UNLV | School of MEDICINE

Department of Otolaryngology
Head and Neck Surgery

RESIDENCY PROGRAM HANDBOOK
2020- 2021

Table of Contents

MISSON 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.

RESIDENT WELCOME

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/call room is 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 three months of research in the third and fourth years will supplement the Otolaryngology training experience. The fifth year culminates as Chief Resident of the Otolaryngology service at the primary clinical site University Medical Center.

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.

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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 (defined as PGY -4 or PGY-5) 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 Basic Procedures Grid 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.

Institutional time-out requirements must be fulfilled prior to performing any procedure/surgery. 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.

DEPARTMENT POLICIES

DRESS/GROOMING POLICIES

INTRODUCTION

Residents are expected at all times to present a professional appearance appropriate to their role while representing the school of medicine. Dress, grooming, and personal cleanliness standards contribute positively to the morale and professional image the resident physician presents to patients and their families. It represents another form of patient respect.

STANDARDS FOR DRESS/GROOMING:

A. All residents are required to maintain a professional, well-groomed appearance while performing their duties. Residents are expected to present a clean and neat appearance and dress according to the requirements of their assignments. Residents are expected to practice good hygiene.
B. Hair should be neat, clean and arranged in a manner and length that does not interfere with patient care. Facial hair should be neatly groomed.
C. When in the hospital, proper scrub wear is appropriate only in procedure and patient care areas, labor and delivery floors, in operating suites, intensive care units and in the ED. It should be neat and clean whenever worn outside the immediate patient care areas and covered by a lab coat or department jacket.
D. Protective covering of all kinds (shoe covers, gowns, goggles, gloves, masks and caps) shall be worn only in areas specifically requiring their use (as per OSHA regulations). The following clothing is NOT acceptable or appropriate:
    a. Leather or denim shirts, dresses, skirts, jackets or trousers (jeans); tank tops, t-shirts, (shirts without collars)
    b. Sheer clothing; tight fitting clothing (leotards, spandex)
    c. Oversized or baggy shirts or pants; sweat pants or sweat shirts
    d. Uncovered feet, sandals, thongs, moccasins. Shoes need to remain on at all times
    e. Hats and head coverings unless required or for religious or health-related reasons
E. Personal adornments NOT acceptable or appropriate:
    a. Jewelry that interferes with patient care activities and distracts from the conservative, professional image

b. Visible skin piercing, (other than appropriate earrings), body markings or tattoos
c. Scented products are discouraged in consideration of patients, their families and coworkers sensitivities or allergies

F. Lab Coats: All residents are provided with lab coats. They may be worn in patient care areas and when worn should be relatively clean.
G. Identification Badges: an identification badge must be easily visible at all times. They should be worn above the waste and must not be altered or defaced in any way. Patients and their families must be able to identify first and last names by looking at the name badge.

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

I. All surgical case logs must be updated weekly on the designated website. The logs will be routinely evaluated by the Program Director (PD) or Assistant Program Director (APD). If a resident fails to update the surgical logs:
   A. First Warning: The resident will be notified by email that the surgical logs need to be completed with a specific date given.
   B. Second Warning: The resident will meet with the PD or APD to discuss the reasoning for failure to update logs and determine the best course of action to complete them
   C. Third Warning: The resident will be relieved of surgical duties until the case logs are complete.

II. Logging cases per ACGME Guidelines

A. All cases should be logged according to the ACGME guidelines:
   a. Resident Assistant Surgeon: An assistant surgeon performs less than 50 percent of the procedure, or greater than or equal to 50 percent, but not the key portion(s) of the procedure. To claim a procedure, a resident must “scrub in.” Being present in the room as an observer does not count as having served as an Assistant Surgeon.

b. Resident Surgeon: A resident surgeon performs greater than or equal to 50 percent of the procedure, including the key portion(s) of the procedure, with the attending surgeon and/or resident supervisor (if applicable).
c. Resident Supervisor: A resident supervisor instructs and assists a more junior resident through a procedure during which the junior resident performs greater than or equal to 50 percent of the procedure including the key portion(s). The attending surgeon functions as an assistant or observer in such circumstances.

If there are any questions on how to code, please speak to the Attending of the case for assistance.

KEY POINTS TO REMEMBER IN CODING CASES

A. Coding cases for the ACGME is NOT the same approach as coding for billing. For the purposes of case log coding, operations are to be unbundled into their separate components so as to capture the surgical experience. Unbundling is NOT usually allowed in the case of billing.
B. Be conscientious and thorough about coding. Case Logs should reflect the hard work a resident has done in the educational program. Residents should take credit for what they have performed and code cases appropriately. Pay special attention to laser, robotic, sialendoscopy, and ultrasound experience (listed under the “special equipment” drop-down menu) as these categories of procedures often require additional documentation when applying for privileges after graduation.
C. Unbundle cases into their major components. For example, a case involving a tympanoplasty with mastoidectomy and ossicular chain reconstruction should be coded as three separate procedures. A cochlear implant should be coded as a mastoidectomy and as a CI.
D. Other than the three T’s (turbinates, tonsils, and tubes) which are coded per patient, all other cases are to be coded per side. For example, performing a bilateral neck dissection results in credit for two neck dissections. For a total thyroidectomy, if the resident is the resident surgeon for the entire case, it should be coded as one total thyroid. If the resident is the assistant surgeon for one side and the resident surgeon for the other side, the case should be coded as two thyroid lobectomies, once under resident surgeon and once under assistant surgeon.

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.

CONFERENCE COVERAGE

A. Prior to purchasing or confirming travel plans to approved conferences, the dates must be given to the Chief Resident to ensure that your clinical duties are covered for the period of time requested off.
B. If more than one resident is requesting time off for a conference, the Chief Resident will ensure that coverage for clinical and operative duties is in place and not in violation of duty hours.

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 ends 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 on-call 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.

RESIDENT DISCIPLINARY POLICY

PURPOSE

To ensure that a written procedure is in place for corrective or disciplinary actions for a resident who is performing unsatisfactorily in one or more of the six ACGME competencies or who has participated in inappropriate behavior.

The program may take corrective or disciplinary action, including dismissal for cause, including but not limited to:

- Unsatisfactory academic or clinical performance
- Failure to comply with the policies, rules, and regulations of the resident physician program, the school of medicine, or other facilities were the resident physician is trained.
- Revocation or suspension of license
- Violation of federal and/or state laws, regulations, or ordinances
- Acts of moral turpitude
- Insubordination
- Conduct that is detrimental to patient care
- Unprofessional conduct
- Failure of United States Medical Licensing Examination Step 3

Corrective or disciplinary actions may include but are not limited to:

- Issue a warning or reprimand
- Impose terms of remediation or a requirement for additional training, consultation, or treatment
- Institute, continue, or modify an existing summary suspension of a resident physician's appointment
- Terminate, limit or suspend a resident physician's appointment or privileges
- Nonrenewal of a resident physician's appointment
- Dismiss a residency physician from the program
- Any other action that the program or sponsoring institution deems is appropriate under the circumstances

LEVEL I INTERVENTION

Oral and/or written counseling or other adverse action:

Minor academic deficiencies that may be corrected at Level I include:

i. Unsatisfactory academic or clinical performance
ii. Failure to comply with the policies, rules, and regulations of the program or university or other facilities where the resident physician is trained

Corrective action may include oral or written counseling or any other action deemed appropriate by the Program Director under the circumstances. Corrective action for Level I offenses is not subject to appeal.

LEVEL II INTERVENTION

Probation/remediation plan or other adverse action

Serious academic or professional deficiencies may lead to placement of a resident physician on probation. An academic or professionalism deficiency that is not successfully addressed while on probation may lead to non-reappointment or other disciplinary action. The program director will meet with and counsel the resident regarding the probation and give him or her a remediation plan and remediation mentor. The resident will receive written documentation that they have been placed on probation, length of probation, and remediation plan. A corrective and/or disciplinary plan will be developed that outlines the terms and duration of probation and the deficiencies for which probation was implemented. Failure of the resident physician to comply with the terms of the plan may result in termination or nonrenewal of the resident physician's appointment.

LEVEL III INTERVENTION

Dismissal and/or Non-reappointment

Any of the following may be cause for dismissal or non-reappointment, including failure to comply or address the deficiencies within the corrective and disciplinary plan, as outlined in the Level II intervention:

1. Demonstrated incompetence or dishonesty in the performance of professional duties, including but not limited to research misconduct.
2. Conduct that directly and substantially impairs the individual's fulfillment of institutional responsibilities, including but not limited to verified instances of sexual harassment or of racial, gender-related, or other discriminatory practices.
3. Insubordination by refusal to abide by legitimate reasonable directions of administrators or other leaders of the institution.
4. Physical or mental disability for which no reasonable accommodation can be made and which makes the resident unable, within a reasonable degree of medical certainty and by reasonably determined medical opinion, to perform assigned duties.
5. Substantial and manifest neglect of duty.

6. Failure to return at the end of a leave of absence.
7. Failure to comply with all policies of the hospital.

A resident who is dissatisfied with the prescribed intervention may appeal that decision by following the procedure outlined in the Procedures for Resident Physician's Complaints/Grievances.

UNLV: SCHOOL OF MEDICINE RESIDENT POLICY

RESIDENT WORKING HOURS

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

Resident Hours/Limitations – UNLV Residency Programs			
Program	On Call Days	Day away from patient responsibilities	Comment
Pediatrics *One day out of four	1/3 – 1/4*	1/7	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.
Plastic Surgery	1/3	1/7	No greater than 80 hours per week; maximum of 6 hours in hospital after 24 hours in-house call duty.
OB/GYN	1/3	1/7	"prevent excessive frequency and length of on call"
Family Medicine	1/3	1/7	
Psychiatry	1/3	1/7	
Internal Medicine	1/3	1/7	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.
Surgery	1/3	1/7	No greater than 80 hours per week; maximum of 6 hours in hospital after 24 hours in-house call duty.
ENT	1/3	1/7	No greater than 80 hours per week, no in-house call

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 specialties of comprehensive/general ENT, pediatric ENT and otology. 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.

The PGY-2 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

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 more complex otolaryngologic surgical procedures including, but not limited to, such operations as parotidectomy, endoscopic sinus surgery, thyroidectomy, neck dissection, head & neck oncologic reconstructions and microvascular free flap surgery.

Rotations in General Plastic Surgery and Laryngology highlight the PGY3 year to enhance the resident education.

Research is a required activity during residency training. Each resident is expected to be involved in research beginning in the PGY2 year. There is a total of 3 months dedicated resident research time (1-month as PGY 3 and 2-months as PGY4). Expectations for the PGY3 would include identifying a research question, designing a study, identifying a faculty mentor and submitting IRB during the research month. As PGY 4, data collection and analysis, writing the research paper and submission to a peer-reviewed journal should take place.

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- 4 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, neck dissections, septorhinoplasties, and facial plastic surgery. The PGY4 will have two months to complete his/her designated research project.

The PGY 4 resident will have the opportunity to rotate with a busy community otolaryngologist to learn aspects of private practice and experience a typical operative and clinic experience of a private practitioner.

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

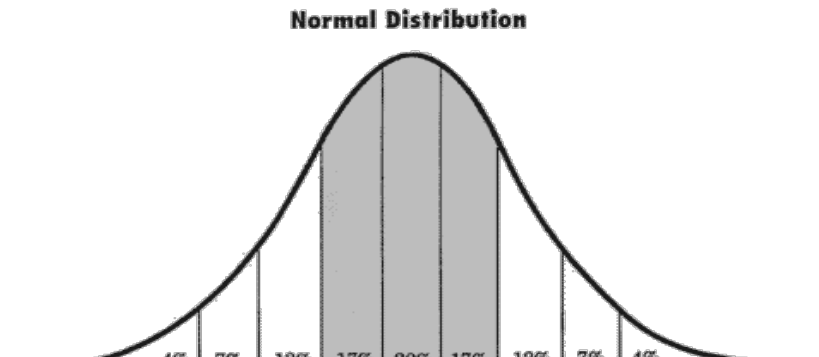
SUMMARY

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 Otolaryngology the resident will have no corrective action. Receiving 4 or less Group Stanine Rank on the Otolaryngology Annual In-Service Exam the resident may be placed on Remediation. Program Director, in conjunction with input from faculty, will determine remediation program. 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



	4%	7%	12%	17%	20%	17%	12%	7%	4%
Stanine	1	2	3	4	5	6	7	8	9
Percentile Rank	Below 4	4-10	11-22	23-39	40-59	60-76	77-88	89-95	Above 95
NCE	1.0-10.4	13.1-23.0	24.2-33.7	34.4-44.1	44.7-54.8	55.3-64.9	65.6-74.7	75.8-84.6	86.9-99.0
	Below Average			Average			Above Average		

A Normal Distribution of Stanines, Percentile Ranks, Normal Curve Equivalents, and Performance Classifications

2020-2021 Conference & Educational Schedule

Activity	Site	Date	Time	R/O*	Speaker/Moderator	Specific Title/Topic**
Resident Conference	2040 5th floor conference room	1st, 2nd, 3rd & 4th Thursdays	3 PM	R	Core ENT Faculty	**Basic Science/Clinical Lecture**
Resident Conference	Mountain View Hospital Executive Board Room	2nd & 4th Monday	7 AM – 8 AM	R	Drs. Wang, Okuyemi, Bigcas, Med Onc, Rad Onc, Pathology, Radiology	**Tumor Board**
Resident Conference	2040 5th floor conference room	1st Thursday	4 PM	R	Core ENT Faculty, Residents, or guest lecturer	**Grand Rounds**
Resident Conference	2040 5th floor conference room	3rd Thursday	4 PM	R	Dr. Kaveh Kardooni	**Neuroradiology Conference**
Resident Conference	2040 5th floor conference room	2nd Thursday	4 PM	R	ENT Residents	**Morbidity & Mortality/ QI**
Resident Conference	2040 5th floor conference room	4th Thursday	4 PM	R	Core ENT Faculty & Residents	**Journal Club**
Resident Meeting	UNLV Main Campus	3rd Thursday	5:30 PM – 6:30 PM	R	Dr. Robert Wang	**Basic Science Research Meeting**
Resident Meeting	2040 5th floor conference room	First Friday of Month	7 AM – 8 AM	R	Dr. Robert Wang	**Clinical & Basic Science Research Discussion**
Bedside Rounds	UMC Hospital	Friday	7 AM – 8 AM	R	Dr. Robert Wang	**Chairman Ward Rounds**
Resident Conference	County Coroner Office	Yearly 1st – 2nd week May	TBD	R	Core ENT Faculty	**Head & Neck Dissection Course**
Resident Conference	UMC	Yearly 3rd week May	TBD	R	Dr. Matthew Ng	**Temporal Bone Dissection Course**
Resident Conference	UMC Endoscopy Suite	Yearly 4th week May	TBD	R	Dr. Okuyemi & Dr. Bigcas	**Microvascular Course**
Resident Conference	1701 4th floor conference room	Yearly – March	TBD	R	Core ENT Faculty	**In-Service Exam Review**

**Note*: *R=Required O=Optional*

CONFERENCE & EDUCATIONAL SCHEDULE (WEEKLY CALENDAR)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1					**Didactic lecture 3pm-4pm** Grand Rounds 4pm- 5pm	**Chairman Ward Rounds 7am-8am** **or** Basic/Clinical Research Breakfast Meeting (last Friday of the month)	
Week 2		Tumor Board 7am-8am			**Didactic lecture 3pm- 4pm** M & M /QI 4pm- 5pm	Chairman Ward Rounds 7am-8am	
Week 3					**Didactic lecture 3pm-4pm** Radiology Conference 4pm-5pm **Basic Science Research Mtg 5:30pm-6:30pm**	Chairman Ward Rounds 7am-8am	
Week 4		Tumor Board 7am-8am			**Didactic lecture 3pm-4pm** Journal Club 4pm- 5pm	Chairman Ward Rounds 7am-8am	
Week 5 (5th Thursday)					Open 3pm-5pm (Mock Oral Boards)		

2020 -2021 Otolaryngology Block Schedule

PGY1	July	August	September	October	November	December	January	February	March	April	May	June
Rotation	General Surgery (Oncology)	Neurosurgery	Anesthesia	Pediatric Surgery	Trauma Intensive Care Unit	PRS	Head & Neck Surgery	Head & Neck Surgery	Head & Neck Surgery	Head & Neck Surgery	Head & Neck Surgery	Head & Neck Surgery
Site(s)	UMC	UMC	UMC	UMC/Sunrise	UMC	UMC	UMC/MTV Sunrise/ Valley	UMC/MTV Sunrise/ Valley	UMC/MTV Sunrise/ Valley	UMC/MTV Sunrise/ Valley	UMC/MTV Sunrise/ Valley	UMC/MTV Sunrise/ Valley

PGY2	July	August	September	October	November	December	January	February	March	April	May	June
Rotation	Pediatric ENT	Pediatric ENT	Gen. ENT/Allergy	Gen. ENT/Allergy	Otology	Otology	Gen. ENT/Allergy	Gen. ENT/Allergy	Pediatric ENT	Pediatric ENT	Otology	Otology
Site(s)	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/UNLV / SSC

PGY3	July	August	September	October	November	December	January	February	March	April	May	June
Rotation	PRS	PRS	Otology	Otology	Laryngology	FPRS/Gen. ENT	Head & Neck Surgery	Head & Neck Surgery	Head & Neck Surgery	Research	Head & Neck Surgery	Head & Neck Surgery
Site(s)	UMC	UMC	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/PO Sunrise	UMC/UNLV / SSC	UMC/MTV Sunrise/ Valley	UMC/MTV Sunrise/ Valley	UMC/MTV Sunrise/ Valley	Office/Lab	UMC/MTV Sunrise/ Valley	UMC/MTV Sunrise/ Valley

PGY4	July	August	September	October	November	December	January	February	March	April	May	June
Rotation	Research	Research	Research	Pediatric ENT	Head & Neck Surgery	Pediatric ENT	FPRS/Gen. ENT	Otology	Otology	Head & Neck Surgery	Outpatient ENT Surgery	Outpatient ENT Surgery
Site(s)	Office/Lab	Office/Lab	Office/Lab	UMC/UNLV / SSC	UMC/MTV Sunrise/ Valley	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/MTV Sunrise/ Valley	UMC/UNLV /PO/USAF	UMC/UNLV /PO/USAF

PGY5	July	August	September	October	November	December	January	February	March	April	May	June
Rotation	Head & Neck Surgery	Head & Neck Surgery	Head & Neck Surgery	Head & Neck Surgery	Head & Neck Surgery	Head & Neck Surgery	Outpatient ENT Surgery	Outpatient ENT Surgery	FPRS/Gen. ENT	FPRS/Gen. ENT	Chief	Chief
Site(s)	UMC/MTV Sunrise/ Valley	UMC/MTV Sunrise/ Valley	UMC/MTV Sunrise/ Valley	UMC/MTV Sunrise/ Valley	UMC/MTV Sunrise/ Valley	UMC/MTV Sunrise/ Valley	UMC/UNLV /PO/USAF	UMC/UNLV /PO/USAF	UMC/UNLV / SSC	UMC/UNLV / SSC	UMC/UNLV/ SSC/USAF/ Sunrise/Valley	UMC/UNLV/ SSC/USAF/ Sunrise/Valley

Rotation Description
Head & Neck Surgery: Dr. Wang, Dr. Okuyemi, Dr. Bigcas
Otology: Dr. Ng
Pediatric ENT: Dr. Spinner
Gen. ENT/Allergy: Dr. Elkins
FPRS/Gen. ENT: Dr. Ching, Dr. Okuyemi, Dr. Bigcas
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

Evaluated by: **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

Very Poor Performance	Below Average Performance	Average Performance	Above Average Performance	Excellent Performance
○	○	○	○	○

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

Very Poor Performance	Below Average Performance	Average Performance	Above Average Performance	Excellent Performance
○	○	○	○	○

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

Very Poor Performance	Below Average Performance	Average Performance	Above Average Performance	Excellent Performance
○	○	○	○	○

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

Very Poor Performance	Below Average Performance	Average Performance	Above Average Performance	Excellent Performance
○	○	○	○	○

Comment

8* **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

Very Poor Performance	Below Average Performance	Average Performance	Above Average Performance	Excellent Performance
◯	◯	◯	◯	◯

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

Very Poor Performance	Below Average Performance	Average Performance	Above Average Performance	Excellent Performance
◯	◯	◯	◯	◯

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**

Very Poor Performance	Below Average Performance	Average Performance	Above Average Performance	Excellent Performance
○	○	○	○	○

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.

RESIDENT EVALUATION OF FACULTY

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

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.

5= He/she demonstrates this trait almost always
4= He/she demonstrates this trait often
3= He/she demonstrates this trait sometimes
2= He/she demonstrates this trait seldom
1= He/she hardly ever demonstrates this trait
N/A = Unable to evaluate (infrequently or never seen in this setting)

1* Teaches effectively in the surgical clinic setting

Never demonstrates this trait	Seldom demonstrates this trait	Demonstrates this trait sometimes	Demonstrates this trait often	Demonstrates this trait almost always	N/A = Unable to evaluate (infrequently or never seen in this setting)
○	○	○	○	○	○

Comment

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

Never demonstrates this trait	Seldom demonstrates this trait	Demonstrates this trait sometimes	Demonstrates this trait often	Demonstrates this trait almost always	N/A
○	○	○	○	○	○

Comment

3* Probes residents with questions to improve critical thinking skills

Never demonstrates this trait	Seldom demonstrates this trait	Demonstrates this trait sometimes	Demonstrates this trait often	Demonstrates this trait almost always	N/A
○	○	○	○	○	○

Comment

4* Provides feedback to residents about their performances

Never demonstrates this trait	Seldom demonstrates this trait	Demonstrates this trait sometimes	Demonstrates this trait often	Demonstrates this trait almost always	N/A
○	○	○	○	○	○

Comment

5* Develops and maintains good rapport with residents

Never demonstrates this trait	Seldom demonstrates this trait	Demonstrates this trait sometimes	Demonstrates this trait often	Demonstrates this trait almost always	N/A
○	○	○	○	○	○

Comment

6* Readily available to residents for discussion of patient problems

Never demonstrates this trait	Seldom demonstrates this trait	Demonstrates this trait sometimes	Demonstrates this trait often	Demonstrates this trait almost always	N/A
○	○	○	○	○	○

Comment

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

Never demonstrates this trait	Seldom demonstrates this trait	Demonstrates this trait sometimes	Demonstrates this trait often	Demonstrates this trait almost always	N/A
○	○	○	○	○	○

Comment

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

Never demonstrates this trait	Seldom demonstrates this trait	Demonstrates this trait sometimes	Demonstrates this trait often	Demonstrates this trait almost always	N/A
○	○	○	○	○	○

Comment

9* Attends and contributes to teaching conferences

Never demonstrates this trait	Seldom demonstrates this trait	Demonstrates this trait sometimes	Demonstrates this trait often	Demonstrates this trait almost always	N/A
○	○	○	○	○	○

Comment

10* **Stimulates house staff to higher personal and professional goals**

Never demonstrates this trait	Seldom demonstrates this trait	Demonstrates this trait sometimes	Demonstrates this trait often	Demonstrates this trait almost always	N/A
○	○	○	○	○	○

Comment

11* **Overall teaching performance is exemplary**

Never demonstrates this trait	Seldom demonstrates this trait	Demonstrates this trait sometimes	Demonstrates this trait often	Demonstrates this trait almost always	N/A
○	○	○	○	○	○

Comment

12* **Comments (strengths and weaknesses)**

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

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

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 skills 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 this 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

1	2	3	4	5
○	○	○	○	○

3 Precision in use of instruments

4 Accuracy and fine motor coordination in placement of sutures

1	2	3	4	5
○	○	○	○	○

5 Facility in following curve of needle with suturing

1	2	3	4	5
○	○	○	○	○

6 Security in performance, general confidence in operating ability

7 Avoidance of non-purposeful movements, economy of motion

1	2	3	4	5
○	○	○	○	○

8 Efficiency in use of traction and counter traction

1	2	3	4	5
○	○	○	○	○

9 Knot tying ability

1	2	3	4	5
○	○	○	○	○

10 Instrument and suture selection

1	2	3	4	5
○	○	○	○	○

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

1	2	3	4	5
○	○	○	○	○

12 Overall organization in the operating room

1	2	3	4	5
○	○	○	○	○

13 Overall technical ability

1	2	3	4	5
○	○	○	○	○

14 Organizes assistants well

1	2	3	4	5
○	○	○	○	○

15 Accurate dissection

1	2	3	4	5
○	○	○	○	○

16 Dressing

1	2	3	4	5
○	○	○	○	○

17 Post-operative orders

1	2	3	4	5
○	○	○	○	○

Overall Comment

PEER EVALUATION

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

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

1 = Very Poor (Poor procedural skills)	2 = Poor	3 = Fair	4 = Good	5 = Very Good (Exceptional procedural skills)	Cannot Rate
○	○	○	○	○	○

Comment

2* Written and verbal patient education

1 = Very Poor (Doesn't teach patients)	2 = Poor	3 = Fair	4 = Good	5 = Very Good (Extensive written & verbal patient education)	Cannot Rate
○	○	○	○	○	○

Comment

3* Discusses appropriate therapeutic options with patients

1 = Very Poor (Doesn't take ownership/follow through)	2 = Poor	3 = Fair	4 = Good	5 = Very Good (Takes great care of patients)	Cannot Rate
○	○	○	○	○	○

Comment

Medical Knowledge

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

1 = Very Poor (Frequently unsure of how to proceed)	2 = Poor	3 = Fair	4 = Good	5 = Very Good (Able to integrate information to form plan)	Cannot Rate
○	○	○	○	○	○

Comment

5* Demonstrates knowledge of disease progression

1 = Very Poor (Has difficulty obtaining/using available data)	2 = Poor	3 = Fair	4 = Good	5 = Very Good (Effectively & efficiently collects & uses data)	Cannot Rate
○	○	○	○	○	○

Comment

6* Active learning

1 = Very Poor (Disinterested in continuous learning)	2 = Poor	3 = Fair	4 = Good	5 = Very Good (Frequently looks for new information)	Cannot Rate
○	○	○	○	○	○

Comment

Practice-Based Learning/Improvement

7* Feedback incorporation to improve performance

1 = Very Poor (Ineffectively complains about problems)	2 = Poor	3 = Fair	4 = Good	5 = Very Good (Seeks to partner with others for solutions)	Cannot Rate
○	○	○	○	○	○

Comment

8* **Use of learning resources**

1 = Very Poor (No use of information technology (IT))	2 = Poor	3 = Fair	4 = Good	5 = Very Good (Frequently & effectively uses information technology (IT))	Cannot Rate
○	○	○	○	○	○

Comment

Interpersonal and Communication Skills

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

1 = Very Poor (Poor listener/communicator)	2 = Poor	3 = Fair	4 = Good	5 = Very Good (Great listener/communicator)	Cannot Rate
○	○	○	○	○	○

Comment

10* **Effectively communicates during transitions of care**

1 = Very Poor (Poor rapport with patients)	2 = Poor	3 = Fair	4 = Good	5 = Very Good (Excellent rapport with patients)	Cannot Rate
○	○	○	○	○	○

Comment

11* **Works effectively with healthcare professionals**

1 = Very Poor (Aloof, negative, dread working with this resident)	2 = Poor	3 = Fair	4 = Good	5 = Very Good (Friendly, upbeat, look forward to seeing this resident)	Cannot Rate
○	○	○	○	○	○

Comment

Professionalism

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

1 = Very Poor (Abusive to patients and/or staff, copes poorly)	2 = Poor	3 = Fair	4 = Good	5 = Very Good (Always respectful, copes well)	Cannot Rate
○	○	○	○	○	○

Comment

13* Demonstrates behavior that conveys caring, honesty, and genuine interest in patients and families

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

Comment

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

1 = Very Poor (Disregards cultural, age, gender, disability issues)	2 = Poor	3 = Fair	4 = Good	5 = Very Good (Sensitive to special 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

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

Comment

16* Leads interdisciplinary team in patient care

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

Comment

17* Makes the program look bad

1 = Very Poor (Reflects program poorly)	2 = Poor	3 = Fair	4 = Good	5 = Very Good (A great representative of the program)	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

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

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

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

Comment

2* Understand and properly utilize OR instruments

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

Comment

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

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

Comment

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

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

Comment

Medical Knowledge

5* Regularly read reference textbooks in preparation for rotations

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

Comment

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

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

Comment

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

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

Comment

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

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

Comment

Practice-Based Learning/Improvement

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

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

Comment

10* 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

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.**

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

Comment

17* **Emphasizes the importance of teamwork and being a team player.**

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

Comment

Professionalism

18* **Adhere to time and attendance guidelines.**

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

Comment

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

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

Comment

20* **Anticipate needs of patients/visitors.**

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

Comment

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

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

Comment

22* **Record keeping completed in a timely manner.**

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

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
○	○	○	○	○

Comment

29* **Good steward of hospital resources.**

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

Comment

Comments

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, NURSE/MA EVALUATION OR RESIDENT

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **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

Very Poor Performance	Below Average Performance	Average Performance	Above Average Performance	Excellent Performance
○	○	○	○	○

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

Very Poor Performance	Below Average Performance	Average Performance	Above Average Performance	Excellent Performance
○	○	○	○	○

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

Very Poor Performance	Below Average Performance	Average Performance	Above Average Performance	Excellent Performance
○	○	○	○	○

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

Very Poor Performance	Below Average Performance	Average Performance	Above Average Performance	Excellent Performance
○	○	○	○	○

Comment

8* **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

Very Poor Performance	Below Average Performance	Average Performance	Above Average Performance	Excellent Performance
◯	◯	◯	◯	◯

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

Very Poor Performance	Below Average Performance	Average Performance	Above Average Performance	Excellent Performance
◯	◯	◯	◯	◯

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**

Very Poor Performance	Below Average Performance	Average Performance	Above Average Performance	Excellent Performance
○	○	○	○	○

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

UNLV School of MEDICINE

5380 S. Rainbow Blvd #324 Las Vegas, NV 89118 3150 N. Tenaya Way #112 Las Vegas, NV 89128

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:

	very poor	poor	fair	good	very good
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	○	○	○	○	○

UNLV School of MEDICINE

5380 S. Rainbow Blvd #324 Las Vegas, NV 89118 3150 N. Tenaya Way #112 Las Vegas, NV 89128

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:

	muy pobre	pobre	justa	bueno	muy bueno
1. Amabilidad / cortesía del médico residente	○	○	○	○	○
2. Explicaciones que el médico residente le dio sobre su problema o condición.....	○	○	○	○	○
3. Preocupación que el médico residente mostró por sus preguntas o inquietudes.....	○	○	○	○	○
4. Esfuerzo del médico residente para incluirlo en las decisiones sobre su tratamiento.....	○	○	○	○	○
5. Información que el médico residente le dio sobre los medicamentos (si corresponde).....	○	○	○	○	○
6. Instrucciones que le dio el médico residente sobre la atención de seguimiento (si corresponde).....	○	○	○	○	○
7. Grado en que el médico residente habló con usted usando palabras que usted podría entender.....	○	○	○	○	○
8. Cantidad de tiempo que el médico residente pasó con usted	○	○	○	○	○
9. Tu confianza en este médico residente.....	○	○	○	○	○
10. Probabilidad de recomendar este médico residente a otros.....	○	○	○	○	○

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 super-vision 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.

STEPS IN INTERVENTION, TREATMENT, AND AFTERCARE

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).

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 OTO-2 house officer will spend 4 months on the three specialties of general ENT/allergy, pediatric ENT, and otology. 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 a 2-month rotation in general plastic surgery and a 1-month rotation in Laryngology with a fellowship-trained laryngologist.

The OTO-3 resident will also spend the remainder as the junior resident on the head/neck surgery, otology, and facial plastics reconstructive surgery/general ENT. 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.

One PGY 3 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 2-month research block.

Two 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 year, OTO-4 residents will serve as the more senior resident on head & neck surgery, peds ENT, facial plastics reconstructive/general ENT. 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.

Two months will be spent on Outpatient ENT Surgery under the supervision of Dr. Walter Schroeder (community otolaryngologist). 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 time on the head neck surgery, otology, peds ENT and facial plastics reconstructive/general ENT services. The services treat a wide variety of complex patients and performs a high volume of surgeries and reconstructions. The OTO-5 resident will be performing some of the most technically challenging cases in otolaryngology while on that service. Two months (CHOICE) will be spent on the service or activity of the senior resident's choice to bolster their training and experience.

The graduating resident will develop 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, laryngopharyngeal, 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
    j. Septoplasty
31. Study and prepare for in-training examination
32. Examine and evaluate patients with allergies.
33. Create assessment and treatment plans for patients with allergies.
34. Assess patients for allergic disease using skin testing.
35. Assess patients for allergic disease using in vitro testing.
36. Manage patients with allergic disease by environmental control.
37. Manage patients with allergic disease with pharmacotherapy.
38. Manage patients with allergic disease with immunotherapy.
39. 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.
9. Create assessment and treatment plans for 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 emergencies 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.
6. Perform functional endoscopic sinus surgery for complex sinus disease
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
10. Perform thorough evaluation of otology-neurotology disorders.
11. Create assessment and plans for patients with otology- neurotology diseases.
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.

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
Reference Sources:	Schwartz "Principles of General Surgery" 10th Edition
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, constipation, 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

HEAD AND NECK SURGERY ROTATION GOALS AND OBJECTIVES

The Head and Neck Surgery (HNS) rotation of the UNLV Department of Otolaryngology consists of board-certified Otolaryngologist sub-specialty-trained in the area of Head and Neck Oncology (Drs. Wang, Okuyemi, Bigcas) and Microvascular Surgery (Drs. Okuyemi and Bigcas). Exposure to faculty at the UNLV Department of Plastic Surgery may also occur where there are combined cases between the two departments. Otolaryngology residents spend the most dedicated time to this rotation that provides a comprehensive and in-depth experience in both clinic and surgical arenas. It is the essence of otolaryngology-head and neck surgery training.

OUTPATIENT CLINICS:

Patients are seen at the HNS outpatient clinics of UNLV Medicine located at Mountain View and Spring Valley Hospitals. The HNS attendings have outpatient clinic every day except Wednesdays (Dr. Wang on Mondays; all three on Tuesdays; Drs. Wang and Okuyemi on Thursdays; all three on select Fridays). The outpatient clinics are equipped with video-fiber optic flexible and rigid endoscopes, microscopes, capability for video stroboscopy, and computer access to the online electronic medical records. There are also Audiology booths and Audiology Faculty located in the same area. Cytopathologists are available from the adjoining hospitals for obtaining fine needle aspiration.

INPATIENT WARDS:

Patients are primarily managed at the University Medical Center hospital, which currently serves as the only recognized Level 1 Trauma hospital in Nevada. Patients are usually admitted post-operatively to the ICUs

and Medical/Surgical Floors (1300, 1400, 1500). Consults requested hospital-wide, including from the ED, are appropriately evaluated and managed.

Patients admitted post-operatively at other hospitals (where the HNS attendings have privileges) are primarily managed by the respective HNS attending.

OPERATING ROOMS:

Inpatient and Outpatient surgeries are performed at University Medical Center, Mountain View and Sunrise Hospitals. Residents assigned to the HNS rotation will be assigned to cover cases being performed by any of the HNS attendings at any of these hospitals.

CORE ROTATION GOALS FOR ALL RESIDENTS

- Develop astute clinical skills in the diagnosis, treatment, and prevention of neoplastic disease of the head and neck.
- Develop astute technical skills needed to provide thorough, efficient, and compassionate care of HNS patients.
- Demonstrate the ability to perform all medical and surgical procedures appropriate for the year of otolaryngology training.
- Develop oral and written presentation skills to facilitate superior public-speaking deliveries, including during ward rounds, outpatient clinics, Grand Rounds, and the HNS Tumor Board conference.
- Provide complete and focused, well-organized, accurate patient presentations in clinics and on the wards.
- Develop an expansive medical knowledge base through in-depth self-study and intellectual curiosity that will support continued life-long learning.
- Demonstrate a thorough knowledge of any patient that the resident plans to operate on and prepare for the surgery with an adequate review of the contemporary medical literature.
- Develop the ability to obtain informed consent from patients in a culturally sensitive way, by clearly explaining the risks, benefits and alternatives for planned procedures
- Develop self-evaluation skills to allow continued assessment of one's patient care outcomes as a motivation for excellence.
- Develop interpersonal and communication skills necessary for effective participation in a multidisciplinary care team, by learning to provide timely, accurate and respectful verbal communication to patients and their family members, ancillary staff, colleagues and attendings.
- Demonstrate professional behavior including honesty, integrity, compassion, decorum, and respect for others.
- Develop the ability to receive and provide constructive feedback as part of self-assessment and individual growth.
- Demonstrate the ability to admit mistakes openly and honestly in ways that build trust (from patients, colleagues and attendings) and improve self-learning.
- Learn to accurately assess personal strengths and limitations relevant to one's practice of medicine and continued learning, knowing when to change management plans or defer to more experienced colleagues.

- Develop skills in teaching medical students, colleagues, and allied health professionals
- Always be a productive and supportive member of the team.
- Always prioritize patient safety in clinical decision-making
- Read and obtain information sources from Cummings and Bailey's Otolaryngology texts

HEAD & NECK SURGERY (PGY-1, 3, 4 AND 5) (19 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 UNLV Medicine Otolaryngology Clinic
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-1, 3, 4 or 5
Length of Rotation:	19 months
Reference Sources:	-BJ Bailey and JT Johnson “Head & Neck Surgery-Otolaryngology” 4th Edition -Cummings “Otolaryngology” -Wenig “Atlas of Head and Neck Pathology” Surgical Anatomy of the Head and Neck -Goldstein and Goldenberg ”Handbook of Otolaryngology” -Adams and Bresnick “On Call Surgery”
Conference Schedule:	Otolaryngology didactics / conference schedule Multidisciplinary Tumor Board PSQI/M&M Conference
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 Participation in resident quality improvement project

GOALS

During the Head and Neck Surgery rotation, 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.

During the 6-month rotation of the PGY-1 year, the Otolaryngology PGY 1 resident will have exposure to all aspects of Head and Neck Oncology and Reconstructive Surgery. The PGY 1 resident will gain increased competency in the evaluation, diagnosis, and treatment of basic Otolaryngologic benign and malignant diseases, and develop further clinical judgment and skills in surgical management.

As a junior resident on HNS, 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 junior resident will gain increased competency in the evaluation, diagnosis, and treatment of Otolaryngologic diseases and develop further judgment and skills in surgical management.

As a senior resident, the PGY-4 and PGY-5 chief resident will aim to function as an independent clinicians and surgeons. 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 with 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 PGY-5 chief resident will reinforce experience in in-patient hospital consultations. 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.

The goals of the head and neck pathology component 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. 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:

(Listed according to increasing levels of resident progression)

- Understand the anatomy of the upper aerodigestive tract including the nose, paranasal sinuses, ear and temporal bone, salivary glands, thyroid and parathyroid glands, 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
- Develop an understanding of the pathophysiology and management of neoplastic, inflammatory, congenital, infectious, vascular, and traumatic processes affecting the HNS patient
- Appropriately apply basic science knowledge (anatomy, biochemistry, embryology, genetics, physiology, pharmacology, pathology, microbiology) to the HNS patient
- Begin to develop understanding of pathology including correlation between gross and microscopic pathology related to the head and neck
- Understand the staging systems for head and neck cancer at various anatomic sub-sites.
- Begin to develop exposure to HNS literature through required and independent reading.
- Begin to explore and participate in research opportunities with the HNS faculty
- Begin to develop familiarity with imaging anatomy (CT, MRI, PET, X-ray, Panorex) of the head and neck
- Begin to develop an appreciation for critical selection of appropriate imaging modalities based upon the differential diagnosis developed from the history and physical examination
- 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
- Understand the risk factors for head and neck cancer.
- Understand the principles and techniques involved in the assessment of swallowing disorders.
- Apply knowledge of gastroesophageal reflux in the clinical setting.
- 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 including dose ranges, side effects, treatment of toxic reactions, and role of additive 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
- 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
- Become increasingly knowledgeable about risks of surgical procedures in the patient with head and neck disease
- Apply accurately the staging systems for head and neck cancer.
- Demonstrate an understanding of the various forms of neck dissection.
- Refine understanding of the principles and techniques involved in the assessment of swallowing disorders.
- Demonstrate an understanding and recognition of functional voice disorders as well as the characterization and treatment of laryngeal dystonias.
- Demonstrate an understanding of the role of chemotherapy and radiation in the treatment the head and neck patient.
- Begin to recognize the side effects and complications of chemotherapy and radiation therapy in the treatment of the head and neck patient.
- Exhibit increased competence in knowledge of the prevention, diagnosis and treatment of common diseases found in the head and neck through clinical experience, educational conferences and independent reading in journals and textbooks
- 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
- Demonstrate application of acquired knowledge to the preoperative selection, operative and perioperative care and avoidance and management of complications of patients on the head and neck service.
- Demonstrate ability to recommend appropriate therapeutic plans for tumor site and stage.
- Demonstrate competence in understanding treatment options for benign and malignant head and neck diseases, and the ability to counsel patients effectively and accurately in treatment options.
- 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.
- Develop knowledge and skills to assist in the therapy of patients with diseases affecting the skull base.
- Understand the applied anatomy and techniques in cranial skull base surgery.

- Improve on medical and surgical decision making when addressing issues of resectability of skull base lesions, and appropriate situations to employ observation vs. surgery vs. stereotactic radiation to skull base tumors.
- Effectively assist and educate junior residents in the performance of less complex head and neck procedures.
- Develop knowledge and skills to assist in the surgical reconstruction of major head and neck defects.
- Develop technical expertise in the functional and structural disorders affecting the voice.
- Develop increased understanding of the therapeutic options for the functional and structural disorders affecting the voice.
- Become experts of head and neck anatomy.
- Become experts in the etiology and treatment of various head and neck diseases.
- Understand when additional treatment would not yield additional benefits.
- Have full grasp of latest technology available to otolaryngologists.
- Understand both sides of a controversy in common debates of head and neck surgery.
- Recognize cytologic features of common head and neck disorders from FNA
- Recognize the histologic patterns of common head and neck neoplasms.
- Know characteristic cytologic and pathologic appearances of head and neck squamous cell carcinoma, salivary gland neoplasms, thyroid neoplasms, papillary 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

(Listed according to increasing levels of resident progression)

- Learn to take an accurate history in the patient with head and neck disease.
- Learn basic techniques in the examination of the patient with head and neck disease.
- Develop competence in the intra-operative preparation of the patient for head and neck procedures, including patient positioning, patient prepping, antibiotic prophylaxis, premedication, and airway concerns.
- Develop astute skills in the post-operative management of patients after major head and neck oncologic or reconstructive procedures

- Develop skills for intensive care unit and floor care of the postoperative HNS patient.
- Begin to develop skills in the assessment of HNS and general otolaryngology ER and inpatient consultations.
- Begin to develop clinical awareness of patients that require immediate intervention (airway, bleeding, trauma, infection) and how to appropriately communicate the urgency to seniors and attendings to result in quick and efficient management of the situation.
- Begin to develop skills for basic emergent ENT procedures of the airway.
- Develop competence in basic soft tissue surgical techniques from simple repairs to small excisions and complex repairs.
- Gain exposure to complex HNS through assisting in surgical procedures
- Develop competence in surgical first assistantship in major HNS procedures.
- Develop competence in the recognition and treatment of HNS surgical complications.
- Develop competence with HNS surgical equipment and instrumentation (airway, laser, monitoring devices, etc.)
- Develop competence in the use of diagnostic otolaryngologic clinic instrumentation, including the head mirror, microscope, nasal endoscope, and flexible fiber optic laryngoscopy
- Successfully perform nasal endoscopy, direct laryngoscopy, esophagoscopy, rigid bronchoscopy and flexible laryngoscopy.
- Successfully perform and demonstrate competence in suspension laryngoscopy.
- Perform a tracheotomy safely and effectively with supervision.
- Perform the incision and drainage of neck abscesses safely and effectively with supervision
- Effectively counsel patients on head and neck cancer risk factors as they apply to lifestyle.
- Use the CO2 laser in the removal of uncomplicated oral and laryngeal lesions.
- Recognize malignant and benign laryngeal lesions.
- Learn to function more independently in outpatient care of the patient with head and neck disease.
- Refine ability to perform intraoperative decision-making in the patient with head and neck disease.
- Refine ability to interpret imaging studies (X-ray, CT, MRI, PET) of the head and neck.
- Develop competence in obtaining an accurate history in the patient with head and neck disease.
- Develop competence in the examination of the patient with head and neck disease.
- Develop competence in the intra-operative preparation of the patient for head and neck procedures, including patient positioning, patient prepping, antibiotic prophylaxis, premedication, and airway concerns.
- Develop and refine astute skills in the post-operative management of patients after major head and neck oncologic or reconstructive procedures
- Develop and refine skills for intensive care unit and floor care of the postoperative HNS patient.
- Develop competence in the assessment of HNS and general otolaryngology ER and inpatient consultations.
- Refine skills for the awareness of patients that require immediate intervention (airway, bleeding, trauma, infection) and how to appropriately communicate the urgency to seniors and attendings to result in quick and efficient management of the situation.
- Develop competence in basic emergent ENT procedures relating to the airway and bleeding.
- Develop competence in communication of clinical findings

- 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
- First-assist with microvascular free tissue transfer procedures
- Assist and/or perform radical and modified radical neck dissections with supervision
- Assist and/or perform thyroidectomies with supervision
- Assist and/or perform parotidectomies with supervision
- Assist and/or perform parathyroidectomies with supervision
- Perform the following additional procedures safely and effectively with supervision:
    - Submandibular gland excision
    - Deep neck abscess drainage
    - Excision of a small carcinoma of the upper aerodigestive tract.
    - Excision of congenital cervical cysts
    - Arterial ligation for epistaxis
- Perform the following microlaryngeal laser procedures safely and effectively with supervision:
    - Removal of papillomas
    - Removal of small carcinoma
    - Balloon Dilation and /or Laser resection of airway stenosis
    - Laser cordotomy for bilateral vocal fold paralysis
- Effectively perform esophagoscopy with dilations with supervision
- Assist and/or perform local and pedicled flaps for reconstruction.
- Perform endoscopic and non-endoscopic rhinologic-sinus procedures
- Perform surgical procedures for obstructive sleep apnea
- 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
- 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
- Demonstrate the ability to evaluate most patient complaints without requiring suggestions by faculty.

- 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 mandibulotomy approach, extended/difficult modified radical neck dissections, superior mediastinal dissections, transoral robotically-assisted or laser-assisted surgical resections of oral cavity, oropharynx, hypopharynx and larynx.

HEAD AND NECK PATHOLOGY

- 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

(Listed according to increasing levels of resident progression)

- 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
- Learn role as head neck oncologic surgeon within multidisciplinary tumor board to help improve patient management and care
- Interact with other professionals (medical oncologist, radiation oncologist, pathologist, radiologist) in the management of head and neck cancer patients
- Effectively listen and communicate with patients and family members from a broad range of socioeconomic and cultural backgrounds
- Perform clearly written, complete and timely documentation of clinical findings, recommendations, and plan.
- Act in a consultative role to other physicians and health professionals
- Develop communication skills through experience in presentations and lectures.
- Teaching medical students in the clinic and inpatient setting.
- 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 trust and respect

PROFESSIONALISM

(Listed according to increasing levels of resident progression)

- Demonstrate honesty, compassion, decorum, selflessness, integrity, and respect for others.
- 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, with acceptance of accountability and commitment to self-growth
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger residents by being sensitive to patient confidential needs
- Respect patient confidentiality and exhibit knowledge of HIPAA statutes.
- Display sensitivity to issues involving gender, religion, race, sexual orientation, disability, and age.
- Understand ethical issues related to clinical care and research in patients.
- Conduct professional behavior of the utmost level and adhere to ethical principles
- Demonstrate compassion, integrity, and respect for others
- Obtain responsiveness to patient needs that supersedes self-interest
- Respect patient privacy, autonomy, confidentiality, and exhibit knowledge of HIPAA statutes.
- Demonstrate ability to listen to patient complaints and offer 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
- Listen to patient complaints and offer compassionate solutions
- Display sensitivity to issues involving gender, religion, race, sexual orientation, disability, and age.
- Understand and articulate ethical issues related to clinical care and research in patients

PRACTICE BASED LEARNING AND IMPROVEMENT

(Listed according to increasing levels of resident progression)

- Assess gaps in knowledge in head and neck surgery and develop a plan for personal improvement
- Systemically perform self-improvement- (a) Identify strengths, deficiencies and limitations in knowledge and expertise (b) set learning and improvement goals (c) identify and perform appropriate learning activities (d) Incorporate formative evaluation feedback into daily practice
- Be candid in presenting and critically analyzing one's outcomes and errors
- 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.
- Use information technology to optimize learning
- Participate in quality improvement and safety efforts
- 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 to allow these to be addressed prior to graduating from the training program
- Construct better learning techniques that may be helpful for junior residents
- Complete 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
- Be candid in presenting and critically analyzing one's outcomes and errors

SYSTEMS-BASED PRACTICE

(Listed according to increasing levels of resident progression)

- Understanding of the organization of the HNS service, including expected responsibilities in the coordination of care, the hierarchy of the team, and the mechanisms of supervision and communication.
- Develop organizational and time-management skills required for efficient running of the inpatient HNS service
- 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
- Demonstrate competence in the utilization of the PSQI/M&M portal for identification and reporting of adverse events and near-misses
- 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 evaluation and therapy
    - Palliative or Supportive care
- Understand the medico-legal issues that affect the provision of health care to HNS patients
- 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

- 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.

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, PGY-4
Length of Rotation:	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 pediatric otolaryngology rotation, 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

- Describe the physiology of swallowing and the anatomy and physiology of the larynx in relation to infancy, early childhood, and adolescent periods.
- Discuss the physiology of normal and abnormal speech, including the physiology of the velopharynx and effects from cleft palate.
- 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 for children

- Understand early intervention of hearing loss and algorithm used to work up failed newborn hearing screening and pediatric hearing loss
- Understand the anatomy and physiology of epistaxis
- Understand the origin of structures derived from the branchial arches, grooves, and clefts and their significance in congenital anomalies.
- Understand anatomy and physiology in the upper and lower airway.
- Understand the etiology and treatment algorithm for subglottic stenosis
- Understand obstructive sleep apnea and sleep disordered breathing: 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 and habilitative options
- Understand hearing restoration options for pediatric patients
- Understand management of pediatric injuries: foreign body aspiration, caustic ingestion etc.

PATIENT CARE

- Perform a thorough comprehensive head and neck examination in children
- Identify patients who need emergency interventions and airway evaluations
- Test cranial nerve function
- Render appropriate preventive and invasive treatments for epistaxis.
- Know pre- and post-operative management of otolaryngology surgical procedures.
- 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
    - Flexible endoscopy intubation
    - Examination under general anesthesia, direct 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 to other learners
- Learn to discuss management and therapy to parents in professional manner

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
- Learn to discuss management and therapy to parents in professional manner

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.

FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY (LONGITIDUNAL, PGY-2 THROUGH PGY-5)

COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV 89102 Spring Valley Clinic 5380 S. Rainbow Blvd. Las Vegas, NV 89118
Rotation Directors:	Jo-Lawrence Bigcas, M.D. Harry Ching, M.D. Oluwafunmilola Okuyemi, M.D., MSCI, FACS
Associated Faculty:	Joshua Goldman, M.D. John Brosious, M.D. Jesse Falk, D.M.D. Michael Moody, D.M.D. Jeff Moxley, D.D.S. Katherine Keeley, D.D.S. Walter Schroeder, M.D.
Assigned Residents:	PGY-2 through PGY-5
Length of Rotation:	7 months
Reference Sources:	BJ Bailey and JT Johnson “Head & Neck Surgery-Otolaryngology” 4th Edition Cummings “Otolaryngology”
Conference Schedule:	Otolaryngology didactics / conference schedule
Method of Assessment:	End of rotation evaluation

GOALS

The resident is expected to obtain knowledge that permits comprehensive management of facial plastic surgery and head and neck reconstruction. This includes the evaluation, assessment, and implementation of principles of function and aesthetics to soft tissue and bony reconstruction of the head and neck. The resident will be able to apply these principles to a variety of pathology and reconstructive paradigms, including functional and cosmetic facial plastics, traumatic maxillofacial surgery, and head and neck oncologic reconstruction.

MEDICAL KNOWLEDGE

- Know the types of dental occlusion/malocclusion and anatomical terminology used to determine the type of dental occlusion
- Understand the pathology and management of midface and mandibular fractures and facial soft tissue trauma
- Know the types of odontogenic tumors and how they affect adjacent sinus and neck anatomy
- Develop an algorithm for the management of panfacial fractures

- Differentiate advantages of panorex and CT scan imaging for oral pathologies
- Appropriately select and interpret CT and MRI imaging of FPRS surgery patients including 3D reconstructions for surgical planning.
- Understand the relationship between odontogenic infectious processes and airway management
- Understand the principles of dental extraction
- Understand the fundamentals of bony and soft tissue wound healing
- Have a knowledge of local flap options for the repair of defects of specific areas of the face including the nose, eyelids, auricles
- Understand the evaluation and management of functional nasal obstruction and cosmetic nasal deformity
- Perform facial aesthetic analysis and know the options and applications of aesthetic facial surgery
- Understand anatomy, physiology, and pathology of the eyelids and their application to functional and cosmetic oculoplastic surgery
- Recognize the indications and limitations of minimally invasive aesthetic procedures including neurotoxins, injectable fillers, laser treatments, and facial resurfacing
- Identify and understand how to prevent the complications associated with rhinoplasty and aesthetic facial surgery
- Develop the ability to evaluate a tumor for its anticipated defect and to understand the reconstructive ladder to formulate a reconstructive treatment plan
- Understand how a head and neck reconstructive plan affects aesthetics and function

PATIENT CARE

- Develop the ability to perform a detailed and comprehensive assessment of the full breadth of facial plastic and reconstructive surgery patients
- Formulate and communicate a comprehensive treatment plan for patients evaluated for facial plastics and reconstructive surgery including the use of digital imaging modalities for preoperative planning, with full understanding of the goals, surgical pitfalls, and the complications of that treatment plan
- Develop confidence in the diagnosis of facial plastic and reconstructive surgery patients.
- Confidently perform intra-operative preparation of FPRS patients including positioning, surgical prep, pharmacological prophylaxis, premedication and local anesthesia
- Perform maxillomandibular fixation, simple open reduction and internal fixation of mandible fractures
- Develop the ability to approach, reduce, and internally fixate midface fractures through a variety of transfacial approaches
- Evaluate, counsel and discuss treatment options for the cosmetic patient
- Perform the open rhinoplasty approach and execute functional and cosmetic maneuvers in rhinoplasty including grafting and suturing techniques
- Carry out minimally invasive aesthetic procedures including neurotoxin injection, filler injection, laser treatments, and chemical peels
- Understand and perform critical steps in aesthetic surgical procedures including rhytidectomy, blepharoplasty, brow lift, otoplasty, implants, and liposuction

- Perform incision and drainage of odontogenic abscesses
- Assist with and/or perform a variety of soft tissue reconstructions including skin grafting, advancement/rotational flaps, locoregional flaps, and free tissue transfers for oncologic reconstructions and soft tissue trauma
- To understand and perform basic principles of microvascular surgery
- Develop competence in evaluating and managing complications of microvascular surgery

INTERPERSONAL AND COMMUNICATION SKILLS

- Obtain a problem-oriented history relevant to facial plastic and reconstructive surgery
- Communicate effectively with members of the multidisciplinary team of reconstructive surgeons
- Communicate effectively with members of a multidisciplinary craniofacial team that includes a plastic surgeon, otolaryngologist, oral-maxillofacial surgeon, orthodontist, or general dentist
- Effectively listen and communicate with patients and family members from a broad range of socioeconomic and cultural backgrounds
- Perform clearly written, complete and timely documentation of clinical findings, recommendations, and plans.
- Act in a consultative role to other physicians and allied health professionals
- Develop communication skills through experience in presentations and lectures.
- Develop increased competence in Teaching medical students and younger residents in the outpatient clinic and inpatient settings.

PROFESSIONALISM

- Demonstrate honesty, compassion, dedication, decorum, selflessness, integrity, and respect for others.
- 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, with acceptance of accountability and commitment to self-growth
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger residents by being sensitive to patient confidential needs
- Respect patient confidentiality and exhibit knowledge of HIPAA statutes.
- Display sensitivity to issues involving gender, religion, race, sexual orientation, disability, and age.
- Understand and articulate ethical issues related to clinical care and research in patients

PRACTICE BASED LEARNING AND IMPROVEMENT

- Assess gaps in knowledge and develop a plan for personal improvement
- Systemically perform self-improvement- (a) Identify strengths, deficiencies and limitations in knowledge and expertise (b) set learning and improvement goals (c) identify and perform appropriate learning activities (d) Incorporate formative evaluation feedback into daily practice
- Be candid in presenting and critically analyzing one's outcomes and errors
- Demonstrate expertise at reading and critically analyzing subspecialty-focused 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 PPOs, HMOs, 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
- Demonstrate competence in the utilization of the PSQI/M&M portal for identification and reporting of adverse events and near-misses
- Understand the medico-legal and ethical issues that affect the provision of health care to facial plastic and reconstructive 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:	Barry Ewell, D.O.
Assigned Residents:	PGY-1
Length of Rotation:	1 month
Reference Sources:	Schwartz "Principles of General Surgery" 10th Edition
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 fiber optic 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
Reference Sources:	Schwartz "Principles of General Surgery" 10th Edition
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:	John Anson, M.D.
Assigned Residents:	PGY-1
Length of Rotation:	1 month
Reference Sources:	Schwartz "Principles of General Surgery" 10th Edition
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
Reference Sources:	Schwartz "Principles of General Surgery" 10th Edition
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

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
Reference Sources:	Schwartz "Principles of General Surgery" 10th Edition
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
  - Ant reflux 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
- 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 comprise 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.

OTOLOGY (7 MONTHS)

COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location:	University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV 89102 UNLV Medicine Otolaryngology Clinic
Rotation Directors:	Matthew Ng, M.D.
Rotation Faculty:	Matthew Ng, M.D. Jennifer Cornejo, AuD Anja Carl, AuD
Assigned Residents:	PGY-2, PGY-3, PGY-4
Length of Rotation:	7 months total
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 360-degree evaluations Resident self-assessment review Surgical- case log OR skills assessment ENT basic procedure checklist

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. Residents will be given the opportunity to work up and operate on complex otologic patients appropriate for their PGY-level.

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 of the temporal bone, 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, departmental educational activities, and didactics
- Understand and apply temporal bone anatomy to common otologic diseases and surgical conditions
- Gain experience in temporal bone dissection to improve chronic ear surgery, mastoidectomy, ossicular reconstruction, stapedectomy, cochlear implantation and advanced lateral skull base surgery techniques
- 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)(pediatric and adult) 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 for lateral skull base reconstruction
- Understand types of audiologic and vestibular testing for diagnosis
- Understand how balance retraining / vestibular rehabilitation plays a role in recovery from dizziness and balance disorders

PATIENT CARE

- Perform a general and targeted otologic/neurotologic history and physical examination
- Perform flexible laryngoscopic and rigid nasal endoscopic examinations to assess Eustachian tube disorders
- 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: intratympanic delivery of various medications
- Perform: office myringoplasty
- Obtain comprehensive and appropriate informed consent for otologic and general otolaryngologic surgical procedures
- 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
- Counsel patients on steps to recover from vestibular insult

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, school educators
- 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
- Identify and created a self-directed plan to improve on an otologic milestone
- 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

GENERAL/ALLERGY ENT (9 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.
Rotation Faculty:	Tina Elkins, M.D.
Assigned Residents:	PGY-2, PGY-3, PGY-4, PGY-5
Length of Rotation:	4 months total + 5 FPRS/Gen
Reference Sources:	BJ Bailey and JT Johnson “Head & Neck Surgery-Otolaryngology” Cummings “Otolaryngology” King “Allergy in ENT Practice”
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 general otolaryngology disorders and allergic 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 general ENT illness, including sinus, ear, laryngeal and allergic disorders. The otolaryngology resident will be supervised and instructed by 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 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. In regards to allergy, the resident will learn how to evaluate the allergic patient, order and interpret appropriate allergy testing and formulate a treatment plan. They will include learning how to mix allergens, perform skin testing and read testing results. Close supervision and one-on-one teaching will be delivered to the junior residents by attending staff.

OBJECTIVES

MEDICAL KNOWLEDGE

- Understand the indications, contraindications, and risks of general otolaryngology surgical procedures, as well as alternatives to such procedures
- Define the capabilities of diagnostic radiologic procedures for otolaryngolgy conditions (plain film radiography, CT and MRI scans) and define characteristic radiographic appearances of common and uncommon pathology
- Understand the physiology of allergic disease and effect of allergy treatment on this pathway.
- Acquire core knowledge in allergy/general ENT through book reviews and departmental educational activities
- Understand and apply head, neck and sinus anatomy to common otolaryngology diseases and surgical conditions
- Apply principles, techniques and indications for testing the suspected allergic patient
- Know the clinical indications for and techniques for immunotherapy
- Describe common and uncommon anomalies and conditions that may be encountered in the otolaryngology exam
- Describe natural history, clinical presentation, and evaluation of general ENT disorders including chronic tonsillitis, chronic sinusitis, and allergic rhinitis. To be able to discuss all treatment options, complications of the disease and treatment options. Understand the appropriate medication choices for the common general ENT disorders
- Understand natural history, presentation, management of Chronic tonsillitis, chronic otitis media, Chronic sinusitis and allergic rhinitis
- Understand the fundamentals of allergy testing options
- 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 the signs, symptoms, and treatment of anaphylaxis

- 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
- 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.
- 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

- Perform a general and targeted 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
- Describe the elements of a complete otolaryngology specialty outpatient clinic note
- Increase skill in diagnosis and management of patients who present to an general/allergy clinic
- Participate in the preoperative, perioperative, and postoperative management of surgical patients who present to clinic
- Interpret allergy and radiographic testing results
- 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/submucosal resection, scar revisions, incision and drainage of peritonsillar and oropharyngeal abscesses, tracheotomy, functional endoscopic sinus surgery, in office sinuplasty, allergy testing
- 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, tube placement

FOR ALLERGY

- 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

- Increase skill in presenting new and established general ENT/allergy patients in a concise and focused manner
- Discuss options for allergy treatment with patients and their families
- 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 allergy treatment

- 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

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:	John Brosious, 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
Reference Sources:	BJ Bailey and JT Johnson "Head & Neck Surgery-Otolaryngology" 4th Edition 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

LARYNGOLOGY (PGY-3) (1 MONTH)

COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location:	Ear, Nose & Throat Consultants of Nevada 3195 St. Rose Parkway Suite 210 Henderson, NV 89052
Rotation Directors:	Jonathan B. Salinas, M.D.
Assigned Residents:	PGY-3
Length of Rotation:	1 month
Reference Sources:	BJ Bailey and JT Johnson "Head & Neck Surgery-Otolaryngology" 4th Edition Cummings "Otolaryngology"
Conference Schedule:	Otolaryngology didactics / conference schedule
Method of Assessment:	End of rotation evaluation

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

OUTPATIENT ENT SURGERY (PGY-4) (2 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.
Assigned Residents:	PGY-4
Length of Rotation:	3 months
Reference Sources:	BJ Bailey and JT Johnson "Head & Neck Surgery-Otolaryngology" 4th Edition 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:
    - Endoscopic sinus surgery: anterior ethmoidectomy, posterior ethmoidectomy, total ethmoidectomy, concha bullosa resection; maxillary antrostomy (simple and extended), frontal and sphenoid sinusotomy, balloon sinuplasty
    - Septorhinoplasty (functional and cosmetic)
    - Direct laryngoscopy, micro-direct laryngoscopy, tracheoscopy and bronchoscopy
    - Excision of laryngeal lesions
    - Uvulopalatopharyngoplasty
    - Turbinate surgery
    - Rhytidectomy
    - Blepharoplasty
    - 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

RESEARCH (PGY-3) (1 MONTH) & (PGY-4) (2 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
Assigned Residents:	PGY-3 & PGY-4
Length of Rotation:	months
Reference Sources:	BJ Bailey and JT Johnson "Head & Neck Surgery-Otolaryngology" 4th Edition 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 Scientific presentations at national/local meetings Publication in peer-reviewed journal IRB training for human research

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

UMC CHIEF SERVICE (PGY-5) (12 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:	Core faculty
Assigned Residents:	PGY-5
Length of Rotation:	12 Months
Reference Sources:	BJ Bailey and JT Johnson "Head & Neck Surgery-Otolaryngology" 4th Edition 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 Resident peer 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 apicectomies, atresia repairs, cochlear implantation, placement of bone-anchored hearing aids, resection of temporal bone tumors
- Assist in complex neurotologic cases: resection of vestibular schwannoma, trans labyrinthine 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 mandibulotomy 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

Salivary Disease — Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
• Obtains basic history and physical • Understands normal salivary gland function • Knows treatment of sialadenitis • Knows how to scrub; performs surgical time out; maintains sterile field	• 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 • Understands factors precipitating inflammatory salivary disease • Discusses treatment modality options in general terms (including adjuvant treatment) • Performs intra-operative patient prep; raises skin flaps in appropriate plane; able to aesthetically close wound • Lists some potential complications	• Interprets appropriate lab, pathologic, and radiologic studies • Describes an accurate differential diagnosis of a salivary gland mass; able to clinically distinguish neoplastic from non-neoplastic etiologies • Discusses appropriate therapeutic options and understands implications of those options • Performs procedure with assistance; identifies neurovascular structures • Recognizes common complications; obtains appropriate consultations for patient management	• Accurately tumor node metastasis (TNM) stages a specific patient • Makes correct diagnosis from clinical, radiologic, and pathologic information; knows histopathologic findings of common neoplastic processes • Formulates appropriate treatment plan for a specific salivary gland cancer patient based on primary site, disease stage, and patient factors • Completes procedure with oversight • Recognizes and is able to treat and/or develop treatment plan for common complications	• Performs ultrasound guided FNA of salivary gland mass • Teaches pathophysiology • Performs extended dissection of parotid bed neoplasm with preservation of neurovascular (NV) structures as appropriate; teaches procedure • Treats complex complications
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:				

AERODIGESTIVE TRACT LESIONS (ADT)

Aerodigestive Tract Lesions (ADT) — Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
• Obtains basic history and physical • Demonstrates limited understanding of normal laryngeal function • Demonstrates limited knowledge of treatment options	• Obtains focused history and physical, including comprehensive aerodigestive tract and cranial nerve clinic exam with recognition of normal anatomy and obvious abnormalities • Understands normal laryngeal and esophageal function; understands factors precipitating inflammatory laryngeal disease • Discusses treatment modality options in general terms • 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)	• Orders appropriate labs, functional, and radiologic studies; performs flexible and rigid endoscopic evaluation • Knows differential diagnosis of vocal cord lesion; able to clinically distinguish neoplastic from non-neoplastic etiologies • Discusses appropriate therapeutic options and understands implications of each • 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	• Interprets appropriate lab, functional, and radiologic studies • Makes correct diagnosis from clinical, radiologic, and pathologic information; knows histopathologic findings of common neoplastic processes • Formulates appropriate treatment plan for a specific vocal cord lesion patient based on lesion and patient factors • 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 flexible fiber optic laryngoscopy with manipulation with oversight • Teaches pathophysiology • Teaches management of complex aerodigestive tract (ADT) lesions • Performs microlaryngoscopy in the difficult to expose patient with complete exposure of the anterior commissure • Performs esophagoscopy with complex intervention efficiently in the difficult to expose patient • Treats complex complications
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Comments:				

SLEEP DISORDERED BREATHING (SDB)

Sleep Disordered Breathing (SDB) — Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
• Obtains general history and performs basic physical exam	• Recognizes signs and symptoms of SDB and the differences between children and adults; orders appropriate routine lab, radiologic, and sleep studies • Demonstrates basic understanding of spectrum of sleep disorders in children and adults • Demonstrates beginning understanding of treatment measures • Performs tonsillectomy and/or adenoidectomy (T&A) on typical pediatric or adult patient • Lists common potential complications	• Performs detailed examination with evaluation of upper airway anatomy and interprets basic diagnostic testing • Demonstrates moderate understanding of spectrum of sleep disorders in children and adults • Demonstrates deepening understanding of medical treatments, role of surveillance, and alternate therapies • Performs palatopharyngoplasty on typical patient • Lists rare complications; recognizes common complications and is able to initiate treatment in the typical patient	• Interprets examination and advanced diagnostic testing • Demonstrates thorough understanding of spectrum of sleep disorders in children and adults • Able to list and prioritize treatment options for the patient with SDB in complicated patient populations • Performs T&A and palatopharyngoplasty on complex patients • Recognizes and is able to treat and/or develop treatment plan for common and uncommon complications in the complex patient	• Teaches focused history and physical exam • Recognizes interaction between SDB and other sleep disorders in children and adults • Identifies indications and risks of non-surgical treatment plans for sleep disorders other than SDB, and disorders of initiating and maintaining sleep • Teaches T&A and palatopharyngoplasty
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:				

FACIAL TRAUMA

Facial Trauma — Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
• Obtains history and performs basic physical exam • Demonstrates basic knowledge of normal facial skeleton and relationships • Demonstrates limited knowledge of treatment options • Knows how to scrub; Performs surgical time out • Demonstrates limited familiarity with complications	• Recognizes symptoms of mandible and facial fractures; able to quickly assess airway, breathing, and circulation (ABC's) and need for urgent intervention • Localizes zones of the traumatically involved facial skeleton (i.e., frontal, orbital, midface, and mandible) using detailed familiarity with normal facial bones and soft tissue anatomy • 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 • Demonstrates beginning ability to apply maxillo-mandibular fixation hardware and to perform intraoral and external incisions • Lists some potential complications	• 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 • Identifies common facial skeleton fracture patterns • Discusses appropriate therapeutic options for major facial fracture types/patterns • 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 • Recognizes common complications; makes appropriate consultations for patient management	• Interprets appropriate lab and radiologic studies; identifies and orders necessary adjunctive studies (i.e., angiography) • Accurately diagnoses location and extent of specific facial trauma • Develops appropriate treatment plan and performs ORIF for a facial fracture patient with combined mandible and midface fracture • Performs uncomplicated mandibular ORIF • Recognizes and is able to treat common complications	• Develops appropriate treatment plan for panfacial fracture patient • Performs revision/infected mandibular fracture ORIF • Treats complex complications
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:				

RHINOSINUSITIS

Rhinosinusitis — Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
• 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

Nasal Deformity — Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
• Obtains basic history and performs basic head and neck exam • Demonstrates minimal knowledge of treatment options • Performs surgical time out; knows how to scrub •	• Obtains focused history and physical • Demonstrates understanding of normal nasal physiology • Discusses treatment modality options in general terms; prescribes medical therapy for simple common condition • Prepares patient intra-operatively • Plans, performs, and closes incisions that would be needed for adequate exposure; able to intra-operatively prepare patient (i.e., pack nose with decongestant pledgets, inject nose with local anesthetic) • Demonstrates limited knowledge of potential complications	• Performs limited dynamic nasal function analysis and anterior rhinoscopy • Differentiates between variable and fixed nasal obstruction contributors • Discusses appropriate therapeutic options for common nasal deformities • Plans and performs incisions that would be needed for both intranasal and external rhinoplasty; cognizant of landmarks that mark important neurovascular structures • Elevates septal mucosal flaps adequately to address identified structural abnormalities • Recognizes common complications	• Performs comprehensive dynamic nasal function analysis; identifies aesthetic/cosmetic abnormalities; correlates examination findings with underlying structural etiologies • Identifies specific components of nasal pathophysiology in functional obstruction • Formulates appropriate treatment plan for patient with fixed and/or dynamic nasal obstruction • Resects or augments bony or cartilaginous framework, places and secure grafting material, and performs osteotomies • Resects, recontours, and corrects septal abnormalities • Recognizes and is able to treat and/or develop treatment plan for common complications	• Performs analysis in revision/post-surgical setting • Formulates appropriate treatment plan for patient requiring revision surgery • Performs revision rhinoplasty, including harvest and placement of graft material • Performs revision septal surgery, including correction of complex septal abnormalities • Treats complex complications
☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:				

CHRONIC EAR

Chronic Ear — Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
• Performs general history and physical • Knows some common symptoms of ear infections • Demonstrates limited knowledge of chronic ear disease • Demonstrates little knowledge of medical/surgical treatments for ear disease • Knows how to scrub; performs surgical time out; maintains sterile field	• Obtains pertinent otologic history and performs hand-held otoscopy; differentiates middle ear/mastoid disease from otitis externa; performs cranial nerve exam • Identifies Eustachian tube (ET) dysfunction and the normal and abnormal physiologic contributors • Prescribes appropriate systemic and/or topical antibiotic therapy for chronic otitis media; understands basics of post-operative wound care • Positions, preps, and drapes patient; able to inject local anesthetic; makes post-auricular incision; able to aesthetically close wound • Lists potential complications of ear surgery	• Performs reliable otomicroscopic exam; orders appropriate audiometry, laboratory, and radiologic studies • Clinically differentiates otitis media (OM), otitis externa (OE), necrotizing OE, chronic otitis media (COM), mastoiditis, and cholesteatoma • Recognizes clinical failure of medical management; describes surgical risks, benefits, and alternatives; understands concept of recidivism and understands need for long-term surveillance plan • Performs ear canal incisions and elevates tympanomeatal flap; performs cortical mastoidectomy and identifies antrum/horizontal semicircular canal; skeletonizes posterior canal wall • Able to manage routine post-operative complications	• Accurately interprets appropriate diagnostic studies; understands the indications for operative intervention; recognizes acute complications in the setting of COM • Understands mechanisms underlying the development of intratemporal and intracranial complications of chronic ear disease • Formulates appropriate treatment plan for care of a patient with complications of chronic ear disease • Removes granulation tissue and/or cholesteatoma from the middle ear/mastoid; skeletonizes vertical segment of the facial nerve; performs tympanoplasty and/or ossiculoplasty • Recognizes major complications	• Interprets less commonly utilized diagnostic tests • Manages chronic otitis media in an only hearing ear • Performs canal wall down mastoidectomy skillfully; able to proficiently perform facial recess approach • Treats major post-surgical complications
☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:				

PEDIATRIC OTITIS MEDIA

Pediatric Otitis Media — Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
• Performs basic history and physical examination • Understands concept of OM and OE • Participates in surgical time out	• Performs focused clinical examination and is able to correctly diagnose acute OM, OM with effusion, and OE some of the time; knows when to order basic audiometric testing • 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 otoscopist 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 otoscopist in syndromic children • Places tympanostomy tube safely in patients with difficult anatomy
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:				

UPPER AERODIGESTIVE TRACT (UADT) MALIGNANCY

Upper Aerodigestive Tract (UADT) Malignancy — Medical Knowledge				
Level 1	Level 2	Level 3	Level 4	Level 5
• Demonstrates basic understanding of UADT and neck anatomy • Knows normal UADT function (mastication, deglutition, respiration, and phonation) • Obtains basic history and physical	• Demonstrates moderate knowledge of UADT and neck anatomy; teaches anatomy to medical students in the operating room (OR) • Knows abnormal UADT physiologic function and locoregional manifestations; knows tobacco is correlated with UADT cancer • Knows most common disease state presentations for UADT malignancies • Performs focused history and physical, including clinic laryngoscopy; understands appropriate labs, FNA, and radiologic studies for workup • Describes basic treatment algorithm for UADT malignancies	• Demonstrates proficient knowledge of normal anatomy; teaches anatomy to junior residents in the OR • Knows major risk factors for UADT cancer according to type of cancer • Knows most common disease progression routes for UADT malignancy • Interprets appropriate lab, pathologic, and radiologic studies • Understands concepts of neo-adjuvant, primary, and adjuvant treatments; describes options for securing the difficult airway in the OR	• Correlates anatomic knowledge with disease physical examination (PEx) and radiologic findings • Understands molecular basis for UADT cancer; knows benign and malignant differential diagnoses of common site presentations • Knows staging system for most common UADT cancers, and can accurately stage using available clinical and radiologic data • Understands the prognostic indicators of tumor pathology, including molecular markers • Describes treatment options based on primary site, disease stage, and patient factors	• Gives lectures on anatomy • Articulates treatment protocol specifics for primary chemoradiation therapy
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:				

HEARING LOSS

Hearing Loss — Medical Knowledge				
Level 1	Level 2	Level 3	Level 4	Level 5
• Demonstrates limited knowledge of temporal bone and cochleovestibular anatomy • Demonstrates limited understanding of the physiology of hearing • Demonstrates limited understanding of the natural history of hearing loss	• Demonstrates proficient knowledge of temporal bone and cochleovestibular gross anatomy/embryology • Understands normal middle ear mechanics and cochlear physiology • Understands the natural history of presbycusis and noise-induced hearing loss • 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 • Demonstrates awareness of non-surgical aural rehabilitation options; understands importance of hearing surveillance	• Demonstrates proficient knowledge of normal temporal bone and cochleovestibular histopathology • Generates differential diagnosis for hearing loss in adult patients • Understands the natural history of adult onset hearing loss • Recognizes an abnormal ear exam/audiogram; orders appropriate routine audiometric, laboratory, and imaging tests for work-up • Demonstrates comprehensive awareness of aural rehabilitation options, including surgical management of hearing loss	• Understands congenital variations of temporal bone and cochleovestibular anatomy • Generates differential diagnosis for hearing loss in children, and identifies uncommon causes of hearing loss in adults • Understands the natural history of pediatric hearing loss and uncommon causes of adult-onset hearing loss • Considers unusual causes for hearing loss and orders/interprets appropriate advanced audiometric, laboratory, and imaging studies • Describes indications/ contraindications and complications of the surgical aural rehabilitation techniques; tailors aural rehabilitation to patient-specific needs	• Demonstrates knowledge of central auditory pathways
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:				

DYSPHAGIA-DYSPHONIA

Dysphagia-Dysphonia — Medical Knowledge				
Level 1	Level 2	Level 3	Level 4	Level 5
• Demonstrates limited understanding of aerodigestive functional anatomy • Demonstrates limited understanding of common voice and swallowing disorders • Demonstrates limited knowledge of disease progression and sequelae of untreated voice and swallowing disorders • Obtains basic history and physical • Demonstrates minimal understanding of treatment options and rationales, and risks/benefits of each treatment option	• Understands basic anatomy and physiology of voice and swallowing • Demonstrates basic understanding of common voice and swallowing disorders • Understands age-related changes to voice and swallowing • Obtains focused history and physical, including clinic laryngoscopy; able to list appropriate diagnostic modalities for work-up of voice and swallowing disorders • Demonstrates beginning understanding of treatment options and rationales, and risks/benefits of each treatment option	• Demonstrates mid-level understanding of anatomy and physiology of voice and swallowing • Demonstrates mid-level understanding of common voice and swallowing disorders • Demonstrates knowledge of disease progression and sequelae of untreated voice and swallowing disorders • Interprets appropriate lab, pathologic, and radiologic studies • Demonstrates mid-level understanding of treatment options and rationales, and risks/benefits of each treatment option	• Demonstrates thorough knowledge of anatomy and physiology of voice and swallowing • Demonstrates comprehensive understanding of most voice and swallowing disorders, including voice and swallowing manifestations of systemic diseases (i.e., autoimmune disorders, sarcoid, neuromuscular disorders) • 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]) • Correlates laboratory and radiologic work-up with clinical diagnosis • Demonstrates understanding of treatment options and rationales, risks/benefits of each treatment option, and surveillance algorithms for malignant disease	• Teaches pathophysiology
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:				

INHALANT ALLERGY

Inhalant Allergy — Medical Knowledge				
Level 1	Level 2	Level 3	Level 4	Level 5
• Demonstrates familiarity with basic nasal anatomy and normal respiratory mucosa histology • Demonstrates familiarity with normal functions of nasal mucosa and nasal cavities • Demonstrates limited knowledge of allergy work-up	• Demonstrates basic understanding of derangements in nasal anatomy and mucosal inflammation • Knows pathophysiology of allergic rhinitis (AR) • Describes comorbidities in AR • Demonstrates familiarity with clinical presentations of allergic disease • Prescribes basic medical treatment for AR	• Demonstrates knowledge of histopathology of allergic rhinitis and anatomic factors affecting the nasal airway • Knows pathophysiology of non-allergic rhinitis • Describes the natural history and components of severity in allergic disease • Demonstrates knowledge of testing methods in allergic disease • Prescribes advanced medical treatment for allergic disease	• Demonstrates thorough understanding of anatomic impact of allergic inflammation on the nasal airway • Distinguishes presentations of allergic and non-allergic rhinitis patients; demonstrates knowledge of cellular and molecular features of inhalant allergy • 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 • Combines clinical features and test results to correctly diagnose allergic disease • Demonstrates a working knowledge of immunotherapy for allergic disease	• Demonstrates advanced understanding of allergy diagnostic testing • Is facile with multiple methods of immunotherapy
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:				

PATIENT SAFETY

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

RESOURCE UTILIZATION

Resource Utilization — Systems-based Practice				
Level 1	Level 2	Level 3	Level 4	Level 5
• Uses resources (social work, patient care manager) to coordinate patient care	• Actively functions as part of an inter-disciplinary team to care for patients • Aware of socio-economic issues in patient care and takes those into consideration when developing patient care plans	• Incorporates cost issues into care decisions • Contributes to leadership of the interdisciplinary care team • Uses technology and other hospital/clinic resources in patient care	• Practices cost-effective care (e.g., managing length of stay, operative efficiency) • Leads interdisciplinary team in patient care	• Designs measurement tools to monitor and provide feedback to providers/teams on resource consumption to facilitate improvement
☐	☐	☐	☐	☐ ☐ ☐ ☐
Comments:				

THE ABILITY TO INVESTIGATE & EVALUATE THE CARE OF PATIENT…

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

PROFESSIONALISM

Professionalism				
Level 1	Level 2	Level 3	Level 4	Level 5
• Demonstrates behavior that conveys caring, honesty, and genuine interest in patients and families • Exhibits professional behavior (e.g., reliability, industry, integrity, and confidentiality) • Maintains respect for patient confidentiality	• 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	• Recognizes ethical issues in practice and is able to discuss, analyze, and manage common ethical situations • Displays sensitivity and responsiveness toward all patient populations	• 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	• Helps lead institutional and organizational ethics programs
☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:				

INTERPERSONAL COMMUNICATION SKILLS

Interpersonal Communication Skills				
Level 1	Level 2	Level 3	Level 4	Level 5
• Develops a positive relationship with patients and understands patients' and families perspectives • Utilizes interpreters as needed	• Effectively communicates during transitions of care • Communicates with patients and families, taking into account the socioeconomic and cultural backgrounds of these individuals • Ensures that the medical record is timely, accurate, and complete	• 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	• Develops working relationships across specialties and systems of care • Organizes and facilitates family/health care team conferences	• Develops models/approaches to managing difficult communications • Coaches others to improve communication skills
☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:				

DEPARTMENT MEMORANDA

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 iatrical 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.

FORMS

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: _____

UNLV | SCHOOL OF MEDICINE
Graduate Medical Education

Resident & Fellow Scholarly Activity Funding

Request for Proposals (RFP)

Purpose: To support residents who present their research findings at regional or national conferences.

Amount: Up to $2,500 may be requested. The amount requested for reimbursement is not guaranteed and is based on allowable expenses, as set by the university.

Documentation: All requests for funding should occur before the conference presentation. Please attach abstract/poster acceptance email with submission. No retrospective funding will be allowed. Travel expenses must comply with university policies.

Criteria: Residents and fellows must be actively participating in a UNLV Graduate Medical Education program at the time of presentation. Residents/fellows who have graduated by the time of conference presentation are not eligible.

Restrictions: Grantees are eligible to receive one grant per academic year.

Submission: All proposals must be submitted electronically to the Graduate Medical Education Office. Send your proposal in PDF format, via email, to GME@medicine.unlv.edu at least 6 weeks prior to the conference start date.

UNLV | SCHOOL OF MEDICINE
Graduate Medical Education

REQUEST FOR RESIDENT & FELLOW SCHOLARLY ACTIVITY FUNDING

Resident/Fellow Applicant: _____

Department/Program: _____

List all co-authors and their department affiliations and status (e.g., faculty, staff, resident): _____

_____

_____

Presentation Title: _____
Name of Conference: _____
Conference Location: _____
Dates of Conference: _____
Anticipated Travel Expenses: _____
Conference registration $ _____
Airfare/travel $ _____
Lodging $ _____
Amount of Travel funds requested? (Up to $2,500)$ _____
***Allowable funds up to $2,500 will be reimbursed with appropriate itemized receipts.**

_____ _____
Signature of Resident/Fellow Applicant Date

_____ _____
Signature of Department Program Director Date

_____ _____
Signature of Associate Dean for Graduate Medical Education Date

RESIDENT TRAVEL FUNDING REQUEST FORM

UNLV SCHOOL OF MEDICINE
DEPARTMENT OF OTOLARYNGOLOGY

REQUEST FOR RESIDENT TRAVEL

Resident Applicant: _____

List all co-authors and their department affiliations and status (e.g., faculty, staff, resident): _____

_____

_____

_____

_____

Presentation Title: _____
Name of Conference: _____
Conference Location: _____
Dates of Conference: _____
Anticipated Travel Expenses: _____
Conference registration $ _____
Airfare/travel $ _____
Lodging $ _____
Amount of Travel funds requested? $ _____

_____ _____
Signature of Resident Applicant Date

FOR OFFICE USE ONLY

Approved on: _____

By:

◉ _____ _____
Signature of Department Program Director Date

○ _____ _____
Signature of Department Associate Program Director Date

BASIC PROCEDURES GRID (FOR PGY-1 & PGY-2)

Resident:_____

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

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

Instructions: attending faculty or chief resident to initial and date when procedure performed competently under direct supervision.

UNLV | School of MEDICINE

2019-2020 OTOLARYNGOLOGY-HEAD & NECK SURGERY RESIDENCY PROGRAM HANDBOOK POLICY ACKNOWLEDGEMENT

I hereby certify that I have received and reviewed the following information:

"2020-2021 Otolaryngology-Head & Neck Surgery Residency Program Handbook"

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): _____

First Name MI Last Name Date

Signature: _____