**New Application: Otolaryngology- Head and Neck Surgery**

**Review Committee for Otolaryngology- Head and Neck Surgery**

**ACGME**

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

**Oversight**

**Resources**

1. Indicate the space and equipment available to residents at each participating site. Use site numbers as listed in the ACGME’s Accreditation Data System (ADS). [PR I.D.1.a)-b)] Add rows as necessary.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| 24-hour computer access with Internet |  |  |  |  |  |
| Classrooms with audiovisual and other educational aids |  |  |  |  |  |
| Meeting rooms |  |  |  |  |  |
| Office space for residents |  |  |  |  |  |
| Current information technology readily available for clinical care |  |  |  |  |  |

2. Describe how the program will ensure that each participating site will provide beds and operating time sufficient for the needs of the service and for resident education. [PR I.D.1.c)]

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1. Describe the outpatient facilities, including clinics and office space that will be available for resident education. [PR I.D.1.d)]

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4. List the technologically current equipment that will be available to residents. [PR I.D.1.e)]

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5. Are there clinical services available to the program in the following related fields? [PR I.D.1.f)]

1. Anesthesiology [ ]  YES [ ]  NO
2. Emergency medicine [ ]  YES [ ]  NO
3. Internal medicine [ ]  YES [ ]  NO
4. Neurological surgery [ ]  YES [ ]  NO
5. Neurology [ ]  YES [ ]  NO
6. Ophthalmology [ ]  YES [ ]  NO
7. Pathology [ ]  YES [ ]  NO
8. Pediatrics [ ]  YES [ ]  NO
9. Radiology [ ]  YES [ ]  NO

Explain any “NO” responses.

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Enter the number of any type of residents and/or fellows within the Sponsoring Institution, as well as those visiting from other institutions/programs, assigned to each site *for any type of otolaryngology- head and neck surgery* education and training each year. Use site numbers as listed in ADS and in the previous table. Add columns as necessary. [PR I.E.]

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| --- | --- | --- | --- | --- | --- |
| **Type of Otolaryngology- Head and Neck Surgery Education/Training** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** | **Total/ Year** | **Present at Any One Time** |
| Clinical |  |  |  |  |  |  |  |  |  |  |
| Research |  |  |  |  |  |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |  |  |  |  |  |

**Personnel**

**Faculty**

For each participating site, list the site director and briefly describe that individual’s clinical responsibilities at the site. Use site numbers as listed in ADS and in the previous tables. [PR II.B.2.f).(5)]

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| **Site** | **Site Director Name** | **Site Director Clinical Responsibilities** |
| **#1** |  |  |
| **#2** |  |  |
| **#3** |  |  |
| **#4** |  |  |
| **#5** |  |  |

**Other Program Personnel**

Indicate the total number of personnel in the areas listed who carry out audiologic and vestibular testing and rehabilitation at each participating site. Use site numbers as listed in ADS and in the previous tables. [PR II.D.1.]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| Audiologists |  |  |  |  |  |
| Balance therapists |  |  |  |  |  |
| Speech pathologists |  |  |  |  |  |

**Educational Program**

**ACGME Competencies**

**Professionalism**

Describe the learning activity(ies), other than lecture, by which residents will develop a commitment to carrying out professional responsibilities and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and respect and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. [PR IV.B.1.a).(1).(a)-(f)]

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**Patient Care and Procedural Skills**

Indicate the settings and activities through which residents will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.

| **Proficiency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Care that is culturally sensitive, situationally sensitive, and specific to the particular patient’s/family needs [PR IV.B.1.b).(1).(a),(i)-iii)] | Click here to enter text. | Click here to enter text. |
| Formulating differential diagnoses of conditions affecting the head and neck [PR IV.B.1.b).(1).(b)] | Click here to enter text. | Click here to enter text. |
| Care that is accurate in diagnosis and treatment care options [PR IV.B.1.b).(1).(c)] | Click here to enter text. | Click here to enter text. |
| Interpreting data and developing patient care plans for the following diagnostic procedures: [PR IV.B.1.b).(1).(d).(i)-(vii) and IV.B.1.b).(2).(a).(i)-(iv)] |
| Audiology testing | Click here to enter text. | Click here to enter text. |
| Histopathology studies | Click here to enter text. | Click here to enter text. |
| Imaging studies of the head and neck | Click here to enter text. | Click here to enter text. |
| Laboratory testing | Click here to enter text. | Click here to enter text. |
| Sleep studies | Click here to enter text. | Click here to enter text. |
| Speech and voice testing | Click here to enter text. | Click here to enter text. |
| Vestibular testing | Click here to enter text. | Click here to enter text. |
| Allergy testing | Click here to enter text. | Click here to enter text. |
| Clinical history and exam | Click here to enter text. | Click here to enter text. |
| Facial analysis | Click here to enter text. | Click here to enter text. |
| Smell and taste testing | Click here to enter text. | Click here to enter text. |
| Surgical (including peri-operative) and non-surgical management and treatment of conditions affecting the head and neck, including: [PR IV.B.1.b).(2).(b).(i)-(xviii)] |
| Aerodigestive foreign body obstruction | Click here to enter text. | Click here to enter text. |
| Allergic and immunologic disorders | Click here to enter text. | Click here to enter text. |
| Chemoreceptive disorders | Click here to enter text. | Click here to enter text. |
| Voice, speech, and swallowing disorders | Click here to enter text. | Click here to enter text. |
| Disorders related to the geriatric population | Click here to enter text. | Click here to enter text. |
| endocrine disorders related to the thyroid and parathyroid | Click here to enter text. | Click here to enter text. |
| Facial plastic and reconstructive disorders | Click here to enter text. | Click here to enter text. |
| Idiopathic disorders | Click here to enter text. | Click here to enter text. |
| Infectious and inflammatory disorders | Click here to enter text. | Click here to enter text. |
| Metabolic disorders | Click here to enter text. | Click here to enter text. |
| Neoplastic disorders | Click here to enter text. | Click here to enter text. |
| Neurologic disorders related to the head and neck | Click here to enter text. | Click here to enter text. |
| Pain | Click here to enter text. | Click here to enter text. |
| Pediatric and congenital disorders | Click here to enter text. | Click here to enter text. |
| Sleep disorders | Click here to enter text. | Click here to enter text. |
| Traumatic disorders | Click here to enter text. | Click here to enter text. |
| Vascular disorders | Click here to enter text. | Click here to enter text. |
| Vestibular and hearing disorders | Click here to enter text. | Click here to enter text. |
| Performing otolaryngologic procedures, including: [PR IV.B.1.b).(2).(c).(i)-(viii)] |
| Airway management | Click here to enter text. | Click here to enter text. |
| Computer-assisted navigation | Click here to enter text. | Click here to enter text. |
| Endoscopy of the upperaerodigestive tract | Click here to enter text. | Click here to enter text. |
| Laser usage | Click here to enter text. | Click here to enter text. |
| Local and regional anesthesia | Click here to enter text. | Click here to enter text. |
| Resuscitation | Click here to enter text. | Click here to enter text. |
| Stroboscopy | Click here to enter text. | Click here to enter text. |
| Universal precautions | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which residents will demonstrate knowledge of the following areas. Also indicate the method(s) that will be used to assess competence.

| **Area of Knowledge** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Knowledge appropriate for unsupervised practice of otolaryngology-head and neck surgery as defined by the American Board of Otolaryngology-Head and Neck Surgery (ABOHNS) curriculum[PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Knowledge of anatomy through procedural skills demonstrated in cadaver dissection, temporal bone lab, and/or surgical simulator labs [PR IV.B.1.c).(2)] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Describe one planned learning activity in which residents will engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (life-long learning). [CPR IV.B.1.d.(1).(a)-(c)]

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1. Describe one planned quality improvement activity or project that will allow residents to demonstrate an ability to analyze, improve, and change practice or patient care. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [CPR IV.B.1.d.(1).(d)]

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1. Describe how residents will receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills, have it available for review by the Accreditation Field Representative.) [CPR IV.B.1.d.(1).(e)]

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1. Describe one example of a learning activity in which residents will engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [CPR IV.B.1.d.(1).(f)]

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**Interpersonal and Communication Skills**

1. Describe one learning activity in which residents will develop competence in communicating effectively with patients and families across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, and with physicians, other health professionals, and health-related agencies. [CPR IV.B.1.e).(1).(a)-(b)]

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1. Describe one learning activity in which residents will develop their skills and habits to work effectively as members or leaders of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [CPR IV.B.1.e).(1).(c)]

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1. Describe how residents will participate in the education of patients, families, students, residents, and other health professionals. [CPR IV.B.1.e).(1).(d)]

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1. Describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [CPR IV.B.1.e).(1).(e)]

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1. Describe how residents will be provided with opportunities to maintain comprehensive, timely, and legible medical records, if applicable. [CPR IV.B.1.e).(1).(f)]

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1. Describe how residents will be provided with opportunities to develop and present educational materials to the public. [PR IV.B.1.e).(3)]

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**Systems-based Practice**

1. Describe the learning activity(ies) through which residents will achieve competence in the elements of systems-based practice: working effectively in various health care delivery settings and systems, coordinating patient care across the health care continuum, advocating for quality patient care and optimal patient care systems, working in interprofessional teams to enhance patient safety and care quality, and incorporating considerations of value, cost-awareness, delivery and payment, and risk-benefit analysis in patient care. [CPR IV.B.1.f).(1).(a)-(d)]

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2. Describe the learning activity(ies) through which residents will develop and demonstrate skills in identifying system errors and implementing potential systems solutions. [CPR IV.B.1.f).(1).(c)]

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1. Describe the learning activity(ies) through which residents learnto advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals. [CPR IV.B.1.f).(2)]

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**Curriculum Organization and Resident Experiences**

**PGY-1**

1. Describe how PGY-1 residents will participate in clinical and didactic activities in which they do the following:
2. Assess, plan, and initiate treatment of adult and pediatric patients with surgical and/or medical problems [PR IV.C.3.a)]

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1. Care for patients of all ages with surgical and medical emergencies, multiple organ system trauma, soft tissue wounds, nervous system injuries and diseases, and peripheral vascular and thoracic injuries [PR IV.C.3.b)]

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1. Care for critically-ill surgical and medical patients in the intensive care unit and emergency room settings [PR IV.C.3.c)]

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1. Participate in the pre-, intra-, and post-operative care of surgical patients [PR IV.C.3.d)]

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1. Participate in surgical anesthesia in hospital and ambulatory care settings, including evaluation of anesthetic risks and the management of intra-operative anesthetic complications [PR IV.C.3.e)]

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1. If PGY-1 residents will be scheduled to a one-month or four-week night float rotation, describe the structured educational goals and objectives and indicate whether the residents will be evaluated during and at the end of the rotation. [PR IV.C.4.a).(2).(b)]

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1. Describe how the program will ensure that residents develop competence in basic surgical skills. [PR IV.C.4.b)]

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**PGY-2-5**

1. Describe how the program director will ensure that each resident spends a 12-month period as chief resident on the otolaryngology-head and neck surgery clinical service at the primary clinical site or one of the participating sites of the Sponsoring Institution during the last 24 months of the educational program. [PR IV.C.6.]

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1. How much time will the educational program provide for a structured research experience for residents? [PR IV.C.7] (Time)
2. Describe how residents will be provided with experience that is focused on research, limits concurrent clinical responsibilities, and includes instruction in research methods and design, as well as in outcome assessment. [PR IV.C.7.b)-IV.C.7.c)]

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**Regularly Scheduled Didactic Sessions**

1. Describe how cyclical presentation of core specialty knowledge supplemented by the addition of breakthrough information will be incorporated into the didactic curriculum. [PR IV.C.8.]

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2. Describe how the program will ensure that faculty members participate in the preparation and presentation of educational conferences. [PR IV.C.9.a)]

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3. Describe how the program director will ensure each resident attends at least 75 percent of the scheduled and held educational conferences. [PR IV.C.9.b).(1)]

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4. Describe the method that will be used to evaluate educational conferences. [PR IV.C.9.b).(2)]

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5. Provide a list of all the didactic sessions/conferences, including scheduled lectures, courses, seminars, grand rounds, and conferences (quality improvement conferences, morbidity and mortality conferences, and tumor conferences), that will be given for one year. Add rows as necessary. [PR IV.C.9.; IV.C.9.c)-IV.C.9.c).(2).(a)]

| **Conference Type/Session Title** | **Frequency** | **Topic** | **Presenter** |
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**Resident Supervision and Patient Care Experiences**

1. Describe how residents will be provided with experience with state-of-the-art advances and emerging technology in otolaryngology-head and neck surgery. [PR IV.C.10.a)]

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1. Describe how residents will be provided with experiences in the outpatient service, including:
2. exposure to clinical aspects of diagnosis, medical and/or surgical therapy, and prevention of and rehabilitation from diseases, neoplasms, deformities, disorders, and/or injuries of the ears, upper respiratory and upper alimentary systems, face, jaws, and other head and neck systems; to head and neck oncology; and to facial plastic and reconstructive surgery [PR IV.C.10.c).(1)]

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1. evaluating patients, establishing provisional diagnoses, and initiating preliminary treatment plans [PR IV.C.10.c).(2)]

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1. providing follow-up care and evaluating the results of surgical care [PR IV.C.10.c).(3)]

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1. Describe how residents will be provided with experience in the management of office practice. [PR IV.C.10.d)]

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1. Describe how residents will be provided with experience in the emergency care of critically-ill and injured patients with otolaryngologic conditions. [PR IV.C.10.e)]

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1. Describe how each resident will be provided with patient care responsibility commensurate with that resident’s knowledge, problem-solving ability, manual skills, and experience, as well as with the severity and complexity of each patient’s status. [PR IV.C.10.f)]

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**Scholarship**

**Program Responsibilities**

Describe the resources allocated to facilitate resident and faculty member involvement in scholarly activities. [CPR IV.D.1.b)]

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**Resident Scholarly Activity**

Describe how the program will ensure residents’ research experience will result in a completed manuscript suitable for publication in a peer-reviewed journal. [PR IV.D.3.a).(1)]

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**Evaluation**

**Resident Evaluation**

1. Describe how the program director will ensure the balanced progress of each resident toward achieving experience with a variety and complexity of surgical procedures. [PR V.A.1.d).(1).(a)]

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1. Describe how residents will participate in existing national examinations. [PR V.A.1.e).(1)]

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1. Describe how the program director will use the results of national testing programs in evaluating the program and individual residents. [PR V.A.1.e).(1).(b)]

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1. Describe how the program director will ensure the members of the faculty meet annually to provide collective evaluation of each resident, including surgical competence, and to provide an annual summative report for each resident. [PR V.A.1.e).(2)]

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**the Learning and Working Environment**

**Supervision** **and Accountability**

1. List the program-defined physician tasks for which PGY-1 residents may be supervised indirectly with direct supervision available, and describe how “direct supervision” is defined in the context of the individual program. [PR VI.A.2.b).(1).(a).(i).(b)]

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1. List the program-defined physician tasks for which PGY-1 residents will be supervised directly until they have demonstrated competence as defined by the program director, and how the program will maintain records of such demonstrations of competence. [PR VI.A.2.b.).(1).(a).(i).(a)]

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1. Will supervision through telecommunication technology be limited to residents at the PGY-2 level and above? [PR VI.A.2.b).(1).(a).(i)] [ ]  YES [ ]  NO

Explain any “NO” responses.

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

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

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**Clinical Responsibilities**

1. Describe the composition of the surgical teams. [PR VI.E.1.b)]

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

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**Teamwork**

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

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1. Describe how the program director will ensure that residents assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. [PR VI.E.2.c)]

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1. Describe how the program director will define lines of authority and how the program director will ensure all residents have a working knowledge of these expected reporting relationships to maximize quality care and patient safety. [PR VI.E.2.d)]

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**Maximum Frequency of In-House Night Float**

1. What will be the maximum duration of resident night float rotations? [PR VI.F.6.a)] [Duration]
2. What will be the maximum number of months of night float assigned to residents in each year?
[PR VI.F.6.a)] [ # ]
3. What will be the minimum duration between resident night float rotations? [PR VI.F.6.b)] [Duration]

**INSTITUTIONAL DATA FORM**

Provide clinical data from each site used by the otolaryngology-head and neck surgery program for

clinical education. Include all procedures performed by the otolaryngology-head

and neck surgery service that would have been available for the education of otolaryngology-head and

neck surgery residents during the most recently completed academic year. (For a list of CPT code

mappings, contact Otolaryngology Accreditation Administrator.) Use site numbers as listed in ADS and throughout this application document. [PR I.D.1.g)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| **Head and Neck – Salivary Gland Excision** |
| Parotid |  |  |  |  |  |  |
| Sublingual gland |  |  |  |  |  |  |
| Submandibular gland |  |  |  |  |  |  |
| **TOTAL Head and Neck – Salivary Gland Excision** |  |  |  |  |  |  |
| **Head and Neck – Nose and Maxilla** |
| Anterior skull base |  |  |  |  |  |  |
| Maxilla |  |  |  |  |  |  |
| Rhinectomy |  |  |  |  |  |  |
| **TOTAL Head and Neck - Nose and Maxilla** |  |  |  |  |  |  |
| **Head and Neck – Lips (Excision Lip)** |  |  |  |  |  |  |
| **Head and Neck - Oral Cavity** |
| Floor of mouth resection |  |  |  |  |  |  |
| Glossectomy |  |  |  |  |  |  |
| **TOTAL Head and Neck - Oral Cavity** |  |  |  |  |  |  |
| **Head and Neck - Pharynx/Esophagus** |
| Pharynx |  |  |  |  |  |  |
| Esophagus |  |  |  |  |  |  |
| **TOTAL Head and Neck - Pharynx/Esophagus** |  |  |  |  |  |  |
| **Head and Neck - Larynx/Trachea** |
| Partial laryngectomy, external or endoscopic |  |  |  |  |  |  |
| Total laryngectomy |  |  |  |  |  |  |
| Trachea |  |  |  |  |  |  |
| Tracheostomy |  |  |  |  |  |  |
| **TOTAL Head and Neck - Larynx/Trachea** |  |  |  |  |  |  |
| **Head and Neck - Ear (external ear)** |  |  |  |  |  |  |
| **Head and Neck – Neck** |
| Neck mass excision without formal neck dissection |  |  |  |  |  |  |
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| Major cervical structure dissection |  |  |  |  |  |  |
| Neck dissection |  |  |  |  |  |  |
| **TOTAL Head and Neck- Neck** |  |  |  |  |  |  |
| **Head and Neck – Endocrine** |
| Parathyroidectomy |  |  |  |  |  |  |
| Thyroidectomy |  |  |  |  |  |  |
| **TOTAL Head and Neck - Endocrine** |  |  |  |  |  |  |
| **Otology/External Ear** |
| Removal of material from ear |  |  |  |  |  |  |
| Ear canal surgery |  |  |  |  |  |  |
| Osseointegrated implant |  |  |  |  |  |  |
| **TOTAL Otology/External Ear** |  |  |  |  |  |  |
| **Otology/Middle Ear** |
| Myringotomy/tympanostomy |  |  |  |  |  |  |
| Tympanoplasty  |  |  |  |  |  |  |
| Ossicular chain reconstruction |  |  |  |  |  |  |
| Stapes surgery |  |  |  |  |  |  |
| Mastoidectomy |  |  |  |  |  |  |
| Miscellaneous middle ear procedures |  |  |  |  |  |  |
| **TOTAL Otology/Middle Ear** |  |  |  |  |  |  |
| **Otology/Inner Ear** |
| Cochlear implant |  |  |  |  |  |  |
| Cochleo/vestibular nerve section |  |  |  |  |  |  |
| Endolymphatic sac operation |  |  |  |  |  |  |
| Labyrinth surgery |  |  |  |  |  |  |
| Office labyrinth procedure |  |  |  |  |  |  |
| **TOTAL Otology/Inner Ear** |  |  |  |  |  |  |
| **Otology/ Skull Base** |
| Excision glomus tumor |  |  |  |  |  |  |
| Facial nerve decompression/repair |  |  |  |  |  |  |
| Temporal bone resection |  |  |  |  |  |  |
| Middle and posterior fossa skull base surgery |  |  |  |  |  |  |
| **TOTAL Otology/Skull Base** |  |  |  |  |  |  |
| **Plastic/Facial Appearance** |
| Blepharoplasty |  |  |  |  |  |  |
| Other eyelid procedures |  |  |  |  |  |  |
| Browlift |  |  |  |  |  |  |
| Liposuction |  |  |  |  |  |  |
| Rhytidectomy |  |  |  |  |  |  |
| Resurfacing procedures (dermabrasion, chem peel, laser) |  |  |  |  |  |  |
| Rhinoplasty |  |  |  |  |  |  |
| **TOTAL Plastic/Facial Appearance** |  |  |  |  |  |  |
| **Plastic/Reconstruction** |
| Cleft repair- lip |  |  |  |  |  |  |
| Cleft repair - palate |  |  |  |  |  |  |
| Otoplasty |  |  |  |  |  |  |
| Non-skin graft (cartilage, nerve, composite) |  |  |  |  |  |  |
| Wound debridement |  |  |  |  |  |  |
| Skin grafts |  |  |  |  |  |  |
| Local flap |  |  |  |  |  |  |
| Pedicled flap |  |  |  |  |  |  |
| Free microvascular |  |  |  |  |  |  |
| Static sling and muscle transfer |  |  |  |  |  |  |
| **TOTAL Plastic/ Reconstruction** |  |  |  |  |  |  |
| **Plastic/ Trauma** |
| Frontal sinus fracture |  |  |  |  |  |  |
| Nasal fracture |  |  |  |  |  |  |
| Midface fracture |  |  |  |  |  |  |
| Mandible fracture |  |  |  |  |  |  |
| Repair complex laceration (all sites, including intraoral) |  |  |  |  |  |  |
| **TOTAL Plastic/Trauma** |  |  |  |  |  |  |
| **Plastic/Resection (Resection of Skin Lesions and Primary Closure)** |  |  |  |  |  |  |
| **General/Peds – Congenital Anomalies** |
| Congenital masses |  |  |  |  |  |  |
| Choanal atresia |  |  |  |  |  |  |
| **TOTAL General/Peds – Congential Anomalies** |  |  |  |  |  |  |
| **General/Peds – Endoscopy** |
| Flexible laryngoscopy with or without intervention |  |  |  |  |  |  |
| Rigid laryngoscopy with or without biopsy |  |  |  |  |  |  |
| Rigid laryngoscopy and intervention |  |  |  |  |  |  |
| Bronchoscopy with or without intervention |  |  |  |  |  |  |
| **TOTAL General/Peds – Endoscopy**  |  |  |  |  |  |  |
| **General/Peds – Larynx**  |
| Laryngeal fracture |  |  |  |  |  |  |
| Laryngoplasty  |  |  |  |  |  |  |
| **TOTAL General/Peds – Larynx** |  |  |  |  |  |  |
| **General/Peds – Esophagus** |
| Esophagoscopy with or without intervention |  |  |  |  |  |  |
| Diverticulum eepair |  |  |  |  |  |  |
| **TOTAL General/Peds – Esophagus** |  |  |  |  |  |  |
| **General/Peds – Pharynx**  |
| Tonsils/adenoid pad |  |  |  |  |  |  |
| Oropharynx procedures |  |  |  |  |  |  |
| **TOTAL General/Peds – Pharynx**  |  |  |  |  |  |  |
| **General/Peds – Sleep**  |
| Polysomnography and sleep testing |  |  |  |  |  |  |
| Sleep surgery |  |  |  |  |  |  |
| **TOTAL General/Peds – Sleep**  |  |  |  |  |  |  |
| **General/Peds – Nose**  |
| Control of epistaxis  |  |  |  |  |  |  |
| Incision/excision nose, non-sinus |  |  |  |  |  |  |
| Septoplasty |  |  |  |  |  |  |
| Turbinate surgery |  |  |  |  |  |  |
| **TOTAL General/Peds – Nose**  |  |  |  |  |  |  |
| **General/Peds – Oral Cavity** |
| Incision/excision oral cavity, benign |  |  |  |  |  |  |
| Salivary gland (non-excision) |  |  |  |  |  |  |
| Oroantral/oronasal fistula repair |  |  |  |  |  |  |
| **TOTAL General/Peds – Oral Cavity** |  |  |  |  |  |  |
| **General/Peds – Needle Biopsy (Fine Needle/Core)** |  |  |  |  |  |  |
| **General/Peds – Sinus** |
| Dacryocystorhinostomy |  |  |  |  |  |  |
| Endoscopic sinus surgery |  |  |  |  |  |  |
| Extended endoscopic operations |  |  |  |  |  |  |
| External approaches to sinuses |  |  |  |  |  |  |
| **TOTAL General/Peds – Sinus** |  |  |  |  |  |  |

Provide clinical data from each site in the otolaryngology-head and neck surgery program specifically

related to the Key Indicator Procedures (KIPs). Include all procedures performed by the

otolaryngology-head and neck surgery service that would have been available for the education of

otolaryngology-head and neck surgery residents during the most recently completed academic year. Use site numbers as listed in ADS and throughout this application document. [PR I.D.1.g)]

|  |
| --- |
| **Available KIP Cases Report** |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| **KEY INDICATOR: Head and Neck** |
| **Parotidectomy (all types):** 42410, 42415, 42420, 42425 |  |  |  |  |  |  |
| **Neck dissection (all types):** 38700, 38724, 38720, 60252 |  |  |  |  |  |  |
| **Oral cavity:** 42450, 42408, 41120, 41130, 41140, 41116, 41153, 41150, 40814 |  |  |  |  |  |  |
| **Thyroid/parathyroidectomy:** 60500, 60502, 60220, 60225, 60240, 60260, 60270, 60271 |  |  |  |  |  |  |
| **KEY INDICATOR: Otology/Audiology** |
| **Tympanoplasty (all types):** 69610, 69620, 69631 |  |  |  |  |  |  |
| **Mastoidectomy (all types):** 69501, 69502, 69505, 69511, 69601,69602, 69603, 69605, 69670 |  |  |  |  |  |  |
| **Ossicular chain surgery (OCS):** 69632, 69633, 69650, 69660, 69661, 69662 |  |  |  |  |  |  |
| **KEY INDICATOR: FPRS** |
| **Rhinoplasty (all types):**30400, 30410, 30430, 30435, 30450, 30460, 30462, 30465, 21325, 21330, 21335 |  |  |  |  |  |  |
| **Craniomaxillofacial trauma (CMF):** 61580, 61581, 61584, 61585, 61586, 21343, 21344, 21338, 21345, 21346, 21347, 21348, 21355, 21356, 21360, 21365, 21366, 21385, 21386, 21387, 21390, 21395, 21401, 21406, 21407, 21408, 21421, 21422, 21423, 21431, 21432, 21433, 21435, 21436, 21440, 21445, 21451, 21452, 21453, 21454, 21461, 21462, 21465, 21470, 21110, 21244 |  |  |  |  |  |  |
| **Flaps and grafts:**40700, 40701, 40702, 40720, 40761, 42200, 42205, 42210, 42215, 42220, 42225, 15760, 15770, 20902, 20910, 20912, 20922, 21210, 21215, 21230, 21235, 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 14302, 40525, 40650, 42226, 42227, 42235, 15572, 15574, 15576, 15610, 15620, 15630, 15731, 15732, 15734, 15740, 40527, 15756, 15757, 15758, 20955, 20969, 20970, 43496, 15840, 15841, 15842, 15845 |  |  |  |  |  |  |
| **KEY INDICATOR: General/Peds** |
| **Airway – pediatric and adult:**31300, 31420, 31780, 31592, 31576, 31577, 31578, 31527, 31528, 31530, 31531, 31540, 31541, 31545, 31546, 31570, 31571, 31572, 31573, 31574, 31560, 31561, 31584, 31551, 31552, 31553, 31554, 31580, 31587, 31591 |  |  |  |  |  |  |
| **Congenital masses (CM):**30124, 30125, 38550, 38555, 42810, 42815, 60280, 60281, 35180 |  |  |  |  |  |  |
| **Sinus (ethmoidectomy):** 31254, 31255 |  |  |  |  |  |  |
| **Bronchoscopy:** 31615, 31622, 31623, 31624, 31625, 31630, 31631, 31635, 31636, 31638, 31640, 31641 |  |  |  |  |  |  |