AAO-HNSF Education Initiatives

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2022 Highlights

1. AAO-HNSF ranked as the No. 1 top provider of CME/ MOC otolaryngology education (2021 and 2020) as reported to the Accreditation Council for Continuing Medical Education (ACCME).

2. Launched eight new sections of FLEX, each offering nine different creative and contemporary learning modalities

3. Offered 1,637 activities in OTO Logic and welcomed 7,821 new learners

4. Developed 15 new online digital courses

5. Led sessions at the Annual Meeting focused on cases and controversies on obstructive sleep apnea and neoplasms, as well as lunchtime table-topics discussions based on this year’s FLEX topics
2022 Highlights

6. Expanded offerings to nearly 20 simulation education sessions and hands-on surgical skills training via a collaboration of the Simulation Education Committee and the Annual Meeting Program Committee

7. Released 400+ new case-based questions with rationales in OTOQuest – Knowledge Assessment Tool

8. Continued collaborative initiatives with ABOHNS to support CERTLink™ with 4,569 diplomates who successfully completed the program in 2021

9. Provided clinical and practice management articles in each edition of the Bulletin (“From the Education Committees” and “Pearls from Your Peers”)
Eight Specialty Topics for 2022-2023 Include:

- **Rhinorrhea**: September
- **Neurolaryngology**: October
- **Modern Approach to Salivary Gland Neoplasms**: November
- **External Ear Canal Pathology**: January
- **Congenital Stridor**: February
- **Optimizing the Care Experience for Patients and Physicians**: March
- **Peri-Operative Optimization**: April
- **Facial Paralysis**: May

To learn more and register:

www.entnet.org/FLEX
A 37-year old male presents to your clinic with chronic nasal congestion, smell loss, and discolored nasal drainage. He has a history of asthma and aspirin allergy as well. He underwent sinus surgery in a different hospital 5 years ago. His current medication regimen includes fluticasone nasal steroid spray, saline irrigations, and he was treated with a two week steroid taper last month (this only helped transiently). He is interested in revision endoscopic sinus surgery for his chronic rhinosinusitis with nasal polyps (CRSwNP) but wants to know what the long-term outcomes are likely to be. How would you counsel this patient?

A. Quality of life symptom scores in the majority of patients will decline at 10 year follow up.
B. The majority of patients will demonstrate long term improvement in health utility values.
C. Patients with chronic sinusitis with nasal polyps are less likely to require revision surgery.
D. Quality of life symptom scores in patients with nasal polyps will improve more than those without nasal polyps.

**Correct answer:** B

**Reasoning:** This paper examines 10-year follow-up of patients undergoing endoscopic sinus surgery for chronic rhinosinusitis with and without nasal polyps. The authors found that quality of life (QOL) scores improved in the majority of patients, and that these improvements were durable at 10 years. Less than 20% of patients underwent revision surgery during this period, with the majority of these having nasal polyps +/- Aspirin Exacerbated Respiratory Disease (AERD). QOL symptom scores improved more in the chronic rhinosinusitis without nasal polyps group, but both had significant improvement.
Question 1
How does this study change your impression of the use of topical steroids via nonstandard delivery for patients with CRSsNP? Do you think this study should change the current treatment recommendations?

Question 2
If surgically naïve patients show improvement with mometasone irrigations, how does this impact the decision to proceed to surgery? Is it feasible to have surgically naïve patients on steroid irrigations indefinitely? What objective and subjective parameters should be utilized to decide when a patient has experienced the maximal expected response to steroid irrigations and yet remains symptomatic and therefore should consider proceeding with surgery? Is it appropriate to offer surgery for patients with CRSsNP without a trial of steroid irrigations?
Article 1

**EBM Level: 2**

**Summary:** The most optimal delivery route of topical corticosteroids for the management of chronic rhinosinusitis (CRS) is unknown. This double-blinded, placebo-controlled, randomized control trial compared the efficacy of nasal saline irrigations and mometasone furoate nasal spray to mometasone nasal irrigations and nasal saline spray in 43 participants with CRS without nasal polyposis who had not previously undergone sinus surgery. Both groups of patients experienced a clinically significant improvement in sinonasal quality of life (QOL) and endoscopic disease severity, however, participants utilizing mometasone nasal irrigations experienced a greater degree of improvement in their QOL, approaching a clinically important difference between the two study groups.
OTOQuest

KNOWLEDGE ASSESSMENT TOOL

400

New questions released
Set 2022
Each course guides you through the:

1. Diagnosis
2. Information Gathering and Interpretations
3. Management

*Repeat to gain mastery!*
AAO-HNSF
Resident Education Resources
Podcasts

Learning on the go!

Clinical and practice management topics

SRF and YPS topics

+ 30+ available

= https://directory.libsyn.com/shows/view/id/entnet
• Peer-to-peer connection on COVID-19 pandemic related topics
• 18 podcasts no available – free!
Primary Care Otolaryngology, 4th Edition

- Free eBook – view on your mobile device
- For medical students and allied professionals early in their career
- Recognize serious problems that should be referred to an otolaryngologist
- Hyperlinks to Clinical Practice Guidelines (CPG) and Clinical Consensus Statements (CSS)
- Common acronyms and abbreviations

Richard V. Smith, MD AAO-HNSF Coordinator for Education
www.entnet.org/content/ebooks
Released August 2019

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CALL FOR SCIENCE

The American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF) invites you to submit an education proposal for presentation at the AAO-HNSF 2023 Annual Meeting & OTO Experience. This meeting is the premier education and networking event for the otolaryngology-head and neck surgery community.

SUBMISSION WINDOW:
December 1, 2022 - January 23, 2023
THIS TIME FRAME IS INCLUSIVE OF ALL FORMATS:

- Expert Series
- Panel Presentations
- International Symposium
- Scientific Oral Presentations
- Master of Surgery Video Presentations
- Scientific Posters
- Simulation Proposals

TO LEARN MORE, VISIT

www.entannualmeeting.org
Succeeding Together

To support our efforts for continuous improvement, please share...

- feedback on how your residents are doing with FLEX
- an idea, new education tool, or resource you could use
- how Foundation education can better support your institutions
- if you’d like me to follow-up with you individually

jeffrey.simons@chp.edu
WE ARE ONE
OTOLARYNGOLOGY UNITED
for ENT Patient Care

THE GLOBAL LEADER IN OPTIMIZING QUALITY EAR, NOSE, AND THROAT PATIENT CARE  www.entnet.org
Competency Based Residency Training

Moderator: Marc Thorne
Panelists: Jenny Chen, Sonya Malekzadeh, Steve Wang, Deb Weinstein
• Introduce CBME
• Pilot
• Opportunities
• Challenges
• Success
• Future Directions
Why?

• ACGME ABMS CBME Symposium
• Opportunity
CBME Versus ?

• “an outcomes-based approach to the design, implementation, assessment, and evaluation of a medical education program using an organizing framework of competencies. It de-emphasizes time-based training and promises greater accountability, flexibility, and learner-centered”

John Co, MD, MPH

Mary Ellen Goldhamer, MD, MPH

Eric Nadel, MD

Martin Pusic, MD, PhD

Deb Weinstein, MD
Evolution of Competency-Based Education

- Definition of 6 GME Core Competencies
- Requirement for Competency-based Curricula
- Development of Competency-based Assessments; Entrustable Professional Activities
- Competency-based, time-variable (CBTV) GME

Canada: across specialties

U.S.: 4-institution Pediatrics pilot, Plastic Surgery
Obstacles to implementing CBTV GME

1. Regulatory requirements
2. Standardized fellowship start dates
3. Need for predictable number of trainees
4. Uncertainty about our assessment methods
5. Clinging to the status quo
“Reimagining Residency”

- “Change Med Ed” → “Reimagining Residency”
- $15M AMA GME grant program to fund eight projects
- >250 applications; 2 stage selection process
- 8 projects – each provided $2M over 6 years

*Our project:*

Competency-based Time-Variable GME
- produce a roadmap
- establish feasibility
- assess outcomes
HOW?

The PIP Model
Key Aspects of the Pilot

• Multi-institution, multi-specialty of CBTV-GME

• Voluntary participation at the program level, and individual residents can decline early advancement

• Requires specialty board exemption from time-based and volume-based requirements for board eligibility

• Trustworthy assessments and clear + transparent advancement criteria are essential

• Residents that graduate early remain in situ, as board eligible attendings, until planned graduation date
  • function w/o supervision where appropriate, and
  • May continue to access learning opportunities (e.g. complex or subspecialty care) in a trainee role
COMPETENCY-BASED TIME-VARIABLE GME via “Promotion in Place” (PIP)

...Enhanced assessment, w/explicit criteria for advancement to unsupervised practice......

LONGER............................................STANDARD.................................................SHORTER

- Facilitated extension
- Customized remediation
- Consistent application of higher standards

- Sheltered independence (as an attending)
- Opportunity to retain advanced resident experiences
- Possibility of early start of fellowship

- More efficient training
- Eliminate arbitrary make-up time or retraining
- Enhance transition to independence
Required approvals, exemptions, endorsements

- Relevant ABMS specialty board
- State Board of Registration in Medicine
- Malpractice insurer
- Hospital credentialing committees
- Office of the General Counsel
- [possibly: Institutional IRB]

(ACGME has indicated that specific AIRE approval is not required)
How will early advancement work?

- details are specialty-specific; also varies based on specific rotation, case, etc.
- “promoted resident” becomes board-eligible and is credentialled as an attending
- this “junior” attending maintains ongoing access to learning opportunities and to clinical help and supervision
- continuation of previously assigned schedule is the default - patient coverage remains intact
Financial Implications

• (Initial approach) During “sheltered independence”:
  • Continue at resident salary level
  • Grant covers costs of board exam, full state license
  • Department may provide additional payment based on clinical revenue

• *Anticipated* early graduation (w/ board eligibility) triggers payer enrollment in advance of transition

• Department determines how to handle incremental clinical revenue

• Potential loss of CMS GME funding not relevant when institution is over the cap
Impact Analysis

- Satisfaction, morale, well-being – residents and faculty
- Resident recruitment
- Content of training (variety and volume of specific experiences)
- Competency assessment (individuals, process); clinical outcomes
- Career paths (e.g. rates of subspecialization)
- Internal + external program reviews
- Financial impact

etc.
Program Engagement

Reasons for Program Drop-Out:

- Change in program director
- Unfavorable accreditation review
- Concerns re esprit de corps
- Program-specific structure (e.g. last year largely elective)
- Lack of sufficient attending-level experiences
- Board declined to grant exemption

Some participation in planning

Hoped to launch in 1st wave

Dermatology

MGH Neurosurgery

MGH Pathology

Able to launch in 1st wave

MGH Pathology

(two cycles)
WHAT WILL IT TAKE TO GET THERE?
1. Innovators at teaching hospitals

2. Regulators willing to be bold, challenge norms

3. Sufficient pilot experience: scale and momentum

INTERESTED??
Acknowledgements

External Advisory Committee

- John Co, MD, MPH
- Eric Nadel, MD
- Martin Pusic, MD, PhD
- Mary Ellen Goldhamer, MD, MPH
- John Andrews, MD (AMA)
- Jason Frank, MD (Royal College, Canada)
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- Judee Richardson, PhD (AMA)
- Richard Reznick, MD, MEd (Queens U., Canada)
- Alan Schwartz, PhD (APPD Learn)
- George Thibault, MD (past-president, Macy Foundation)
Thank you
technically, the glass is always full.
Success
Time Variability
Future Directions