**Written Fellowship Program Application**

AMERICAN RHINOLOGIC SOCIETY

RHINOLOGY TRAINING COUNCIL

*Program Application for:*

NeuroRhinology –Advanced Rhinology Fellowship

Please complete this application in full and forward the original along with

the $2,000 application fee to:

Chair of the RTC

c/o Wendi Perez

Executive Administrator of the ARS

PO Box 269

Oak Ridge, NJ 07438

(payment should be made to ARS)

**Approved Program Application Process**

Interested fellowship programs that train in endoscopic skull base surgery may complete an application to become approved through the American Rhinologic Society. Application includes the application form, two years of fellow case logs, program specific goals and objectives, example of the trainee evaluation, example of the faculty evaluation, example of the program self-assessment and the application fee.

By applying, the programs agree to the following terms:

1. This is a voluntary process and is not required for fellowship program involvement in the ARS affiliated San Francisco Match.

2. The oversight of this program is directed toward NeuroRhinology – Advanced Rhinology procedures, not basic endoscopic sinus surgery.

3. Programs agree to the terms and rules of the San Francisco Match.

4. Programs agree to a Program Interview by the RTC prior to full approval.

5. Programs agree to develop evaluation forms, and goals and objectives. (Programs are not mandated to use the attached examples. These are provided for their use if so desired.)

6. Programs agree to provide case numbers in the key cases.

7. Programs agree to public disclosure of fellow salary, benefits, and requirement for restrictive covenants.

8. Programs agree to provide financial support and time off for the fellow to attend at least one of the national ARS meetings.

9. Programs agree to the annual publication of a description of their program on the ARS website for fellow candidate review.

10. Programs agree to be held accountable to the data they provide for the annual description of program.

11. Programs affirm that this fellowship is being offered for purely educational purposes and is not intended to, and will not be used or otherwise administered to, advance the business purpose of any related medical practice or other business.

Please note, every program that pursues accreditation must apply (no “grandfathering”) with respect to the accreditation process or the payment of the application fee.

I certify that the information provided in this application is correct to the best of my ability and knowledge.

Program Director Signature Date

Program Director Name

AMERICAN RHINOLOGICAL SOCIETY

RHINOLOGY TRAINING COUNCIL

FELLOWSHIP PROGRAM APPLICATION

NAME AND ADDRESS OF INSTITUTION APPLYING:

Name:

Address:

NAME AND ADDRESS OF FELLOWSHIP PROGRAM DIRECTOR:

Name:

Address:

Number of Fellows requested per year: \_\_\_\_\_\_\_\_\_\_\*

\*Please note, additional fellows trained will not receive NeuroRhinology --- Advanced Rhinology trained status.

Tenure of Fellowship: \_\_\_\_\_\_\_\_\_1 year \_\_\_\_\_\_\_\_\_\_ 2 years

A. GENERAL HOSPITAL INFORMATION

1. Hospital(s): List your principal hospital (or clinic) and all affiliated hospitals:

Principal Hospital(s) Name Total Beds Total Rhinology OP Visits

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliated Hospital(s) Name Total Beds Total Rhinology OP Visits

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

2. Describe the clinical facilities available at your institution. Please include both inpatient and outpatient facilities.

3. Institutional Training Programs:

 (mark those that exist at your institution)

 Residency Fellowships

Otolaryngology \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Neurosurgery \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Oral Surgery \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Ophthalmology \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

4. Other related specialties at your institution:

Neurosurgery \_\_\_\_\_\_\_\_\_\_ Plastic Surgery \_\_\_\_\_\_\_\_

Oculoplastic Surgery \_\_\_\_\_\_\_\_\_\_ Head & Neck Oncology \_\_\_\_\_\_\_\_

Radiation Oncology \_\_\_\_\_\_\_\_\_\_ Interventional Radiology \_\_\_\_\_\_\_\_

Allergy/Immunology \_\_\_\_\_\_\_\_\_\_ Oral Surgery \_\_\_\_\_\_\_\_

Pulmonary Medicine \_\_\_\_\_\_\_\_\_\_

B. FELLOWSHIP BASIC INFORMATION

1. Multidisciplinary Activities:

Describe the referral pattern within your institution(s). Discuss the participation of Neurosurgery, Oculoplastics, Allergy-Immunology, Neuro-radiology, Head and Neck Oncology, Pulmonary Medicine, or any other specialties involved in the fellow experience. Are there multidisciplinary weekly conferences or committees such as tumor boards or skull base conferences? *(Use additional paper if necessary for this narrative)*

2. Describe interdisciplinary activities as they currently exist in the Skull Base and Rhinology program:

3. Describe the support services available to the fellows. Is there office space? Computer provided? Administrative support?

4. Describe the fellow evaluation process. How often does it occur? When are the evaluations performed? Which program faculty are involved? If deviation from Common Program Requirement A5iv, please explain why.

C. FELLOWSHIP PROGRAM RESEARCH INFORMATION

1. Is laboratory research in Rhinology-Skull Base Surgery carried out in the institution(s)?

Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

If yes, briefly describe program or projects including funding sources. List basic science peer reviewed publications in the past three years. Please list fellow presentations at national meetings over the past three years.

Manuscripts:

Funding:

Presentations (Title/Meeting):

2. Is clinical research in Rhinology-Skull Base Surgery carried out in the institution(s)?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

If yes, briefly describe all clinical studies ongoing or completed in the last two years. Please distinguish protocol from non-protocol studies. Describe the source of funding and list peer reviewed clinical publications in the past three years.

Current projects (IRB approved) that are near completion:

Current ongoing projects:

Articles Published in the last 3 years, please highlight publications involving past fellows.

3. Are there laboratory research facilities available to the fellow?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

If yes, please describe.

4. Describe the fellow’s research program. Please note the following:

*It is expected that all fellows will be involved in clinical research projects and participate in the presentation/publication of the results.*

5. Is statistical analysis support available to the fellow?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

If yes, please describe.

D. FELLOWSHIP EDUCATION INFORMATION

1. List all teaching sessions in which the fellow participates regularly.

Type of Conference Frequency Role of Fellow

Describe the teaching responsibilities of the fellow.

2. Will the fellow be assigned blocks of time in other departments (Allergy-Immunology, Neurosurgery, etc.)?

 Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

If yes, please describe briefly.

Will the fellow have their own clinic? If so, how many days per week will they be in clinic with a faculty member and how many days per week in their own clinic?

3. Indicate the number of Rhinology-Skull Base Surgery cases performed in the previous 12 months **by teaching faculty**, which would have been available to the fellow last year.

Record total number per category. Cases that make up the category are listed below category name.

Note: These data are separate from the Fellow Case Logs (which require two years’ worth of cases).

**No PHI to be included.**

Case Category Number of Cases

APPROACHES FOR SKULL BASE SURGERY \_\_\_\_\_\_\_\_\_\_

 Endoscopic trans-sphenoidal approach

 Endoscopic trans-planar approach

 Endoscopic trans-cribriform approach

 Endoscopic trans-clival approach

RESECTION OF SINONASAL TUMORS \_\_\_\_\_\_\_\_\_\_

 Benign tumor resection

 Endoscopic or external resection

 Malignant tumor resection

 Endoscopic or external resection

SKULL BASE RECONSTRUCTION \_\_\_\_\_\_\_\_\_\_

 CSF leak/Encephalocele

 Skull base reconstruction after resection of neuro-rhinologic tumors

ADVANCED RHINOLOGIC SURGERY \_\_\_\_\_\_\_\_\_\_

 Extended Frontal Approaches

 Osteoplastic Flap Approach

 Endoscopic DCR

 Endoscopic Orbital Decompression

 Endoscopic Intraorbital procedures

 Endoscopic medial maxillectomy

 Choanal atresia repair

 Endoscopic Mega-antrostomy

 Sphenoid nasalization

 Other

STANDARD ESS \_\_\_\_\_\_\_\_\_\_

4. Indicate total number of residents \_\_\_\_\_\_\_\_\_\_

on the service at any one time with fellow:

Please explain (rotation schedule, etc):

5. Are fellows allowed to attend the National ARS meetings? If so, how many/which do they attend? If not, why not?

E. FELLOWSHIP SERVICE INFORMATION

1. Give a narrative summary of clinical responsibilities during the fellowship.

2. How will the fellow interact with the current otolaryngology residency program and other fellowship programs in terms of Rhinology-Skull Base surgery?

3. What academic title will the fellow carry?

4. Please attach the surgical experience reports (case logs) for all of the fellows over the past two years.

5. Are fellows subject to a restrictive covenant? If so, what are the specifics?

F. FELLOWSHIP PERSONNEL INFORMATION

1. List Rhinology- Skull Base surgery faculty who will regularly work in the operation room with the fellow.

NAME:

RANK:

ROLE: e.g. Fellowship Program Director, Faculty, etc.

2. List names and titles of all physicians/surgeons who will regularly work with the fellow.

NAME:

TITLE:

ROLE: e.g. Neurosurgical colleague, Oculoplastics colleague, etc.

3. Provide curricula vitae and bibliographies of program director, assistant program director, and other individuals who are important to the fellowship program. Include complete CV of Program Director(s). All other CV’s may be limited to two (2) pages. No need to include residency training program personnel.

*If you have any questions regarding this application, please contact the Chair of the Rhinology Training Council via the American Rhinologic Society*

**Yearly minimum case numbers for key cases**

**CASE NUMBERS**

APPROACHES FOR SKULL BASE SURGERY – Minimum 10 per year

 Endoscopic trans-sphenoidal approach

 Endoscopic trans-planar approach

 Endoscopic trans-cribriform approach

 Endoscopic trans-clival approach

RESECTION OF SINONASAL TUMORS – Minimum 15 per year

 Benign tumor resection

 Endoscopic or external resection

 Malignant tumor resection

 Endoscopic or external resection

SKULL BASE RECONSTRUCTION – Minimum 10 per year

 CSF leak/Encephalocele

 Skull base reconstruction after resection of neuro-rhinologic tumors

 By tissue or graft (fascia, fat, allogenic material)

 By local or regional flap (pericranial, nasoseptal)

ADVANCED RHINOLOGIC SURGERY – Minimum 15 per year

 Extended Frontal Approaches

 Osteoplastic Flap Approach

 Endoscopic DCR

 Endoscopic Orbital Decompression

 Endoscopic Intraorbital procedures

 Endoscopic medial maxillectomy

 Choanal atresia repair

 Endoscopic Mega-antrostomy

 Sphenoid nasalization

 Other

STANDARD ESS – must report