

Case Western Reserve University School of Medicine
Department of Otolaryngology – Head & Neck Surgery
ACGME
YEARLY RESIDENT PROGRESS EVALUATION:
GOALS/ EXPECTATIONS - PGY-1

VI. Evaluation

A. Resident Evaluation

1. The program must develop mechanisms by which the residents can demonstrate the acquisition of fundamental knowledge and clinical skills before progression to the level of supervised, semi-independent patient management and operative care.
2. Each resident's performance and progress in the cognitive, judgmental, interpersonal, and manual skills should be continuously monitored. **Residents who fail to demonstrate appropriate industry, competence, responsibility, learning abilities, and ethics should be successively counseled and, after due process, dismissed if remediation has not occurred.**
3. It is essential that the residents participate in existing national examinations. The annual otolaryngology examination of the American Academy of Otolaryngology-Head and Neck Surgery is one example of an objective test that can be used by the program. An analysis of the results of these testing programs should guide the faculty in assessing the strengths and weaknesses of individual residents and the program. The program director should also monitor the performance of program graduates on the examinations of the American Board of Otolaryngology.
4. The program director, with participation of faculty, shall
 - a. at least semiannually provide formal written evaluations of the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
 - b. communicate each evaluation to the resident in a timely manner.
 - c. **advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.**
 - d. maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
 - e. provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period for education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

Source: ACGME Program Requirements for Otolaryngology

<http://www.acgme.org/rrc/oto/oto.htm>

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PGY-1 GOALS AND OBJECTIVES

1. The PGY-1 year is designed to expose the resident to a wide range of overlapping surgical disciplines as well as anesthesia, emergency, and critical care medicine on which to build their specialty expertise in Otolaryngology/Head & Neck Surgery. This is a perfect opportunity to see how other services approach patient management as well as resident education. This is also an excellent opportunity to establish relationships with house staff and faculty with whom you will be working with over the next five years. The objectives for the year are best described in terms of the competences defined by the ACGME.
2. In terms of the **Patient Care**, residents are expected to be able to perform an efficient and thorough history and physical examination. Their patient management should become both organized and cost effective. They will be able to initiate appropriate laboratory and diagnostic studies in an efficient manner. They will be able to perform routine pre and postoperative care and also simple procedures under supervision including skin closures (with an understanding of wound healing), placement of arterial lines and central venous catheters as well as endotracheal intubations. They will write medically appropriate orders and maintain timely, thorough, and legible patient records. These medical records will be completed in a timely fashion.
3. In terms of **Medical Knowledge**, the residents will develop a general knowledge of the fundamental clinical principles including anatomy, physiology, pathology, and bacteriology of the basic surgical diseases. They will understand the basics of evaluating surgical risks in terms of both elective and emergent procedures. They will learn the basic principles of management including airway resuscitation and antibiotic use as well as the treatment of common surgical diseases throughout the body. They will learn how to interpret basic laboratory data and understand the indications for radiologic studies such as CT scans, MRIs, ultrasounds, and PET scans.
4. In terms of **Practice-Based Learning and Improvement**, they will understand the basic concepts of tissue handling and suturing techniques. They will learn to use their instruments appropriately. They will participate in mortality and morbidity conferences in multiple services, which allow an opportunity to learn from the problems experienced by other clinicians. They will develop a basic understanding of the evaluation of surgical literature in terms of credibility and applicability.
5. In terms of **Professionalism**, they must be reliable, honest, and good team members. They will treat their patients, families, and all co-workers with respect and develop excellent listening skills. They will understand the principles of

informed consent, the patient rights, and end of life issues. They will develop self-initiative and demonstrate integrity at all times.

6. In terms of **Interpersonal and Communication Skills**, they will keep their patients and their families informed about their clinical status and they will learn to communicate effectively, not only with the patients and families, but also senior residents, attending staff, nursing, and ancillary staff. They will also learn to teach medical students and set a good example for them. Timely, complete accurate, and legible medical records will be kept and the residents will learn to present the patient in rounds and conferences and to effectively sign out active patients to the cost covering resident.

7. In terms of **System-Based Practices**, they will develop an understanding of cost versus benefit ratios, outcome analysis, quality improvement, and medical legal issues. They will begin to develop an understanding of the functioning of skilled nursing facilities as well as home care nursing. They will also begin to understand the role of medicine and public health in terms of expense and benefit to our population, particularly related to its proportion of our gross domestic product. They will be active and constructive members of the patient care team. All of these aspects determine the goals for the individual rotations.

I have received this document describing resident goals/expectations, read it, and understand what I have read.

Resident Signature

Date

Program Director Signature

Date

Resident Signature

Date

Program Director Signature

Date

Educational Objectives and Expectations
for the PGY-1 Resident
on the General Surgery Rotation at UH, MetroHealth, and the VA

Otolaryngology/Head & Neck Surgery is a two-month rotation, which introduces the resident to his/her specialty. Head and neck anatomy and its clinical correlates will be learned. Basic procedures will be introduced such as use of the operative microscope for ear examination and the use of telescopes; both rigid and fiberoptic, for nasal, sinus, and laryngopharyngeal evaluation. The residents will begin to develop their skills in the evaluation and management of clinical situations such as pediatric and adult airway obstruction, head and neck tumors, and nasal and sinus problems including allergies. They will begin to develop an understanding to the evaluation and management of common ear problems such as otitis externa and otitis media, hearing loss including learning the basics of the audiogram and the evaluation of the patient with balance problems.

The two-month **General Surgery** rotation spans the entire range of the body from endocrine to colorectal surgery. This is an opportunity to evaluate problems involving the head and neck through the eyes of other surgeons. Residents will learn the principles of and be exposed to the techniques of laparoscopic and minimally invasive surgery whose risks and benefits will be appreciated.

The one month **General Surgery Trauma** rotation at MetroHealth Medical Center and the one month **Emergency Surgery** rotation at University Hospitals, provide a broad exposure to these areas. Rapid, logical, and efficient decision-making is emphasized along with proper utilization of resources and expedited patient management. All residents will develop an appreciation for the interactions with emergency service workers, and use of radiographic studies.

On the one month **Neurologic Surgery** rotation, they will learn the uses of diagnostic studies such as C-spine films, head and spine CT scans, angiography, myelography, and MRIs. They will develop an appreciation for the management of head injuries including the selection and prioritization and performance of resuscitation efforts. They will develop skills in performing a neurologic examination and learn the basis of evaluating and treating such problems as depressed skull fractures, increased intracranial pressure, cerebrovascular accidents, and herniation. They will also learn to evaluate and understand the management of spine injuries including the pathophysiologic responses to cervical and thoracic injuries, paraplegia and quadriplegia. They will learn the neurosurgical perspective for CPA and skull base pathology.

On the one month **Plastic Surgery** rotation residents will understand the basic techniques of surgical repair of superficial incisions and lacerations. They will develop an understanding of various reconstructive procedures including primary closures, local flaps, grafts, distant flaps, and microvascular reconstruction. They will begin to develop excellent surgical technique with an understanding of the principles of wound healing and closure. They will also begin to understand the pros and cons of different suture material.

On the one month **Pediatric Surgery** rotation, the residents will develop an understanding to the special aspects of pediatric medical and surgical diseases. They will interact with house staff and faculty in the Neonatal Intensive Care Unit, the Pediatric Intensive Care Unit, as well as interacting with the Pediatric Anesthesia Service, and the pediatric specialist in Rainbow Babies & Children's Hospital. There is also an active, very collegial overlap with the Pediatric Otolaryngology Service.

The one month rotation in **Anesthesiology** provides an exposure to the basic principles involving delivering safe and effective anesthesia to the adult and pediatric patient. The resident will be involved in the preoperative, intraoperative, and recovery phases of anesthetic management. Safe and effective airway management is stressed as well as recognition of and a response to the physiologic consequences of anesthetic medications. This is an important opportunity to understand the importance of the proper pre-anesthetic as well as pre-surgical preparation of a patient. While on this rotation, multiple endotracheal intubations, IV placements, and arterial line placements will be performed.

The one month **Critical Care** rotation will be spent in the Surgical Intensive Care Unit at University Hospitals of Cleveland. The residents will learn how to assess a critically ill surgical patient with multisystem involvement. The principles of managing these problems will also be understood. Residents will have an opportunity to participate in line placement for intravenous access, arterial catheterization, and central line placement. They will participate in critical judgments in airway control, treatment of infectious disease, maintenance of cardiorespiratory function and nutritional support. They will develop an appreciation of the impact of severe illness, trauma, emergent situations, and complications on patients, families, and medical care providers.

The one month **Oral and Maxillo-Facial Surgery** rotation exposes residents to aspects of dental and oral disease and trauma. The principles and techniques of local anesthesia, neck blocks, inter-dental wiring, internal fixation of facial bones, occlusion and orthognathic surgery will be introduced.