



Otolaryngology Surgical  
Physician Assistant Post-  
Graduate Residency

**RESIDENT HANDBOOK**  
**2023**

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## 1. Introduction

Dartmouth-Hitchcock Section of Otolaryngology/Head & Neck Surgery is dedicated to providing the highest level of training to its residents.

### MISSION AND VISION

The mission of the D-H ENT Surgical PA Residency is to foster an environment of professional learning in order to educate and train certified Physician Assistants to practice Otolaryngology as skilled, knowledgeable, compassionate, and professional members of a multi-professional team.

The vision of the D-H ENT Surgical PA Residency is to provide a directed and efficient Otolaryngology educational experience for Physician Assistants utilizing clinical experience, procedural skills and didactic curriculum. Upon completion of the Residency, the PA-Resident will be prepared for a career as a professional, life-long learner in the field of Otolaryngology.

This handbook describes policies and procedures associated with Otolaryngology Surgical Physician Assistant Post-Graduate Residency as well as the expectations for successful completion of the program. It is updated annually.

The Dartmouth Hitchcock Medical Center APP Handbook is available for download at: <https://www.dartmouth-hitchcock.org/pa-residency>

## 2. Overview of the Program:

The PA-Residency didactic and clinical experience education curriculum is mirrored to the D-H ENT Surgical Residency program. PA-Resident learn and work together with the Surgical Residents to increase their educational and psychomotor skills in Otolaryngology while also providing high level medical care to patients on the ENT service in the Outpatient clinic, Operating Room and Hospital In-patient settings.

The ENT Surgical Residency educational curriculum is based on a two-year, continuously running schedule. Each year is broken down in to six, two-month long rotations based on anatomical specific pathology. The PA-Residents will join the curriculum on a rolling basis depending on hire date. The PA-Resident will attend all education experiences with the Surgical Residents but will need to supplement their didactic education with self-directed, at home learning. The syllabi below should act as a reference and guide for the PA-Residents learning plan.

## **Sources:**

There are no required resources for the PA-Residency. As the emphasis of the educational experience is on self-directed learning, the PA-Resident is expected to cultivate the collection of sources that is most effective for their learning. There are recommended sources, which are listed below. If there is a resource needed that is not readily available to the PA-Resident, if appropriate, the Department will purchase the resource.

### **Recommended Sources**

1. Collections
  - a. OTOSource
    - i. Curated list of ENT pathologies
    - ii. OTOSource is a single source online repository for Otolaryngology Education. Curated and maintained by the American Academy of Otolaryngology-Head and Neck Surgery
  - b. Matthews-Fuller Health Sciences Library
    - i. Located on the 5<sup>th</sup> floor of the Main DHMC Building
    - ii. Large resource of print media available to check-out by Residents
  - c. Dartmouth College Virtual Biomedical Libraries
    - i. Residents have access to Dartmouth College's virtual Biomedical Libraries
    - ii. Access to resources such as PubMed, UpToDate, eBooks and many others
    - iii. Also have access to Dartmouth College's complete Library catalog
  - d. ENT Library
    - i. Located in the ENT Conference room
    - ii. Materials available for review for short periods
2. Specific Resources
  - a. Bailey's Head and Neck Surgery: Otolaryngology
    - i. Comprehensive text book on ENT pathology and surgical techniques
  - b. ENT Secrets
    - i. Brief, summary reviews of ENT topics presented in question/answer format
  - c. Surgical Technology: Principles and Practice
    - i. Resource for Surgical First Assist responsibilities

## Ambulatory Outpatient Clinic

The PA-Resident will provide care to new and established patients within the ENT Outpatient clinic at Dartmouth-Hitchcock. PA-Residents will work with Instructional Faculty to become proficient at the management of Outpatient Otolaryngology disease. They will work as a member of an interdisciplinary team to help guide patients navigate the health care system for thorough and efficient care. Clinical focus will generally be dictated by the PA-Residents current clinical rotation block.

## Surgical Operating Room

The PA-Residents will gain valuable experience assisting in Surgical Procedures in both the Main Campus Operating Room and the Outpatient Surgery Center. They will become proficient in preoperative care including communicating proper patient positioning for common ENT procedures, draping/marking and injection of local anesthetic. They will become proficient in Surgical First Assist Techniques for Head and Neck Surgery cases, including Transoral Robotic Surgeries which utilize the Da Vinci Surgical System.

PA-Residents are required to track the surgical procedures they are present for. They must record the date, a brief description of the procedure and the capacity in which they participated in

## ENT Inpatient Service

- The ENT inpatient service is divided into 2 categories
  1. ENT Primary – patients that are directly admitted to the ENT service with a designated ENT attending. These patients are seen daily.
  2. ENT Consult – patients that are admitted to another primary service but we are a consulting service. These patients are either seen daily, peripherally, or signed off depending on their ENT issues and concerns
- The entire ENT service is responsible for knowing about all ENT primary and consult patients regardless of the resident who did the initial surgery/admission or initial consult.

### ENT Inpatient List/Handoff

- All patients are listed under a shared Epic ENT list with standard characteristics
  1. Name; Age; Sex; MRN; Attending/Resident; Admit/OR/Consult Date
  2. Diagnosis; Surgery; PMH; Code Status
  3. Antibiotics; DVT PPx; Medications; Diet
  4. Airway; Enteral; Lines; Consults; To-Do Task Items/Contingency Plans/Relevant Items
- This standardized list is then printed in the morning and used for every hand-off session to guide the chart review for Vitals, Labs, Imaging/Test Results, Overnight Events, & Notes of every primary and consult patient on service.
- This list serves as the guide under how the residents will use the I-PASS system to review patients during hand-off periods.

### Example Handoff Session

ENT PRIMARY ICU-1	John Smith 70 yo male	Diagnosis: T3 SCCa of Right Tongue	Abx: Unasyn (9/10 – 9/15)	Airway: 6CN75H Enteral: NGT
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	00000000-0 Andrew/AA Admit/OR: 9/10	Surgery: Hemi- glossectomy + RFFF PMH: HTN; Hx MI	DVT: Lovenox Meds: Aspirin 81 Diet: NPO; Cont TF	Lines: JP Neck; JP Arm; Foley; Wound VAC Arm Consults: Plastics, PT/OT; Nutrition [ ] POC 9/10 PM [ ] Transfer to Stepdown 9/11 AM
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“Stable in the ICU, Bed 1. John Smith is a 70 year old male with a past medical history of hypertension and a prior myocardial infarction who presented with a T3 SCCa of the right tongue now s/p hemi-glossectomy by Dr. Andrew, AA was the resident on the case, and coordinated radial forearm free flap by Plastic Surgery. He is on IV Unasyn antibiotics prophylactically for 5 days, Lovenox for DVT prophylaxis and pertinent medications include aspirin 81 mg. He is currently NPO but okay for continuous tube feeds. He has a 6CN75H tracheostomy tube, a NGT and two JP drains, one in the neck, one in the arm, a Foley and a Wound VAC on the donor arm. Consulting services include Plastics, PT/OT, and nutrition. Action items for tonight include a post-operative check in 4-6 hours after surgery and plans to transfer to stepdown unit tomorrow morning if he continues to be stable. He is a difficult intubation by mouth after the surgery and the flap reconstruction but he has a tracheostomy and therefore stable airway in place. He has not had any recent cardiac issues but we will monitor for any chest pain or cardiac symptoms and if there are any concerns, consult Medicine.”

### 3. Academic Curriculum

	Monday	Wednesday	Friday
Wk 1	7-7:30 Planning Meeting	7-9 Head and neck/Laryngology	7-8 Surgery Grand Rounds/Journal Club
	7:30-8:30 HN Trauma/OMFS Series		8-9 HN Pathology/Peds and Rhino Case Conference
Wk 2	7-7:30 Planning Meeting	7-9 Pediatrics/Sleep	7-8 Otolaryngology Grand Rounds
	7:30-8:30 Residency Program Meeting		8-9 Journal Club article picking
Wk 3	7-7:30 Planning Meeting	7-9 Otology-Neurotology/Rhinology	7:15-8:00 Head-Neck Radiology
	7:30-8:30 Research/Library Resources Meeting		8-9 Rhinology/Allergy
Wk 4	7-7:30 Planning Meeting	7-8 Otology/Neurotology	7-8 M&M/QI conference
	7:30-8:15 Resident Best Practice/Handoff Meeting	8-9 Audiology-Otology Conference	8-9 Facial Plastics

#### Core Educational Conferences

Planning Meeting-Mondays-7:00-7:30 am

The Surgical and PA residents, Attendings, and staff review the cases and events from the weekend on call team and look at the week's schedule to ensure resident coverage for all key indicator procedures and to optimize the number of learners in the operating room and clinic in compliance with the policies for social distancing.

Head and Neck Trauma/OMFS Conference-Mondays (1<sup>st</sup>) 7:30-8:30 am

Head and Neck Trauma/OMFS series led by Dr. Rocco Addante and Dr. Eric Holmgren includes lectures on mandible fractures, midface fractures, odontogenic lesions, and orthognathic surgery. This will be based on the AAOHNS Trauma Manual found at

[ResidentTraumaFINALhighres.pdf \(entnet.org\)](#)

Residency Program Meeting-Mondays (2<sup>nd</sup>) 7:30-8:30 am

PD and PA- Residents meet monthly to review administrative tasks (case logs, procedure logs), programmatic updates, and policy changes. This is also an opportunity for residents to voice any concerns and make recommendations regarding the program.

Research/Library Resource Series-Mondays (3<sup>rd</sup>) 7:30-8:30 am

This conference will discuss the status of all active research projects. Research design, biostatistics, informed consent and IRB procedures, funding and common problems will be discussed.

The library resource series covers PubMed (MEDLINE), Evidence-Based Medicine, point-of-care resources, and reference management.

Resident Best Practices/Handoff Meeting-Mondays (4<sup>th</sup>) 7:30-8:30 am

Senior Surgical residents lead sessions to guide Junior and PA residents and medical students on how to prepare for clinic and surgery with each attending, how to stay up to date with administrative tasks, how to write accurate progress note, operative report, consultation note, how to best prepare for in-service examination (OTE)

Core Curriculum Conference/ENT Basics Lecture Series-Wednesdays: 7:00-9:00 am

The program is based on the Bailey's Otolaryngology textbook to systematically acquire otolaryngology-head and neck surgery knowledge over a two-year period. The curriculum will provide case-based review of basic anatomy, physiology, diagnosis, management and decision-making that includes over 100 major otolaryngology topics.

ENT Basics Lecture Series occurs yearly in May-August. The topics will be presented by both Program and Instructional faculty and Surgical Residents and include clinically oriented basic reviews of:

- General ENT emergencies: epistaxis, nasal, zygoma, mandible, midface fractures, complications of sinusitis
- Otologic emergencies: Complications of otitis media, sudden hearing loss, acute facial palsy, temporal bone fracture, otitis externa, auricular hematoma
- Head and neck emergencies: Deep neck space, retropharyngeal, peritonsillar abscesses, Ludwig's, angioedema, foreign body aspiration, caustic ingestion, neck trauma
- Airway emergencies: Upper airway obstruction assessment, diagnosis, management, pediatric stridor, foreign bodies
- Evaluation and management of vertigo, neck mass, rhinosinusitis, neonatal/pediatric airway, otitis media/Eustachian tube dysfunction, OSA, hearing loss.

#### Audiology/Otology Case Conference-Wednesdays (4<sup>th</sup>) 8:00-9:00 am

A monthly combined conference with adult and pediatric audiologists in which interesting cases are presented and discussed. The residents also get hands-on training performing audiological and vestibular evaluations.

#### Head and Neck Tumor Conference-Thursdays 6:45-7:45 am

Multidisciplinary head and neck tumor conference is held weekly and followed by clinic. Residents are expected to present cases as assigned by the head and neck oncology attendings. Discussion is directed by the attendees including head and neck surgical oncology (Drs. Gosselin, Paydarfar, and Davies), medical oncology (Dr. Tom Davis), radiation oncology (Dr. Philip Schaner), pathology (Dr. Laura Tafe, Dr. Jason Pettus, Dr. Darcy Kerr), as well as speech pathology and social work.

#### Grand Rounds-Fridays (1<sup>st</sup> and 2<sup>nd</sup>): 7:00-8:00 am

The Department of Surgery (1<sup>st</sup> Friday) and Section of Otolaryngology (2<sup>nd</sup> Friday) have monthly grand round sessions on basic science and clinical topics presented by both attendings, residents and guest lecturers.

#### Head/Neck Radiology Conference-Fridays (3<sup>rd</sup>) 7:15-8:00 am

Our residents will be exposed to case-based lectures given by the head and neck radiology faculty (Dr. Clifford Eskey, Dr. David Pastel, Dr. Rihan Khan, and colleagues) on CT, MRI, angiography, radionuclide and functional imaging modalities.

#### Morbidity and Mortality/Quality Improvement Conference-Fridays (4<sup>th</sup>) 7:00-8:00 am

At the M&M/QI conference, the resident involved in the challenging case reviews the case and relevant literature and generates a Learning Plan. The resident prepares a case presentation



describing the case, reflecting on and identifying what went wrong, listing resources used to gain a better understanding of the case, and asking themselves what he or she would do differently and what he or she would have to learn (knowledge, skill, attitude, perspective) in order to improve. The reviewing faculty member may add to this presentation and then there is open discussion of the case. Several QI projects have been generated from this conference.

#### Head/Neck Pathology Conference-Fridays 8:00-9:00 am

Pathology of the head and neck including squamous lesions, salivary gland, cystic lesions, thyroid and parathyroid glands, and sinonasal lesions are reviewed with the head and neck pathologist, Dr. Laura Tafe, Dr. Darcy Kerr, and Dr. Jason Pettus, and colleagues.

#### Oculoplastics/Plastic Surgery/ENT Combined Conference-Fridays 8:00-9:00 am

Combined conferences with the Plastic Surgery residents and faculty (Dr. Gary Freed, Dr. John Nigriny, Dr. Joseph Shin, and Dr. Joseph Rosen) cover facial plastics topics including cleft lip and palate, nasal and auricular reconstruction, soft tissue and bony facial trauma, and cosmetic surgery.

#### Journal Club article picking-Fridays (2<sup>nd</sup>) 8:00-9:00 am

The faculty and surgical residents will review OHNS, Laryngoscope, JAMA OHNS, AHNS, IJPORL, Oto&Neuroto journals and present chosen articles in an organized approach as follows:

1. Each resident is assigned a quality Otolaryngology journal and reviews the last 2-4 months for interesting and/or pertinent studies – topics can lean towards the host Attending, but are not necessarily restricted to that subspecialty.
2. Each resident selects 2-4 articles to read in more detail.
3. Each resident reads and performs initial critique of these 2-4 articles.
4. Each resident presents their initial review/critique to the group during the “Journal Club Article Picking” session.
5. As a group, we then select the 3-5 articles we would like to read, review, and critique as a group during Journal Club session.

#### Journal Club session, Tuesday (4<sup>th</sup>) evening vs Friday (1<sup>st</sup>) 7-8 am

Residents will read and critically review all 4-5 articles being discussed (not just the article you are presenting). Everyone should also read “How to Critically Review an Article” by Rich Rosenfeld – a great resource and provides the framework from which to carry out a solid manuscript review. He wrote it to help manuscript reviewers as part of the peer-review process, but it’s applicable to anyone that needs to critically-review a medical article.

<https://journals.sagepub.com/doi/pdf/10.1016/j.otohns.2010.02.010>

2022-2023	Grand Rounds-second Friday of the month 7-8	Journal Club-usually fourth Tuesday evening of the month vs Mon/Fri am
July	Gosselin	Off
August	McCool	Saunders
September	Academy/Autumn Meeting	Gosselin
October	Paydarfar	McCool
November	Holmgren	Little
December	off	off
January	Almosnino-PGY4 post-research Mourourakis-PGY3 pre-research	Davies
February	Davies	Smith
March	Smith	Paydarfar
April	Hinchcliff-Chief Resident	Chen
May	STARS	Seo
June	Research Symposium	Wise

## 4. Resident Clinical Rotation Schedule

2021-2022	B1 Jul-Aug	B2 Sep-Oct	B3 Nov-Dec	B4 Jan-Feb	B5 Mar-Apr	B6 May-Jun
R1	General Surgery, ICU, NS, Plastics, Anesthesia			ENT	ENT	ENT
R2	GEN/RHINO/VA	OTO/NEURO/PED	HN/FP/OMFS	SLEEP/ALLERGY	GEN/RHINO/VA	OTO/NEURO/PED
R3	HN/FP/OMFS	PLASTICS/MOHS	GEN/RHINO/VA	OTO/NEURO/PED	RESEARCH	HN/FP/OMFS
R4	OTO/NEURO/PED	GEN/RHINO/VA	RESEARCH	HN/FP/OMFS	OTO/NEURO/PED	GEN/RHINO/VA
R5	ALL	HN/FP/OMFS	OTO/NEURO/PED	GEN/RHINO/VA	HN/FP/OMFS	CHOICE
PA R1	OTOL/NEURO/PED	HN/FP/OMFS	GEN/RHINO	HN/FP/OMFS	GEN/RHINO	HN/FP/OMFS
PA R2	HN/FP/OMFS	GEN/RHINO	HN/FP/OMFS	OTOL/NEURO/PED	HN/FP/OMFS	OTOL/NEURO/PED

### Required Assignments

The following is a list of the principle required activities, projects and talks during the course of the residency:

1. Case Log
  - a. Log all surgical procedures attended. Resident will record the date, brief description of procedure and specify their role/capacity for each procedure.
2. Procedure Log
  - a. Log all clinic and surgical procedures performed. Resident will record date, description of procedure and brief description of significant/abnormal findings

## 5. Attendance Policy

### **Meetings**

Attendance will be monitored at each of the educational meetings/lectures. Residents are expected to be on time for sessions (except for cases of pre-approved excused absences). IF A RESIDENT IS UNABLE TO BE ON TIME OR PRESENT AT THE CONFERENCE, HE/SHE MUST EMAIL THE PROGRAM DIRECTOR WITH AN EXPLANATION.

The Thursday morning Head and Neck Tumor Board should be attended by all residents on the Head and Neck and General/Rhinology/VA rotations. Journal clubs may be held in the evenings, typically scheduled 6:30-8:30 PM, once a month. Residents are to be excused from the OR to attend the journal clubs. If coverage is needed for OR cases, the faculty and resident should notify the hosting faculty member.

### **Mandatory events**

Residents are also required to be present for the following annual events. Vacation time should be scheduled accordingly:

- Night/Weekend call during Surgical Resident In-training exam (first Saturday of March)

## 6. PA-Resident Work Hours and Call

The DHMC ENT Surgical PA Residency follows the current ACGME policies on duty hours. These are highlighted in the table below. In reality, it’s extremely rare for PA-Residents to approach the limit of Duty hours. However, when performing First Assistant responsibilities for Head and Neck Surgical patients and the perioperative care required, the PA-Resident is expected to be present for all care until patient is handed-off/signed out to Inpatient staff.

<b>ACGME Duty Hour Requirements Summary – Effective July 1, 2020</b>	
<b>Maximum Hours of Work per Week</b>	<b>Duty hours must be limited to 80 hours per week, averaged over a 4 week period</b>
<b>Moonlighting</b>	<ul style="list-style-type: none"> <li>• <b>Due to fast paced, intensive curriculum, moonlighting is not permitted</b></li> </ul>

## PA-Resident Call duties

### Day Call

- When approximately half-way through the curriculum year, at the determination of the Program and Medical director, the PA-Resident will begin to take Day Call. They will be paired with a Senior Surgical Resident for “buddy call”. They will carry the ENT Team pager and respond to pages/calls from other Medical Departments seeking ENT Consultation. The PA Resident will be expected to answer pages in a timely fashion and in conjunction with “Buddy Resident” ascertain complexity and urgency of medical need. If appropriate, the PA-Resident will then perform focused History and Physical Examination and present findings to “Buddy Resident”. The PA resident should be prepared to provide differential diagnosis, recommendations for further diagnostic procedures and discuss possible treatment plans to either the Surgical Resident or the On-Call attending.

During Day Call duty, the PA-Resident will only be responsible for new Consults and will not be responsible for the management of ENT In-patient Service. They will also NOT be responsible for Transfer Center calls and should direct all TC calls to the “buddy” Surgical Resident.

## Night/Weekend Call duties

The only Night/Weekend Call duties expected of the PA-Resident is during the Surgical Residents In-training exam. This generally occurs on the first weekend of March. They will be expected to answer and triage all calls and consultations from 5pm Friday until the Surgical Resident completes their exam and assumes responsibility for the Weekend Call duties. The following is required of the PA Resident prior to and during Weekend Call:

1. 1 week prior to taking Weekend call, they must notify the On-Call Attending that they will be on call together. The PA Resident will discuss preferred methods of communication and expectations for the weekend.
2. The Friday morning of weekend call they will review each patient currently on service and develop management or discharge plans accordingly.
3. Friday afternoon of weekend call, they will speak with the On-Call Attending to discuss current status of patients and the expected treatment/discharge plans for each patient. This can be done in writing if Attending is not available.
4. Friday Afternoon the PA-Resident will review preferred methods of communication with Attending and establish agreed upon time for rounds.
5. Overnight, the PA-Resident will accept calls, obtain all relevant medical information and triage accordingly. The PA-resident will then immediately present consult call, provide all relevant information and their plan for further evaluation and treatment with the On-Call Attending.
6. The PA-Resident is expected to pre-round on all Primary and Daily patients to establish interval history, review recent results and determine recommendations for treatment plans accordingly prior to presenting to On-Call Attending.
7. When the Surgical Resident resumes responsibility for the On-Call duties, a comprehensive update on interval history, results and treatment plans will be given by the PA-Resident

On-call rooms are provided if needed.

## 7. Academic Conferences

- Registration and travel fees are covered by the section of Otolaryngology

### **ENT For The PA-C**

Location: Changes yearly

Time: Spring of each year

- The ENT for the PA-C Conference provides unparalleled CME opportunities for PAs and other medical professionals interested in or specializing in otolaryngology. Our workshops maximize hands on learning, with concise content and small group sessions. This conference is also the ideal setting to network with ENT professionals from across the country.

### **Autumn in New England Otolaryngology Update**

Location: Various locations in New England

Time: Early fall of each year

- At the conclusion of this learning activity, participants will be able to discuss at least three changes in the practice of otolaryngology including state of the art surgical management of otolaryngologic conditions, medical management of diseases associated with otolaryngology and complications associated with otolaryngologic diseases and conditions.

### **Boston Children’s Otolaryngology Residents’ Emergency Skills (Cores) Course**

Location: Boston, MA

Time: Late Fall of each year

- This course will focus on basic technical skills that junior otolaryngology residents and mid-level providers will utilize both in the emergency room and operating suite as well as on managing airway emergencies they will encounter as a consult resident. The morning session will be comprised of skills stations where residents will learn to manipulate and properly use an otomicroscope, laryngoscope, and rigid bronchoscope. The afternoon will be divided into two components: 1) simulated airway emergencies using high-fidelity manikins, and 2) skills utilization: managing epistaxis, performing myringotomies and tube placement, laryngeal and sinus surgery techniques and performing emergency surgical airway procedures.

### **Booking Travel**

All employees must use the Milne Travel platform for booking. Travel can be booked through the self-service online portal at <https://www.concursolutions.com/home.asp> or by working with a travel agent via phone at (603) 298-6644.

### **Receipts**

Receipts must be **legible and complete when submitted into the Concur system** and include the vendor name, location, date, and expense detail. It is the resident’s responsibility to retain and submit receipts for all expenditures regardless of amount.

Receipts may be submitted as an original, a scan or picture (as from a smart phone) or other method of rendering a legible likeness. The detailed receipts should be shown as “paid” by a credit card number or a “\$0” balance or other manner.

## **8. Time away policy**

Vacation is taken at the discretion of the individual with the prior approval of the Program Director.

As a full time employee of Dartmouth Health, time off accrual is based on the Policy 4581. Please review this policy for specific details. Accrual is summarized below

Vacation accrues each pay period at a rate equivalent to the schedule below.

### **Lebanon Campus Number of Vacation Hours\***

0 - 4 years	160
5 - 9 years	184
10 - 14 years	200

15 - 19 years 216  
20 + years 240

### **Employment Interviews**

The Program faculty recognizes that PA-Residents need to interview for these Employment and will make every effort to release PA-Residents from their clinical duties so that they may attend these interviews. PA-Resident are asked to try to minimize the days away from their rotation as their absence places an undue burden on their fellow residents.

### **Parental Leave Entitlement**

D-H will provide up to two (2) consecutive weeks of Parental Leave for all Eligible Employees following the birth or adoption of a child. This policy shall only apply to births or adoptions that occur on or after January 1, 2019.

Parental Leave shall be paid based upon the Eligible Employee's base salary determined by the employee's regularly scheduled work hours.

### **Eligibility Requirements**

Eligible Employees may only utilize this benefit after thirty (30) days of employment.

In the event that both parents/partners of a child are Eligible Employees, both parents/partners are eligible to receive Parental Leave under the terms of this policy.

### **Timing of Leave and Amount of Leave**

Eligible Employees must take Parental Leave during the first twelve (12) months following the birth or adoption of a child.

Eligible Employees may utilize one term of Parental Leave per birth or adoption event. For purposes of this policy, an event is defined as a delivery or adoption of a child (ren). For example, if an Eligible Employee has a delivery of multiple newborns or adopts multiple children at the same time, the employee would be eligible for one term of Parental Leave for that event.

## **9. Evaluations**

Performance evaluations are completed by various members of the healthcare team including Program faculty and Instructional faculty. These evaluations address performance in the core competencies and are sent to evaluators quarterly. Evaluations are conducted via electronic survey and form submission.



Meaningful evaluation of the faculty and the program is a critical aspect of the residency program; it is a tool for improving educational quality and the resident learning environment. Residents are therefore expected to complete faculty and program evaluations biannually.

## 10. Policy on Supervision

As PA-Resident in an established D-H postgraduate training program, direct supervision may be overseen by providers who are part of the clinical team where your training is taking place. In the inpatient setting, it is the ultimate responsibility of the Attending Physician(s) to supervise patient care provided by the PA-Resident.

In the ambulatory setting, the Advanced Practice Provider(s) may supervise the PA-Resident independently. Each Professional Staff Member participating in the supervision of Learners shall possess clinical privileges appropriate to the activities of the Learner under their direction.

In the Operative Room, supervision is ultimately the responsibility of the Attending Physician(s) to supervise patient care provided by Learners

## 11. Policy on Advancement

### **Graduated Levels of Responsibility**

The privilege of progressive authority and responsibility, conditional independence in patient care delegated to each resident must be assigned by the Program faculty. As they advance in their training program, resident should be given progressive responsibility for care of patients. The determination of a resident's ability to provide care to patients without a supervising physician present, or to act in a teaching capacity is based on the resident's clinical experience, judgment, knowledge, and technical skill. It is the decision of the Program or Instructional faculty as to which activities the resident will be allowed to perform within the context of the assigned levels of responsibility.

### **Documentation of Supervision of Residents**

The medical record must clearly demonstrate the involvement of the Program or Instructional faculty in resident patient care. Documentation of supervision must be entered into the medical record by the supervising physician or reflected within the resident progress note or other appropriate entries in the medical record (e.g., procedure reports, pathology reports, imaging reports, consultations, and discharge summaries).

## 12. Mentorship Program

When applicable, the more senior PA-Resident is expected to act as mentor to the more junior PA-Resident. They will be expected to help answer questions, provide guidance in professional

matters. PA-Residents should also feel comfortable in approaching either the Program or Medical director with any and all questions or concerns.

### 13. Dartmouth-Hitchcock Otolaryngology Surgical Physician Assistant Program and Instructional Faculty Roster

#### Program Faculty

Matthew McCabe, PA-C - Program Direction

Sarah Seo, MD - Medical Director

#### Otolaryngology Faculty

- Joseph A. Paydarfar, MD- Section Chief
- Eunice Y. Chen, MD, PhD- ENT Surgical Resident Program Direction
  
- Doug Murphy, PA-C
- Sharon Bry, APRN
- Alex Higgins, PA-C
- Louise Davies, MD, MS
- Benoit J. Gosselin, MD
- Ryan Little, MD
- Ryan McCool, MD
- James E. Saunders, MD, MS
- Mark Smith, MD
- Richard Smith, MD
- Sean Wise, MD

#### Other Faculty

##### Oral and Maxillofacial Surgery

- Rocco R. Addante, MD, DMD
- Eric Peter Holmgren, MD, DMD

##### Plastic Surgery

- Gary L. Freed, Jr., MD, PharmD
- John F. Nigriny, Jr., MD
- Joseph Shin, MD

## 14. Communication

PRACTICE MANAGER	PHONE	PGR	MASTER SCHEDULE ASSIGNMENTS	SECRETARY	PHONE
Brette Gosekamp	5-9762	5352	Audiology	Darlene Johnson	5-9757
<b>ADMIN. SUPERVISOR</b>	<b>PHONE</b>	<b>PGR</b>	Otolaryngology, MOR & OSC	Darlene Johnson	5-9757
Darlene Johnson	5-9757	7341	AMION (Call Schedule)	Darlene Johnson	5-9757
<b>FRONT RECEPTION</b>	<b>PHONE</b>	<b>PGR</b>	Coding Advisor	Erin Heuerman	3-3968
Brooke Donoghue	5-5203		Social Worker	Sara Gilman	PGR: 9358
<b>PROJECT COORDINATOR</b>	<b>PHONE</b>	<b>PGR</b>	<b>RESIDENTS</b>	<b>PGY</b>	<b>PGR</b>
Shannon Bagley	6-7165		Prashanthi Divakar, MD	Chief Resident	3850
<b>OTOLARYNGOLOGY PROVIDERS</b>	<b>PHONE</b>	<b>PGR</b>	Mason Hinchcliff, MD	PGY-4	3294
Joseph A. Paydarfar, MD (Section Chief)	5-4405	2413	Galit Almosnino, MD	PGY-3	3044
Benoit J. Gosselin, MD, FRCSC, FACS	5-5166	2157	Maggie Mouzourakis, MD	PGY-2	3363
Sharon E. Bry, APRN	5-8536	4774	Rebecca Bell, MD	PGY-1	3732
Douglas M. Murphy, PA-C	5-4723	2338	Sydney Judge, PA-C	PA Resident	2363
Sarah S. Seo, MD	5-5164	2613	Alexandria Higgins, PA-C	PA Resident	2871
Richard B. Smith III, MD	5-4772	2311	Katherine Stender, Residency Coordinator	5-6033	4973
Jessica A. Wesmiller, PA-C	5-4397	2861	<b>VA HOSPITAL-WRJ</b>	<b>PHONE</b>	<b>PGR</b>
Ryan R. McCool, MD	5-4748	2936	Ryan R. McCool, MD	802-295-9363 ext. 5927	802-742-6800
James E. Saunders, MD	5-7616	2563	<b>SURGERY SCHEDULING</b>	<b>PHONE</b>	<b>PGR</b>
Sean R. Wise, MD	5-8140	2659	Sheri LeBlanc- Pediatrics	3-9607	
Mark C. Smith, MD	5-7613	2228	Aimee Bornt- ENT	5-7113	
Eunice Y. Chen, MD	5-2018	2972	Heidi Carley- Oral Surgery	5-7120	
Matthew R. McCabe, PA-C	5-5278	2779	Kyle Morse- Surgery Scheduling Supervisor	5-8605	7345
Ryan E. Little, MD	5-2079	2350	<b>NURSES</b>	<b>PHONE</b>	<b>PGR</b>
<b>SCHEDULING SECRETARIES</b>	<b>ASSIGNMENTS</b>		Sarah Lou King, RN (Nurse Manager)	5-8097	5599
Kayleigh Tassone	Referral Coordinator & sABR		Brenda Hagar, RN	52042	7571
Marjorie Wainwright	Paydarfar, Murphy, Chief Resident		Jocelyn Cassidy, RN	5-4393	7572
Pam Wilson	Holmgren, Addante, Sejkora, Pendak, McHugh		Kathleen "Katy" Hennessy, RN	5-2350	5622
Jolene Eastman	Saunders, Wise, McCool, McCabe, Thompson		Krissy Moran, RN (Per-Diem)		
Heather Shepard	R. Smith, Seo, Little, Shine, Perez		Michelle Coogan, RN-H&N Onc. Nurse Navigator	5-2966	5028
Lee DeCoff (PGR# 5738)	Godsell, Johnson, Maynard		Caitlin Wirth, MA, Maddie MacDonald, LNA, Shirley Greenlee, LNA, Dawn Chavez, LNA, Jadeleigh Pike, LNA	5-5161	
Lauryn Rexford (EXT:6-7171)	M. Smith, Chen, Wesmiller, Nulton, Glover, Pospychala, Mosenthal		<b>HEARING INSTRUMENT SPECIALISTS</b>	<b>PHONE</b>	<b>PGR</b>
Stacy Brown (EXT:6-7068)	Gosselin, Bry, PA Resident		Michelle Packard, HIS	5-4897	4897
Marv Curtis			Crystal Baslow	5-4897	5051

			EDUCATIONAL CONSULTANT	PHONE	
			Amanda McGinnis, Med	5-5136	
<b>AUDIOLOGY ADULT PROVIDERS</b>	<b>PHONE</b>	<b>PGR</b>	<b>PEDIATRIC AUDIOLOGY SOCIAL WORKER</b>	<b>PHONE</b>	<b>PGR</b>
Julie Johnson, AuD	5-5305	5420	Alice Berliner, MSW	5-5467	5467
Kerry Pendak, AuD	5-5168	5735	Emergency Care Management Office	5-5789	
Teresa Godsell, AuD	5-6160	5744	<b>AUDIOMETRIC ASSISTANT</b>	<b>PHONE</b>	<b>PGR</b>
M. Stella McHugh, MS (Coordinator)	5-5162	5737	Lori Cate	5-5074	5743
Catherine Rieke, AuD	5-4395	5318	<b>AUDIOLOGY EXTERNS</b>	<b>PHONE</b>	<b>PGR</b>
Ashley Perez, AuD	5-7809	5518	Allyson Schiller		
Nicole (Nicc) Maynard, AuD	5-7731	5742	Maura Beggin		
Elizabeth "Ashley" Thompson, AuD	5-6394	7231	<b>PLASTICS</b>	<b>PHONE</b>	<b>PGR</b>
Danielle Shine, AuD	5-6216	7471	Gary Freed, MD	5-5148	2699
<b>AUDIOLOGY PEDI PROVIDERS</b>	<b>PHONE</b>	<b>PGR</b>	<b>INPATIENT AREAS</b>	<b>PHONE</b>	<b>PGR</b>
Cynthia Nulton, MA (Coordinator)	5-5167	5732	5 West	5-7305	
Leah Mosenthal, MEd	5-7369	5739	NSCU	5-8875	
Erin Pospychala, MS	5-6151	5734	Charge Nurse Pager		9236
Samantha Glover, AuD	5-7737	5746	<b>MISCELLANEOUS</b>	<b>PHONE</b>	<b>PGR</b>
<b>SPEECH</b>	<b>PHONE</b>	<b>PGR</b>	Anne Edmunds, (cell) 312708	5-5912	4175
Joe Dorko, SLP	5-5978	4854	CHaD Pain Free (Fax 650-7301)	5-2908	
Cheryl Lundgren, SLP	5-5978	4345	Housekeeping	5-5912	
<b>ORAL &amp; MAXILLOFACIAL SURGERY</b>	<b>PHONE</b>	<b>PGR</b>	OSC Desk	3-2500	
Dept. Phone:	5-5150		MOR Desk	3-3100	
Ashley Mathews, RN, Michelle Towne, DA, Tracy Nanai, DA, Kayla St. Clair, LNA	5-8823		ENT Conference Room	5-2718	
Eric Holmgren, MD	5-6662	2662	<b>CRANIOFACIAL COORDINATOR</b>	<b>PHONE</b>	
Luke Sejkora, PA-C	5-0247	2506	Shelly Calley	5-4800	
<b>NCCC CLINICAL NUTRITION</b>	<b>PHONE</b>	<b>PGR</b>	<b>NEW LONDON HOSPITAL</b>	<b>PHONE</b>	<b>FAX</b>
Jeannine Mills	5-9404	9251	ENT	603-526-5172	603-526-4413
			Audiology	603-526-5189	

**E-mail:** Residents are required to maintain an active Dartmouth-Hitchcock e-mail address that is checked regularly (at least every 48 hours). All clinical and academic e-mail should be sent through this system. All e-mail with personal health information (PHI) must be sent securely.

## 15. Policy on Academic Improvement/Policy on Resident Dismissal

## **A. Informal Conversation**

- An Informal Conversation (sometimes referred to as an “awareness conversation”) may be undertaken by the Program Director to address a Resident’s Academic Deficiency of a non-serious nature that needs to be remedied or improved. The purpose of an Informal Conversation is to describe the Academic Deficiency and to recommend actions to rectify the deficiency. After a Program Director has conducted the Informal Conversation with the Resident, the Program Director may summarize the discussion in writing and provide the Resident with a copy of the summary. The summary should include a succinct statement of the Academic Deficiency and the steps recommended to rectify the deficiency.
- This non-disciplinary action need not follow nor precede a Notice of Concern or a Remediation Plan, nor precede Disciplinary Action as described in the Disciplinary Action Policy. Failure to achieve immediate and/or sustained improvement may lead to Disciplinary Action or implementation of additional measures as set forth below. Any future action will be determined by the Program Director exercising his/her professional and academic judgment.

## **B. Notice of Concern**

- A Notice of Concern may be issued by the Program Director to a Resident who is not performing satisfactorily. Notices of Concern should be in writing and should describe the nature of the Academic Deficiency and any necessary corrective actions required by the Resident. A Notice of Concern is typically used when a pattern, or potential pattern, of Academic Deficiency emerges. The Program Director will review the Notice of Concern with the Resident. Failure to achieve immediate and/or sustained improvement may lead to a remedial plan, as set forth below, or Disciplinary Action.
- This non-disciplinary action need not follow nor precede an Informal Conversation or a Remediation Plan, nor precede Disciplinary Action as described in the Disciplinary Action Policy. Program Directors are encouraged to consult with Employee Relations in drafting the Notice of Concern.

## **C. Remediation Plan**

- A Remediation Plan may be provided to a Resident who has demonstrated an Academic Deficiency, the underlying causes for which the Program Director, in his/her professional judgment, believes are amenable to remediation. A Remediation Plan must be in writing. The Remediation Plan is designed to give the Resident notice of the Academic Deficiency (ies) identified and set out specific expectations of how to address deficiencies. Where possible and appropriate, the Program Director will seek the Resident’s input to elicit his/her judgment of how to best address the deficiencies. The Program Director will review the Remediation Plan with the Resident. Failure to achieve immediate and/or sustained improvement or a repetition of the conduct may lead to additional Remediation Plans or Disciplinary Action.
- A Remediation Plan does not constitute a Disciplinary Action and need not follow nor precede an Informal Conversation or a Notice of Concern, nor precede Disciplinary Action as described in the Disciplinary Action Policy. Program Directors are encouraged

to consult with Employee Relations in drafting Remediation Plans and must alert the Program Faculty prior to issuance of the Remediation Plan to the Resident.

- Copies of written summaries of Informal Conversations, Notices of Concern, and Remediation Plans will be maintained in the Resident's file in the Program Directors Office.

Residents failing to achieve the minimal level of competence as determined by the evaluations will be given written notice of that fact. Depending on the nature of the deficiency, they may then be placed on probation. This period of probation will last at least three months and will be accompanied by a detailed plan to address any deficiencies in the resident's performance.

Residents who are on probation for a minimum of three months and who have not successfully improved their performance to meet at least the minimal level of competence may be dismissed.

## 18. Institution Benefits

### **Live Well/Work Well**

Dartmouth-Hitchcock's vision is to achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation. Achieving the healthiest population possible starts here, at Dartmouth-Hitchcock, with our own workforce.

Our main objective is to improve and maintain the health and well-being of Dartmouth-Hitchcock employees and their families by creating a supportive culture which provides access to resources and services that motivate, encourage and promote healthy lifestyles and foster resilience.

Learn more at <http://employees.dartmouth-hitchcock.org/livewellworkwell.html>

### **Employee Assistance Program (EAP)**

The DHMC Employee Assistance Program (EAP) is a benefit provided by the Hospital and Clinic for all physicians and staff (full-time, part-time, temporary, volunteers, retirees) and family members (including significant others and domestic partners). We can help with a variety of difficulties, such as family relationships, emotional or psychological well-being, and/or work-related issues. First year residents will have an EAP visit scheduled for them by the program.

Employees/family members may contact the program directly; a supervisor may suggest using the EAP; a friend, family member, coworker, or health care provider may also refer employees/family members to the EAP.

**To make an appointment, call 650-5819, or email: [dhmc.eap@hitchcock.org](mailto:dhmc.eap@hitchcock.org)**

### **What Does the Employee Assistance Program Offer?**

- Confidential and free counseling services
- Up to six visits per issue per year
- Referrals when extended counseling or support is needed, or when there are medical, legal or financial problems
- Facilitation of evaluations for psychiatric medications

#### **Additional Services Include:**

- Consultations for administrators and supervisors around any topic that impacts the workplace.
- Work with departments or sections when there have been critical incidents (such as the death of a co-worker), and/or when a physician/staff member is returning from a leave of absence, and/or during times of increased stress.
- Referral resources (e.g., mental health providers, attorneys, community agencies, support groups).
- [DHMC EAP Online Presentations](#)
- [Live Well/Work Well Classes](#)

#### **Nights, Weekends, Holidays**

The KGA Employee Assistance Program (KGA EAP) provides after-hours telephonic backup for the DHMC Employee Assistance Program on nights, weekends, and holidays.

Call (800) 648-9557

KGA provides employees (and their household family members) with confidential, 24/7 telephone access to professional counselors who will assess needs, provide counseling and support, and connect employees with the appropriate specialists and/or community resources. Six face-to-face sessions are offered through a referral to a provider in the community.

Email: [info@kgreer.com](mailto:info@kgreer.com)

Visit: [kgreer.com](http://kgreer.com)

## **19. Institutional Policies**

Institutional policies that are specific interest to residents and follows include Code of Ethical Conduct, Conflicts of Interest, Disruptive Behavior, Nepotism and Relationships at Work, and Non-Discrimination and Anti-Harassment, and Privacy and Confidentiality of Patient Information. The above policy may be accessed at the following link:

<https://one.hitchcock.org/intranet/global/policies-leadership>

## **20. Guidelines for Online Professional or Personal Activity**

These guidelines apply to PA-Residents in social medical venues such as professional society blogs, LinkedIn, Google+ and/or Facebook, for deliberate professional engagement or casual conversation.

- Protected Health Information, including photographs, may not be placed on social media sites.
- For the purposes of education, descriptions of patient cases and clinical images may be posted to password protected professional sites once the data has been de-identified.
- By virtue of identifying oneself as a part of D-H in social media, residents connect themselves to, and reflect upon, D-H colleagues, D-H patients and supporters.
- Remember that all content contributed on all platforms becomes immediately searchable and can be shared. This content leaves the contributing individuals' control forever.

## Appendix A: Program Syllabi and Learning Outcomes

### **Course Name:**

General Otolaryngology

### Course Description:

Weekly review and discussion of the epidemiology, anatomy, pathophysiology, treatment, surgical procedures and prognosis of General Otolaryngology pathology

### Course Goals:

To foster the skills required for self-directed, independent learning. Through these skills, the PA Resident will acquire foundational knowledge to provide high level healthcare as an individual member of a health care team.

### Topics Covered:

List of General Otolaryngology pathologies:

Please refer to the website links below for a list of suggested pathologies. Please keep in mind that the list presented does not represent a comprehensive list of all ETN pathologies. You should use this list as a starting point for learning but should be prepared to research pathologies based on your clinical experiences.

[OTOSource |](#)

### Learning Outcomes/Objectives:

Develop a thorough understanding of General Otolaryngology pathologies listed above. Utilize the obtained knowledge to provide high level medical care in the Ambulatory care clinic, operating room and Inpatient hospital setting.

### Instructor:

Varied based on material to be presented and weekly/daily schedule of instructional faculty



Evaluation:

Attend and participate in all group didactic sessions.

Complete a self-study at the end of each clinical rotation that will help identify areas of competence, as well as areas that need further attention.

Quarterly performance evaluations by Program and Instructional Faculty

**Course Name:**

Head and Neck Surgery

**Course Description:**

Weekly review and discussion of the epidemiology, anatomy, pathophysiology, treatment, surgical procedures and prognosis of Head and Neck surgery pathology

**Course Goals:**

To foster the skills required for self-directed, independent learning. Through these skills, the PA Resident will acquire foundational knowledge to provide high level healthcare as an individual member of a health care team.

**Topics Covered:**

List of Head and Neck Surgery pathologies:

Please refer to the website links below for a list of suggested pathologies. Please keep in mind that the list presented does not represent a comprehensive list of all ETN pathologies. You should use this list as a starting point for learning but should be prepared to research pathologies based on your clinical experiences.

[Head and Neck Surgery | OTOSource](#)

[Laryngology, Voice and Swallowing | OTOSource](#)

[Trauma | OTOSource](#)

**Learning Outcomes/Objectives:**

Develop a thorough understanding of Head and Neck pathologies listed above. Utilize the obtained knowledge to provide high level medical care in the Ambulatory care clinic, operating room and

**Instructor:**

Varied based on material to be presented and weekly/daily schedule of instructional faculty

Evaluation:

Attend and participate in all group didactic sessions.

Complete a self-study at the end of each clinical rotation that will help identify areas of competence, as well as areas that need further attention.

Quarterly performance evaluations by Program and Instructional Faculty

**Course Name:**

Otology/Neurotology/Audiology

**Course Description:**

Weekly review and discussion of the epidemiology, anatomy, pathophysiology, treatment, surgical procedures and prognosis of Otology/Neurotology/Audiology pathology

**Course Goals:**

To foster the skills required for self-directed, independent learning. Through these skills, the PA Resident will acquire foundational knowledge to provide high level healthcare as an individual member of a health care team.

**Topics Covered:**

List of Otology/Neurotology/Audiology pathologies:

Please refer to the website links below for a list of suggested pathologies. Please keep in mind that the list presented does not represent a comprehensive list of all ETN pathologies. You should use this list as a starting point for learning but should be prepared to research pathologies based on your clinical experiences.

[Otology / Audiology | OTOSource](#)

[Trauma | OTOSource](#)

**Learning Outcomes/Objectives:**

Develop a thorough understanding of Otology/Neurotology/Audiology pathologies listed above. Utilize the obtained knowledge to provide high level medical care in the Ambulatory care clinic, operating room and Inpatient hospital setting.

**Instructor:**

Varied based on material to be presented and weekly/daily schedule of instructional faculty

Evaluation:

Attend and participate in all group didactic sessions.

Complete a self-study at the end of each clinical rotation that will help identify areas of competence, as well as areas that need further attention.

Quarterly performance evaluations by Program and Instructional Faculty

**Course Name:**

Pediatric Otolaryngology

**Course Description:**

Weekly review and discussion of the epidemiology, anatomy, pathophysiology, treatment, surgical procedures and prognosis of Pediatric Otolaryngology pathology

**Course Goals:**

To foster the skills required for self-directed, independent learning. Through these skills, the PA Resident will acquire foundational knowledge to provide high level healthcare as an individual member of a health care team.

**Topics Covered:**

List of Pediatric Otolaryngology pathologies:

Please refer to the website links below for a list of suggested pathologies. Please keep in mind that the list presented does not represent a comprehensive list of all ETN pathologies. You should use this list as a starting point for learning but should be prepared to research pathologies based on your clinical experiences.

[Pediatric Otolaryngology | OTOSource](#)

[Trauma | OTOSource](#)

**Learning Outcomes/Objectives:**

Develop a thorough understanding of Pediatric Otolaryngology pathologies listed above. Utilize the obtained knowledge to provide high level medical care in the Ambulatory care clinic, operating room and Inpatient hospital setting.

**Instructor:**

Varied based on material to be presented and weekly/daily schedule of instructional faculty

Evaluation:

Attend and participate in all group didactic sessions.

Complete a self-study at the end of each clinical rotation that will help identify areas of competence, as well as areas that need further attention.

Quarterly performance evaluations by Program and Instructional Faculty

**Course Name:**

Rhinology

**Course Description:**

Weekly review and discussion of the epidemiology, anatomy, pathophysiology, treatment, surgical procedures and prognosis of Rhinology pathology

**Course Goals:**

To foster the skills required for self-directed, independent learning. Through these skills, the PA Resident will acquire foundational knowledge to provide high level healthcare as an individual member of a health care team.

**Topics Covered:**

List of Rhinology pathologies:

Please refer to the website links below for a list of suggested pathologies. Please keep in mind that the list presented does not represent a comprehensive list of all ETN pathologies. You should use this list as a starting point for learning but should be prepared to research pathologies based on your clinical experiences.

[Rhinology | OTOSource](#)

[Trauma | OTOSource](#)

**Learning Outcomes/Objectives:**

Develop a thorough understanding of Rhinology pathologies listed above. Utilize the obtained knowledge to provide high level medical care in the Ambulatory care clinic, operating room and Inpatient hospital setting.

**Instructor:**

Varied based on material to be presented and weekly/daily schedule of instructional faculty



Evaluation:

Attend and participate in all group didactic sessions.

Complete a self-study at the end of each clinical rotation that will help identify areas of competence, as well as areas that need further attention.

Quarterly performance evaluations by Program and Instructional Faculty

**Clinical Experience:**

Operating Room

**Course Description:**

The PA resident will gain valuable experience in both observing and participating as a Surgical First Assist for ENT surgical procedures

Suggested Readings/Resources:

*Surgical Technology: Principles and Practice, Joann Kotcher Fuller (Available through the Matthews Fuller Health Sciences Library)*

Ch 19, 20, 28

**Course Goals:**

Achieve proficiency in the cognitive, psychomotor and affective skills needed for a Surgical First Assistant

**Topics Covered:**

Common ENT surgical procedures with concentrated focus on Head and Neck pathologies

**Learning Outcomes/Objectives:**

- Learn surgical site positioning, preparation and draping for common otolaryngology procedures
- Maintain appropriate sterile technique
- Understand the pathology, indications, surgical techniques and perioperative care for common ENT surgical procedures
- Perform as first assistant on neck dissection, composite resection, laryngectomy, flap reconstruction cases
- Perform as first assistant on TORS procedures

**Instructor:**

Attending physician responsible for patient

Evaluation:

- Quarterly evaluations by Program and Instructional faculty
- Complete a self-study at the end of each clinical subject that will help identify areas of competence, as well as areas that need further attention.
- Complete Case Logs

**Clinical Experience:**

Inpatient Service

**Course Description:**

- 1) The ENT inpatient service is divided into 2 categories
  - a) ENT Primary – patients that are directly admitted to the ENT service with a designated ENT attending. These patients are seen daily.
  - b) ENT Consult – patients that are admitted to another primary service but we are a consulting service. These patients are either seen daily, peripherally, or signed off depending on their ENT issues and concerns
- 2) The entire ENT service is responsible for knowing about all ENT primary and consult patients regardless of the resident who did the initial surgery/admission or initial consult.
  - a) ENT Inpatient List/Handoff- **Located in Shared Patient List in eDH**
    - i) All patients are listed under a shared Epic ENT list with standard characteristics
    - ii) Name; Age; Sex; MRN; Attending/Resident; Admit/OR/Consult Date
    - iii) Diagnosis; Surgery; PMH; Code Status
    - iv) Antibiotics; DVT PPx; Medications; Diet
    - v) Airway; Enteral; Lines; Consults; To-Do Task Items/Contingency Plans/Relevant Items
- 3) This standardized list is then printed in the morning and used for every hand-off session to guide the chart review for Vitals, Labs, Imaging/Test Results, Overnight Events, & Notes of every primary and consult patient on service.
- 4) This list serves as the guide under how the residents will use the I-PASS system to review patients during hand-off periods.

**Course Goals:**

Work with the otolaryngology residents in the management of the inpatient service. This includes daily rounds, generating progress notes, reviewing labs and medications. The intern should have a list of current medications as well as pertinent labs and x-ray studies on hand on a daily basis for review with the team and attending.

**Topics Covered:**

In-patient management of perioperative ENT

Learning Outcomes/Objectives:

The inpatient clinical rotation will provide the PA Resident with in-depth experience in the inpatient management of patients with a variety of surgical and non-surgical disorders.

Achieve an understanding of the following:

- 1) Obtaining patient's pertinent and interval history
- 2) Performing a full or directed physical examination
- 3) presenting cases both completely and in abbreviated focus form
- 4) performing basic diagnostic and therapeutic procedures
- 5) Writing up the data base in a problem-oriented format while also developing the differential diagnosis
- 6) Gain experience in writing orders and progress notes.
- 7) Develop judgment and decision-making skills.

Instructor:

Attending Physician responsible for patient

Evaluation:

Attend and participate in all morning and afternoon rounding sessions.  
Quarterly performance evaluations by Program and Instructional Faculty

**Clinical Experience:**

Outpatient Clinic- Team Based Clinic

**Course Description:**

Participate in the outpatient Otolaryngology clinic under the supervision of Program and/or Instructional Faculty.

**Course Goals:**

The PA Resident will become proficient in the evaluation, diagnosis and management of outpatient ENT pathologies. They will work with members of the Outpatient Clinic team to provide efficient, comprehensive healthcare to ambulatory patients.

**Topics Covered:**

Common ENT outpatient pathologies

**Learning Outcomes/Objectives:**

- Understand the basic pathophysiology, clinical presentation, workup, natural history, and management (both medical and surgical) of common otolaryngologic disorders and diseases
- Work efficiently as a member of the Outpatient Clinic team including Attending Physicians, Advanced Practice Providers, Surgical Residents, Registered Nurses, LNA, MA, Scheduling team, administration

**Instructor:**

Program and Instructional faculty. To be determined by PA Resident's current rotation and daily schedule

**Evaluation:**

- Quarterly evaluations by Program and Instructional faculty
- Complete a self-study at the end of each clinical subject that will help identify areas of competence, as well as areas that need further attention.
- Complete Procedure Log

**Clinical Experience:**

Outpatient Clinic- Solo Clinic

**Course Description:**

When approximately half-way through the Residency year, at the determination of the Program and Medical director, the PA-Resident will begin their Solo Clinic experience. They will participate in the outpatient Otolaryngology clinic with the Resident's own census of ambulatory patients. The Resident will perform a focused history and physical exam, develop a differential diagnosis list, determine if any labs, imaging studies or procedures are indicated for further evaluation and determine efficient evaluation and treatment plan. Findings and treatment plan will be presented to On-Call physician to determine appropriate course of action. The Resident will then discuss and implement plan with patient using shared decision techniques.

**Course Goals:**

The PA Resident will become proficient in the evaluation, diagnosis and management of outpatient ENT pathologies. They will work with members of the Outpatient Clinic team to provide efficient, comprehensive healthcare to ambulatory patients.

**Topics Covered:**

Common ENT outpatient pathologies

**Learning Outcomes/Objectives:**

- Understand the basic pathophysiology, clinical presentation, workup, natural history, and management (both medical and surgical) of common otolaryngologic disorders and diseases
- Work efficiently as a member of the Outpatient Clinic team including Attending Physicians, Advanced Practice Providers, Surgical Residents, Registered Nurses, LNA, MA, Scheduling team, administration

**Instructor:**

Instructional faculty (On-call physician) at the time of evaluation

Evaluation:

- Quarterly evaluations by Program and Instructional faculty
- Complete a self-study at the end of each clinical subject that will help identify areas of competence, as well as areas that need further attention.
- Complete Case Log