**Continued Accreditation Application: Pediatric Otolaryngology   
(Otolaryngology)**

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

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

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

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

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

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

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

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| --- |
| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

|  |
| --- |
| * + - 1. What is the length, in months, of the educational program Choose a length. |
|  |

**Institutions**

**Sponsoring Institution**

1. Does the fellowship function as an integral part of an ACGME-I-accredited residency in otolaryngology? YES  NO

Explain if ‘NO.. (Limit 250 words)

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| Click here to enter text. |

1. Is the fellowship program:
2. located in a tertiary care pediatric institution? YES NO
3. in a setting where the care of neonates and children can be easily coordinated with other subspecialists? YES NO

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

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**Program Personnel and Resources**

**Program Director**

1. Describe how the program ensures the program director has completed a pediatric otolaryngology fellowship or has extensive experience in pediatric otolaryngology? (Limit 300 words)

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**Faculty**

1. Complete the table below to indicate the faculty members with expertise in each specified area.

|  |  |
| --- | --- |
| Practice Area | Faculty Member(s) Name(s) |
| Anesthesiology |  |
|  |
|  |
|  |
| Audiology and speech pathology |  |
|  |
|  |
|  |
| Gastroenterology |  |
|  |
|  |
|  |
| Medical genetics |  |
|  |
|  |
|  |
| Neonatology |  |
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|  |
| Pathology |  |
|  |
|  |
|  |
| Prenatal and fetal medicine |  |
|  |
|  |
|  |
| Pulmonology |  |
|  |
|  |
|  |
| Radiology |  |
|  |
|  |
|  |
| Sleep medicine |  |
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Explain if there are no faculty members listed for any of the specialties/subspecialties noted above. (Limit 300 words)

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**Resources**

* + 1. Are the following facilities/services available?

1. Audiology YES NO
2. Developmental assessment YES NO
3. Emergency department YES NO
4. Facilities to support clinical research YES NO
5. Neonatal intensive care unit YES NO
6. Inpatient facilities YES NO
7. Outpatient facilities YES NO
8. Pediatric intensive care unit YES NO
9. Speech assessment YES NO
10. Swallowing assessment YES NO

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

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* + 1. Are fellows provided with prompt reliable systems for communication and interaction with supervising physicians? YES NO

Explain if ‘NO.’ (Limit 250 words)

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**Eligibility Criteria**

1. Describe how the program ensures all fellows have completed an Accreditation Council for Graduate Medical Education- or ACGME-I-accredited otolaryngology residency program, or an otolaryngology program that is acceptable to the Sponsoring Institution’s Graduate Medical Education Committee. (Limit 300 words)

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How do graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles? (Limit 400 words)

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**Patient Care and Procedural Skills**

1. How do graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health? (Limit 300 words)

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1. How do graduating fellows demonstrate competence in providing care that is culturally sensitive, sensitive to the patient’s situation, and specific to the patient’s and patient’s family’s needs? (Limit 400 words)

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1. How do graduating fellows demonstrate competence in providing accurate diagnosis and treatment care options based on best practice and standards of care? (Limit 400 words)

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1. How do graduating fellows demonstrate competence in evaluating patients with the following?
2. Congenital abnormalities
3. Hearing loss
4. Infectious and inflammatory disorders
5. Inherited and acquired conditions of the head and neck

Describe how competence is evaluated in each area listed. (Limit 400 words)

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1. How do graduating fellows demonstrate competence in diagnosing and managing the medical and surgical treatment of disorders of the following?
2. Aerodigestive tract
3. Ear
4. Head and neck
5. Nose
6. Sinus
7. Throat
8. Voice and speech

Describe how competence is evaluated in four of the seven areas listed. (Limit 400 words)

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1. How do graduating fellows demonstrate competence in performing in the following domains in neonates; infants; children, including those under three years of age; and adolescents with significant co-morbidities?
2. Closed and open airways
3. Congenital anomalies
4. Endoscopic airways
5. Facial plastics
6. Facial trauma
7. Head and neck surgery
8. Otology
9. Rhinology

Describe how competence is evaluated in four of the eight areas listed. (Limit 400 words)

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1. Describe how graduating fellows are evaluated in their ability to perform uncommon pediatric procedures infrequently encountered in the general practice of otolaryngology? (Limit 300 words)

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**Medical Knowledge**

1. How do graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care? (Limit 400 words)

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1. How do graduating fellows demonstrate knowledge of the medical and surgical management of neonatal, infant, childhood, and adolescent diseases of the head and neck? (Limit 400 words)

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**Practice-Based Learning and Improvement**

1. How do graduating fellows demonstrate their ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning? (Limit 300 words)

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**Interpersonal and Communication Skills**

1. How do graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, patients’ families, and health professionals? (Limit 300 words)

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**Systems-Based Practice**

1. How do graduating fellows 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? (Limit 300 words)

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**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. How does the program ensure that fellows are involved in planning and conducting pediatric otolaryngology educational conferences? (Limit 300 words)

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1. Does the didactic curriculum include the following?
2. Clinical conferences YES NO
3. Journal clubs YES NO
4. Multidisciplinary conferences YES NO
5. Research conferences YES NO

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

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| Click here to enter text. |

1. Do conferences include the following topics appropriate to pediatric otolaryngology?
2. Conditions of the ear YES NO
3. Conditions of the nose and paranasal sinuses YES NO
4. Congenital and acquired conditions of the aerodigestive tract YES NO
5. Developmental anatomy and physiology YES NO
6. Disorders of hearing YES NO
7. Disorders of language YES NO
8. Disorders of the laryngotracheal complex YES NO
9. Disorders of speech and voice YES NO
10. Embryology YES NO
11. Genetics YES NO
12. Microbiology YES NO
13. Oncology YES NO
14. Psychology as related to head and neck YES NO

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

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**Clinical Experiences**

* + - 1. Are clinical rotations at least four weeks in length? YES NO

Explain if ‘NO.’ (Limit 250 words)

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* + - 1. Does the curriculum include clinical experiences in the following?

1. Management and treatment of cochlear implants YES NO
2. Management and treatment of craniofacial disorders YES NO
3. Management and treatment of tumors YES NO
4. Management and treatment of vascular anomalies YES NO
5. Participation in a multispecialty, interdisciplinary team YES NO

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

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1. How does the program ensure that fellows participate at least four half-day clinic sessions per month? (Limit 400 words)

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1. How does the program ensure that fellows collaborate with surgical fellows residents, faculty members, other physicians outside their specialty/subspecialty, and non-traditional health care practitioners to best formulate treatment? (Limit 400 words)

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1. How does the program ensure that fellows have regular involvement in quality improvement activities throughout the educational program? (Limit 250 words)

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**Fellows’ Scholarly Activities**

1. How does the program ensure that fellows complete scholarly projects, including scientific study, production of review articles of chapters, or creation of online educational activities? (Limit 400 words)

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**Faculty Scholarly Activity**

1. How does the program ensure that all core faculty members have scholarly activity in at least one of the following: funded research grants; peer-reviewed publications; or presentations at local, regional, or national conferences? (Limit 400 words)

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**The Learning and Working Environment**

**Principles**

1. Are surgical teams made up of the following?
   * + - 1. Attending surgeons YES NO
         2. Fellows YES NO
         3. Residents at various levels YES NO
         4. Medical students when appropriate YES NO
         5. Other health care practitioners YES NO

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

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**Supervision and Accountability**

* 1. How does the program ensure that all fellows have a working knowledge of expected reporting relationships to maximize quality care and patient safety? (Limit 300 words)

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* 1. How does the program ensure that supervision of fellows using telecommunication technology is based on fellow experience, presence of an existing treatment plan, and the complexity/acuity of the case? (Limit 300 words)

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**Professionalism**

* 1. How does the program ensure that fellows assume responsibility to complete all tasks to which they are assigned in a timely fashion and that they use established methods to hand off tasks to another member the team? (Limit 300 words)

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

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

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

Year in the program:

Number:                Title:

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

b) Required or elective

c) Brief description (three or four sentences)

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

**Example:**

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

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

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