

OTORHINOLARYNGOLOGY RESIDENCY

TRAINING REQUIREMENTS

(A) INTRODUCTION

A. Definition and Scope of the Specialty

The surgical specialty of Otorhinolaryngology encompasses the comprehensive evaluation, as well as surgical and medical management of patients of all ages having diseases and disorders of the ears, upper respiratory and upper alimentary systems and related structures, and the head and neck.

B. Duration of Education

The education in Otorhinolaryngology:

- Under ACGME-I accreditation must be 48 months in length
- Under JCST accreditation must be 12 months in length

Transitional Year is required.

(B) PROGRAMME OVERVIEW

The Residency Program is designed to train residents with the necessary knowledge, skills, and attitude to become a well-rounded Otorhinolaryngology surgeon. The first 48 months of the training will be accredited by ACGME-I (R1-R4) followed by 12 months of training that is accredited by JCST (R5).

(C) TRAINING REQUIREMENTS R1 – R4

Clinical Experience

1. The four years of clinical education should include:

- a. at least 36 months of rotations on otolaryngology-head and neck surgery and clinical services; and,
- b. it may further include rotations on related services such as neuroradiology, surgical pathology of the head and neck, audiology and vestibular assessment, speech pathology and rehabilitation, radiation oncology, pulmonary medicine, allergy/immunology, and oral and maxillo-facial surgery.

2. Residents must interact directly with patients, establish provisional diagnoses, and initiate preliminary treatment plans.

a. Follow-up care must be provided so that the results of surgical care may be evaluated by the responsible residents.

(1) These activities must be carried out under the supervision of appropriate faculty;

b. Residents must work in a well-organized and well-supervised outpatient service.

(1) This service must operate in relation to an inpatient service used in the program.

3. Residents must have experience in the emergency care of critically ill and injured patients with otolaryngology-head and neck conditions;

4. Residents must have essentially equivalent and adequate distribution of case categories and procedures amongst their colleagues at the same level of education.

5. Residents must experience direct and progressively responsible patient management, including surgical experience as assistant to the surgeon, as residents advance through the educational program.

6. The chief resident's final year of education must be spent within sites approved as part of the program.

7. The experiential educational program should include clinical aspects of the diagnosis, medical and/or surgical therapy, and the prevention of and rehabilitation from diseases, neoplasms, deformities, disorders and/or injuries of the ears, upper respiratory and upper alimentary systems, the face, the jaws, and other head and neck systems; head and neck oncology; and facial plastic and reconstructive surgery.

8. The resident should have sufficient experience in nonoperative management and preoperative, intraoperative, and postoperative care of patients with otolaryngologic disorders.

9. Residents should perform a sufficient number and variety of surgical procedures to ensure education in the entire scope of the specialty.

- a. There must be adequate distribution and sufficient complexity within the principal surgical procedure categories of the specialty; and,
- b. In some instances, the quality of care may require that case management be conducted with other specialties (e.g., hypophysectomy, cerebellopontine tumor).

10. Residents should be provided experience in the procedures and management of office practice;

- a. Residents must function with an appropriate degree of responsibility, under adequate supervision if they participate in preoperative and postoperative care in a private office.

11. Residents should have experience with state-of-the-art advances and emerging technology in otolaryngology and head-and-neck surgery.

12. Residents should have an opportunity to perform habilitation and rehabilitation techniques and procedures involving respiration, deglutition, chemoreception, balance, speech, as well as auditory measures such as hearing aids and implantable devices.

Regularly Scheduled Didactic Sessions

1. Residents must learn within a comprehensive, well-organized, and effective curriculum, including the cyclical presentation of core specialty knowledge supplemented by the addition of current information.

2. Residents must learn in a variety of educational settings, such as clinics, classrooms, operating rooms, bedsides, and laboratories, employing accepted educational principles.

3. Residents must have a structured educational experience in otolaryngology and its correlated basic science.

- a. Faculty must participate in the didactic education;
- b. Resident attendance must be monitored;
- c. Education must be evaluated; and,
- d. Didactic content must be integrated into the overall educational program.

4. Residents must become familiar with the broad scope of otolaryngology-head and neck surgery. This requires that the program provide basic science, medical, and surgical education in the following areas:

a. basic science, as relevant to the head and neck and upper-aerodigestive system:

(1) embryology, physiology, pharmacology, microbiology, biochemistry, genetics, cell biology, and immunology;

(2) the communication sciences including a knowledge of audiology and speech-language pathology and the voice sciences as they relate to laryngology; and,

(3) the chemical senses, endocrinology, and neurology as they relate to the head and neck;

b. anatomy which should include the study and dissection of cadaver anatomic specimens, including the temporal bone, with appropriate lectures and other formal sessions; and,

c. pathology which should include formal instruction in correlative pathology in which gross and microscopic pathology relating to the head and neck area are included.

(1) The resident should study and discuss with the pathology service tissues removed at operations and autopsy material coordinated with the pathology department.

Residents’ Scholarly Activities

The educational program should provide a structured research experience for the residents, sufficient to result in an understanding of the basic principles of study design, performance, analysis, and reporting.

1. The research experience may be clinical or basic in nature, and should reflect careful advice by and planning with the faculty.
2. Facilities and protected time for research by the residents should also be provided, with guidance and supervision by qualified faculty.

Please refer to the detailed PIF from the respective SI for more information.

(D) TRAINING REQUIREMENTS R5

The Otorhinolaryngology R5 year is an additional year required by the Otorhinolaryngology RAC and JCST. The concept for this JCST accredited year is 2 fold. One is to allow an Otorhinolaryngology resident to work in a different environment and experience the practice of other Otorhinolaryngology faculties in a different SI. The other is to explore and gain additional experience in a preferred subspecialty of choice. In the second concept, the resident will be performing at a level close to a surgical fellow in the subspecialty.

1. Foundational Requirements

The JCST accredited year (R5) must be in compliance with ACGME-I’s Foundational Requirements. Please refer to the detailed PIF from the respective SI for more information.

2. Specialty Specific Requirements

- a. Clinical and Operative
 - i. Clinics – residents are to have at least 2 days per week in outpatient clinics
 - ii. Operative – residents are to have at least 2 days per week in the operative room
- b. Posting and Rotations
 - i. Cross SI rotation (up to 6 months) (Optional)
 - ii. Subspecialty specific rotation within the parent SI (up to 6 months) (Optional)
- c. Didactic sessions
 - i. R5 residents attend the Monday ENT National Training Program and meet 80% attendance
 - ii. R5 residents attend the respective institution educational sessions
 - iii. R5 residents are to meet at least 16 hours of educational sessions per month
- d. Scholarly activities
 - i. Research scholarly activities are not compulsory in R5
 - ii. Residents are encouraged to participate in institutional quality improvement and patient safety projects
 - iii. Residents are encouraged to attend research and educational development courses

3. Resident Competencies

Define the expected competencies in the following areas by the residency year

| | R5 |
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| 1. Patient Care | i. Manages patients across the spectrum of common ENT problems |

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| | ii. Competently and effectively provides safe intervention, treats ENT problems |
| 2. Medical Knowledge | i. Mentors and facilitates critical learning of patients, students, residents and health care professionals ii. Applies established and evolving science and ways of knowing to ENT patient care |
| 3. Practice-based Learning and Improvement | i. Facilitates questioning and initiates learning improvement ii. Assesses, adapts and enhances knowledge, skills and practice for optimal patient care and life-long learning |
| 4. Interpersonal and Communication Skills | i. Able to demonstrate reliance on the health care team to handle challenging and complex cases ii. Engages in patient centered communication to facilitate a health care team approach that promotes optimal patient outcomes |
| 5. Professionalism | i. Able to demonstrate in altruism, humanism and accountability to self and others ii. Applies principles of excellence, humanism, accountability, altruism –for the benefit of the patient and the community |
| 6. Systems-based Practice | i. Able to demonstrate cost awareness, risk benefit analysis, and a systems approach in the provision of care ii. Effectively and collaboratively utilizes health care system resources for optimal patient care |

(E) LOG OF OPERATIVE / CLINICAL EXPERIENCE

All residents must keep a log of their operative / clinical experience in the Electronic logged systems.

(F) ASSESSMENT AND EXAMINATIONS

I. Supervisors Assessment

The supervisor's evaluation of the resident should be performed at the end of every rotation using the designated form and then submitted to the RAC for review.

II. Feedback

Residents should perform a yearly evaluation of teaching faculty and the training programme using the designated forms. These forms must be submitted to the RAC and kept absolutely confidential.

III. Intermediate Examinations

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|-----------|-----------|-------------|-----------------|-----------|
| <i>R1</i> | <i>R2</i> | <i>R3</i> | <i>R4</i> | <i>R5</i> |
| | | <i>MRCS</i> | <i>MMed ORL</i> | |

(G) CHANGES IN TRAINEESHIP PERIOD AND LEAVE OF ABSENCE

I. Changes in Training Period

Residency should be continuous. If a training programme is interrupted for any reason whatsoever, the RAC may at its discretion, require the resident to undergo a further period of training in addition to the minimum requirements of the programme or terminate the residency altogether. All residents are required to conform to the residency training plan as approved by the RAC and complete all the exit and training requirements within the maximum candidature.

II. Leave Of Absence

All residents are to comply with the prevailing MOH policy on Leave of Absence.

III. Overseas Postings

Overseas attachment during Senior Residency training is not permitted with the exception of Radiation Oncology and Neurosurgery (*refer to JCST Circular 114/14*).