

Ann & Robert H. Lurie Children's Hospital of Chicago

Pediatric Otolaryngology Fellowship Curriculum

“Educate and Inspire to Greatness”

Inpatient Experience:

Fellows round as a team with all the residents each morning and each afternoon on all the patients on the service regardless of the rotation they are on. Both fellows are involved in the care of all inpatients. During the inpatient experience they will have multiple opportunities to develop skills in providing consultation, in communicating with colleagues and referring physicians and in teaching and supervising medical students, other physicians and other professional personnel. The inpatient experience will include exposure to critically ill neonates and children with and without multiple co-morbidities in the PICU and NICU.

Transitions of Care:

Several processes are in place to ensure safe patient hand overs and transitions of care. Every weekday morning the fellows and residents meet with a faculty member to discuss all patients on the inpatient and consult service. At this meeting the faculty member assures proper faculty supervision of the patients and a face to face handoff from the night call team to the day team occurs. Afternoon rounds are run by the fellows each day and, at this time, a face to face hand off occurs from the day team to the night call team. On the weekend the fellows round with the on call supervising attending. The inpatient and consult list is maintained in the EMR (EPIC) under the shared patient list tab and this is updated throughout the day by the on call resident. This electronic list is reviewed at each transfer of care and serves to facilitate the transfer of medically complex patients. This list is accessible to all faculty, residents and fellows at all times, on and off campus, through the EPIC portal. The fellows are also required to take an Online course (ELM) entitled “Documenting Transitions of Care.”

Didactic Activities:

Didactic activities, as defined by the Education Committee of the American Society of Pediatric Otolaryngology (ASPO), are any interaction between a member or designee of the pediatric otolaryngology faculty and the trainee outside the operating room and clinic settings.

Both fellows are required to attend all Monday morning lectures (Department of Surgery Grand Rounds, Critical Case Review – M&M and Trauma Lecture Series) and the Friday morning lectures (Pediatric Otolaryngology Lecture Series) regardless of the rotation. The fellows will be exposed to sleep medicine, cleft lip and palate, velopharyngeal insufficiency, microtia, airway evaluation and reconstruction, airway trauma, otology, sinus/skull base, head and neck masses and oncology, and patient safety education. Fellows also receive education on the embryology, developmental anatomy and physiology, microbiology, and psychology of the infant and child as related to the diseases within the scope of pediatric otolaryngology through mandatory lecture, assigned reading, and critical review of the medical literature.

The fellows will also take part in the ASPO web seminar series (10 interactive web based lectures will be given to fellows at participating site). The topics will be specific to pediatric otolaryngology and will be determined yearly.

Patient Safety Program:

The fellows are required to take and pass the online course (ELM) "Risk & Safety Issues in the Children's Hospital." In addition, the fellows take an online course created by the Institute for Healthcare Improvement titled "Introduction to Patient Safety" during their fellowship orientation. Patient safety is also taught and emphasized in face to face interactions between the faculty and fellows during clinical activities. The fellows also submit in written form their experiences with patient safety issues (challenges and/or successes) in their Case Reviews (see below).

Clinical Quality Improvement Program:

The fellows are required to attend and take part in the combined Department of Surgery and Anesthesia Critical Case Review – M&M conference twice a month. The fellows are also required to take and pass the online course (ELM) "Disclosing Adverse Events." In addition, the fellows take an online course created by the Institute for Healthcare Improvement titled "Fundamentals of Improvement" during their fellowship orientation. The Fellows are required to log into and submit to the Safety Event Reporting System (SERS) at least once during their training. The fellows also submit in written form a description of a quality and safety improvement initiative of which they have taken part. They meet with the division quality and safety office during orientation week to discuss and develop this project. Our faculty quality and safety officer will work with the fellows through the first part of the year on their quality and safety project that is presented to the Department of Surgery each Spring in a departmental Quality and Safety Project Conference.

Fatigue and the Impaired Physician:

The fellows are taught how to recognize the signs of fatigue and an impaired physician by taking the computer based SAFER and Impaired Physician modules on the New Innovations system at the start of their fellowship. Call rooms are provided in the hospital to accommodate a resident or fellow who is too fatigued to return home safely after a shift. The on call attending physician will assume the clinical responsibilities of any attending or fellow who becomes impaired for any reason. The Division Head will assume the clinical responsibilities of the impaired physician if the on call attending is the one who becomes impaired.

Case Review:

Each fellow will be required to submit a written case review based on an actual experience the fellow had with a patient. The review will be written to cover all of the core competencies. Please see attached format. Four reviews (one from each subspecialty – sinus, airway, otology and head and neck) are required by the end of the year. At least two reviews are required to be submitted by the mid-year review.

Independent Learning:

The fellows will be given mandatory reading. This will include recent and classic articles that relate to a pediatric otolaryngology topic. These articles are updated yearly and are distributed from and tracked through the New Innovations system. The articles will supplement the above listed didactic activities.

Journal Club:

The fellows will also take part in a quarterly journal club. Recent articles will be discussed in a critical sense and the information will be applied to current or recent patient experiences. This discussion is led by a faculty member.

Research:

The fellows are required to take part in and write an abstract for at least one, preferably two clinical research projects. The goal is to have this submitted to and presented at a national meeting. This is be mentored by a faculty member. This encourages the fellows to participate in the development of new knowledge, learn to evaluate research findings, and to develop habits of inquiry as a continuing professional responsibility.

Outpatient and Surgical Experience:

The pediatric otolaryngology fellowship is divided into two rotations at Ann & Robert H. Lurie Children's Hospital of Chicago. The purpose is to allow the fellows to have two broad based clinical focus blocks that help allot surgical and clinical times. The two rotations are 1) sinus/general and airway and 2) otology and head and neck. The rotations are primarily designed to allow the fellows to divide the OR and outpatient clinic responsibilities.

Sinus, Skull base, General and Aerodigestive rotation:

During the sinus and airway rotation the fellow will work in the operating room. The fellows, when possible, are expected to cover all sinus and airway cases that are staffed by attendings from the otolaryngology faculty. These attendings provide operative experience for the fellows in bronchoesophagology, rhinology, and the paranasal sinuses. The fellows, under the supervision of the attending surgeon, assist the residents for the general otolaryngology cases and serve as the primary surgeon for more advanced fellow level cases (see below). The fellow works with the entire otolaryngology team on pre and postoperative hospital care of these patients.

During this rotation, the fellow also works in the outpatient clinic primarily focusing on the diagnosis and outpatient management of new and return outpatients with general otolaryngology conditions as well as complex and uncommon, congenital and acquired diseases of the airway and sinuses and other related developmental abnormalities. The fellows will also attend at least one FEES and pediatric voice clinic each month.

Otology and Head and Neck rotation:

During the otology and head and neck rotation the fellow will work in the operating room. The fellows, when possible, are expected to cover all otology and head and neck cases that are staffed by attendings from the otolaryngology faculty. These attendings provide operative experience for the fellows in otology and head & neck disorders. The fellows, under the supervision of the attending surgeon, assist the residents for the general otolaryngology cases and will serve as the primary surgeon for more advanced fellow level cases (see below). The fellow will work with the entire otolaryngology team on pre and postoperative hospital care of these patients.

During this rotation the fellow will attend the neurotology conference. The fellow attends otology clinic to see new and follow up patients with complex and uncommon, congenital or acquired, otologic/hearing disorders and head and neck pathology.

The fellow attends the multispecialty, interdisciplinary cochlear implant clinic, vascular malformations clinic and craniofacial clinic during this rotation. The fellow will also participate in the VPI clinic.

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