

LSUHSC-Shreveport and LSUHSC-Monroe

Major Participating Institutions-The Asthma Allergy Clinic, Brentwood Behavioral Health Company, Christus Schumpert Health System, Huey P. Long Medical Center, North Caddo Medical Center, Overton Brooks Veterans Affairs Medical Center, Rapides Regional Medical Center, Shriners Hospitals for Children, Willis Knighton Medical Center

- 1) Medical Knowledge
- 2) Patient Care Skills
- 3) Practice Based Learning
- 4) Interpersonal and Communication Skills
- 5) System-based Practice
- 6) Professionalism

RESIDENT LEVELS OF CARE

OTOLARYNGOLOGY – HEAD AND NECK SURGERY

Resident Level: Intern, PGY-2

Clinical Diagnosis and Management	Invasive Operative Management
<ul style="list-style-type: none"> • Perform and document History and Physical Exam, (1,2,4,6) • Formulate differential diagnoses, (1,3) • Develop and document pre and post operative care treatment plan, (1,2,3,5) • Develop and document fluid and electrolyte therapy, (1,2,3,5) • Order blood transfusion, (1,2,3,4) • Order pain management therapy, (1,2,3,4) • Obtain and document informed consent, (1,2,4,5,6) • Dictate operative note, (1,4,5,6) • Dictate discharge summary, (1,4,5,6) • Order diagnostic tests, (1,4,5,6) • Order medication, (1,4,5,6) • Order appropriate consults, (1,4,5,6) • Perform head and neck exams, (1,2,4,6) • Perform flexible fiberoptic laryngoscopy, (1,2,4,6) • Perform nasal endoscopy, (1,2,4,6) • Perform and interpret tympanometry and audiometry, (1,2,4,6) • Perform oral nasal/tracheal intubation, (1,2,4,6) • Perform wound care, (1,2,6) • Perform micro-otoscopy, (1,2,4,6) • Perform nasal packing, (1,2,4,6) • Pneumatic otoscopy, (1,2,4,6) • Cerumen removal, (1,2,4,6) 	<ul style="list-style-type: none"> • Perform electrocautery, (1,2,6) • Perform wound closure, (1,2,6) • Perform wound care, (1,2,6) • Perform wound irrigation and debridement, (1,2,6) • Perform tonsillectomy and adenoidectomy, (1,2,4,6) • Perform myringotomy and tube placement, (1,2,4,6) • Excise skin lesion, (1,2,4,6) • Repair laceration, (1,2,4,6) • Perform panendoscopy with biopsy, (1,2,4,6) • Administer local anesthetics, (1,2,4,6) • Perform tracheostomy, (1,2,4,6)

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| <ul style="list-style-type: none">• A faculty physician, other than another resident, is present physically during the key portions of the procedure or is immediately available. | |

Procedures performed in the Operating Room are supervised by a Teaching (Faculty) physician.

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RESIDENT LEVELS OF CARE

OTOLARYNGOLOGY – HEAD AND NECK SURGERY

Resident Level: PGY-3

Clinical Diagnosis and Management	Invasive Operative Management
<p>Proficiency in all items of previous levels (PGY II)</p> <ul style="list-style-type: none"> Competent in advising about various hearing losses including interpretation of tests and management of rehabilitation.(1,3,4,5,6) Competent in the interpretation of radiographs and images including CT and MRI.(1,3,6) Read and interpret the results of speech audiometry. (1,3,6) Interpret the results of audiologic site-of-lesion testing. (1,3,6) Interpret the results of tests for functional hearing loss. (1,3,6) 	<p>Proficiency in all items of previous levels (PGY I- II)</p> <ul style="list-style-type: none"> Competent in septoplasty and begin to learn endonasal and sinus operations. (1,2,4,6) Perform endoscopic evaluation and intubation in infants or adults with stridor. (1,2,4,6) Perform endoscopic evaluation of infants or adults with caustic ingestion. (1,2,4,6) Perform endoscopic removal of laryngotracheal foreign bodies. (1,2,4,6) Perform endoscopic removal of esophageal foreign bodies. (1,2,4,6) Perform dilatation of esophageal strictures. (1,2,4,6) Perform tracheotomies in children including premature infants. (1,2,4,6) Perform complicated nasal fracture reductions and open reductions of frontal sinus fractures(1,2,4,6) Perform Caldwell-Luc procedure, nasal antral windows, and external ethmoidectomy. (1,2,4,6) Perform frontal sinus trephination and sphenoid sinusotomy. (1,2,4,6) Assist in tympanoplasties and simple middle ear explorations. (1,2,4,6)

	<ul style="list-style-type: none">• Assist in simple mastoidectomies. (1,2,4,6)• Be able to use the classic or modified Rhomboid flap and other simple local flaps. (1,2,4,6)• Perform treatment of simple dental, dentoalveolar, and mandibular trauma. (1,2,4,6)• Perform repair of complex facial fractures. (1,2,4,6)• Perform scar revision by simple excision with Z-plasty or broken line closure. Routine parotidectomy. (1,2,4,6)• Neck dissections of various types. (1,2,4,6)• Total laryngectomy. (1,2,4,6)• Submaxillary gland excision. (1,2,4,6)
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RESIDENT LEVELS OF CARE

OTOLARYNGOLOGY – HEAD AND NECK SURGERY

Resident Level: PGY-4

Clinical Diagnosis and Management	Invasive Operative Management
<p>Proficiency in all items of previous levels (PGYI, II &PGY III)</p> <ul style="list-style-type: none"> Perform laryngotracheal evaluation and reconstruction in acute trauma. (1,2,3,4,5,6) Manage major pediatric maxillofacial trauma patients. (1,2,3,4,5,6) Manage orbital and intracranial complications of sinus disease an intracranial complication of chronic ear disease. (1,2,3,4,5,6) Manage major congenital head and neck tumors. (1,2,3,4,5,6) Interpret auditory evoked potential testing results for otoneurologic evaluation and threshold determination. (1,3,6) Be able to read and interpret the results of ENG, VOR, CT scan, MR scan, audiological tests and lab studies as they relate to a patient with dizziness. (1,3,6) Be able to use these results with patient history and office examination to determine diagnosis of patients with dizziness and balance disorders. (1,3,6) Understand and be able to perform the various treatment maneuvers and exercises for patients with classic benign paroxysmal positioning vertigo. (1,2,3,4,6) 	<p>Proficiency in all items of previous levels (PGYI, II &PGY III)</p> <ul style="list-style-type: none"> Perform partial laryngectomy and reconstruction. (1,2,4,6) Perform endoscopic sinus surgery and other sinus procedures as well as dacryocystorhinostomy. (1,2,4,6) Perform intranasal ethmoidectomies, intranasal antral windows and sphenoid sinusotomies using sinus endoscope. (1,2,4,6) Perform rhinoplasties, both internal and external approach. (1,2,4,6) Perform maxillectomy, both medial maxillectomy and radical maxillectomy. (1,2,4,6) Perform lateral rhinotomy for removal of nasal tumors. (1,2,4,6) Perform frontal sinus obliteration. (1,2,4,6) Perform tympanoplasties and ossicular reconstruction. (1,2,4,6) Ability to execute the blepharoplasty. (1,2,4,6) Ability to perform simple facial rhytidectomy. (1,2,4,6) Pre-op consultations of cosmetic patients. (1,2,3,4,6) Understand and discuss the recognition, diagnosis and treatment of postoperative complications of mandible fractures, including infection (osteomyelitis,

	<p>actinomycosis, etc.), trismus, malunion, nonunion, malocclusion, ankylosis, and persistent neurological deficit. (1,2,4,6)</p> <ul style="list-style-type: none"> • Perform treatment of more complex injuries to the dental, dentoalveolar, and mandibular complex. (1,2,4,6) • Able to perform corrective procedures of deformed ears. (1,2,4,6) • Hemilaryngectomy. (1,2,4,6) • Supraglottic laryngectomy. (1,2,4,6)
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RESIDENT LEVELS OF CARE

OTOLARYNGOLOGY – HEAD AND NECK SURGERY

Resident Level: PGY-5

Clinical Diagnosis and Management	Invasive Operative Management
<p>Proficiency in all items of previous levels (PGYI, II, PGY III, PGY IV)</p> <ul style="list-style-type: none"> • Proficient in the diagnosis and treatment of the complex allergy patient. (1,2,3,4,5,6) • Can adequately interpret any audiometric test for any patient s/he sees and relate it to otologic findings.(1,3,6) • Be able to follow the patient with a vestibular disorder through a complete work-up including testing, history, differential diagnosis and treatment. (1,2,3,4,5,6) • Full understanding of the clinical course of the various lesions in order to be able to have a proper perspective regarding aggressive management where it might be beneficial, conservatism when it might be more reasonable, palliation when total control does not seem possible. (1,2,3,4,5,6) • The resident should have a good understanding of the course of malignant disease and prognosis and be able to help in home health care, hospice care and counseling of dying patients and their families. (1,2,3,4,5,6) 	<p>Proficiency in all items of previous levels (PGYI, II, PGY III, PGY IV)</p> <ul style="list-style-type: none"> • Perform stapedectomies, facial nerve decompressions, and temporal bone resections. (1,2,4,6) • Ability to reconstruct the middle ear and do homograft tympanoplasties and tympanomastoidectomies. (1,2,4,6) • Perform Meniere’s procedures, i.e. sac decompression, labyrinthectomies and 8th nerve section. (1,2,4,6) • Corrections of complications in blepharoplasty. (1,2,4,6) • Performing adjuvant procedure (a) brow lift (1,2,4,6) (b) chemical peel (1,2,4,6) • Myocutaneous flap reconstructions of various types (1,2,4,6) • Assist in microvascular free tissue transfer • Treatment of complex mandibulofacial injury (1,2,4,6) • Be able to manage congenital ear deformities including surgical reconstruction. (1,2,4,6) • Perform complicated and secondary rhinoplasty cases. (1,2,4,6) • Perform complex nasal reconstruction. (1,2,4,6) • Perform more complicated rhytidectomy

	<p>cases. (1,2,4,6)</p> <ul style="list-style-type: none">• Perform laryngopharyngeal resection and reconstruction. Perform cranial facial resections. (1,2,3,4,6)• Perform rhinectomies with reconstructions. (1,2,3,4,6)• Ability to perform essentially all surgical procedures in the head and neck area. (1,2,3,4,6)•
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