SYLLABUS

OF THE

OTOLARYNGOLOGY/FACIAL PLASTIC SURGERY
RESIDENCY TRAINING PROGRAM

AT

DES PERES HOSPITAL

Program Director:
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Mission Statement

The mission of the Des Peres Hospital osteopathic otolaryngology/facial plastic surgery training program is to provide residents with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic otolaryngologists/facial plastic surgeons.
OBJECTIVES, DESCRIPTION AND PHILOSOPHY OF OTOLARYNGOLOGY FACIAL PLASTIC SURGERY RESIDENCY PROGRAM

The training program in Otolaryngology/Facial Plastic Surgery will consist of a period of five years of specialized training in Otolaryngology/Facial Plastic Surgery. This includes a first year of tracked OGME-1 and four years in the specialty area. Training will include supervised clinical and technical training, in addition to instruction and study in the basic sciences that apply to Otolaryngology/Facial Plastic Surgery. The program contains all of the necessary components to satisfy the requirements of the American Osteopathic Association and the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery and, if successfully completed, will qualify the resident to be Board Eligible.

Otolaryngology/Facial Plastic Surgery training shall include the teaching of all types of general commonly known diagnoses, pre & postoperative care and allied subjects as related by other departments. This will be supplemented by conferences, seminars, lectures, DVDs, audiotapes, Journal Clubs, labs, and all meetings required by the hospital for general resident training. The speed by which the resident is allowed to advance in actual work at the operating table will be determined by the resident's technical ability, judgment, attitude, and knowledge of methods--all of which will be accelerated by and in proportion to study and teaching program.

Throughout the five years of training, the resident is required to teach undergraduate osteopathic medical students, OGME-1(s), and visiting residents on the Otolaryngology/Facial Plastic Surgery service. The Otolaryngology/Facial Plastic Surgery resident must keep monthly reports of his/her activities and assist in preparation of the annual report to the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery. The Otolaryngology/Facial Plastic Surgery resident must complete at least one scientific paper suitable for publication during his/her second, third and fourth years of training.
A. SELECTION OF THE RESIDENT
   a. Resident recruitment and selection shall be conducted following the Rules
      and Regulations of the Committee on Postdoctoral Training of the A.O.A.
      and of the American Osteopathic Colleges of Ophthalmology and
      Otolaryngology-Head and Neck Surgery. Applicants will submit their
      application through ERAS.
   b. Admission to the Residency Program shall not be influenced by race, color,
      sex, religion, creed, national origin, age, or handicap.
   c. Applications are accepted from Osteopathic medical students who have
      rotated at Des Peres Hospital and evaluated by the clinical faculty while
      on rotation.
   d. Fully completed ERAS applications will be evaluated by the Program Director
      and candidates will be selected for an interview. Applicants selected for an
      interview will be notified by the Medical Education Coordinator.
   e. After all personal interviews and review of ERAS application information
      candidates are ranked. The rank listing is given to the Administrative DME for
      participation in the National Matching Service Osteopathic match. Candidates
      are notified as to whether it is highly likely, likely or unlikely that a match will
      take place.
   f. Once the match results are in, contact is made with the matched applicant and
      a residency contract is mailed to the OGME-1 within 10 working days of the
      match.
   g. The incoming OGME-1 will be notified of the dates of the Resident
      Orientation and will be expected to attend. Resident manuals will be
      distributed at this orientation.

B. REQUIREMENTS FOR ADMISSION TO RESIDENCY TRAINING
   2. The candidate must have a temporary license and a BNDD in the State of Missouri.
   3. The candidate shall be familiar with the Code of Ethics of A.O.A.

C. DEPARTMENT RESOURCES
   a. There is an organized Department of Otolaryngology/Facial Plastic
      Surgery which is a sub section of the Department of Surgery.
   b. There are board certified Otolaryngology/Facial Plastic Surgery surgeons and
      board eligible or certified physicians in Radiology, Anesthesia, Neurosurgery,
      Neurology, and Vascular Surgery.
There is an organized Department of Pathology for the integration of clinical pathology with the training program.

There are adequate facilities, furnished by the hospital for study.

There is a current library with access to Up-To-Date available. A full time Librarian is available to assist the residents. For specific Otolaryngology/Facial Plastic Surgery holdings in the Medical Library please see Appendix I.

D. PROGRAM DIRECTOR QUALIFICATIONS

a. The Program Director is certified in Otolaryngology/Facial Plastic Surgery by the American Osteopathic Association.

b. The Program Director has a minimum of five (5) years of clinical experience in Otolaryngology/Facial Plastic Surgery following completion of his/her residency training program.

c. The Program Director may or may not be the Chairman of the Department of Otolaryngology/Facial Plastic Surgery.

d. The Program Director shall be a full-time, practicing Otolaryngology/Facial Plastic surgeon, educationally and attitudinally suited to conduct an AOA approved residency.

e. The Program Director shall be a member of the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery.

f. The Program Director shall meet and continue to meet the Continuing Medical Education requirements of the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery; the American Osteopathic Association and the State of Missouri.

E. PROGRAM DIRECTOR RESPONSIBILITIES

a. The Program Director shall be responsible for providing a complete training program in Otolaryngology/Facial Plastic Surgery as defined in the Basic Standards. Acceptable procedures for satisfying deficiencies in a training program may include:
   i. An exchange program.
   ii. A clinical rotation outside the parent institution to augment the Base program.
   iii. College or university courses in basic sciences, otolaryngology, facial plastic surgery, or allied specialties.
   iv. Other postgraduate courses approved by the Program Director.

b. The Program Director shall register the resident with the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery.

c. The Program Director shall notify the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery in the event of a change of status of his/her resident(s) or training program.
d. The Program Director shall inform the A.O.A. Office of Osteopathic Education and the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery of a resident's successful completion of his/her program.
e. The Program Director will assure that the resident's annual scientific paper is of an acceptable nature.
f. The Program Director shall certify the monthly documentation of the work completed by the resident, including resident's logs, work hours, annual papers, and other pertinent records within the training program.
g. The Program Director will arrange for the resident to take the in-service Examination.
h. The Program Director will arrange formal Affiliation Agreements for outside rotations necessary or advantageous to meet the program's objectives.

F. EDUCATIONAL GOALS
The overall educational goals of the Department of Otolaryngology/Oro-Facial Surgery Residency are:

a. To provide a strong background in the basic and clinical sciences related to Otolaryngology/Oro-Facial Plastic Surgery
b. To assist in the development of clinical and surgical expertise
c. To provide the opportunity to learn and practice research skills

All residents participate in a series of didactic lectures, clinical conferences, journal reading assignments, and independent reading which is directed primarily toward achieving the goals. The effectiveness of this program is monitored by resident evaluation of the program, results of Home Study Course testing, results of the Annual Otolaryngology Examination, and success with the AOBOO certification process.

Core Competencies:

Common to all years will be goals of the seven core competencies. Residents are required to attain and demonstrate competencies in the core competencies of the osteopathic profession to a level expected of a new practitioner. Implementation of the seven core competencies is phased into the residency teaching program and outlined below:
OSTEOPATHIC PHILOSOPHY AND OSTEOPATHIC MANIPULATIVE MEDICINE

Residents are expected to demonstrate and apply knowledge of accepted standards in OMT appropriate to Otolaryngology/FPS.

Goals:

- Demonstrate competence in the understanding and application of OMT appropriate to Otolaryngology/Facial Plastic Surgery.
- Integrate osteopathic concepts and OMT into the medical care provided to patients as appropriate.
- Understand and integrate osteopathic principles and philosophy into all clinical and inpatient care activities.
- Demonstrate the treatment of people rather than symptoms.
- Demonstrate understanding of somato-visceral relationships and the role of the Musculoskeletal system in Otolaryngic disease.

Teaching Methods:

- Provide opportunities for active participation, when appropriate, for residents in hospital and ambulatory sites for OMT training.
- Observe residents in the performance of OMT by assessing their diagnostic skills, medical knowledge, and problem solving abilities.
- Participation in OMT Club. OMT club incorporates supervision of practice of a range of OMM modalities.
- Have residents assume increasing responsibility for the incorporation of osteopathic concepts in patient care.
- Have residents participate in activities that provide educational programs at the student and intern level.

Evaluation methods:

- Periodic evaluations in the clinic setting by Attendings.
- Assessing appropriate use of OMT as it pertains to Otolaryngology/Oro-facial Plastic Surgery by faculty.
- Record reviews.
- Patient Evaluation Forms—evaluation by OMT Specialist.
- 360 degree evaluation.

Outcome Measures:

- After completing the residency program, residents will be able to demonstrate and apply the accepted standards in Osteopathic Manipulative Medicine as appropriate to Otolaryngology/Oro-facial Plastic Surgery.
MEDICAL KNOWLEDGE
Residents are expected to demonstrate and apply knowledge of accepted standards of clinical medicine, remain current with new developments in medicine, and participate in lifelong learning activities, including research with special emphasis on the specialty of Otolaryngology/Oro-Facial Plastic Surgery.

Goals:
- Demonstrate competency in the understanding and application of clinical medicine to patient care.
- To instill habits in the residents that will lead to lifelong learning.
- To teach the residents the clinical aspects of Otolaryngology/Oro-Facial Plastic Surgery.
- To teach the residents the basic science concepts of Otolaryngology/Oro-Facial Plastic Surgery.
- To teach the residents how to critically evaluate the literature and apply it to patient care.
- Know and apply the foundations of clinical and behavioral medicine as appropriate to Otolaryngology/Oro-facial Plastic Surgery.

Teaching Methods:
- In-service examination
- Home Study Course
- Supervised observation of clinical decision-making abilities
- Participation in directed reading program and Journal Club
- Performance COMLEX III
- Attendance at seminars and/or CME

Evaluation Methods:
- Evaluation of competency during directed discussion forums such as Journal Club, teaching and research conferences, or in patient-specific discussions as appropriate.
- 360 degree evaluations
- Written examination – In-service score/home study course
- Direct observation
- Routinely assess the skill and outcomes of residents in their performance of medical procedures.

Outcome Measures:
- Score within the upper 50% for resident’s year of training on in-service exam. A score lower than 25% will result in remediation.
- Achieve a score above 80% on the Home Study Course.
- Improve participation/answers in lectures/OR/teaching rounds.
- Improve quality of lectures to sub specialist level
- Improvement and increased skill in performance of medical procedures

PATIENT CARE
Residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion.

Goals:
- To develop residents that will be able to independently deliver compassionate, appropriate, effective, and expert medical care for otolaryngology/oro-facial plastic surgery disorders
- Provide health-care services consistent with osteopathic philosophy, including preventive medicine and health promotion that are based on current scientific evidence and understanding of behavioral medicine.

Teaching Methods:
- Teach residents to gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic plans and treatments.
- Instill in residents the need to provide a caring attitude that is mindful of cultural sensitivities, patient apprehensions and accuracy of information
- Supervise the performance of medical interviewing techniques to assess the resident skill and ability
- Provide instruction on the development and implementation of effective patient management plans
- Teach residents the proper methods for requesting and sequencing diagnostic tests and consultative services
- Teach residents to work with professionals from varied disciplines as a team to provide effective medical care to patients that address their diverse health-care needs.
- Teach residents to counsel patients and their families on health-care promotion and lifestyle activities related to good health maintenance
- Instruct residents in the performance of medical procedures, any potential complications and known risks to the patient (informed consent)
- Journal club
- Conferences
- Question and answer sessions on teaching rounds

Evaluation methods:
- Direct observation
- Record review
- 360 degree evaluation tool
- Monthly evaluation of competency
• Procedure case logs
• Clinical outcomes of the patients under the resident’s care
• Surgical skill assessment
• Validate competency in the performance of diagnostics, treatments and procedures appropriate to the specialty

**Outcome Measures:**

• Improvement in surgical skills to the point of independence
• Improvement in clinical acumen and skills to the point of independence
• Improvement in clinical laboratory sessions until skill set is mastered

**INTERPERSONAL AND COMMUNICATION SKILLS**

Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of the health-care teams.

**Goals:**

• To develop residents who can easily interact with peers, patients, staff, attendings, and other medical professionals
• To teach residents to proper way to interact with staff and other medical professionals
• To teach residents to exhibit effective listening, written and oral communication skills in professional interactions with patients and health-care professionals
• To teach residents how to therapeutically interact with patients, including the difficult patient
• Demonstrate effectiveness in developing appropriate doctor-patient relationships
• To teach residents how to involve patients and families in decision-making
• To teach residents to search out resources to assist with communication-impaired patients

**Teaching methods:**

• Small group sessions centered on communication, patient interviewing techniques, understanding of cultural and religious issues and sensitivities in doctor-patient relationships, appropriate use of verbal and nonverbal skills when communicating, ability to assess the health of non-English speaking and deaf patients, maintaining comprehensive, timely, and legible medical records
• Direct observation by faculty in clinics and lectures
• Standardized patient session and review
• Giving lectures to faculty and other residents with feedback on lecture style

**Evaluation Methods:**

• Monthly evaluation of competence
• Direct observation of patient, family and health-care team interactions
• 360 degree evaluations
Outcome Measures:
- To achieve consistently high marks on interpersonal skills from faculty, peers, nurses and patients
- To have the ability to communicate effectively with faculty and peers regarding patient care issues
- Elicit medical information in effective ways
- Demonstrate an understanding of resources available to physicians to assist with assessment of communication-impaired patients
- Demonstrate respectful interactions with health-care practitioners, patients and families
- Ability to communicate medical problems and patient options at appropriate levels of understanding

PROFESSIONALISM
Residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, and collaboration with health-care professionals, life-long learning and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to effectively care for patients.

Residents will:
- Demonstrate respect for patients and families and advocate for the patients’ welfare and autonomy
- Demonstrate adherence to ethical principles in the practice of medicine
- Demonstrate awareness and pay proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities

Goals:
- To develop residents who are consummate professionals in their everyday work environment
- To develop residents who will understand conflicts of interest inherent in medicine and the appropriate responses to societal, community and health-care industry pressures
- To teach residents to use limited medical resources effectively and avoid the utilization of unnecessary tests and procedures
- To help foster a sense of ethics and morality in the residents
- To teach the residents how to avoid becoming, and how to deal with, impaired physicians
- Develop residents who will pursue life-long learning goals in clinical medicine, humanism, ethics, and gain insight into the understanding of patient concerns and the proper relationship with the medical industry
- To teach a sense of timeliness in the residents
- Advocate for continuous quality of care for all patients
• Prevent the discrimination of patients based on defined characteristics
• Understand the legal obligations of physicians in the care of patients
• To become knowledgeable and responsive to the special needs and cultural origins of patients
• Recognize the inherent vulnerability and trust accorded by patients to physicians and uphold the highest moral principles that avoid exploitation for sexual, financial and/or other private gain

Teaching Methods:
• Small group sessions focused on the importance of professionalism and how to go about it
• Direct observation of residents in their interactions with staff, residents, patients, colleagues
• Introspective questions and responses in small group discussions

Evaluation Methods:
• Direct observation
• 360 degree evaluation
• Lectures/Seminars
• Monthly evaluations of competence

Outcome measures:
• To actively participate in small group discussions
• To maintain high evaluation remarks on professionalism

PRACTICE BASED LEARNING AND IMPROVEMENT
Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

Goals:
• To develop residents who are able to use evidence based medicine as the primary driving force for medical decision making
• To teach residents how to interpret new literature for pertinence and reliability and apply it to patient care
• To teach residents how to critically evaluate and continually improve their own practice of medicine
• To teach residents how to facilitate the learning of other health care professionals
• To teach residents to treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness
• To teach residents to use reliable and current information in diagnosis and treatment
• To teach residents to understand how to use the medical library and electronically mediated sources and how to discover pertinent medical information
To develop residents who will demonstrate the ability to extract and apply evidence from scientific studies to patient care

To have residents who will systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement

To teach residents to perform self-evaluation of clinical practice patterns and practice based improvement activities using a systematic methodology

Residents will understand research methods, medical informatics and the application of technology as applied to medicine

Teaching Methods:

- Direct observation during patient care, rounds, conferences and OR
- Home Study Course
- Resident Study Groups
- Faculty and resident lectures
- Resident attendance at QI meetings (senior residents, if approved)
- Utilize core measures at hospital
- Participate in in quality assurance activities at the hospital and ambulatory sites
- In-service exam
- Participate in research activities as required by the AOCCO-HNS

Evaluation Methods:

- Direct observation of improvement in resident in clinical setting, improvements in surgical technique with repeated performance of procedures
- Scores on Home Study course
- 360 degree evaluation
- Chart and record Reviews
- Evaluation by faculty when presenting patients
- In-service exam
- Evaluation in Journal Club
- Chart Review
- Attendance at Medical QI at hospital (senior residents, if approved)
- Demonstrate computer literacy, information retrieval skills and understanding of computer technology applied to patient care and hospital systems

Outcome Measures:

- Show evidence of study habits that will lead to lifelong learning

SYSTEMS-BASED PRACTICE
Residents are expected to demonstrate an understanding of health-care delivery systems, provide effective and qualitative patient care within the system and practice cost-effective medicine.

Goals:

- Understand national and local health-care delivery systems and how they impact patient care and professional practice
- Demonstrate knowledge of business applications in medical practice
- Show operational knowledge of health-care organizations, state and federal programs
- Understand the role of the resident as a member of the health-care team in the hospital, clinic and community
- Participate in annual presentation by MAOPS to learn of activities of state professional organization
- Advocate for quality health-care on behalf of patients and assist them in the interactions with the complexities of the medical system
- Understand local medical resources available to patients for treatment and referral
- Participate in advocacy activities that enhance the quality of care provided to patients
- Practice clinical decision making in the context of cost, allocation of resources and outcomes
- To develop residents with a sense of the intricate parts of the health care system and their role therein

Teaching Methods:

- Small group sessions focusing on a particular problem related to the residency
- Coding and billing group discussions
- Information technology discussions
- Head and Neck Tumor Board
- Direct observation of faculty interacting amongst the different levels of medical consults and administration

Evaluation Methods:

- Attendance at seminars
- 360 degree evaluations
- Discussions with faculty
- Record Review
- Participation in team conferences when appropriate
- Involvement of case worker/social worker when appropriate
• Evaluation by faculty when presenting patients

Outcome Measures:

• Develop leadership skills
• Understand issues with coding and billing
• Understand the system of health-care and be able to provide the optimal health-care to patients
YEAR-SPECIFIC GOALS

OGME -1  Individuals in the PGY I year are closely supervised by more senior level residents and/or faculty. The core competencies are introduced at this level. Examples of tasks that are expected of PGY I physicians include: perform a history and physical, start intravenous lines, draw blood, order medication and diagnostic tests, collect and analyze test results and communicate those to the other members of the team and faculty, obtain informed consent, place urinary catheters and nasogastric tubes, assist in the operating room performing tracheotomies and skin grafts and closure of wounds and perform other invasive procedures under the supervision of the faculty or senior residents at the discretion of the responsible faculty member. The resident is expected to exhibit a dedication to the principles of professional preparation that emphasizes primacy of the patient as the focus for care. The first year resident must develop and implement a plan for study, reading and research of selected topics that promotes personal and professional growth and be able to demonstrate successful use of the literature in dealing with patients. The resident should be able to communicate with patients and families about the disease process and the plan of care as outlined by the attending. At all levels, the resident is expected to demonstrate an understanding of the socioeconomic, cultural, and managerial factors inherent in providing cost effective care. Communication is emphasized this year including the ability to interact between health care services and exhibiting knowledge of systems-based practice.

Indirect supervision is adequate for the following patient care situations:

1. Initial evaluation and management of inpatients.
2. Preoperative & postoperative evaluation and management.
3. Patient transfers between floors and/or hospitals.
4. Discharging patients from the hospital.
5. Interpretation of lab results.
6. Procedures such placement of IV’s, nasogastric tubes, Foley catheters, and arterial punctures.

Direct supervision is required for the following patient care situations, until competency can be demonstrated and documented:

1. Initial evaluation and management of patients with urgent or emergent conditions.
2. Evaluation and management of postoperative complications.
4. Management of patients in cardiac arrest. ACLS certification should be obtained.
5. Procedures such as:
   a. Advanced vascular access
   b. Closure of surgical incisions and/or lacerations
   c. Excision of superficial skin lesions
   d. Tubethoracosmy
   e. Paracentesis
   f. Joint aspiration
   g. Airway management, including orotracheal intubation and tracheostomy
   h. Tracheotomy tube exchanges
   i. Nasal Packing for epistaxis
   j. Drainage of peritonsillar abscess
Head and Neck Rotation

OGME-2 are expected to improve on all above objectives as well as the following:

Medical Knowledge:
- Acquire advanced knowledge of the anatomy of the head and neck
- Develop an understanding of normal physiologic properties of the head and neck.
- Know TNM staging for head and neck cancer sites
- Learn the pathophysiology of head and neck cancer.
- Learn pathophysiology of thyroid/parathyroid disease.
- Learn airway management for the critical airway
- Learn mechanics and application of regional and free flaps

Patient Care:
- Become efficient in clinic and on rounds
- Be able to supervise OGME-1 residents with inpatient consults
- Become proficient at the head and neck exam
- Begin to learn treatment algorithms for outpatient otolaryngology disorders
- Learn surgical techniques of tracheostomies; approaches to the neck, oral, and Sino nasal areas; endoscopies including laryngoscopy, bronchoscopy and esophagoscopy; skin graft harvest; and closure of complex wounds.
- Understand and show competence in management of epistaxis

Systems-based practice:
- Become proficient at obtaining consults from Communicative Disorders, Social Work, Radiation, Oncology, Endocrinology, Oral Surgery and Interventional Radiology
- Understand the importance of the head and neck junior resident on obtaining quality patient care
- Look for ways to improve the efficiency of the service

Practice-based learning:
- Read before every surgical case
- Develop the habit of researching disease processes seen in clinic that day
- Recognize mistakes made and develop solutions to prevent them from reoccurring

Osteopathic Manipulative Therapy:
- Perform and document a basic general-body osteopathic evaluation in the supine, standing, and seated position

Professionalism:
- Learn how to ethically treat patients and always work in their best interest
- Understand the importance of timeliness in dictations, rounding, charting

Interpersonal and communication skills:
OGME-3 residents are expected to improve on all of the above Objectives as well as the following:

**Medical Knowledge:**
- Will learn enough of head and neck cancer management to discuss prognosis and treatment options
- Show advanced knowledge of head and neck anatomy
- Show advanced acquisition of head and neck physiology
- Improve understanding of pathophysiology of thyroid/parathyroid, head and neck cancer, granulomatous diseases, salivary gland disorders, and sino nasal disorders.
- Understand underlying disorder/treatment for GERD/LPR, dysphagia, dysphonia

**Patient Care:**
- Obtain skills necessary to handle the acute airway.
- Become facile with head and neck trauma
- Be able to staff consults with the junior residents
- Improve surgical skills in neck dissections, parotidectomies, thyroidectomies, endoscopic sinus surgery
- Be able to perform lower level cases independently: tracheotomies, DL, bronchoscopy, esophagoscopy, complex wound closure

**Interpersonal and Communication skills:**
- Be able to discuss end of life issues professionally
- Learn how to communicate effectively with junior residents
- Learn how to interact with other health care professionals in a courteous manner

**Systems-based practice:**
- Take an active role in medical student and junior resident education.

**Osteopathic Manipulative Therapy:**
- Perform the following Basic Osteopathic Techniques, from start to finish without error:
  - Compression of the 4th Cranial Ventricle (CV-4 by any method).
  - Suboccipital Release (any method)
  - Cervical Direct Soft Tissue Technique
  - General HVLA Cervical Spine
  - Sinus Direct Effleurage
  - Release of the Transverse Diaphragms using Indirect Technique
  - Pelvic diaphragm
  - Thoraco-abdominal diaphragm
  - Thoracic inlet
  - Tentorium cerebelli
  - Lymphatic Pump (any technique)

**Professionalism:**
- Learn how to practice medicine with integrity and honesty
- Understand the need for showing sensitivity to patient’s ethnicity, age and disabilities

**Practice Based Learning and Improvement:**
- Learn how to use evidence-based medicine to better care for the patients
- Become proficient at using the electronic medical record and the use of the Internet to look up medical information
- Understand how professionals learn and the best way to teach medical students

OGME-4 residents are expected to improve on the above skills and progress in their ability to arrive at appropriate diagnoses and institute treatment plans as well as the following:

**Medical Knowledge:**
- Advance knowledge of otolaryngology diseases to be able to develop a reasonable short differential diagnosis
- Expand knowledge base of head and neck tumors, granulomatous disease, endocrine dysfunction, vasculitides, maxillofacial trauma, and difficult airway management

**Patient Care:**
- Be able to independently perform neck dissections, parotidectomy, thyroidectomies, maxillofacial trauma repair and perform routine endoscopic sinus surgery
- Be able to perform partial maxillectomies, closure of surgical defects with local or regional flaps
- Be able to care for post-operative issues for the head and neck team patients
- Be able to formulate a treatment plan for patients seen in outpatient clinic.

**Interpersonal and Communication skills:**
- Show excellent communication with medical students, junior residents and attendings

**Systems-based practice:**
- Demonstrate the ability to be chief of service
- Be able to teach the junior resident surgical procedures.
- Learn how to fix patient care problems by making system changes

**Practice-based learning:**
- Be able to lead M&M conference for the service.
- Discuss with attendings the business side of medicine

**Osteopathic Manipulative Therapy:**
- Perform and document a specific Osteopathic Evaluation of the following sites:
  - Temporal Bones
  - Facial Bones and Orbits
  - Cranial Rhythmic Impulse (CRI) and Skull Base
  - OA and AA Joints
Osteopathic Manipulative Therapy:
  • Perform the following Osteopathic Techniques, from start to finish without error:
    o Eustachian Tube indirect release under general anesthesia
    o Spheno-basilar decompression (any method)
    o Indirect release of facial bone strains
    o OA and AA HVLA and Muscle Energy techniques
    o TMJ Muscle Energy and Indirect techniques
    o Level specific HVLA of Cervical Spine
    o First rib techniques (any method)
    o Rib Raising technique
    o Hyoid and Laryngeal direct and indirect techniques
    o Lumbo-sacral decompression (any method)

Professionalism:
  • Hone professional skills from previous years
  • Act as a mentor to junior residents to assist with developing professionalism

Interpersonal and Communication Skills:
  • Achieve the ability to teach and communicate to junior residents
  • Polish and hone communication skills for private practice
  • Review management of employees

Systems-based practice:
  • Be able to schedule patients for surgery
  • Learn administrative duties necessary for running a practice
  • Review contracts with insurance companies
  • Understand business aspects of medicine

Practice-based learning:
  • Show mastery of habits that will lead to life-long learning.
Otology and Laryngology Service

This rotation consists of otology/neurotology and laryngology. Both junior and senior residents rotate at the same time on this rotation. Our goal on this rotation is to facilitate an orderly progression from the more simple knowledge and skills, to the more complex clinical and surgical problems. All skills from the Head and Neck Service are expected to be attained by each year as well as the following goals specific to each following service.

OGME-2
Medical Knowledge:
- Acquire advanced knowledge of the anatomy of the ear and temporal bone
- Develop an understanding of normal physiologic properties of hearing and balance.
- Know TNM staging for otologic and temporal bone cancer
- Learn the pathophysiology of cholesteatoma.
- Learn the pathophysiology of balance disorders.
- Learn the pathophysiology of hearing loss both conductive and sensorineural.
- Learn pathophysiology of infections of the ear.
- Understand the physics of hearing and audiometry
- Understand dysphagia, GERD/ LPR and how it relates to these patients
- Acquire advanced knowledge of the anatomy of the head and neck
- Develop an understanding of normal physiologic properties of the swallowing and phonation.
- Learn airway management for the critical airway
- Learn the pathophysiology of dysphonia and dysphagia
- Learn the pathophysiology of neurological diseases of the larynx
- Learn to interpret reports and examinations from Speech pathology

Patient Care:
- Become efficient in clinic and on rounds
- Be able to supervise OGME-1 residents with inpatient consults
- Become proficient at the otologic exam
- Learn surgical techniques of microscope use, cerumen debridement, foreign body removal of the external canal, and tympanostomy tube placement.
- Learn the basic set up for otologic procedures.
- Know the risks and benefits of otologic procedures and be able to relate these to the patient in appropriate language.
- Develop an understanding for the post-operative course of patients undergoing otologic procedures
- Become proficient at the head and neck exam
- Begin to learn treatment algorithms for outpatient otolaryngologic disorders including which diagnostic endoscopy to perform
- Learn surgical techniques of tracheostomies; laryngoscopy, bronchoscopy and esophagoscopy with biopsy; microscopic examination
• Learn to perform outpatient endoscopic procedures including Transnasal laryngoscopy with and without stroboscopy and fiberoptic endoscopic evaluation of swallow; assist in flexible biopsy
• Begin to learn intrepration of stroboscopy examination
• Become familiar with the setup for jet ventilation

Interpersonal and Communication skills:
• Become proficient at communicating results/patient care issues with other residents and Attendings
• Learn to discuss sensitive issues with patients suffering from hearing loss, vertigo, infections and tumors
• Learn to discuss sensitive issues with patients
• Learn to discuss findings of examination in manner that patient may understand
• Learn to discuss airway concerns with Anesthesiology team and operating room nursing staff to properly prepare for the potential difficult airway

Systems-based practice:
• Become proficient at obtaining consults from Communicative Disorders, Social Work, Audiologists, Neurosurgery and Interventional Radiology
• Understand the importance of the otology junior resident on obtaining quality patient care
• Look for ways to improve the efficiency of the service

Practice-based learning:
• Read before every surgical case
• Develop the habit of researching disease processes seen in clinic that day
• Recognize mistakes made and develop solutions to prevent them from reoccurring
• Review laryngeal examination prior to surgical case

Osteopathic Manipulative Therapy:
• Continue to improve on skills obtained in prior years

Professionalism:
• Hone professional skills from previous years
OGME-3 residents are expected to improve on all of the above as well as the following:

**Medical Knowledge:**
- Learn the treatment of otologic emergencies including mastoiditis, acute hearing loss, acute onset of vertigo.
- Show advanced knowledge of otologic anatomy
- Show advanced acquisition of otologic pathophysiology to include vertigo, hearing loss, infections and tumors.
- Will learn enough of dysphagia and dysphonia management to discuss prognosis and treatment options
- Show advanced knowledge of head and neck anatomy
- Show advanced acquisition of swallowing and phonation
- Understand underlying disorder/ treatment for GERD/LPR, dysphagia, dysphonia.

**Patient Care:**
- Improve skills started in the OGME-2.
- Improve diagnostic and therapeutic skills in the outpatient clinic.
- Be able to staff consults with the junior residents
- Improve surgical skills in simple tympanoplasty, mastoidectomy and tympanostomy tube placement.
- Obtain skills necessary to handle the acute airway.
- Improve surgical skills in vocal fold injection, biopsy, esophagoscopy, tracheo-esophageal puncture
- Be able to begin to identify esophageal pathology
- Be able to perform lower level cases independently: tracheotomies, DL, bronchoscopy, esophagoscopy
- Be able to determine anesthetic technique appropriate for operative case

**Interpersonal and Communication skills:**
- Learn how to communicate effectively with junior residents
- Be able to discuss dysphagia issues professionally (i.e. need for G Tube, inability to tolerate oral intake)

**Systems-based practice:**
- Take an active role in medical student and junior resident education

**Practice-based learning:**
- Continue to improve on skills from prior years

**Osteopathic Manipulative Therapy:**
- Continue to improve on skills from prior years
- Identify any deficiencies in OMT
- Attend lectures, review tapes, attend seminars

**Professionalism:**
- Continue to mentor junior residents
- Continue to improve on previous skills learned
OGME-4 residents are expected to improve on the above skills and progress in their ability to arrive at appropriate diagnoses and institute treatment plans.

Medical Knowledge:
- Advance knowledge of otolaryngologic diseases to be able to develop a reasonable short differential diagnosis
- Expand knowledge base of hearing loss: conductive, sensorineural and mixed, vertigo: BPPV, neural, central, infections: external middle and inner ear, tumors: paraganglioma, acoustic neuromas, carcinomas, sarcomas, cholesteatoma
- Expand knowledge base of dysphonia and dysphagia
- Become competent in interpretation of stroboscopy examination
- Become competent in interpretation of esophageal examination

Patient Care:
- Be able to independently perform simple mastoidectomies, tympanoplasty and tympanostomy tube
- Be able to care for post-operative issues for the otologic patients
- Be able to formulate a treatment plan for patients seen in outpatient clinic.
- Be able to independently perform stroboscopy, vocal fold biopsy
- Be able to perform microflap excision, thyroplasty
- Be able to care for post-operative issues for the dysphagia and dysphonia patient
- Be able to formulate a treatment plan for patients seen in outpatient clinics

Interpersonal and Communication skills:
- Show excellent communication with medical students, junior residents and attending

Systems-based practice:
- Demonstrate the ability to be chief of service including scheduling OR cases
- Be able to teach the junior resident surgical procedures.
- Show the ability to teach medical students and junior residents in the clinic, OR and temporal bone lab.
- Learn how to fix patient care problems by making system changes

Practice-based learning:
- Be able to lead M&M conference for the service.
- Be able to communicate with Speech pathology needs and concerns for patient

Osteopathic Manipulative Therapy:
- Continue to improve on skills from prior years
- Identify any deficiencies in OMT
- Attend lectures, review tapes, attend seminars

Professionalism:
- Continue to mentor junior residents
- Continue to improve on previous skills learned
OGME-5 residents are expected to improve on the above skills as well as the following:

**Medical Knowledge:**
- Will acquire the full breadth of knowledge of otolaryngologic disorders

**Patient Care:**
- Will be able to independently diagnose and develop treatment plans for outpatient disorders
- Will be able to perform all operations except for those that require a tertiary care referral to include tympanomastoidectomy, ossicular chain reconstruction, and stapedectomy.
- Will be able to perform all operations except for those that require a tertiary care referral

**Systems-based practice:**
- Be able to schedule patients for surgery
- Learn administrative duties necessary for running a practice

**Practice-based learning:**
- Show mastery of habits that will lead to life-long learning

**Osteopathic Manipulative Therapy:**
- Continue to improve on skills from prior years
- Identify any deficiencies in OMT
- Attend lectures, review tapes, attend seminars

**Professionalism:**
- Continue to mentor junior residents
- Continue to improve on previous skills learned

**Interpersonal and Communication Skills:**
- Improve in ability to teach and communicate to junior residents
- Lecture to medical students, nursing staff
- Prepare lecture for ACA for presentation, if requested
Pediatric and General Otolaryngology Service

Residents on the Pediatric and General Otolaryngology/Service are exposed to children with Otolaryngological problems and children and adults with voice and swallowing disorders, as well as general otolaryngology. This experience is attained in the clinic, on the floors, and in the operating room. All skills from above are expected to be attained by each year as well as the following goals.

OGME-2

Medical Knowledge:

- Acquire advanced knowledge of the embryology and anatomy of the head and neck
- Develop an understanding of normal physiologic properties of pediatric airway and paranasal sinuses.
- Learn the pathophysiology behind adenotonsillitis
- Learn the pathophysiology of otitis media
- Learn the pathophysiology of sinusitis
- Learn the differential diagnosis and treatment of the pediatric neck mass
- Understand dysphagia, GERD/LPR and how it relates to these patients
- Understand sleep studies and the pathophysiology behind OSA.

Patient Care:

- Become efficient in clinic and on rounds
- Be able to supervise OGME-1 residents with inpatient consults
- Become proficient at the pediatric ENT exam
- Begin to learn treatment algorithms for outpatient pediatric otolaryngologic disorders
- Learn surgical techniques of microscope use, cerumen debridement, foreign body removal of the external canal, and tympanostomy tube placement.
- Become proficient at adenotonsillectomies.
- Be able to perform direct laryngoscopy, bronchoscopy and esophagoscopy.
- Begin to learn how to navigate the sinonasal cavities with endoscopes.
- Develop an understanding for the post-operative course of patients undergoing pediatric and general ENT procedures

Interpersonal and Communication skills:

- Become proficient at communicating results/patient care issues with other residents and with attendings
- Become proficient at communicating results with patients
- Learn to discuss sensitive issues with patients and/or their parents.

Systems-based practice:

- Become proficient at obtaining consults from Communicative Disorders, Social Work, and Audiologists
- Understand the importance of the junior resident on obtaining quality patient care
• Look for ways to improve the efficiency of the service

**Practice-based learning:**
• Read before every surgical case.
• Come to the OR prepared, knowing the patient’s history, work-up and indications for surgery.
• Develop the habit of researching disease processes seen in clinic that day
• Recognize mistakes made and develop solutions to prevent them from reoccurring

**Osteopathic Manipulative Therapy:**
• Continue to improve on skills from prior years
• Identify any deficiencies in OMT
• Attend lectures, review tapes, attend seminars

**Professionalism:**
• Continue to mentor junior residents
• Continue to improve on previous skills learned
OGME-3 residents are expected to improve on all of the above as well as the following:

Medical Knowledge:
- Learn the treatment of pediatric emergencies including airway emergencies
- Show advanced knowledge of head and neck anatomy and embryology
- Show advanced acquisition of pediatric pathophysiology to include otitis media, retropharyngeal/neck abscesses, neck masses, airway distress.
- Show advanced acquisition of adult pathophysiology to include sinonasal disorders, obstructive sleep apnea, and dysphagia

Patient Care:
- Improve skills started in the OGME-2.
- Improve diagnostic and therapeutic skills in the outpatient clinic.
- Be able to staff consults with the junior residents
- Improve surgical skills in adenotonsillectomy, tympanostomy tube placement, endoscopy of the aerodigestive tract, sinus endoscopy and treatment of OSA.

Interpersonal and Communication skills:
- Learn how to communicate effectively with junior residents

Systems-based practice:
- Take an active role in medical student and junior resident education

Osteopathic Manipulative Therapy:
- Continue to improve on skills from prior years
- Identify any deficiencies in OMT
- Attend lectures, review tapes, attend seminars

Professionalism:
- Continue to mentor junior residents
- Continue to improve on previous skills learned

Practice-based learning:
- Read before every surgical case.
- Come to the OR prepared, knowing the patient’s history, work-up and indications for surgery.
- Develop the habit of researching disease processes seen in clinic that day
- Recognize mistakes made and develop solutions to prevent them from reoccurring
OGME-4 residents are expected to improve on the above skills and progress in their ability to arrive at appropriate diagnoses and institute treatment plans.

**Medical Knowledge:**
- Advance knowledge of otolaryngologic diseases to be able to develop a reasonable short differential diagnosis
- Expand knowledge base of pediatric airway disorders, foreign bodies of the aerodigestive tract, congenital neck masses, OSA, sinonasal disorders, infections of the head and neck

**Patient Care:**
- Be able to independently perform basic sinus surgery, surgery for OSA, foreign body removal, endoscopy of the aerodigestive tract/pediatric trachs
- Be able to care for post-operative issues for the general ENT and pediatric patients
- Be able to formulate a treatment plan for patients seen in outpatient clinic.

**Osteopathic Manipulative Therapy:**
- Continue to improve on skills from prior years
- Identify any deficiencies in OMT
- Attend lectures, review tapes, attend seminars

**Interpersonal and Communication skills:**
- Show excellent communication with medical students, junior residents and attendings

**Systems-based practice:**
- Demonstrate the ability to be chief of service including scheduling OR cases
- Be able to teach the junior resident surgical procedures.
- Show the ability to teach medical students and junior residents in the clinic, and OR.
- Learn how to fix patient care problems by making system changes

**Practice-based learning:**
- Be able to lead M&M conference for the service.

**Professionalism:**
- Continue to mentor junior residents
- Continue to improve on previous skills learned
OGME-5 residents are expected to improve on the above skills as well as the following:

**Medical Knowledge:**
- Will acquire the full breadth of knowledge of otolaryngologic disorders
- Patient Care:
  - Will be able to independently diagnose and develop treatment plans for outpatient disorders
  - Will be able to perform all operations except for those that require a tertiary care referral to include removal of aerodigestive foreign bodies, excision of congenital neck masses, supraglottoplasty, and tracheostomy on the infant/small child, microsurgery of the larynx, medialization laryngoplasty, and endoscopic sinus surgery.

**Systems-based practice:**
- Be able to schedule patients for surgery
- Learn administrative duties necessary for running a practice

**Practice-based learning:**
- Show mastery of habits that will lead to life-long learning.

**Osteopathic Manipulative Therapy:**
- Resident is expected to demonstrate and apply knowledge learned of accepted standards in OMT appropriate to Otolaryngology/Oro-facial Plastic Surgery

**Professionalism:**
- Will demonstrate respect for patients and families and advocate for the patients’ welfare and autonomy
- Demonstrate adherence to ethical principles in the practice of medicine
- Demonstrate awareness and pay proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities

**Patient Care:**
- Demonstrate ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion

**Interpersonal and Communication Skills:**
- Demonstrate interpersonal and communication skills that enables the resident to establish and maintain professional relationships with patients, families and other members of the health-care teams
Facial Plastics Service

OGME 4 and 5

OGME-4 and 5 residents will rotate on this service. The scope of this service includes treatment of sinonasal disorders, repair of cutaneous facial defects secondary to Moh’s micrographic surgery, facial cosmetic surgery, treatment of vascular malformations, hair transplantation, surgical treatment of certain congenital malformations, aging face surgery and craniofacial trauma. It is intended that the resident will participate in the workup of all patients. They will participate in the planning of reconstructive events. They will learn the preoperative and postoperative care of the above-mentioned patients. At all times there will be supervision and immediate feedback available from the attending on the service.

Medical Knowledge:

• Develop an understanding of nasal airway obstruction and sinonasal disorders.
• Learn the anatomy and physiology of the nose.
• Understand local flap physiology and the vasculature dynamics, including radiation effects.
• Learn the deficits and treatments associated with the aging face, congenital malformations and alopecia.
• Understand the pathophysiology and outcomes of skin cancer and its treatment, including MOH’s.
• Understand the basics of craniofacial trauma.

Osteopathic Manipulative Therapy:

• Resident is expected to demonstrate and apply knowledge learned of accepted standards in OMT appropriate to Otolaryngology/Oro-facial Plastic Surgery

Patient Care:

• Learn the fundamentals of rhinoplasty, septrhality, functional nasal surgery, browlift, blepharoplasty, treatment of vascular malformations and the surgical correction of the aging face
• Learn the fundamental of planning and executing local flaps in the head and neck area for the purposes of reconstructing cutaneous defects.
• Learn the fundamentals of photography necessary to accurately document preoperative and postoperative conditions. Each resident should also become familiar with the methods available for archiving medical photography information.

Interpersonal and Communication skills:

• Become proficient at communicating results/patient care issues with the Attending on the service.
• Learn to discuss sensitive issues with cosmetic patients.
• Be able to discuss risks and complications of the various surgeries with the patient and obtain informed consent.
• Learn to interact with adjunct specialists in caring for these patients.
Systems-based practice:
- Become proficient at obtaining consults from the trauma service.
- Understand the uniqueness of a facial plastic service in context of the U.S. medical system particularly in its fee for service practice.
- Understand the importance of the role of the resident in obtaining quality patient care.
- Look for ways to improve the efficiency of the service.

Practice-based learning:
- Read before every surgical case.
- Develop the habit of researching disease processes seen in clinic that day.
- Recognize mistakes made and develop solutions to prevent them from reoccurring.

Professionalism:
- Will demonstrate respect for patients and families and advocate for the patients’ welfare and autonomy.
- Demonstrate adherence to ethical principles in the practice of medicine.
- Demonstrate awareness and pay proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.
THE TRAINING PROGRAM

A. Didactics:
   a. Clinical Conference – An informal methodology is utilized for the purpose of
discussing serious cases, problem cases, mortalities, mistakes of technique, or any
questions the resident may have. At least one surgical procedure may be presented
in detail at each meeting, as well as the anatomy. These are held once monthly.
Formal education must be provided to the residents with supervision by the attending
Otolaryngology/Facial Plastic Surgery staff. This may include case presentations,
journal reviews, basic science review, gross surgical anatomy, anatomical
disseCTIONS, Grand Rounds, mortality, and morbidity conferences.
   b. Monthly Meeting – At this time, the Chief Resident may assign a lecture to one
resident to be presented at any time during resident discussions. It shall not be longer
than twenty (20) minutes. These presentations should be recorded in the resident
logs.
   c. The resident shall prepare a scientific paper during his/her second, third and fourth
years, which shall meet the requirements completely for scientific publishable
material. In lieu of one paper the resident may submit options as per the Basic
Standards (See Appendix II)
   d. The resident is required to take yearly in-service exam.
   e. The resident must complete a suitable home study course approved by the
Program Director during the second, third and fourth years of training.
   f. Documentation of the entire home study course is required by the end of the
   fourth year of training.
   f. The resident must be certified as a provider in advanced cardiac life support
(ACLS) and pediatric advanced life support (PALS).

B. Practical:
   a. Resident shall examine every Otolaryngology/Facial Plastic Surgery patient
as soon after admission as possible, write the preliminary orders and a
progress note relative to his/her findings and diagnosis.
   b. Resident shall study the surgical anatomy and technique relevant to the
surgery. During the surgery, the surgeon shall administer an oral exam to
the resident concerning anatomy, physiology, pathology, physical
diagnosis, and surgical technique pertaining to this case.
   c. Resident shall write postoperative orders and progress notes concerning
the surgery performed.
   d. Resident shall make rounds on all Otolaryngology/Facial Plastic Surgery
patients and report any changes of condition to the attending surgeon
involved. The resident shall write any orders deemed necessary for the
good of the patient.
   e. Resident shall keep a log record: This is divided into two parts:
      i. This is a record of work observed or actually done by the resident
      and should be so designated. It shall contain the following: date,
patient’s initials, hospital, surgical description, attending surgeon,
the resident’s status (assisted, performed, and observed).
ii. The second part of the log shall be used for record of meetings or educational programs attended, giving the date, meeting, and title of the educational subject. The entire log is to be made available at end of each service for the inspection of and signature of the Residency Program Director and Director of Medical Education, to be sure that no phase of training is being neglected by either the student or the department members. The resident keeps the original for his/her use and for examination by hospital and specialty inspectors if requested; a copy will be kept on file in the Medical Education Office. The monthly resident log is due four weeks from the completion of each service rotation.

f. Residents are required to follow all policies of Des Peres Hospital as long as they are in compliance with the AOA Basic Standards. Residents receive copies of all Des Peres Hospital policies in Resident Orientation prior to the start of their OGME-1 year. See Appendix II.

g. The resident shall administer OMT when deemed necessary and assist the House Staff in the art of OMT.

h. The following are additional resident guidelines:

i. The resident should assess the status of all the patients on his/her service and possess a working knowledge of their hospital course prior to early morning surgery.

ii. Under normal circumstances, the Resident should assist on all Otolaryngology/Facial Plastic Surgery cases performed by members of the teaching staff. The proposed surgical procedure should be studied so that an intelligent discussion can take place with the Trainer. It is the attending Otolaryngology/Facial Plastic Surgeon’s discretion not to allow the Resident to participate in the surgery if he feels that the resident is not adequately prepared.

iii. It is the resident's responsibility to complete all aspects of the patient's chart. This includes appropriate dictation at the discretion of the individual attending Otolaryngology/Facial Plastic Surgeon.

iv. It is the resident's responsibility to enter a progress note at least daily on each patient. Special circumstances may demand more than one daily note.

v. Every effort should be made to make rounds with the attending surgeons when they are in the hospital.

vi. The resident should make an effort to communicate with the ancillary services, assisting in the care of the Otolaryngology/Facial Plastic Surgery patient. This should include, but not be limited to Social Service, Case Management, Physical Therapy and Rehabilitation and Health Information Management (HIM).

vii. Reading assignments can be made at the discretion of the attending surgeons.
viii. In the event that all the hospital work has been completed, the resident should make an effort to take advantage of the teaching situation in the clinic setting.

ix. The Department expects that the service log be completed and turned in to the Medical Education Office within four weeks from the last day of the service.

x. Residents are encouraged to investigate consults prior to notification of the consulting physicians.

xi. Residents are encouraged to take advantage of the teaching situation that can occur at extracurricular event coverage.

xii. Residents must respond to all calls from the Emergency Department requesting Otolaryngology/Facial Plastic Surgery management of a particular case. If a question arises regarding the form this management should take, the resident should contact the on-call Otolaryngology/Facial Plastic Surgeon for clarification.

xiii. Elective time, outside of Des Peres Hospital may not be taken during the last six (6) months of the final year of the Residency Program.

xiv. Outside elective rotations are to be approved by the Residency Program Director and be scheduled with the Medical Education Office. Ninety day advanced notice is required for a new Affiliation Agreement.
The following is a recap of the progression of the training program in Otolaryngology/Facial Plastic Surgery:

First Year: Basic Principles of Surgery

A. Shall study and correlate with the actual hospital patient the following basic sciences:
   a. Surgical Anatomy
   b. Surgical Physiology
   c. Surgical Bacteriology
   d. Surgical Pathology
      i. Gross
      ii. Microscopic
      iii. Preparation and care of surgical specimen

B. Shall study and correlate basic surgical radiology with the patient under the guidance of the Department of Radiology.

C. Shall become familiar with operating room technique.
   a. Aseptic technique
   b. Surgical “set-up” and instruments for various surgical procedures.
   c. Preparation of supplies
   d. Sterilization of supplies
   e. Mechanics of operating room technique
   f. Postoperative Otolaryngology/Facial Plastic Surgery Care

D. Principles of Surgery - shall study and acquire the applications of the principles of Surgery.

E. Active duties shall include the following:
   a. Assisting surgeon in pre and postoperative care of patient.
   b. First assist on major Otolaryngology/Facial Plastic Surgery procedures.
   c. Assist in Outpatient Department with surgical procedures
   d. of acute, traumatic, and ENT cases.
   e. Care for surgical specimen and review pathological reports.
   f. Review case history, physical examination, laboratory procedures, radiologic and other pertinent materials on all patients admitted for Otolaryngology/Facial Plastic Surgery.
   g. Conduct seminar with OGME-Is on principles, basic sciences of Otolaryngology/Facial Plastic Surgery, and hospital routine each month.
   h. Responsible for case history and physical examinations of all patients admitted on his service.
   i. Prepare surgical technique procedures in outline form.
First Half of Second Year: Pre and Postoperative Care of the Surgical Patient
A. Shall study and correlate with the actual hospital patient the principles of pre
   and postoperative care.
   a. Preparation of the patient for operation.
   b. Postoperative care.
   c. Management of surgical complications.
B. Shall study the principles of anesthesiology as applied to surgery, under the
direction of the head of that department.

Second Half of the Second Year: Surgical Technique
C. Study shall be devoted to the study of the various surgical techniques as
   applied to the systems of the body. Activity shall include the following:
   a. Responsible for case history and physical examinations on
   b. all patients admitted to his service.
   c. Review case history, physical examination, laboratory findings,
      radiologic and other pertinent material on all patients admitted for
      surgery.
   d. Pre and postoperative management of surgical patients under the
      supervision of the responsible surgeon.
   e. Assist in major surgery.
   f. Assist in Outpatient Department with surgical procedures and acute
      traumatic and Otolaryngology/Facial Plastic Surgery cases.
   g. Conduct seminar with OGME-I's on pre and postoperative care and
      surgical techniques each month.
Third Year: Study shall be devoted to the diagnosis of surgical conditions as they affect the various systems of the body.

A. Active duties shall include the following:
   a. Shall be essentially those of the second year with expanding responsibility as the individual's capabilities
   b. Indicate.
   c. Shall conduct seminar with OGME-Is on surgical diagnosis each month.

B. Resident shall spend some time each day in reading. He/she must take advantage of hospital library, reading from all surgical books, journals, and allied subjects.

C. The resident shall make use of the postgraduate courses given at the University of Missouri, Washington University, Saint Louis University, American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery, Seminars, and other courses applicable to the specialty given by accredited organizations. Any courses are to be approved in writing by the Program Director prior to scheduling or attending the course.

D. Third year residents are encouraged to outside rotations with the approval of the Program Director. These rotations may include pediatric, otolaryngology, etc.

Second or Third Year:

   A. Attend a Basic Science course as required by the Academy.

   B. Attend the Temporal/Bone Lab, monthly, years 2-5

Fourth Year - Same as Third Year with completion of four months of elective.

Fifth Year - Same as fourth year
Appendix I

DES PERES HOSPITAL, HOLDINGS, TEXTBOOKS

Otolaryngology/Facial Plastic Surgery textbooks
February, 2016


Krouse. Allergy and Immunology: an Otolaryngic approach. Lippincott, Williams and Wilkins, c2002.


**Board Review**

**Osler Otolaryngology Board Review,** audio CD’s

**Otolaryngology/Facial Plastic Surgery, Current Journal Subscriptions**

Annals of Otology, Rhinology and Laryngology  
JAMA, Otolaryngology – Head and Neck Surgery  
Otolaryngology Clinics of North America

**Otolaryngology/Facial Plastic Surgery E-Books, Available through the ATSU portal**


Bailey. *Head & Neck surgery-otolaryngology.* Lippincott Williams & Wilkins, 2006


Becker. *Ear, nose, and throat diseases with head and neck surgery.* Thieme, 2009


Bull. *Color atlas of ENT diagnosis*. Thieme, 2010
Chokroverty. *Sleep disorders medicine basic science, technical considerations, and clinical aspects*. Saunders/Elsevier, 2009
Dunnebier. *Imaging for otolaryngologists*. Thieme, 2011
Ekberg. *Dysphagia Diagnosis and Treatment*. Springer, 2012
Ito. Regenerative Medicine in Otolaryngology. Springer, 2015
Jahnke. Middle Ear Surgery: Recent Advances and Future Directions. Thieme, 2004
Kugler, 2002
Langdon. Understanding Cosmetic Laser Surgery. (Understanding health and sickness series). University of Mississippi, 2004
Levine. Anesthesiology and Otolaryngology. Springer, 2013
Lucente. Essentials of otolaryngology. Lippincott Williams & Wilkins, 2004
Mankekar. Swallowing – Physiology, Disorders, Diagnosis and Therapy. Springer, 2015
Mankekar. Implantable Hearing Devices other than Cochlear Implants. Springer, 2014
Mansour. Tympanic Membrane Retraction Pocket Overview and Advances in Diagnosis and Management. Springer, 2015
Pagel. Primary Care Sleep Medicine A Practical Guide. Springer, 2014
Pankey. Contemporary Diagnosis and Management of Sinusitis. Charles W. Associates in Medical Marketing, 2004
Pensak. Controversies in Otolaryngology. Thieme, 2001
Pensak. Otolaryngology cases the University of Cincinnati clinical portfolio. Thieme, 2010
Pensak. Clinical Otology. Thieme, 2014
Schulze. Plastic Surgery Case Review. Thieme, 2014
Staeker. Otolaryngology, Basic Science and Clinical Review. Thieme, 2006
Valente. Audiology Answers for Otolaryngologists. Thieme, 2011
Wada. Proceedings of the 3rd Symposium on Middle Ear Mechanics in Research and Otology, 2003
Waltzman. Cochlear implants. Thieme, 2014
Weinstein. Geriatric audiology. Thieme, 2013

Otolaryngology/Facial Plastic Surgery, E-Journals. Available through the ATSU portal

Acta Chirurgiae Plasticae, 2011 to present
Acta Oto-Laryngologica, 1998 to present, Full text delay: 18 months
Advances in Cellular and Molecular Otolaryngology, 2013 to present
Aesthetic plastic surgery, 1997 to present
American Journal of Otolaryngology, 2007 to present
American Journal of Otology, 1979 to 2000
American Journal of Rhinology, 2003 to 2008
American Journal of Rhinology & Allergy: Official Journal of the American Rhinologic Society and the International Rhinologic Society, 2009 to present
Annals of Otology, Rhinology & Laryngology, 2002 to present
Annals of Plastic Surgery, 1978 to present
Archives of facial plastic surgery, 1999 to 2012
Archives of otolaryngology – head and neck surgery, 1998 to 2012
Archives of Plastic Surgery, 2012 to present
Arquivos Internacionais de Otorrinolaringologia, 1997 to present
Audiology and Neuro-otology, 2005 to 2011
Auris Nasus Larynx, 2008 to present
Bangladesh Journal of Otorhinolaryngology, 2008 to present
Bangladesh Journal of Plastic Surgery, 2010 to 2013
BMC Ear, Nose, and Throat Disorders, 2001 to present
Brazilian Journal of Otorhinolaryngology, 2005 to present
British Journal of Plastic Surgery, 1995 to 2005
Case Reports in Otolaryngology, 2011 to present
Cirugia Plastica Ibero-Latinoamericana, 2006 to present
Clinical and Experimental Otorhinolaryngology, 2008 to present
Clinical Medicine Insights: Ear, Nose and Throat, 2008 to present
Clinical otolaryngology, 2005 to present, Full text delay: 1 year
Clinical otolaryngology & Allied Sciences, 1998 to 2004
Clinical Otology Japan, 2974 to 1990
Clinics in Plastic Surgery, 2007 to present
Craniomaxillofacial Trauma and Reconstruction, 2008 to present
ENToday, 2006 to 2009
GMS Current Posters in Otorhinolaryngology: Head and Neck Surgery, 2009 to present
GMS Current Topics in Otorhinolaryngology, Head and Neck Surgery, 2004 to present
GMS German Plastic, Reconstructive and Aesthetic Surgery, Burn and Hand Surgery, 2011 to present
Current Opinion in Otolaryngology & Head & Neck Surgery, 1994 to present
Current Otorhinolaryngology Reports, 2013 to present
Ear, Nose & Throat Journal, 1994 to present
Eplasty, 2004 to present
Egyptian Journal of Ear, Nose, Throat and Allied Sciences, 2011 to present
European Annals of Otorhinolaryngology, Head and Neck Diseases, 2010 to present
European Archives of Oto-Rhino-Laryngology, 1997 to present
European Journal of Plastic Surgery, 1997 to present
Facial Plastic Surgery Clinics of North America, 2007 to present
Head and Neck, 2005 to present, Full text delay; 1 year
Head and Neck Oncology, 2009 to present
HNO, 1997 to present, Full text delay: 1 year
Indian Journal of Otolaryngology and Head & Neck Surgery, 2001 to present
Indian Journal of Otology, 2011 to present
Indian journal of plastic surgery, 2001 to present
International Archives of Otorhinolaryngology, 2005 to present
International journal of cosmetic surgery and aesthetic dermatology, 2000 to 2003
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## Appendix II

### Des Peres Hospital
Medical Education Department
Policy Manual

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