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**National Institute for Health Specialties**

**Otolaryngology Program Application Form**

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| **Application Information** |
| Date: | Click or tap here to enter text. |
| Application Type: | [ ]  New (Initial Accreditation Application)[ ]  Renewal (Continued Accreditation Application) |
| Program Name: | Otolaryngology, Head & Neck Surgery Residency Program |
| Institution Name: | Click or tap here to enter text. |
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| **1. INTRODUCTION** |
| **A. Duration and Scope of Education** |
| 1. What will be the length, in months, of the educational program? | Click or tap here to enter text. |
| **2. PROGRAM PERSONNEL AND RESOURCES** |
| **A. Resources** |
| 1. Do residents have responsibility for regular pre-operative evaluation and post-operative follow-up of their assigned cases?
 | [ ]  Yes  | [ ]  No |
| If ‘YES’, will residents have access to: |
| 1. Outpatient Facilities
 | [ ]  Yes  | [ ]  No |
| 1. Clinics
 | [ ]  Yes  | [ ]  No |
| 1. Office Space
 | [ ]  Yes  | [ ]  No |
| 1. Do residents have access to technologically current equipment necessary for diagnosis and treatment?
 | [ ]  Yes  | [ ]  No |
| Explain any ‘NO’ responses (Limit 300 words):Click or tap here to enter text. |
| 1. Describe how the program ensures that there will be a sufficient number and variety of adult and paediatric medical and surgical patients available for resident education at the Sponsoring Institution and participating sites (Limit 400 words).

Click or tap here to enter text. |
| 1. Describe how the program ensures that there is sufficient operative time available to ensure adequate surgical experiences for all residents (Limit 400 words).

Click or tap here to enter text. |
| 1. Are the following clinical resources available:
 |
| 1. Anaesthesiology
 | [ ]  Yes  | [ ]  No |
| 1. Audiology
 | [ ]  Yes  | [ ]  No |
| 1. Emergency medicine
 | [ ]  Yes  | [ ]  No |
| 1. Internal medicine
 | [ ]  Yes  | [ ]  No |
| 1. Neurological surgery
 | [ ]  Yes  | [ ]  No |
| 1. Neurology
 | [ ]  Yes  | [ ]  No |
| 1. Ophthalmology
 | [ ]  Yes  | [ ]  No |
| 1. Pathology
 | [ ]  Yes  | [ ]  No |
| 1. Paediatrics
 | [ ]  Yes  | [ ]  No |
| 1. Radiology
 | [ ]  Yes  | [ ]  No |
| 1. Speech pathology
 | [ ]  Yes  | [ ]  No |
| 1. Thoracic surgery
 | [ ]  Yes  | [ ]  No |
| Explain any ‘NO’ responses (Limit 300 words).Click or tap here to enter text. |
| 1. Which of the following resources are available to permit satisfactory correlation between basic science knowledge and clinical application:
 |
| 1. Space
 | [ ]  Yes  | [ ]  No |
| 1. Equipment
 | [ ]  Yes  | [ ]  No |
| 1. Personnel
 | [ ]  Yes  | [ ]  No |
| 1. Funding for instruction and study of the basic sciences
 | [ ]  Yes  | [ ]  No |
| Explain any ‘NO’ responses (Limit 300 words).Click here to enter text. |

|  |
| --- |
| **3. SPECIALITY – SPECIFIC EDUCATIONAL PRGORAM**  |
| 1. **Regularly Scheduled Didactic Sessions**
 |
| 1. Using the format provided, complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
 |
| 1. Do didactic sessions include cyclical presentation of core specialty knowledge supplemented by the addition of current information?
 | [ ]  Yes  |  [ ]  No |
| 1. Do residents learn in a variety of educational settings, including:
 |
| 1. Clinic
 | [ ]  Yes [ ]  No |
| 1. Classroom
 | [ ]  Yes [ ]  No |
| 1. Operating room
 | [ ]  Yes [ ]  No |
| 1. Bedside
 | [ ]  Yes [ ]  No |
| 1. Laboratory
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (Limit 250 words).Click here to enter text. |
| 1. Do faculty participate in didactic sessions?
 | [ ]  Yes [ ]  No |
| 1. Is resident attendance monitored?
 | [ ]  Yes [ ]  No |
| 1. Is education evaluated?
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (Limit 250 words).Click here to enter text. |
| 1. Indicate how didactic content is integrated into the overall educational program (Limit 400 words).

Click here to enter text. |
| 1. Are the following topics covered during regularly scheduled didactic sessions:
 |
| 1. Basic science as relevant to head and neck
 | [ ]  Yes [ ]  No |
| 1. Basic science as relevant to the upper-aero digestive system
 | [ ]  Yes [ ]  No |
| 1. Embryology
 | [ ]  Yes [ ]  No |
| 1. Physiology
 | [ ]  Yes [ ]  No |
| 1. Pharmacology
 | [ ]  Yes [ ]  No |
| 1. Microbiology
 | [ ]  Yes [ ]  No |
| 1. Biochemistry
 | [ ]  Yes [ ]  No |
| 1. Genetics
 | [ ]  Yes [ ]  No |
| 1. Cell biology
 | [ ]  Yes [ ]  No |
| 1. Immunology
 | [ ]  Yes [ ]  No |
| 1. Audiology as it relates to laryngology
 | [ ]  Yes [ ]  No |
| 1. Speech-language pathology and the voice sciences as it relates to laryngology
 | [ ]  Yes [ ]  No |
| 1. Chemical senses as it relates to the head and neck
 | [ ]  Yes [ ]  No |
| 1. Endocrinology as it related to the head and neck
 | [ ]  Yes [ ]  No |
| 1. Neurology as it relate to the head and neck
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (Limit 250 words).Click here to enter text. |
| 1. Do regularly scheduled anatomy sessions include dissection of cadaver anatomic specimens including the temporal bone?
 | [ ]  Yes [ ]  No |
| 1. Do regularly scheduled pathology sessions include:
 |
| 1. Gross pathology related to the head and neck
 | [ ]  Yes [ ]  No |
| 1. Microscopic pathology related to the head and neck
 | [ ]  Yes [ ]  No |
| 1. Discussion of the pathology service tissues removed at operations and autopsy
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (Limit 250 words).Click here to enter text. |
| 1. **Clinical Experience**
 |
| 1. Is the program director responsible for the design, implementation, and oversight of the PGY-1?
 | [ ]  Yes [ ]  No |
| Explain if ‘NO’. (Limit 250 words).Click or tap here to enter text. |
| 1. Does the PGY-1 include at least five months of structured education, including:
 |
| 1. General surgery
 | [ ]  Yes [ ]  No |
| 1. Pediatric surgery
 | [ ]  Yes [ ]  No |
| 1. Plastic surgery
 | [ ]  Yes [ ]  No |
| 1. Surgical oncology
 | [ ]  Yes [ ]  No |
| 1. Thoracic surgery
 | [ ]  Yes [ ]  No |
| 1. Transplantation surgery
 | [ ]  Yes [ ]  No |
| 1. Vascular surgery
 | [ ]  Yes [ ]  No |
| Explain if less than 3 of the above are ‘YES’ (Limit 250 words).Click or tap here to enter text. |
| 1. Does the PGY-1 include at least four months of clinical education in:
 |
| 1. Anaesthesiology
 | [ ]  Yes [ ]  No |
| 1. Critical care unit
 | [ ]  Yes [ ]  No |
| 1. Emergency medicine
 | [ ]  Yes [ ]  No |
| 1. Neurological surgery
 | [ ]  Yes [ ]  No |
| 1. Are each of the above experiences one month in length?
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words):Click or tap here to enter text. |
| 1. Indicate how the curriculum during PGY-2-5, includes progressive education in otolaryngology and clinical services (Limit 400 words).

Click or tap here to enter text. |
| 1. Are there at least 36 months of rotations on otolaryngology-head and neck surgery and clinical services?
 | [ ]  Yes [ ]  No |
| Explain if ‘NO’ (Limit 250 words).Click or tap here to enter text. |
| 1. If ‘YES’, do these rotations include experiences in:
 |
| 1. Neuroradiology
 | [ ]  Yes [ ]  No |
| 1. Surgical pathology of the head and neck
 | [ ]  Yes [ ]  No |
| 1. Audiology and vestibular assessment
 | [ ]  Yes [ ]  No |
| 1. Speech pathology and rehabilitation
 | [ ]  Yes [ ]  No |
| 1. Radiation oncology
 | [ ]  Yes [ ]  No |
| 1. Pulmonary medicine
 | [ ]  Yes [ ]  No |
| 1. Allergy and immunology
 | [ ]  Yes [ ]  No |
| 1. Oral and maxillofacial surgery
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (Limit 250 words).Click or tap here to enter text. |
| 1. Do residents:
 |
| 1. Interact directly with patients
 | [ ]  Yes [ ]  No |
| 1. Establish provisional diagnoses
 | [ ]  Yes [ ]  No |
| 1. Initiate preliminary treatment plans
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (Limit 300 words).Click or tap here to enter text. |
| 1. Do residents provide follow-up care so that results of surgical care may be evaluated by the responsible resident?
 | [ ]  Yes [ ]  No |
| If ‘YES’, are these activities carried out under the supervision of appropriate faculty? | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (Limit 250 words).Click or tap here to enter text. |
| 1. Do residents work in a well-organized and well-supervised outpatient service?
 | [ ]  Yes [ ]  No |
| If ‘YES’, does this service operate in relation to an inpatient service used in the program?  | [ ]  Yes [ ]  No |
| Explain any ‘NO’ response (Limit 250 words).Click or tap here to enter text. |
| 1. Do residents have experience in the emergency care of critically ill and injured patients with otolaryngology-head and neck conditions?
 | [ ]  Yes [ ]  No |
| Explain if ‘NO’ (Limit 250 words).Click or tap here to enter text. |
| 1. Do residents have essentially equivalent distribution of case categories and procedures as their colleagues at the same level of education?
 | [ ]  Yes [ ]  No |
| Explain if ‘NO’ (Limit 250 words).Click or tap here to enter text. |
| 1. Do residents experience direct and progressively responsible patient management?
 | [ ]  Yes [ ]  No |
| 1. If ‘YES’, does the experience include surgical experience as assistant to the surgeon?
 | [ ]  Yes [ ]  No |
| 1. Is the chief resident’s final year of education spent at sites approved as part of the program?
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (Limit 250 words).Click or tap here to enter text. |
| 1. Indicate how the program ensures that each resident has an adequate number, distribution, and sufficient complexity of cases within the principal surgical procedural categories of the specialty (Limit 400 words).

Click or tap here to enter text. |
| 1. Does the experiential educational program include clinical aspects of:
 |
| 1. Diagnosis
 | [ ]  Yes [ ]  No |
| 1. Medical therapy
 | [ ]  Yes [ ]  No |
| 1. Surgical therapy
 | [ ]  Yes [ ]  No |
| 1. Prevention of diseases
 | [ ]  Yes [ ]  No |
| 1. Rehabilitation from disease
 | [ ]  Yes [ ]  No |
| 1. Neoplasm
 | [ ]  Yes [ ]  No |
| 1. Deformities
 | [ ]  Yes [ ]  No |
| 1. Disorders of the ear
 | [ ]  Yes [ ]  No |
| 1. Injury of the ear
 | [ ]  Yes [ ]  No |
| 1. Upper respiratory system
 | [ ]  Yes [ ]  No |
| 1. Upper alimentary system
 | [ ]  Yes [ ]  No |
| 1. The face
 | [ ]  Yes [ ]  No |
| 1. The jaws
 | [ ]  Yes [ ]  No |
| 1. Other head and neck systems
 | [ ]  Yes [ ]  No |
| 1. Head and neck oncology
 | [ ]  Yes [ ]  No |
| 1. Facial plastic and reconstructive surgery
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (Limit 350 words).Click or tap here to enter text. |
| 1. Do residents have experience with otolaryngologic disorders, including:
 |
| 1. Non-operative management
 | [ ]  Yes [ ]  No |
| 1. Pre-operative care of patients
 | [ ]  Yes [ ]  No |
| 1. Intra-operative care of patients
 | [ ]  Yes [ ]  No |
| 1. Post-operative care of patients
 | [ ]  Yes [ ]  No |
| 1. Evaluating the patient before participating in surgery
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (Limit 350 words).Click or tap here to enter text. |
| 1. Are residents provided experiences in:
 |
| 1. Procedures of office practice
 | [ ]  Yes [ ]  No |
| 1. Management of office practice
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (Limit 250 words).Click or tap here to enter text. |
| 1. Describe the experiences residents have with state-of-the-art advanced and emerging technology in otolaryngology and head-and-neck surgery (Limit 250 words).

Click or tap here to enter text. |
| 1. Do residents have opportunities to perform techniques and procedures involving:
 |
| 1. Habitation
 | [ ]  Yes [ ]  No |
| 1. Rehabilitation
 | [ ]  Yes [ ]  No |
| 1. Respiration
 | [ ]  Yes [ ]  No |
| 1. Deglutition
 | [ ]  Yes [ ]  No |
| 1. Chemoreception
 | [ ]  Yes [ ]  No |
| 1. Balance
 | [ ]  Yes [ ]  No |
| 1. Speech
 | [ ]  Yes [ ]  No |
| 1. Auditory measures such as hearing aids and implantable devices
 | [ ]  Yes [ ]  No |
| Explain any ‘NO’ responses (Limit 350 words).Click or tap here to enter text. |
| 1. **Residents’ Scholarly Activities**
 |
| Does the educational program provide a structured research experience for residents? | [ ]  Yes [ ]  No |
| Explain if ‘NO’ (Limit 250 words).Click or tap here to enter text. |
| * + - 1. If ‘YES’ is the experience be sufficient to result in an understanding of basic principles of:
 |
| 1. Study design
 | [ ]  Yes [ ]  No |
| 1. Research performance
 | [ ]  Yes [ ]  No |
| 1. Research analysis
 | [ ]  Yes [ ]  No |
| 1. Research reporting
 | [ ]  Yes [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| 1. Does the research experience reflect careful advice by and planning with the faculty?
 | [ ]  Yes [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| 1. Does the program provide:
 |
| Facilities for research | [ ]  Yes [ ]  No |
| Protected time for research | [ ]  Yes [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| 1. **Duty Hour and Work Limitations**
 |
| Are residents permitted to assist in surgery during the six hours following 24 hours of continuous duty? | [ ]  Yes [ ]  No |
| **4. CORE COMPETENCIES** |
| 1. **Patient Care**
 |
| 1. How do graduating residents demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health? Describe how this is evaluated (Limit 300 words).

Click or tap here to enter text. |
| 1. How do graduating residents demonstrate proficiency in independent clinical decision-making and sound clinical judgment and possessing the ability to formulate and carry out appropriate management plans for otolaryngology conditions? Describe how proficiency is evaluated (Limit 400 words).

Click or tap here to enter text. |
| 1. How do graduating residents demonstrate proficiency in the utilization and performance of 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? Describe how proficiency is evaluated (Limit 400 words).

Click or tap here to enter text. |
| 1. How do graduating residents demonstrate proficiency in 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? Describe how proficiency is evaluated (Limit 400 words).

Click or tap here to enter text. |
| 1. How do graduating residents demonstrate proficiency in surgical (including peri-operative) and non-surgical management and treatment of conditions affecting the head and neck, including:
2. pediatric and congenital disorders
3. sleep disorders
4. disorders related to the geriatric population
5. endocrine disorders related to the thyroid and parathyroid
6. neurological disorders related to the head and neck
7. allergic and immunologic disorders
8. idiopathic disorders
9. neoplastic disorders
10. traumatic disorders
11. aerodigestive foreign body obstruction
12. infectious and inflammatory disorders
13. metabolic disorders
14. vascular disorders
15. communicative and swallowing disorders
16. vestibular and hearing disorders
17. chemoreceptive disorders
18. facial plastic and reconstructive disorders
19. pain

Provide an example of how proficiency is assessed in nine of the 18 disorders listed above (Limit 900 words).Click or tap here to enter text. |
| 1. How do graduating residents demonstrate proficiency in all surgical care in the following major categories:
2. general otolaryngology
3. pediatric otolaryngology
4. rhinology
5. bronchoesophagology
6. laryngology
7. head and neck oncologic surgery
8. facial plastic and reconstructive surgery of the head and neck
9. otology and neurotology

Provide an example of how proficiency is assessed in five of the eight categories listed above (Limit 500 words).Click or tap here to enter text. |
| 1. How do graduating residents demonstrate proficiency in performing otolaryngology procedures, including:
2. airway management
3. resuscitation
4. local and regional anesthesia
5. universal precautions
6. endoscopy of upper aerodigestive tract, including rhinoscopy, laryngoscopy, esophagoscopy, and bronchoscopy
7. laser usage
8. stroboscopy
9. computer-assisted navigation

Provide an example of how proficiency is assessed in four of the eight categories listed above (Limit 400 words).Click or tap here to enter text. |
| 1. **Medical Knowledge**
 |
| 1. How do graduating residents demonstrate proficiency in their knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences, as well as the application of this knowledge to patient care? Describe how these traits are evaluated (Limit 400 words).Click or tap here to enter text. |
| * + - 1. How do graduating residents demonstrate proficiency in their knowledge of the basic medical sciences relevant to following areas:
1. facial plastic and reconstructive surgery
2. head and neck surgery
3. immunology and allergy
4. laryngology and communication disorders
5. neurotology as it pertains to primary otolaryngology
6. otology and audiology
7. pediatric otolaryngology
8. rhinology and chemical senses
9. sleep medicine

Provide an example of how proficiency is assessed in five of the nine areas listed above (Limit 500 words).Click or tap here to enter text. |
| * + - 1. How do graduating residents demonstrate proficiency in their knowledge of:
1. rehabilitation of speech
2. swallowing disorders
3. audiologic disorders
4. vestibular disorders

Provide an example of how proficiency is assessed in two of the four areas listed above (Limit 250 words).Click or tap here to enter text. |
| * + - 1. How do graduating residents demonstrate proficiency in their knowledge of endocrinology and neurology as they relate to the head and neck area? Describe how proficiency is evaluated (Limit 300 words).

Click or tap here to enter text. |
| 1. **Practice-based Learning and Improvement**
 |
| 1. How do graduating residents 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 life-long learning? Describe how these skills are evaluated (Limit 300 words).

Click or tap here to enter text. |
| 1. How do graduating residents demonstrate that they have developed skills and habits to be able to meet the following goals:
2. identify strengths, deficiencies, and limits in one’s knowledge and expertise
3. set learning and improvement goals
4. identify and perform appropriate learning activities
5. systematically analyze clinical practice using quality improvement methods and implement changes with the goal of practice improvement
6. incorporate formative evaluation feedback into daily practice
7. locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
8. use information technology to optimize learning
9. participate in the education of patients, families, students, residents, and other health professionals

Provide an example of how skill is assessed in five of the eight areas listed above (Limit 500 words).Click or tap here to enter text. |
| 1. **Interpersonal and Communication Skills**
 |
| * + - 1. How do graduating residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals? Describe how these skills are evaluated (Limit 300 words).

Click or tap here to enter text. |
| * + - 1. How do graduating residents demonstrate their ability to:
1. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
2. communicate effectively with physicians, other health professionals, and health-related agencies
3. work effectively as a member or leader of a health care team or other professional group
4. act in a consultative role to other physicians and health professionals
5. maintain comprehensive, timely, and legible medical records, if applicable

Provide an example of how skill is assessed in **three** of the five areas listed above (Limit 300 words).Click or tap here to enter text. |
| 1. **Professionalism**
 |
| * + - 1. How do graduating residents demonstrate a commitment to fulfilling their professional responsibilities and to adhering to ethical principles? Describe how these traits are evaluated (Limit 300 words).

Click or tap here to enter text. |
| * + - 1. How do graduating residents demonstrate:

a. compassion, integrity, and respect for othersb. responsiveness to patient needs that supersedes self-interestc. respect for patient privacy and autonomyd. accountability to patients, society, and the profession e. sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientationProvide an example of how traits are assessed in three of the five areas listed above (Limit 400 words).Click or tap here to enter text. |
| 1. **Systems-based Practice**
 |
| 1. How do graduating residents 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?

Describe how these skills are evaluated (Limit 300 words).Click or tap here to enter text. |
| 1. How do graduating residents demonstrate their ability to:

a. work effectively in various health care delivery settings and systems relevant to their clinical specialtyb. coordinate patient care within the health care system relevant to their clinical specialtyc. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population based care as appropriated. advocate for quality patient care and optimal patient care systemse. work in inter-professional teams to enhance patient safety and improve patient care qualityf. participate in identifying system errors and implementing potential systems solutionsProvide an example of how skill is assessed in **four** of the six areas listed above (Limit 400 words).Click or tap here to enter text. |
| **5. APPENDIX** |
| 1. **Formal Didactic Sessions by Academic Year**
 |
| For each year of residency, please attach (Label: Appendix A) a list of all scheduled didactic courses (which includes discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating institutions attended by residents using the format below. If attended by residents from multiple years, list in each year but provide a full description only the first time it 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, etc.)b) Required or electivec) Brief description (three or four sentences)d) Frequency, length of session and total number of sessions**Example:**

|  |
| --- |
| Y-101. Introduction to Otolaryngologya) Seminarb) Required Y-1c) Survey of contemporary methods and styles of otolaryngology including approaches to clinical work with minority populations.d) Weekly, for 8 sessions.02. Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective Y-4c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

If attendance is monitored, explain how this is accomplished and how feedback is given regarding non-attendance (Limit 250 words).Click or tap here to enter text. |
| 1. **Patient Population Data**
 |
| Please complete and attach the following tables summarizing the total number of cases performed annually at each of the planned participating sites (Label: Appendix B). The numbers should reflect total volume at each institution where residents plan to rotate. Participating sites are indicated by a number, which must correspond to the number designated for that site in the general program accreditation application (common). The primary site must be designated as Site #1. If additional sites are not planned, columns can be left blank.The data in Table 1 and 2 below above is for a one-year period.From: Click or tap here to enter text. To: Click or tap here to enter text.**Table 1. General Case Categories**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Operative Procedure** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| **Head and Neck** |  |  |  |  |
| Parotidectomy (all types) |  |  |  |  |
| Neck dissection (all types) |  |  |  |  |
| Oral Cavity resection |  |  |  |  |
| Thyroid/Parathyroidectomy |  |  |  |  |
| **Otology/Audiology** |  |  |  |  |
| Tympanoplasty (all types) |  |  |  |  |
| Mastoidedctomy (all types) |  |  |  |  |
| Stapedectomy/ossiculoplasty |  |  |  |  |
| **FPRS** |  |  |  |  |
| Rhinoplasty (all types) |  |  |  |  |
| Mandible/Midface Fractures |  |  |  |  |
| Flaps and Grafts |  |  |  |  |
| **General/Peds** |  |  |  |  |
| Airway – Pediatric and Adult |  |  |  |  |
| Congenital Neck Masses |  |  |  |  |
| Ethmoidectomy |  |  |  |  |
| Bronchoscopy |  |  |  |  |

**Table 2. Procedures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedures** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| **Head and Neck** |  |  |  |  |
| Auriculectomy |  |  |  |  |
| Temporal Bone Resection |  |  |  |  |
| Parathyroidectomy |  |  |  |  |
| Thyroidectomy |  |  |  |  |
| Laryngopharyngectomy |  |  |  |  |
| Partial Laryngectomy, External or Endoscopic |  |  |  |  |
| Thyrotomy (Laryngofissure) |  |  |  |  |
| Total Laryngectomy |  |  |  |  |
| Tracheal Repair |  |  |  |  |
| Tracheal Resection with Repair |  |  |  |  |
| Tracheoesophageal Puncture (TEP) |  |  |  |  |
| Tracheotomy |  |  |  |  |
| Excision Lip |  |  |  |  |
| Excision w/Flap Reconstruction |  |  |  |  |
| Carotid Body Excision |  |  |  |  |
| Cervical Mass Biopsy or Sentinel Node Biopsy |  |  |  |  |
| Drainage Deep Neck Space Abscess |  |  |  |  |
| Excision Soft Tissue Tumor |  |  |  |  |
| Major Vessel Ligation |  |  |  |  |
| Neck Dissection-Modified or Selective |  |  |  |  |
| Neck Dissection-Radical |  |  |  |  |
| Anterior Skull Base Resection |  |  |  |  |
| Maxillectomy |  |  |  |  |
| Rhinectomy |  |  |  |  |
| Glossectomy |  |  |  |  |
| Local Resection Tumor (Tongue/Floor of Mouth) |  |  |  |  |
| Mandible Resection (Independent Procedure) |  |  |  |  |
| Resection of Primary Floor of Mouth |  |  |  |  |
| Cricopharyngeal Myotomy |  |  |  |  |
| Esophagectomy |  |  |  |  |
| Pharyngectomy |  |  |  |  |
| Repair Pharynx or Cervical Esophagus |  |  |  |  |
| Other Salivary Glands |  |  |  |  |
| Parapharyngeal Space Tumor Excision |  |  |  |  |
| Parotidectomy |  |  |  |  |
| Submandibular Gland Excision |  |  |  |  |
| **TOTAL HEAD and NECK** |  |  |  |  |
| **Procedures** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| **Otology/Audiology** |  |  |  |  |
| Cochlear Implant |  |  |  |  |
| Cochleovestibular Nerve Section |  |  |  |  |
| Endolymphatic Sac Operation |  |  |  |  |
| Excision Ear Canal |  |  |  |  |
| Excision Glomus Tumor |  |  |  |  |
| Facial Nerve Decompression/Repair |  |  |  |  |
| Labyrinthectomy |  |  |  |  |
| Mastoidectomy |  |  |  |  |
| Middle and Posterior Fossa Skull Base Surgery |  |  |  |  |
| Myringotomy/Tympanostomy |  |  |  |  |
| Osseointegrated Implant |  |  |  |  |
| Ossicular Reconstruction |  |  |  |  |
| Reconstruction of Ear Canal or Meatoplasty |  |  |  |  |
| Removal of Foreign Body or Cerumen from Ear Canal |  |  |  |  |
| Stapedectomy |  |  |  |  |
| Tympanoplasty (Tympanic Membrane Repair) |  |  |  |  |
| **TOTAL OTOLOGY/AUDIOLOGY** |  |  |  |  |
| **Procedures** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| **Plastic Surgery/Trauma** |  |  |  |  |
| Blepharoplasty |  |  |  |  |
| Browlift |  |  |  |  |
| Cartilage/Bone |  |  |  |  |
| Cleft Repair-Lip |  |  |  |  |
| Cleft Repair-Palate |  |  |  |  |
| Composite |  |  |  |  |
| Free Microvascular |  |  |  |  |
| Liposuction |  |  |  |  |
| Local, Pedicle |  |  |  |  |
| Muscle Fasciocutaneous |  |  |  |  |
| Nerve Graft/Transfer |  |  |  |  |
| Other Eyelid Procedures (Ectropion Rep, Ptosis) |  |  |  |  |
| Otoplasty |  |  |  |  |
| Reduction of Facial Fractures-Frontal |  |  |  |  |
| Reduction of Facial Fractures-Mandible |  |  |  |  |
| Reduction of Facial Fractures-Midface |  |  |  |  |
| Reduction of Facial Fractures-Nasal |  |  |  |  |
| Repair Complex Laceration (All Sites incl. Intraoral) |  |  |  |  |
| Resection of Skin Lesions and Primary Closure |  |  |  |  |
| Resurfacing Procedures (Dermabrasion, Chem Peel, Laser) |  |  |  |  |
| Rhinoplasty |  |  |  |  |
| Rhytidectomy |  |  |  |  |
| Skin Grafts |  |  |  |  |
| Static Sling-Muscle Transfer |  |  |  |  |
| **TOTAL PLASTIC/TRAUMA** |  |  |  |  |
| **Procedures** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| **General/Pediatric** |  |  |  |  |
| Branchial cleft Anomaly Excision |  |  |  |  |
| Cervical Lymph Node Excision |  |  |  |  |
| Choanal Atresia |  |  |  |  |
| Dermoid Cyst Excision |  |  |  |  |
| Lymphatic or Vascular Malformation Excision |  |  |  |  |
| Thyroglossal Duct Cyst Excision |  |  |  |  |
| Bronchoscopy and Intervention |  |  |  |  |
| Bronchoscopy, Diagnostic (Rigid or Flexible) |  |  |  |  |
| Diagnostic Newborn |  |  |  |  |
| Diagnostic Flex Laryngoscopy |  |  |  |  |
| Direct Laryngoscopy-Diagnostic Except Newborn |  |  |  |  |
| Flex Laryngoscopy and Intervention |  |  |  |  |
| Laryngoscopy and Intervention |  |  |  |  |
| Stroboscopy |  |  |  |  |
| Diagnostic (Rigid or Flexible) |  |  |  |  |
| Esophagoscopy and Intervention |  |  |  |  |
| External Zenker’s Diverticulum |  |  |  |  |
| Endoscopy Arytenoidectomy |  |  |  |  |
| **Procedures** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Laryngeal Fracture Repair |  |  |  |  |
| Laryngoplasty (incl. Laryngotracheoplasty) |  |  |  |  |
| Surgical Speech Fistula (TEP) |  |  |  |  |
| Thyroplasty (Medialization Laryngoplasty) |  |  |  |  |
| Control of Epistaxis (Endonasal, Endoscopic, External) |  |  |  |  |
| Dacryocystorhinostomy (External and Endoscopic) |  |  |  |  |
| Endoscopic Sinonasal, Extended |  |  |  |  |
| Incision and Excision Nose, Non-Sinus Benign |  |  |  |  |
| Incision and Excision of Oral Cavity/Tongue, Benign |  |  |  |  |
| Oroantral/Oronasal Fistula Repair |  |  |  |  |
| Osteoplastic Flap-Frontal Sinus |  |  |  |  |
| Septoplasty |  |  |  |  |
| Sinonasal Endoscopic |  |  |  |  |
| Sinus, Endonasal and External Approaches (Non-endoscopic) |  |  |  |  |
| Turbinectomy/Turbinoplasty |  |  |  |  |
| Adenoidectomy |  |  |  |  |
| Polysomnography and Sleep Testing |  |  |  |  |
| Tonsillectomy |  |  |  |  |
| Tonsillectomy and Adenoidectomy |  |  |  |  |
| Uvulopalatopharyngoplasty (UPPP) |  |  |  |  |
| **TOTAL GENERAL/PEDIATRIC** |  |  |  |  |

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| 1. **Residency Program Block Diagram/Schedule**
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| A block diagram is a representation of the rotation schedule for a resident during the residency program. It offers information on the type, location, length, and variety of rotations during residency. The block diagram shows the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include resident names.* Create and upload a PDF of your program’s block diagram using the information below as a guide.
* Two common models of the block diagram exist: the first is organized by month; the second divides the year into 12 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a “Notes” section accompanying the block diagram.
* In constructing the block diagram, include the **participating site** in which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.
* **Group the rotations by site.** For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc.
* When “elective” time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site.
* If needed, additional information to aid in understanding your program’s block diagram may be entered in a “Notes” section at the end of the Block Diagram Data Collection Form.
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