

Goals and Objectives

OTO2 (junior) and OTO4 (senior) Johns Hopkins Bayview Medical Center

Organization of the teaching service and clinics of the OHNS Team on the JHBMC Rotation

The OHNS JHBMC service is under the supervision of a board-certified otolaryngologist. Dr. Matthew Kashima serves as Institutional Program Director. At JHBMC, the OHNS residents work under the close supervision of 7 board-certified otolaryngologists (Matthew Kashima, MD, Masaru Ishii, MD, PhD, Jean Kim, MD, PhD, Young Kim, MD, PhD, Lisa Ishii, MD, Matthew Stewart, MD, PhD, and Choon Park, MD). All faculty members are assistant professors in the Johns Hopkins Department of Otolaryngology-Head and Neck Surgery. Every OHNS patient has both a responsible, supervising faculty member and resident involvement; there is no “private” or “resident” OHNS service.

The JHBMC resident team consists of one OHNS PGY-2 and one PGY-4 resident. The residents spend two to three month rotations at JHBMC in both the second and fourth year of OHNS training. There are no OHNS fellows, providing an opportunity for the resident team to experience all the educational facets of patient care at JHBMC. The PGY-4 acts as the senior resident on service. The rotation encourages both residents to communicate directly with the attendings for patient care or other issues during the rotation. Depending on the opportunities with the highest educational value, the JHBMC OHNS residents work as a team in the clinic or OR for a majority of the weekly schedule. Each resident spends approximately 3 ½ days in clinic and 1½day in the OR each week. No JHBMC clinical duties, except medical emergencies, impede attendance of the JHBMC OHNS team at educational conferences and pertinent weekly institutional conferences at Johns Hopkins Hospital or at JHBMC.

Outpatient Clinics: The OHNS JHBMC residents participate in the outpatient clinic for 3 days per week. On Mondays, Thursdays and Fridays one resident is in clinic and one resident is in the OR, unless cases require the presence of both residents in the OR. Residents are also excused from the clinic to cover cases in the OR as needed. The resident(s) have an active diagnostic and treatment role in the continuity care of the patient from their initial clinic presentation, through their operation and into their postoperative and, even long term, follow-up. An OHNS Teaching Faculty member directly supervises the JHBMC resident team in the clinic. Each patient seen by the resident is seen by the faculty member responsible for that clinic session to maximize the one-on-one teaching. The JHBMC clinic consists of 5 examination rooms, 1 microscope / minor procedure room and an audiology suite. The clinic is staffed by two medical assistants and full clerical support. Cytopathologists are immediately available for obtaining fine needle aspirations during all clinics. All medical and surgical consultations services are also available during all clinics. In addition, the clinic is supported with a electronic medical record system and digital radiology computer access system.

Surgical Services: At JHBMC, the OHNS service has 3 days of OR time weekly, including full-day OR on Monday, Thursday and on Friday. Additional OR starts are available on all days by request. All the necessary equipment, supplies and personnel are available for general OHNS services. Operative cases are staffed by the OHNS JHBMC Teaching Faculty (Drs. Kashima, M. Ishii, Y. Kim, L. Ishii, J. Kim, and Stewart). Residents are afforded one on one exposure to the faculty for most cases. For larger cases, both residents can assist in the case.

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Inpatient and Consultation Services: At JHBMC, every OHNS inpatient and consultation patient is under the care of an OHNS faculty member and the JHBMC OHNS resident team. There is no “resident” or “public” OHNS service. The JHBMC Senior Resident (PGY-4) is responsible for organizing and maintaining the inpatient OHNS service, including morning work rounds prior to clinic or OR as well as managing the daily care of every inpatient on the JHBMC OHNS service under the close direct supervision of the responsible Teaching Faculty member.

The inpatient consult service is also organized by the JHBMC OHNS on call Resident. Most inpatient consultations are seen by the resident(s) in OHNS clinic with a Teaching Faculty physician if possible, although ICU consults are seen at the bedside during afternoon faculty teaching rounds. If appropriate, consults from the emergency room are also seen in the OHNS clinic under faculty supervision, otherwise they are evaluated in the emergency room with the faculty physician or with telephone consultation with the On-Call faculty.

Weekend rounds are performed by members of the OHNS JHBMC resident team on a rotating basis. The night and weekend call coverage of the JHBMC inpatients and outpatients are handled by the JHBMC OHNS home call residents and faculty. Night and weekend call coverage of the JHBMC Emergency Department is provided by the on home call resident. Additionally, Attending OHNS call coverage rotates through all privileged Otolaryngologists at JHH Department of OHNS.

JHBMC OTO2 Resident

OTO2 residents currently rotate for a three month rotation as the junior Resident. These months are consecutive to both maximize the longitudinal care experience for the OTO2 resident and minimize discontinuity of care of the OHNS patients. The residents are able to follow some patients from initial visit through their medical or surgical care to a resolution of the issue.

Goals and Objectives:

Goals specific for the OTO2 resident:

The OTO2 resident will:

1. Continue to develop skill in the assessment and management of the general OHNS patient, including experience and competency in the determination of need for emergent/urgent Otolaryngologic intervention.
2. Continue to build on the foundation of basic science knowledge integral to otolaryngologic disease and will progress into more detailed education of common OHNS disorders.
3. Develop the organizational skills to manage an OHNS inpatient and consultation service.
4. Develop skills to interpret radiographic studies commonly utilized for head and neck cancer patients.
5. Develop their basic surgical techniques under close supervision and perform procedures appropriate for their technical level. They will be challenged with more advanced procedures through first assistantship in major operations.
6. Continue to develop their teaching skills through close interactions with medical students.

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7. Continue to learn the methods of scientific investigation and critical review of the scientific literature.
8. Understand how health is delivered to different populations and patient types.

Objectives specific for the OTO2 resident:

Competency	Educational Method Used	How Assessed
<p><u>Patient Care</u></p> <ol style="list-style-type: none"> 1. Develop competency in obtaining the OHNS history and physical exam primarily in adult patients, with a focus on Head and Neck surgery patients and reconstructive surgery patients. 2. Develop competency in the preoperative evaluation and medical clearance issues with complex OHNS patients, including appropriate preoperative testing, consultations, and informed consent. 3. Continue to develop an understanding of the risks and indications for OHNS surgical intervention, including knowledge of the alternative treatments important in obtaining informed consent. 4. Develop skills for intensive care and ward unit care of the postoperative head and neck surgery patient. 5. Continue to develop competence and assume leadership in the assessment of emergency department and inpatient consultations. 6. Continue to develop competence in basic and advanced emergent OHNS procedures, especially those related to airway and bleeding. 7. Develop competency in the more complex procedures (see Operative skills list). 8. Develop competence in the postoperative 	<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: Divisional 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>rehabilitation of head and neck patients including voice, speech, and swallowing restoration.</p> <p>9. Continue to develop competency in the recognition and treatment of head and neck surgical complications.</p> <p>10. Develop competence in the management of allergy in the context of sinonasal disease</p>		
<p>Medical Knowledge</p> <ol style="list-style-type: none"> 1. Continue to develop an understanding of the pathophysiology and management of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the OHNS surgery patient and understanding of relevant basic science. 2. Interpret plain X-ray, CT and MRI imaging of OHNS head & neck surgery patients. 3. Develop an understanding of the prevention, diagnosis, and treatment of head and neck disease through clinical experience (inpatient and outpatient), educational conferences, and OHNS textbook and journal readings. 4. Actively participate in all departmental educational conferences and meetings while on the Head and Neck surgery rotation. 5. Develop competence in critical review of OHNS literature through journal club and independent reading. 6. Continue to develop research skills and methods of scientific investigation through discussions with mentor, the department resident research presentations, and completion of resident research project initiated in OTO2. 	<ul style="list-style-type: none"> • 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 • Surgical laboratories and workshops: bronchoscopy course, emergency airway workshops, sinus surgery course, temporal bone course, head and neck course 	<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 preceptor feedback • Program director semiannual review

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<p>7. Continue to develop competency in research by presenting at local/regional/national OHNS conferences and by publication in Peer-reviewed journals.</p>		
<p><u>Practice-based Learning and Improvement</u></p> <ol style="list-style-type: none"> 1. Maintain accurate records of operative and clinical cases. 2. Monitoring of outcomes of patients with whom the resident has interacted during the rotation in the clinic and operating room; adjustment of technique/management based on observed outcomes. 3. Apply the principles of evidence-based medicine to one's own practice. 4. Use on-line resources for up-to-date information. 5. Be candid in presenting and critically analyzing one's outcomes and errors. 6. Take the initiative in identifying one's own areas of relative weakness/need for improvement, through consultation with faculty and resident colleagues, and address identified gaps in knowledge/skills. 	<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><u>Interpersonal and Communication Skills</u></p> <ol style="list-style-type: none"> 1. Skills necessary to obtain appropriate physician-patient relationships. 2. Clear, concise, accurate and precise reporting of patient history, physical and studies (in discussion, dictations and writing). 3. Effective listening and communication with patients and family members. 4. Clear legible writing. 5. Discussion of risks, expected benefits, likely 	<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 	<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

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<p>outcomes, and alternatives of different treatment modalities, as part of a discussion leading to informed consent.</p> <ol style="list-style-type: none"> 6. Presenting at least one interesting head & neck case to departmental grand rounds during the OTO2 rotation. 7. Teaching medical students and the OTO2 resident in the clinic and inpatient setting. 	<p>after on-call engagements</p> <ul style="list-style-type: none"> • 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 	<p>semiannual evaluation: list of conference presentations and publications, review of documented evaluations, resident self assessment</p>
<p><u>Professionalism</u></p> <ol style="list-style-type: none"> 1. Skills necessary to obtain appropriate physician-patient relationships. 2. Honesty, compassion, level-headedness, decorum, selflessness, integrity and respect for others. 3. Acceptance of accountability and commitment to self-improvement. 4. Maintenance of patient confidentiality; knowledge of HIPPA statutes. 5. Sensitivity to issues involving gender, religion, race, sexual orientation, disability and age. 6. Understanding of ethical issues in clinical and research settings, and critical analysis of novel ethical issues. 7. Appropriate consultation with colleagues within and outside the department. 8. Ability to work as a member of a team. 9. Development of leadership skills. 10. 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 HIPPA 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

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<u>Systems-based Practice</u>		
<ol style="list-style-type: none"> 1. Understanding of the organization of the JHBMC service, including expected responsibilities, 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 service 3. Understanding of the systems approach to analysis of sentinel events signifying a potential risk to patient safety. 4. Understanding of each member's contributions to the multidisciplinary patient care team. 5. Familiarization and utilization of the Patient Safety Net for identification and prevention of potential adverse events. 6. Become familiar with the outpatient, inpatient, operating room, and emergency room facilities at JHBMC and resources available to the JHBMC surgery team. 7. Identification of opportunities to systematically improve care delivery. 8. Become familiar with the private practice clinical setting, including office management techniques and practitioner business methods. 9. Understanding of macro- and microeconomic forces impacting health care delivery to different populations and to single individuals. 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:

1. Outpatient clinical duties: The Faculty-supervised clinics involve the OTO2 seeing patients under close supervision of the Teaching Faculty member for an excellent one-on-one teaching opportunity. Every patient is discussed with or seen by the supervising OHNS Teaching Faculty member. The OTO2 resident is given increasing faculty-supervised independence depending on their developing individual skills and knowledge and is expected to perform with professional deportment. The OTO2 spends three to four days in clinic per week.

2. Surgical duties: The OTO2 resident is in the OR for 1 to 2 days per week. As experience increases, the OTO2 acts as surgeon for an increasing portion of OHNS cases. The OTO2 resident is expected to perform routine preoperative assessment and treatment planning for the OHNS 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 clinical history, exam and treatment plan, as well as having reviewed all preoperative studies and consultations, and confirmed completion of all necessary documentation (i.e., H&P, informed consent). In addition, the involved resident should have read about the specific OHNS disease process and planned surgical procedure for each case. 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.

3. Inpatient duties: The OTO2 is responsible for the management of the inpatient service with the OTO4 under the close supervision of the Teaching Faculty. Especially crucial is the informational updating of the supervising faculty with changes in patient status. The residents oversee the evaluation of inpatient and emergency room consultations, culminating in presentation to the supervising faculty to develop a treatment plan. The OTO2 is expected to know the current status of every patient on the OHNS inpatient service. The OTO2 resident is expected to read about current inpatient issues.

The OTO2 resident rotates in the primary night and weekend OHNS home call schedule covering JHBMC.

4. Academic duties: The OHNS OTO2 Resident is expected to be promptly present and adequately prepared for all mandatory JHBMC and JHH OHNS educational lectures, conferences and workshops. Their preparation is expected to be exemplified through active participation. The JHBMC resident team is responsible for both presentation of pertinent JHBMC cases at the OHNS Morbidity and Mortality Conferences and prepare presentations of interesting cases.

The OTO2 has direct teaching responsibilities with rotating medical students and medical residents in the clinic, operating room, ICU and on the ward floor.

5. Administrative duties: The OTO2 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).

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Progression of responsibilities:

The OTO2 resident rotates at JHBMC during the first full year of clinical otolaryngology. This rotation is closely supervised by the JHBMC Teaching Facility. As the OTO2 resident gains further 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 OHNS patient. The OTO2 resident interviews and examines patients on their own. Through presentation to the supervising faculty, a diagnostic and management plan is developed. Clinic-based procedures are increasingly performed rather than observed as the skill level progresses. As knowledge and experience progress, the OTO2 resident is allowed to make more independent care plan decisions on inpatient and consultation OHNS patients. Similarly, in the OR, after a period of first assisting the faculty, the OTO2 resident is allowed to become more independent in the performance of basic OHNS surgical procedures, as well as becoming the primary surgeon on more complex procedures.

Operative skills:

The OTO2 is expected to become proficient in the following surgical procedures:

- Microscopic ear examination, wax removal
- Epistaxis nasal packing
- Rigid nasal endoscopy with debridement
- Flexible fiberoptic laryngoscopy
- First tracheotomy tube exchange
- Myringotomy with PE tube placement
- Wound debridements
- Arch bar removal and placement
- Foreign body removal (ear/nose)
- Mucosal and skin biopsies
- Mastoidectomy dressing
- Tympanogram/audiogram
- Tonsillectomy
- Adenoidectomy
- Tracheostomy
- Arterial ligation
- Uvulopharyngopalatoplasty
- Direct laryngoscopy/microlaryngoscopy
- Neck abscess drainage
- Maxillary sinus surgery/Caldwell Luc
- Septoplasty
- Turbinate surgery
- Rigid esophagoscopy
- Peritonsillar abscess drainage

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JHBMC OTO4 Resident

Each OTO4 resident currently rotates for 3 consecutive months as the JHBMC Senior Resident. These months are consecutive to both maximize the longitudinal care experience for the OTO4 resident and minimize discontinuity of care of the OHNS patients. The residents are able to follow some patients from initial visit through their medical or surgical care to a resolution of the issue.

Goals and Objectives specific to the JHBMC OTO4 resident:

During the OTO4 rotation, the resident will:

1. Develop organizational and managerial skills while assisting the chief resident with the “running” the service.
2. Develop competency in the diagnosis and treatment of the general OHNS patient, emphasizing the self-referred or patient referred from a primary care physician.
3. Become competent in general OHNS knowledge and will build upon this foundation of basic knowledge with detailed study in the OHNS subspecialty areas.
4. Begin to develop advanced surgical techniques by performing progressively more advanced procedures appropriate for their technical development.
5. Continue to develop teaching skills through close interactions with the OTO2 residents and medical students.
6. Continue to learn the methods of scientific investigation and critical review of scientific literature.

Objectives specific for the OTO4 resident:

Competency	Educational Method Used	How Assessed
<p>Patient Care</p> <ol style="list-style-type: none"> 11. Develop competency in obtaining the OHNS history and physical exam primarily in adult patients, with a focus on Head and Neck surgery patients and reconstructive surgery patients. 12. Develop competency in the preoperative evaluation and medical clearance issues with complex OHNS patients, including appropriate preoperative testing, consultations, and informed consent. 13. Continue to develop an understanding of the risks and indications for OHNS surgical intervention, including knowledge of the alternative treatments important in obtaining 	<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, 	<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

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<p>informed consent.</p> <p>14. Develop skills for intensive care and ward unit care of the postoperative head and neck surgery patient.</p> <p>15. Continue to develop competence and assume leadership in the assessment of emergency department and inpatient consultations.</p> <p>16. Continue to develop competence in basic and advanced emergent OHNS procedures, especially those related to airway and bleeding.</p> <p>17. Develop competency in the more complex procedures (see Operative skills list).</p> <p>18. Develop competence in the postoperative rehabilitation of head and neck patients including voice, speech, and swallowing restoration.</p> <p>19. Continue to develop competency in the recognition and treatment of head and neck surgical complications.</p>	<ul style="list-style-type: none"> • Didactic and patient care conferences: Divisional 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"> • Feedback by moderator and faculty of morbidity and mortality rounds • Program director semiannual review
<p><u>Medical Knowledge</u></p> <p>8. Continue to develop an understanding of the pathophysiology and management of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the OHNS surgery patient and understanding of relevant basic science.</p> <p>9. Interpret plain X-ray, CT and MRI imaging of OHNS head & neck surgery patients.</p> <p>10. Develop an understanding of the prevention, diagnosis, and treatment of head and neck disease through clinical experience (inpatient and outpatient), educational conferences, and</p>	<ul style="list-style-type: none"> • 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 • Surgical laboratories and workshops: bronchoscopy course, emergency airway 	<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 preceptor feedback • Program director semiannual review

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<p>OHNS textbook and journal readings.</p> <ol style="list-style-type: none"> 11. Actively participate in all departmental educational conferences and meetings while on the Head and Neck surgery rotation. 12. Develop competence in critical review of OHNS literature through journal club and independent reading. 13. Continue to develop research skills and methods of scientific investigation through discussions with mentor, the department resident research presentations, and completion of resident research project initiated in OTO2. 14. Continue to develop competency in research by presenting at local/regional/national OHNS conferences and by publication in Peer-reviewed journals. 	<p>workshops, sinus surgery course, temporal bone course, head and neck course</p>	
<p><u>Practice-based Learning and Improvement</u></p> <ol style="list-style-type: none"> 7. Maintain accurate records of operative and clinical cases. 8. Monitoring of outcomes of patients with whom the resident has interacted during the rotation in the clinic and operating room; adjustment of technique/management based on observed outcomes. 9. Apply the principles of evidence-based medicine to one's own practice. 10. Use on-line resources for up-to-date information. 11. Be candid in presenting and critically analyzing one's outcomes and errors. 12. Take the initiative in identifying one's own areas of relative weakness/need for improvement, 	<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

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<p>through consultation with faculty and resident colleagues, and address identified gaps in knowledge/skills.</p>		
<p><u>Interpersonal and Communication Skills</u></p> <ol style="list-style-type: none"> 8. Skills necessary to obtain appropriate physician-patient relationships. 9. Clear, concise, accurate and precise reporting of patient history, physical and studies (in discussion, dictations and writing). 10. Effective listening and communication with patients and family members. 11. Clear legible writing. 12. Discussion of risks, expected benefits, likely outcomes, and alternatives of different treatment modalities, as part of a discussion leading to informed consent. 13. Presenting at least one interesting head & neck case to departmental grand rounds during the OTO2 rotation. 14. Teaching medical students and the OTO2 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><u>Professionalism</u></p> <ol style="list-style-type: none"> 11. Skills necessary to obtain appropriate physician-patient relationships. 12. Honesty, compassion, level-headedness, decorum, selflessness, integrity and respect for others. 13. Acceptance of accountability and commitment to self-improvement. 14. Maintenance of patient confidentiality; 	<ul style="list-style-type: none"> • Lectures and discussions: Grand Rounds • Book reviews and discussions • Web-based sleep deprivation module • Web-based HIPPA modules • Web-based Course on Research Ethics 	<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

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<p>knowledge of HIPPA statutes.</p> <ol style="list-style-type: none"> 15. Sensitivity to issues involving gender, religion, race, sexual orientation, disability and age. 16. Understanding of ethical issues in clinical and research settings, and critical analysis of novel ethical issues. 17. Appropriate consultation with colleagues within and outside the department. 18. Ability to work as a member of a team. 19. Development of leadership skills. 20. Habits of continual learning. 	<ul style="list-style-type: none"> • Self-assessment during semi-annual review • De-briefing by physician advisor, division faculty and multidisciplinary airway team after on-call engagements 	<p>semiannual evaluation: review of documented evaluations, resident self assessment</p>
<p><u>Systems-based Practice</u></p> <ol style="list-style-type: none"> 12. Understanding of the organization of the JHBMC service, including expected responsibilities, the hierarchy of the team, and the mechanisms of supervision and communication. 13. Organizational and time-management skills required for efficient running of the inpatient service 14. Understanding of the systems approach to analysis of sentinel events signifying a potential risk to patient safety. 15. Understanding of each member's contributions to the multidisciplinary patient care team. 16. Familiarization and utilization of the Patient Safety Net for identification and prevention of potential adverse events. 17. Become familiar with the outpatient, inpatient, operating room, and emergency room facilities at JHBMC and resources available to the JHBMC surgery team. 18. Identification of opportunities to systematically 	<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"> (d) Rounds (e) Training (f) 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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<p>improve care delivery.</p> <p>19. Become familiar with the private practice clinical setting, including office management techniques and practitioner business methods.</p> <p>20. Understanding of macro- and microeconomic forces impacting health care delivery to different populations and to single individuals.</p> <p>21. Cost-effective use of diagnostic tests and treatment modalities.</p> <p>22. Understanding the medico-legal issues that affect the provision of health care</p>		
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Duties:

- 1. Outpatient clinical duties:** The OHNS Team is generally together in outpatient clinic. The OTO4 is in clinic 3-4 days per week. The Teaching Faculty-supervised clinics involve the OTO4 seeing patients under supervision of the Teaching Faculty member for an excellent one-on-one teaching opportunity. Every patient is discussed with or seen by the supervising OHNS Teaching Faculty member. The OTO4 resident is given increasing faculty-supervised independence depending on their developing individual skills and knowledge and is expected to perform with professional deportment.
- 2. Surgical duties:** The JHBMC OTO4 resident is in the OR for 1 to 2 days per week. The JHBMC OTO4 resident, as Senior Resident, has an early exposure to a wide range of OHNS procedures. As their experience increases, the JHBMC OTO4 acts as surgeon for an increasing portion of the OHNS cases. Because of the combined nature of this rotation, there are opportunities for the senior Resident to lead the JHBMC OTO2 resident through simpler portions of the procedures. The JHBMC OTO4 resident is expected to perform routine preoperative assessment and treatment planning for the OHNS 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 clinical history, exam and treatment plan, as well as having reviewed all preoperative studies and consultations, and confirmed completion of all necessary documentation (i.e., H&P, informed consent). In addition, the involved resident should have read about the specific OHNS disease process and planned surgical procedure. 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. The resident also assists faculty in the clinic minor operating room as needed.
- 3. Inpatient duties:** The JHBMC OTO4 resident is responsible for the management of the inpatient service under the close supervision of the JHBMC Teaching Faculty. Especially crucial is the informational updating of the supervising faculty with changes in patient status. The OTO4 resident is expected to know the current status of every patient on the OHNS JHBMC

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inpatient and consultation services. The OTO4 resident is expected to read about current inpatient issues and be versed on these topics during patient discussions with Teaching Faculty. The JHBMC OTO4 resident rotates in the primary night and weekend OHNS home call schedule covering JHBMC.

- 4. Academic duties:** The OHNS OTO4 resident is expected to be promptly present and adequately prepared for all mandatory JHH OHNS educational lectures, conferences and workshops. Their preparation is expected to be exemplified through active participation. The JHBMC resident team is responsible for both presentation of pertinent JHBMC cases at the OHNS Morbidity and Mortality Conferences. The JHBMC OTO4 has direct teaching responsibilities with rotating medical students, medical residents and the OHNS OTO2 resident in the clinic, operating room, ICU and on the ward floor.
- 5. Administrative duties:** The JHBMC OTO4 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 OTO4 resident is also responsible for accurate documentation as necessary for the residency program, ACGME, JHH, JHBMC and School of Medicine requirements.

Progression of responsibilities:

The OTO4 resident rotates at JHBMC for three consecutive months giving them an opportunity to progress in their clinical skills and leadership development in a longitudinal fashion. The OTO4 will have spent time at JHBMC as an intern on the General Surgery service or the Neurosurgical service as an intern which will familiarize them with the medical center. The OTO4 will have rotated on the JHBMC OHNS service during the OTO2 rotation, so less time is necessary spent on learning the mechanics of JHBMC OHNS service management, and more emphasis is placed on more independent care of the OHNS patient. Because of the team leadership responsibility placed on the OTO4 resident, the team is closely supervised by the OHNS JHBMC faculty. As the JHBMC OTO4 resident gains further experience and becomes more proficient in all aspects of patient care, he/she is allowed to progress in their responsibilities.

In the outpatient clinic, the resident is given increasing responsibility through interviewing and examining their own patients and subsequently working with the supervising Faculty in developing a diagnostic and management plan. Focus is placed on increasingly more complex OHNS problems as well as increasing independence in formulating diagnostic workups and treatment plans as the rotation progresses. As experience increases, supervised independence is also experienced with clinic procedures. The OTO4 resident assumes a central role in the inpatient and emergency room consultation service as well as making more independent care plan decisions on inpatient OHNS patients. Similarly, in the OR, the resident is allowed significant independence in the performance of basic OHNS surgical procedures, giving the residents more latitude to allow more independent intra-operative decision-making. As abilities and knowledge accelerates, the OTO4 resident rapidly becomes the primary surgeon on increasingly complex procedures

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under faculty guidance. As skills accelerate, the resident is also allowed to begin to bring medical students and the OHNS OTO2 through basic surgical procedures.

Operative skills:

The JHBMC OTO4 is expected to become proficient in the following surgical procedures:

- Scar revision
- Facial fracture treatment
- Reconstruction of soft tissues defects
- Pharyngotomy
- Excision of congenital cysts and sinuses
- Repair of penetrating injuries of the head and neck
- Ethmoidectomy
- Sphenoid sinus surgery
- Hypophysectomy
- Dacryocystorhinostomy
- Aerodigestive foreign body removal
- Bronchoscopy
- Endoscopic laser surgery
- Submandibular gland excision
- Orbital decompression