**New Application: Pediatric Otolaryngology**

**Review Committee for Otolaryngology**

**ACGME**

The questions that follow provide programs with an opportunity to systematically describe the manner in which they comply with accreditation requirements. Responses should be **concise and focused**. During the site visit, fellows, faculty members, and others will be asked to comment on the information provided. **As such, those who will be interviewed should read the application prior to their meeting with the Accreditation Field Representative.**

**Oversight**

**Participating Sites**

1. For each participating site, list the site director and briefly describe the site director’s responsibilities for resident education at the site. Use site numbers as listed in the ACGME’s Accreditation Data System (ADS). [PR I.B.3.a)]

| **Site** | **Site Director Name** | **Site Director Clinical Responsibilities** |
| --- | --- | --- |
| **#1** | Name | Click here to enter text. |
| **#2** | Name | Click here to enter text. |
| **#3** | Name | Click here to enter text. |
| **#4** | Name | Click here to enter text. |
| **#5** | Name | Click here to enter text. |

**Resources**

1. Describe the inpatient and outpatient facilities at each site that are available to the program. [PR I.D.1.a).(1)]

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1. Indicate whether the following are available at the participating sites. Use site numbers as listed in ADS and in the previous table. [PRs I.D.1.a).(2)-(5)] *Add columns as needed.*

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Emergency department |[ ] [ ] [ ] [ ] [ ] [ ]
| Neonatal intensive care unit |[ ] [ ] [ ] [ ] [ ] [ ]
| Pediatric intensive care unit |[ ] [ ] [ ] [ ] [ ] [ ]
| Facilities for the diagnostic assessment of infants and children with otolaryngologic disorders, including: |[ ] [ ] [ ] [ ] [ ] [x]
| audiologic assessment |[ ] [ ] [ ] [ ] [ ] [ ]
| voice assessment |[ ] [ ] [ ] [ ] [ ] [ ]
| speech assessment |[ ] [ ] [ ] [ ] [ ] [ ]
| language assessment |[ ] [ ] [ ] [ ] [ ] [ ]
| developmental assessment |[ ] [ ] [ ] [ ] [ ] [ ]
| Facilities to support clinical research |[ ] [ ] [ ] [ ] [ ] [ ]

1. Describe how fellows will be provided with prompt reliable systems for communication and interaction with supervising physicians. [PR I.D.1.b)]

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**Other Learners and Other Care Providers**

1. Describe how the program director will ensure the presence of other learners, including otolaryngology residents, residents from other specialties, unaccredited pediatric otolaryngology fellows, other subspecialty fellows, PhD students, and nurse practitioners, will not interfere with the appointed fellows’ education. [PR I.E.1.a)]

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**Personnel**

**Responsibilities of the Program Director**

1. How will the program director select, supervise, and evaluate the members of the teaching staff and other program personnel at each site participating in the program, and monitor fellow supervision and education at each site? [CPR II.A.4.]

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1. Will the program require fellows to sign a non-competition guarantee or restrictive covenant? [CPR II.A.4.a).(13).(a)] [ ]  YES [ ]  NO

Explain if “NO”.

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**Faculty**

Indicate whether appropriately qualified faculty members from the disciplines listed below will participate in the program. Such faculty members should be listed in the Faculty Roster in ADS (physician or non-physician, as appropriate) with their disciplines identified. [PRs II.B.1.a).(1)-(13)]

1. Anesthesiology [ ]  YES [ ]  NO
2. Audiology and speech pathology [ ]  YES [ ]  NO
3. Child and adolescent psychiatry [ ]  YES [ ]  NO
4. Gastroenterology [ ]  YES [ ]  NO
5. Medical genetics [ ]  YES [ ]  NO
6. Neonatology [ ]  YES [ ]  NO
7. Neurology [ ]  YES [ ]  NO
8. Pathology [ ]  YES [ ]  NO
9. Plastic surgery [ ]  YES [ ]  NO
10. Prenatal and fetal medicine [ ]  YES [ ]  NO
11. Pulmonology [ ]  YES [ ]  NO
12. Radiology [ ]  YES [ ]  NO
13. Sleep medicine [ ]  YES [ ]  NO

Explain any “NO” responses.

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**Program Coordinator and Other Program Personnel**

1. How will administrative support for program coordination and the availability of necessary personnel for the effective administration of the program be ensured? [CPR II.C.1.; II.D.]

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**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Describe one learning activity in which fellows will demonstrate competence in advocating for quality patient care when facilitating patient management in the home, school, or institutional setting. [PR IV.B.1.b).(1).(a)]

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1. Describe the learning activity(ies), other than lecture, by which fellows will develop competence in care that is culturally sensitive, situationally sensitive, and specific to the particular patient/family needs. [PR IV.B.1.b).(1).(b)-IV.B.1.b).(1).(b).(iii)]

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3. Describe the learning activity(ies), other than lecture, by which fellows will develop competence in care that is accurate in diagnosis and treatment care options and based on best practice and standards of practice. [PR IV.B.1.b).(1).(c)]

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1. Describe the settings and activities in which fellows will participate in order to develop competence in each expected patient care outcomes. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Evaluating neonates, infants, children, and adolescents 18 years and younger with congenital abnormalities, infectious and inflammatory disorders, and inherited and acquired conditions of the head and neck, including hearing loss and other communication impairments[PR IV.B.1.b).(2).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Diagnosing and managing the medical and surgical treatment of the aerodigestive tract, ear, nose, sinus, throat, voice and speech, and head and neck, and disorders of neonates, infants, children, and adolescents 18 years and younger[PR IV.B.1.b).(2).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Performing procedures, with an emphasis on neonates, infants, children younger than three years of age, and children and adolescents with significant co-morbidities as defined by American Society of Anesthesiology (ASA) status, in the following surgical domains: [PRs IV.B.1.b).(2).(a).(iii).(a)-(i)] |
| closed and open airways | Click here to enter text. | Click here to enter text. |
| congenital anomalies | Click here to enter text. | Click here to enter text. |
| endoscopic airways | Click here to enter text. | Click here to enter text. |
| facial plastics | Click here to enter text. | Click here to enter text. |
| facial trauma | Click here to enter text. | Click here to enter text. |
| head and neck surgery | Click here to enter text. | Click here to enter text. |
| Otology | Click here to enter text. | Click here to enter text. |
| Rhinology | Click here to enter text. | Click here to enter text. |
| Complex and uncommon pediatric procedures infrequently encountered in the general practice of otolaryngology | Click here to enter text. | Click here to enter text. |

1. Dscribe how the program will ensure that fellows document, in the ACGME Case Log System, their surgical experiences as assistant surgeon, surgeon, and resident supervisor, recording patient age and American Society of Anesthesiologists (ASA) classification for each documented case. [PR IV.B.1.b).(2).(b)]

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**Medical Knowledge**

Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will develop knowledge in pediatric otolaryngology. Also indicate the method(s) that will be used to assess this knowledge.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Medical and surgical management of neonatal, infant, childhood, and adolescent diseases of the head and neck to a level appropriate for unsupervised practice as defined by the didactic curriculum.[PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Describe one example of a learning activity in which fellows will engage to develop the skills needed 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. [CPR IV.B.1.d)]

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**Interpersonal and Communication Skills**

1. Describe one learning activity in which fellows will develop competence in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [CPR IV.B.1.e)]

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**Systems-based Practice**

1. Describe the learning activity(ies) through which fellows will develop competence in demonstrating an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. [CPR IV.B.1.f)]

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**Curriculum Organization and Fellow Experiences**

1. List the conferences, seminars, and journal clubs pertaining to pediatric otolaryngology planned for all participating sites in the program. Include the date/time, leader, and topic. Use site numbers as listed in ADS and throughout this application document. [PR IV.C.3.-3.b)] *Add rows as needed.*

| **Conference** | **Site #** | **Date/Time** | **Leader** | **Topic** |
| --- | --- | --- | --- | --- |
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1. How will the program ensure that fellows will participate in the planning and conducting conferences? [PR IV.C.3.c)]

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1. How will the program ensure that both faculty members and fellows attend and participate in multidisciplinary conferences, and how will attendance at conferences be documented? [PR IV.C.3.d)-e)]

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1. Describe how the program will ensure that fellows’ clinical experiences include participation in a multidisciplinary, interdisciplinary team to manage and treat conditions for at least three of the following: cochlear implant; craniofacial disorders; tumors; or vascular anomalies. [PR IV.C.4.a)]

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1. Describe how the program will ensure that fellows attend a minimum of four clinic sessions per month. [PR IV.C.4.b)]

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**Scholarship**

**Faculty Scholarly Activity**

1. How will the program ensure that faculty members establish and maintain an environment of inquiry and scholarship with an active research component? [PR IV.D.2.a)]

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**Fellow Scholarly Activity**

1. How will the program document fellows’ scholarly activity that is initiated or completed during the program, including scientific study, production of review articles or chapters, or creation of online educational activities? [PR IV.D.3.a)]

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**Evaluation**

**Fellow Evaluation**

1. Describe how the program will ensure that faculty members directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment, including review of each fellow’s cumulative operative experience in person with the fellow at least semiannually, to ensure the fellow’s progress towards gaining experience with the required variety and complexity of surgical procedures. [PR V.A.1.a)-V.A.1.a).(1)]

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**The Learning and Working Environment**

**Supervision and Accountability**

1. Describe the planned fellow responsibilities for inpatients, emergency rooms, outpatient clinics, operating rooms, and private offices and how the program will ensure the appropriate level of supervision is provided in each area. [CPR VI.A.2.b).(1)]

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1. Describe how the assignment of progressive authority and responsibility, conditional independence, and a supervisory role in patient care will be determined for each fellow. Include the specific criteria used by the program director to evaluate fellow abilities, the timing of such evaluation(s), and how the program director will ensure that each faculty member and fellow functioning as a supervising physician uses this information to delegate portions of care to fellows and residents based on the needs of the patient and the skills of each fellow. [CPR VI.A.2.d)-VI.A.2.d).(3)]

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1. Describe the guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). [CPR VI.A.2.e)]

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**Clinical Responsibilities, Teamwork, and Transitions of Care**

1. Describe the composition of the surgical team and how work will be assigned to the caregiver team members based on each individual’s level of education, experience, and competence. [PR VI.E.1.b)-c)]

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1. Describe how the program will ensure that fellows will collaborate with surgical residents, and with faculty members, other physicians outside of their specialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. [PR VI.E.2.b)]

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1. Describe how the program will ensure that fellows assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. Include a description of established methods for handing off remaining tasks to another member of the fellow team so that patient care is not compromised. [PR VI.E.2.c)]

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1. Describe how lines of authority will be defined by the program, and how all fellows will have a working knowledge of expected reporting relationships to maximize quality care and patient safety. [PR VI.E.2.d)]

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**Institutional Operative Data**

This form must include data for the most recently completed academic year. Include all procedures performed by the pediatric otolaryngology service that would have been available for fellow education. Use site numbers as listed in ADS and throughout this application document. [PR I.D.4.a)] *Add columns as needed.*

| **PROCEDURE(S)** | **CPT Code(s)** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Congenital Anomalies Domain** |
| Branchial cleft anomaly excision | 42810; 42815 | # | # | # | # | # | # | # |
| Thyroglossal duct cyst excision | 60280; 60281 | # | # | # | # | # | # | # |
| Dermoid cyst/ Glioma/ Encephalocele excision | 30117; 30118; 30124; 30125 | # | # | # | # | # | # | # |
| Hemangioma, lymphatic or vascular malformation excision | 11440; 11441; 11442; 11443; 11444; 11446; 38550; 38555 | # | # | # | # | # | # | # |
| Ranula excision | 42408; 42409; 42450 | # | # | # | # | # | # | # |
| **Head and Neck Surgery Domain** |
| Drainage deep neck abscess (age < 3 years or ASA > II)  | 21501; 41015; 41016; 41017; 41018; 42300; 42305; 42320 | # | # | # | # | # | # | # |
| Retropharyngeal space (RP) abscessParapharyngeal space (PPS) abscess– internal approach | 42720 | # | # | # | # | # | # | # |
| Retropharyngeal space (RP) abscessParapharyngeal space (PPS) abscess– external approach | 42725 | # | # | # | # | # | # | # |
| Excision angiofibroma or other nasopharyngeal tumor | 30118; 31040 | # | # | # | # | # | # | # |
| Parotidectomy | 42410; 42415; 42420; 42425; 42426 | # | # | # | # | # | # | # |
| Submandibular gland excision | 42440 | # | # | # | # | # | # | # |
| Thyroidectomy | 60210; 60212; 60220; 60225; 60240; 60252; 60254; 60260; 60270; 60271 | # | # | # | # | # | # | # |
| **Otology Domain** |
| Mastoidectomy  | 61530; 61596; 69501; 69502; 69505; 69511; 69530; 69601; 69602; 69603; 69604; 69605; 69635; 69636; 69637; 69641; 69642; 69643; 69644; 69645; 69646; 69670; 69955 | # | # | # | # | # | # | # |
| Ossicular reconstruction | 69632; 69633; 69636; 69637; 69642; 69644; 69646 | # | # | # | # | # | # | # |
| Cochlear implant | 69930 | # | # | # | # | # | # | # |
| Osseo-integrated implant | 69710; 69714 | # | # | # | # | # | # | # |
| **Closed Airway Procedure Domain** |
| Tracheostomy (age < 3 years) | 31601 | # | # | # | # | # | # | # |
| **Open Airway Procedure Domain** |
| Thyrotomy (laryngofissure) | 31300; 31320 | # | # | # | # | # | # | # |
| Laryngoplasty/laryngotracheoplasty | 31551; 31552; 31553; 31554; 31580; 31584; 31587 | # | # | # | # | # | # | # |
| Cricotracheal/tracheal resection and repair | 3159231780 | # | # | # | # | # | # | # |
| **Endoscopy with Intervention Domain**  |
| Laryngoscopy and intervention  | 31400; 31527; 31528; 31529; 31530; 31531; 31535; 31536; 31540; 31541; 31545; 31546; 31560; 31561; 31570; 31571; 31599 | # | # | # | # | # | # | # |
| Bronchoscopy and intervention  | 31623; 31624; 31625; 31630; 31631; 31635; 31636; 31638; 31640; 31641 | # | # | # | # | # | # | # |
| Esophagoscopy and intervention  | 43201; 43202; 43204; 43215; 43216; 43217; 43220; 43226 | # | # | # | # | # | # | # |
| **Rhinology Domain**  |
| Sinonasal endoscopic (age < 13 years or ASA > II) | 31237; 31240; 31254; 31255; 31256; 31267; 31276; 31287; 31288 | # | # | # | # | # | # | # |
| Endoscopic sinonasal, extended | 31290; 31291; 31292; 31293; 31294 | # | # | # | # | # | # | # |
| Repair choanal atresia | 30540; 30545 | # | # | # | # | # | # | # |
| **Facial Plastics Domain** |
| Otoplasty | 69300 | # | # | # | # | # | # | # |
| Cleft repair – lip | 40700; 40701; 40702; 40720; 40761 | # | # | # | # | # | # | # |
| Cleft repair – palate | 42200; 42205; 42210; 42215; 42220; 42225; 42226; 42227; 42235 | # | # | # | # | # | # | # |
| Pharyngoplasty/Pharyngeal flap | 42225; 42950 | # | # | # | # | # | # | # |
| Mandibular osteotomy  | 21195 | # | # | # | # | # | # | # |
| Placement mandibular craniofacial distraction device  | 21110 | # | # | # | # | # | # | # |
| Reconstruction microtic ear, any stage | 21230; 14061 | # | # | # | # | # | # | # |
| Repair complex lacerations (all sites, including intraoral) | 13120; 13121; 13122; 13131; 13132; 13133; 13151; 13152; 13153  | # | # | # | # | # | # | # |