

Frequently Asked Questions: Neurotology

Review Committee for Otolaryngology

ACGME

Question	Answer
Educational Program	
Must complex otologic surgical procedures be included in the fellows' Case Logs? <i>[Program Requirement: 4.11.g.]</i>	Otologic procedures are not considered neurotologic procedures and are therefore not to be included in a fellow's Case Logs.
What are the guidelines for the cases the Committee requires be entered into the Case Log System? <i>[Program Requirement: 4.11.g.]</i>	The required procedure domains, CPT codes assigned to each procedure domain, and minimum number requirements are summarized in a document available on the Documents and Resources page of the Otolaryngology – Head and Neck section of the ACGME website: Neurotology Case Log Minimums .
What is an example for how fellows can gain experiences in related specialties? <i>[Program Requirement: 4.11.i.]</i>	Example: In the event that a fellow plans an operation in which the dura may be entered, a neurological surgical consultation should be obtained to determine whether a joint surgical effort by both neurotology and neurological surgery is required.
The Learning and Working Environment	
Who can supervise fellows in the clinical environment? <i>[Program Requirement: 6.6.]</i>	Appropriately-credentialed and privileged attending physicians in the surgical clinical environment may include appropriately-credentialed American Board of Medical Specialties (ABMS)-certified surgeons from other surgical specialties (e.g., general surgery, pediatric surgery, plastic surgery). In the critical care clinical environment, procedures must be supervised by appropriately-credentialed ABMS-certified critical care physicians (e.g., anesthesiologists, critical internists, critical care pediatricians). While other care providers are expected to be part of interprofessional teams that provide patient care, only appropriately credentialed and privileged attending physicians can supervise fellows.

Question	Answer
What skills should members of the caregiver team have? <i>[Program Requirement: 6.18.b.]</i>	All members of the caregiver team should be provided instructed in: 1. recognition of and sensitivity to the experience and competence of other team members; 2. time management; 3. prioritization of tasks as the dynamics of a patient's needs change; 4. recognizing when an individual becomes overburdened with responsibilities that cannot be accomplished within an allotted time period; 5. 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; 6. signs and symptoms of fatigue not only in oneself, but in other team members; 7. compliance with work hours limits imposed at the various levels of education; and, 8. team development.