

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

Scope

The GBMC resident team is composed of two OTO5 residents, two OTO4 residents (one dedicated to GBMC, and one who covers Facial Plastics as well), and one OTO3 resident. The team is responsible for covering the GBMC Department of Otolaryngology Clinic and its surgical cases. It is also responsible for coverage of surgical cases performed by clinical associate faculty of Johns Hopkins University as well as members of the full-time Johns Hopkins staff. They may also participate in the care of patients from additional otolaryngologists who admit to GBMC as well as inpatient and emergency department consults. These cases span the range of otolaryngologic problems and procedures.

Facilities

Outpatient Clinic. The outpatient clinics are on the medical campus of GBMC in the North Physicians Pavilion and are staffed by faculty members of the department and several clinical associate faculty members. The clinic is equipped with 5 exam rooms, including one procedure room. There are operating microscopes in each room. There are flexible laryngoscopes, as well as the usual array of equipment for examining patients and performing office-based procedures such as PE tube insertion.

Inpatient. GBMC is a 301-bed community hospital with a large focus on obstetrics as well as otolaryngology. There is a 15 bed SICU, as well as an otolaryngology inpatient floor unit, which is shared with orthopedics and neurosurgery. The recently renovated Emergency Department now has a separate pediatrics area, where emergency visits occur and also serves as the inpatient unit.

Operating Rooms. Surgical procedures are performed in either the General Operating rooms in the main hospital, consisting of 20 operating rooms, or in the Sherwood Outpatient surgical center, consisting of 7 operating rooms and two local procedure rooms. The inpatient responsibilities of the team include coverage of all patients admitted to Clinical associate faculty who direct resident involvement in their patient's care.

Goals common to all residents on GBMC rotations.

Residents shall develop (OTO3), refine and master (OTO4 and OTO5):

1. Technical skills needed to provide effective, appropriate, efficient, cost-effective and compassionate **patient care** in the general OHNS and H&N patient population;
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. Residents will develop an appreciation for the importance and impact of nonverbal communication, compassion and cultural sensitivity in all interpersonal interactions;

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

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.

Goals and Objectives Specific to the OTO3 GBMC Resident

1. Begin to become more independent in the assessment and management of the general OHNS patient, especially in the determination of need for emergent/urgent OHNS intervention.
2. Concentrate on the foundation of basic science knowledge integral to OHNS disease and will progress into more detailed education of common OHNS disorders.
3. The GBMC OTO3 resident will develop organizational skill to manage an OHNS inpatient and consultation service.
4. Develop skills to interpret radiographic studies commonly utilized for OHNS patients.
5. Develop 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 the medical students.

Competency	Educational Method Used	How Assessed
<p>Patient Care</p> <ol style="list-style-type: none"> 1. Develop competency in obtaining the OHNS history and physical exam in general adult and pediatric OHNS patients. 2. Develop skills of diagnosing common OHNS disorders and developing initial medical treatment plans. 3. Develop competency in the use of diagnostic otolaryngologic clinic instrumentation, including the head mirror, microscope, nasal endoscope, flexible fiberoptic laryngoscopy, and biopsy instrumentation. 4. Develop competency in the preoperative evaluation and medial clearance issues with OHNS patients, including appropriate preoperative testing, consultations, and informed consent. 5. Develop competence in the prevention, diagnosis, and treatment of common areas of otolaryngologic disease (ie epistaxis, sinusitis, otitis media) through clinical experience, educational conferences, and 	<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 at GBMC and JHH: Monthly general 	<ul style="list-style-type: none"> • Case numbers and distribution • Documented evaluations by faculty, peers, nursing, and patients • Beginning, 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

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

<p>textbook/journal readings.</p> <ol style="list-style-type: none">6. Learn the indications for surgical intervention in the general OHNS patient, including knowledge of the risks and alternative treatments important in obtaining informed consent.7. Develop competency the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, local anesthesia and airway concerns.8. Develop skills for intensive care and ward unit care of the postoperative OHNS surgery patient.9. Develop competence in head and neck wound care, including debridement, dressing techniques, drainage procedures.10. Develop competence in determining which patients require immediate OHNS intervention (i.e. airway, bleeding, trauma, infection).11. Develop competence in basic emergent OHNS procedures, especially those related to airway and bleeding.12. Develop competency in basic soft tissue surgical techniques, starting with simple repair of lacerations and progressing ultimately to small excisions with local flap repair and more complex repair of lacerations.13. Develop competence in fundamental OHNS inpatient/outpatient procedures (i.e. tracheostomy tube changes, drain removals, dressing changes, nasal packing).14. Develop competency in common OHNS operative procedures (i.e., tonsillectomy, adenoidectomy, myringotomy with tube, peritonsillar abscess drainage, laryngoscopy, bronchoscopy, esophagoscopy).15. Obtain progressive exposure to more complex procedures including tracheotomy, septoplasty, laser procedures, airway foreign body extraction, cervical	<p>otolaryngology journal club, JHH weekly resident didactic conference, grand rounds, GBMC head and neck tumor conference, GBMC videostroboscopy conference, morbidity and mortality conference</p> <ul style="list-style-type: none">• Faculty-mentored research projects, manuscript preparation and lecture presentation	<p>review</p>
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Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

<p>node biopsies, skin grafts, and endoscopic sinus surgery.</p> <ol style="list-style-type: none"> 16. Develop competence in the recognition and treatment of head and neck surgical complications. 17. Develop competence in skillful first-assistantship in OHNS operative procedures. 18. Develop familiarity with OHNS surgical equipment and instrumentation 		
<p>Medical Knowledge</p> <ol style="list-style-type: none"> 1. Develop and demonstrate an understanding of the clinical presentation of head and neck surgery patients. 2. Continue to master basic and complex anatomy of the head & neck, skull base, cranial nerves and associated structures. 3. Develop an understanding of the pathophysiology and management of inflammatory, congenital, infectious, neoplastic, vascular, and traumatic, processes affecting the OHNS head & neck surgery patient and understanding of relevant basic science. 4. Interpret plain X-ray, CT and MRI imaging of OHNS head & neck surgery patients. 5. Develop an understanding of the prevention, diagnosis, and treatment of OHNS disease through clinical experience (inpatient and outpatient), educational conferences, and OHNS textbook and journal readings. 6. Recognize and develop treatment plans for head and neck operative complications. 7. Actively participate in all departmental educational conferences and meetings while on the Head and Neck surgery rotation. 8. Develop competence in critical review of OHNS literature through journal club and independent reading. 9. Develop research skills and methods of scientific investigation through discussions with mentor, Grand Rounds and the department resident research presentations. 	<ul style="list-style-type: none"> • Didactic and patient care conferences at GBMC and JHH: Monthly general otolaryngology journal club, JHH weekly resident didactic conference, grand rounds, GBMC head and neck tumor conference, GBMC videostroboscopy conference, 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 • Beginning, mid- and end-of-rotation preceptor feedback • Program director semiannual review

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

<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. Monitor 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 • Beginning, 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. Begin to develop skills 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 outcomes, and alternatives of different treatment modalities, as part of a discussion leading to informed consent. 6. Presenting at least one interesting head & neck case to departmental grand rounds during the OTO2 rotation. 7. Teaching medical students in the clinic and inpatient setting. 	<ul style="list-style-type: none"> • Supervised and progressive patient care responsibility: inpatient, out-patient, operating room and on-call • Airway management drills • Multi-disciplinary conferences • 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 • Beginning, 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

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

<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 HIPAA 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 HIPAA modules • Web-based Course on Research Ethics • Self-assessment during semi-annual review 	<ul style="list-style-type: none"> • Documented evaluation by faculty, other health care providers, peers, and patients • Beginning, 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><u>Systems-based Practice</u></p> <ol style="list-style-type: none"> 1. Understanding of the organization of the GBMC 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 head & neck 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. Become familiar with the outpatient, inpatient, operating room, and emergency room facilities at JHH and resources available to the OHNS GBMC service. 6. Identification of opportunities to systematically improve care delivery. 	<ul style="list-style-type: none"> • Supervised and progressive clinical team responsibilities and leadership • Ward Rounds • 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 • Beginning, 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

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

<ol style="list-style-type: none">7. Understanding of macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (i.e. indigent versus private patient).8. Familiarization with the difference in insured and indigent patient health care delivery and resources available for inpatient and outpatient care.9. Cost-effective use of diagnostic tests and treatment modalities.		
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Duties:

The OTO3 resident rotates in the primary night and weekend OHNS home call schedule covering GBMC. The residents on the 5-year track will spend 6 months at GBMC during this year, with the other 6 months focused on research.

Outpatient clinical duties: The OTO3 resident is in the clinic coverage pool with the other members of the GBMC team and functions as a supervised physician treating general otolaryngologic conditions as they are comfortable. Every patient is discussed with or seen by the supervising OHNS Teaching Faculty member. The GBMC OTO3 resident is given increasing faculty-supervised independence depending on their developing individual skills and knowledge and is expected to perform with professional department. Typically the OTO3 resident spends 2 to 3 half-days per week in clinic.

Surgical duties: The OTO3 is responsible for coverage of a variety of cases assigned by the chief resident based on where experience and man/woman power is needed. Typical cases performed by the OTO3 include tonsillectomy, adenoidectomy, myringotomy with PE tubes, basic endoscopic sinus surgery, excision of cutaneous lesions and neck masses, and performance of the initial steps of more complicated procedures or components of them.

Inpatient duties: Although inpatient duties are primarily the responsibility of the person on call during the day, floor duties are shared by all members of the team. The chief resident will assign cases and floor work and/or the team may divide the work as they are available or comfortable performing said tasks. Floor duties are typically light on the inpatient service and might include follow up of labs, discharge and transfer dictations, discharge paperwork and writing daily progress notes on rounds with the team. Follow up exams for concerning findings, tracheostomy changes will be performed with the assistance or supervision of a senior resident,

Academic duties: The GBMC OTO3 resident is expected to adequately prepare and participate in the weekly lecture series at JHH, as well as weekly Grand Rounds and M&M conference at JHH. In addition, the OTO3 resident will participate in the GBMC-specific conferences, such as

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

Otolaryngology Grand Rounds, Head and Neck Tumor Conference, Otolaryngology Journal Club, and the Videostroboscopy Conference. The OTO3 resident will present at these conferences at least once per rotation.

The GBMC OTO residents all share in direct teaching responsibilities with rotating medical students from Johns Hopkins as well as GBMC medical residents who frequently rotate through the clinic.

Administrative duties: The GBMC OTO3 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 the residency program, ACGME, GBMC, and the School of Medicine.

Progression of responsibilities:

As the GBMC OTO3 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. This is initially introduced through observation of the supervising faculty in clinic, but gradually the OTO3 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 OTO3 rotation on exposure to increasingly more complex OHNS 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 OTO3 resident is allowed to make more independent care plan decisions on inpatient and consult patients. Similarly, in the OR, after a period of first assisting the faculty, the OTO3 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.

Evaluation:

The GBMC OTO3 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 resident from GBMC faculty members at each of these meetings.

Operative skills:

The GBMC OTO3 is expected to become proficient in the following surgical procedures:

- Microscopic ear exam and removal of cerumen
- Nasal packing for epistaxis
- Rigid nasal endoscopy for debridement or biopsy
- Flexible fiberoptic laryngoscopy
- First tracheotomy tube change
- Myringotomy with PE tube placement
- Wound debridement

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

- Arch bar placement and removal
- Removal of nasal and external auditory canal foreign bodies
- Mucosal and skin biopsies
- Placement of mastoid dressing
- TEP placement and removal
- Tympanogram/audiogram
- Tonsillectomy
- Adenoidectomy
- Tracheostomy
- Arterial ligation
- Uvulopharyngopalatoplasty
- Direct laryngoscopy/microlaryngoscopy
- Bronchoscopy
- Esophagoscopy (rigid and flexible)
- Neck abscess drainage
- Peritonsillar abscess drainage
- Maxillary sinus surgery/Caldwell-Luc
- Septoplasty
- Turbinate surgery

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

Goals and Objectives Specific to the OTO4 GBMC Resident

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 OTO3 resident and medical students.
6. Continue to learn the methods of scientific investigation and critical review of scientific literature.

Competency	Educational Method Used	How Assessed
<p>Patient Care and Technical Skills</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 medial 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). 	<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 at GBMC and JHH: Monthly general otolaryngology journal club, JHH weekly resident didactic conference, grand rounds, GBMC head and neck tumor conference, GBMC 	<ul style="list-style-type: none"> • Case numbers and distribution • Documented evaluations by faculty, peers, nursing, and patients • Beginning, 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

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

<ol style="list-style-type: none"> 8. Develop competence in the postoperative rehabilitation of head and neck patients including voice, speech, and swallowing restoration. 9. Continue to develop competency in the recognition and treatment of head and neck surgical complications. 	<p>videostroboscopy conference, morbidity and mortality conference</p> <ul style="list-style-type: none"> • Faculty-mentored research projects, manuscript preparation and lecture presentation 	
<p><u>Medical Knowledge</u></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. 7. Continue to develop competency in research by presenting at local/regional/national OHNS conferences and by publication in Peer-reviewed journals. 	<ul style="list-style-type: none"> • Didactic and patient care conferences at GBMC and JHH: Monthly general otolaryngology journal club, JHH weekly resident didactic conference, grand rounds, GBMC head and neck tumor conference, GBMC videostroboscopy conference, 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 • Beginning, mid- and end-of-rotation preceptor feedback • Program director semiannual review
<p><u>Practice-based Learning and Improvement</u></p> <ol style="list-style-type: none"> 1. Maintain accurate records of operative and clinical 	<ul style="list-style-type: none"> • Operative skills assessment 	<ul style="list-style-type: none"> • Documented faculty

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

<p>cases.</p> <ol style="list-style-type: none"> 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. 	<p>and formative feedback</p> <ul style="list-style-type: none"> • 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 	<p>evaluations</p> <ul style="list-style-type: none"> • Beginning, 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 outcomes, and alternatives of different treatment modalities, as part of a discussion leading to informed consent. 6. Presenting at least one interesting head & neck case to departmental grand rounds during the OTO4 rotation. 7. Teaching medical students and OTO3 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 • 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 • Beginning, 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"> 1. Skills necessary to obtain appropriate physician-patient 	<ul style="list-style-type: none"> • Lectures and discussions: 	<ul style="list-style-type: none"> • Documented evaluation by

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

<p>relationships.</p> <ol style="list-style-type: none"> 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 HIPAA 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. 	<p>Grand Rounds</p> <ul style="list-style-type: none"> • Book reviews and discussions • Web-based HIPAA modules • Web-based Course on Research Ethics • Self-assessment during semi-annual review 	<p>faculty, other health care providers, peers, and patients</p> <ul style="list-style-type: none"> • Beginning, 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><u>Systems-based Practice</u></p> <ol style="list-style-type: none"> 1. Understanding of the organization of the GBMC 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. Become familiar with the outpatient, inpatient, operating room, and emergency room facilities at JHH and resources available to the GBMC surgery team. 6. Identification of opportunities to systematically improve care delivery. 7. Become familiar with the private practice clinical setting, including office management techniques and practitioner 	<ul style="list-style-type: none"> • Supervised and progressive clinical team responsibilities and leadership • Ward Rounds • 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 • Beginning, 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

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

business methods. 8. Understanding of macro- and microeconomic forces impacting health care delivery to different populations and to single individuals. 9. Cost-effective use of diagnostic tests and treatment modalities.		
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Duties:

All four residents during their PGY-4 year will rotate at GBMC for 3 months. In addition to case coverage and general duties, they will also assist in the Resident Clinic to coordinate care of these patients. The GBMC OTO4 resident rotates in the primary night and weekend OHNS home call schedule covering GBMC. Furthermore, all PGY-4 residents will rotate at GBMC in a more limited capacity during their Facial Plastics rotation, where they cover the GBMC resident clinic one half-day per week as well as take limited GBMC call duties.

Outpatient clinical duties: The OTO4 resident is in clinic 2 half-days per week. The Teaching Faculty-supervised clinics involve the OTO4 seeing patients under supervision of the Teaching Faculty member for 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.

Surgical duties: The GBMC OTO4 resident is in the OR for 3-4 days per week. The GBMC OTO4 resident has an early exposure to a wide range of OHNS procedures. As experience increases, the GBMC OTO4 resident 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 GBMC OTO3 residents through simpler portions of the procedures. The GBMC 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.

Inpatient duties: The GBMC OTO4 resident is responsible for the management of the inpatient service under the close supervision of the GBMC Teaching Faculty and the chief resident. Especially crucial is the informational updating of the supervising faculty with changes in patient status. The Senior Resident is expected to know the current status of every patient on the OHNS GBMC inpatient and consultation services. The OTO-4 resident is expected to read about current inpatient issues and be versed on these topics during patient discussions with Teaching Faculty.

Academic duties: The GBMC OTO4 resident is expected to be promptly present and adequately prepared for all mandatory JHH OHNS educational lectures, conferences and workshops. Their preparation also includes active participation in both presentation of pertinent GBMC

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

cases at the JHH and GBMC Morbidity and Mortality Conferences and Grand Rounds. The GBMC OTO4 has direct teaching responsibilities with rotating medical students, medical residents and the OHNS OTO3 residents in the clinic, operating room, ICU and on the ward floor.

Administrative duties: The GBMC 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:

Each OTO4 resident rotates at GBMC for three consecutive months giving them an opportunity to progress in their clinical skills and leadership development in a longitudinal fashion. The OTO4 resident will have spent 3-9 months at GBMC as a junior resident, which will familiarize them with the medical center. Thus, less time is spent on learning the mechanics of GBMC OHNS service management, and more emphasis is placed on more independent care of the OHNS patient. As the GBMC 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 under faculty guidance. As skills accelerate, the resident is also allowed to begin to bring medical students and the OHNS OTO3 through basic surgical procedures.

Evaluation:

The GBMC OTO4 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 resident from GBMC faculty members at each of these meetings.

Operative skills:

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

- Maxillectomy/partial maxillectomy
- Oral cavity resection/composite resection/glossectomy
- Reconstruction of soft tissues defects
- Mandibulectomy/mandibulotomy

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

- Neck Dissection
- Cricopharyngeal myotomy
- Pharyngotomy
- Resection of vascular malformations (lymphatic, venous, hemangioma)
- Repair of penetrating injuries of the head and neck
- Thyroidectomy/parathyroidectomy
- Endoscopic laser surgery
- Phonatory /framework surgery
- Management of laryngeal fractures
- Arytenoidectomy/Arytenoidpexy
- Zenker's diverticulectomy/diverticulotomy
- Treatment of tracheoesophageal fistula
- Ethmoidectomy
- Sphenoid sinus surgery
- Frontal sinus surgery/trephination/obliteration/ablation
- Hypophysectomy
- Dacryocystorhinostomy
- Orbital decompression
- Canalplasty
- Middle ear exploration
- Mastoidectomy
- Tympanoplasty/myringoplasty
- Tympanomastoidectomy
- Meatoplasty
- Repair of perilymphatic fistula
- Trans-tympanic instillation of ototoxic drugs

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

Goals and Objectives Specific to the OTO5 GBMC Resident

At the completion of this rotation, the OTO5 GBMC Chief resident will:

1. Be competent in the diagnosis and management of the tertiary care OHNS patient, emphasizing their Chief Resident leadership skills in the overall multidisciplinary management of the OHNS service.
2. Continue to build upon their foundation of general OHNS knowledge with further in-depth study OHNS subspecialty areas including head & neck oncology, sinus/rhinology, laryngology, and facial plastic/reconstructive surgery.
3. Be competent in advanced surgical techniques by performing progressively more advanced procedures appropriate for their technical development.
4. Be competent in their teaching skills through continuous interactions with junior residents and medical students as Chief Resident.
5. Be competent in the methods of scientific investigation, critical review of scientific literature, and the research process from conceptual plan to manuscript publication.
6. Achieve a level of competence adequate to practice OHNS independently.

Competency	Educational Method Used	How Assessed
<p>Patient Care</p> <ol style="list-style-type: none"> 1. Establish a leadership role in the Emergency Department and inpatient consultation services. 2. Achieve competency in the diagnosis of the tertiary care OHNS patient with advanced, complicated and /or recurrent disease, especially in the areas of head & neck oncology, neurotology, sinus/rhinology, laryngology, and facial plastics/reconstructive surgery subspecialties. 3. Achieve competence in interpreting radiographic studies. 4. Achieve competence in the discussion of treatment alternatives and adjunctive treatment strategies (including radiation and medical oncology therapies) with formulation of a management plan for the tertiary care of general OHNS patients. 5. Achieve competence in the intra-operative preparation of the patient for tertiary care OHNS surgical procedures (ie positioning, surgical prepping, pharmacologic prophylaxis, premedication). 6. Achieve competence in complex surgical procedures as 	<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, • Running didactic and patient care conferences at GBMC and JHH: Monthly general otolaryngology journal club, JHH weekly resident didactic conference, grand rounds, 	<ul style="list-style-type: none"> • Case numbers and distribution • Documented evaluations by faculty, peers, nursing, and patients • Beginning, 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

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

<p>primary surgeon and development of competence in post-graduate level head and neck surgery procedures (see Surgical Skills list).</p> <ol style="list-style-type: none"> 7. Achieve competence in the chief resident leadership role of the multidisciplinary intensive care unit and ward unit care of the postoperative OHNS surgery service. 8. Achieve competence in the recognition of surgical complications and their management. 9. Achieve competence with operation and utilization of advanced surgical equipment and instrumentation. 	<p>GBMC head and neck tumor conference, GBMC videostroboscopy conference, morbidity and mortality conference</p> <ul style="list-style-type: none"> • Faculty-mentored research projects, manuscript preparation and lecture presentation 	
<p><u>Medical Knowledge</u></p> <ol style="list-style-type: none"> 1. Achieve in-depth knowledge base of head & neck oncology, neurotology, sinus/rhinology, laryngology, and facial plastics/reconstructive surgery subspecialty areas. 2. Continue to develop and refine teaching skills through clinical interactions with junior residents and medical students, emphasizing learning through surgical supervision of junior residents through more basic head and neck surgical procedures. 3. Actively participate as a leader in all departmental educational conferences and meetings. 4. Sit for the ABO in-training examination. 	<ul style="list-style-type: none"> • Didactic and patient care conferences at GBMC and JHH: Monthly general otolaryngology journal club, JHH weekly resident didactic conference, grand rounds, GBMC head and neck tumor conference, GBMC videostroboscopy conference, 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 • Beginning, mid- and end-of-rotation preceptor feedback • Program director semiannual review

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

<p><u>Practice-based Learning and Improvement</u></p> <ol style="list-style-type: none"> 1. Participate in the weekly M&M conference with emphasis on monitoring outcomes and adjustment of technique/management based on observed outcomes and the principles of evidence-based medicine. 2. Through consultation with faculty and mentor, identify strengths, weaknesses, and specific interests to be developed in the final year of training. 	<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 • Beginning, 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. Develop competence in teaching and leadership skills through leading the consultation service and by running the inpatient service. 2. Develop the necessary skill to obtain an appropriate physician-patient relationship as the primary surgeon. 3. Hone his/her presentation skill through weekly presentations of cases at Morbidity & Mortality rounds. 	<ul style="list-style-type: none"> • Supervised and progressive patient care responsibility: inpatient, out-patient, operating room and on-call • Airway management drills • Multi-disciplinary conferences • 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 • Beginning, 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

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

<p><u>Professionalism</u></p> <ol style="list-style-type: none"> 1. Throughout the rotation, the OTO5 resident is expected to demonstrate professional behavior as outlined above, and to serve as a leader and model for the more junior residents. 2. Develop sense of personal clinical limitations given increased awareness of treatment options, mentor feedback, and awareness of personal abilities. 	<ul style="list-style-type: none"> • Lectures and discussions: Grand Rounds • Book reviews and discussions • Web-based HIPAA modules • Web-based Course on Research Ethics • Self-assessment during semi-annual review 	<ul style="list-style-type: none"> • Documented evaluation by faculty, other health care providers, peers, and patients • Beginning, 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><u>Systems-based Practice</u></p> <ol style="list-style-type: none"> 1. Demonstrate and refine his/her understanding of a systems-based approach to care, as outlined above. 2. Develop competence in chief resident managerial and administrative skills in directing the consultation service. 3. Develop competence in the methods of scientific investigation with experience in the research process from research plan to presentation and manuscript publication. 	<ul style="list-style-type: none"> • Supervised and progressive clinical team responsibilities and leadership • Ward Rounds • 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 • Beginning, 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

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

Duties:

All four residents during their PGY-5 year will rotate at GBMC for a total of 6 months: 3 months as the Head and Neck Oncology Chief and 3 months as the Resident Clinic Chief. As the Resident Clinic Chief, they will oversee the Resident Clinic and coordinate care of these patients. Their primary operative case coverage duties during that rotation will be to those patients who are seen in the clinic.

The GBMC OTO5 chief residents perform second call as back up to the OTO3 residents. The Head and Neck Oncology Chief functions as the leader of the resident team and runs the inpatient service as well as coordinates case coverage.

Outpatient clinical duties: The OTO5 Head and Neck Oncology Chief attends weekly clinic with the attendings at the Johns Hopkins Head and Neck Surgery at GBMC office. Each Wednesday morning the OTO5 is present and participates in Head and Neck Tumor Board. The GBMC OTO5 Resident Clinic Chief is responsible for one day a week in the Resident clinic and coordinates care of the Resident Clinic patients.

Surgical duties: The Head and Neck Oncology chief resident is responsible for the resident operative assignments based on resident level, experience and need. These assignments are done on a weekly basis to allow the residents to prepare for their cases. Both GBMC OTO5 residents are expected to perform routine preoperative assessment and treatment planning for all 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 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 in-depth knowledge of the specific disease process and planned surgical procedure through reading and study. The GBMC OTO5 chief resident is the primary surgeon for essentially all tertiary care OHNS procedures (see operative skills list) and only first assists in certain post-graduate level cases until their experience and skills mature further. The OTO5 chief resident also plays a leadership role in bringing the junior and senior residents and medical students through the more basic OHNS surgeries. The involved resident is responsible for and assists in the care of the patient from the time of admission to the preoperative surgery area until their return to the post anesthesia care unit.

Inpatient duties: While ultimate responsibility lies with the supervising attending physician, the GBMC OTO5 Head and Neck Oncology Chief is responsible for managing and organizing the GBMC resident team. The Chief Resident has a leadership role in the management of the OHNS inpatient and consultation services. The resident is expected to know the current status of the entire consultation service and inpatient service and is responsible for assuring that all OHNS inpatient and consultation service patient evaluations, talks and responsibilities are performed by the GBMC resident team in a professional and timely manner. Especially crucial is the informational updating of the supervising teaching faculty member. The resident is involved in all evaluations of inpatient and emergency room consultations so that a management plan can be presented to the supervising faculty. The OTO5 resident is expected to read about current inpatient issues and be versed on these topics during afternoon faculty rounds, with emphasis on perioperative complications.

In addition to daily rounds with the resident team, the OTO5 Head and Neck Oncology Chief is responsible for leading Dance Center Rounds every Monday morning. The Dance Center is the rehabilitative arm of the comprehensive care of the Head and Neck cancer patients. The Dance Center rehabilitation team includes SLP, Social Work, Nursing and home care personnel. Physicians meet with the Dance center staff and

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

discuss all inpatients being treated or who have been treated for head and neck cancer and are currently admitted to GBMC. After discussion, the OTO5 leads the group in rounds on each of these patients.

Academic duties: The OTO5 Chief Resident is expected to be promptly present and adequately prepared for all mandatory educational conferences and workshops. The Chief Resident is expected to exemplify his/her preparation through leadership and active participation in all educational conferences. It is the Chief Resident's responsibility to ensure that all members of the resident team are also present and prepared. The GBMC OTO5 Head and Neck Oncology Chief is responsible for the preparation and performance of presentations at the Departmental M&M and assigns "interesting case" presentations to the junior residents for M&M. The OTO5 Head and Neck Oncology Chief also prepares and presents cases at the weekly Multidisciplinary Head and Neck Tumor Board. Both GBMC OTO5 chief residents have direct and major teaching responsibilities with all rotating medical students and members of the OHNS resident team in the clinic, operating room, ICU, and on the floor.

All Chief Residents are expected to have experience in the scientific method given their research rotation and presentations at Alumni Day and local/regional/national meetings. This experience should result in at least one manuscript publication in a peer-reviewed journal by the completion of training.

Administrative duties: The GBMC OTO5 resident is responsible for monitoring, with the Program Director and the GBMC faculty, the condition of each resident on the service, assuring a fair and level-appropriate distribution of workload and educational opportunities. In addition, the Chief Resident reviews weekend rounding and call responsibility to ensure fair and level distribution of the work-load.

The GBMC OTO5 chief 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 OTO5 resident is also responsible for accurate documentation as necessary for the residency program, ACGME, GBMC, and the School of Medicine.

Progression of responsibilities:

The emphasis for further learning is to focus on in-depth study of subspecialty areas. Moreover, building upon the foundation of basic OHNS knowledge should be enhanced by the major teaching responsibilities of the Chief Resident. As the OTO5 resident gains further intense patient care and leadership experience, he/she is allowed to progress in their responsibilities to one of supervised independence. Again the supervising teaching faculty member is always involved in patient care and has ultimate responsibility. In the outpatient clinic, the GBMC OTO5 resident is allowed supervised independence in formulating diagnostic workups and treatment plans. The Chief Resident has a leadership role in overseeing the inpatient and emergency room consultation service and is intimately involved with the development of a diagnostic and management plan with the evaluating GBMC resident. Concurrent with this is the ability to make independent care plan decisions on the GBMC inpatients, emphasizing close communication with the responsible attending faculty member. Similarly, in the OR, the Chief Resident is allowed to progress as a primary surgeon on all procedures once they have sufficient experience and skill. The OTO5 chief resident is responsible for bringing both the GBMC residents and medical student assistants through mastered surgical procedures.

Goals and Objectives

Greater Baltimore Medical Center (GBMC) Otolaryngology Rotation

Evaluation:

The GBMC OTO5 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 resident from GBMC faculty members at each of these meetings.

Operative skills:

The GBMC OTO5 is expected to become proficient in the following surgical procedures:

- Partial laryngectomy/total laryngectomy/pharyngectomy
- Parotidectomy
- Excision of masses of the parapharyngeal space
- Pharyngoesophageal reconstruction
- Tracheal resection
- Parathyroidectomy
- Microvascular reconstruction
- Advanced sinonasal endoscopic procedures (i.e. repair of CSF rhinorrhea, modified Lothrop)
- Laryngotracheoplasty/airway reconstruction
- Skull base surgery
- Glomus tumor removal
- Removal of acoustic neuroma and other CPA tumors
- Facial nerve decompression
- Stapedectomy/stapedotomy
- Ossiculoplasty
- Endolymphatic sac surgery
- Labyrinthectomy
- Cochlear implantation