

OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

The Residency Review Commission on Otolaryngology requires demonstrated progressive responsibility in cognitive and procedural patient management. A concrete list of procedures limiting the progression of gifted residents could be contrary to the aims and intent of the RRC and therefore we define the general scope of practice for each year with the understanding that resident duties may be accelerated or restrained according to the judgment of the faculty and specific attending. Twice per year the program director and faculty members meet to discuss resident evaluations. The program director then meets with the individual residents to determine his/her status and to ensure the appropriateness of their performance and promotion to higher responsibility. All otolaryngological surgical procedures in the Medical University Hospital are performed under the direction of the attending.

GENERAL RESIDENT RESPONSIBILITIES

Admission histories and physical examinations should be completed within 24 hours of the patient's admission. The junior residents will share responsibility for completing all evaluations and discussing evaluations with the proper attending physician. All patients will have a written note in the chart by a resident **EVERY** day. The note will contain all relevant data and the plan of care.

The chief residents must be informed by the junior residents of all consultations directed to Otolaryngology, of all adverse changes in the course of a patient, of all emergency admissions, of all actions contrary to the welfare of the department (confrontations with ancillary and/or support staff, etc.) and will report these to the appropriate attending (clinical matters) or the chairman (departmental matters) as they occur. They will respond to hospital consultations (notifying the proper attending physician). They will notify each attending of any patient admitted to the service (at the time of admission) and will present a plan of action (to be discussed with the attending). All admissions must be discussed with the appropriate attending physician prior to admission. It is expected that all residents on the clinical service have complete and up to date knowledge of all patients on the clinical service including inpatients and consults in the morning and in the evening. Therefore, effective communication between residents is essential. All residents must understand the clinical plan as dictated by the attending physician or chief resident at all times.

Residents will not allow a patient to be anesthetized without the express knowledge and consent of the attending physician. No surgical procedure in this system will be performed without the attending actively involved. We will adhere to the elbow-to-elbow doctrine that meets HCFA

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standards. It is expected that residents will be fully knowledgeable about patients on whom they are operating as well as the procedure(s) contemplated; failure to be so informed may result in censure by the attending including exclusion from the operative case. Relevant x-rays and other ancillary studies are to be brought to the OR by the residents. Any untoward event (including complication, drug reaction, change in patient course, and misunderstanding with attending, residents, nurses, ancillary personnel or staff) will be brought to the attention of the attending or Chairman immediately. Inaccurate surgical counts will be brought to the attention of the attending immediately. No operative case will be terminated until the situation is clarified and discussed with the attending. Only the attending will make the decision as to disposition. Any deviation from this policy may result in immediate dismissal of the resident(s) involved. All residents will show sensitivity to patients and family needs. Patient information is not to be discussed in public. All residents will maintain cordial decorum with all hospital personnel as well as with each other, and resolution of differences of opinion will be carried out in a straightforward and reasonable fashion. If personal differences cannot be resolved between individuals, they will be brought to the Chairman. Residents will be judged fairly on performance, and inherent in this concept is that judgment must be evaluated and treatment courses critiqued. This must be carried out in a positive fashion so maximum learning experience is achieved.

It is expected that the chief resident and the residents on each clinical service will have reviewed in depth all charts for patients at least 24 hrs prior to scheduled surgery.

This should be done in order to:

- Ensure the chart is complete.
- Ensure that the pre-operative work-up as dictated by the attending is completed.
- Ensure that there are no contraindications or recent clinical developments that may result in cancellation of the case- and if such a dilemma exists, it is brought to the attention of the responsible faculty member well ahead of the day of surgery.
- Ensure that the chief residents and all residents on the service understand the indications for and the actual surgical procedure to be performed.

Residents are to be in the OR 15 minutes prior to the scheduled start time to assist in patient positioning and ensure that all cases start on time.

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Operative dictations must be done on the day of the procedure. It is advisable that these be done immediately after the procedure. The resident should confirm with the attending physician before the end of each case who is responsible for dictations. Attending physicians must be listed first and their presence in the OR properly documented.

Discharge summaries must be done within 24 hours of the patient's discharge. Discharge summaries are the responsibility of the junior resident or the intern on the service.

All otolaryngology residents will participate in at least one (1) research or scholarly activity per academic year. This may include clinical or basic science research or preparation of a manuscript (i.e. chapter, paper, review article, etc.) for publication. All scholarly activity will be under the direction of an MUSC faculty member. All activities are expected to adhere to applicable federal, state and local regulations including those related to patient privacy, IRB regulations, MUSC/UMA rules and regulations. At no time is remuneration of any kind, from any source- intramural or extramural- to be incurred as a result of clinical or scholarly activity to be accepted by an otolaryngology resident without express notification and approval of any MUSC otolaryngology faculty member.

The faculty members will be responsible for the content and preparation of all conferences, including journal club. They may delegate topics to residents at their discretion based on the overall conference schedule. All residents are to be prompt in attendance and have prepared for all conferences. The chief resident on each service will be responsible for compiling and presenting morbidity and mortality (M&M) cases every month at the M&M conference.

All otolaryngology residents are expected to prepare for and take the annual otolaryngology in-service examination. Satisfactory performance as determined by the otolaryngology chairman or evidence of progressive improvement for substandard scores is **MANDATORY**.

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PGY-1

The duties of the intern will be to assist in the morning work rounds and in-patients work-ups, assist and perform surgery cases chosen for him/her by the Chief Residents, assume primary ward responsibilities during the day, attend clinics and teaching conferences, take night call 5-7 nights per month, and attend afternoon attending rounds. Discharge summaries can be a responsibility of the intern.

Interns may elect to take vacation during their period on otolaryngology, provided they make reservations at the beginning of the academic year in July.

At the end of the rotation, the intern will be evaluated by the senior residents and attending according to the Department of Surgery evaluation form. The evaluation is sent to Mrs. Sue Wetherholt once completed. The e-value system will also be used to evaluate the intern.

BASIC GOALS AND OBJECTIVES

The basic philosophy and goals of the Department of Otolaryngology – Head & Neck Surgery remain unchanged and include:

- The welfare of the patient is the department's primary concern.
- To train residents to efficiently provide the highest quality care.
- To provide excellent otolaryngological education to residents and students.
- To promote activities pertinent to resident education.
- To consider all otolaryngological patients as part of the teaching system.
- To make resident education a priority in face of the economic pressures of the present health care system.
- To allow the resident freedom to evaluate, formulate, and institute treatment plans for patients, under proper attending supervision.
- To allow the resident freedom to perform or assist in surgical procedures according to his/her ability as determined by the attending physician.
- To assure personal attending supervision of the resident in all levels of patient care.
- To advance the resident's surgical level of involvement as rapidly as the attending feels is justified.

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The Otolaryngology program is organized into four services: The Head and Neck Service (Team C), the VA Service, and two broad-based services (Team A and Team B) each covering a wide range of Otolaryngology. Team A includes Otolaryngology-Neurotology, General Otolaryngology, Laryngology, and Facial Plastic and Reconstructive Surgery. Team B includes Rhinology, General Otolaryngology, Laryngology, and Pediatric Otolaryngology. Each service is comprised of a “chief” (OTO-5 or OTO-4) and one or two “junior” (OTO-2 or OTO-3 or OTO-4) residents. Team C has an additional rotating intern. For 2015, we plan to hire 5 additional attendings, and the teams have been divided as above. We are working toward a more specialty-related team structure, and I will attempt to incorporate these changes.

Team A – Drs. Halstead, Lambert, McRackan, Meyer, O'Rourke, Oyer, Patel, Rizk

Team B – Drs. Clemmens, Discolo, Hoy, Schlosser, Soler, White

Team C – Drs. Day, Graboyes, Hornig, Lentsch, Neskey, Skoner

Ralph H. Johnson VAMC – Drs. Graboyes, McRackan, Meyer, Neskey, Oyer, Sessions, Schlosser, and Skoner

All clinics are subspecialty related “attending clinics,” and include head and neck oncology, pediatric otolaryngology, otology-neurotology, laryngology, facial plastic and reconstructive surgery, general otolaryngology, and rhinological surgery. Residents are involved in the majority of these clinics (exceptions include OR responsibilities and simultaneous attending clinics). Team rounds are made daily during the work week, and one attending makes rounds for all the services on Saturday morning.

All residents are expected to attend the teaching conferences held at the Medical University. These include a Monday Tumor Board, Monday Basic Science/Clinical Correlate Series, Tuesday morning Teaching Conference, and Friday Basic Science/Clinical Correlate Series. These conferences comprise a “Core Curriculum” which is repeated every two years. The first 6 weeks of the didactic schedule is organized as an “Introduction to Otolaryngology” and covers basics of the specialty, including emergency care.

The resident is introduced to temporal bone dissection through an 18-hour dissection course in the temporal bone laboratory each year. In addition, there are courses in rhinological and sinus surgery, soft tissue, reconstructive surgery, and pediatric airway. In addition, the residents have opportunities

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to participate in departmental CME courses including temporal bone dissection, rhinological surgery, sleep surgery, thyroid surgery, pediatric audiology, craniofacial, salivary endoscopy, and robotic surgery. The department also holds a yearly Magnolia conference at which the residents have the opportunity to present their research, and a yearly review of current literature that began in 2011.

PGY-1

First year otolaryngology residents (interns) spend two months of the year in rotations within the Department of General Surgery and its various subspecialties, three months rotating on Teams A/B and three months rotating on Team C within the Department of Otolaryngology. Three months are spent as 1-month mandatory blocks in each of the following 3 clinical areas: critical care unit (intensive care or trauma unit), anesthesiology, and neurological surgery. The remainder of the PGY-1 year includes a month OMFS rotation. This year includes resident participation in clinical and didactic activities that give them the opportunity to: a) develop the knowledge and skills needed to assess, plan, and initiate treatment of adult and pediatric patients with surgical and/or medical problems; b) demonstrate the ability to 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; c) demonstrate the ability to care for critically-ill surgical and medical patients in the intensive care unit and emergency room settings; d) participate in the pre-, intra-, and post-operative care of surgical patients; e) and understand surgical anesthesia in hospital and ambulatory care settings, including anesthetic risks and the management of intraoperative anesthetic complications. Every 6 months, the OTO-1 resident will meet with the Program Director to review evaluations and performance.

PGY-2

Second year otolaryngology residents spend 10 months at the Medical University, divided between the three services (Teams A, B, C). They spend 12 weeks on a post-call FLOAT rotation where they cover the service of the residents who is post-call and at home. They spend 6 weeks at the Ralph H. Johnson VAMC. They spend 6 weeks taking consults. The residents are involved in the attending clinics, the operating room, night call, and consult service (inpatient and emergency room). For night call and consults, they are paired with more senior residents, and ultimately report to the attending on call. Attending coverage is provided 24 hours per day.

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Curriculum Summary

Reading Assignments:

The resident conference lectures cover topics from Bailey's Head and Neck Surgery/Otolaryngology 4th Edition. Typically, each Teaching Conference covers topics from two chapters in the Bailey text. The resident also participates in the AAO-HNS Home Study Course. Approximately five articles are assigned for review at the monthly Journal Club. A resident presents an article for the Journal Club approximately every 3 months. One or two resident are also asked to make a formal presentation at the monthly M&M meeting.

Clinical Conferences:

Monday Evening Teaching Conference, Journal Club, Tumor Board (Weekly), Grand Rounds, M&M, Friday Morning Teaching Conference, Quarterly Resident Research Meeting, and Temporal Bone Laboratory.

General Goals and Objectives: PGY-2

To gain a good understanding of the breadth of the specialty of Otolaryngology — Head and Neck Surgery through the didactic schedule and through inpatient, outpatient, operating room, consultations, and emergency room care of general and subspecialty otolaryngology patients.

- To be able to perform complete head and neck examination on pediatric and adult patients, including the use of fiberoptic endoscopes.
- To be able to establish diagnoses and treatment plans under the supervision of the chief resident and/or attending for outpatients, inpatient consults, and emergency room patients.
- To become knowledgeable about audiograms and ENG's.
- To perform and interpret tests evaluating speech and swallowing.
- To become proficient in allergy testing and interpreting results.

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- To become knowledgeable about CT and MRI scans of the head and neck.
- To assist in the operating room, and to become proficient in myringotomy and tube placements, tonsillectomy and adenoidectomies. Additional surgical experience includes such areas as septoplasty/turbino-plasty, tracheostomy, panendoscopy, otological, rhinological, and plastic and reconstructive surgical techniques.
- To become proficient at taking in-patient Otolaryngology consults.
- To gain an awareness of and an ability to critically analyze the current otolaryngologic literature.

Duties: PGY-2

- To complete a history and physical examination and order appropriate ancillary studies on patients admitted to the hospital, and participate in discharge planning.
- To evaluate emergency room and inpatient consults, obtaining the necessary information so that they can be discussed with the chief resident or attending.
- To prepare all necessary patient information for review on daily rounds.
- To master the surgical skills commensurate with the OTO-2 level.
- To supervise rotating interns and medical students.
- To prepare for journal clubs, didactic lectures, the audiology/vestibular rotation, the speech/swallowing rotation, the allergy rotation, the temporal bone dissection course, the soft tissue course, and the rhinology/sinus surgery course.
- Complete the Home Study Course.
- Complete the Department's temporal bone drilling exercise.
- Identify a clinical or basic science research project and present this information at the Department's Annual Meeting.

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Team B

The resident will spend approximately 2 months on this service which includes 6 attendings (Drs. Clemmens, Discolo, Hoy, Schlosser, Soler, White). Rhinology, general otolaryngology, and pediatric otolaryngology are all well represented. These services provide the first year resident with an excellent exposure to the physical diagnosis and to the preoperative evaluation and postoperative care of patients with these disorders. They have extensive experience with myringotomy and tube placement, with tonsillectomy and adenoidectomy surgery, and with pediatric airway management.

Team C

The resident will spend approximately 2 months on this service, which includes 6 attendings (Drs. Day, Graboyes, Hornig, Lentsch, Neskey, & Skoner) who specialize in head and neck oncology, endocrine surgery, and reconstructive surgery. General otolaryngology patients are also seen by Dr. Lentsch, and Skoner. This service reinforces the principles of patient care learned during the OTO-1 year, and provides opportunity to extend that knowledge base in the outpatient, inpatient, and operating room setting. The resident is expected to gain experience with straightforward general otolaryngological cases such as tracheotomy. The resident is expected to assist in more complicated general otolaryngological and head and neck surgeries, and gain experience in these areas.

Team A

The resident will spend approximately 2 months on this service, which includes 8 attendings (Drs. Lambert, Meyer, McRackan, Rizk, Oyer, Patel, Halstead, and O'Rourke) who specialize in otology, general otolaryngology, laryngology, and facial plastic and reconstructive surgery. Residents are introduced to the preoperative evaluation and postoperative care of these patient groups. They gain experience with myringotomy and tube placement, and with tonsillectomy and adenoidectomy surgery. The resident is expected to assist in more complicated otological, laryngological, plastic and general otolaryngological surgeries, and gain experience in these areas. An understanding of audiological and vestibular function testing as these patients are evaluated in the outpatient setting. Patients with allergy disorders are also seen. Patients with voice disorders and stroboscopy studies are also seen. The resident is expected to assist in more complicated cases and gain experience in these areas. The resident is expected to work with faculty in their clinics and be involved in testing patients and interpreting test results. This rotation is also dedicated to performing and interpreting

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audiological and vestibular testing, speech and swallowing assessments, and allergy testing. The resident will demonstrate understanding of the scope of audiology practices and exhibit basic knowledge of audiometric assessment and counseling of adult and pediatric patients, amplification, assistive listening devices, cochlear implant evaluation/programming, and vestibular-balance assessment.

Ralph H. Johnson VAMC Service

The resident will spend 6 weeks on this service, which includes 8 core attendings (Drs. Graboyes, McRackan, Meyer, Neskey, Oyer, Schlosser, Sessions, & Skoner) plus additional attendings in the clinic and operating rooms as case variety dictates. As the junior resident on this service, the resident is expected to work with attendings in their clinics and be involved in all procedures.

Specific Goals & Objectives

- To be able to perform a basic head and neck examination on pediatric and adult patients, with emphasis on the otologic examination including the use of tuning forks.
- To be able to establish diagnoses and treatment plans under the supervision of the chief resident and/or attending for outpatients, inpatient consults, and emergency room patients with vestibular or otologic disorders.
- To become knowledgeable about audiograms and ENG's.
- To be able to perform the Epley maneuvers.
- To become knowledgeable about CT and MRI scans of the temporal bone.
- To assist in the operating room, and to become proficient in myringotomy and tube placements, cerumen removal and the surgical approach to mastoidectomy, tympanoplasty & cochlear implants.
- To be able to perform a basic head and neck examination on pediatric patients, including fiberoptic laryngoscopy.

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- To be able to establish diagnoses and treatment plans under the supervision of the chief resident and/or attending for outpatients, inpatient consults, and emergency room patients with pediatric otolaryngologic disorders.
- To recognize a pediatric airway emergency.
- To become knowledgeable about CT and MRI scans of the head & neck with respect to pediatric disorders.
- To assist in the operating room and gain experience in direct laryngoscopy, bronchoscopy, excision of inflammatory and congenital lesions of the neck.
- To become proficient in myringotomy and tube placements, tonsillectomy and adenoidectomies. Additional surgical experience includes the otologic, rhinologic and laryngologic competencies as they apply to pediatrics for the OTO- 2 level.
- To be able to perform a basic head and neck examination on adults and children with rhinologic disorders, including fiberoptic and rigid nasal endoscopy.
- To be able to establish diagnoses and treatment plans for outpatients, inpatient consults, and emergency room for adults and children with rhinologic disorders.
- To become knowledgeable about the types of allergy testing available and the role of allergy testing in the diagnosis and management of rhinologic disorders
- To be able to perform nasal packing removal and routine nasal debridement.
- To recognize a CSF leak.
- To become knowledgeable about CT and MRI scans of the sinuses.
- To demonstrate proficiency in basic sinonasal surgical anatomy.

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- To assist in the operating room, and to become proficient in setting up the brain lab instrumentation.
- To be able to perform a basic head and neck examination on pediatric and adult patients, with emphasis on the voice and swallowing problems.
- To be able to establish diagnoses and treatment plans under the supervision of the chief resident and/or attending for outpatients, inpatient consults, and emergency room patients with voice and swallowing disorders.
- To become knowledgeable about vocal tasks to distinguish between muscle tension dysphonia, adductor and abductor dysphonia and vocal tremor.
- To become knowledgeable in the interpretation of laryngovideostroboscopy, transnasal fiberoptic esophagoscopy, impedance pH probes.
- To understand the role of Botox in the treatment of spasmodic dysphonia and how it is performed.
- To understand the indications for office based laryngeal procedures.
- To become knowledgeable in the signs and symptoms of demyelinating CNS disorders as they relate to voice and swallowing disorders.
- To become knowledgeable about CT and MRI scans of the head and neck with respect to adult and pediatric voice and swallowing disorders.
- To assist in the operating room with a variety of phonosurgical endoscopic and open techniques.
- To participate in the one month intensive Voice, Swallowing, Allergy and Audiology Rotation.

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- To be able to perform a basic head and neck examination on pediatric and adult patients.
- To be able to establish diagnoses and treatment plans under the supervision of the chief resident and/or attending for outpatients, inpatient consults, and emergency room patients with a wide variety of otolaryngologic disorders.
- To demonstrate the specialty specific goals as outlined in the OTO – 2 competencies for otology, rhinology, pediatric otolaryngology, laryngology and Head & Neck Cancer.
- To be able to perform a basic head and neck examination on adult and pediatric patients with neoplasms of the head and neck, including fiberoptic nasal endoscopy and fiberoptic laryngoscopy.
- To be able to establish diagnoses and treatment plans for common head and neck neoplasms under the supervision of the chief resident and/or attending for outpatients, inpatient consults, and emergency room patients.
- To recognize an airway emergency.
- To recognize a flap emergency.
- To become proficient in the TMN staging of the common head and neck tumors.
- To gain experience in the comprehensive medical management of patients with head and neck malignancies.
- To become knowledgeable about CT and MRI scans of the head & neck with respect head and neck malignancies.
- To assist in the operating room and to gain experience in direct laryngoscopy, bronchoscopy, esophagoscopy, neck dissection, excision of head and neck tumors and reconstruction of surgical defects, including local and free flaps.

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- To be able to perform a basic head and neck examination on pediatric and adult patients.
- To be able to establish diagnoses and treatment plans under the supervision of the chief resident and/or attending for outpatients, inpatient consults, and emergency room patients with a wide variety of otolaryngologic disorders.
- To demonstrate the specialty specific goals as outlined in the OTO – 2 competencies for otology, rhinology, pediatric otolaryngology, laryngology and Head & Neck Cancer.
- Exhibit knowledge of speech and language developmental norms.
- Exhibit basic understanding of the physiology of the vocal and aerodigestive tract as it relates to communication and swallowing.
- Exhibit understanding of the scope of speech-language pathology services provided in hospitals, outpatient clinics and public schools.
- Exhibit skill in initiating appropriate referral mechanisms to qualified speech-language pathologists required by third party payers.
- Exhibit accurate detection of common disorders of speech, language, voice/resonance and swallowing function related to neurologic injury or disorder, connective tissue disease, pulmonary disease or condition, head and neck cancer with special emphasis on voice restoration methods following tracheotomy and laryngectomy, and other systemic disorders.
- Exhibit familiarity with instrumentation used during speech, voice/resonance, language and swallowing assessments including:
 - Acoustic and aerodynamic recording methods
 - Videofluoroscopy
 - Functional video flexible transnasal pharyngeal and laryngeal imaging
 - Functional video rigid transoral imaging
 - Exhibit familiarity with standardized written tests for speech and language assessment

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- Exhibit understanding of speech, language, voice and swallowing therapy methods.
- Exhibit skill in identifying peer-reviewed literature in communication and swallowing disorders and web-based patient support resources.
- Exhibit familiarity with the clinical research activities of the MUSC Evelyn Trammell Institute for Voice and Swallowing.
- To understand the clinical indications for performing SET and RAST.
- To learn the technique of SET and perform SET under the supervision of trained allergy personnel.
- To exhibit the ability to read and interpret audiograms and relate findings to potential pathology.
- To exhibit the ability to interpret various tests utilized in audiometric evaluation as well as determine their appropriate use.
- To exhibit the knowledge of appropriate referrals for specific diagnostic tests in audiology (i.e., ABR).
- To exhibit basic understanding of the amplification and assistive listening device options and appropriate referral criteria for each.
- To correctly identify appropriate patients to refer for cochlear implant candidacy evaluation.
- To exhibit familiarity with the post-surgical care and programming for cochlear implant patients as provided by audiologists.
- To exhibit knowledge of various subtests that comprise vestibular and balance assessment and ability to interpret data from each.

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PGY-3

The second year otolaryngology resident spends 10.5 months at the Medical University, with 3 of those months comprising the research rotation, and 6 weeks at the Ralph H. Johnson VAMC. The resident is expected to attend all the conferences and courses. The resident is involved in the resident clinic, attending clinics, the operating room, night call, and the consult service (inpatient and emergency room). For night call and consults, the resident will report to the chief resident and/or attending on call. Attending coverage is provided 24 hours per day.

Curriculum Summary

Reading Assignments:

The resident conference lectures cover topics from Bailey's Head and Neck Surgery/Otolaryngology 4th Edition. Typically, each Teaching Conference covers topics from two chapters in the Bailey text. The resident also participates in the AAO-HNS Home Study Course. Approximately four articles are assigned for review at the monthly Journal Club. A resident presents an article for the Journal Club approximately every 3 months. One or two resident are also asked to make a formal presentation at the monthly M&M meeting. PGY3 residents are required to perform a thorough literature review regarding their chosen research area and project.

Clinical Conferences:

Monday Evening Teaching Conference, Journal Club, Tumor Board (Weekly), Grand Rounds, M&M, Friday Morning Teaching Conference, Quarterly Resident Research Meeting, and Temporal Bone Laboratory.

General Goals and Objectives: PGY-3

- To perfect the detailed head and neck examination and have a good understanding of the evaluation and treatment of most Otolaryngology — Head and Neck Surgery problems.

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- To gain interpretive skills of audiograms, ENGs, and CT/MRIs of the head and neck.
- To gain operative experience in such areas as head & neck cancer, neck dissection (e.g., raising flaps, submandibular gland excision), facial trauma, sinus surgery, and sleep apnea surgery.
- To engage in a basic science research project.
- To learn preoperative radiation therapy evaluation and planning (i.e. radiation fields and dosages, curative versus palliative therapy, etc.).
- To gain a greater understanding of facial cosmetic surgery, including pre and postoperative evaluation and surgical principles.

Duties: PGY-3

- To complete the history and physical examination and order appropriate ancillary studies on patients admitted to the hospital, and participate in discharge planning.
- To evaluate emergency room and inpatient consults. Obtain the necessary information so they can be discussed with the chief resident and/or attending.
- To prepare all necessary patient information for review on daily rounds.
- To master the surgical skills commensurate with the OTO-3 level.
- To supervise rotating interns and medical students.
- To prepare for journal clubs, didactic lectures, the temporal bone dissection course, the soft tissue course, and the rhinology/sinus surgery course.
- To complete the Home Study Course.
- To complete the Department's temporal bone drilling exercise.
- To complete the data-gathering phase of a research project. Present a clinical or basic science project at the Departmental Annual Meeting.

Research

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A primary focus of the OTO-3 year is the 3-month research block. Prior to this rotation the resident will have identified a preceptor and submitted a proposal for review by the Department's research committee. The resident is asked to present an outline of the project to the Department prior to the beginning of the rotation. Typically, the resident applies for a small amount of funding through MUSC's University Research Council to support laboratory equipment, subject reimbursement, or supplies. Residents are also encouraged to apply to the American Academy of Otolaryngology's CORE Research Program. During the research rotation, the resident does take night call, but s/he has no other clinical responsibilities. The resident is expected to attend the didactic conferences and courses during this rotation. The resident presents research results to the Department after the rotation, and s/he is strongly encouraged to present data at a national meeting and publish the results.

Team C

The resident will approximately 3 months on this service. This service reinforces the principles of patient care learned during the OTO-2 year, and provides opportunity to extend that knowledge base in the outpatient, inpatient, and operating room setting. The resident will become more familiar with the straightforward head and neck and general otolaryngology cases and develop a better understanding of the more complicated cases.

Team A/B

The resident will spend approximately 3 months on either A or B as the schedule permits. The resident will continue to perfect patient care principles and surgical techniques learned as an OTO-2 resident.

Consult Team

The resident will spend approximately 6 weeks as the primary daytime consultation resident.

Ralph H. Johnson VAMC

The resident will spend 6 weeks on this service. As the junior resident on this service, the resident is expected to work with attendings in their clinics and be involved in all procedures.

Specific Goals & Objectives

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- Each year, PGY-3 residents will perform a 3-month research rotation with rotations scheduled July through September, October through December, January through March, and April through June.
- During the orientation of PGY2 residents in July/August of each year, a tour of the research laboratories and introduction of the faculty will be provided along with brief summaries of ongoing research projects. This will occur at least one year in advance of the start of the research rotation.
- Residents will identify a faculty sponsor (mentor) well in advance of the starting date of the research rotation, and submit a one page outline of the proposed research to the Resident Research Committee. Because advance planning is critical to the success of the research rotation, the outline must be submitted to the Committee at least 6 months in advance of the research rotation.
- At least 90 days prior to the research rotation, a proposal of about 5 pages should be submitted to the Department=s Resident Research Committee for their approval and an oral presentation made at the Quarterly Resident Research meeting (February, May, August, November). The MUSC University Research Committee (URC) Resident Research Grant application forms should be used (available from the MUSC website). This proposal contains several sections including specific aims and hypotheses, background/significance information, methods/procedures, data analysis, and budget. The proposal is prepared by the resident with the mentor's guidance and assistance.
- Funding of resident research projects is available from several sources including the MUSC URC. If approved by the Department=s Resident Research Committee, the research proposal should be submitted to the URC for funding. Deadlines to submit the URC application are April 15 for the July-October rotation, August 15 for the November-February rotation, and December 15 for the March-June rotation.
- By agreeing to be a mentor, the faculty member assumes several responsibilities including a major commitment of time, willingness to provide adequate supervision,

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procuring required University approvals (i.e., Institutional Review Board approval for use of human subjects or Institutional Animal Use and Care Committee for animals), and assuring the availability of facilities/equipment, hardware and funding.

- At the conclusion of the research project, a publishable manuscript should be prepared and submitted to an appropriate professional/scientific journal, and an oral presentation should be made to the Department. Progress will be monitored by the Resident Research Committee by periodic meetings attended by residents at various stages of their research. A presentation at a scientific/ professional meeting is also highly recommended.
- During the research rotation, the resident is expected to take call, but s/he does not provide other clinical services except in emergency situations. No more than one week of vacation can be taken during the research rotation.
- To be able to perform a complete head and neck examination on adult and pediatric patients with neoplasms of the head and neck, including fiberoptic nasal endoscopy and fiberoptic laryngoscopy.
- To be able to establish detailed diagnoses and treatment plans for common head and neck neoplasms under the supervision of the chief resident and/or attending for outpatients, inpatient consults, and emergency room patients.
- To diagnose an airway emergency and outline a treatment plan.
- To diagnose a flap emergency and outline a treatment plan.
- To demonstrate competency in the TMN staging of the common head and neck tumors and demonstrate understanding of staging systems for less common tumors.
- To begin to manage the comprehensive medical care of patients with head and neck malignancies.

OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

- To demonstrate competency in the interpretation of normal anatomy on MRI and CT scans of the head and neck and to be able to identify abnormal findings and develop a differential diagnosis.
- To assist in the operating room and to demonstrate a high degree of facility in the performance of direct laryngoscopy, bronchoscopy and esophagoscopy. To perform a neck dissection, excision of head and neck tumors and reconstruction of surgical defects, including local and free flaps with the assistance of the chief resident, fellow or attending.
- To be able to perform a detailed head and neck examination on general otolaryngologic patients.
- To be able to establish detailed diagnoses and treatment plans under the supervision of the chief resident and/or attending for outpatients, inpatient consults, and emergency room patients with a wide variety of otolaryngologic disorders.
- To demonstrate competency in the interpretation of normal anatomy on MRI and CT scans of the head and neck and to be able to identify abnormal findings and develop a differential diagnosis.
- To diagnose a pediatric airway emergency and establish a treatment plan with moderate attending supervision.
- To supervise the OTO-2 in the performance of basic otolaryngologic procedures and care of patients with general otolaryngologic disorders.
- To be the primary surgeon in the operating room and to demonstrate a high degree of facility in the performance of direct laryngoscopy, bronchoscopy, basic rhinologic procedures. To perform the excision of inflammatory, neoplastic and congenital lesions of the neck with moderate assistance/supervision of the attending.

OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

- To be able to perform a complete head and neck examination on pediatric and adult patients, with emphasis on the otologic examination including the use tuning forks.
- To be able to establish in depth diagnoses and treatment plans under the supervision of the attending for outpatients, inpatient consults, and emergency room patients with vestibular or otologic disorders.
- To be able to interpret audiograms, ENG's, CT and MRI scans of the temporal bone with minimal attending supervision.
- To perform tympanoplasty, cochlear implants, mastoidectomies with supervision/assistance from the attending.
- To be able to perform a complete head and neck examination on pediatric patients, including fiberoptic laryngoscopy.
- To be able to establish in depth diagnoses and treatment plans under the supervision of the attending for outpatients, inpatient consults, and emergency room patients with pediatric otolaryngologic disorders.
- To recognize a pediatric airway emergency, establish a diagnosis and treatment plan with minimal attending assistance.
- To interpret CT and MRI scans of the head & neck with respect to pediatric disorders with minimal attending supervision.
- To be the primary surgeon in the operating room and to perform direct laryngoscopy, bronchoscopy, foreign body removal, excision of inflammatory and congenital lesions of the neck with assistance/supervision of the attending. Additional surgical experience includes the otologic, laryngologic and rhinologic competencies as they apply to pediatrics for the OTO - 3 level.

PGY-4

OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

The fourth year otolaryngology resident spends 8 months at the Medical University, with 3 months on Team C, 2/3 months on Team A, and 2/3 months on Team B, 4 months at the Ralph H. Johnson VAMC. In general, the PGY-4 resident acts as the chief resident on the different rotations being paired with an OTO-2 or OTO-3 resident. S/he is expected to attend all the conferences and courses. The resident is involved in the attending clinics, the operating room, night call, and the consult service (inpatient and emergency room). For night call, the resident provides backup to the junior resident, and s/he will report to the attending on call. Attending coverage is provided 24 hours per day. With the growth of Dr. Patel's practice, and the addition of Dr. Oyer, we have removed the float/plastics rotation.

Curriculum Summary

Reading Assignments:

The resident conference lectures cover topics from Bailey's Head and Neck Surgery/Otolaryngology 4th Edition. Typically, each Teaching Conference covers topics from two chapters in the Bailey text. The resident also participates in the AAO-HNS Home Study Course. Approximately four articles are assigned for review at the monthly Journal Club. A resident presents an article for the Journal Club approximately every 3 months. One or two resident are also asked to make a formal presentation at the monthly M&M meeting.

Clinical Conferences:

Monday Evening Teaching Conference, Journal Club, Tumor Board (Weekly), Grand Rounds, M&M, Friday Morning Teaching Conference, Quarterly Resident Research Meeting, and Temporal Bone Laboratory.

General Goals and Objectives: PGY-4

- As the "acting chief" to gain in-depth involvement with all major head and neck, otologic, pediatric, sinus, and facial plastic/reconstructive patients including their preoperative evaluation, treatments (medical, surgical, radiation therapy), postoperative care, and disposition planning.

OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

- To have a high degree of confidence in managing all routine otolaryngology problems.

Duties: PGY-4

- To provide leadership and supervision to the junior residents in the outpatient, inpatient, consult, and emergency room settings.
- To supervise and evaluate rotating medical students and interns on the service.
- To prepare for Journal Clubs, Didactic Lectures, the Temporal Bone Dissection Course, the soft tissue course, and the rhinology/sinus surgery course.
- Complete the Home Study Course.
- Complete the Department's Temporal Bone Drilling Exercise.
- Identify a clinical or basic science research project and present this information at the Department's annual meeting.
- To learn preoperative planning in oral surgery techniques that would be applicable for the otolaryngologic treatment of benign and malignant lesions of the oral cavity and traumatic lesions involving the maxilla and mandible.

Ralph H. Johnson VAMC

As the chief resident on this service, the resident is expected to work with the attending surgeons in their clinics and be involved in all upper level surgical procedures. These 4 months provide involvement with all major operative cases.

Team C

As a senior resident for 3 months, including the chief for 1 month, the resident is expected to work with attendings in their clinics and be involved in all upper level surgical procedures. These 3

OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

months provide an in involvement with all major head and neck cases with 1 month focusing on the reconstructive portion of the service with Drs. Hornig and Skoner.

Team A

As the chief resident on this service, the resident is expected to work with attendings in their clinics and be involved in all upper level surgical procedures. These 2-3 months provide in-depth involvement with all major otologic, general otolaryngologic, laryngologic, and facial plastic and reconstructive surgical cases.

Team B

As the “chief” on this service, the resident is expected to work with attendings in their clinics and be involved in all upper level surgical procedures. These 2-3 months provide in-depth involvement with all major sinus, endocrine, general and and pediatric otolaryngological surgery cases.

Specific Goals & Objectives

- To be able to perform a detailed head and neck examination on general otolaryngologic patients.
- To be able to establish detailed diagnoses and treatment plans under the supervision of the chief resident and/or attending for outpatients, inpatient consults, and emergency room patients with a wide variety of otolaryngologic disorders.
- To demonstrate competency in the interpretation of normal anatomy on MRI and CT scans of the head and neck and to be able to identify abnormal findings and develop a differential diagnosis.
- To diagnose a pediatric airway emergency and establish a treatment plan with moderate attending supervision.
- To supervise the OTO-2 in the performance of basic otolaryngologic procedures and care of patients with general otolaryngologic disorders.

OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

- To be the primary surgeon in the operating room and to demonstrate a high degree of facility in the performance of direct laryngoscopy, bronchoscopy, basic rhinologic procedures. To perform the excision of inflammatory, neoplastic and congenital lesions of the neck with moderate assistance/supervision of the attending.
- To be able to perform an in depth head and neck examination on adult patients with neoplasms of the head and neck, including fiberoptic nasal endoscopy and fiberoptic laryngoscopy.
- To be able to establish in depth diagnoses and treatment plans for common head and neck neoplasms with minimal assistance from the attending for outpatients, inpatient consults, and emergency room patients.
- To diagnose an airway emergency and develop and implement a treatment plan with minimal input from the attending.
- To diagnose a flap emergency and develop and implement a treatment plan with minimal input from the attending.
- To demonstrate competency in the TMN staging of the common head and neck tumors and demonstrate in depth knowledge of staging systems for less common tumors.
- To manage the comprehensive medical care of patients with head and neck malignancies with minimal assistance from the attending.
- To supervise the OTO – 2 and OTO – 3 in basic office and inpatient care of adults with head and neck neoplasms.
- To demonstrate competency in the interpretation of normal anatomy on MRI and CT scans of the head and neck. To interpret abnormal findings and develop a differential diagnosis with minimal assistance from the fellow or attending.
- To be the primary surgeon in the operating room and to perform direct laryngoscopy, bronchoscopy, esophagoscopy, neck dissection, excision of head and neck tumors and reconstruction of surgical defects, including local flaps with minimal assistance from the attending. To assist in performing free flaps.

OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

- To be able to perform a complete head and neck examination on adult patients, with emphasis on the otologic examination including the use tuning forks.
- To be able to establish in depth diagnoses and treatment plans under the supervision of the attending for outpatients, inpatient consults, and emergency room patients with vestibular or otologic disorders.
- To be able to interpret audiograms, ENG's, CT and MRI scans of the temporal bone with minimal attending supervision.
- To supervise the OTO-2 in the performance of basic otologic procedures and care of patients with otologic procedures.
- To perform tympanoplasty, cochlear implants, mastoidectomies with supervision/assistance from the attending.
- To be able to perform a complete head and neck examination on pediatric patients, including fiberoptic laryngoscopy.
- To be able to establish in depth diagnoses and treatment plans under the supervision of the attending for outpatients, inpatient consults, and emergency room patients with pediatric otolaryngologic disorders.
- To recognize a pediatric airway emergency, establish a diagnosis and treatment plan with minimal attending assistance.
- To interpret CT and MRI scans of the head & neck with respect to pediatric disorders with minimal attending supervision.
- To supervise the OTO-2 in the performance of basic pediatric procedures and care of patients with pediatric disorders.
- To be the primary surgeon in the operating room and to perform direct laryngoscopy, bronchoscopy, foreign body removal, excision of inflammatory and congenital lesions of the neck with assistance/supervision of the attending. Additional surgical experience includes the otologic, laryngologic and rhinologic competencies as they apply to pediatrics for the OTO - 4 level.

OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

- To be able to perform a complete head and neck examination on patients with rhinologic disorders, including fiberoptic and rigid nasal endoscopy.
- To be able to establish in depth diagnoses and treatment plans under the supervision of the attending for outpatients, inpatient consults, and emergency room patients with rhinologic disorders.
- To interpret allergy testing and utilize the information in the diagnosis and management of rhinologic disorders with minimal attending assistance.
- To demonstrate competency in nasal packing removal and routine nasal debridement and be able to perform complex nasal debridement and packing removal with minimal assistance from the attending.
- To diagnose and treat a CSF leak with minimal assistance from the attending.
- To interpret CT and MRI scans of the sinuses with minimal attending assistance.
- To demonstrate proficiency in basic and mildly complex sinonasal surgical anatomy.
- To supervise the OTO – 2 in basic office and inpatient care of adults and children with rhinological disorders.
- To demonstrate competency in basic rhinologic procedures and to perform complex rhinological procedures with minimal assistance from the attending.
- To supervise the OTO – 2 in basic office and inpatient care of adults and children with voice and swallowing disorders.
- To be able to perform a complete head and neck examination on pediatric patients, including fiberoptic laryngoscopy.
- To be able to establish in depth diagnoses and treatment plans under the supervision of the attending for outpatients, inpatient consults, and emergency room patients with pediatric otolaryngologic disorders.
- To recognize a pediatric airway emergency, establish a diagnosis and treatment plan with minimal attending assistance.

OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

- To interpret CT and MRI scans of the head & neck with respect to pediatric disorders with minimal attending supervision.
- To demonstrate competency in performing a complete head and neck examination on patients with cosmetic and reconstructive issues.
- To demonstrate proficiency in establishing in depth diagnoses and treatment plans for outpatients, inpatient consults, and emergency room patients with cosmetic and reconstructive issues.
- To demonstrate a high degree of understanding of the aesthetic evaluation of the face.
- To demonstrate competency in diagnosing complications of cosmetic and reconstructive procedures and in the emergency management of these situations.
- To independently interpret CT and MRI scans of the head & neck with respect to cosmetic and reconstructive problems.
- To demonstrate competency in local flap planning and soft tissue suture techniques.
- To demonstrate a high degree of understanding of open and closed rhinoplasty techniques, blepharoplasty, brow lift, forehead lift and rhytidectomy.

PGY-5 Chief Resident

The fifth year otolaryngology resident spends 12 months at the Medical University. S/he is expected to attend all the conferences and courses, as chief the resident directs junior resident work in the inpatient consult service, being responsible for formulating the final treatment plan for presentation to the attending. S/he provides backup to the junior residents taking ER call. Each chief resident attends the monthly faculty meeting, acting as a liaison to raise resident concerns faculty discussion and to relay information from the faculty to the resident staff. The resident helps arrange grand rounds and other special didactic sessions.

Curriculum Summary

Reading Assignments:

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*For information regarding this scope of practice, please contact:
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OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

The resident conference lectures cover topics from Bailey's Head and Neck Surgery/Otolaryngology 4th Edition. Typically, each Teaching Conference covers topics from two chapters in the Bailey text. The resident also participates in the AAO-HNS Home Study Course. Approximately four articles are assigned for review at the monthly Journal Club. A resident presents an article for the Journal Club approximately every 3 months. One or two resident are also asked to make a formal presentation at the monthly M&M meeting.

Clinical Conferences:

Monday Evening Teaching Conference, Journal Club, Tumor Board (Weekly), Grand Rounds, M&M, Friday Morning Teaching Conference, Quarterly Resident Research Meeting, and Temporal Bone Laboratory.

General Goals and Objectives: PGY-5

- Acquire competency and confidence in managing Otolaryngology-Head and Neck Surgery patients. This involves the diagnosis, preoperative assessment, medical and surgical treatment, postoperative care, and appropriate use of consults.
- To know when patients should be referred to another otolaryngologist or subspecialist for consultation. Inherent in this knowledge is a realistic understanding of one's surgical skills.
- To have the ability to critically review the otolaryngology literature, including an understanding of study designs and appropriate statistical methodology.

Duties: PGY-5

- To organize and assume responsibility for the resident, intern, and medical student staffing of the service of rotation. This implies a leadership role.

OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

- To work closely with the attending in providing optimal patient care in the outpatient and inpatient setting.
- To evaluate all admissions and consults to the service of rotation, and discuss these with the attending.
- To perform administrative duties including medical student evaluations, attendance at faculty meetings, preparation of the call schedule, and coordination of resident vacations.
- To help plan and coordinate conferences, especially grand rounds and other outside speakers.
- To act as a liaison between the faculty and residency staff.
- To provide backup to the junior resident taking first ER call.
- To round daily with the other residents and students.
- To assume responsibility for both formal and informal teaching of medical students, interns, and junior residents.
- To prepare for journal clubs, didactic conferences, the temporal bone dissection course, the soft tissue course, and the rhinology/sinus surgery course.
- To complete the Home Study Course.
- To complete the departmental temporal bone drilling exercise.
- To present a clinical or basic science research project at the Department's annual meeting.

Team C

The resident will spend 3 months on this service. S/he will be involved in all major operative cases, with the goal of acquiring expertise and confidence in all procedures except those considered “subspecialist (e.g., microvascular free-flap work). The resident will also work with the attendings in the outpatient clinic, evaluating new, follow up and postoperative patients.

Team A

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OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

The resident will spend 5 months on this service. S/he will be involved in all major operative cases, with the goal of acquiring expertise and confidence in all procedures except those considered “subspecialist-specific” (e.g., intracranial dissection of acoustic tumors). The resident will also work with the attendings in the outpatient clinic, evaluating new, follow up and postoperative patients.

Team B

The resident will spend 4 months on this service. S/he will be involved in all major operative cases, with the goal of acquiring expertise and confidence in all procedures except those considered “subspecialist-specific” (e.g., endoscopic skullbase tumor dissection). The resident will also work with the attendings in the outpatient clinic, evaluating new, follow up and postoperative patients.

Specific Goals & Objectives

- To demonstrate competency in the performance of an in depth head and neck examination on adult and pediatric patients with neoplasms of the head and neck, including fiberoptic nasal endoscopy and fiberoptic laryngoscopy.
- To demonstrate competency in establishing in depth diagnoses and treatment plans for common head and neck neoplasms for outpatients, inpatient consults, and emergency room patients.
- To demonstrate competency in the diagnosis and management of an airway emergency.
- To demonstrate competency in the diagnosis and management of a flap emergency.
- To demonstrate competency in the TMN staging of both common and rare head and neck tumors.
- To demonstrate competency in the comprehensive medical care of patients with head and neck malignancies under the supervision of the fellow or attending.
- To supervise the OTO – 2 and OTO – 3 in basic office and inpatient care of adults and children with head and neck neoplasms.

OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

- To demonstrate competency in the interpretation of normal and abnormal anatomy on MRI and CT scans of the head and neck and the development of a differential diagnosis.
- To be the primary surgeon in the operating room and to demonstrate competency in the performance of direct laryngoscopy, bronchoscopy, esophagoscopy, neck dissection, excision of head and neck tumors and reconstruction of surgical defects including local flaps under the supervision of the fellow or attending. To perform free flaps with the minimal assistance of the fellow or attending.
- To demonstrate competency in the performance of an in depth head and neck examination on patients with general otolaryngologic problems, with emphasis on the specific complaint.
- To demonstrate competency in the development of depth diagnoses and treatment plans for outpatients, inpatient consults, and emergency room patients with a wide variety of otolaryngologic disorders.
- To demonstrate competency in the specialty specific goals as outlined in the OTO – 5 competencies for otology, rhinology, pediatric otolaryngology, laryngology and Head & Neck Cancer.
- To supervise the OTO-2 and OTO -3 in the performance of basic otolaryngologic procedures and care of patients with general otolaryngologic disorders.
- To demonstrate competency in the performance of an in depth head and neck examination on pediatric and adult patients, with emphasis on the otologic examination including the use tuning forks.
- To demonstrate competency in developing in depth diagnoses and treatment plans for outpatients, inpatient consults, and emergency room patients with vestibular or otologic disorders.
- To demonstrate competency in the interpretation of audiograms, ENG's, CT and MRI scans of the temporal bone.
- To supervise the OTO-2 in the performance of basic otologic procedures and care of patients with otologic procedures.

OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

- To demonstrate proficiency in the performance of tympanoplasty, cochlear implants, mastoidectomies under supervision from the attending.
- To demonstrate competency in performing a complete head and neck examination on pediatric patients, including fiberoptic laryngoscopy.
- To demonstrate proficiency in establishing in depth diagnoses and treatment plans for outpatients, inpatient consults, and emergency room patients with pediatric otolaryngologic disorders.
- To demonstrate competency in recognizing a pediatric airway emergency and establishing a diagnosis and treatment plan.
- To demonstrate competency in the interpretation of CT and MRI scans of the head & neck with respect to pediatric disorders.
- To supervise the OTO-2 in the performance of basic pediatric procedures and care of patients with pediatric disorders.
- To demonstrate competency in direct laryngoscopy, bronchoscopy, foreign body removal, excision of inflammatory and congenital lesions of the neck. Additional surgical experience includes the otologic, laryngologic and rhinologic competencies as they apply to pediatric patients for the OTO – 5 level.
- To demonstrate competency in the performance of an in depth head and neck examination on patients with rhinologic disorders, including fiberoptic and rigid nasal endoscopy.
- To demonstrate competency in establishing in depth diagnoses and treatment plans for outpatients, inpatient consults, and emergency room patients with rhinologic disorders.
- To demonstrate competency in the interpretation of allergy testing and the utilization the information in the diagnosis and management of rhinologic disorders.
- To demonstrate competency in the performance of routine and complex rhinologic office procedures.

OTOLARYNGOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-5

- To demonstrate competency in the diagnosis and treatment of a CSF leak under supervision of the attending.
- To demonstrate competency in the interpretation of CT and MRI scans of the sinuses.
- To demonstrate proficiency in the knowledge of complex sinonasal surgical anatomy.
- To supervise the OTO – 2 in basic office and inpatient care of adults and children with rhinological disorders.
- To demonstrate competency in basic and complex rhinologic procedures.
- To supervise the OTO – 2 in basic office and inpatient care of adults and children with voice and swallowing disorders.
- To demonstrate competency in performing a complete head and neck examination on patients with cosmetic and reconstructive issues.
- To demonstrate proficiency in establishing in depth diagnoses and treatment plans for outpatients, inpatient consults, and emergency room patients with cosmetic and reconstructive issues.
- To demonstrate a high degree of understanding of the aesthetic evaluation of the face.
- To demonstrate competency in diagnosing complications of cosmetic and reconstructive procedures and in the emergency management of these situations.
- To independently interpret CT and MRI scans of the head & neck with respect to cosmetic and reconstructive problems.
- To demonstrate competency in local flap planning and soft tissue suture techniques.
- To demonstrate a high degree of understanding of open and closed rhinoplasty techniques, blepharoplasty, brow lift, forehead lift and rhytidectomy.