NEURORHINOLOGY – ADVANCED RHINOLOGY FELLOWSHIP

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A. Introduction

A1. Background

The American Rhinologic Society (ARS) was created in 1954 to advance education and research in the care of patients with rhinologic disorders. Throughout its history, the ARS has placed training of the next generation of rhinologists as a high priority. Fellowships play an important role in that training, particularly training related to the most advanced rhinologic procedures. To assist the next generation of rhinologists assess the available fellowships, and to assist fellowship providers assess their own programs, the ARS is embarking on this program that will, on a voluntary basis, review available fellowships and offer affirmation of their quality.

The Rhinology Training Council (RTC) was created in the spring of 2016 by the Board of Directors (BOD) of the ARS to advance the ARS educational mission. The impetus for creation was the quickly evolving landscape of rhinology fellowships and the growing field of endoscopic skull base surgery. The RTC is to advise the ARS Board on key criteria that secure the needs of trainees, programs and patient care. Programs that meet criteria for a NeuroRhinology – Advanced Rhinology fellowship will be approved by the ARS Board.

The RTC was tasked with researching and developing a model of oversight for the rhinology fellowship programs. The RTC reviewed various oversight models before deciding to pursue a model similar to that used by the American Head and Neck Society in oversight of the head and neck surgery fellowships.

The RTC concluded that the need for oversight is not directed toward training in "routine" rhinological surgery but rather procedures that are communally understood to be "advanced", which may require dedicated fellowship training. One of the natural differentiations between the two was the surgery involving or beyond the dura. Other procedures that are communally recognized as technically challenging ("Advanced Rhinology") may merit additional training. As such, the focus of the RTC will be on "neurorhinology" procedures and advanced rhinological surgery.

The rationale for this was several-fold. First, many of the ARS sister societies have fellowship oversight. Second, there is currently no "home" for endoscopic skull base fellowships and it was felt to be in the best interests of the ARS to provide leadership in this regard. Third, there is precedent with neuro-otology and the skull base is a natural break point between inflammatory disease and skull base procedures. Finally, this, in no way, would impact resident training in "routine" rhinologic disease, nor would it preclude an institution from having a basic "rhinology" fellowship. By overseeing only the NeuroRhinology – Advanced Rhinology, no changes would be necessary for programs that wish to continue with a "Rhinology" fellowship outside of this structure. All programs would remain in the San Francisco match. The only difference is the NeuroRhinology – Advanced Rhinology programs would be able to offer graduates an ARS affirmation for performing neurorhinologic (skull base) and advanced rhinological surgery procedures. This would allow fellowship programs the *choice* to pursue additional criteria and oversight.

It is important to note that fellowships are educational programs. Fellowship providers will be asked as part of the application process to affirm that their fellowship is being offered for purely educational purposes and not to advance the business purpose of the providers's medical practice. Failure to offer this affirmation will disquality a fellowship from participating in this program.

A2. Protocol for establishing RTC members:
The Rhinology Training Council is an ARS select committee made up of ten ARS members, five that are fellowship trained but are not affiliated with rhinology fellowship programs and five that are affiliated with rhinology fellowship programs. There is a chairperson, not affiliated with a fellowship program, that is appointed by the ARS BOD. The ARS President as well as the ARS Fellowship Committee chair are ex officio, non-voting members.

The fellowship program representatives are elected by the Fellowship Committee. The non-fellowship affiliated representatives on the committee are nominated by the ARS president and approved by the ARS BOD.

RTC members will serve a three-year term with the potential for one renewal. When an individual's term is about to end, the chair of the RTC will confirm their willingness to serve a second term. If they are willing, then the RTC chair will re-nominate them to the BOD or to the fellowship committee for non-fellowship affiliated and fellowship affiliated members, respectively.

If a non-fellowship affiliated RTC member becomes affiliated with a fellowship during that individual's RTC term, said individual must resign their position on the RTC and the BOD must nominate a new member to finish out that person's term.

A3. Organizational Structure and Reporting:
The RTC reports to the BOD of the ARS. Final authority and responsibility for all training issues is retained by the BOD of the ARS. The RTC will review the applications, oversee the Interviews of the fellowship programs, and make recommendations to the ARS BOD. The BOD will make the final decisions on the standing of a program.

A4. Approved Program Application Process
Interested programs will complete an application. The application will include a written application form, program goals and objectives, evaluation templates, a nonrefundable application fee of $2000, and affirmation that the program will be compliant with common program requirements and agree to stipulated terms as outlined in the application. The application fee will be used to help offset the administrative costs of overseeing the fellowships.

Every program must apply and must pay the application fee (i.e. no "grandfathering" of programs).

The initial application and approval process will be a 2-year process. This will allow all programs to complete an application and all program personnel to be interviewed. All programs granted full approval will formally begin their NeuroRhinology-Advanced Rhinology fellowships July 1, 2020.

The application will be reviewed, discussed and the RTC will vote on the program. RTC members must recuse themselves from reviewing and voting on their own programs, or programs with which they have been affiliated with in the past (i.e. for training). Programs will require a 2/3 majority "yes" vote to be forwarded to the ARS BOD for a vote. All programs that receive a majority vote in their favor by the BOD will be granted **"Provisional Approval Contingent Upon Program Interview"** (hereinafter "Provisional Approval").

Those programs that do not get Provisional Approval will be given a written report outlining their strengths and weaknesses and areas of concern.

Programs not attaining Provisional Approval will be allowed to appeal the decision directly to the BOD.

Provisional Approval will be for a 2-year period during which a Program Interview will be scheduled. Please see section A6 for details on the Program Interview. All Program Interviews will be completed prior to July 1, 2020.

Following the Program Interview, the RTC will vote on the program. As previously noted, RTC members must recuse themselves from voting on their own programs or programs with which they have been affiliated with in the past. Programs will require a 2/3 majority "yes" vote to be forwarded to the ARS BOD for a vote. All programs that receive a majority vote in their favor by the BOD will be granted **"Full Approval"** to begin July 1, 2020.

Programs that do not get Full Approval will be given a written report outlining their strengths and weaknesses and areas of concern.

Programs not obtaining Full Approval will be allowed to appeal the decision directly to the BOD.

Upon failure to obtain Full Approval, programs will lose their Provisional Approval and be required to begin the process anew with a new application, application fee, etc. if they desire an ARS Approved NeuroRhinology – Advanced Rhinology fellowship.

As of July 1, 2020, programs that have passed the Program Interview will receive "Full Approval" status. All graduates after July 1, 2020 will be from an "ARS Approved NeuroRhinology – Advanced Rhinology Fellowship". There will be no retrospective "ARS Approved" fellowship status to programs or graduates.

Programs will then be granted approval for up to 5 years in duration based on any citations stemming from the Program Interview.

Programs will pay $500 with every renewal to maintain approval. This fee will be used to help offset the administrative costs of assessing and overseeing the fellowships.

A4i. Subsequent Applications

To be considered in the initial pool of applicants with the above-mentioned timeline, applications must be completed and submitted by July 1, 2018. Subsequent applications will be due yearly on July 1. Applications received after July 1 will be included in the following year's application cycle deadline. The RTC will have up to two years review the application, grant Provisional Approval Contingent Upon Program Interview, schedule a Program Interview, and grant or deny Full Approval.

> **Example:** If a Program Application is received July 15, 2018 or thereafter, that application will fall under the July 1, 2019 application cycle deadline and the RTC will have until July 1, 2021 to review the application, grant Provisional Approval Contingent Upon Program Interview, schedule a Program Interview and grant or deny Full Approval, provided the program meets the criteria for each.

A5. Common Program Requirements

A5i. Program Director

All fellowship programs must have a single, dedicated fellowship program director (PD) with authority and accountability for the operation of the program. The PD must be a fellow of the ARS and be in good standing with the ARS. The PD must have a valid, unrestricted, medical license and appropriate hospital privileges. The PD must have at least 5 years of clinical experience beyond their final year of training at the time of application submission. The PD must administer and maintain an educational environment conducive to educating fellows. The PD must ensure availability of all personnel for effective fellowship administration. They must also ensure adequate resources are available for the fellows. The PD is responsible for ensuring the requirements of the RTC are met and for providing the required, as well as any additional requested, documentation to the RTC.

A5ii. Case Logs

Fellowships will be required to submit two years' worth of case logs for past fellows, OR two years of faculty case logs in the setting of new fellowships, to ensure an adequate number of neurorhinologic and advanced rhinological procedures. See section C6 for an example of a case log. Programs are not mandated to use the attached examples. These are provided for their use if so desired.

A5iii. Curriculum and Goals and Objectives

All fellowships must develop a written curriculum as well as written goals and objectives for the trainees. The curriculum must contain overall goals for the program, regularly scheduled

didactics/conferences and delineation of fellow responsibilities for patient care and management. See section C1 for an example. Programs are not mandated to use the attached examples. These are provided for their use if so desired.

A5iv. Evaluation of faculty, programs and trainees

All fellowships must develop written evaluations for twice yearly evaluation of the trainees by faculty. The timing of these evaluations is at the discretion of the programs, however, must be done at least twice during the fellowship year. Faculty must evaluate fellow performance in a timely manner, providing objective assessment of competence in patient care and surgical skills. Evaluations of the trainees must be made available during the Program Interview as well as for any renewal applications. See section C4 for a fellow evaluation example. Programs are not mandated to use the attached examples. These are provided for their use if so desired.

All fellowships must develop written evaluations for yearly evaluation of the program and faculty by the trainees. Fellows must have the opportunity to evaluate the faculty as well as the program confidentially and in writing at least once annually. This evaluation must be sent directly and confidentially to the RTC. This has 3 components: Evaluation of the Program, evaluation of the Faculty, and a record of Operative Case logs. See section C2 for an example of a faculty evaluation form, section C3 for a program evaluation form, and section C6 for an example of a case log. Programs are not mandated to use the attached examples. These are provided for their use if so desired.

The evaluations completed by the trainees must be submitted directly to the RTC to maintain confidentiality. They should be sent to: The Chair of the RTC, care of wendi@amrhso.com or via U.S. Mail to:

Chair of the RTC
c/o Wendi Perez
Executive Administrator of the ARS
PO Box 269
Oak Ridge, NJ 07438

A5v. Program Self-Evaluation

All programs must complete self-evaluations on a yearly basis. These must be made available for program renewal applications and Program Interviews. These require documented evidence of periodic self-evaluation of the program in relation to the educational goals, the needs of the trainees and the teaching responsibilities of the faculty. This evaluation should include an assessment of the balance between the educational and service components of the program. We encourage all programs to complete a Self-Evaluation prior to the initial application. Please see section C5 for a copy of the Program Self-Evaluation. Programs are not mandated to use the attached examples. These are provided for their use if so desired.

A6. Program Interviews

All programs will be evaluated by Program Interviews following receipt of Provisional Approval Contingent Upon Program Interview.

As mentioned, Provisional Approval will be based on the Program Application. If Provisional Approval Contingent Upon Program Interview is granted, the program will be invited to schedule a Program

Interview during the first two years. Following a Program Interview that results in a favorable vote, Full Approval will be granted. Full Approval may last for up to 5 years pending citations issued stemming from the Program Interview.

Program Interviews may be completed by a web interview or as an in-person interview. These will be decided on a case by case basis at the discretion of the RTC.

During the initial Program Interviews and any subsequent Interviews, the RTC analyzes the program's strengths and weaknesses to ensure that adherence to the core curriculum, adequate faculty participation, caseload, and overall quality are all maintained.

Interviews will last approximately one hour and will require the presence of the Fellowship Director, any fellowship faculty that are able to participate, and the current fellow (if applicable).

Programs must provide to the RTC all fellowship related documents including, but not limited to, fellow evaluations by faculty, case logs, didactic/conference schedules, fellowship self-evaluations, fellowship goals and objectives. Failure to produce requested fellowship documents will result in a citation for the program.

Program Interviews will be structured per the attached document (RTC Program Interview Outline).

Standardized Forms (section C) are completed by the program in advance and the RTC is responsible for completing and submitting a structured report following the Program Interview.

Additional Program Interviews may occur with significant program changes or upon recommendation of the RTC. Potential Triggers for a Program Interview include but are not limited to: a change in Program Director, a change in the number of fellows, a significant change in the associate faculty, insufficient case logs, program complaints, failure to address previous citations, and conflicts with the residency program (where applicable).

Please note, Program Interviews are designed to be for verification purposes only, not for punitive reasons.

A6i. Program Interviewers

Program Interviewers will be made up of RTC members. All interviewers will be educated on conducting a Program Interview by a learning module outlining the goals and objectives of a Program Interview.

A7. NeuroRhinology – Advanced Rhinology Application Process and Timeline

July 1, 2018

Applications due for the ARS Approved NeuroRhinology – Advanced Rhinology Fellowships.

RTC will review all applications and vote on the programs.

Those applications receiving 2/3 majority in favor from the RTC will be forwarded to the ARS BOD.
A favorable vote from the BOD will grant programs a
"Provisional Approval Contingent Upon Program Interview" status.

July 2018 – June 2020

RTC will perform Program Interviews. Upon receiving Provisional Approval, programs can schedule a Program Interview. Currently, these are planned to be web-based video conferences.

Upon completion of the Program Interview, the RTC will vote on the program. All programs receiving a 2/3 majority in favor will be forwarded to the ARS BOD. A favorable vote from the BOD will grant programs a "Full Approval" status to begin July 1, 2020.

July 1, 2020

Full Approval goes into effect for all selected programs.

B. Application

B1. 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 # OP Visits
______________________	___________	_____________
______________________	___________	______________
______________________	___________	______________

Affiliated Hospital(s) Name	Total Beds	Total # OP Visits
______________________	___________	_____________

______________________ ___________ _____________

______________________ ___________ _____________

2. Institutional Training Programs:
(mark those that exist at your institution)

	Residency	Fellowships
Otolaryngology	___________	_________
Neurosurgery	___________	_________
Oral Surgery	___________	_________
Ophthalmology	___________	_________
Other	___________	_________

3. 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:

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.

3.

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?

5. 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 per category.

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 __________

7. Indicate total number of residents on the service at any one time with fellow: __________

Please explain (rotation schedule, etc):

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 three years.

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 program. Include complete CV of Program Director(s). All other CV's may be limited to two (2) pages.

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

B2. 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

C. Fellowship Program Resources

C1. Example of Curriculum and Goals and Objectives

FELLOW CURRICULUM

Introduction and Overview

During the NeuroRhinology-Advanced Rhinology fellowship, the fellow is expected to further refine an existing knowledge base by continued reading and by taking an active role in the education of other learners. The fellow should do advanced reading for all operative procedures so that he/she has a thorough knowledge of the management of the disease and the associated indications, contra-indications, complications and controversies and is prepared to teach these principles to other learners. The fellow is responsible for the perioperative management of the patients. The fellow supervises the junior learners as appropriate for the program and receives instruction and guidance from staff. Fellowship faculty is available to the fellow in a rapid reliable manner. Fellowship faculty will formally evaluate the fellow's performance at regular intervals. The following in an example of the curriculum.

EXAMPLE:

Readings

International Forum of Allergy & Rhinology
American Journal of Rhinology & Allergy
The Laryngoscope

General Cognitive Goals and Objectives

1. Develop an expanded and deeper knowledge of the basic sciences, particularly as it pertains to clinical applications and to research in Rhinology.
2. Demonstrate an effective, lifelong methodology for maintaining current knowledge and competency in the practice of Rhinology.
3. Continue regular surveillance and reading of new literature and information pertinent to the "cutting edge" practice of Rhinology.
4. Be frank and realistic regarding procedures and operations you feel confident in performing independently, and knowing when you need to refer or ask for help.

Non-cognitive Goals and Objectives

1. Develop leadership skills and decision-making capabilities
a. Delegate responsibilities to junior residents and medical students, commensurate with their abilities to accept those responsibilities.
b. Serve as a role model for residents and medical students.
c. Serve as a resource for residents and medical students, providing advice, information and guidance.
d. Monitor the progress of residents and provide constructive criticism and feedback on their performance.

2. Master and become proficient in advanced clinical examination techniques and procedures.
3. Demonstrate independence in surgical judgment, carrying an operative procedure to completion, and instructing junior residents in proper surgical technique.
4. Have a method to record operative experience.

a. Implement a personal operative recording database for operative log recording.
5. Prepare for practice opportunities post- fellowship.
6. Develop the habit of intermediate and long-term planning by having one and five year goals.
7. Master the orchestration of running a busy service, taking into consideration all the details that go into providing excellent clinical care and meeting the responsibilities incumbent upon the fellow.

Competency Based Goals and Objectives

Medical Knowledge

1. Hone ability to diagnose of a broad spectrum of patients presenting to the clinic, emergency room and inpatient consultations.
2. Fully understand and teach the use and interpretation of diagnostic radiology.
3. Demonstrate proficient knowledge of nasal and skull base anatomy.
4. Gain experience in advanced procedures and surgical skills needed in a Rhinologist.
5. Begin to develop a working knowledge of immunotherapy for allergic disease.
6. Describe and perform various approaches for treating malignant sinonasal neoplasms, including multidisciplinary procedures and the criteria for selecting each approach.
7. Describe and perform the various approaches to managing chronic frontal sinusitis including endoscopic and open procedures.
8. Describe and perform various approaches for managing cerebrospinal fluid leaks.
9. Outline the expected course of Rhinologic procedures and describe in detail common and unusual complications that can arise in operative and postoperative periods.
10. Understand the limitations of Rhinologic surgery and what constitutes realistic expectations on the part of the patient.

Patient Care

1. Hone the management skills of a broad spectrum of patients with various problems.
2. Know and be able to teach the indications, contraindications and risks of surgery.
3. Thoroughly understand the perioperative management of patients.
4. Independently order and interpret diagnostic tests and understand their role in patient care.
5. Perform a broad range of surgical procedures with oversight.
6. Makes correct diagnosis and formulates appropriate treatment plan for sinonasal tumors.
7. Recognize common complications and obtain appropriate consultations.
8. Formulate treatment plans for sinusitis based on understanding of the pathophysiology.

Interpersonal Communication

1. Communicate effectively with patients presenting to the clinic, emergency room and inpatient consultations.
2. Communicate effectively with other healthcare providers both verbally and with written documentation.
3. Develop working relationships across specialties.

Professionalism

1. Demonstrate respect for patients and their families.
2. Demonstrate respect for other healthcare providers.
3. Exhibit cultural sensitivity with patients or providers of varying ethnicities and backgrounds.
4. Respect patient privacy and personal health information.
5. Maintain an appearance befitting of a physician.
6. Analyze and manage complex ethical situations.

Practice Based Learning and Improvement

1. Hone skills of critical self-evaluation regarding patient care and based on patient outcomes.
2. Participate in self-evaluation exercises such as discussions with faculty and conferences (M&M) that critically review patient care.
3. Identify gaps in knowledge and methods to address those gaps.
4. Identify quality sources of information locally and on the internet to improve self-learning and patient care.
5. Engage in the education of medical students, residents and patients.
6. Demonstrate consistent behavior of incorporating evidence-based information in practice.

Systems Based Practice

1. Effectively navigate affiliated hospital(s).
2. Effectively utilize the electronic medical records.
3. Appreciate the cost of various interventions and learn to practice cost-effective medicine.
4. Advocate for quality patient care and optimal patient care systems.
5. Analyze M&M findings and provide feedback to improve patient safety.

C2. Example of Faculty Evaluation Form

Faculty Evaluation Form

Faculty Member: ____________________ Date: ______________________________

In order to facilitate the evaluation of the faculty of this Department, you are asked to give an opinion, as objectively as possible, on several aspects of their teaching performances. It is important that you indicate the type and degree of instructional interaction with the particular faculty member during the past year so that the evaluation can be given realistic import. Some items apply generally to all faculty, others are specific to clinical or research interactions with a particular faculty member.

Indicate the type of interaction and amount of exposure (Circle one per category):

Surgical	L	M	F
Clinical	L	M	F
Research	L	M	F
Lectures	L	M	F
Conference	L	M	F

(L-little; M-moderate; F-frequent)

The following numerical scale should be used in expressing your opinion. A space is also provided for interpretive comments.

Scale:	1	2	3	4	5	CE
	Low		Average		High	Can't Evaluate

1. Please circle one: 1 2 3 4 5 CE

BREADTH OF KNOWLEDGE – has sufficient overall knowledge of the material pertinent to the area of instruction or supervision.

Comment:____

2. Please circle one: 1 2 3 4 5 CE

TEACHING ABILITY - is able to communicate the material or provide supervision effectively and in an organized manner.

Comment:____

3. Please circle one: 1 2 3 4 5 CE

AVAILABILITY – is readily available for discussion, questions, consultation, and conferences.

Comment:____

4. Please circle one: 1 2 3 4 5 CE

ACADEMIC INTEREST – is intellectually stimulating and encourages questions and participation.

Comment:____

5. Please circle one: 1 2 3 4 5 CE

CONCERN FOR PERFORMANCE – provides useful evaluation of your performance.

Comment:____

6. Please circle one: 1 2 3 4 5 CE

OVERALL CONTRIBUTION – provides effective overall contribution to the fellowship program.

Comment:____

7. Please circle one: 1 2 3 4 5 CE

SURGERY – relates basic principles and techniques to surgical situations.

Comment:____

8. Please circle one: 1 2 3 4 5 CE

RELATIONSHIP TO PATIENTS – provides by example and instruction the proper physician-patient relationship.

Comment:____

9. Please circle one: 1 2 3 4 5 CE

RESEARCH ORIENTATION – provides adequate and organized instruction in the preparation and performance of research projects.

Comment:____

10. Please circle one: 1 2 3 4 5 CE

STIMULATES INTEREST in pursuing research activities.

Comment:____

11. Please circle one: 1 2 3 4 5 CE

CONFERENCE/LECTURE - quality and effectiveness of lectures or conferences.

Comment:____

12. What traits of this faculty member have been most helpful in your development? Are there other traits that have been less beneficial to your development?

____
____
____
____
____

These evaluations are strictly confidential and only summaries are available for faculty review. Thank you for your time and candid comments.

C3. Example of Program Evaluation Form

Fellowship Program Evaluation Form

Fellowship name: ___________________________________
Dates of fellowship: _____________ through _____________
Date of this evaluation:____________

You are asked to give an opinion, as objectively as possible, on several aspects of the quality of the experience of this fellowship program. Some items may apply more to your specific fellowship than others.

The following numerical scale should be used in expressing your opinion. A space is also provided for interpretive comments.

Scale:	1	2	3	4	5	CE
	Low		Average		High	Can't Evaluate

1. Please circle one: 1 2 3 4 5 CE

BREADTH OF EXPERIENCE – the fellowship has sufficient breadth of cases to expose you to all aspects of skull base surgery and advanced sinus surgery.

Comment:____

2. Please circle one: 1 2 3 4 5 CE

TEACHING – you are receiving education both formal and informal during your fellowship.

Comment:____

3. Please circle one: 1 2 3 4 5 CE

SERVICE – the amount of non-clinical, non-educational work required of you.

Comment:____

4. Please circle one: 1 2 3 4 5 CE

ACADEMIC PURSUITS – you are encouraged to question, study and perform research.

Comment:____

5. Please circle one: 1 2 3 4 5 CE

FEEDBACK – you are provided useful evaluation of your performance.

Comment:____

6. Please circle one: 1 2 3 4 5 CE

SURGERY – are you getting hands on exposure to neuro-rhinology cases?

Comment:____

7. Please circle one: 1 2 3 4 5 CE

RESEARCH ORIENTATION – are you provided adequate and organized instruction in the preparation and performance of research projects?

Comment:____

8. Please circle one: 1 2 3 4 5 CE

CONFERENCE/LECTURE – are high quality lectures or conferences part of your experience?

Comment:____

9. Do you have any other comments regarding your training program?

____
____
____
____
____

10. Post fellowship plans:

11. Please complete the following:

	Not applicable	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The program is well rounded						
Adequate clinic patient numbers						
Adequate surgical patient numbers						
Adequate patient diversity						
Curriculum is appropriate						
Didactics are appropriate						
Adequate operating room experience						
Faculty supervision is appropriate						
Sufficient independent decision-making						

Clinical research experience is adequate						
Basic science training is adequate						
This is a good training program						

12. Please complete the following:

Your Program Director:	Not applicable	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Is committed to excellent patient care						
Participates in your education						
Is available for consultation						
Gives actionable feedback on performance						
Mentors you in academic pursuits						
Establishes effective working relationships						
With fellows/residents						
With nurses						
With other providers						

13. Do you have suggestions for improvement?

Please include a copy of your current case log for review.

These evaluations are strictly confidential and only summaries are available for faculty review. Thank you for your time and candid comments.

C4. Example of Trainee Evaluation Form

TRAINEE EVALUATION FORM

Name:____ PG Level:_________________
Program:_____________________________________ Evaluator:______________________
Dates observed: _____________ to ____________ Date of Eval:__________________

	Not Observed/ Not Applicable	Needs Improvement	Satisfactory	Outstanding
Fund of knowledge				
Basic science knowledge				
Information gathering				
Study habits				
Patient management				
Problem solving				
Clinical judgment				
Emergency patient management				
Use of diagnostic procedures				
Technical skills ambulatory				
Technical skills OR				
Overall clinical performance				
Professionalism				
Rapport with patients				
Rapport with coworkers				
Clinical research performance				
Efficiency				
Work habits				
Assumption of responsibility				
Teaching skills				
Medical writing skills				
Overall scholastic performance				
Ethical and moral values				
Administrative skills				

1. How strongly do you recommend the candidate for employment in an academic program?
1 2 3 4 5
Low Moderate High

2. Are there any medical topics in which the trainee needs to focus, read, study, etc?

3. Are there any technical areas in which the trainee needs to focus?

4. Any additional comments?

C5. Example of Program Self-Evaluation Form

Fellowship name: ____________________________________ Date: ______________

You are asked to give an opinion, as objectively as possible, on several aspects of the quality of the experience of this fellowship program. Some items may apply more to your specific fellowship than others.

The following numerical scale should be used in expressing your opinion. A space is also provided for interpretive comments.

Scale:	1	2	3	4	5	CE
	Low		Average		High	Can't Evaluate

1. Please circle one: 1 2 3 4 5 CE

BREADTH OF EXPERIENCE – the fellowship provides sufficient breadth of cases for exposure to all aspects of skull base surgery and advanced sinus surgery.

Comment:____

2. Please circle one: 1 2 3 4 5 CE

TEACHING – the fellowship provides education both formally and informally.

Comment:____

3. Please circle one: 1 2 3 4 5 CE

SERVICE – the amount of non-clinical, non-educational work does not negatively impact education.

Comment:____

4. Please circle one: 1 2 3 4 5 CE

ACADEMIC PURSUITS – you encourage the study and performance of research.

Comment:____

5. Please circle one: 1 2 3 4 5 CE

FEEDBACK – you provide useful evaluation of the fellow performance.

Comment:____

6. Please circle one: 1 2 3 4 5 CE

SURGERY – you provide adequate exposure to neuro-rhinology cases.

Comment:____

7. Please circle one: 1 2 3 4 5 CE

RESEARCH ORIENTATION –you provide adequate and organized instruction in the preparation and performance of research projects.

Comment:____

8. Please circle one: 1 2 3 4 5 CE

CONFERENCE/LECTURE – are high quality lectures or conferences part of your experience?

Comment:____

9. What are the areas of strength in your training program?

10. What are areas of weakness in your training program?

11. List three things you are actively pursuing to strengthen the experience of the trainee?

12. Have there been any changes to your program in the past year? e.g. new faculty, new PD, etc. Any anticipated changes in the upcoming year?

13. Do you have any other questions or comments you would like to share with the RTC?

C6. Example of Case Log Form

CASE LOGS

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 _______
List Other:

STANDARD ESS – must report, no minimum ___________