

**University of Washington
Otolaryngology-Head and Neck Surgery Residency**

ESSENTIAL REQUIREMENTS FOR RESIDENTS IN OTOLARYNGOLOGY

**Abilities That Residents Must Demonstrate
to Complete Residency**

The intent of our program is to develop leaders in academic otolaryngology. We anticipate that tomorrow's leaders will represent diverse backgrounds, and through exposure to both research and clinical training be characterized as translational researchers. We believe that this will require strong clinical knowledge and skills, an aptitude towards research, be it basic science, clinical or epidemiological, and most importantly a drive to achieve personal excellence and uphold community equity. Our goal is to develop mature and capable surgeons through a series of supervised patient care experiences in a system of graduated responsibility and an equitable and antiracist environment.

The otolaryngology-head and neck surgery residency at the University of Washington is an intensive program designed to provide comprehensive research and clinical training in the discipline. We provide structured development through a series of clinical and research rotations supplemented by an active didactic program. The clinical rotations are designed to provide graduated responsibility in terms of both the complexity of surgical procedures performed and medical decision-making. This graduated responsibility is not restrictive, allowing exceptional residents to express their skills at an accelerated rate.

Personal development is the essence of our educational mission. In the postgraduate environment, the programmatic emphasis is on support for self-education and mature self-evaluation. The process of becoming a superior surgical clinician requires exposure, reflection, and an unflinching commitment to personal honesty. This is a lifelong process. We will assist our residents' evolution toward maturity in the discipline largely through daily exposure to a faculty that has been selected on the basis of their demonstrated commitment to this ideal. Various conferences, journal clubs, intermittent self-assessment examinations, and constructive criticism from the faculty will augment resident education during each rotation.

We will assess resident performance in eight broad areas as defined by the Accreditation Council for

Graduate Medical Education (ACGME) requirements:

1. PATIENT CARE

- Residents must be able to obtain a history; perform a physical exam of the head and neck and related areas; evaluate pertinent laboratory information, radiographic studies, pathology, and outside clinical charts; and integrate this clinical information to generate a differential diagnosis and make appropriate treatment recommendations.
- Must be able to assimilate signs and symptoms transmitted by verbal and non-verbal communication within a time frame appropriate for the specific patient.
- Must demonstrate increasing speed and efficiency as s/he progresses through residency.

- Must be able to complete assigned duties safely and completely within the duty hour restrictions.
- Must be able to take overnight call.

2. TECHNICAL SKILLS

- Must have the ability to use both hands with appropriate hand-eye coordination to safely perform the core surgical procedures in Otolaryngology. These skills must be observable.
- Must have the physical ability to perform the tasks required by the ACGME for certification.
- Must have the ability to perform a basic physical examination in a reasonable time (30 minutes).
- Must have the ability to physically respond rapidly to evaluate and control emergency situations that require rapid mobility of the arms, legs, and body in a full sensory motor capacity.
- Must have the ability to perform above functions and demonstrate stamina under stressful emotional and physical conditions while not adversely impacting other members of the resident or medical team.
- Must have the ability to tie surgical knots and appropriately handle surgical instruments.
- Must have visual and spatial capabilities.

3. MEDICAL KNOWLEDGE

- Must have the intellectual ability to learn the data required by the ACGME for certification.
- Must be able to complete written and oral examinations in a reasonable time period.
- Must be able to pass certification tests such as the Boards, as evidenced by prior test results, in the standard time.

4. PRACTICE-BASED LEARNING

- Must be able to accept and learn from constructive criticism.
- Must be able and willing to teach others.
- Must be able to incorporate feedback to better professional skills.

5. INTERPERSONAL/COMMUNICATION SKILLS

- Must be able to perform all aspects of residency while under stress.
- Must treat patients, staff and faculty with respect.
- Must be able to communicate and work cooperatively with others in a collegial fashion.

6. PROFESSIONALISM

- Must demonstrate honesty, integrity, dependability, and responsibility.
- Must demonstrate sensitivity and understanding of issues related to gender, race, and disability.
- Must complete required tasks (both administrative and patient care related) in a timely fashion.

7. SYSTEM-BASED LEARNING

- Must demonstrate effective utilization of outside resources to better patient care.
- Must understand and assist in development of clinical pathways and algorithms for system improvement.
- Must be able to efficiently use and document within the electronic medical record

8. EDUCATIONAL ATTITUDES

- Must demonstrate knowledge acquired from independent learning/reading.
- Must demonstrate commitment to scholarship.

In addition,

- Residents must not have current drug dependency problem.
- Must participate equitably in call schedule.
- Must have stamina to maintain health under stress and long work hours.

ETHICS

Our department has a strong commitment to developing in our residents a firm foundation in medical ethics. Ethics is a distinct discipline with a set of terms, concepts, and theories. Residents' knowledge and practice of medical ethics will be assessed as follows:

- *Residents must be familiar with basic ethical terms such as autonomy, justice, and non-maleficance.*
- *Must attempt to recognize and resolve clinically applicable ethical dilemmas through interaction with fellow residents, faculty, and all formally constituted ethics committees of their clinical practice sites.*
- *Must read and be familiar with the AMA Code of Ethics (<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page>) and the AAO-HNSF Code of Ethics (<https://www.entnet.org/content/ethics>)*