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

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

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

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate 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.

Email questions regarding ADS to 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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When the forms are completed, **number each page sequentially in the bottom center**. Report this pagination in the Table of Contents and submit this cover page with the completed application.

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**Introduction**

**Duration and Scope of Education**

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

Choose a length. |
|   |

**Institutions**

**Sponsoring Institution**

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

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Will the fellowship program be:
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 will ensure that 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 |  |
|  |
|  |
|  |
| Pathology |  |
|  |
|  |
|  |
| Prenatal and fetal medicine |  |
|  |
|  |
|  |
| Pulmonology |  |
|  |
|  |
|  |
| Radiology |  |
|  |
|  |
|  |
| Sleep medicine |  |
|  |
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Explain if there are no faculty members listed in any of the specialties/subspecialties noted above. (Limit 300 words)

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**Resources**

* + 1. Will the following facilities/services be 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)

|  |
| --- |
| Click here to enter text. |

* + 1. Will fellows be provided with prompt reliable systems for communication and interaction with supervising physicians? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

**Eligibility Criteria**

1. Describe how the program will ensure 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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| Click here to enter text. |

**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will 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 will 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 will 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 will 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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| Click here to enter text. |

1. How will 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 will be evaluated in each area listed. (Limit 400 words)

|  |
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| Click here to enter text. |

1. How will 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 will be evaluated in four of the seven areas listed. (limit 400 words)

|  |
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| Click here to enter text. |

1. How will 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 will be evaluated in four of the eight areas listed. (Limit 400 words)

|  |
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| Click here to enter text. |

1. Describe how graduating fellows will be assessed 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 will 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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| Click here to enter text. |

1. How will 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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| Click here to enter text. |

**Practice-Based Learning and Improvement**

1. How will 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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| Click here to enter text. |

**Interpersonal and Communication Skills**

1. How will 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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| Click here to enter text. |

**Systems-Based Practice**

1. How will 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)

|  |
| --- |
| Click here to enter text. |

**Regularly Scheduled Educational Activities**

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

|  |
| --- |
| Click here to enter text. |

1. Will 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)

|  |
| --- |
| Click here to enter text. |

1. Will 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)

|  |
| --- |
| Click here to enter text. |

**Clinical Experiences**

* + - 1. Will clinical rotations be at least four weeks in length? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

* + - 1. Will 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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| Click here to enter text. |

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

|  |
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1. How will the program ensure that fellows collaborate with surgical fellows and 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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| Click here to enter text. |

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

|  |
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| Click here to enter text. |

**Fellows’ Scholarly Activities**

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

|  |
| --- |
| Click here to enter text. |

**Faculty Scholarly Activity**

1. How will 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)

|  |
| --- |
| Click here to enter text. |

**The Learning and Working Environment**

**Principles**

1. Will surgical teams be 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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| Click here to enter text. |

**Supervision and Accountability**

* 1. How will 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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| Click here to enter text. |

* 1. How will 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)

|  |
| --- |
| Click here to enter text. |

**Professionalism**

* 1. How will 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)

|  |
| --- |
| Click here to enter text. |

**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 will 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-101. Introduction to pediatric emergency medicinea) Seminarb) Required Y-1c) Survey of contemporary methods and styles of pediatric emergency medicine, including approaches to clinical work with minority populationsd) Weekly, for 8 sessions02. Departmental Grand Roundsa) Discussion groupsb) 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 will be monitored, explain how this will be accomplished and how feedback will be given regarding non-attendance. (Limit 250 words)

|  |
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| Click here to enter text. |

**Appendix B. Patient Population Data**

Complete and attach the following tables summarizing the total number of cases seen annually at each of the planned participating sites (Label: Appendix B.). Numbers should reflect total volume at each institution to which fellows will rotate.

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

The data in Table 1 below is for the following one-year period:

From: Date\_\_\_\_\_\_\_\_\_\_\_ To: Date\_\_\_\_\_\_\_\_\_\_\_

| **PROCEDURE(S)** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| **Congenital Anomalies** |
| Branchial cleft anomaly excision |  |  |  |  |  |
| Thyroglossal duct cyst excision |  |  |  |  |  |
| Dermoid cyst/Glioma/Encephalocele excision |  |  |  |  |  |
| Hemangioma, lymphatic, or vascular malformation excision |  |  |  |  |  |
| TOTAL CONGENITAL ANOMALIES |  |
| **Head and neck surgery** |
| Drainage deep neck abscess (age less than three years or ASA greater than II)  |  |  |  |  |  |
| Retropharyngeal space (RP) abscessParapharyngeal space (PPS) abscess– internal approach |  |  |  |  |  |
| Retropharyngeal space (RP) abscessParapharyngeal space (PPS) abscess– external approach |  |  |  |  |  |
| Excision angiofibroma or other nasopharyngeal tumor |  |  |  |  |  |
| Parotidectomy |  |  |  |  |  |
| Submandibular gland excision |  |  |  |  |  |
| Thyroidectomy |  |  |  |  |  |
| Ranula excision |  |  |  |  |  |
| Cricopharyngeal myotomy |  |  |  |  |  |
| Deep lymph node excision |  |  |  |  |  |
| Cervical lymphadenectomy |  |  |  |  |  |
| Excision sublingual gland |  |  |  |  |  |
| Lingual tonsillectomy |  |  |  |  |  |
| Glossectomy |  |  |  |  |  |
| Dilation and catheterization of salivary duct, with or without injection – sialoendoscopy |  |  |  |  |  |
| TOTAL HEAD AND NECK SURGERY |  |
| **Otology** |
| Mastoidectomy  |  |  |  |  |  |
| Ossicular reconstruction |  |  |  |  |  |
| Cochlear implant |  |  |  |  |  |
| Osseo-integrated implant |  |  |  |  |  |
| Dilation of Eustachian tube, unilateral |  |  |  |  |  |
| Reconstruction of external auditory canal |  |  |  |  |  |
| Middle ear exploration through postauricular or ear canal incision |  |  |  |  |  |
| TOTAL OTOLOGY |  |
| **Airway Procedures** |
| Tracheostomy (age less than two years) |  |  |  |  |  |
| Thyrotomy (laryngofissure) |  |  |  |  |  |
| Laryngoplasty/laryngotracheoplasty |  |  |  |  |  |
| Cricotracheal/tracheal resection and repair |  |  |  |  |  |
| Laryngeal reinnervation by neuromuscular pedicle |  |  |  |  |  |
| Excision tracheal tumor or carcinoma, cervical |  |  |  |  |  |
| Esophagoplasty cervical approach with repair tracheoesophageal fistula |  |  |  |  |  |
| Arntenoidectomy, aryteniodopexy, external approach |  |  |  |  |  |
| TOTAL AIRWAY PROCEDURES |  |
| **Endoscopy with intervention** |
| Laryngoscopy and intervention  |  |  |  |  |  |
| Bronchoscopy and intervention  |  |  |  |  |  |
| Esophagoscopy and intervention  |  |  |  |  |  |
| TOTAL ENDOSCOPY WITH INTERVENTION |  |
| **Rhinology** |
| Sinonasal endoscopic (age less than 13 years or ASA greater than II) |  |  |  |  |  |
| Endoscopic sinonasal, extended |  |  |  |  |  |
| Repair choanal atresia |  |  |  |  |  |
| TOTAL RHINOLOGY |  |
| **Facial Plastics** |
| Otoplasty |  |  |  |  |  |
| Cleft repair – lip |  |  |  |  |  |
| Cleft repair – palate |  |  |  |  |  |
| Pharyngoplasty |  |  |  |  |  |
| Mandibular osteotomy  |  |  |  |  |  |
| Placement mandibular craniofacial distraction device  |  |  |  |  |  |
| Rib graft and resection of rib |  |  |  |  |  |
| Repair complex lacerations (all sites, including intraoral) |  |  |  |  |  |
| Adjacent tissue transfer or rearrangement |  |  |  |  |  |
| Facial fractures less than age 13 |  |  |  |  |  |
| Osteoplasty, facial bones, augmentation |  |  |  |  |  |
| Muscle, myocutaneous, or fasciocutaneous flap, head and neck with named vascular pedicle |  |  |  |  |  |
| TOTAL FACIAL PLASTICS |  |

Minimum required procedures to be completed as surgeon or supervisor prior to graduation are listed in the table below:

|  |  |
| --- | --- |
| **Procedure** | **Minimum cases** |
| Congenital Anomalies | 20 |
| Head and Neck Surgery | 20 |
| Otology | 30 |
| Airway Procedures | 15 |
| Endoscopy with Intervention | 50 |
| Rhinology | 40 |
| Facial Plastics | 10 |