Mousetraps and Wheels:
How to seek more innovation, less reinvention
Objectives

• Define curriculum and understand the benefits and application in residency education

• Recognize the challenges and potential opportunities with instituting a “standardized’ residency curriculum

• Identify current educational resources or programs that may be incorporated into a residency curriculum
Panelists

• Babak Givi, MD
  – Associate Professor, Department of Otolaryngology-Head and Neck Surgery, NYU

• Jim Kearney, MD
  – Associate Program Director & Associate Professor of Clinical Otorhinolaryngology: Head and Neck Surgery, University of Pennsylvania

• Rose Mary Stocks, MD
  – Residency Program Director & Professor, University of Tennessee

• Claire Lawlor, MD
  – Assistant Professor, Children's National Medical Center
  – Immediate-past-chair, AAO-HNS Section for Residents and Fellows
Background

- As surgical educators, we are responsible for training residents and graduating competent, professional otolaryngologists.
- We are continually challenged by the increasing volume of material that must be imparted on our trainees.
- How do we keep up with the dynamic process? How do we systematically teach the necessary knowledge, skills and behaviors? And how do we engage the current generation of learners? What resources are available to us?
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NATIONAL STANDARDIZED CURRICULUM IN HEAD & NECK SURGERY TRAINING

BABAK GIVI, MD
ASSOCIATE PROFESSOR, OTOLARYNGOLOGY HEAD & NECK SURGERY
NEW YORK UNIVERSITY
NEW YORK
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2008:
• 16 programs
• 26 positions
• No Endocrine Fellowship
2008:
- 16 programs
- 26 positions
- No Endocrine Fellowship

2018:
- 47 programs
- 63 positions
- 4 Endocrine programs.

AHNS Growth: 294%
INTERVIEW OF THE EXPERTS

• 66 nationally and internationally recognized experts in head and neck surgery and head and neck education
  • 35 program directors
  • 31 experts (AHNS presidents, Department chairs, etc...)
QUESTIONS:

• What are the strengths of fellowship
• Characteristics of the applicants
• How to improve fellowship?
• Views on certification
• Views on accreditation (ACGME)
• Accepting applicants from different backgrounds
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American Head & Neck Society
National Standardized Head & Neck Fellowship Curriculum
Goals & Objectives and Recommended Syllabus

Authored by the 2017-2018 AHNS Education Committee
Editors: Michael Moore, Cecelia Schmalbach, Babak Givi

https://www.ahns.info/headneckcurriculum

- 20 contributors and reviewers
- Disease based approach
- Recommended Syllabus
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RESIDENT EDUCATION: A TRAINEE PERSPECTIVE

Claire M. Lawlor, MD
Assistant Professor, Pediatric Otolaryngology
Children’s National Medical Center
George Washington University School of Medicine and Health Sciences
Immediate-Past – Chari, AAO-HNS Section for Residents and Fellows
What materials do you use to prepare for the Otolaryngology Training Exam? (check all that apply) (469 responses)

- Academy Clinical Fundamentals Series: 14 (3% from 0.6%)
- Academy E-books (eg. trauma textbook): 44 (9.4% from 10.2%)
- Academy Online Courses and Lectures: 53 (11.3% from 8.7%)
- Academy Q: 198 (42.4% from 38.7%)
- Board Review Textbooks: 256 (54.6% from 60.1%)
- COCLIA: 119 (25.4% from 28.8%)
- Home Study Course: 165 (35.2% from 45.2%)
- Reference Textbooks (eg. Bailey’s, Cummings): 340 (72.5% from 58.5%)
- Other (eg. KJ Lee, Pasha, OmniscENT, board vitals, e-pimp): 385 (82.1% from 14.6%)
The Otolaryngology Training Exam is representative of what trainees should know about our specialty and has questions that are up to date with current knowledge: (474 responses)

- Agree to strongly agree: 184 (38.8% from 29%)
- Neutral: 130 (27.4% from 45.2%)
- Disagree to strongly disagree 160 (33.8% from 25.8)
SUGGESTIONS TO IMPROVE EDUCATIONAL PROGRAMMING

• Include residents in curriculum planning.
• Mandatory, protected education time.
• Provide/encourage mobile educational resource use.


Curriculum for millennials

James Kearney, MD
Associate Program Director
University of Pennsylvania
Average Learning Retention Rates

- Lecture: 5%
- Reading: 10%
- Audio Visual: 20%
- Demonstration: 30%
- Discussion Group: 50%
- Practice By Doing: 75%
- Teaching Others: 90%

Source: National Training Laboratories, Bethel, Maine
Resident Wellness &
Reaching Millennials

Rose Mary Stocks, MD, PharmD
University of Tennessee Health Science
Department of Otolaryngology
Special thanks to John Gleysteen, MD
ACGME Program Requirements

• VI.C. Well-Being

• In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.
21. What are your program's top priorities for improving the learning and working environment for residents/fellows?

Check up to 4 options.

- Enhancing peer and social support networks for trainees
- Increasing trainee access to medical/dental health services
- Increasing trainee access to counseling/mental health services
- Encouraging trainee healthy lifestyle
- Addressing trainee workload/work compression
- Promoting resilience in trainees
- Teaching relaxation and/or mindfulness
- Improving faculty mentoring and support for trainees
- Offering trainee peer counseling, Balint or Balint-like groups
- Other
Resident Wellness: Yoga

- We had the idea that we would incorporate yoga into our curriculum with the residents. (Chairman)

- Yoga has many benefits that would be particularly helpful for residents:
  - Stress relief, relaxation & calmness, back & neck pain relief, cardio & circulatory health, increased energy & flexibility, concentration & sleeping problems.
Reaching Millennials

- Initially our residents were not interested in yoga, and we had to find ways to stir interest.
Reaching Millennials: the 5 Rs

- Research-based methods
- Relevance
- Rationale
- Relaxed
- Rapport

“How to Engage Millennials: 5 Important Moves” by John Laskaris
Reaching Millennials

• **Relevance & Rationale:**

• Rather than announce we were having a Yoga session in place of didactics block, we teased it.

  • “How to Avoid Dr. Thompson’s Neck Surgery” was placed on our weekly email lecture announcements six weeks prior to the yoga session.
Reaching Millennials

• **Research-based methods:**
  • As the date got closer and interest was raised, we announced that during our weekly didactic block we would have a surgical ergonomics/yoga session for the residents.
  • One of our new Head & Neck faculty, John Gleysteen, MD, gave a lecture during the first half of the session, “Surgical Ergonomics in Otolaryngology”
Resident Wellness: Yoga

- After the “Surgical Ergonomics in Otolaryngology” lecture, all of our residents participated in an hour of yoga, physical therapy-based neck exercises.
- Their focus was mindfulness, well-being, and neck pain from surgery.
- All of the residents enjoyed it and it was deemed to be an annual event.
Our Residents
Relaxed & Rapport
Reaching Millennials: the 5 Rs

- Research-based methods
- Relevance
- Rationale
- Relaxed
- Rapport

“How to Engage Millennials: 5 Important Moves” by John Laskaris
What do physicians need to learn?
Why should they learn it?
How do we measure competency in practice?
How will their performance change?
Education Steering Committee

Education Committees
1. Facial Plastic & Reconstructive Surgery Education Committee
2. General Otolaryngology Education Committee
3. Head and Neck Surgery Education Committee
4. Laryngology & Bronchoesophagology Education Committee
5. Otology & Neurotology Surgery Education Committee
6. Pediatric Otolaryngology Education Committee
7. Practice Management Education Committee
8. Rhinology & Allergy Education Committee
9. Simulation Education Committee
See how AcademyU® education resources can be paired with the Accreditation Council for Graduate Medical Education (ACGME) Milestones for Otolaryngology.

www.entnet.org/residenteducation
HSC+ for Member Residents

The 2018-19 HSC+ now includes:

1. Compendium of select scientific journal articles
2. 2017 Annual Meeting Webcasts
3. AcademyQ® Set 2018
4. AcademyU with 200+ online education activities
Comprehensive Otolaryngologic Curriculum through Interactive Approach™

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AcademyQ® Knowledge Assessment

- App-based learning
- AQ-2018 350+ new questions otolaryngology-head and neck surgery study questions to test recall, interpretation, and problem-solving skills
- AQ-2019 coming February
YPS Roundtable Podcast Series

- Life after Residency/Fellowship
- The Academy’s Policymaking Processes
- ABOto Update on MOC
- How to Build a Business
• Single source online comprehensive curriculum to support both residents and practicing otolaryngologists in their pursuit of otolaryngology-head and neck surgery education.

• Developed by the AAO-HNSF Education Committees, Task Force and Work Group, and the subspecialty societies.

• 12 modules: topics, learning objectives, references, education activities, and surgical videos.

www.otosource.org
OTOSource

OTOSource is a single source online repository for otolaryngology education. Whether you are a resident, program director, faculty, or practicing otolaryngologist—this standard study guide provides you with teaching tools to assist with board certification, recertification, and lifelong learning. Each module outline serves as a roadmap of topics, learning objectives, references, education activities, and surgical videos. Access is now available with additional content under development. OTOSource was developed by the Comprehensive Curriculum Task Force and Work Group, comprised of representatives from all otolaryngology subspecialty societies.

Select a Unit

Search By Keyword
RhinoLOGY

UNIT: RHINOLOGY

MODULES:
- Sinonasal Anatomy
- Physiology of Nose and Paranasal Sinuses
- Olfactory Disorders
- Epistaxis
- Anatomic Obstruction
- Rhinitis (Non-Allergic)
- Maxillary Sinus
- Rhinosinusitis (Fungal)
- Rhinosinusitis (Non-Polypoid)
- Rhinosinusitis (Polypoid)
- Systemic Diseases with Sinonasal Manifestations
- CSF Rhinorrhea
- Benign Sinonasal Neoplasms
- Pathology of Regions Adjacent to Paranasal Sinuses (Orbital / Lacrimal)
- Pathology of Regions Adjacent to Paranasal Sinuses (Anterior Skull Base / Middle Skull Base)
- Sinonasal Disease in the Elderly
- Headaches and Facial Pain
SURGICAL TOPICS:

ENDOSCOPIC

- Rhinoscopy / Nasal Endoscopy
  - Rhinoscopy / Nasal Endoscopy Module
- Septoplasty
  - Septoplasty Module
  - Septoplasty Surgical Videos
- Turbinoplasty
- Inferior Meatus Antrostomy
- Maxillary Antrostomy
- Endoscopic Ethmoid and Sphenoid Surgery
  - Ethmoidectomy and Sphenoidotomy Module
  - Ethmoid Sinus Videos
  - Sphenoidotomy videos
- Frontal Sinusotomy
  - Frontal Sinusotomy (Draf I, II, III) Module
- Trans-Pterygoid Approach-Pterygomaxillary Fissure / Sphenoid
- Repair of Rhinologic CSF Leaks
- Orbital / Optic Nerve Decompression
- Dacryocystorhinostomy
  - Dacryocystorhinostomy
  - Endoscopic DCR and Dacryolith Removal
- Medial Maxillectomy
- Hypophysectomy
- Endoscopic Approaches to the Anterior / Middle Skull Base

NON-ENDOSCOPIC

- Septoplasty
- Nasal Valve Repair
- Epistaxis Management
- External Approaches to the Paranasal Sinuses
Module Summary

Cerebrospinal fluid (CSF) rhinorrhea typically presents with unilateral anterior dripping of clear fluid. There are a number of possible etiologies. Understanding these etiologies and defining and localizing the skull base defect has implications on the perioperative, intraoperative and postoperative surgical approach and management. Despite the variety of repair options, the success of skull base fistula repairs are reported as over 80%.

Module Learning Objectives

1. Recite the health risks of cerebrospinal fluid (CSF) fistulae.
2. State relevant anatomic sites associated with CSF fistulae.
3. Perform a comprehensive history and physical (H&P), as well as use appropriate lab and radiologic testing to identify and locate a CSF fistula.
4. Describe the etiologies of CSF rhinorrhea.
5. Utilize medical and surgical treatment options for CSF rhinorrhea.
6. Recognize potential postoperative complications.
7. Recognize patients who may require postoperative evaluation for benign intracranial hypertension.

Author Credentials

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Learning Objectives

Apply the knowledge of anterior and lateral skull base anatomy along with associated anatomic relationships pertinent to the diagnosis and management of CSF rhinorhea.

1. Ethmoid skull base
   a. Cribriform plate
   b. Ethmoid roof
      i. Relationship with the frontal recess.
      ii. Relationship with the sphenoid planum
   c. Lateral lamella of the cribriform
      i. Relationship with the anterior ethmoidal foramen and artery
      ii. Relationship with the origin of the middle turbinate

2. Sphenoid skull base
   a. Anatomy of the sphenoid sinus
      i. Tuberculum sellae
      ii. Sella turcica
      iii. Anterior clinoid process (optic recess)
      iv. Carotid canal
      v. Lateral recess
   b. Pterygomoaxillary space
      i. Vidian canal
      ii. Foramen rotundum
      iii. Internal maxillary artery branches

3. Temporal bone anatomy
   a. Patterns of pneumatization
   b. Eustachian tube anatomy

References

Resources

Learner must Sign In or Create account to access AAO-HNSF education activities.

1. Patient Management Perspectives (PMP):
   - Adult with Recurrent Rhinorrhea Self-Assessment

2. Annual Meeting Webcasts (AMW):
   - Managing CSF Leaks: From Tiny to Large Defects
   - Closure Techniques for CSF Leaks and Anterior Skull Base Defects
   - Advanced Endoscopic Skull Base Reconstruction
   - Septal: Floor Flap in Endonasal Skull Base Reconstruction

3. eCourse:
   - Evidence Based Review of Techniques in Skull Base Reconstruction

4. Surgical Videos:
   - CSF Repair Surgical Videos (Open Access)
   - Rhinology Dissection Videos by American Rhinology Society (Surgical dissection videos on the ARS website, for members. ARS membership is FREE for residents.)
Newly Redesigned!

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Curriculum Task Force