**New Application: Otolaryngology**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

**Submission for Initial Accreditation:** This Advanced Specialty application is for programs applying for **Initial Accreditation Only** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the forms are complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form, and must sign it. It must also be signed by the designated institutional official of the sponsoring institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Otolaryngology. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org).

Email questions regarding the form’s content to [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org).

Email questions regarding ADS to [ADS@acgme.org](mailto:ADS@acgme.org) (type the program number in the subject line).

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| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

|  |
| --- |
| * + - 1. What will be the length, in months, of the educational program?   Choose an item. |

**Program Personnel and Resources**

**Resources**

* + - 1. Will residents have responsibility for regular pre-operative evaluation and post-operative follow-up of their assigned cases? YES NO

If ‘YES,’ will residents have access to the following?

* + - * 1. Clinics YES NO
        2. Office space YES NO
        3. Outpatient facilities YES NO
      1. Will residents have access to technologically-current equipment necessary for diagnosis and treatment? YES NO

Explain any ‘NO’ responses to Questions 1 and 2 above. (Limit 300 words)

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* + - 1. How will the program ensure that is a sufficient number and variety of adult and pediatric medical and surgical patients available for resident education at the Sponsoring Institution and participating sites? (Limit 400 words)

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* + - 1. How will the program ensure there is sufficient operative time available to ensure adequate surgical experiences for all residents? (Limit 400 words)

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* + - 1. Will the following clinical resources be available?

1. Anesthesiology YES NO
2. Audiology YES NO
3. Emergency medicine YES NO
4. Internal medicine YES NO
5. Neurological surgery YES NO
6. Neurology YES NO
7. Ophthalmology YES NO
8. Pathology YES NO
9. Pediatrics YES NO
10. Radiology YES NO
11. Speech pathology YES NO
12. Thoracic surgery YES NO

Explain any ‘NO’ responses. (Limit 300 words)

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* + - 1. Will the following resources be available to allow residents to receive education in the correlation between basic science knowledge and clinical application?
         1. Equipment YES NO
         2. Funding for instruction and study of the basic sciences YES NO
         3. Personnel YES NO
         4. Space YES NO

Explain any ‘NO’ responses. (Limit 300 words)

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will graduating residents demonstrate a commitment to fulfilling their professional responsibilities and adhering to ethical principles?

Describe how these traits will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate the following?
   1. Compassion, integrity, and respect for others
   2. Responsiveness to patient needs that supersedes self-interest
   3. Respect for patient privacy and autonomy
   4. Accountability to patients, society, and the profession
   5. Sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

Provide examples of how traits will be assessed in four of the seven areas listed. (Limit 400 words).

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**Patient Care and Procedural Skills**

1. How will graduating residents demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate competence in independent clinical decision-making and sound clinical judgment and possessing the ability to formulate and carry out appropriate management plans for otolaryngology conditions?

Describe how competence will be evaluated. (Limit 400 words)

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1. How will graduating residents demonstrate competence in the utilization and performance of diagnostic methods, including audiologic, vestibular, and vocal function testing; biopsy and fine needle aspiration techniques; and other clinical and laboratory procedures related to the diagnosis of diseases and disorders of the upper aerodigestive tract and the head and neck?

Describe how competence will be evaluated. (Limit 400 words)

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1. How will graduating residents demonstrate competence in therapeutic and diagnostic imaging, specifically interpreting medical images of the head and neck and the thorax, including studies of the temporal bone, skull, nose, paranasal sinuses, salivary and thyroid glands, larynx, necks, lungs, and esophagus?

Describe how competence will be evaluated. (Limit 400 words)

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1. How will graduating residents demonstrate competence in surgical (including peri-operative) and non-surgical management and treatment of conditions affecting the head and neck, including the following?
2. Aerodigestive foreign body obstruction
3. Allergic and immunologic disorders
4. Chemoreceptive disorders
5. Communicative and swallowing disorders
6. Disorders related to the geriatric population
7. Endocrine disorders related to the thyroid and parathyroid
8. Facial plastic and reconstructive disorders
9. Idiopathic disorders
10. Infectious and inflammatory disorders
11. Metabolic disorders neoplastic disorders
12. Neurological disorders related to the head and neck
13. Pain
14. Pediatric and congenital disorders
15. Sleep disorders
16. Traumatic disorders
17. Vascular disorders
18. Vestibular and hearing disorders

Provide examples of how competence will be assessed in nine of the 18 disorders listed. (Limit 900 words)

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1. How will graduating residents demonstrate competence in all surgical care in the following major categories?
2. Bronchoesophagology
3. Facial plastic and reconstructive surgery of the head and neck
4. General otolaryngology
5. Head and neck oncologic surgery
6. Laryngology
7. Otology and neurotology
8. Pediatric otolaryngology
9. Rhinology

Provide examples of how competence will be assessed in five of the eight categories listed. (Limit 500 words)

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1. How will graduating residents demonstrate competence in performing otolaryngology procedures, including the following?
2. Airway management
3. Computer-assisted navigation
4. Endoscopy of upper aerodigestive tract, including rhinoscopy, laryngoscopy, esophagoscopy, and bronchoscopy
5. Laser usage
6. Local and regional anesthesia
7. Resuscitation
8. Stroboscopy
9. Universal precautions

Provide examples of how competence will be assessed in four of the eight categories listed. (Limit 400 words)

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**Medical Knowledge**

1. How will graduating residents demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge will be evaluated. (Limit 400 words)

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* + - 1. How will graduating residents demonstrate knowledge of the basic medical sciences relevant to following areas?

1. Facial plastic and reconstructive surgery
2. Head and neck surgery
3. Immunology and allergy
4. Laryngology and communication disorders
5. Neurotology as it pertains to primary otolaryngology
6. Otology and audiology
7. Pediatric otolaryngology
8. Rhinology and chemical senses
9. Sleep medicine

Provide examples of how knowledge will be assessed in five of the nine areas listed above. (Limit 500 words)

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* + - 1. How will graduating residents demonstrate knowledge of the following?

1. Audiologic disorders
2. Rehabilitation of speech
3. Swallowing disorders
4. Vestibular disorders

Provide examples of how knowledge will be assessed in two of the three areas listed above. (Limit 250 words)

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* + - 1. How will graduating residents demonstrate knowledge of endocrinology and neurology as they relate to the head and neck area?

Describe how knowledge will be evaluated. (Limit 300 words)

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**Practice-based Learning and Improvement**

1. How will graduating residents demonstrate their ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate they have developed skills and habits to be able to meet the following goals?
2. Identify strengths, deficiencies, and limits in one’s knowledge and expertise
3. Identify and perform appropriate learning activities
4. Incorporate formative evaluation feedback into daily practice
5. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
6. Participate in the education of patients, patients’ families, students, other residents, and other health professionals
7. Set learning and improvement goals
8. Systematically analyze clinical practice using quality improvement methods, and implement changes with the goal of practice improvement
9. Use information technology to optimize learning

Provide examples of how skill will be assessed in five of the eight areas listed. (Limit 500 words)

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**Interpersonal and Communication Skills**

1. How will graduating residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate their ability to:
2. communicate effectively with patients, patients’ families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
3. communicate effectively with physicians, other health professionals, and health-related agencies;
4. work effectively as a member or leader of a health care team or other professional group;
5. act in a consultative role to other physicians and health professionals; and,
6. maintain comprehensive, timely, and legible medical records, if applicable?

Provide examples of how skill will be assessed in three of the five areas listed. (Limit 300 words)

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**Systems-based Practice**

1. How will graduating residents demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate their ability to:

a. work effectively in various health care delivery settings and systems relevant to their clinical specialty;

b. coordinate patient care within the health care system relevant to their clinical specialty;

c. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

d. advocate for quality patient care and optimal patient care systems;

e. work in interprofessional teams to enhance patient safety and improve patient care quality; and,

f. participate in identifying system errors and implementing potential systems solutions?

Provide examples of how skill will be assessed in four of the six areas listed. (Limit 400 words)

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**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Will didactic sessions include cyclical presentation of core specialty knowledge supplemented by the addition of current information? YES NO
3. Will residents learn in a variety of educational settings, including the following?
   1. Bedside YES NO
   2. Classroom YES NO
   3. Clinic YES NO
   4. Laboratory YES NO
   5. Operating room YES NO

Explain any ‘NO’ responses to Questions 2 and 3. (Limit 250 words)

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1. Will faculty members participate in didactic sessions? YES NO
2. Will didactic education be evaluated? YES NO

Explain any ‘NO’ responses to Questions 4-6 above. (Limit 250 words)

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1. How will didactic content be integrated into the overall educational program? (Limit 400 words)

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1. Will the following topics be covered during regularly scheduled didactic sessions?
   * + - 1. Audiology as it relates to laryngology YES NO
         2. Basic science as relevant to head and neck YES NO
         3. Basic science as relevant to the upper-aero digestive system YES NO
         4. Biochemistry YES NO
         5. Cell biology YES NO
         6. Chemical senses as it relates to the head and neck YES NO
         7. Embryology YES NO
         8. Endocrinology as it relates to the head and neck YES NO
         9. Genetics YES NO
         10. Immunology YES NO
         11. Microbiology YES NO
         12. Neurology as it relates to the head and neck YES NO
         13. Pharmacology YES NO
         14. Physiology YES NO
         15. Speech-language pathology and the voice sciences as it relates to laryngology YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will regularly scheduled anatomy sessions include dissection of cadaver anatomic specimens, including the temporal bone? YES NO
2. Will regularly scheduled pathology sessions include the following?
3. Discussion of the pathology service tissues removed at operations and autopsy YES NO
4. Gross pathology related to the head and neck YES NO
5. Microscopic pathology related to the head and neck YES NO

Explain any ‘NO’ responses to Questions 9 and 10. (Limit 250 words)

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**Clinical Experiences**

1. Complete Appendix B., Patient Population Data, and attach to submission.
2. Will the program director be responsible for the design, implementation, and oversight of the PGY-1? YES NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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1. Will the PGY-1 include at least five months of structured education, including the following?

General surgery YES NO

Pediatric surgery YES NO

Plastic surgery YES NO

Surgical oncology YES NO

Thoracic surgery YES NO

Transplant surgery YES NO

Vascular surgery YES NO

Explain if ‘NO’ to more than three of the areas above. (Limit 250 words)

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1. Will the PGY-1 include at least four months of clinical education in the following?
   * + - 1. Anesthesiology YES NO
         2. Critical care unit YES NO
         3. Emergency medicine YES NO
         4. Neurological surgery YES NO
2. Will each of the experiences in Question 4 be for one month? YES NO

Explain any ‘NO’ responses to Questions 4 and 5. (Limit 250 words)

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1. How will the curriculum include progressive education in otolaryngology and clinical services during the PGY-2-5? (Limit 400 words)

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1. Will there be at least 36 months of rotations on otolaryngology-head and neck surgery and clinical services? YES NO

Explain if ‘NO.’ (Limit 250 words)

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1. If ‘YES’ to Question 7, will these rotations include experiences in the following?
2. Allergy and immunology YES NO
3. Audiology and vestibular assessment YES NO
4. Neuroradiology YES NO
5. Oral and maxillofacial surgery YES NO
6. Pulmonary medicine YES NO
7. Radiation oncology YES NO
8. Speech pathology and rehabilitation YES NO
9. Surgical pathology of the head and neck YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will residents:
2. interact directly with patients? YES NO
3. establish provisional diagnoses? YES NO
4. initiate preliminary treatment plans? YES NO

Explain any ‘NO’ responses. (Limit 300 words)

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| Click here to enter text. |

1. Will residents provide follow-up care so that results of surgical care may be evaluated by the responsible resident? YES NO

If ‘YES,’ will these activities be carried out under the supervision of appropriate faculty members?

YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will residents work in a well-organized and well-supervised outpatient service? YES NO

If ‘YES,’ will this service operate in relation to an inpatient service used in the program? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will residents have experience in the emergency care of critically ill and injured patients with otolaryngology-head and neck conditions? YES NO

Explain if ‘NO.’ (Limit 250 words)

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1. Will residents have essentially equivalent distribution of case categories and procedures as their colleagues at the same level of education? YES NO

Explain if ‘NO.’ (Limit 250 words)

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1. Will residents experience direct and progressively responsible patient management? YES NO
2. If ‘YES’ to Question 14, will the experience include surgical experience as assistant to the surgeon? YES NO
3. Will the chief resident’s final year of education be spent at sites approved as part of the program?

YES NO

Explain any ‘NO’ responses to Questions 14-16. (Limit 250 words)

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1. How will the program ensure each resident has an adequate number, distribution, and sufficient complexity of cases within the principal surgical procedural categories of the specialty? (Limit 400 words)

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1. Will the experiential educational program include clinical aspects of the following?
2. Deformities YES NO
3. Diagnosis YES NO
4. Disorders of the ear YES NO
5. Facial plastic and reconstructive surgery YES NO
6. Head and neck oncology YES NO
7. Injury of the ear YES NO
8. Medical therapy YES NO
9. Neoplasms YES NO
10. Other head and neck systems YES NO
11. Prevention of diseases YES NO
12. Rehabilitation from disease YES NO
13. Surgical therapy YES NO
14. The face YES NO
15. The jaws YES NO
16. Upper alimentary system YES NO
17. Upper respiratory system YES NO

Explain any ‘NO’ responses. (Limit 350 words)

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1. Will residents have experience with otolaryngologic disorders, including the following?
2. Evaluating the patient before participating in surgery YES NO
3. Intra-operative care of patients YES NO
4. Non-operative management YES NO
5. Post-operative care of patients. YES NO
6. Pre-operative care of patients YES NO

Explain any ‘NO’ responses. (Limit 350 words)

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| Click here to enter text. |

1. Will residents be provided experiences in the following?
2. Management of office practice YES NO
3. Procedures of office practice YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will residents participate in patient care in a private office? YES NO

If ‘YES,’ will residents:

1. function with an appropriate degree of responsibility under adequate supervision YES NO
2. participate in pre-operative care? YES NO
3. participate in post-operative care? YES NO

Explain any ‘NO’ responses. (Limit 350 words)

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1. Describe the experiences residents will have with state-of-the-art advanced and emerging technology in otolaryngology and head-and-neck surgery. (Limit 250 words)

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1. Will residents have opportunities to perform techniques and procedures involving the following?
2. Auditory measures such as hearing aids and implantable devices YES NO
3. Balance YES NO
4. Chemoreception YES NO
5. Deglutition YES NO
6. Habilitation YES NO
7. Rehabilitation YES NO
8. Respiration YES NO
9. Speech YES NO

Explain any ‘NO’ responses. (Limit 350 words)

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**Scholarly Activity**

Will the educational program provide a structured research experience for residents? YES NO

Explain if ‘NO.’ (Limit 250 words)

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2. If ‘YES,’ will the experience be sufficient to result in an understanding of basic principles of the following?

1. Study design YES NO
2. Research performance YES NO
3. Research analysis YES NO
4. Research reporting YES NO

Explain any ‘NO’ responses to Questions 1 and 2. (Limit 250 words)

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1. Will the research experience reflect careful advice by and planning with faculty members?

YES NO

Explain if ‘NO.’ (Limit 250 words)

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1. Will the program provide the following?
2. Facilities for research YES NO
3. Protected time for research YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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**The Learning and Working Environment**

**Clinical Experience and Education**

* + - 1. Will residents be permitted to assist in surgery during the six hours following 24 hours of continuous duty? YES NO

Explain if ‘NO.’ (Limit 250 words)

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**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the residency, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which residents will rotate using the format below. If attended by residents from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows.**

Year in the program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-1  01. Introduction to Otolaryngology  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of otolaryngology, including approaches to clinical work with minority populations.  d) Weekly, for 8 sessions.  02. Departmental Grand Rounds  a) Discussion groups  b) Required, Y-1, Y-2, Y-3; Elective Y-4  c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.  d) Twice monthly, 24 sessions |

If resident attendance will be monitored, explain how this will be accomplished and how feedback will be given regarding non-attendance (Limit 250 words).

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**Appendix B. Patient Population Data**

Complete and attach the following tables summarizing the total number of cases performed annually at each of the planned participating sites (Label: Appendix B.). The numbers should reflect total volume at each participating site at which residents will rotate.

Participating sites are indicated by a number which must correspond to the number designated for that site in ADS. The primary clinical site must be designated as Site #1. If additional sites are not planned, columns can be left blank.

The data in Table 1 and 2 below above is for a one-year period:

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| From: | Click here to enter text. | To: | Click here to enter text. |

Table 1. General Case Categories

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Operative Procedure | Site #1 | Site #2 | Site #3 | Site #4 |
| Head and Neck |  |  |  |  |
| Parotidectomy (all types) |  |  |  |  |
| Neck dissection (all types) |  |  |  |  |
| Oral Cavity resection |  |  |  |  |
| Thyroid/Parathyroidectomy |  |  |  |  |
| Otology/Audiology |  |  |  |  |
| Tympanoplasty (all types) |  |  |  |  |
| Mastoidedctomy (all types) |  |  |  |  |
| Stapedectomy/ossiculoplasty |  |  |  |  |
| FPRS |  |  |  |  |
| Rhinoplasty (all types) |  |  |  |  |
| Mandible/Midface Fractures |  |  |  |  |
| Flaps and Grafts |  |  |  |  |
| General/Peds |  |  |  |  |
| Airway – Pediatric and Adult |  |  |  |  |
| Congenital Neck Masses |  |  |  |  |
| Ethmoidectomy |  |  |  |  |
| Bronchoscopy |  |  |  |  |

**Table 2. Procedures**

| **Procedure** | **Site #1** | **Site #3** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| **Head and Neck** |  |  |  |  |
| Auriculectomy |  |  |  |  |
| Temporal Bone Resection |  |  |  |  |
| Parathyroidectomy |  |  |  |  |
| Thyroidectomy |  |  |  |  |
| Laryngopharyngectomy |  |  |  |  |
| Partial Laryngectomy, External or Endoscopic |  |  |  |  |
| Thyrotomy (Laryngofissure) |  |  |  |  |
| Total Laryngectomy |  |  |  |  |
| Tracheal Repair |  |  |  |  |
| Tracheal Resection with Repair |  |  |  |  |
| Tracheoesophageal Puncture (TEP) |  |  |  |  |
| Tracheotomy |  |  |  |  |
| Excision Lip |  |  |  |  |
| Excision w/Flap Reconstruction |  |  |  |  |
| Carotid Body Excision |  |  |  |  |
| Cervical Mass Biopsy or Sentinel Node Biopsy |  |  |  |  |
| Drainage Deep Neck Space Abscess |  |  |  |  |
| Excision Soft Tissue Tumor |  |  |  |  |
| Major Vessel Ligation |  |  |  |  |
| Neck Dissection-Modified or Selective |  |  |  |  |
| Neck Dissection-Radical |  |  |  |  |
| Anterior Skull Base Resection |  |  |  |  |
| Maxillectomy |  |  |  |  |
| Rhinectomy |  |  |  |  |
| Glossectomy |  |  |  |  |
| Local Resection Tumor (Tongue/Floor of Mouth) |  |  |  |  |
| Mandible Resection (Independent Procedure) |  |  |  |  |
| Resection of Primary Floor of Mouth |  |  |  |  |
| Cricopharyngeal Myotomy |  |  |  |  |
| Esophagectomy |  |  |  |  |
| Pharyngectomy |  |  |  |  |
| Repair Pharynx or Cervical Esophagus |  |  |  |  |
| Other Salivary Glands |  |  |  |  |
| Parapharyngeal Space Tumor Excision |  |  |  |  |
| Parotidectomy |  |  |  |  |
| Submandibular Gland Excision |  |  |  |  |
| **TOTAL HEAD and NECK** |  |  |  |  |
| **Otology/Audiology** |  |  |  |  |
| Cochlear Implant |  |  |  |  |
| Cochleovestibular Nerve Section |  |  |  |  |
| Endolymphatic Sac Operation |  |  |  |  |
| Excision Ear Canal |  |  |  |  |
| Excision Glomus Tumor |  |  |  |  |
| Facial Nerve Decompression/Repair |  |  |  |  |
| Labyrinthectomy |  |  |  |  |
| Mastoidectomy |  |  |  |  |
| Middle and Posterior Fossa Skull Base Surgery |  |  |  |  |
| Myringotomy/Tympanostomy |  |  |  |  |
| Osseointegrated Implant |  |  |  |  |
| Ossicular Reconstruction |  |  |  |  |
| Reconstruction of Ear Canal or Meatoplasty |  |  |  |  |
| Removal of Foreign Body or Cerumen from Ear Canal |  |  |  |  |
| Stapedectomy |  |  |  |  |
| Tympanoplasty (Tympanic Membrane Repair) |  |  |  |  |
| **TOTAL OTOLOGY/AUDIOLOGY** |  |  |  |  |
| **Plastic Surgery/Trauma** |  |  |  |  |
| Blepharoplasty |  |  |  |  |
| Browlift |  |  |  |  |
| Cartilage/Bone |  |  |  |  |
| Cleft Repair-Lip |  |  |  |  |
| Cleft Repair-Palate |  |  |  |  |
| Composite |  |  |  |  |
| Free Microvascular |  |  |  |  |
| Liposuction |  |  |  |  |
| Local, Pedicle |  |  |  |  |
| Muscle Fasciocutaneous |  |  |  |  |
| Nerve Graft/Transfer |  |  |  |  |
| Other Eyelid Procedures (Ectropion Rep, Ptosis) |  |  |  |  |
| Otoplasty |  |  |  |  |
| Reduction of Facial Fractures-Frontal |  |  |  |  |
| Reduction of Facial Fractures-Mandible |  |  |  |  |
| Reduction of Facial Fractures-Midface |  |  |  |  |
| Reduction of Facial Fractures-Nasal |  |  |  |  |
| Repair Complex Laceration (All Sites incl. Intraoral) |  |  |  |  |
| Resection of Skin Lesions and Primary Closure |  |  |  |  |
| Resurfacing Procedures (Dermabrasion, Chem Peel, Laser) |  |  |  |  |
| Rhinoplasty |  |  |  |  |
| Rhytidectomy |  |  |  |  |
| Skin Grafts |  |  |  |  |
| Static Sling-Muscle Transfer |  |  |  |  |
| **TOTAL PLASTIC/TRAUMA** |  |  |  |  |
| **General/Pediatric** |  |  |  |  |
| Branchial cleft Anomaly Excision |  |  |  |  |
| Cervical Lymph Node Excision |  |  |  |  |
| Choanal Atresia |  |  |  |  |
| Dermoid Cyst Excision |  |  |  |  |
| Lymphatic or Vascular Malformation Excision |  |  |  |  |
| Thyroglossal Duct Cyst Excision |  |  |  |  |
| Bronchoscopy and Intervention |  |  |  |  |
| Bronchoscopy, Diagnostic (Rigid or Flexible) |  |  |  |  |
| Diagnostic Newborn |  |  |  |  |
| Diagnostic Flex Laryngoscopy |  |  |  |  |
| Direct Laryngoscopy-Diagnostic Except Newborn |  |  |  |  |
| Flex Laryngoscopy and Intervention |  |  |  |  |
| Laryngoscopy and Intervention |  |  |  |  |
| Stroboscopy |  |  |  |  |
| Diagnostic (Rigid or Flexible) |  |  |  |  |
| Esophagoscopy and Intervention |  |  |  |  |
| External Zenker’s Diverticulum |  |  |  |  |
| Endoscopy Arytenoidectomy |  |  |  |  |
| Laryngeal Fracture Repair |  |  |  |  |
| Laryngoplasty (incl. Laryngotracheoplasty) |  |  |  |  |
| Surgical Speech Fistula (TEP) |  |  |  |  |
| Thyroplasty (Medialization Laryngoplasty) |  |  |  |  |
| Control of Epistaxis (Endonasal, Endoscopic, External) |  |  |  |  |
| Dacryocystorhinostomy (External and Endoscopic) |  |  |  |  |
| Endoscopic Sinonasal, Extended |  |  |  |  |
| Incision and Excision Nose, Non-Sinus Benign |  |  |  |  |
| Incision and Excision of Oral Cavity/Tongue, Benign |  |  |  |  |
| Oroantral/Oronasal Fistula Repair |  |  |  |  |
| Osteoplastic Flap-Frontal Sinus |  |  |  |  |
| Septoplasty |  |  |  |  |
| Sinonasal Endoscopic |  |  |  |  |
| Sinus, Endonasal and External Approaches (Non-endoscopic) |  |  |  |  |
| Turbinectomy/Turbinoplasty |  |  |  |  |
| Adenoidectomy |  |  |  |  |
| Polysomnography and Sleep Testing |  |  |  |  |
| Tonsillectomy |  |  |  |  |
| Tonsillectomy and Adenoidectomy |  |  |  |  |
| Uvulopalatopharyngoplasty (UPPP) |  |  |  |  |
| **TOTAL GENERAL/PEDIATRIC** |  |  |  |  |

Minimum numbers for procedures for each graduating resident are listed in the table below.

|  |  |
| --- | --- |
| Procedure | Proposed Minimum |
| Head and Neck |  |
| Parotidectomy (all types) | 15 |
| Neck dissection (all types) | 27 |
| Oral Cavity resection | 10 |
| Thyroid/Parathyroidectomy | 22 |
| Otology/Audiology |  |
| Tympanoplasty (all types) | 17 |
| Mastoidedctomy (all types) | 15 |
| Stapedectomy/ossiculoplasty | 10 |
| FPRS |  |
| Rhinoplasty (all types) | 8 |
| Mandible/Midface Fractures | 12 |
| Flaps and Grafts | 20 |
| General/Peds |  |
| Airway – Pediatric and Adult | 20 |
| Congenital Neck Masses | 7 |
| Ethmoidectomy | 40 |
| Bronchoscopy | 22 |