

Goals and Objectives

OTO2 Pediatric Otolaryngology Rotation, Johns Hopkins University

The Pediatric OHNS team consists of 5 board certified otolaryngologists (Dr. David E. Tunkel, Dr. Emily F. Boss, Dr. Stacey Ishman, Dr. Margaret Skinner, and Dr. Matthew Stewart). The Pediatric OHNS team also consists of a Pediatric OHNS fellow and a nurse practitioner (Nina DeSell). Every Pediatric OHNS patient has both a responsible, supervising faculty member and resident involvement; there is no “private” or “resident” Pediatric OHNS service.

Facilities

Outpatient Clinic. Pediatric OHNS outpatients are seen in the general outpatient clinic. The outpatient clinic consists of 4 bays with a total of 20 rooms. Each room has a computer with access to the online electronic patient record. Two rooms are treatment rooms with microscopes. Six examination rooms have microscopes. Five rooms have video fiberoptic capability for rigid or flexible endoscopy. One room is equipped with video stroboscopy. These facilities are supplemented by complete Audiology and speech therapy services located in the same area. Cytopathologists are available for obtaining fine needle aspiration. All tertiary care medical and surgical consultation services are available during all clinics.

Inpatient. The Johns Hopkins Children’s Medical and Surgical Center is an 11-floor building which houses the general inpatient units (188 beds), the Neonatal Intensive Care Unit (39 beds), the Pediatric Intensive Care Unit (22 beds), and research laboratories.

Operating Rooms. Outpatient surgical procedures are performed in the Johns Hopkins Outpatient Center Operating Rooms (8 rooms). The inpatient surgical procedures are performed in the General Operating Room suite which has 21 total rooms with 5 dedicated to pediatric surgical teams.

JHH Peds/OTO2

Each OTO2 resident will spend 3 months on the JHH Pediatric OHNS rotation. Although pediatric patients are seen at both affiliate hospitals (GBMC and Bayview), this rotation is the only focused exposure to pediatric OHNS patients. Residents on this assignment will receive concentrated training in congenital, inflammatory, infectious and neoplastic diseases of the upper aero digestive tract, and head and neck affecting the pediatric population including sinonasal aspects of pediatric care.

Goals common to all residents on rotation:

Residents shall develop:

1. Technical skills needed to provide effective, appropriate, efficient, cost-effective and compassionate care of pediatric patients with disorders of the head & neck.
2. The medical knowledge base, clinical acumen and self-education skills necessary for effective head & neck surgery practice and continued life-long learning.
3. An understanding of and experience with quantitative methods of outcomes assessment as applied to outcomes in one's own practice, to support practice-based optimization of care.
4. Interpersonal and communication skills necessary for effective participation in a multidisciplinary care team. Residents shall learn to employ clear, concise, accurate and precise verbal communication with colleagues, other staff, patients and patients’ family members.

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Residents will develop an appreciation for the importance and impact of nonverbal communication, compassion and cultural sensitivity in all interpersonal interactions.

5. Professional behavior, including honesty, compassion, level-headedness, decorum, and respect for others. All residents will have a detailed understanding of ethical issues in clinical and research settings, and all will develop skills needed for critical analysis of ethical issues.
6. Understanding of the larger context within which one practices the profession of otolaryngology. Organizational, managerial and technical skills required for application and refinement of systems designed to optimal clinical practice and patient safety.

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Goals and Objectives Specific to the OTO2 Pediatric OHNS Resident

Competency	Educational Method Used	How Assessed
<p>Patient Care</p> <ol style="list-style-type: none"> 1. Develop competency in the pediatric OHNS history and physical examination. 2. Develop competency in the pediatric aerodigestive tract and ear assessment with identification of normal and pathologic disease states, including diagnostic audiologic testing. 3. Interpret plain X-ray, CT and MRI imaging of the pediatric OHNS patient 4. Develop competency in the prudent application and performance of OHNS diagnostic procedures in the uncooperative pediatric patient (i.e. binocular microscopy, pneumatic otoscopy, rigid and flexible fiberoptic endoscopy, and headlight illumination). 5. Develop competency in the use of diagnostic pediatric otolaryngologic clinic instrumentation, including the head mirror, microscope, nasal endoscope, and flexible fiberoptic laryngoscopy. 6. Competence in the prevention, diagnosis, and treatment of common pediatric disorders (ie congenital neck masses, sinusitis, otitis media, congenital ear disease) through clinical experience, educational conferences, and textbook/journal readings. 7. Develop competency in fundamental OHNS inpatient and outpatient procedures (i.e. tracheotomy tube changes, drain removals, dressing changes, nasal packing, sinonasal endoscopic debridement, ear or nasal foreign body removal). 8. Obtain competency in the preoperative evaluation and medical clearance of the pediatric surgical patient with concomitant multi-system disease, including obtaining appropriate preoperative testing, consultations and informed consent. 9. Learn indications for surgical intervention in the pediatric OHNS patient, including knowledge of the risks and alternative treatments important in obtaining informed consent. 10. Develop competency in the intra-operative preparation of the 	<ul style="list-style-type: none"> • Supervised and progressive patient care responsibility: in-patient, out-patient clinic, emergency department • Supervised and progressive intra-operative experience • Surgical laboratories and workshops: bronchoscopy course, emergency airway workshops, use of simulation center for patient scenarios, sinus surgery course, temporal bone course, head and neck course, • Didactic and patient care conferences: Division journal club and teaching rounds, weekly resident didactic conference, grand rounds, morbidity and mortality conference • Assigned reading • Faculty-mentored research projects, manuscript preparation and lecture presentation 	<ul style="list-style-type: none"> • Structured operative skills assessment • Case numbers and distribution • Documented evaluations by faculty, peers, nursing • Mid- and end-of-rotation preceptor feedback • Attendance of workshops; formative feedback provided during laboratory teaching exercises • Attendance of didactic program • Feedback by moderator and faculty of morbidity and mortality rounds • Program director semiannual review

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<p>patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, and airway concerns.</p> <ol style="list-style-type: none"> 11. Develop skills for intensive care unit and floor care of the postoperative pediatric surgery patient. 12. Develop competence in the assessment of pediatric OHNS emergency department and inpatient consultations. 13. Develop competence in determining which patients require immediate OHNS intervention (ie. airway, bleeding, trauma, infection). 14. Develop competence in basic emergent OHNS procedures, especially those related to airway and bleeding. 15. Develop competency in basic soft tissue surgical techniques, starting with simple repairs and progressing ultimately to small excisions with local flap repairs. 16. Develop competency in common pediatric operative procedures (i.e. tonsillectomy, adenoidectomy, myringotomy with PE tube placement, peritonsillar abscess drainage, aerodigestive tract endoscopy) progressing to more complex procedures as the resident develops. 17. Gain exposure to complex pediatric aerodigestive tract surgery, head and neck surgery and pediatric chronic ear surgery. 18. Develop competency in surgical first assistantship in major OHNS procedures. 19. Develop competence in the recognition and treatment of pediatric surgical complications. 20. Develop competence with pediatric surgical equipment and instrumentation (airway foreign body, monitoring devices etc). 21. Develop an understanding of the risks and indications for OHNS surgical intervention, including knowledge of the alternative treatments important in obtaining informed consent. 22. Develop competence in communication of clinical findings 		
<p>Medical Knowledge</p> <ol style="list-style-type: none"> 1. Biomedical, clinical, epidemiological and social-behavioral sciences and their application to the care of children 2. Basic sciences, as relevant to the head and neck and upper-aerodigestive system: anatomy, embryology, physiology, pharmacology, pathology, microbiology, biochemistry, 	<ul style="list-style-type: none"> • Division journal club and teaching rounds, weekly resident didactic conference, grand rounds, morbidity and mortality conference • Assigned reading 	<ul style="list-style-type: none"> • In-training examinations • In-house testing • Attendance of conferences and didactic program • Faculty evaluation • Mid- and end-of-rotation

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<p>genetics, cell biology, immunology, the communication sciences;</p> <ol style="list-style-type: none"> 3. Develop an understanding of the normal developmental changes that occur in the head and neck of the growing pediatric OHNS patient, and identifying pathologic abnormalities in these growth patterns. 4. Develop an understanding of the pathophysiology and management of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic processes affecting the pediatric surgery patient and understanding of relevant basic science. 5. Develop understanding of pathology including correlation between gross and microscopic pathology related to the head and neck 6. Develop competence in critical review of OHNS literature through required and independent reading. 7. Develop competence in research skills and learn methods of scientific design and investigation through ongoing research and completion of faculty mentored research program. 8. Develop competence in research project presentation at local/regional/national OHNS conferences and publication in peer-reviewed journals. 	<ul style="list-style-type: none"> • Faculty-mentored research projects, manuscript preparation and lecture presentation • Surgical laboratories and workshops: bronchoscopy course, emergency airway workshops, sinus surgery course, temporal bone course, head and neck course 	<p>preceptor feedback</p> <ul style="list-style-type: none"> • Program director semiannual review
<p>Practice-based Learning and Improvement</p> <ol style="list-style-type: none"> 1. Monitor and review patient outcomes with resident during the rotation; adjustment of technique/management based on observed outcomes. 2. Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems; use information technology to optimize learning 3. Be candid in presenting and critically analyzing one's outcomes and errors 4. Participate in quality improvement and safety efforts 5. Take the initiative in self improvement: a) Identify strengths, deficiencies and limits in one's knowledge and expertise; b) set learning and improvement goals; c) identify and perform appropriate learning activities 6. Incorporate formative evaluation feedback into daily practice 7. Participate in the education of patients, families, students, residents and other health professionals 	<ul style="list-style-type: none"> • Operative skills assessment and formative feedback • Presentation of cases at M&M conference including summary of literature and evidence-based practice • Other presentations in department and at meetings • Journal club and ward rounds • Self-directed reading and study • Chart review for retrospective study • Self-assessment during semi-annual review 	<ul style="list-style-type: none"> • Documented faculty evaluations • Mid- and end-of-rotation preceptor feedback • Program director semiannual evaluation: self assessment, longitudinal assessment of skill development, list of conference presentations and publications, review of learning goals
<p>Interpersonal and Communication Skills</p>		

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<ol style="list-style-type: none"> 1. Effective listening and communication with patients and family members from a broad range of socioeconomic and cultural backgrounds; 2. Discussion of risks, expected benefits, likely outcomes, and alternatives of different treatment modalities, as part of a discussion leading to informed consent. 3. Communicate effectively with physicians, other health professionals, and health related agencies; 4. Clearly written, complete and timely communication and documentation of clinical findings, recommendations and plan. 5. Work effectively as a member or leader of a health care team or other professional group; 6. Act in a consultative role to other physicians and health professionals; 7. Develop communication skills through experience in group presentations and lectures. 8. Teaching medical students and OTO-1 resident in the clinic and inpatient setting. 	<ul style="list-style-type: none"> • Supervised and progressive patient care responsibility: in-patient, out-patient, operating room and on-call • Airway management drills • Multi-disciplinary conferences • De-briefing by physician advisor, division faculty and multidisciplinary airway team after on-call engagements • Lectures and discussions: Grand Rounds • Book reviews and discussions • Multidisciplinary airway emergency simulations • Self-assessment during semi-annual review • Attend family meetings and counseling sessions with attending physicians 	<ul style="list-style-type: none"> • Documented evaluation by faculty, other health care providers, peers • Mid- and end-of-rotation feedback by preceptor • GR and M&M presentations: Faculty and resident evaluations • Program director semiannual evaluation: list of conference presentations and publications, review of documented evaluations, resident self assessment
<p>Professionalism</p> <ol style="list-style-type: none"> 1. Honesty, compassion, level-headedness, decorum, selflessness, integrity and respect for others. 2. Acceptance of accountability and commitment to self-improvement. 3. Maintenance of patient confidentiality; knowledge of HIPAA statutes. 4. Sensitivity to issues involving gender, religion, race, sexual orientation, disability and age. 5. Understanding of ethical issues in clinical and research settings, and critical analysis of novel ethical issues. 6. Skills necessary for a specialist consultant providing inpatient and Emergency Department consultations in a professional manner. 7. Ability to work as a member of a team. 8. Development of leadership skills. 9. Habits of continual learning. 	<ul style="list-style-type: none"> • Lectures and discussions: Grand Rounds • Book reviews and discussions • Web-based sleep deprivation module • Web-based HIPAA modules • Web-based Course on Research Ethics • Self-assessment during semi-annual review • De-briefing by physician advisor, division faculty and multidisciplinary airway team after on-call engagements 	<ul style="list-style-type: none"> • Documented evaluation by faculty, other health care providers, peers • Mid- and end-of-rotation feedback by preceptor • >80% score for web-based modules • Program director semiannual evaluation: review of documented evaluations, resident self assessment
<p>Systems-based Practice</p>		

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<ol style="list-style-type: none"> 1. Understanding of the organization of the pediatric service, including expected responsibilities in the coordination of care, the hierarchy of the team, and the mechanisms of supervision and communication. 2. Organizational and time-management skills required for efficient running of the inpatient pediatric service 3. Effective participation in interprofessional teams to enhance patient safety and improve patient care quality 4. Familiarization and utilization of the Patient Safety Net for identification and prevention of potential adverse events. 5. Understanding of the systems approach to analysis of sentinel events signifying a potential risk to patient safety. 6. Understanding of the complex multidisciplinary approach to the preoperative, intraoperative and postoperative care of the pediatric patient. 7. Become familiar with the outpatient, inpatient, operating room, and emergency room facilities at JHH and resources available to the OHNS pediatric surgery team. 8. Identification of opportunities to systematically improve care delivery. 9. Understanding of macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (indigent versus private patient). 10. Cost-effective use of diagnostic tests and treatment modalities 11. Understanding the medico-legal issues that affect the provision of health care 	<ul style="list-style-type: none"> • Supervised and progressive clinical team responsibilities and leadership • Ward Rounds • Multi-disciplinary airway team <ol style="list-style-type: none"> (a) Rounds (b) Training (c) Debriefing • Morbidity and Mortality Conference <ol style="list-style-type: none"> (a) Database entry (b) Presentation (c) System error analysis • Lectures and discussions: Grand Rounds • Quality Improvement Efforts 	<ul style="list-style-type: none"> • Documented evaluation by faculty • Mid- and end-of-rotation feedback by preceptor • Attendance of M&M, Grand Round conferences, multidisciplinary workshops • Physician Advisor and faculty evaluation/feedback of M&M presentation and proposed system improvements • Program director semiannual evaluation of above and resident self assessment
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Duties:

Outpatient clinical duties: With the exception of on-call duties, the Pediatric OHNS resident will participate in Faculty supervised outpatient clinics. The resident will be given increasing supervised independence depending on their individual skills and knowledge and is expected to perform with professional deportment. Each patient is discussed with and seen by the supervising faculty member.

Surgical duties: The Pediatric OHNS resident is expected to perform routine preoperative assessment and treatment planning for basic pediatric surgical patients. This starts in the outpatient clinic and extends into the preoperative surgery area outside the OR. The resident is expected to be familiar with the patient's history, exam, and treatment plan, as well as review all preoperative studies and consultations and confirm completion of all necessary documentation (i.e. H&P, informed consent). In addition, the involved resident should have in-depth knowledge of the specific disease process and planned surgical procedure through preparative reading.

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The Pediatric OHNS resident is the primary surgeon for most basic pediatric procedures (see Operative Skills), as well as first assist on more complex level operations. The involved resident is responsible for and assists in the care of the patient from their stay in the preoperative surgery area until their return to the post-anesthesia care unit.

Inpatient duties: The Pediatric OHNS resident is responsible for management of the OHNS pediatric inpatients and consultation service. Especially crucial is the informational updating of the supervising OHNS pediatric fellow and supervising faculty. The Pediatric OHNS resident will evaluate all inpatient consultations culminating in presentation to the supervising fellow or faculty to develop a treatment plan. The Pediatric OHNS resident is expected to know the current status of every pediatric patient on the OHNS pediatric inpatient and consultation services. The Pediatric OHNS resident is expected to read about current inpatient issues and be versed on these topics during faculty teaching rounds.

The Pediatric OHNS resident shares responsibility for evening and weekend in-house call coverage at JHH as stipulated by the rotating call schedule. The Pediatric OHNS resident is responsible for carrying the pediatric call pager during every working day. The Pediatric OHNS resident then also assumes responsibility for the adult call pager only after daytime responsibilities are complete at 5:30 pm, and the Pediatric OHNS resident returns the adult call pager to the assigned resident by 7:00 am the next day. On post-call days, the pediatric call pager is carried by the on-call resident. Weekend rounds are covered by the on-call resident supervised by the Pediatric OHNS Fellow or the supervising faculty member.

Academic duties: The Pediatric OHNS resident is required to read selected journal articles prior to beginning the rotation provided to the resident by faculty. In addition, the resident is required to read topics related to patients seen in consultation, the outpatient clinic or operating room. The Pediatric OHNS resident is expected to be present promptly and adequately prepared for all mandatory educational conferences, courses and workshops. The Pediatric OHNS resident is responsible for both presentation of pertinent cases at the weekly M&M conference and interesting cases on a rotational basis determined by the Division Chief.

The Pediatric OHNS resident has direct teaching responsibilities with rotating medical students and OTO1 resident in the clinic, operating room, ICU and on the floor.

Administrative duties: The Pediatric OHNS resident is expected to maintain timely, complete, concise and accurate documentation of all clinical efforts (i.e. clinic progress notes, history and physicals, operative reports and discharge summaries). The resident is also responsible for accurate documentation as necessary for residency program, ACBME, JHH, and the School of Medicine.

Progression of responsibilities:

The Pediatric OHNS resident is closely supervised by the Pediatric OHNS Fellow and the supervising faculty member. As the resident gains experience and becomes more proficient in all aspects of patient care, he/she is allowed to progress in their responsibilities. In the outpatient clinic, they are initially acquainted with the particulars of the history, physical exam and care decisions of the pediatric OHNS patient. This is initially introduced through observation of the supervising faculty in clinic, but gradually the resident interviews and examines their own patients. Through presentation to the supervising faculty, a diagnostic and management plan is developed. Focus is placed later in the rotation on

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exposure to increasingly more complex OHNS pediatric problems as well as increasing independence in formulating diagnostic workups and treatment plans. Clinic based procedures are increasingly performed rather than observed as the skill level progresses. As knowledge and experience progress, the Pediatric OHNS resident is allowed to make more independent care plan decisions on pediatric OHNS inpatients.

Similarly, in the OR, after a period of first assisting the faculty, the junior resident is allowed to become more independent in the performance of basic OHNS pediatric surgical procedures, as well as becoming the primary surgeon on more complex procedures.

Evaluation:

The Pediatric OHNS resident will meet with the division preceptor at the beginning, middle, and end of the rotation. At that time the resident will cite his/her own strengths and weaknesses and goals for the future, as well as any problems or issues with the rotation. The division preceptor will provide feedback to the Pediatric OHNS resident from faculty members in the division at each of these meetings.

Operative skills:

The Pediatric OHNS resident is expected to become proficient in the following pediatric surgical procedures:

- Microscopic ear examination and cerumen removal
- Nasal endoscopy
- Foreign body removal (ear/nose)
- Flexible fiberoptic assessment of the airway
- Direct laryngoscopy/microlaryngoscopy
- Bronchoscopy
- Esophagoscopy
- Foreign body removal from the aerodigestive tract
- Tracheostomy
- First tracheotomy change
- Myringotomy and PE tube placement
- Tympanoplasty
- Mastoidectomy
- Tonsillectomy
- Adenoidectomy
- Neck abscess drainage
- Excision of congenital masses in the neck