**ACGME Program Requirements for Graduate Medical Education**

**in Otolaryngology – Head and Neck Surgery**

**Summary and Impact of Focused Requirement Revisions**

<table>
<thead>
<tr>
<th>Requirement #: I.B.5.</th>
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<tr>
<td>Requirement Revision (significant change only):</td>
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<td>The addition of any participating site must be approved by the Review Committee prior to assigning any residents to that site. (Core)</td>
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**Specialty Background and Intent:** Guidelines for site change requests are available on the Otolaryngology – Head and Neck Surgery section of the ACGME website, in the document **Participating Site Change Guidelines.**

1. **Describe the Review Committee’s rationale for this revision:**
   When programs add a new site in the Accreditation Data System (ADS) they get a message that the site must be approved by the Review Committee. The participating site change guidelines have been available on the ACGME website since 2018, and state that residents must not rotate to the proposed site until it has been approved by the Review Committee. Adding this as a requirement will provide more transparency to programs.

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
   The review of sites includes assessment of resources, educational rationale, site director, and the proposed block diagram. A Review Committee decision is typically made within four weeks once all required information has been received by the ACGME. Review of sites ensures that programs remain focused on educational and not service needs, and that resident well-being is considered.

3. **How will the proposed requirement or revision impact continuity of patient care?**
   Addition of some sites (such as a faculty clinic office) may improve resident experiences in continuity of patient care.

4. **Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?**
   n/a

5. **How will the proposed revision impact other accredited programs?**
   When adding a site that is used by other otolaryngology – head and neck surgery programs, the impact of additional learners on learners currently using the site should be considered to ensure that all residents are able to have the experiences expected by their programs. Discussion with the other program directors about sharing resources and mitigating negative impacts, as well as informing the Review Committee of those discussions, would be best practice.

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<th>Requirement #: II.B.4.c)</th>
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Requirement Revision (significant change only):

There must be at least five core faculty members who are ABOHNS or AOBOOHNS certified in otolaryngology – head and neck surgery. *(Core)*

1. Describe the Review Committee’s rationale for this revision:
   This requirement will ensure there are at least five board-certified core faculty members available to serve as role models and mentors for residents.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Board certification is one important metric for highly competent, up-to-date surgeons who operate with safety and quality in mind; therefore board-certified otolaryngologist – head and neck surgeons are better prepared to serve as role models and mentors for residents and provide high quality, safe patient care. The average approved complement for programs in this specialty is 15. Therefore, the average resident-to-faculty member ratio will be three to one, which is modest. Most programs have a much smaller resident-to-faculty member ratio. While the Review Committee chose to not specify a required ratio, the expectation is that a minimum of five such core faculty members will ensure that residents will have multiple highly qualified and experienced role models for future practice.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Some institutions may need to add faculty members.

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: II.D.1.

Requirement Revision (significant change only):

This should must include speech pathologists, audiologists, and/or balance therapists necessary for carrying out audiologic and vestibular testing and rehabilitation. *(Detail)(Core)*

1. Describe the Review Committee’s rationale for this revision:
   These requirements were misclassified as Detail when Review Committees were first required to categorize all requirements (effective with in 2012). All of these resources are needed, but are not required to be available at all sites used by a program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This ensures the continued presence of resources expected to be available by all programs for resident education. These resources are also enable provision of good quality patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a, since all new programs always report having these resources.

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: IV.B.1.b).(1).(a)-(a).(iii) and IV.B.1.b).(1).(c)

Requirement Revision (significant change only):

Residents must demonstrate competence in care that is: (Core)

- culturally sensitive; (Core)
- situationally sensitive; and, (Core)
- specific to the particular patient’s/family’s needs. (Core)

Residents must demonstrate competence in care that is accurate in diagnosis and treatment care options. (Core)

1. Describe the Review Committee’s rationale for this revision:
   These requirements were developed in response to the requirement that each Review Committee further specify expected resident outcomes “to be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.”

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Attention to the whole person as part of patient care is correlated with improved patient outcomes.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: IV.B.1.b).(1).(d)-IV.B.1.b).(1).(d).(vii)
**Requirement Revision (significant change only):**

Residents must demonstrate competence in interpreting data and developing patient care plans for the following diagnostic procedures: *(Core)*

- Audiology testing; *(Core)* [Moved from IV.B.1.b).(2).(a).(ii)]
- Histopathology studies; *(Core)* [Moved from IV.B.1.b).(2).(a).(v)]
- Imaging studies of the head and neck; *(Core)* [Moved from IV.B.1.b).(2).(a).(vi)]
- Laboratory testing; *(Core)* [Moved from IV.B.1.b).(2).(a).(vi)]
- Sleep studies; *(Core)* [Moved from IV.B.1.b).(2).(a).(viii)]
- Speech and voice testing; and, *(Core)*
- Vestibular testing. *(Core)* [Moved from IV.B.1.b).(2).(a).x]

1. **Describe the Review Committee’s rationale for this revision:**
   
   *New requirement IV.B.1.b).(1).(d) was developed to clarify that residents are not expected to conduct the listed diagnostic tests, but rather to analyze the data from such tests/studies in order to develop accurate diagnoses and treatment plans. Speech and voice testing was added since this is part of practice in this specialty.*

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
   
   *Resident education will focus on data interpretation and development of expertise in diagnosis and patient care related to diagnostic testing.*

3. **How will the proposed requirement or revision impact continuity of patient care?**
   
   n/a

4. **Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?**
   
   n/a

5. **How will the proposed revision impact other accredited programs?**
   
   n/a

**Requirement #: IV.C.1.a)**

**Requirement Revision (significant change only):**

Clinical rotations during PGY-2-5 should be at least six weeks in length, and must be at least four weeks in length. *(Core)*

1. **Describe the Review Committee’s rationale for this revision:**
   
   *This requirement will reinforce the importance of ensuring all residents regularly participate in comprehensive patient management.*
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   A longer rotation will increase the number of patients residents are able to follow longitudinally. This is correlated with improved patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?
   This will provide more opportunities for continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

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Requirement #: IV.C.7.a)-IV.C.7.b).(1)

While the three-month research experience need not be contiguous, each research rotation must not be less than one month in length. (Core)

The primary focus of this experience must be research and not clinical service or education. (Core)

Concurrent clinical responsibilities must be limited. (Core)

1. Describe the Review Committee’s rationale for this revision:
   This wording was extracted from a current FAQ that clarifies how the required research experience may be structured.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Resident education may improve, since programs have flexibility in scheduling required rotations.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

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Requirement #: VI.E.2.e)-VI.E.2.e).(8)
Requirement Revision (significant change only):

All members of the caregiver team should be provided instruction in the following: (Detail)

- recognition of and sensitivity to the experience and competence of other team members; (Detail)
- time management; (Detail)
- prioritization of tasks as the dynamics of a patient’s needs change; (Detail)
- recognizing when an individual becomes overburdened with responsibilities that cannot be accomplished within an allotted time period; (Detail)
- communication, so that if all required tasks cannot be accomplished in a timely fashion, appropriate methods are established to hand off the remaining task(s) to another team member at the end of a clinical and educational work period; (Detail)
- signs and symptoms of fatigue not only in oneself, but in other team members; (Detail)
- compliance with work hours limits imposed at the various levels of education; and, (Detail)
- team development. (Detail)

1. Describe the Review Committee’s rationale for this revision:
   The Common Program Requirement revision of Section VI (approved in 2017) asked all Review Committees to specify, either through an FAQ or in additional specialty-specific requirements, expectations related to interprofessional teams. The Review Committee developed four requirements as well as an FAQ for educating team members, reflecting the importance that teamwork has in this specialty. The proposed new requirements are taken directly from the current FAQ.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Better prepared team members should work more effectively, which is correlated with improved patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
   Institutions that have not provided instruction for team members will need to identify resources for doing this.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a