
<td>• Participates in the use of tools to prevent adverse events (e.g., checklists and briefings)</td>
<td>• Consistently uses tools to prevent adverse events (e.g., checklists and briefings)</td>
<td>• Advocates for quality patient care and optimal patient care systems</td>
<td>• Educates other services re patient safety issues in otolaryngology head and neck surgery (OHNS)</td>
</tr>
<tr>
<td>• Understands and uses chain of command to develop and implement patient care plans (junior to senior resident to attending)</td>
<td>• Identifies potential patient safety issues (patient positioning in OR, aspiration risk) and means to prevent those problems</td>
<td>• Presents at morbidity and mortality (M&amp;M) conference (organizes data and identification of some pertinent patient safety issues)</td>
<td>• Analyzes M&amp;M findings and provides feedback to improve patient safety</td>
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</tr>
</tbody>
</table>

**Comments:**

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147
<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Uses resources (social work, patient care manager) to coordinate patient care</td>
<td>• Actively functions as part of an interdisciplinary team to care for patients</td>
<td>• Incorporates cost issues into care decisions</td>
<td>• Practices cost-effective care (e.g., managing length of stay, operative efficiency)</td>
<td>• Designs measurement tools to monitor and provide feedback to providers/teams on resource consumption to facilitate improvement</td>
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</tr>
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</table>

Comments:
The ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning — Practice-based Learning and Improvement

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is aware of one’s own level of knowledge and uses feedback from teachers, colleagues, and patients</td>
<td>• Continually seeks and incorporates feedback to improve performance</td>
<td>• Demonstrates improvement in clinical thought and action based on continual self-assessment</td>
<td>• Demonstrates consistent behavior of incorporating evidence-based information in common practice areas</td>
<td>• Is competent at performing meta-analyses to answer complex patient care questions</td>
</tr>
<tr>
<td>• Identifies learning resources</td>
<td>• Develops a learning plan and uses published review articles and guidelines</td>
<td>• Selects an appropriate evidence-based information tool to answer specific questions</td>
<td>• Organizes educational activities at the program level</td>
<td>• is a sophisticated user of learning resources</td>
</tr>
</tbody>
</table>

Comments:
<table>
<thead>
<tr>
<th>Professionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
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<tr>
<td><strong>Demonstrates</strong></td>
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<tr>
<td>behavior that</td>
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<tr>
<td>conveys caring,</td>
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<tr>
<td>honesty, and</td>
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<tr>
<td>genuine interest in</td>
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<tr>
<td>patients and</td>
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<tr>
<td>families</td>
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<tr>
<td><strong>Exhibits</strong></td>
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<tr>
<td>professional</td>
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<tr>
<td>behavior (e.g.,</td>
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<tr>
<td>reliability, industry,</td>
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<tr>
<td>integrity, and</td>
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<tr>
<td>confidentiality)</td>
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<tr>
<td><strong>Maintains</strong></td>
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<tr>
<td>respect for</td>
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<tr>
<td>patient</td>
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<tr>
<td>confidentiality</td>
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</tbody>
</table>

| **Level 2**     |
| **Is aware of ethical** |
| issues in patient care, |
| including issues of |
| autonomy, end-of-life care |
| and research ethics |
| **Recognizes** |
| individual limits in |
| clinical situations |
| and asks for assistance when needed |
| **Understands and** |
| manages the issues related to |
| fatigue and sleep deprivation |
| **Completes** |
| paperwork, administrative tasks and assignments in a timely manner |

| **Level 3**     |
| **Recognizes ethical** |
| issues in practice and is able to discuss, analyze, and manage common ethical situations |
| **Displays** |
| sensitivity and responsiveness toward all patient populations |

| **Level 4**     |
| **Analyzes and** |
| manages ethical issues in complicated and challenging situations |
| **Develops a mutually** |
| agreeable care plan in the context of conflicting physician and patient values and beliefs |

| **Level 5**     |
| **Helps lead** |
| institutional and organizational ethics programs |

**Comments:**
<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develops a positive relationship with patients and understands patients’ and families perspectives</td>
<td>• Effectively communicates during transitions of care</td>
<td>• Sustains effective relationships with services requesting OHNS consultation</td>
<td>• Develops working relationships across specialties and systems of care</td>
<td>• Develops models/approaches to managing difficult communications</td>
</tr>
<tr>
<td>• Utilizes interpreters as needed</td>
<td>• Communicates with patients and families, taking into account the socioeconomic and cultural backgrounds of these individuals</td>
<td>• Works effectively as a member of a health care team</td>
<td>• Organizes and facilitates family/health care team conferences</td>
<td>• Coaches others to improve communication skills</td>
</tr>
<tr>
<td>• Ensures that the medical record is timely, accurate, and complete</td>
<td>• Ensures that the medical record is timely, accurate, and complete</td>
<td>• Uses multiple forms of communication (e.g., e-mail, patient portal, social media) ethically and with respect for patient privacy</td>
<td>• Ensures that the medical record is timely, accurate, and complete</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
DEPARTMENT MEMORANDAS

ENT RESIDENT TRAVEL – EFFECTIVE MAY 1, 2013

All ENT resident travel to conferences or meetings must be approved at least 30 days in advance by the ENT Program Director. This is inclusive of all in or out of state and foreign meetings, conferences, and lectures that take the resident away from assigned duties.

ENT RESIDENT VACATION CHANGES – EFFECTIVE MAY 1, 2013

All resident vacation requests are taken and scheduled at the beginning of each academic year. Residents are allowed to take 15 days annually that are normally given 5 days at a time. We understand that events happen in life that can cause the need for changes to be made to this schedule. All changes must be approved by the Program Director at least 30 days in advance with arrangement of adequate clinical coverage.

ENT SERVICE CALL CHANGES – EFFECTIVE JULY 1, 2014

Residents will be taking first call for all patients needing an ENT consult. The on-call resident can be reached through the ENT service pager at 702-381-0415.

Please do not hesitate to contact our office for questions, 702-671-2272.

Distribution:
PEDS ER
Emergency Department Trauma ER
TICU
Trauma Services
Medical Education Office Nursing Stations
PBX
Surgical Residents Faculty

ENT SERVICE EXPECTATIONS – EFFECTIVE JUNE 30, 2014

PHONE CALLS:
If you are on duty or the on-call resident, it is expected that you will answer your phone no matter the situation. If you are unable to answer, have someone around you answer your phone for you (Medical student, Nurse, Surgical Tech. etc...). If you receive a page, it is to be returned immediately.

MEETING ATTENDANCE:
A resident that is an integral part of ongoing research is required to attend all research meetings. If the resident is on call or has patients to see another resident on the service is expected to cover the patients while the meeting is taking place. All of these meetings occur in the course of work hours.
Please reference UNLV School of Medicine Otolaryngology resident work rules if you need further detail.

**HOME STUDY GUIDELINES – EFFECTIVE JULY 3, 2014**

This course is provided by the division of Otolaryngology as a mandatory portion of your ENT Curriculum. Residents must complete each section and exam receiving a score of at least 70%. At the time of renewal, if there are missing exams or scores below 70% the resident will be required to pay for the next subscription and will not be reimbursed for this expense.

**INTERVIEW EXCUSAL – EFFECTIVE JANUARY 8, 2015**

Effective immediately if you would like to be excused from an applicant interview day, you must submit your request, with reason for excusal, in writing to the program director for review and approval.

**KEY CASE LOGS – EFFECTIVE JANUARY 8, 2015**

All residents are responsible for, and required to, keep their case logs up to date. This needs to be done regularly to ensure accuracy. On Thursdays, the Residency Coordinator will print the previous week’s log for the Program Director’s review. Please make sure to keep your key case logs up-to-date.

**OTOLARYNGOLOGY –HEAD & NECK SURGERY ROTATION CHANGE REQUEST – EFFECTIVE FEBRUARY 13, 2015**

Any request for a change in rotation for any reason must be submitted in writing to the program director with details of specific changes and reasons for them, followed by, if necessary, meetings with the Program Director and Associate Program Director, before any changes will be considered.

**TUMOR BOARD – EFFECTIVE FEBRUARY 24, 2016**

Tumor Board is a scheduled CME meeting. It is not acceptable for resident to show up late to Tumor Board.

Residents who are presenting are to arrive by 6:45am in order to be set up for presentation by 7:00am. All other residents are to arrive prior to 7:00 am.

Tardiness will not be tolerated.

**VACATION – EFFECTIVE JUNE 21, 2018**

A PGY 5 resident may allocate up to two weeks of vacation to be utilized during the remaining weeks of June. No other PGY level can do this without approval from the program director and/or program chair.

It is the Chief's/ PGY 5's responsibility to inform other PGY level residents that they are strongly discouraged in taking vacation during July and August.
TIME OFF REQUEST FORM

Resident Time Off Request Form

Resident’s Name: ____________ Date: ____________

Request off from ____________ to ____________

Reason:

Vacation Interview Conference

Comments:

Rotation:

Dates of Continuity Clinic affected:

Resident covering:

Approvals:

On-Service Chief: ____________ Date: ____________

Administrative Chief: ____________ Date: ____________

Program Director: ____________ Date: ____________

Clinic Scheduler Notified: yes Date: ____________
# Basic Procedures Grid (For PGY-1 & PGY-2)

Resident: ____________________________

- **UNLV Department of Otolaryngology - Head & Neck Surgery**
- **Basic Procedures Competency**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal FB nose or ear</td>
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<tr>
<td>Rigid nasal endoscopy +/- bx</td>
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<tr>
<td>Flexible nasopharyngolaryngoscopy</td>
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<tr>
<td>Cerumen removal under OM</td>
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<tr>
<td>I &amp; D cutaneous abscess</td>
<td></td>
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<tr>
<td>I &amp; D peritonsillar abscess</td>
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<tr>
<td>Mastoid cavity debridement</td>
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<tr>
<td>Oral or skin biopsy</td>
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<tr>
<td>Epistaxis control</td>
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<tr>
<td>Repair complex facial laceration</td>
<td></td>
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<td></td>
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<tr>
<td>Trach tube change</td>
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<tr>
<td>Needle aspiration of cyst, abscess or hematoma</td>
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<tr>
<td>Flexible endoscopy per trach or trach stoma</td>
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</tbody>
</table>

**Instructions:** attending faculty or chief resident to initial and date when procedure performed competently under direct supervision.
I hereby certify that I have received and reviewed the following information:


I acknowledge and understand these policies as a condition of my enrollment in the residency program. I understand I must also adhere to the policies set forth in this handbook.

Name (print clearly):

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Date</th>
</tr>
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</table>

Signature: