



**ACGME International**

**Advanced Specialty Program Requirements for  
Graduate Medical Education in  
Pediatric Otolaryngology (Otolaryngology)**

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**Int. Introduction**

*Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.*

**Int. I. Definition and Scope of the Specialty**

Pediatric otolaryngologists specialize in the medical and surgical management of neonates, infants, children, and adolescents 18 years or younger, particularly those with complex otolaryngologic problems and significant co-morbidities, generally cared for in tertiary care pediatric institutions.

**Int. II. Duration of Education**

Int. II.A. The educational program in pediatric otolaryngology must be 12 or 24 months in length.

**I. Institution**

**I.A. Sponsoring Institution**

I.A.1. The Sponsoring Institution must also sponsor an ACGME-I-accredited otolaryngology program.

I.A.1.a) A fellowship in pediatric otolaryngology must function as an integral part of an ACGME-I-accredited residency in otolaryngology.

I.A.2. The program must be based in a tertiary care pediatric institution where the care of neonates and children can be readily coordinated with other subspecialists.

**I.B. Participating Sites**

See International Foundational Requirements, Section I.B.

**II. Program Personnel and Resources**

**II.A. Program Director**

II.A.1. The program director must have completed a pediatric otolaryngology fellowship or have extensive experience in pediatric otolaryngology.

## **II.B. Faculty**

II.B.1. To enhance fellows' educational experience, there must be participation from appropriately qualified faculty members from other related pediatric disciplines, including:

- II.B.1.a) anesthesiology;
- II.B.1.b) audiology and speech pathology;
- II.B.1.c) gastroenterology;
- II.B.1.d) medical genetics;
- II.B.1.e) neonatology;
- II.B.1.f) pathology;
- II.B.1.g) prenatal and fetal medicine;
- II.B.1.h) pulmonology;
- II.B.1.i) radiology; and,
- II.B.1.j) sleep medicine.

## **II.C. Other Program Personnel**

See International Foundational Requirements, Section II.C.

## **II.D. Resources**

II.D.1. Program resources must include:

- II.D.1.a) an emergency department;
- II.D.1.b) inpatient and outpatient facilities;
- II.D.1.c) facilities for the diagnostic assessment of infants and children with otolaryngologic disorders, including audiologic, voice, speech and swallowing, and developmental assessments;
- II.D.1.d) facilities to support clinical research; and,
- II.D.1.e) neonatal and pediatric intensive care units.

II.D.2. Fellows must be provided with prompt reliable systems for communication and interaction with supervising physicians.

## **III. Fellow Appointment**

### **III.A. Eligibility Criteria**

III.A.1. Prior to appointment in the program, fellows should have completed an ACGME-I-accredited residency program in otolaryngology, or an otolaryngology residency program acceptable to the Sponsoring Institution's Graduate Medical Education Committee.

### **III.B. Number of Fellows**

See International Foundational Requirements, Section III.B.

## **IV. Specialty-Specific Educational Program**

### **IV.A. ACGME-I Competencies**

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

IV.A.1.b) Patient Care and Procedural Skills

IV.A.1.b).(1) Fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate competence in care that is:

IV.A.1.b).(1).(a) culturally sensitive;

IV.A.1.b).(1).(b) situationally sensitive; and,

IV.A.1.b).(1).(c) specific to the individual patient's and patient's family's needs.

IV.A.1.b).(2) Fellows must demonstrate competence in care that is accurate in diagnosis and treatment care options, and that is based on best practice and standards of practice.

IV.A.1.b).(3) Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice for neonates, infants, children, and adolescents 18 years and younger. Fellows must demonstrate competence in:

IV.A.1.b).(3).(a) evaluating patients with:

IV.A.1.b).(3).(a).(i) congenital abnormalities;

- IV.A.1.b).(3).(a).(ii) infectious and inflammatory disorders; and,
- IV.A.1.b).(3).(a).(iii) inherited and acquired conditions of the head and neck, including hearing loss and other communication impairments.
- IV.A.1.b).(3).(b) diagnosing and managing the medical and surgical treatment of disorders of the:
  - IV.A.1.b).(3).(b).(i) aerodigestive tract;
  - IV.A.1.b).(3).(b).(ii) ear;
  - IV.A.1.b).(3).(b).(iii) head and neck;
  - IV.A.1.b).(3).(b).(iv) nose;
  - IV.A.1.b).(3).(b).(v) sinus;
  - IV.A.1.b).(3).(b).(vi) throat; and,
  - IV.A.1.b).(3).(b).(vii) voice and speech.
- IV.A.1.b).(3).(c) performing procedures in the following domains with an emphasis on neonates, infants, children including those younger than three years of age, and adolescents with significant co-morbidities as defined by the American Society of Anesthesiology (ASA):
  - IV.A.1.b).(3).(c).(i) closed and open airways;
  - IV.A.1.b).(3).(c).(ii) congenital anomalies;
  - IV.A.1.b).(3).(c).(iii) endoscopic airways;
  - IV.A.1.b).(3).(c).(iv) facial plastics;
  - IV.A.1.b).(3).(c).(v) facial trauma;
  - IV.A.1.b).(3).(c).(vi) head and neck surgery;
  - IV.A.1.b).(3).(c).(vii) otology; and,
  - IV.A.1.b).(3).(c).(viii) rhinology.
- IV.A.1.b).(3).(d) performing complex and uncommon pediatric procedures infrequently encountered in the general practice of otolaryngology.

IV.A.1.c) Medical Knowledge

- IV.A.1.c).(1) Fellows must demonstrate knowledge of established and evolving biomedical clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
- IV.A.1.c).(1).(a) Fellows must demonstrate knowledge of medical and surgical management of neonatal, infant, childhood, and adolescent diseases of the head and neck to a level appropriate for unsupervised practice as defined by the didactic curriculum.
- IV.A.1.d) Practice-Based Learning and Improvement
- IV.A.1.d).(1) Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
- IV.A.1.e) Interpersonal and Communication Skills
- IV.A.1.e).(1) Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- IV.A.1.f) Systems-Based Practice
- IV.A.1.f).(1) Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinates of health, as well as the ability to call effectively on other resources in the system to produce optimal care.
- IV.B. Regularly Scheduled Educational Activities**
- IV.B.1. Fellows must be involved in planning and conducting educational conferences related to pediatric otolaryngology.
- IV.B.2. There must be multidisciplinary conferences related to pediatric otolaryngology.
- IV.B.2.a) Both faculty members and fellows must attend and participate in these conferences.
- IV.B.3. Faculty members' and fellows' attendance at conferences must be documented.
- IV.B.4. The didactic curriculum should include basic science, clinical, and research conferences and seminars, as well as journal club activities

pertaining to pediatric otolaryngology. Didactic topics should include:

- IV.B.4.a) developmental anatomy and physiology, embryology, microbiology, oncology, and psychology of the infant and child as related to the head and neck;
- IV.B.4.b) diagnosis and care of uncommon and complex congenital and acquired conditions involving the aerodigestive tract, nose and paranasal sinuses, and ear, as well as diseases and disorders of the laryngotracheal complex and the head and neck;
- IV.B.4.c) diagnosis, treatment, and management of childhood disorders of hearing, language, speech, and voice; and,
- IV.B.4.d) genetics.

#### **IV.C. Clinical Experiences**

- IV.C.1. Clinical rotations must be at least four weeks in length.
- IV.C.2. Fellows must participate in a multispecialty, interdisciplinary team to manage and treat conditions for at least three of the following:
  - IV.C.2.a) cochlear implant;
  - IV.C.2.b) craniofacial disorders;
  - IV.C.2.c) tumors; or,
  - IV.C.2.d) vascular anomalies.
- IV.C.3. Fellows must attend a minimum of four half-day clinic sessions per month.
- IV.C.4. Clinical experiences must be structured to allow fellows to collaborate with surgical residents and fellows, faculty members, other physicians outside their specialty, and non-traditional health care practitioners to best formulate treatment plans.
- IV.C.5. Fellows must have regular involvement in quality improvement activities throughout the year.

#### **IV.D. Scholarly Activity**

- IV.D.1. Fellow Scholarly Activity
  - IV.D.1.a) Fellows' scholarly activity, initiated or completed during the program, including scientific study, production of review articles or chapters, or creation of online educational activities, must be documented.

IV.D.2. Faculty Scholarly Activity

IV.D.2.a) Scholarly activity of each core faculty member must include at least one of the following:

IV.D.2.a).(1) funded research grants;

IV.D.2.a).(2) peer-reviewed publications; or,

IV.D.2.a).(3) presentations at local, regional, or national conferences.

**V. Evaluation**

See International Foundational Requirements, Section V.

**VI. The Learning and Working Environment**

**VI.A. Principles**

VI.A.1. Surgical teams should be made up of attending surgeons, fellows, residents at various PGY levels, medical students when appropriate, and other health care practitioners.

**VI.B. Patient Safety**

See International Foundational Requirements, Section VI.B.

**VI.C. Quality Improvement**

See International Foundational Requirements, Section VI.C.

**VI.D. Supervision and Accountability**

VI.D.1. All fellows must have a working knowledge of expected reporting relationships to maximize quality care and patient safety.

VI.D.2. The program must ensure that decisions regarding the use of supervision through telecommunication technology are based on fellow experience, presence of an existing treatment plan, and case complexity/acuity.

**VI.E. Professionalism**

VI.E.1. Fellows must assume responsibility to complete all tasks to which they are assigned, or to which they voluntarily assume, in a timely fashion.

VI.E.1.a) These tasks must be completed within the hours assigned, or, if that is not possible, fellows must use established methods to hand off remaining tasks to another member of the fellow team.

**VI.F. Well-Being**



See International Foundational Requirements, Section VI.F.

**VI.G. Fatigue**

See International Foundational Requirements, Section VI.G.

**VI.H. Transitions of Care**

See International Foundational Requirements, Section VI.H.

**VI.I. Clinical Experience and Education**

See International Foundational Requirements, Section VI.I.

**VI.J. On-Call Activities**

See International Foundational Requirements, Section VI.J.