

Goals and Objectives

OTO 1, 2 and 5 Head and Neck Oncology Rotation, Dept. OHNS, Johns Hopkins University

The Head and Neck Oncology OHNS team consists of board certified otolaryngologists with sub-specialty training in head and neck surgical oncology (Drs. Wayne Koch, Ralph Tufano, Christine Gourin, Jeremy Richmon, Nishant Agrawal) as well as others whose practices focus on this area (Drs. Sara Pai, Nasir Bhatti). The Head and Neck team also includes a fellow (Instructor level) and a nurse practitioner (Carol Maragos) and 3 Speech Language Pathologists (Ms. Starmer, Webster, Tippet). Every head and neck OHNS patient has both a responsible, supervising faculty member and resident involvement; there is no "private" or "resident" head and neck OHNS service. Head and neck (H&N) patients are also seen at Greater Baltimore Medical Center and the Bayview Medical Center with additional faculty (Drs. Califano, Saunders, Ha, Blanco, Fakhry, and Y. Kim). Activities at these sites will be described separately according to resident rotation.

Facilities

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

Inpatient. The Johns Hopkins Weinberg Cancer Center is a 6-floor building which houses the outpatient services for medical and radiation oncology, as well as Pathology laboratories, 16 operating rooms, intensive care unit, and 2 floors of cancer inpatient units. The OHNS H&N service patients are housed on Weinberg 4A with its 17 private rooms and dedicated nursing staff.

Operating Rooms. Inpatient and outpatient surgical procedures are performed in the Weinberg Cancer Center or Johns Hopkins Outpatient Center Operating Rooms (8 rooms). Block time for H&N attending staff is available each day in WCC.

Goals common to all residents on rotation.

Residents shall develop:

1. Technical skills needed to provide effective, appropriate, efficient, cost-effective and compassionate care of patients with disorders of the head & neck. Particular attention is focused on the diagnosis, treatment, and prevention of neoplastic disease of the upper aerodigestive tract, skull base, skin of the head and neck
2. The medical knowledge base, clinical acumen and self-education skills necessary for effective head & neck surgery practice and continued life-long learning.
3. An understanding of and experience with quantitative methods of outcomes assessment as applied to outcomes in one's own practice, to support practice-based optimization of care.
4. Interpersonal and communication skills necessary for effective participation in a multidisciplinary care team. Residents shall learn to employ clear, concise, accurate and precise verbal communication with colleagues, other staff, patients and patients' family members. Residents will develop an appreciation for the importance and impact of nonverbal communication, compassion and cultural sensitivity in all interpersonal interactions.

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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 of the OTO1 H&N OHNS Resident (Intern)

Competency	Educational Method Used	How Assessed
<p>Patient Care</p> <ol style="list-style-type: none"> 1. Develop skills in the post-operative management of patients after major head and neck oncologic procedures 2. Develop facility in coordinating multidisciplinary care of post-operative head and neck oncologic patients 3. Develop skills for intensive care unit and floor care of the postoperative H&N surgery patient. 4. Develop competence in the assessment of H&N and general OHNS emergency department and inpatient consultations. 5. Develop competence in determining which patients require immediate OHNS intervention (ie. airway, bleeding, trauma, infection). 6. Develop competence in basic emergent OHNS procedures, especially those related to airway and bleeding. 7. Develop competency in basic soft tissue surgical techniques, starting with simple repairs and progressing ultimately to small excisions with local flap repairs. 8. Develop competency in common operative procedures (i.e. tracheotomy, submandibular gland excision, aerodigestive tract endoscopy) progressing to more complex procedures as the resident develops. 9. Gain exposure to complex H&N surgery through assisting in surgical cases 10. Develop competency in surgical first assistantship in major OHNS procedures. 11. Develop competence in the recognition and treatment of H&N surgical complications. 12. Develop competence with H&N surgical equipment and instrumentation (airway, laser, monitoring devices etc). 13. Develop an understanding of the risks and indications for OHNS surgical intervention, including knowledge of the 	<ul style="list-style-type: none"> • Supervised and progressive patient care responsibility: in-patient, out-patient clinic, emergency department • Supervised and progressive intra-operative experience • Surgical laboratories and workshops: bronchoscopy course, emergency airway workshops, use of simulation center for patient scenarios, sinus surgery course, temporal bone course, head and neck dissection course, • OHNS Didactic and patient care conferences: Division journal club and teaching rounds, weekly resident didactic conference, grand rounds, morbidity and mortality conference, ward walk rounds • Generation Surgery Didactic Series • 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 • Program director semiannual review

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<p>alternative treatments important in obtaining informed consent.</p> <ol style="list-style-type: none"> 14. Develop competence in communication of clinical findings 15. Develop competency in the H&N oncologic OHNS history and physical examination. 16. Develop competency in the aerodigestive tract and assessment with identification of normal and pathologic disease states. 17. Interpret plain X-ray, PET, CT and MRI imaging of the OHNS cancer patient 18. Develop competency in the prudent application and performance of OHNS diagnostic procedures in the H&N patient (i.e. binocular microscopy, pneumatic otoscopy, rigid and flexible fiberoptic endoscopy, and headlight illumination). 19. Develop competency in the use of diagnostic otolaryngologic clinic instrumentation, including the head mirror, microscope, nasal endoscope, and flexible fiberoptic laryngoscopy. 20. Competence in the prevention, diagnosis, and treatment of H&N disorders (i.e. neck masses, skin, salivary and thyroid gland and mucosal neoplasia) through clinical experience, educational conferences, and textbook/journal readings. 21. Develop competency in fundamental OHNS inpatient and outpatient procedures (graded for the PGY level). 22. Obtain competency in the preoperative evaluation and medical clearance of the H&N surgical patient with concomitant multi-system disease, including obtaining appropriate preoperative testing, consultations and informed consent. 23. Learn indications for surgical intervention in the H&N OHNS patient, including knowledge of the risks and alternative treatments important in obtaining informed consent. 24. Develop competency in the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, and airway concerns. 		
<p>Medical Knowledge</p> <ol style="list-style-type: none"> 1. Biomedical, clinical, epidemiological and social-behavioral sciences and their application to H&N oncologic diseases 2. Basic sciences, as relevant to the head and neck and upper-aerodigestive system: anatomy, embryology, physiology, pharmacology, pathology, microbiology, biochemistry, 	<ul style="list-style-type: none"> • Division journal club and ward teaching rounds, weekly resident didactic conference, grand rounds, morbidity and mortality conference • Assigned reading 	<ul style="list-style-type: none"> • Attendance of conferences and didactic program • Faculty evaluation • Mid- and end-of-rotation preceptor feedback • Program director semiannual

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<p>genetics, cell biology, immunology, the communication sciences.</p> <ol style="list-style-type: none"> 3. Develop an understanding of the pathophysiology and management of neoplastic, inflammatory, congenital, infectious, vascular, and traumatic processes affecting the H&N surgery patient and understanding of relevant basic science. 4. Develop understanding of pathology including correlation between gross and microscopic pathology related to the head and neck 5. Begin exposure to OHNS literature through required and independent reading. 6. Explore opportunities in research projects with H&N clinical and translational science faculty. 	<ul style="list-style-type: none"> • Faculty-mentored research projects, manuscript preparation and lecture presentation • Surgical laboratories and workshops: bronchoscopy course, emergency airway workshops, sinus surgery course, temporal bone course, head and neck course 	<p>review</p>
<p>Practice-based Learning and Improvement</p> <ol style="list-style-type: none"> 1. Monitor and review patient outcomes with resident during the rotation; adjustment of technique/management based on observed outcomes. 2. Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems; use information technology to optimize learning 3. Be candid in presenting and critically analyzing one's outcomes and errors 4. Participate in quality improvement and safety efforts 5. Take the initiative in self improvement: a) Identify strengths, deficiencies and limits in one's knowledge and expertise; b) set learning and improvement goals; c) identify and perform appropriate learning activities 6. Incorporate formative evaluation feedback into daily practice 7. Participate in the education of patients, families, students, residents and other health professionals 	<ul style="list-style-type: none"> • Operative skills assessment and formative feedback • Presentation of cases at tumor board and M&M conference including summary of literature and evidence-based practice • Other presentations department and at meetings • Journal club and ward rounds • Self-directed reading and study • Chart review for retrospective study • Self-assessment during semi-annual review 	<ul style="list-style-type: none"> • Documented faculty evaluations • Mid- and end-of-rotation preceptor feedback • Program director semiannual evaluation: self assessment, longitudinal assessment of skill development, list of conference presentations and publications, review of learning goals
<p>Interpersonal and Communication Skills</p> <ol style="list-style-type: none"> 1. Effective listening and communication with patients and family members from a broad range of socioeconomic and cultural backgrounds; 2. Discussion of risks, expected benefits, likely outcomes, and alternatives of different treatment modalities, as part of a discussion leading to informed consent. 3. Communicate effectively with physicians, other health 	<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, 	<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

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<p>professionals, and health related agencies;</p> <ol style="list-style-type: none"> 4. Clearly written, complete and timely communication and documentation of clinical findings, recommendations and plan. 5. Work effectively as a member or leader of a health care team or other professional group; 6. Act in a consultative role to other physicians and health professionals; 7. Develop communication skills through experience in group presentations and lectures. 8. Teaching medical students in the clinic and inpatient setting. 	<p>division faculty and multidisciplinary airway team 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 	<ul style="list-style-type: none"> • Program director semiannual evaluation: list of conference presentations and publications, review of documented evaluations, resident self assessment
<p>Professionalism</p> <ol style="list-style-type: none"> 1. Honesty, compassion, level-headedness, decorum, selflessness, integrity and respect for others. 2. Acceptance of accountability and commitment to self-improvement. 3. Maintenance of patient confidentiality; knowledge of HIPAA statutes. 4. Sensitivity to issues involving gender, religion, race, sexual orientation, disability and age. 5. Understanding of ethical issues in clinical and research settings, and critical analysis of novel ethical issues. 6. Skills necessary for a specialist consultant providing inpatient and Emergency Department consultations in a professional manner. 7. Ability to work as a member of a team. 8. Development of leadership skills. 9. Habits of continual learning. 	<ul style="list-style-type: none"> • Lectures and discussions: Grand Rounds • Book reviews and discussions • Web-based sleep deprivation module • Web-based HIPAA modules • Web-based Course on Research Ethics • Self-assessment during semi-annual review • De-briefing by physician advisor, division faculty and multidisciplinary airway team after on-call engagements 	<ul style="list-style-type: none"> • Documented evaluation by faculty, other health care providers, peers • Mid- and end-of-rotation feedback by preceptor • >80% score for web-based modules • Program director semiannual evaluation: review of documented evaluations, resident self assessment
<p>Systems-based Practice</p> <ol style="list-style-type: none"> 1. Understanding of the organization of the H&N service, including expected responsibilities in the coordination of care, the hierarchy of the team, and the mechanisms of supervision and communication. 2. Organizational and time-management skills required for efficient running of the inpatient H&N service 3. Effective participation in interprofessional teams to enhance 	<ul style="list-style-type: none"> • Supervised clinical team responsibilities • Ward Rounds • Multidisciplinary Tumor Board • Multi-disciplinary airway team <ol style="list-style-type: none"> (a) Rounds (b) Training 	<ul style="list-style-type: none"> • Documented evaluation by faculty • Mid- and end-of-rotation feedback by preceptor • Attendance of Tumor board M&M, Grand Round conferences, multidisciplinary workshops

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<p>patient safety and improve patient care quality</p> <ol style="list-style-type: none"> 4. Familiarization and utilization of the Patient Safety Net for identification and prevention of potential adverse events. 5. Understanding of the systems approach to analysis of sentinel events signifying a potential risk to patient safety. 6. Understanding of the complex multidisciplinary approach to the preoperative, intraoperative and postoperative care of the H&N patient. 7. Become familiar with the outpatient, inpatient, operating room, and emergency room facilities at JHH and resources available to the OHNS H&N surgery team. 8. Identification of opportunities to systematically improve care delivery. 9. Understanding of macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (indigent versus private patient). 10. Cost-effective use of diagnostic tests and treatment modalities 11. Understanding the medico-legal issues that affect the provision of health care 	<p>(c) Debriefing</p> <ul style="list-style-type: none"> • Morbidity and Mortality Conference and Database entry • Lectures and discussions: Grand Rounds • Quality Improvement Efforts 	<ul style="list-style-type: none"> • 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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Goals and Objectives of the OTO2 H&N OHNS Resident

Competency	Educational Method Used	How Assessed
<p>Patient Care</p> <ol style="list-style-type: none"> 1. Develop competency in the H&N oncologic OHNS history and physical examination. 2. Develop competency in the aerodigestive tract and assessment with identification of normal and pathologic disease states. 3. Interpret plain X-ray, PET, CT and MRI imaging of the OHNS cancer patient 4. Develop competency in the prudent application and performance of OHNS diagnostic procedures in the H&N patient (i.e. binocular microscopy, pneumatic otoscopy, rigid and flexible fiberoptic endoscopy, and headlight illumination). 5. Develop competency in the use of diagnostic otolaryngologic clinic instrumentation, including the head mirror, microscope, nasal endoscope, and flexible fiberoptic laryngoscopy. 6. Competence in the prevention, diagnosis, and treatment of H&N disorders (ie neck masses, skin, salivary and thyroid 	<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 dissection course, • Didactic and patient care conferences: Division journal 	<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

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<p>gland and mucosal neoplasia) through clinical experience, educational conferences, and textbook/journal readings.</p> <ol style="list-style-type: none"> 7. Develop competency in fundamental OHNS inpatient and outpatient procedures (graded for the PGY level). 8. Obtain competency in the preoperative evaluation and medical clearance of the H&N surgical patient with concomitant multi-system disease, including obtaining appropriate preoperative testing, consultations and informed consent. 9. Learn indications for surgical intervention in the H&N OHNS patient, including knowledge of the risks and alternative treatments important in obtaining informed consent. 10. Develop competency in the intra-operative preparation of the patient for basic head and neck procedures, including patient positioning, surgical prepping, pharmacologic prophylaxis, premedication, and airway concerns. 11. Develop skills for intensive care unit and floor care of the postoperative H&N surgery patient. 12. Develop competence in the assessment of H&N and general OHNS emergency department and inpatient consultations. 13. Develop competence in determining which patients require immediate OHNS intervention (ie. airway, bleeding, trauma, infection). 14. Develop competence in basic emergent OHNS procedures, especially those related to airway and bleeding. 15. Develop competency in basic soft tissue surgical techniques, starting with simple repairs and progressing ultimately to small excisions with local flap repairs. 16. Develop competency in common operative procedures (i.e. tracheotomy, submandibular gland excision, aerodigestive tract endoscopy) progressing to more complex procedures as the resident develops. 17. Gain exposure to complex H&N surgery through assisting in surgical cases 18. Develop competency in surgical first assistantship in major OHNS procedures. 19. Develop competence in the recognition and treatment of H&N surgical complications. 20. Develop competence with H&N surgical equipment and instrumentation (airway, laser, monitoring devices etc). 21. Develop an understanding of the risks and indications for 	<p>club and teaching rounds, weekly resident didactic conference, grand rounds, morbidity and mortality conference, ward walk rounds</p> <ul style="list-style-type: none"> • Assigned reading • Faculty-mentored research projects, manuscript preparation and lecture presentation 	<p>review</p>
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<p>OHNS surgical intervention, including knowledge of the alternative treatments important in obtaining informed consent.</p> <p>22. Develop competence in communication of clinical findings</p>		
<p>Medical Knowledge</p> <ol style="list-style-type: none"> 1. Biomedical, clinical, epidemiological and social-behavioral sciences and their application to H&N oncologic diseases 2. Basic sciences, as relevant to the head and neck and upper-aerodigestive system: anatomy, embryology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, cell biology, immunology, the communication sciences. 3. Develop an understanding of the pathophysiology and management of neoplastic, inflammatory, congenital, infectious, vascular, and traumatic processes affecting the H&N surgery patient and understanding of relevant basic science. 4. Develop understanding of pathology including correlation between gross and microscopic pathology related to the head and neck 5. Begin exposure to OHNS literature through required and independent reading. 6. Explore opportunities in research projects with H&N clinical and translational science faculty. 	<ul style="list-style-type: none"> • Division journal club and ward 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"> • Attendance of conferences and didactic program • Faculty evaluation • Mid- and end-of-rotation preceptor feedback • Program director semiannual review
<p>Practice-based Learning and Improvement</p> <ol style="list-style-type: none"> 1. Monitor and review patient outcomes with resident during the rotation; adjustment of technique/management based on observed outcomes. 2. Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems; use information technology to optimize learning 3. Be candid in presenting and critically analyzing one's outcomes and errors 4. Participate in quality improvement and safety efforts 5. Take the initiative in self improvement: a) Identify strengths, deficiencies and limits in one's knowledge and expertise; b) set learning and improvement goals; c) identify and perform appropriate learning activities 6. Incorporate formative evaluation feedback into daily practice 	<ul style="list-style-type: none"> • Operative skills assessment and formative feedback • Presentation of cases at tumor board and M&M conference including summary of literature and evidence-based practice • Other presentations 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>7. Participate in the education of patients, families, students, residents and other health professionals</p>		
<p>Interpersonal and Communication Skills</p> <ol style="list-style-type: none"> 1. Effective listening and communication with patients and family members from a broad range of socioeconomic and cultural backgrounds; 2. Discussion of risks, expected benefits, likely outcomes, and alternatives of different treatment modalities, as part of a discussion leading to informed consent. 3. Communicate effectively with physicians, other health professionals, and health related agencies; 4. Clearly written, complete and timely communication and documentation of clinical findings, recommendations and plan. 5. Work effectively as a member or leader of a health care team or other professional group; 6. Act in a consultative role to other physicians and health professionals; 7. Develop communication skills through experience in group presentations and lectures. 8. Teaching medical students and OTO-1 resident in the clinic and inpatient setting. 	<ul style="list-style-type: none"> • Supervised and progressive patient care responsibility: in-patient, out-patient, operating room and on-call • Airway management drills • Multi-disciplinary conferences • De-briefing by physician advisor, division faculty and multidisciplinary airway team after on-call engagements • Lectures and discussions: Grand Rounds • Book reviews and discussions • Multidisciplinary airway emergency simulations • Self-assessment during semi-annual review • Attend family meetings and counseling sessions with attending physicians 	<ul style="list-style-type: none"> • Documented evaluation by faculty, other health care providers, peers • Mid- and end-of-rotation feedback by preceptor • GR and M&M presentations: Faculty and resident evaluations • Program director semiannual evaluation: list of conference presentations and publications, review of documented evaluations, resident self assessment
<p>Professionalism</p> <ol style="list-style-type: none"> 1. Honesty, compassion, level-headedness, decorum, selflessness, integrity and respect for others. 2. Acceptance of accountability and commitment to self-improvement. 3. Maintenance of patient confidentiality; knowledge of HIPAA statutes. 4. Sensitivity to issues involving gender, religion, race, sexual orientation, disability and age. 5. Understanding of ethical issues in clinical and research settings, and critical analysis of novel ethical issues. 6. Skills necessary for a specialist consultant providing inpatient and Emergency Department consultations in a professional manner. 7. Ability to work as a member of a team. 	<ul style="list-style-type: none"> • Lectures and discussions: Grand Rounds • Book reviews and discussions • Web-based sleep deprivation module • Web-based HIPAA modules • Web-based Course on Research Ethics • Self-assessment during semi-annual review • De-briefing by physician advisor, division faculty and multidisciplinary airway team after on-call engagements 	<ul style="list-style-type: none"> • Documented evaluation by faculty, other health care providers, peers • Mid- and end-of-rotation feedback by preceptor • >80% score for web-based modules • Program director semiannual evaluation: review of documented evaluations, resident self assessment

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<ol style="list-style-type: none"> 8. Development of leadership skills. 9. Habits of continual learning. 		
<p>Systems-based Practice</p> <ol style="list-style-type: none"> 1. Understanding of the organization of the H&N service, including expected responsibilities in the coordination of care, the hierarchy of the team, and the mechanisms of supervision and communication. 2. Organizational and time-management skills required for efficient running of the inpatient H&N service 3. Effective participation in interprofessional teams to enhance patient safety and improve patient care quality 4. Familiarization and utilization of the Patient Safety Net for identification and prevention of potential adverse events. 5. Understanding of the systems approach to analysis of sentinel events signifying a potential risk to patient safety. 6. Understanding of the complex multidisciplinary approach to the preoperative, intraoperative and postoperative care of the H&N patient. 7. Become familiar with the outpatient, inpatient, operating room, and emergency room facilities at JHH and resources available to the OHNS H&N surgery team. 8. Identification of opportunities to systematically improve care delivery. 9. Understanding of macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (indigent versus private patient). 10. Cost-effective use of diagnostic tests and treatment modalities 11. Understanding the medico-legal issues that affect the provision of health care 	<ul style="list-style-type: none"> • Supervised and progressive clinical team responsibilities and leadership • Ward Rounds • Multidisciplinary Tumor Board • 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 Tumor board 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 of the OTO5 H&N OHNS Resident

Competency	Educational Method Used	How Assessed
<p>Patient Care</p> <ol style="list-style-type: none"> 1. Competence in the prevention, diagnosis, and treatment of H&N disorders (i.e. neck masses, skin, salivary and thyroid gland and mucosal neoplasia) through clinical experience, educational conferences, and textbook/journal readings. 2. Mastery of all skills required to coordinate multidisciplinary 	<ul style="list-style-type: none"> • Supervised and progressive patient care responsibility: in-patient, out-patient clinic, emergency department • Leadership of resident team 	<ul style="list-style-type: none"> • Structured operative skills assessment • Case numbers and distribution • Documented evaluations by faculty, peers, nursing

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<p>head and neck oncologic care through participation in Tumor Board conferences and leadership of resident in-patient team.</p> <ol style="list-style-type: none"> 3. Mastery of surgical skills required to diagnose and treat tumors of the head and neck 4. Mastery of the H&N oncologic OHNS history and physical examination. 5. Mastery of the aerodigestive tract and assessment with identification of normal and pathologic disease states. 6. Competence in the interpretation of plain X-ray, PET, CT and MRI imaging of the OHNS cancer patient 7. Mastery of the prudent application and performance of OHNS diagnostic procedures in the H&N patient (i.e. binocular microscopy, pneumatic otoscopy, rigid and flexible fiberoptic endoscopy, and headlight illumination). 8. Develop competency in fundamental OHNS inpatient and outpatient procedures (graded for the PGY level). 9. Obtain competency in the preoperative evaluation and medical clearance of the H&N surgical patient with concomitant multi-system disease, including obtaining appropriate preoperative testing, consultations and informed consent. 10. Learn indications for surgical intervention in the H&N OHNS patient, including knowledge of the risks and alternative treatments important in obtaining informed consent. 11. Competence in the assessment of H&N and general OHNS emergency department and inpatient consultations. 12. Competence in determining which patients require immediate OHNS intervention (ie. airway, bleeding, trauma, infection). 13. Competence in emergent OHNS procedures, especially those related to airway and bleeding. 14. Develop competency in complex operative procedures of the head and neck including reconstruction. 15. Develop competency in surgical first assistantship in major OHNS procedures. 16. Develop competence in the recognition and treatment of H&N surgical complications. 17. Develop competence with H&N surgical equipment and instrumentation (airway, laser, monitoring devices etc). 18. Develop an understanding of the risks and indications for OHNS surgical intervention, including knowledge of the alternative treatments important in obtaining informed consent. 	<p>including junior resident teaching</p> <ul style="list-style-type: none"> • 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 dissection course, • Didactic and patient care conferences: Division journal club and teaching rounds, weekly resident didactic conference, grand rounds, morbidity and mortality conference, ward walk rounds • Assigned reading • Faculty-mentored research projects, manuscript preparation and lecture presentation 	<ul style="list-style-type: none"> • 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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19. Develop competence in communication of clinical findings		
<p>Medical Knowledge</p> <ol style="list-style-type: none"> 1. Biomedical, clinical, epidemiological and social-behavioral sciences and their application to H&N oncologic diseases 2. Basic sciences, as relevant to the head and neck and upper-aerodigestive system: anatomy, embryology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, cell biology, immunology, the communication sciences;. 3. Develop an understanding of the pathophysiology and management of neoplastic, inflammatory, congenital, infectious, vascular, and traumatic processes affecting the H&N surgery patient and understanding of relevant basic science. 4. Develop understanding of pathology including correlation between gross and microscopic pathology related to the head and neck 5. Begin exposure to OHNS literature through required and independent reading. 6. Explore opportunities in research projects with H&N clinical and translational science faculty. 	<ul style="list-style-type: none"> • Division journal club and ward 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"> • Attendance of conferences and didactic program • Faculty evaluation • Mid- and end-of-rotation preceptor feedback • Program director semiannual review
<p>Practice-based Learning and Improvement</p> <ol style="list-style-type: none"> 1. Monitor and review patient outcomes with resident during the rotation; adjustment of technique/management based on observed outcomes. 2. Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems; use information technology to optimize learning 3. Be candid in presenting and critically analyzing one's outcomes and errors 4. Participate in quality improvement and safety efforts 5. Take the initiative in self improvement: a) Identify strengths, deficiencies and limits in one's knowledge and expertise; b) set learning and improvement goals; c) identify and perform appropriate learning activities 6. Incorporate formative evaluation feedback into daily practice 7. Participate in the education of patients, families, students, residents and other health professionals 	<ul style="list-style-type: none"> • Operative skills assessment and formative feedback • Presentation of cases at tumor board and M&M conference including summary of literature and evidence-based practice • Other presentations 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><u>Interpersonal and Communication Skills</u></p> <ol style="list-style-type: none"> 1. Effective listening and communication with patients and family members from a broad range of socioeconomic and cultural backgrounds; 2. Discussion of risks, expected benefits, likely outcomes, and alternatives of different treatment modalities, as part of a discussion leading to informed consent. 3. Communicate effectively with physicians, other health professionals, and health related agencies; 4. Clearly written, complete and timely communication and documentation of clinical findings, recommendations and plan. 5. Work effectively as a member or leader of a health care team or other professional group; 6. Act in a consultative role to other physicians and health professionals; 7. Develop communication skills through experience in group presentations and lectures. 8. Teaching medical students and OTO-1 and OTO-2 residents 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"> 1. Honesty, compassion, level-headedness, decorum, selflessness, integrity and respect for others. 2. Acceptance of accountability and commitment to self-improvement. 3. Maintenance of patient confidentiality; knowledge of HIPAA statutes. 4. Sensitivity to issues involving gender, religion, race, sexual orientation, disability and age. 5. Understanding of ethical issues in clinical and research settings, and critical analysis of novel ethical issues. 6. Skills necessary for a specialist consultant providing inpatient and Emergency Department consultations in a professional manner. 7. Ability to work as a member of a team. 8. Development of leadership skills. 9. Habits of continual learning. 	<ul style="list-style-type: none"> • Lectures and discussions: Grand Rounds • Book reviews and discussions • Web-based sleep deprivation module • Web-based HIPAA modules • Web-based Course on Research Ethics • Self-assessment during semi-annual review • De-briefing by physician advisor, division faculty and multidisciplinary airway team after on-call engagements 	<ul style="list-style-type: none"> • Documented evaluation by faculty, other health care providers, peers • Mid- and end-of-rotation feedback by preceptor • >80% score for web-based modules • Program director semiannual evaluation: review of documented evaluations, resident self assessment

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Systems-based Practice		
<ol style="list-style-type: none"> 1. Understanding of the organization of the H&N service, including expected responsibilities in the coordination of care, the hierarchy of the team, and the mechanisms of supervision and communication. 2. Organizational and time-management skills required for efficient running of the inpatient H&N service 3. Effective participation in interprofessional teams to enhance patient safety and improve patient care quality 4. Familiarization and utilization of the Patient Safety Net for identification and prevention of potential adverse events. 5. Understanding of the systems approach to analysis of sentinel events signifying a potential risk to patient safety. 6. Understanding of the complex multidisciplinary approach to the preoperative, intraoperative and postoperative care of the H&N patient. 7. Become familiar with the outpatient, inpatient, operating room, and emergency room facilities at JHH and resources available to the OHNS H&N surgery team. 8. Identification of opportunities to systematically improve care delivery. 9. Understanding of macro- and microeconomic forces impacting health care delivery to different populations and to single individuals (indigent versus private patient). 10. Cost-effective use of diagnostic tests and treatment modalities 11. Understanding the medico-legal issues that affect the provision of health care 	<ul style="list-style-type: none"> • Supervised and progressive clinical team responsibilities and leadership • Ward Rounds • Multidisciplinary Tumor Board • Multi-disciplinary airway team <ol style="list-style-type: none"> (g) Rounds (h) Training (i) 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 Tumor board 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

Duties:

Outpatient clinical duties: The OTO H&N residents will participate in Faculty supervised outpatient clinics on a rotating assigned basis. The resident will be given increasing supervised independence depending on their individual skills and knowledge and is expected to perform with professional deportment. Each patient is discussed with and seen by the supervising faculty member.

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

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The H&N OTO residents are the primary surgeon for most basic H&N procedures following graded level of competence (see Operative Skills), as well as first assist on more complex level operations. The involved resident is responsible for and assists in the care of the patient from their stay in the preoperative surgery area until their return to the post-anesthesia care unit.

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

The H&N OTO resident shares responsibility for evening and weekend in-house call coverage of all OHNS services (Pediatric Oto, Otology) at JHH as stipulated by the rotating call schedule. The H&N OTO resident is responsible for carrying the adult OHNS call pager on a rotating basis with the Otology, Pediatric Oto, and Sinolaryngology residents. The H&N OTO resident assumes responsibility for the Pediatric Oto pager only after daytime responsibilities are complete at 5:30 pm, and the H&N OTO resident returns the Pediatric Oto call pager to the assigned resident by 7:00 am the next day. Weekend rounds are covered by the on-call resident supervised by the chief resident and the supervising on-call faculty member.

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

The H&N OTO resident has direct teaching responsibilities with more junior residents and rotating medical students in the clinic, operating room, ICU and on the floor.

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

Progression of responsibilities:

JHH H&N/OTO1

Each OTO1 resident will spend 3 months on the JHH H&N rotation. Residents on this assignment are closely supervised by the OHNS H&N chief resident, Fellow and the supervising faculty member. As the resident gains experience and becomes more proficient in all aspects of patient

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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 adult OHNS patient. This is initially introduced through observation of the supervising faculty in clinic, but gradually the resident interviews and examines their own patients. Through presentation to the supervising faculty, a diagnostic and management plan is developed. In the operating room, the OTO1 H&N resident is the operating surgeon for basic procedures such as tracheotomy and submandibular gland excision with close supervision by the chief resident, fellow, and faculty. The OTO1 H&N resident also gains experience in more complex H&N procedures as a surgical assistant. On the inpatient ward, the OTO1 H&N resident is responsible for completion of daily tasks (documentation, gathering of laboratory results, writing orders, discharge summaries) under the supervision of the chief resident with assistance and coaching by the nurse practitioner, Ms. Maragos. Night call responsibilities are shared with an OTO4 resident on call so that the OTO1 H&N resident is not left alone in house to cover more complex OHNS matters.

JHH H&N/OTO2

Each OTO2 H&N resident will spend 3 months on the JHH H&N rotation. Residents on this rotation are given increased responsibility in all aspects of the rotation, but remain under close supervision of the chief resident, fellow and attending staff. Focus is placed later in the 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 H&N OTO2 resident is given in house call responsibilities with chief resident and faculty oversight and assistance from home. Chief resident and attendings on call come to JHH immediately to supervise cases that require intervention in the operating room, transfer to intensive care or other critical intervention. Similarly, in the OR, after a period of first assisting the faculty, the junior resident is allowed to become more independent in the performance of basic OHNS surgical procedures such as airway endoscopy, as well as becoming the primary surgeon on more complex procedures such as parotidectomy and neck dissection. OTO2 H&N residents present cases at the multi-disciplinary tumor board which they have seen in the clinic with attending physicians. They are expected to begin to develop clinical research interests leading to presentation at national meetings and publication in peer-reviewed journals.

JHH H&N/OTO5

The chief resident on the H&N service runs the service. The OTO5 H&N resident assigns other residents on the team to the OR cases of the day according to their experience and level of intensity of the procedure. The chief resident also creates the rotation schedule for residents on service on the outpatient clinic with supervising attending staff. On the ward, the OTO5 H&N resident is responsible for hour-to-hour management of post-operative cases, communicating frequently (at least daily) with the attending faculty member and supervising the junior residents and nurse practitioner in execution of routine care. In the outpatient clinic, the OTO5 H&N resident evaluates all new H&N patients before the supervising attending enters the room, and presents findings and diagnostic, staging, and further work-up evaluations to the attending. All cases seen by the OTO5 H&N resident are later presented by that resident at the multidisciplinary tumor board. In the operating room, the chief resident is expected to act as operating surgeon on all but the most complex H&N cases to include neck dissection, maxillectomy, composite resection, total laryngectomy, parotidectomy. The OTO5 H&N resident is also involved in all more complex H&N cases such as partial laryngectomy, skull base resection and free tissue transfer, and may act as operating surgeon according to level of skill and competence. OTO5 H&N residents are encouraged to engage in clinical research projects with attending staff culminating in presentation at national meetings and publication.

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Evaluation:

The H&N OTO residents 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 faculty members in the division at each of these meetings.

Operative skills:

The H&N OTO residents are expected to become proficient in the following surgical procedures:

OTO1

- Nasal endoscopy
- Flexible fiberoptic assessment of the airway
- Direct laryngoscopy/microlaryngoscopy
- Bronchoscopy
- Esophagoscopy
- Tracheostomy
- First tracheotomy change
- Tonsillectomy
- Neck abscess drainage
- Excision of simple masses in the neck
- Submandibular gland excision

OTO2

- All the above, plus:
- Parotidectomy with facial nerve dissection and preservation
- Neck dissection
- Simple excision of oral neoplasia
- Thyroid lobectomy

OTO5

- Composite resection
- Maxillectomy
- Total laryngectomy
- Total thyroidectomy
- Parathyroidectomy
- Endoscopic removal of sinonasal tumor

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- Local and regional flap design and reconstruction
- Laser resection of upper aerodigestive tract lesions