



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Otolaryngology**

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I. Introduction

I.A. Definition and Scope of the Specialty

The surgical specialty of otolaryngology encompasses the comprehensive evaluation and surgical and medical management of patients of all ages having diseases and disorders of the ears, upper respiratory and upper alimentary systems and related structures, and the head and neck.

I.B. Duration of Education

I.B.1. The education in otolaryngology must be 60 or 72 months in length.

II. Institutions

II.A. Sponsoring Institution

See International Foundational Requirements, Section I.A.

II.B. Participating Sites

See International Foundational Requirements, Section I.B.

III. Program Personnel and Resources

III.A. Program Director

See International Foundational Requirements, Section II.A.

III.B. Faculty

See International Foundational Requirements, Section II.B.

III.C. Other Program Personnel

See International Foundational Requirements, Section II.C.

III.D. Resources

III.D.1. Residents must have access to outpatient facilities, clinics, and office space for education in the regular pre-operative evaluation and post-operative follow-up of cases for which the resident has responsibility.

III.D.2. Technologically-current equipment considered necessary for diagnosis and treatment must be available.

- III.D.3. The Sponsoring Institution and participating sites approved for the program must collectively have a sufficient number and variety of adult and pediatric medical and surgical patients who are available for resident education.
- III.D.4. There must be sufficient operative time available to ensure adequate surgical experience for residents.
- III.D.5. The following clinical resources should be available:
- III.D.5.a) anesthesiology;
 - III.D.5.b) audiology;
 - III.D.5.c) emergency medicine;
 - III.D.5.d) internal medicine;
 - III.D.5.e) neurological surgery;
 - III.D.5.f) neurology;
 - III.D.5.g) ophthalmology;
 - III.D.5.h) pathology;
 - III.D.5.i) pediatrics;
 - III.D.5.j) radiology;
 - III.D.5.k) speech pathology; and,
 - III.D.5.l) thoracic surgery.
- III.D.6. Resources, including space, equipment, personnel, and funding for instruction and study of the basic sciences, should be available to permit satisfactory correlation between basic science knowledge and clinical application.

IV. Resident Appointments

IV.A. Eligibility Criteria

See International Foundational Requirements, Section III.A.

IV.B. Number of Residents

- IV.B.1 There must be at least two residents per year of the educational program.

V. Specialty-Specific Educational Program

V.A. Regularly Scheduled Didactic Sessions

- V.A.1. Residents must learn within a comprehensive, well-organized, and effective curriculum that includes the cyclical presentation of core specialty knowledge supplemented by the addition of current information.
- V.A.2. Residents must learn in a variety of educational settings, such as clinics, classrooms, operating rooms, bedsides, and laboratories, employing accepted educational principles.
- V.A.3. Residents must have a structured educational experience in otolaryngology and its correlated basic science.
- V.A.3.a) Faculty members must participate in the didactic education.
- V.A.3.b) Resident attendance must be monitored.
- V.A.3.c) Education must be evaluated.
- V.A.3.d) Didactic content must be integrated into the overall educational program.
- V.A.4. The program must provide education in the following areas:
- V.A.4.a) basic science as relevant to the head and neck and upper-aerodigestive system, including:
- V.A.4.a).(1) embryology, physiology, pharmacology, microbiology, biochemistry, genetics, cell biology, and immunology;
- V.A.4.a).(2) the communication sciences to include a knowledge of audiology and speech-language pathology and the voice sciences as they relate to laryngology; and,
- V.A.4.a).(3) the chemical senses, endocrinology, and neurology as they relate to the head and neck.
- V.A.4.b) anatomy that includes the study and dissection of cadaver anatomic specimens, including the temporal bone, with appropriate lectures and other formal sessions; and,
- V.A.4.c) pathology that includes formal instruction in correlative pathology, in which gross and microscopic pathology relating to the head and neck area are included.
- V.A.4.c).(1) Residents should study and discuss with the Pathology Service tissues removed at operations and autopsy material coordinated with the Pathology Department.

V.B. Clinical Experiences

- V.B.1. The program director must be responsible for the design, implementation, and oversight of the PGY-1.
- V.B.2. The PGY-1 must include:
 - V.B.2.a) a minimum of five months of structured education in at least three of the following: general surgery, pediatric surgery, plastic surgery, surgical oncology, thoracic surgery, transplantation surgery, or vascular surgery; and,
 - V.B.2.b) a minimum of four months of structured education to include one month in each of the following four clinical areas: anesthesiology, critical care unit (intensive care unit, trauma unit, or similar), emergency medicine, and neurological surgery.
- V.B.3. The educational program must include progressive education in otolaryngology and clinical services.
 - V.B.3.a) There must be at least 36 months of rotations on otolaryngology-head and neck surgery and clinical services.
 - V.B.3.b) The educational program may include rotations on related services, such as neuroradiology, surgical pathology of the head and neck, audiology and vestibular assessment, speech pathology and rehabilitation, radiation oncology, pulmonary medicine, allergy and immunology, and oral and maxillofacial surgery.
- V.B.4. Residents must interact directly with patients, establish provisional diagnoses, and initiate preliminary treatment plans.
 - V.B.4.a) Follow-up care must be provided so that the results of surgical care may be evaluated by the responsible residents.
 - V.B.4.a).(1) These activities must be carried out under the supervision of appropriate faculty members.
- V.B.5. Residents must work in a well-organized and well-supervised outpatient service.
 - V.B.5.a) This service must operate in relation to an inpatient service used in the program.
- V.B.6. Residents must have experience in the emergency care of critically-ill and injured patients with otolaryngology-head and neck conditions.
- V.B.7. Residents at the same level of education must have essentially equivalent and adequate distribution of case categories and procedures.

- V.B.8. Residents must experience direct and progressively-responsible patient management, including surgical experience as assistant to the surgeon, as they advance through the educational program.
- V.B.9. The chief resident's final year of education must be spent at sites approved as part of the program.
- V.B.10. Residents' experiences must show an adequate number, distribution of, and sufficient complexity within the principal surgical procedure categories of the specialty.
- V.B.11. The educational program should include experience in the clinical aspects of diagnosis, medical and/or surgical therapy, and prevention of and rehabilitation from diseases, neoplasms, deformities, disorders and/or injuries of the ears, upper respiratory and upper alimentary systems, face, jaws, and other head and neck systems; head and neck oncology; and facial plastic and reconstructive surgery.
- V.B.12. Residents should have sufficient experience in non-operative management and pre-, intra-, and post-operative care of patients with otolaryngologic disorders.
- V.B.12.a) Residents should evaluate patients before participating in surgery.
- V.B.13. Residents should have experience in the procedures and management of office practice.
- V.B.13.a) Residents must function with an appropriate degree of responsibility under adequate supervision if they participate in pre- and post-operative care in a private office.
- V.B.14. Residents should have experience with state-of-the-art advances and emerging technology in otolaryngology and head and neck surgery.
- V.B.15. Residents should have an opportunity to perform habilitation and rehabilitation techniques and procedures involving respiration, deglutition, chemoreception, balance, speech, and auditory measures such as hearing aids and implantable devices.

V.C. Residents' Scholarly Activities

- V.C.1. Residents should have a structured research experience that results in an understanding of the basic principles of study design, performance, analysis, and reporting.
- V.C.1.a) The research experience may be clinical or basic in nature, and should reflect careful advice by and planning with the faculty.

V.C.1.b) Facilities and protected time for research by the residents should be provided, with guidance and supervision by qualified faculty members.

V.D. Duty Hours and Work Limitations

V.D.1. During the six hours of the 24 plus 6 time period, residents may assist in surgery.

VI. ACGME-I Competencies

VI.A. Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate proficiency in:

- VI.A.1. independent clinical decision-making and sound clinical judgment and formulating and carrying out appropriate management plans for otolaryngology conditions;
- VI.A.2. utilizing and performing 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;
- VI.A.3. 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;
- VI.A.4. managing surgical (including peri-operative) and non-surgical treatment of conditions affecting the head and neck, including:
 - VI.A.4.a) pediatric and congenital disorders;
 - VI.A.4.b) sleep disorders;
 - VI.A.4.c) disorders related to the geriatric population;
 - VI.A.4.d) endocrine disorders related to the thyroid and parathyroid;
 - VI.A.4.e) neurological disorders related to the head and neck;
 - VI.A.4.f) allergic and immunologic disorders;

- VI.A.4.g) idiopathic disorders;
- VI.A.4.h) neoplastic disorders;
- VI.A.4.i) traumatic disorders;
- VI.A.4.j) aerodigestive foreign body obstruction;
- VI.A.4.k) infectious and inflammatory disorders;
- VI.A.4.l) metabolic disorders;
- VI.A.4.m) vascular disorders;
- VI.A.4.n) communicative and swallowing disorders;
- VI.A.4.o) vestibular and hearing disorders;
- VI.A.4.p) chemoreceptive disorders;
- VI.A.4.q) facial plastic and reconstructive disorders; and,
- VI.A.4.r) pain.
- VI.A.5. all surgical care in the following major categories; and,
 - VI.A.5.a) general otolaryngology, including pediatric otolaryngology, rhinology, bronchoesophagology and laryngology;
 - VI.A.5.b) head and neck oncologic surgery;
 - VI.A.5.c) facial plastic and reconstructive surgery of the head and neck; and,
 - VI.A.5.d) otology and neurotology.
- VI.A.6. performing otolaryngology procedures, including:
 - VI.A.6.a) airway management;
 - VI.A.6.b) resuscitation;
 - VI.A.6.c) local and regional anesthesia;
 - VI.A.6.d) universal precautions;
 - VI.A.6.e) endoscopy of upper aerodigestive tract, including rhinoscopy, laryngoscopy, esophagoscopy, and bronchoscopy;
 - VI.A.6.f) laser usage;

- VI.A.6.g) stroboscopy; and,
- VI.A.6.h) computer-assisted navigation.

VI.B. Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents must demonstrate proficiency in knowledge of:

- VI.B.1. the basic medical sciences relevant to following areas:
 - VI.B.1.a) facial plastic and reconstructive surgery;
 - VI.B.1.b) head and neck surgery;
 - VI.B.1.c) immunology and allergy;
 - VI.B.1.d) laryngology and communication disorders;
 - VI.B.1.e) neurotology as it pertains to primary otolaryngology;
 - VI.B.1.f) otology and audiology;
 - VI.B.1.g) pediatric otolaryngology;
 - VI.B.1.h) rhinology and chemical senses; and,
 - VI.B.1.i) sleep medicine.
- VI.B.2. rehabilitation of speech, swallowing, and audiologic and vestibular disorders; and,
- VI.B.3. endocrinology and neurology as they relate to the head and neck area.

VI.C. Practice-based Learning and Improvement

Residents must demonstrate the 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 life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- VI.C.1. identify strengths, deficiencies, and limits in one's knowledge and expertise;
- VI.C.2. set learning and improvement goals;

- VI.C.3. identify and perform appropriate learning activities;
- VI.C.4. systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement;
- VI.C.5. incorporate formative evaluation feedback into daily practice;
- VI.C.6. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- VI.C.7. use information technology to optimize learning; and,
- VI.C.8. participate in the education of patients, families, students, residents, and other health professionals.

VI.D. Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must:

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

VI.E. Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents must demonstrate:

- VI.E.1. compassion, integrity, and respect for others;
- VI.E.2. responsiveness to patient needs that supersedes self-interest;
- VI.E.3. respect for patient privacy and autonomy;
- VI.E.4. accountability to patients, society, and the profession; and,

VI.E.5. sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

VI.F. Systems-based Practice

Residents must 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. Residents must:

VI.F.1. work effectively in various health care delivery settings and systems relevant to their clinical specialty;

VI.F.2. coordinate patient care within the health care system relevant to their clinical specialty;

VI.F.3. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

VI.F.4. advocate for quality patient care and optimal patient care systems;

VI.F.5. work in inter-professional teams to enhance patient safety and improve patient care quality; and,

VI.F.6. participate in identifying system errors and implementing potential systems solutions.