

Department of Head and Neck Surgery

**David Geffen School of Medicine
at UCLA**



Residency Program Goals and Objectives

Head and Neck Surgery faculty members
have read and approved the Residency Program Goals and Objectives.

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Resident Training Program Goals and Objectives UCLA Head and Neck Surgery

Overview

The residency program in Head and Neck Surgery at UCLA provides residents comprehensive training in the medical and surgical care of patients with diseases and disorders that affect the head and neck, ears, nose and throat. The educational program combines the basic sciences with learned clinical diagnosis and surgical skills in otolaryngology and the communication sciences.

The residents' ability to manage and treat patients progresses under the supervision of attending faculty during their four-year training program. Residents at UCLA and the affiliate institutions are not assigned to subspecialty tracking but rather evaluate and treat patients representing the entire scope of the field of otolaryngology-head and neck surgery, with the level of case complexity being the primary determinant of assignment of cases to specific residents.

During the four years of otolaryngology training that follow the General Surgery Internship, residents are able to meet the majority of the goals and objectives at each of the six sites: Ronald Reagan-UCLA Medical Center, Santa Monica-UCLA Medical Center, West Los Angeles-VA Healthcare Center, Harbor-UCLA, Olive View-UCLA Medical Center, and Children's Hospital of Los Angeles.

Through these individual rotations, residents additionally have the opportunity to participate in the care of head and neck patients who represent a broad range of demographic characteristics and special needs. Rotations are 2.5 months in length for R2's, R3's, R4's, and chief residents.

Residents rotate through **UCLA** during all four Otolaryngology years (R2-R5). Ronald Reagan UCLA Medical Center serves predominantly a middle class adult and pediatric population. At UCLA, residents receive their core otolaryngology training and receive specific training in more complex areas such as: skull base surgery, neurotology, tertiary head and neck cases and voice restoration.

Residents at the R4 level rotate through **Santa Monica-UCLA Medical Center**. Santa Monica-UCLA Medical Center serves a predominantly middle class adult and pediatric population. Residents receive core otolaryngology training comparable to that at the Ronald Reagan-UCLA Medical Center.

The county hospitals, **Harbor-UCLA Medical Center** and **Olive View – UCLA Medical Center**, provide ample opportunity for residents to treat patients, both adult and pediatric, with otolaryngology problems inherent to indigent populations: trauma, emergencies, unusual infections, chronic ear diseases and advanced neoplastic disease. Residents rotate through Harbor during all four Otolaryngology years (R2-R5) and through Olive View during the R2, R3, and R5 years.

The **West Los Angeles-VA Healthcare Center** serves a large adult population with chronic ear and sinus disease, a variety of smoking-related, large, often

previously untreated, head and neck tumors and unusual disease entities such as Gulf War Syndrome. Residents rotate through the VA during the R2, R4, and R5 years.

Residents rotate through **Children's Hospital Los Angeles** at the R3 level. During this rotation residents have the opportunity to participate in a large variety of pediatric surgical cases and acquire a working knowledge of the special requirements of infants and children with otolaryngology diseases, including their diagnoses and treatments and pediatric airway.

Residents participate in a six-month, mentored **Research Rotation** in the R4 year. Residents engage in an independent research project, approved in advance, patterned after the grant format adopted by the American Academy of Otolaryngology. Research projects are expected to be of high quality, and resulting in publication in peer-reviewed journals.

GENERAL COMPETENCY-BASED GOALS AND OBJECTIVES

Otolaryngology/Head and Neck Surgery

The following competency-based goals and objectives are appropriate for all years of Otolaryngology training and should be applied in the areas of: patient care, clinical and surgical training, life-long learning and understanding the broader health care system.

Patient Care

- a) Demonstrate caring and respectful behaviors when interacting with patients and their families.
- b) Understand and practice the concepts of patient confidentiality.
- c) Demonstrate ability to gather essential and accurate information about patients.
- d) Demonstrate the ability to analyze the patient's chief complaint; assess the history of the present illness; assess past medical history; assess the family history; and conduct review of systems.
- e) Demonstrate the ability to make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, recent scientific evidence and clinical judgment.
- f) Demonstrate ability to develop and carry out patient management plans.
- g) Demonstrate ability to counsel patients regarding preventing health problems or maintaining health.
- h) Demonstrate ability to perform all medical and surgical procedures appropriate for the second year of otolaryngology training.
- i) Demonstrate a thorough knowledge of any patient that the resident plans to operate and prepare for the surgery with an adequate review of the medical literature.
- j) Demonstrate ability to work with other health care professionals to provide patient focused care.

Medical Knowledge

- a) Demonstrates a logical, thoughtful, and analytical approach to clinical situations
- b) Know and apply the basic and clinically supportive sciences, which are appropriate to the rotation and level of training.

Practice-based Learning and Improvement

- a) Understand importance of life-long learning to adequately care for patients, to participate in patient education and to pursue creative scholarly endeavors.
- b) Use computer-based techniques, including PubMed and other relevant databases to acquire new information and resources for learning.
- c) Identify and use reliable authoritative sources of medical information.
- d) Read Cummings *Otolaryngology: Head and Neck Surgery* textbook.

- e) Continue reading more advanced texts in the field of Otolaryngology-Head and Neck Surgery.
- f) Refine ability to describe and assess common scientific methodologies used in clinically relevant medical research.
- g) Describe and assess common scientific methodologies used in clinically relevant medical research.
- h) Read, summarize and critique research and disease review articles in reviewed journals such as *Laryngoscope*, *Otolaryngology-Head and Neck Surgery*, *Otology-Neurotology* and basic science journals.
- i) Use evidenced based approaches as tools to decide whether to accept new findings, therapies and technologies for incorporation into medical practice.
- j) Participate in weekly patient rounds, tumor conferences, and basic science conferences and apply information from these conferences to the clinical management of the patient.

Interpersonal and Communication Skills

- a) Demonstrate interpersonal skills that build rapport and empathetic communication with patients and their families across socioeconomic, racial and cultural boundaries.
- b) Demonstrate effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning and listening skills.
- c) Make both complete and focused case presentations that are accurate and well organized; prepare and maintain complete, accurate and well-organized medical records and transcriptions.
- d) Demonstrate a commitment to and skill in teaching medical students, housestaff and other members of the allied health professions.
- e) Function as a productive member of the team.
- f) Work collaboratively with health professionals from other disciplines.
- g) Demonstrate ability to address sensitive issues in an effective, compassionate and non-judgmental manner.
- h) Inform patients and their families about health and illness in a way that is culturally sensitive, jargon-free and appropriate to their needs.
- i) Obtain informed consent from patients by clearly explaining the risks, benefits and alternatives for common medical and surgical procedures in a culturally sensitive manner.
- j) When on call, communicate to the appropriate supervisor, based on the established levels of supervision.

Professionalism

- a) Demonstrate reliability, dependability and integrity with peers, patients and other members of the healthcare team.
- b) Demonstrate the ability to admit mistakes openly and honestly in ways that build patient trust and self-learning.
- c) Demonstrate a commitment to ethical principles pertaining to the confidentiality of patient information and informed consent.

- d) Demonstrate sensitivity and responsiveness to patients' culture, age gender and/or disabilities.
- e) Develop abilities to receive and provide constructive feedback as part self-assessment.
- f) Accurately assess his or her own personal strengths and limitations relevant to one's practice of medicine and continued learning.
- g) Understand basic ethical concepts and approaches to identify and analyze the dimensions of common situations in medical practice, health policy and research.
- h) Recognize an obligation to the health of society by participating in organizations that promote the practice of otolaryngology locally, regionally and nationally.
- i) Recognize the obligation to complete the necessary paperwork in the practice of medicine in a timely manner.
- j) Recognize the obligation to complete the necessary paperwork for the residency-training program in a timely manner.

Systems-based Practice

- a) Understand how their patient care and other professional practices affect colleagues, faculty and other health professionals, the health care organization and the larger society.
- b) Understand how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
- c) Understand the implications of cost-effective health care and resource allocation that does not compromise quality care.
- d) Advocate for quality patient care and assist patients in dealing with system complexities; know how to partner with health care managers and health care providers to assess, coordinate and improve health care and know how these activities can affect system performance.
- e) Know how to utilize the healthcare team to insure patient safety.
- f) Recognize appropriately when to use consultants.

GOALS AND OBJECTIVES– R2 Year Otolaryngology/Head and Neck Surgery

This year marks the beginning of the four-year Otolaryngology Head and Neck Surgery training program. Residents will receive training at Ronald Reagan-UCLA Medical Center, Harbor-UCLA Medical Center, Olive View- UCLA Medical Center, West Los Angeles-VA Healthcare Center, and Santa Monica-UCLA Medical Center.

Competency 2 - Medical Knowledge Clinical and Surgical Skills

Goal -Residents must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social behavioral) sciences and the application of the knowledge to patient care.

Objectives – General Otolaryngology and Head and Neck

1. Learn to take an accurate history in the patient with head and neck disease.
2. Learn basic techniques in the examination of the patient with head and neck disease.
3. Learn about basic disease processes as they pertain to the patient with head and neck disease.
4. Learn basic head and neck surgical techniques under close faculty supervision.
5. Learn to take an accurate history in patients with diseases of the upper aerodigestive tract.
6. Learn basic techniques in the examination of the patient with diseases of the upper aerodigestive tract.
7. Learn about basic disease processes as they pertain to patients with diseases of the upper aerodigestive tract.
8. Under close faculty supervision, learn basic surgical techniques as they pertain to patients with diseases of the upper respiratory tract.
9. Learn basic interpretation of imaging studies of the head and neck.
10. Learn to assess the social and psychological and functional status of the head and neck patient.

By the end of the R2 year, the resident will be able to:

1. Describe the anatomy, physiology and embryology of the upper aerodigestive tract.
2. Describe the surgical anatomy of the head and neck and its relevance to disease and clinical management.
3. Exhibit competence in the acquisition of an accurate history in the patient with head and neck disease.
4. Explain the indications for anti-microbial therapy.
5. Exhibit competence in the physical examination of the patient with head and neck disease.
6. Exhibit competence in the use of diagnostic equipment including the rigid and flexible nasolaryngopharyngoscopes and headlight.

7. Understand the staging systems for head and neck cancer at various anatomic sub-sites.
8. Begin to learn critical decision-making in the care of the patient with head and neck disease.
9. Begin to learn indications for surgical intervention in the patient with head and neck disease.
10. Explain general considerations in head and neck surgery, including: endoscopy of the aerodigestive tract, pulmonary function testing, rationale and limitations of diagnostic radiology, principles of surgical pathology, common agents used in anesthesiology and preoperative risk management.
11. Become knowledgeable about risks and complications of surgical procedures in the patient with head and neck disease.
12. Begin to obtain informed consent for surgical procedures used in the patient with head and neck disease.
13. Exhibit competence in knowledge of the prevention, diagnosis and treatment of common diseases found in the head and neck through clinical experience, educational conferences and independent reading in journals and textbooks.
14. Begin to develop competency in recognizing emergencies in the patient with head and neck disease.
15. Perform a tracheotomy safely and effectively with supervision.
16. Perform the incision and drainage of neck abscesses safely and effectively with supervision.
17. Have an understanding of the risk factors identified for head and neck cancer.
18. Effectively counsel patients regarding head and neck cancer risk factors as they apply to lifestyle.
19. Apply knowledge of aerodigestive tract anatomy and physiology in the clinical setting.
20. Apply knowledge of laryngeal anatomy, physiology and biomechanics in the clinical setting.
21. Successfully perform nasal endoscopy, direct laryngoscopy, esophagoscopy, rigid bronchoscopy and flexible laryngoscopy.
22. Successfully perform suspension laryngoscopy.
23. Understand the basics of laser safety and how to handle laser emergencies.
24. Use the CO₂ laser in the removal of uncomplicated laryngeal papillomas.
25. Understand the principles and techniques involved in the assessment of swallowing disorders.
26. Apply knowledge of gastroesophageal reflux in the clinical setting.
27. Recognize malignant and benign laryngeal lesions.

Objectives - Pediatric Otolaryngology

1. Learn to take an accurate history of the pediatric patient.
2. Learn basic techniques in the examination of the pediatric patient.
3. Learn about basic disease processes as they pertain to the pediatric patient.
4. Learn basic pediatric surgical techniques under close faculty supervision.
5. Learn basic techniques of evaluation of neonate and premature infant.

6. Learn basic techniques in counseling family regarding otolaryngologic issues in the pediatric patient.

By the end of the R2 year, the resident will:

1. Exhibit competence in the acquisition of an accurate history in the pediatric patient.
2. Exhibit competence in the physical examination of the pediatric patient.
3. Exhibit competence in the use of diagnostic equipment including the pneumatic otoscope, microscope, rigid and flexible nasopharyngoscopes and headlight.
4. Begin to learn critical decision making in the care of the pediatric patient.
5. Begin to learn indications for surgical intervention in the pediatric patient.
6. Become knowledgeable about risks of surgical procedures.
7. Begin to obtain informed consent for surgical procedures.
8. Exhibit competence in knowledge of the prevention, diagnosis and treatment of common diseases found in pediatric otolaryngology through clinical experience, educational conferences and independent reading in journals and textbooks.
9. Begin to recognize emergencies in the pediatric patient and how they differ from those in the adult population.
10. Begin to develop competence in basic surgical procedures including myringotomy and tube placement, tonsillectomy and adenoidectomy, airway endoscopy and tracheotomy.
11. Show competency and understanding for post-operative care of the pediatric patient (inpatient and outpatient).
12. Effectively assist the attending physician with complex pediatric head and neck surgical procedures including airway reconstruction and chronic ear surgery.
13. Exhibit competence in wound closure, application of dressings and wound care management.
14. Show competence to recognize complications of surgery including bleeding, infection and hematoma formation.
15. Effectively evaluate a neonate/premature infant with an otolaryngologic issue.
16. Perform inpatient pediatric consultations, and show ability to communicate effectively with other pediatric subspecialists.
17. Identify and understand various craniofacial dysmorphisms, and to understand how these patients must be treated in the head and neck setting.

Objectives – Otology

Learn to take an accurate history in the patient with otologic disease.

1. Learn basic techniques in the examination of the patient with otologic disease.
2. Learn about basic disease processes as they pertain to the patient with otologic disease.

By the end of the R2 year, the resident will:

1. Relate the basics of audiology to clinical practice.
2. Apply knowledge of the temporal bone in the clinical setting.
3. Apply knowledge of vestibular/auditory physiology in the clinical setting.
4. Begin to develop competence in basic otologic surgical procedures including myringotomy and tube placement.

Objectives - Rhinology and Sinus Disease

1. Learn to take an accurate history in the patient with nasal sinus disease.
2. Learn basic techniques in the examination of the patient with nasal sinus disease.
3. Learn about basic disease processes as they pertain to the patient with nasal sinus disease.
4. Learn basic concepts in nasal sinus surgical techniques.
5. Learn basic concepts of allergy and immunology in the head and neck patient.
6. Learn basic concepts of sleep physiology.

By the end of the R2 year, the resident will:

1. Apply basic knowledge of the physiology and pathology of nasal airflow, sinusitis and otitis media in the clinical setting.
2. Apply basic knowledge of head and neck allergy and immunology in a clinical setting.
3. Apply basic knowledge of sleep physiology in the clinical setting.
4. Understand the risks and complications of sinus surgery.
5. Show a basic understanding in the assessment of CT imaging in nasal sinus disease.
6. Participate in an annual hands-on cadaver prosection course in endoscopic sinus surgery. All levels of residents participate in this course annually.

Objectives - Facial Plastic and Reconstructive Surgery

1. Learn to take an accurate history in patients with maxillofacial trauma.
2. Learn basic techniques in the examination and treatment of patients with maxillofacial trauma and incorporate management of the MF trauma into the overall management of the trauma patient.
3. Under close faculty supervision, learn basic surgical techniques as they pertain to maxillofacial trauma.
4. Learn about basic disease processes as they pertain to patients with facial skin malignancies.

By the end of the R2 year, the resident will:

1. Be proficient in the repair of complex facial lacerations.
2. Be proficient in the excision and primary closure of small skin lesions.
3. With assistance, repair uncomplicated mandible and maxillary fractures.
4. Perform closed nasal reduction of uncomplicated nasal fractures.
5. Perform surgical flap elevation.

Objectives - Research

By the end of the R2 year, the resident will:

1. Demonstrate the ability to understand differing research designs and statistics used in basic science and clinical journals.
2. Visit departmental or outside laboratories and begin to formulate ideas for possible research studies.

GOALS AND OBJECTIVES– R3 Year Otolaryngology/Head and Neck Surgery

This year marks the second year of a four-year Otolaryngology Head and Neck Surgery training program. Residents receive training at each of the following affiliate sites: Ronald Reagan-UCLA Medical Center, Harbor-UCLA Medical Center, Olive View- UCLA Medical Center, or Children’s Hospital of Los Angeles. Residents build upon the medical knowledge and clinical and surgical skills gained during the first year of Otolaryngology training.

Competency 2 - Medical Knowledge Clinical and Surgical Skills

Goal -Residents must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social behavioral) sciences and the application of the knowledge to patient care.

Objectives - General Otolaryngology, Head and Neck, Laryngology, Bronchoesophagology

1. Refine ability to evaluate and manage the patient with head and neck disease.
2. Learn to function more independently in outpatient care of the patient with head and neck disease.
3. Expand knowledge about common disease processes as they pertain to the patient with head and neck disease.
4. Refine ability to perform intraoperative decision-making in the patient with head and neck disease.
5. Perform more complex head and neck surgical procedures.
6. Refine ability to interpret imaging studies of the head and neck.
7. Refine ability to assess the social and psychological and functional status of the head and neck patient.
8. Expand knowledge about common and uncommon disease processes in the patient with diseases of the upper aerodigestive tract.
9. Refine ability to evaluate and manage the patient with diseases of the upper aerodigestive tract.
10. Demonstrate an ability to function more independently in laryngology, bronchoesophagology, and outpatient office-based procedures.
11. Under faculty supervision, learn more advanced surgical techniques as they pertain to patients with diseases of the upper aerodigestive tract.

By the end of the R3 year, the resident will be able to:

1. Apply knowledge of the anatomy, physiology and embryology of the upper digestive tract to the patient with head and neck disease.
2. Apply the knowledge of the surgical anatomy of the head and neck and its relevance to disease and clinical management to the patient with head and neck disease.

3. Exhibit increased competence in the acquisition of an accurate history in the patient with head and neck disease.
4. Exhibit increased competence in the physical examination of the patient with head and neck disease.
5. Apply accurately the staging systems for head and neck cancer.
6. Recognize the histologic pattern of common head and neck neoplasms.
7. Become increasingly knowledgeable about risks of surgical procedures in the patient with head and neck disease.
8. Demonstrate an understanding of the role of chemotherapy and radiation in the treatment the head and neck patient.
9. Begin to recognize the side effects and complications of chemotherapy and radiation therapy in the treatment of the head and neck patient.
10. Exhibit increased competence in knowledge of the prevention, diagnosis and treatment of common diseases found in the head and neck through clinical experience, educational conferences and independent reading in journals and textbooks.
11. Demonstrate an understanding of the various forms of neck dissection.
12. Perform the following additional procedures safely and effectively with supervision:
 - a. submandibular gland excision
 - b. deep neck abscess drainage
 - c. excision of a small carcinoma of the upper aerodigestive tract.
 - d. excision of congenital cervical cysts
 - e. arterial ligation for epistaxis
13. Apply knowledge of laryngeal anatomy, physiology and biomechanics in the diagnosis and treatment of common disorders.
14. Perform the following microlaryngeal laser procedures safely and effectively with supervision:
 - a. Removal of papillomas
 - b. Removal of small carcinoma
 - c. Laser resection of airway stenosis
 - d. Laser cordotomy for bilateral vocal fold paralysis
15. Exhibit competence in evaluating all inpatients and emergency room consults with upper airway and esophageal disease.
16. Refine understanding of the principles and techniques involved in the assessment of swallowing disorders.
17. Effectively perform esophagoscopy with dilations (with supervision)
18. Demonstrate an understanding and recognition of functional voice disorders as well as the characterization and treatment of laryngeal dystonias.

Objectives - Pediatric Otolaryngology

1. Refine ability to evaluate and manage the pediatric patient.
2. Learn to function more independently in outpatient care of the pediatric patient.
3. Expand knowledge about common disease processes as they pertain to the pediatric patient with head and neck disease.

4. Refine ability to perform intraoperative decision-making in the pediatric patient.
5. Perform more complex pediatric surgical procedures.

By the end of the R3 year, the resident will:

1. Demonstrate increased competence in the acquisition of an accurate history in the pediatric patient.
2. Demonstrate increased competence in the physical examination of the pediatric patient.
3. Demonstrate increased competence in the use of diagnostic equipment.
4. Demonstrate increased competence for critical decision making in the care of the pediatric patient.
5. Demonstrate increased competence regarding indications for surgical intervention in the pediatric patient.
6. Demonstrate increased knowledge of the prevention, diagnosis and treatment of common diseases found in pediatric otolaryngology through clinical experience, educational conferences and independent reading in journals and textbooks.
7. Perform the following additional pediatric procedures safely and effectively with supervision:
 - a. endoscopic airway surgery, including use of lasers, balloon dilatation
 - b. sinus endoscopy
 - c. sinus surgery
 - d. tracheotomy (< 2 years)
 - e. excise thyroglossal duct cysts
 - f. remove non complex esophageal foreign bodies
 - g. excise neck masses
 - h. drain neck abscesses
8. Demonstrate increased understanding of post-operative care of the pediatric patient (inpatient and outpatient).
9. Effectively assist the attending physician with complex pediatric head and neck surgical procedures including airway reconstruction and chronic ear surgery.
10. Demonstrate competence in recognizing emergencies in the pediatric patient, especially for the pediatric airway.
11. Demonstrate competence in evaluation and management of airway emergencies in a neonate/premature child.
12. Demonstrate competence in communicating with families of children with otolaryngologic issues.
13. Perform inpatient pediatric consultations, and show ability to communicate effectively with other pediatric subspecialists, with increasing knowledge.
14. Identify and understand various craniofacial dysmorphisms, and to understand how these patients must be treated in the head and neck setting, with increasing knowledge.

Objectives - Otology

1. Demonstrate increased competence in the comprehensive evaluation of the patient with otologic disease.
2. Expand knowledge about common and uncommon disease processes in the patient with otologic disease.
3. Perform more complex surgical procedures based on capability and fund of knowledge.
4. Complete a temporal bone drilling course.

By the end of the R3 year, the resident will:

1. Demonstrate competence in the examination of the patient with otologic disease.
2. Demonstrate competence in recognizing emergencies in the otologic patient.
3. Demonstrate competence in evaluating all inpatient and emergency room consults with otologic disease especially as it pertains to acute vertigo and sudden hearing loss.
4. Demonstrate the ability to perform a neurotologic exam and plan an appropriate workup for the patient with disorders of the vestibular system.
5. Understand the principles of auditory brainstem response and otoacoustic testing.
6. Relate the basics of audiology to clinical practice.
7. Apply knowledge of the temporal bone in the clinical setting.
8. Apply knowledge of vestibular/auditory physiology in the clinical setting.
9. Perform the following additional procedures safely and effectively with supervision:
 - a. canaloplasty
 - b. tympanoplasty/myringoplasty
 - c. meatoplasty

Objectives - Rhinology and Sinus Disease

1. Demonstrate increased competence in the comprehensive evaluation of the patient with nasal sinus disease.
2. Demonstrate increased knowledge about common and uncommon disease processes as they pertain to the patient with nasal sinus disease.
3. Demonstrate increased knowledge about management of the allergy patient and allergy testing.
4. Perform more complex surgical procedures used in the treatment of sleep apnea and nasal sinus disease.

By the end of the R3 year, the resident will:

1. Successfully evaluate common nasal sinus complaints in the outpatient setting.
2. Successfully evaluate common complaints as they relate to sleep apnea.
3. Apply knowledge of sleep physiology in the clinical setting.
4. Understand the risks and complications of sinus surgery.

5. Show an increased understanding in the assessment of CT imaging in nasal sinus disease.
6. Perform the following additional procedures safely and effectively with supervision:
 - a. ethmoidectomy
 - b. frontoethmoidectomy
 - c. septoplasty
 - d. turbinate surgery
 - e. surgery on the maxillary sinus
 - f. UVPPP

Objectives - Facial Plastic and Reconstructive Surgery

1. Refine techniques in the examination and treatment of patients with maxillofacial trauma.
2. Under close faculty supervision, learn more complex surgical techniques as they pertain to maxillofacial trauma.
3. Learn about basic disease processes as they pertain to patients with facial skin malignancies.
4. Learn to evaluate the patient with functional and cosmetic facial deformities.

By the end of the R3 year, the resident will:

1. Apply knowledge of wound healing and skin flap physiology.
2. Successfully evaluate functional and cosmetic nasal deformities.
3. Perform the following additional procedures safely and effectively with supervision:
 - a. scar revision
 - b. treat complex mandibular fractures
 - c. treat zygomatic maxillary complex fractures
 - d. closed reduction of nasal fractures
 - e. local flaps

Objectives - Research

At the conclusion of the R3 year, the resident will:

1. Demonstrate the increased ability to understand differing research designs and statistics used in basic science and clinical journals.
2. Submit and gain approval for a research proposal following a standard proposal for scientific investigation.

GOALS AND OBJECTIVES – R4 Year Otolaryngology/Head and Neck Surgery

This year marks the third year of a four-year Otolaryngology Head and Neck Surgery training program. Residents will receive training at one of the following sites each quarter: Ronald Reagan-UCLA Medical Center, Santa Monica-UCLA Medical Center, Harbor-UCLA Medical Center or West Los Angeles VA Healthcare Center. Residents will build upon the medical knowledge and clinical/ surgical skills gained during the first and second years of Otolaryngology training.

Competency 2 - Medical Knowledge Clinical and Surgical Skills

Goal -Residents must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social behavioral) sciences and the application of the knowledge to patient care.

Objectives - General Otolaryngology and Head and Neck, Laryngology and Voice Disorders

By the end of the R4 year, the resident will:

1. Develop increased knowledge in the evaluation and treatment of the head and neck cancer patient.
2. Develop technical skills to effectively treat surgical diseases in the head and neck.
3. Progressively develop independence in the evaluation and decision-making in the treatment of head and neck diseases.
4. Demonstrate the ability to recommend the appropriate therapeutic plan for the site and stage of tumor.
5. Demonstrate competence in understanding treatment options for head and neck malignancies and the ability to counsel patients effectively and accurately in treatment options.
6. Develop knowledge and skills to assist in the therapy of patients with diseases affecting the skull base.
7. Understand the applied anatomy and techniques in cranial skull base surgery.
8. Understand the applied anatomy and techniques in cranial skull base surgery.
9. Demonstrate a familiarity with the donor sites and their harvest for free flap reconstruction.
10. Effectively assist and educate junior residents in the performance of less complex head and neck procedures.
11. Develop knowledge and skills to assist in the surgical reconstruction of major head and neck defects.
12. Develop technical expertise in the functional and structural disorders affecting the voice.

13. Develop increased understanding of the therapeutic options for the functional and structural disorders affecting the voice.
14. Develop technical expertise in the functional evaluation and treatment of swallowing disorders.
15. Understand the technique and interpretation of simple laryngeal electromyography and videostroboscopy.
16. Understand the principles of care of the professional voice.
17. Learn techniques for the repair of vocal cord paralysis.
18. Learn common surgical techniques in the treatment of swallowing disorders.
19. Learn the techniques utilized in laryngotracheal reconstruction.
20. Learn complex endoscopic skills involving the larynx and airway.
21. Learn the techniques of airway foreign body management.
22. Effectively evaluate the patient with dysphagia and dysphonia.

By the end of the R4 year, the resident will be able to perform the following additional procedures safely and effectively with supervision:

- a. modified and radical neck dissections
- b. cyst removal (thyroglossal and brachial cleft)
- c. complex laser endoscopy of the larynx, airway, and esophagus
- d. pharyngotomy
- e. mandibulectomy/mandibular osteotomy
- f. introduction to thyroid and parathyroid gland surgery
- g. Zenker's diverticulectomy
- h. excision of mass of parapharyngeal space
- i. cricopharyngeal myotomy
- j. management of laryngeal fractures
- k. introduction to total laryngectomy
- l. laryngoplasty
- m. airway resection and reconstruction
- n. surgical voice restoration
- o. Incision and drainage of retropharyngeal and parapharyngeal neck abscesses

Objectives - Pediatric Otolaryngology

By the end of the R4 year, the resident will:

1. Function independently in outpatient care of the pediatric patient.
2. Demonstrate increased competence in the physical examination of the pediatric patient.
3. Demonstrate increased competence in the physical examination of the pediatric patient.
4. Expand knowledge about common disease processes as they pertain to the pediatric patient with head and neck disease.
5. Demonstrate increased competence in the use of diagnostic equipment in the pediatric patient.

6. Demonstrate increased competence for critical decision making in the care of the pediatric patient.
7. Demonstrate increased knowledge of the prevention, diagnosis and treatment of common diseases found in pediatric otolaryngology.
8. Demonstrate increased understanding of post-operative care of the pediatric patient (inpatient and outpatient).
9. Refine ability to perform intraoperative decision-making in the pediatric patient.
10. Refine competence in neonatal airway management.
11. Demonstrate increased comfort in communicating with families of pediatric patients.
12. Perform inpatient pediatric consultations, and show ability to communicate effectively with other pediatric subspecialists, with increasing knowledge.
13. Identify and understand various craniofacial dysmorphisms, and to understand how these patients must be treated in the head and neck setting, with increasing knowledge.

By the end of the R4 year, the resident will be able to perform the following additional procedures safely and effectively with supervision:

- a. introduction to pediatric airway reconstruction
- b. pediatric neck surgery
- c. endoscopic airway surgery, including microlaryngeal dissection, microdebrider.

Objectives – Otology

By the end of the R4 year, the resident will:

1. Demonstrate increased competence in the comprehensive evaluation of the patient with otologic disease.
2. Expand knowledge about common and uncommon disease processes in the patient with otologic disease.
3. Perform more complex surgical procedures based on capability and fund of knowledge.
4. Develop increased understanding of the etiology, evaluation and treatment of cochleovestibular disease.
5. Demonstrate competence in the application of temporal bone anatomy and microanatomy to clinical situations.
6. Understand vestibular function tests and how they relate to the evaluation of the otologic patient.
7. Demonstrate the ability to evaluate and discuss all elements of an otoneurologic complaint.

By the end of the R4 year, the resident will be able to perform the following additional procedures safely and effectively with supervision:

- a. mastoidectomy
- b. tympanomastoidectomy

c. tympanoplasty

Objectives - Rhinology and Sinus Disease

By the end of the R4 year, the resident will:

1. Successfully apply knowledge of the physiology and pathology of nasal airflow, sinusitis and otitis media in the clinical setting.
2. Successfully apply knowledge of head and neck immunology in the clinical setting.
3. Demonstrate increased knowledge about common and uncommon disease processes as they pertain to the patient with nasal sinus disease.
4. Demonstrate increased knowledge about management of the allergy patient and allergy testing.
5. Perform more complex surgical procedures used in the treatment of sleep apnea and nasal sinus disease.
6. Successfully evaluate nasal sinus complaints in the outpatient setting.
7. Demonstrate an increased understanding in the assessment of CT imaging in nasal sinus disease.

By the end of the R4 year, the resident will be able to perform the following additional procedures safely and effectively with supervision:

- a. complex laser endoscopic procedures
- b. endoscopic sinus surgery
- c. septoplasty
- d. image-guided sinus surgery

Objectives - Facial Plastic and Reconstructive Surgery

By the end of the R4 year, the resident will:

1. Successfully apply the principles of scar revision.
2. Successfully apply the principles of soft tissue arrangement in facial reconstruction following skin cancer removal.
3. Successfully apply the principles of scar revision.
4. Successfully apply knowledge of wound healing and skin flap physiology in the clinical setting.
5. Demonstrate proficiency in the repair of complex maxillofacial trauma.
6. Successfully evaluate the patient with the aging face as well as nasal and auricular deformities.

By the end of the R4 year, the resident will be able to perform the following additional procedures safely and effectively with supervision:

- a. introduction to rhinoplasty
- b. introduction to facelifts
- c. introduction to LeForte fractures
- d. introduction to facial laser procedures
- e. blepharoplasty

Objectives - Research

1. Continue to develop skills for critical evaluation of original scientific and medical literature, including the interpretation of results and statistical analysis and design.
2. Conduct an original investigation that will provide the foundation for an academic career through which innovative scientific advancements in fields crucial to otolaryngology can be made.
3. Provide a dedicated period of time through which the resident investigator can focus upon the acquisition, development, and application of research skills and methodologies.
4. Provide an opportunity to engage in a project reflecting the resident's own scientific interests, from initiation, through data collection and analysis, and culminating in the submission of a finished product to the original scientific literature.

GOALS AND OBJECTIVES– Chief (R5) Year Otolaryngology/Head and Neck Surgery

This year marks the fourth year of a four-year Otolaryngology Head and Neck Surgery training program. As a chief, residents will receive training each of the following sites rotating every 10 weeks: Ronald Reagan-UCLA Medical Center (twice), Harbor-UCLA Medical Center, West Los Angeles VA Healthcare System, and Olive View-UCLA Medical Center. Residents will build upon the medical knowledge and clinical/ surgical skills gained during the first through third years of Otolaryngology training.

Competency 2 - Medical Knowledge Clinical and Surgical Skills

Goal -Residents must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social behavioral) sciences and the application of the knowledge to patient care.

Objectives - General Otolaryngology and Head and Neck, Laryngology and Voice Disorders

By the end of the chief year of training, the resident will:

1. Demonstrate the ability to evaluate most patient complaints without requiring suggestions by faculty.
2. Demonstrate consistency in diagnostic planning and surgical skills in the care of head and neck patients.
3. Demonstrate application of acquired knowledge to the preoperative selection, operative and perioperative care and avoidance and management of complications of patients on the head and neck service.
4. Demonstrate the ability to recommend the appropriate therapeutic plan for the site and stage of tumor.
5. Demonstrate competence in understanding treatment options for head and neck malignancies and the ability to counsel patients effectively and accurately in treatment options.
6. Develop knowledge and skills to assist in the therapy of patients with diseases affecting the skull base.
7. Understand the applied anatomy and techniques in cranial skull base surgery.
8. Understand the applied anatomy and techniques in cranial skull base surgery.
9. Effectively assist and educate junior residents in the performance of less complex head and neck procedures.
10. Develop knowledge and skills to assist in the surgical reconstruction of major head and neck defects.
11. Develop technical expertise in the functional and structural disorders affecting the voice.
12. Develop increased understanding of the therapeutic options for the functional and structural disorders affecting the voice.
13. Develop technical expertise in the functional evaluation and treatment of swallowing disorders.

14. Understand the technique and interpretation of simple laryngeal electromyography and videostroboscopy.
15. Understand the principles of care of the professional voice.
16. Learn techniques for the repair of vocal cord paralysis.
17. Learn the techniques utilized in laryngotracheal reconstruction.
18. Learn complex endoscopic skills involving the larynx and airway.
19. Learn the techniques of airway foreign body management.
20. Learn open techniques for management of airway stenosis

By the end of the chief year of training, the resident will be able to perform the following additional procedures safely and effectively with supervision:

- a. modified and radical neck dissections
- b. excision of oropharyngeal tumors
- c. maxillectomy, with or without orbital exenteration
- d. laryngotracheoplasty
- e. tracheal and cricotracheal resection
- f. laryngectomy (partial or total)
- g. arytenoidectomy/arytenoidopexy
- h. parotidectomy with facial nerve dissection
- i. treatment of vascular malformations
- j. tracheal resection and reconstruction
- k. thyroidectomy
- l. parathyroidectomy
- m. skull base surgery

Objectives - Pediatric Otolaryngology

By the end of the chief year of training, the resident will:

1. Function independently in outpatient care of the pediatric patient.
2. Expand knowledge about more complex disease processes as they pertain to the pediatric patient with head and neck disease.
3. Demonstrate increased competence for critical decision making in the care of the pediatric patient.
4. Refine ability to perform intraoperative decision-making in the pediatric patient.
5. Refine ability in neonatal airway management.
6. Develop competence in communicating with families of pediatric patients, and be able to address concerns of these families.
7. Perform inpatient pediatric consultations, and show ability to communicate effectively with other pediatric subspecialists, with increasing knowledge.
8. Identify and understand various craniofacial dysmorphisms, and to understand how these patients must be treated in the head and neck setting, with increasing knowledge.

By the end of the chief year of training, the resident will be able to perform the following additional procedures safely and effectively with supervision:

- a. exposure to complex pediatric airway reconstruction
- b. exposure to complex pediatric neck surgery
- c. exposure to complex pediatric sinus surgery

Objectives - Otology

By the end of the chief year of training, the resident will:

1. Demonstrate increased competence in the comprehensive evaluation of the patient with otologic disease.
2. Expand knowledge about common and uncommon disease processes in the patient with otologic disease.
3. Perform more complex surgical procedures based on capability and fund of knowledge.
4. Develop increased understanding of the etiology, evaluation and treatment of cochleovestibular disease.
5. Demonstrate competence in the application of temporal bone anatomy and microanatomy to clinical situations.
6. Understand vestibular function tests and how they relate to the evaluation of the otologic patient.
7. Demonstrate the ability to evaluate and discuss all elements of an otoneurologic complaint.

By the end of the chief year of training, the resident will be able to perform the following additional procedures safely and effectively with supervision:

- a. Stapedectomy
- b. Ossiculoplasty
- c. Temporal bone resection
- d. Middle ear exploration
- e. Introduction to cochlear implantation

Objectives - Rhinology and Sinus Disease

By the end of the chief year of training, the resident will:

1. Successfully apply knowledge of the physiology and pathology of nasal airflow, sinusitis and otitis media in the clinical setting.
2. Successfully apply knowledge of head and neck immunology in the clinical setting.
3. Demonstrate increased knowledge about common and uncommon disease processes as they pertain to the patient with nasal sinus disease.
4. Demonstrate increased knowledge about management of the allergy patient and allergy testing.
5. Perform more complex surgical procedures used in the treatment of sleep apnea and nasal sinus disease.
6. Successfully evaluate nasal sinus complaints in the outpatient setting.
7. Demonstrate an increased understanding in the assessment of CT imaging in nasal sinus disease.

By the end of the chief year of training, the resident will be able to perform the following additional procedures safely and effectively with supervision:

- a. complex laser endoscopic procedures
- b. external approaches to the paranasal sinuses
- c. endoscopic skull base surgery
- d. endoscopic cerebrospinal fluid leak repair

- e. advanced endoscopic frontal sinus surgery

Objectives - Facial Plastic and Reconstructive Surgery

By the end of the chief year of training, the resident will:

1. Successfully apply the principles of soft tissue arrangement in facial reconstruction following skin cancer removal.
2. Successfully apply knowledge of wound healing and skin flap physiology in the clinical setting.
3. Demonstrate proficiency in the repair of complex maxillofacial trauma.
4. Successfully evaluate the patient with the aging face as well as nasal and auricular deformities.

By the end of the chief year of training, the resident will be able to perform the following additional procedures safely and effectively with supervision:

- a. Rhinoplasty
- b. Otoplasty
- c. Rhytidectomy
- d. Forehead and browlifts
- e. Soft tissue expansion
- f. LeForte fractures
- g. Mandibular reconstruction
- h. Reconstruction of cleft lip and palate deformities
- i. Skin resurfacing techniques
- j. pharyngoesophageal reconstruction
- k. Skull base reconstruction
- l. Introduction to microvascular surgery
- m. Facial reanimation

Objectives - Research

1. Continue to analyze data from research experience. Submit papers based on the conclusions to the scientific literature and present findings at regional/national meetings.

Educational Benchmarks for all Resident Training Levels

Residents are expected to meet or exceed the educational benchmarks listed in the table below. The benchmarks are made up of a variety of competency measures. They specifically measure that each resident is exhibiting skills appropriate for his/her level of training, based on designated program expectations.

	Expectation/ Benchmark	Follow-up / Progress Plan (for those not meeting a benchmark)	Remediation Steps
Faculty Evaluations	Average score of 4/7 in each of the 6-core competencies	Meet with PD, Interim progress evaluation	If Progress Plan did not result in expected improvement after 3 months: 1) Revised Progress Plan & Letter of Concern 2) Letter of Warning 3) Probation 4) Suspension from Patient Care activities (reviewed by GME Committee) 5) Termination
Global Assessment	Average scores of 4 on each of the 6-core competencies	Meet with PD, Interim progress evaluation	
In-Service Exam	Score above a stanine of 4	Strict enforcement of lecture reading assignment completion	
Bi-annual Review	Meet expectation in each of the 6-core competencies, identify areas of improvement needed, identify overall professional goals	Quarterly meeting to review and assess discussed areas of needed improvement	

Evaluation Methods for all Resident Training Levels

Quarterly rotation specific evaluations by faculty
 Quarterly rotation specific evaluations by peer residents/Chief residents
 Bi-annual evaluation by program director
 Bi-annual evaluation of case log data
 Annual ABO in-service scores
 Annual evaluation by head OR nurse
 Annual evaluation by Residency Coordinator
 Periodic Patient Evaluations