

OTOLARYNGOLOGY PROGRESSIVE RESPONSIBILITY STATEMENT JULY 2019

Program Overview

Residency training in Otolaryngology-Head & Neck Surgery at Eastern Virginia Medical School is a five-year program. The PGY1 year includes General Surgery, Trauma, Pediatric Surgery, Neurosurgery, Neuroradiology, Pediatric Anesthesiology, and Otolaryngology. The curriculum encompasses all aspects of otolaryngology including head and neck and reconstructive surgery, laryngology, facial plastic and maxillofacial surgery, nasal and endoscopic sinus surgery, otology and skull base surgery, pediatric otolaryngology, and a mandatory research rotation. Three residents are appointed each year through the National Resident Matching Program. Residents who successfully complete the program are capable of independent practice in Otolaryngology-Head & Neck Surgery and are eligible to sit for the Certifying Examination of the American Board of Otolaryngology.

Surgery and patient care are supervised by full-time faculty and by members of the community faculty. Residents rotate to clinical services covering four hospitals. At Sentara Norfolk General Hospital and Sentara Leigh Memorial Hospital residents are exposed to a wide variety of disorders, emphasizing the areas of trauma, head and neck oncology, and general otolaryngology. The River Pavilion office provides additional experience in general otolaryngology, rhinology, head and neck otolaryngology and houses the Hearing and Balance Center, a regional referral facility equipped with advanced technology for auditory and vestibular testing. Children's Hospital of The King's Daughters, the only full-service children's hospital in Virginia, provides office space devoted to ambulatory care of pediatric otolaryngology patients and provides tertiary care and pediatric otolaryngology training. Residents also rotate to Sentara Princess Anne Hospital to acquire early experience in allergy, general otolaryngology, and facial plastic surgery.

Assignments to clinical services are evolving, as our full-time faculty has expanded to its current complement of sixteen, and as the caseload at each institution has changed due to socioeconomic pressures. Presently, residents are distributed among a Head & Neck service, a Pediatric Otolaryngology Service, an Otology/Laryngology service, a Facial Plastics/Sinus and General Otolaryngology service supervised by fulltime and community adjunct faculty.

A Clinical Practice of EVMS Medical Group

OTOLOGY/NEUROTOLOGY

Barry Strasnick, MD, FACS
Professor Chairman
Stephanie Moody Antonio, MD, FACS
Associate Professor
LARYNGOLOGY
John Sinacori, MD, FACS
Associate Professor
Benjamin Rubinstein, MD
Assistant Professor

PEDIATRIC OTOLARYNGOLOGY

Craig Derkay, MD, FAAP, FACS
Professor and Vice Chairman
David Darrow, MD, DDS, FAAP
Professor
Cristina Baldassari, MD, FAAP, FACS
Associate Professor
Thomas Gallagher, DO, FAAP
Associate Professor

HEAD AND NECK CANCER

Daniel Karakla, MD, FACS
Professor
Matthew Bak, MD, FACS
Assistant Professor
Jonathan Mark, MD, FACS
Assistant Professor
Pam Kennedy, FNP-C
Nurse Practitioner
**VASCULAR ANOMALIES/
HEMANGIOMAS**
David Darrow, MD DDS, FAAP
Director

RHINOLOGY/ALLERGY

Joseph Han, MD, FARS, FACS
Professor
Kent Lam, MD
Assistant Professor
**FACIAL PLASTICS AND/
RECONSTRUCTIVE SURGERY**
Eric Dobratz, MD
Associate Professor
William Dougherty, MD
Assistant Professor

SKULL BASE SURGERY

Barry Strasnick, MD, FACS
Director
Stephanie Moody Antonio, MD, FACS
Joseph Han MD, FARS, FACS
Kent Lam, MD
GENERAL OTOLARYNGOLOGY
Ashley Schroeder, MD
Assistant Professor

COCHLEAR IMPLANT PROGRAM

Stephanie Moody Antonio, MD, FACS
Director
Barry Strasnick, MD, FACS
HEARING AND BALANCE CENTER
Barry Strasnick, MD, FACS
Director
Stephanie Moody Antonio, MD, FACS
Nathan Michalak, AuD, CCC-A

LOCATIONS:

SENTARA NORFOLK GENERAL HOSPITAL RIVER PAVILION 600 GRESHAM DRIVE, SUITE 1100 NORFOLK, VA 23507 TEL 757.388.6200 FAX 757.388.6201
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS (CHKD) 601 CHILDREN'S LANE NORFOLK, VA 23507 TEL 757.668.9327 FAX 757.668.9848
SENTARA PRINCESS ANNE 2075 GLENN MITCHELL DRIVE, SUITE 310 VIRGINIA BEACH, VA 23456 TEL 757.689.8500 FAX 757.301.2530

Case and clinic assignments within each rotation are made by the chief residents. All conferences and lectures offered at the Medical School are attended by all EVMS house staff.

The weekly vestibular conference at the River Pavilion office is attended only by the resident(s) on the Otology service. The conference schedule is detailed under "Program Course of Study (P.R.V)." Detailed Goals and Objectives for the program may be found in Appendix A.11

PGY1 Year

Goals and Objectives

- To refine skills in history-taking and physical examination
- To understand principles of pre-operative and post-operative surgical care
- To acquire skill in performing basic invasive procedures, including phlebotomy, placement of intravenous and arterial lines, placement of nasogastric tubes, placement of urethral catheters, minor excisions and wound closures, and incision and drainage of superficial skin and lymph node abscesses
- To assist in the performance of more complex surgical procedures

As a categorical program, the initial year of training is administered by the Department of Otolaryngology. PGY1 residents in Otolaryngology have 4 months on their General Surgery rotations; including trauma, critical care, pediatric surgery and professorial. There are 6 months of Otolaryngology rotations including; 1.5 months on Pediatric ENT, .5 months on Audiology, 3 months on Adult ENT, .5 months on Oral Surgery/Sleep and .5 months on Pediatric Anesthesiology. There is also 1 month on Neurosurgery and 1 month on Neuroradiology. Clinical assignments are made in consultation with the Chairman and Program Director of the Department of Otolaryngology-Head & Neck Surgery. While on General Surgery, PGY1 house staff who are destined for training in Otolaryngology-Head & Neck Surgery complete mandatory assignments on the Trauma Service and the Pediatric Surgery Service. Additional assignments are made to services that maximize the residents' intensive care training, such as Vascular Surgery and General Surgery. The educational program includes a core basic science lecture series, a case-based conference program, Journal Clubs, Grand Rounds and Morbidity and Mortality conference. The Department also conducts introductory Surgical Skills Labs which promote the development of basic surgical skills and introduce special techniques such as laser and endoscopic surgery.

PGY2 Year

Procedures by New Residents

It is expected that PGY-2 residents in the Department of Otolaryngology-Head & Neck Surgery have acquired basic surgical skills during their internship that do not require direct attending or senior resident supervision. Such skills include, but are not limited to, basic examination skills, minor excisions or wound closures, postoperative wound management, incision and drainage of superficial skin and lymph node abscesses, phlebotomy, placement of intravenous and arterial lines, placement of nasogastric tubes, and placement of urethral catheters. Residents will have some experience with common disorders of the head and neck and minor otolaryngologic procedures. Instruction in these areas is the basis for the Common Clinical Problems and Solutions lecture series given each summer to PGY-2 residents by the chief residents. Hands-on experience performing minor procedures is supervised by the chief residents. Such procedures include, but are not limited to, flexible laryngoscopy and nasopharyngoscopy, management of epistaxis, maxillary sinus aspiration and lavage, closed reduction of nasal fractures, incision and drainage of peritonsillar and dental abscesses, needle aspiration of head and neck abscesses and masses, debridement of the ear, removal of foreign bodies from the ear and nose, tracheotomy tube changes, and use of the

otologic operating microscopy. Competency is established by the chief residents, however it is suggested that each of these procedures be performed approximately two to five times under supervision of the faculty, chief residents or senior residents before they are performed independently. This is detailed in Bedside Technical Procedural Competency Policy.

Goals and Objectives

- Able to perform all tasks of PGY-1 year residents
- To understand basic science concepts that provide a foundation for the clinical practice of Otolaryngology-Head & Neck Surgery
- To understand common clinical problems in Otolaryngology-Head & Neck Surgery and develop a framework for taking a medical history focused on head and neck complaints
- To develop proficiency in detailed examination of the head and neck
- To become familiar with basic outpatient and emergency otolaryngologic procedures such as flexible laryngoscopy and nasopharyngoscopy, management of epistaxis, maxillary sinus aspiration and lavage, closed reduction of nasal fractures, incision and drainage of peritonsillar and dental abscesses, needle aspiration of head and neck abscesses and masses, debridement of the ear, removal of foreign bodies from the ear and nose, tracheotomy tube changes, and use of the otologic operating microscope
- To understand indications for, and to acquire skill in, basic otolaryngologic surgical procedures such as
- Placement of tympanostomy tubes, tonsillectomy and adenoidectomy, aerodigestive endoscopy, septoplasty, excision of small neck masses and skin lesions
- To understand principle of post-operative care of patients undergoing otolaryngologic surgical procedures

In the PGY2 year, EVMS residents are exposed to the fundamentals of otolaryngologic evaluation and clinical intervention. A didactic foundation is provided through resident lecture series and case conference series, which is proctored by a representative faculty member. These lectures are provided for and participated in by all residents in the program including PGY2-PGY5.

Clinical activity during the PGY2 year is devoted to the development of a knowledge base including the etiology, presentation, and natural history of common otolaryngologic problems, basic skills of evaluation, and indications for medical and surgical intervention. On the Pediatric Otolaryngology service, such problems include recurrent and chronic otitis media and tonsillitis, upper airway obstruction and adenotonsillar hyperplasia, and pediatric sinonasal disease. Patients are seen during attending office hours and state-supported hearing clinics at the Children's Hospital of The King's Daughters, and usually have surgery at this facility as well. Disorders covered on the General otolaryngology service include laryngeal paralysis, maxillofacial trauma, dysphagia and throat pain, salivary gland disorders, deep neck infections and other head and neck inflammatory disorders, sleep disorders, and nasal obstruction and sinus disease. Residents on this rotation evaluate patients at the Department's offices at the River Pavilion, and Sentara Leigh Memorial Hospital, and at the indigent care clinic at Sentara Norfolk General Hospital. Surgery is usually performed at the corresponding neighboring hospital. PGY2 residents also devote one clinical week to training in audiology, usually during the pediatric otolaryngology rotation.

PGY3 Year

Goals and Objectives

- Able to perform all tasks of PGY-1 and 2 Residents
- To acquire a comprehensive knowledge base in the area of pediatric otolaryngology
- To acquire advanced surgical skills in management of pediatric airway disorders and congenital anomalies, including operative and laser laryngoscopy and bronchoscopy, open airway procedures, and

pediatric neck masses

- To acquire a basic understanding of principles and techniques in facial plastic surgery, including rhinoplasty, blepharoplasty, browlift, otoplasty, rhytidectomy, scar revision, and craniofacial procedures
- To acquire a basic understanding of principles and techniques in otologic surgery including simple mastoidectomy and Type I tympanoplasty
- To acquire a basic understanding of principles and techniques in evaluating, staging and formulating treatment plans for patients with cancer of the head and neck and endocrine disorders
- To develop and execute a plan for a major research project in otolaryngology

PGY3 residents at EVMS participate in a protected research project in otolaryngology during PGY3. During the clinical portion of the year, residents function in a supervisory capacity at the Children's Hospital, coordinating the care of inpatients and handling more complex airway procedures and other surgeries. They are also assigned to pediatric otology one day each week for initial exposure to outpatient management of disorders of the ear and start to perform portions of major ear procedures. The resident's research project is designed, proposed, and approved in advance by a formal process developed by the Director of Research and the full-time faculty. A paper suitable for publication is required at the conclusion of the project. Adult facial plastic surgery patients are seen at the River Pavilion office and children with rare and complicated congenital anomalies are evaluated at the Craniofacial and Vascular Anomalies Clinics held at the Children's Hospital offices. PGY3 resident will rotate on General Otolaryngology rotation which emphasizes the clinical program in otolaryngic allergy, including allergy testing and immunotherapy, as well as nasal and sinus surgery. Early training in Head & Neck Surgery takes place at the same facilities. The experience includes evaluation of the patient with suspected head and neck malignancy, and neck masses including those involving the salivary and thyroid glands.

PGY4 Year

Goals and Objectives

- Able to perform all tasks of PGY-1 through PGY-3 Residents.
- To assume the role of senior resident, serving as mentor and supervisor for junior residents on call
- To evaluate, stage, and formulate treatment plans for patients with cancer of the head and neck and endocrine disorders
- To acquire more advanced surgical skills in head and neck oncologic procedures, including neck dissection
- To acquire a detailed understanding of tympanic, cochlear, and vestibular disorders
- To develop advanced skills in otologic surgery, such as cholesteatoma removal and complex tympanoplasty with ossicular reconstruction, and to assist on skull base otologic cases
- To gain independence as an otolaryngologist-head & neck surgeon on a private otolaryngology service by assuming responsibility for inpatient care and consults managed by that service

As PGY4 residents, otolaryngology house staff begins to assume greater responsibility for patient care. They take back-up call for the junior residents. PGY4 residents rotate on Head and Neck services where they develop plans for patients with complex benign and malignant tumors of the head and neck. Presentation at Multidisciplinary Head & Neck Tumor Conference is required. They also begin to perform endoscopic and open laryngologic procedures such as lesion excisions, thyroplasty, and surgery for airway stenosis. Skills in nasal and sinus surgery are advanced by performing such cases as revision endoscopic sinus surgery, repairs of CSF leaks, and transnasal approaches to the skull base. The residents are assigned to the Otology service which provides a graduated experience in major ear cases. PGY4 residents evaluate patients at the Department's River Pavilion Hearing and Balance Center and operate at Norfolk General Hospital, Sentara Leigh Memorial Hospital, and at the Children's Hospital of The King's Daughters. During this rotation, residents acquire most of the skills necessary to perform tympanoplasty, mastoidectomy, and ossicular reconstruction. Their attendance is required at the weekly vestibular clinic and multidisciplinary conference.

PGY5 Year

Goals and objectives

- Able to perform all tasks of PGY-1 through PGY-4 Residents.
- To assume the role of chief resident, serving junior residents as the final consultative authority prior to attending involvement, and as the first level in administering call, vacation, and conference schedules
- To manage those head and neck surgery patients undergoing the most complex procedures and whose medical status is at the highest level of acuity
- To develop a comprehensive knowledge base regarding otologic disorders and maximize surgical skills in this area
- To acquire advanced skills in facial plastic surgery, including rhinoplasty, blepharoplasty, browlift, otoplasty, rhytidectomy, scar revision, and craniofacial procedures
- To function, to as great a degree as patient care and law will allow, as an independent otolaryngologist-head & neck surgeon

EVMS chief residents in otolaryngology assume ultimate responsibility for resident care in the management of patients of the attending physicians. They rotate on the Head & Neck service managing the most complex head and neck oncologic problems. They are expected to select appropriate management strategies for these patients, and to execute definitive surgical intervention and postoperative care when appropriate. They are also asked to assist and supervise PGY4 residents who are beginning to perform these and other head and neck surgeries. The other months of the PGY5 year are divided between the Otolaryngology and Plastic Surgery services, honing skills in advanced procedures in these areas and serving as the supervising resident in the Children's Specialty Services hearing clinic. Chief residents also serve as the primary administrators of the resident call, vacation, and conference schedule, and represent the residents on the Residency Administration Committee.

Graded responsibility and resident promotion

It is the responsibility of the faculty to be certain that each resident assumes a greater role in patient management as he or she progresses through the program. Beginning in the second year, each resident has increasing responsibility for the supervision of more junior residents. At the same time, the complexity of cases assigned to each resident increases with maturity. It is a goal of the Department that residents in the latter half of their chief year are capable of functioning as independent practitioners.

Resident's clinical skills will be evaluated by the Clinical Competency Committee semi-annually. Decisions on annual reappointment will be made by the program director and Residency Education Committee, utilizing the evaluations performed by the Clinical Competency Committee, including milestones, technical skills assessment and PGY specific goals and objectives.

These are detailed in the Educational Benchmarks as follows:

Otolaryngology-HNS Educational Benchmarks

	Expectation/Benchmark	Follow-up/Progress Plan	Remediation Steps
Faculty Evaluations	Average score > 2.8/4	Meet with PD, interim progress evaluation	If the Progress Plan did not result in expected improvement

Global Assessment performed by Clinical Competency Committee (milestones, technical skills assessment)	Milestones score (expected score at completion of PGY) PGY 1&2 (1/5), PGY3 (2/5), PGY4 (3/5), PGY5 (4/5) Technical skills assessment ($\geq 2.5/5$)	Meet with PD, interim progress evaluation	after 3 months the Program Director recommends one or more of the following 1. Revised Progress Plan and Letter of Concern 2. Letter of Warning 3. Probation 4. Suspension from Patient Care activities
Semi-annual review	Meet expectations of 6 core competencies identify areas of improvement needed, identify professional goals	Quarterly meeting to review and assess discusses areas of needed improvement	
In-service exam	Score at or above stanine 3 overall within group score	Reading remediation plan with quizzes	

Mentoring Program

Each resident is assigned a faculty mentor from among the fulltime faculty members in the Department. Residents and their mentors are to meet at least semiannually to review the resident's progress, as well as the impact of the resident's home and personal life on his or her performance in the program. The program is intended to assist the residents in developing a personal program of learning to foster his or her continued professional growth.