



UMMC™

---

Department of Otolaryngology  
Head and Neck Surgery

2023 – 2024  
RESIDENT MANUAL  
POLICIES AND PROCEDURES

Lana L. Jackson, M.D.  
Residency Program Director  
Professor

Gina D. Jefferson, M.D.  
Associate Residency Program Director  
Professor

Scott P. Stringer, M.D., M.S.  
Professor and Chair

## Table of Contents

I.	Education.....	4
A.	Conferences .....	4
B.	Courses.....	6
C.	Independent Reading Assignments .....	7
D.	Rotations.....	8
E.	Surgical Case Documentation .....	8
F.	Resident Selection.....	9
G.	Administrative Chief Resident .....	10
H.	Academic Chief Resident .....	10
I.	Medical Student Liaison Chief Resident .....	11
J.	Library .....	11
K.	Resident Case Distribution.....	11
L.	Non-programmatic Activities (Moonlighting).....	11
M.	Duty Hours .....	12
II.	Clinical.....	14
A.	Rounding .....	14
B.	Duties .....	14
C.	Distribution of Residents .....	15
D.	Hand-offs .....	16
E.	Communication of Changes in Status .....	18
F.	Record Documentation.....	18
G.	Appointment Scheduling and ED Follow-ups .....	19
H.	Surgery Scheduling.....	20
I.	Identification of Role in Care .....	20
J.	Hand Cleansing .....	20
K.	Follow-up Issues.....	20
L.	Phone Message Return .....	20
M.	Consultations .....	21
N.	Supervision of Patient Care.....	23
O.	Call Schedule .....	24
P.	ICU Bed Requests.....	24
Q.	Care of diagnostic equipment.....	24

---

III.	Research .....	25
A.	Research Preparation.....	25
B.	Project Requirements .....	25
C.	Project Selection .....	25
D.	Guidelines .....	26
E.	Research Proposal Examples .....	28
F.	IRB and IACUC Application Tips .....	28
G.	CITI Training .....	28
H.	Other Helpful Information .....	28
I.	Submissions and Awards .....	29
J.	Funding .....	29
K.	Submission of Proposals, Presentations, and Manuscripts .....	29
L.	Biostatistics and Bioinformatics.....	29
M.	Requirement to Follow Protocol Complete Projects .....	29
N.	MBA program or MS in Clinical Investigation program .....	29
IV.	Service Opportunities.....	30
A.	Humanitarian Mission Trips.....	30
B.	Community Service .....	31
V.	Expectation and Evaluation Process.....	31
A.	Minimum Expectations .....	31
B.	Evaluation Process .....	36
C.	Promotion of Residents .....	37
D.	Remediation, Probationary Status, Suspension, Non-renewal, and Dismissal.....	37
VI.	Administrative .....	45
A.	Lab Coats.....	45
B.	Professional Attire .....	45
C.	Benefits (a comprehensive list is available via Human Resources) .....	45
D.	Meals.....	46
E.	Sexual Harassment.....	46
F.	Substance Abuse and Mental Health.....	47
G.	Counseling.....	47
H.	Resident Wellness Policy .....	48
I.	Work Environment.....	48

---

J.	Licensure, Privileges, and Memberships.....	48
K.	Conflict of Interest .....	49
L.	Days Out.....	50
M.	Educational Fund .....	54
N.	Presentation Travel.....	55
O.	Resident Room Snack Fund.....	55
P.	Graduation Awards Dinner and After Party Policy .....	56
Q.	Customer Service .....	56
VII.	APPENDIX A: Research Proposal Template (Core Project) .....	57
VIII.	APPENDIX B: Research Guidelines for Approval, Submission, and Completion.....	67
IX.	APPENDIX C: Criteria for Advancement and Graduation .....	68
A.	Criteria for Advancement from PGY-1 Level to PGY-2 Level .....	68
B.	Criteria for Advancement from PGY-2 Level to PGY-3 Level .....	68
C.	Criteria for Advancement from PGY-3 Level to PGY-4 Level .....	68
D.	Criteria for Advancement from PGY-4 Level to PGY-5 Level .....	69
E.	Criteria for Graduation from PGY-5 Level.....	69
X.	Appendix D: Temporal Bone Lab Policies .....	71
XI.	Appendix E: UMMC GME Office Academic Remediation Protocol Checklist.....	73
XII.	Appendix F: Performance Improvement (PI).....	74
XIII.	Appendix G: PGY-2 Study Requirement .....	76
XIV.	Appendix H: ENT Consult Room and Lounge Checklist for Junior Pediatric Resident.....	77
XV.	Appendix I: PI Cases Form .....	78

This manual is meant to provide guidelines to assist you during your residency. Familiarize yourself with these guidelines as you are accountable for all the information in this manual. These requirements are necessary to allow us to run an orderly and effective residency program.

### **Mission Statement**

The mission of the Department of Otolaryngology – Head and Neck Surgery is to provide outstanding educational experiences for our residents that produce competent clinicians prepared for board certification and successful clinical practice while providing excellent care for the people of Mississippi and beyond. The program will provide a broad exposure to all aspects of the specialty through a variety of clinical experiences, structured learning environments, and research opportunities.

### **Diversity and Inclusion Statement**

The Department of Otolaryngology – Head and Neck Surgery is dedicated to the education and training of diverse physician surgeons. We recognize the strength of a physician workforce comprised of many perspectives including race, ethnicity, age, gender identity, socioeconomic circumstance, disability, religious belief, political affiliation, and immigration status. This is paramount to graduating highly-trained, culturally competent physicians who will promote excellence in healthcare and innovative research endeavors to ultimately conquer health disparity.

## **I. Education**

### **A. Conferences**

- All residents are expected to attend in person and arrive early enough so that each conference will start exactly on time. Residents may join remotely only if they are at a remote location (such as Ridgeland clinics) or taking part in an elective off campus. Research and VA residents are expected to join conference in person.
- If the lecturer is not presenting in person, residents may join the virtual conference from any location that allows active engagement.
- Please sign in to every conference you attend. Repetitive tardiness or absences will require disciplinary action.
- If a resident is late to a lecture for any reason, he or she is required to immediately notify the Program Director or as a fellow resident to do so if the resident is detained by urgent clinical duties.
- Residents should stay in the conference until at least 7:50. If necessary to be on time:
  - One resident per operating service may leave ten minutes prior to the scheduled start of the OR
  - Residents with clinical assignments should leave at 7:50.
- Please complete evaluations of lectures as requested. The conference room should be left clean and in order after use.
- All equipment in the conference room should be turned off at the end of each conference.

Courses covering specific aspects of the learning experience are outlined below and will be scheduled regularly as part of the normal monthly conference schedule.

### **1. PI Cases (M&M) Conference**

Monthly, we will discuss cases that involve morbidity, mortality, or unique learning experiences. The senior resident on each service is responsible for keeping track of such cases and submitting them to the PI director monthly. Complete the PI form (see Appendix I) and email to the PI Cases director prior to the PI Cases meeting monthly. Only the first page is required for tonsil bleeds.

### **2. Journal Club**

Each month, in Journal Club, we will primarily review a major otolaryngology journal or selected articles based on the supervising faculty member's instructions.

You are strongly encouraged to subscribe to and regularly review at least three of the following journals:

- *Otolaryngology-Head and Neck Surgery*
- *JAMA Otolaryngology-Head and Neck Surgery*
- *Laryngoscope*

### **3. National Conferences**

Per the resident travel policy outlined in a subsequent section, residents will be supported in their attendance at major national meetings, such as the Academy and the COSM.

#### **a) Society of the University Otolaryngologists-Head and Neck Surgeons Annual Meeting**

The department will fund at least one resident to attend the annual meeting each year. Priority will be given to residents demonstrating a desire to enter a career in academic medicine and based upon who has not attended previously. Residents presenting at the program will also be given priority. If funds are available, additional residents for attendance will be considered on a case-by-case basis.

#### **b) Specialty Specific Conferences and Courses**

The department will do its best to allow residents to attend specialty conferences or courses appropriate for their level in areas such as temporal bone dissection, allergy training, endocrine surgery, ultrasound, sinus dissection, or skull base dissection. Attendance is subject to approval based on coverage of clinical duties, funding availability, days off limits, and current performance standing of the resident.

### **4. Research Conference**

This conference is held each month and is used to review and approve resident research projects, keep projects on track, and review final results. The conference is also for presenting research fundamentals and methodology concepts.

## **5. Performance Improvement Projects Conference**

This conference is held every other month to review and approve resident performance improvement projects, keep the projects on track, and review final results. The conference is also for presenting performance fundamentals and methodology concepts. Refer to Appendix F for Performance Improvement expectations and guidelines.

## **6. Resident Presentation Development Conference**

Annually, each resident will present a topic of their choice to the residents and faculty. Residents are encouraged to select a topic that they would like to learn more about. Presentations should focus on controversies or interesting aspects of the topic, rather than be a regurgitation of a standard textbook chapter. It is acceptable to suggest readings in advance to provide a basis for other residents on the topic to facilitate the focus on advanced concepts. Each resident will be expected to submit their slides to the Residency Program Coordinator for posting on the G:drive to support future independent learning.

## **7. Mississippi Society of Otolaryngology Annual Meeting**

PGY-4 residents are invited to present a research project at the meeting and receive financial support for attendance from the MSO. Unless there is an emergent situation (ex. maternity leave, illness), PGY-4 residents are expected to attend and present at this meeting.

## **B. Courses**

### **1. Anatomic Dissections**

All PGY-2 residents will perform a comprehensive head and neck cadaver dissection and present this information to the other residents and faculty. In preparation for the last session, the PGY-2 residents will tag various anatomic structures to challenge the knowledge of the other residents.

### **2. Weekly Curriculum**

Weekly Curriculum will be provided to each resident. This software will act as a supplement to morning conferences. Faculty may request assignments for resident aligning with their lectures. If no faculty choose an assignment for a particular week, a separate assignment will be made on a pre-determined topic with input from the Vice Chair of Education. Assignments will be determined prior to the release of the monthly conference schedule. Mock in-service exams may be given once per year. Based on performance, mentor remediation may be required for certain residents. The Program Director and the Program Coordinator will monitor progress. A minimum score of eighty-five (85) percent is expected to be maintained.

### **3. Surgical and Clinical Skills Simulation**

Annually, all residents will be provided with cadaver-based dissection instruction in areas such as soft-tissue surgery, flap procedures, parotidectomy, and sleep surgery. All residents are expected to be in town and attend the entire course. Maxillofacial plating, microvascular simulations, and electrode insertion courses may be held during the year, based on need. Surgical and clinical skills simulations will be held annually as well.

#### **4. Temporal Bone Lab**

A temporal bone anatomy and dissection course will be provided during the course of each year. Residents will be assigned laboratory sessions based on their level of training and satisfactory completion of fundamental exercises. All residents are expected to utilize the lab to refine their dissection techniques through their training, apart from the course. Residents are expected to maintain the lab in appropriate working order, including cleaning his/her space, after every session. Refer to Appendix D for more information.

#### **5. Rhinology Lab**

A rhinology dissection course will be provided three times per year. Required residents will be based on timing of their GRS rotation. Residents will be assigned dissections based on their level. Residents are expected to maintain the lab in appropriate working order including cleaning his/her space after every session.

#### **6. Facial Plastics Lab**

A facial plastics dissection course will be provided three times per year. Lab 1 will be required for PGY-2 and PGY-4 residents. Lab 2 will be required for PGY-3 residents and any PGY-4 residents missing Lab 1. Lab 3 will be required for PGY-5 residents and any PGY-3 residents missing Lab 2. Residents will be assigned dissections based on their level. Residents are expected to maintain the lab in appropriate working order including cleaning his/her space after every session.

#### **7. Endoscopic Ear Lab**

An endoscopic ear dissection course will be provided three times per year. Lab 1 will be required for PGY-2 and PGY-4 residents. Lab 2 will be required for PGY-3 residents and any PGY-4 residents missing Lab 1. Lab 3 will be required for PGY-5 residents and any PGY-3 residents missing Lab 2. Residents will be assigned dissections based on their level. Residents are expected to maintain the lab in appropriate working order including cleaning his/her space after every session.

### **C. Independent Reading Assignments**

It is essential, in order to progress in your otolaryngology residency, that you pursue an active course of independent reading. Establish a reading program early in your residency. To benefit from regular journal review, Journal Club readings, and the Weekly Curriculum program you must form a firm foundation from the standard text as follows:

- During your junior year, you are expected to read Bailey's or Cummings' otolaryngology text. An equivalent text may be substituted with approval from the Program Director.
- During your senior year, you should read from texts such as the following; head and neck cancer, rhinology otology, pediatrics, laryngology, sleep, and facial plastics.
- You should read for individual surgical cases and patient management issues.



To help the transition of interns to their next year of training, UMMC Otolaryngology interns are required to submit a PGY-2 study outline for the in-service exam preparation and rotation preparation by June 15<sup>th</sup> of their intern year. Refer to Appendix G for more information.

#### **D. Rotations**

##### **1. Resident Assignments**

A junior and senior resident will be assigned to each of the four major clinical rotations: Head and Neck/Endocrine Surgery, Facial/Plastics/Otology/Laryngology, Rhinology/Allergy/Sleep, and Pediatrics. Only a senior resident will be assigned to the VA.

##### **2. Chief Year Elective Rotations**

PGY-5 residents will be granted two months of elective time in their last year of training if they are in good standing and can be reasonably expected to complete their minimum case requirements by the end of the residency. Examples of acceptable rotations include: radiology, pathology, radiation oncology, medical oncology, oral surgery, allergy/immunology, oculoplastics, audiology, speech-language pathology, private practice exposure, and medical subspecialties. The rotation may also be used for additional research projects or completion of previous research projects subject to approval of the research conference faculty membership. Plans for use of this time must be submitted and approved by the Residency Program Director at least three months in advance of the first month of elective time. Requests for changes to the rotation content will be considered on a case-by-case basis.

##### **3. Otolaryngology Specialties Experience**

Otolaryngology residents are assigned regular time during their PGY-1 year to rotate with Communicative Sciences faculty members to learn about audiometry and impedance testing, ABRs, otoacoustic emissions, voice and swallowing evaluation and treatment, and hearing aids. The week will be scheduled in advance and included in the vacation schedule for residents each year. Additional experience in these areas can be obtained through PGY-5 elective time, if desired.

#### **E. Surgical Case Documentation**

Each resident is expected to keep their ACGME case log up to date at least twice per month. It is expected that you will appropriately unbundle all the cases as instructed on the case log website. Review this with your chief/senior resident in real time if you have any questions or if the attending of record is still uncertain. Also, be certain to include all cases in which you assisted or served as resident teacher. The Residency Program Director will review the case logs regularly and allocate cases if necessary to insure balance and compliance with minimum case numbers.

**F. Resident Selection**

1. Applications will be accepted via ERAS.
2. Applicants will be invited for interview based on a review of the following factors:
  - a) Performance of standardized tests
  - b) Medical school performance
  - c) Letters of Recommendation
  - d) Personal Statement
  - e) Community Service Activities
  - f) Research Productivity
3. Ranking will be performed considering the preceding factors in combination with an evaluation of their interpersonal, communication, and professionalism skills during the interviews.
4. Residents will be accepted via the National Residency Matching Program.
5. If the program does not fill through the regular matching process, the position will be filled via the SOAP process based on the same factors listed above.
6. Technical standards for Otolaryngology have been established to allow the resident candidate to determine their ability to perform the required duties in compliance with the Americans with Disabilities Act. An otolaryngology resident must have abilities and skills in the following categories: observation, communication, motor, intellectual, behavioral and social. However, it is recognized that degrees of ability vary widely between individuals.
  - **Observation:**  
Candidates must be able to observe a patient accurately from a distance and close at hand. Observation necessitates the functional use of the sense of vision and other sensory modalities. Full-color vision and binocular vision are necessary for the successful performance of otolaryngologic surgery.
  - **Communication:**  
Candidates must be able to communicate effectively and sensitively with patients. The focus of this communication is to elicit information, describe changes in mood, activity, posture, and perceive nonverbal communications. Communication is not limited to speech but also includes reading and writing. The candidate must be able to communicate effectively via oral and written formats with all members of the health care team.
  - **Motor:**  
Candidates must have sufficient motor function to elicit information from patients by palpitation, auscultation, percussion, and other diagnostic maneuvers. A candidate must be able to execute motor movements reasonably required to provide general care and

emergency treatments to patients. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

- **Intellectual-Conceptual, Integrative and Quantitative Abilities:**  
These abilities include measurement, calculation, reasoning, analysis, and synthesis of complex information.
- **Behavioral and Social Attributes:**  
Candidates must possess the emotional health required for the full utilization of his/her intellectual abilities, exercise good judgment, prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and function efficiently under stress. They must be able to adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the clinical issues of many patients. Compassion, integrity, interpersonal skills, interest, and motivation are all personal qualities that are assessed during the selection and education process.

#### **G. Administrative Chief Resident**

An administrative chief resident will be chosen. The Chair will choose this resident, and the resident will hold the position for the length of the academic year. Duties for the administrative chief resident include but are not limited to the following:

- Assist the Chair with UMMC coverage issues
- Creating meeting/holiday coverage schedules
- Handling vacation request changes
- Completing the call schedule
- Attending chief resident meetings
- Answering lower level resident requests and issues

#### **H. Academic Chief Resident**

An academic chief resident will be chosen. The Vice Chair of Education will choose this resident, and the resident will hold the position for the length of the academic year. Duties for the academic chief resident include but are not limited to the following:

- Advising the Vice Chair of Education on the content of the curriculum
- Helping facilitate new educational resources with the program coordinator
- Helping attendings set up learning activities
- Checking in with residents regarding self-directed learning activities (reading, questions, etc.)
- Helping lower level residents develop study plans

### **I. Medical Student Liaison Chief Resident**

A medical student liaison chief resident will be chosen. The Program Director will choose this resident, and the resident will hold the position for the length of the academic year. Duties for the medical student liaison chief resident include but are not limited to the following:

- Acting as the resident representative in the ENT Student Interest Group
- Assisting the program coordinator with student rotation schedules
- Assisting with recruitment and residency interviews
- Helping mentor medical students when needed

### **J. Library**

No books are allowed to leave the Otolaryngology resident work room library for any purpose. Books should be put back in the bookcases when not in use. Contact your Program Administrator for a list of online content and login information.

### **K. Resident Case Distribution**

In general, cases are to be done by residents on the service of the attending physician of the patient. The level of the resident is determined by the complexity of the case in concert with the attending physician and the senior resident. Taking cases from residents on the other services is not permitted without prior approval of the Residency Program Director and only if there is a documented need for additional training for a senior resident for that particular case. Occasionally, the program director may need reassign cases to residents to ensure that all residents obtain minimum case numbers in all areas.

### **L. Non-programmatic Activities (Moonlighting)**

1. The ACGME Common Program Requirements read as follows:  
 “Patient care activities that are external to the educational program (moonlighting) and that exceed the weekly limit on resident duty hours are often inconsistent with sufficient time for rest and restoration to promote the resident’s educational experience and safe patient care. Therefore, these activities require prospective permission from the program director and sponsoring institution. Their effect on resident performance must be monitored, and permission withdrawn if the activities adversely affect resident performance.”
2. The UMMC GMEC policy is as follows:  
 “In Mississippi, it is illegal and/or grounds for loss of temporary or limited medical licensure for any resident or fellow in training to engage in moonlighting unless in possession of an unrestricted license to practice medicine in the State. Residents are not required to engage in moonlighting; further, the University of Mississippi Medical Center (UMMC) discourages moonlighting or professional activity by residents or fellows apart from full-time programs because these activities tend to interfere with the educational process and the health of the physician-in-training. The program director must acknowledge in writing that a resident or fellow is moonlighting, and the information made part of the resident’s folder. The effects of moonlighting on performance in the residency program will be monitored and adverse effects may lead to withdrawal of permission to engage in moonlighting activities.

The University of Mississippi Medical Center's professional liability program for residents only applies to those professional activities within the course and scope of their employment while at UMMC and/or on official rotation at other hospitals or clinics. It does not apply to outside professional activities such as moonlighting.

The state institution DEA number must not be used while moonlighting.”

3. The department will abide by these guidelines. Moonlighting is strongly discouraged. Moonlighting may potentially interfere with resident education. Failure to abide by the policies in this handbook or to perform at the level outlined in this manual are grounds for suspension of moonlighting privileges at the digression of the residency program director and the chair.
4. If you do choose to moonlight, a non-programmatic activity form, available from the house staff office, must be obtained, completed, and updated as prescribed. An outside activities form is also required. This is the sole responsibility of the participating resident. These documents require the signature of the residency program director. Failure to do so in a timely or regular fashion, without prompting, will result in immediate termination of this privilege.
5. Hours spent moonlighting must be counted towards the eighty-hour (80) work week and reported accurately by the resident. Also, in accordance with the ACGME Duty Hours regulations and institutional policy, residents must report to work rested and “fit for duty.” Failure to follow these regulations and policies will require investigation by the residency program director and may result in action by the director, department, or institution.
6. Our department only permits you to moonlight in an otolaryngology specialty setting with appropriate supervision and back-up, subject to all state regulations and medical staff policies. Each moonlighting opportunity must be approved in advance, and is subject to the resident being and remaining in good standing in the program. PGY-1 residents may not moonlight.

#### **M. Duty Hours**

1. As per ACGME program requirements, our program works to ensure a culture of professionalism that supports patient safety and personal responsibility.

Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following –

- Assurance of the safety and welfare of patients entrusted to their care;
- Provision of patient and family-centered care;
- Assurance of the fitness for duty;
- Management of their time before, during, and after clinical assignments;

- Recognition of impairment, including illness and fatigue, in themselves and their peers;
  - Attention to lifelong learning;
  - Monitoring of their patient care performance improvement indicators, and;
  - Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.
2. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that, under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.
  3. All residents will have at least one day in seven free of patient responsibilities, averaged over a four-week period, and at-home call cannot be assigned during those free days.
  4. Residents will not be scheduled for more than eighty (80) duty hours per week, averaged over a four-week period, inclusive of all in-house time and all moonlighting. Only time actually spent in the hospital when on-call will count toward the weekly duty hour limit. All moonlighting, whether internal or external, is counted toward duty hours.
  5. Call is taken from home except when prescribed for specific cases at the discretion of the attending physician in consultation with the residency program director. First call will be no more than every third night, averaged over a four-week period.
  6. For all residents, duty periods will be limited to a twenty-four (24) hour period of continuous in-house duty. Any resident that exceeds this limitation, or any resident that becomes unable to take or continue taking call for any reason, should notify the residency program director or the on-call physician so that the call back-up plan can be instituted in the order outlined as required:
    - The second call resident will relieve the first call resident.
    - The attending will relieve the second call resident if the second call resident exceeds the limits.
    - The resident requiring rest should report to the ENT Resident on-call room on 6 East (611) for rest as opposed to traveling home.
  7. Strategic napping, especially after sixteen (16) hours of continuous duty and between the hours of 10:00 PM and 8:00 AM, is strongly suggested.
  8. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site to accomplish these tasks, however, this time period should not exceed an additional four hours.

9. The interval for rest and personal activities after a call period should consist of a ten (10) hour time period.
10. Residents are actively encouraged to tell the residency program director if they exceed any of the duty hour guidelines or have concerns regarding this issue. To ensure compliance, duty hours must be logged in MedHub by all residents for the entire middle month of each quarter (February, May, August, and November) and reviewed by the residency program director. If any resident exceeds eighty (80) hours for those weeks the monitoring period will be extended for an additional month. If any problem is encountered with the limit after the two-month long monitoring weekly logs will be continued until an acceptable and steady state workload has been comfortably reached. Quarterly monitoring will then be resumed.
11. In addition to the policies outlined below, you are to comply with all applicable policies and procedures of the University of Mississippi Medical Center, the VA Medical Center, and any other affiliated clinical facilities.

## II. Clinical

### A. Rounding

Each team will round with all resident members present, regardless of PGY level or rotation.

**Patients within each team will not be split up among the residents of an individual team but will be rounded on the team as a whole.** This is to improve patient care, increase learning, foster a sense of team “ownership” of patient care, reduce hand-offs, and improve continuity.

Weekend rounds may be performed for all services by the on-call team if a complete and thorough check-out procedure is used.

### B. Duties

#### 1. Junior

- Responsible for the daily care of inpatient services.
- Performs medical histories and physical examinations in the outpatient clinics, emergency departments, and for consultations.
- Sees and evaluates consults as requested and discusses the case with the senior resident and attending physicians.
- Performs common procedures as required by endoscopy, blood drawing, IV access, and wound care.
- Assures that inpatients are ready to go to the operating room.

- Participates in all assigned surgical cases in operating room. This includes reading for all assigned cases prior to surgery and discussing with senior residents the key points to know as the assistant for large cases.
  - Follows up on patient care data and issues.
  - Communicates with patients and family members if assigned this duty by attending physicians.
  - Shares relevant patient data with senior residents and attending physicians.
  - Presents cases at multi-disciplinary patient management conferences.
  - Develops the residency call schedules in conjunction with the residency program director.
2. Senior - In addition to the duties above:
- Assists with the supervision and teaching of junior residents and medical students.
  - Assists with coordination and scheduling of the activities of the service.
  - Ensures that all patients are ready to head into surgery.

### C. Distribution of Residents

1. Each faculty group will be assigned a group of residents. These residents will be available for these physicians for all scheduled clinical activities. They will be assigned to other services on days when there are no regularly scheduled activities on their assigned services. It is up to the attending physicians on a service to decide how they want to split their assigned residents within the parameters of the resident assignment master schedule.
2. **Any time residents are not actively engaged in the primary clinical care duties of your service it is your responsibility to provide assistance to the over services without being called.** When there are residents with no assigned duties, those residents will be used in the following order of priority:
  - Cover UMMC vacations, including APPs and Nurses seeing patients
  - Cases outside normal schedule
  - OR for regularly scheduled services
  - Consults
3. Regularly scheduled activities will have first priority over all activities, except for urgent patient care.
4. Resident distribution conflicts will be handled solely between attending physicians.



5. **Clinical use of the research resident must be approved by the residency program director or the chair.**
6. No resident or APP will be swung from another service to cover any vacations on another service except when residents or APPs are otherwise unoccupied or the schedule delineates such coverage.
7. Unless you are on official leave (which requires the standard UMMC forms to be completed and signed by the residency program director and the chair), you are required to be in the greater-Jackson area and accessible by cell phone or pager during the normal work hours of 8:00 AM and 5:00 PM. This policy includes the research and elective resident in case they are needed for coverage purposes. If you are on-call or actively engaged in patient care, you are required to be available at that time. You are also required to be available until you have turned over all check-out issues to the next resident on-call or rounding for you. You are required to check in with your fellow residents to make sure you aren't needed, even if you are not directly assigned to patient care issues, before you leave the campus.
8. The non-otolaryngology rotating resident is assigned to the H&N service unless otherwise designated, or when otherwise specified. The senior resident on that service is responsible for directing the intern to maximize their educational experience.

#### **D. Hand-offs**

##### **1. Procedure**

- At the end of each work day, or during periods of transition of care, the upper and lower level residents on each service will sign out all pertinent patients to both the on-call upper level and lower level residents, respectively.
- All inpatients on the otolaryngology/pediatric otolaryngology service should always be signed out to the on-call residents.
- Consult inpatients should also be signed out to the oncoming team if we are actively involved in the patient's management or if there is a reasonable likelihood that the primary team might contact the on-call physician with questions or concerns.
- Any other patient that the on-call physician will need to follow-up with should also be signed out.
- At the conclusion of the overnight or weekend call shift, any changes in patient status, significant events, or new patients should be communicated or signed out to the appropriate team.

- If there are no patients to sign out for a service, the on-call residents should be notified that there are no patient to sign out.

## 2. Performing an Effective Sign-Out

- Communication during sign-out should be face-to-face when possible.
- The sign-out process should be interactive, allow the opportunity for questions, and should be done in a setting with limited interruptions.
- The receiving resident should read-back or repeat back the information as appropriate to ensure accuracy of communication.
- Information signed out should be up to date and accurate.
- Communication to on-call resident should include:
  - Patient name, location, age/date of birth
  - Patient diagnosis/problems, impressions
  - Important prior medical and surgical history
  - Advance directives
  - Identified allergies
  - Medications, fluids, diet
  - Important current labs, vitals, cultures
  - Past and planned significant procedures
  - Specific protocols/resources/treatments in place
  - Plan for the next 24+ hours
  - Pending tests and studies that require follow-up
- This information should be transferred in either written or verbal format.
- Patient lists within EPIC for the different services should be kept up to date to facilitate written sign-out.
- If you are the primary resident surgeon on a case that will require unique postoperative follow-up (i.e., packing or drain removal), it is your responsibility to either perform that care or check this care out explicitly to another resident or APP.

## 3. Monitoring

- The sign-out process is subject to monitoring by faculty. The quality of both the written and verbal sign-out will be subject to monitoring intermittently by faculty to ensure high-quality patient hand-off.
- There will be a yearly survey that you must complete which documents the quality of the sign-out.

- Sign-out performed by the new otolaryngology interns will be directly supervised for the first few weeks of their ENT rotation to ensure competency in patient hand-offs.

#### **E. Communication of Changes in Status**

Residents will call or email the on-call faculty member about all patient encounters (significant phone conversations, ER evaluations, etc.) while they are on call. The on-call resident will be expected to complete a note detailing the encounter. Attending physicians should be notified of all major treatment changes or issues on their patients at all times.

#### **F. Record Documentation**

While on duty, residents are expected to check their EPIC In Basket daily and keep it up to date. All operative notes, discharge summaries, consultations, and history and physicals should be completed on the same date as the event. Clinic visits should be completed as soon as possible, but no later than forty-eight (48) hours after the visit.

##### **1. Clinic and Consult Notes**

- All new patients should have complete head and neck histories and exams that are age appropriate.
- If a resident is seeing a patient with an attending in clinic or seeing a patient in consultation, the resident documents the note with what they did. The resident should designate the attending of record as their co-signer. The resident does NOT use the compliance/scribe statement.
- Please use only approved departmental templates and follow the following guidelines:
  - The breadth of the history and physical elements were consistent with the visit type. A complete age specific history and exam is required for new patients but the same would not be done for a returning patient unless there is a new complaint or a change that otherwise dictated repeating the entire exam. In addition, any updates to the history can be added on returns.
  - There should be nothing in a note that did not occur. Any parts of a template that were not performed should be deleted.
  - Any patient that is seen as a consultation in the inpatient setting should have the HPI start with the statement “seen in consultation at the request of Dr. (name) for (issue).” In the outpatient setting, the appropriate statement should be selected based on the intent of the referring physician.
- Copying from old notes is a potential time-saver in an electronic record but it must be done appropriately. Portions of the history of present illness from the old note such as

history of prior treatment, initial presentation, response to treatment, a test result, surgery, or cancer treatment history do not change, as such they are appropriate to copy forward. However, the remainder of the history of present illness should not be retained in the new note unless it is directly relevant to the new visit. Copying a past history, diagnosis, or physical exam may be appropriate if every portion copied is necessary for that visit and all retained portions are verified as currently accurate or changed as necessary to reflect the present visit state. Please be sure that you carefully read your notes prior to completion to make sure they are current, relevant, and clear as related to the present visit.

## 2. Clinic Procedure Notes

- Clinic procedures should either be documented with a separate and clearly identifiable heading within the body of the note or in a separate note, depending on your attending's preference.
- Flexible fiberoptic laryngoscopy, rigid or flexible nasopharyngoscopy, and rigid or flexible nasal endoscopy are three separate CPT codes. (This does not apply to stroboscopy with a rigid scope in clinic, which is a separate issue.) Payers will not reimburse more than one per day. Occasionally, there is a reason to look at the larynx as well the nose, for instance, but in order to have clear billing documentation, it is important to describe the procedure and label it as the main procedure you are performing that day. You can certainly describe that you viewed another in the course of your exam, but the main heading should be just the procedure you performed. For coding purposes it does not matter if the nasal endoscopy or nasopharyngoscopy is done with a rigid or flexible scope so the type of scope does not need to be included in the procedure name.

## 3. Post-visit Care

- All patient care incidents including phone calls and lab/radiology follow-up must be documented.

## 4. Methodist Rehabilitation Center

- Due to the limited number of services performed there these encounters can be handwritten in the MRC chart.

## 5. Copying Referring Providers

- The referring provider and primary care provider, if applicable, should receive a letter with a copy (depending on attending preference) of all clinic, consultation, and operative notes.

## G. Appointment Scheduling and ED Follow-ups

1. Please have patients that need follow-ups call the clinic for their appointments when possible, particularly in the case of ER follow-up patients. Patients that need follow-up care for treatment you rendered will be given appointments. It is helpful if you call or e-mail the

- appointment scheduler so that they know that you have approved the patient being seen. Please let the schedulers know the name, approximate date, and AM/PM that the patient needs to be seen. They will work with the attending if an over-book is required. Other patients will be required to go through normal departmental screening procedures.
2. Trauma patients may be told to call the clinic for follow-up appointments as needed.
  3. Post-op appointments are to be made at the time of pre-op when possible.

#### **H. Surgery Scheduling**

1. If you post an add-on case that will occur during regular business hours please let the appropriate surgery scheduler know the name, MRN, and procedure including CPT codes and duration.
2. An attending, resident, or APP must complete the six items that have an “!” in the box and sign the order in Epic. The surgery schedulers will continue to fill in everything else that is required for a case to be posted from the paper posting sheet you give them. Another way to place a case request order is to use the ENT Surgery Case Requests smartsets.
3. Regarding the procedure name required, this is a generic procedure list. In most cases, all the CPT codes on the paper posting sheet must be completed so the surgery schedulers will know the correct way to post it. Please confirm with the attending all the potential surgical codes for the patient being scheduled.

#### **I. Identification of Role in Care**

When you see a patient, please be sure to notify the patient of your role and which attending is participating in their care. When in clinic, please let the patient know that the attending will be in next.

#### **J. Hand Cleansing**

Please wash your hands or use a hand sanitizer before and after seeing each patient. Please follow all gown, masking, and gloving precautions when applicable.

#### **K. Follow-up Issues**

It is your responsibility to follow-up on all labs and imaging on any patient you see in clinic, any patient you care for in the hospital or any patient you perform a procedure on. You are to notify the attending of the results and document the results and plans, unless otherwise instructed by the attending.

#### **L. Phone Message Return**

All phone messages must be returned by the end of the day with appropriate documentation. Phone calls with patients are to be documented with the medical record. Residents are expected to participate actively in the phone call return pool with the nurses and APPs.

## M. Consultations

- When a referring provider of any type contacts us, including the ED physicians and residents, it is our job to see that patient in a professional and collegial manner. If the referring physician believes that the patient needs to be seen we will see the patient. We encourage you to contact the residency program director if you know of any referral abuses. We take pride in providing outstanding customer service to our patients and referring physicians and we take this responsibility seriously. If there are any questions, feel free to contact your on-call faculty member, the residency program director or the chair.
- All consults will ultimately be seen or reviewed by an attending. It is the responsibility of the otolaryngology resident covering consults to make sure that the note contains the appropriate information, even if the intern documents it.
- Please attempt to have the designated APP see all work day consultations when possible.

### 1. Normal Workday Consultation Response (8:00 AM to 5:00 PM)

- Consults will be given to the resident via direct page through either the Adult ENT or Pediatric ENT consult pager. It is important that this pager be on and attended to during normal work hours and be passed between the appropriate individuals who are responsible for said pager without fail. The Pediatric ENT service will carry the Pediatric ENT consult pager. The Adult ENT consult pager will rotate between the three Adult ENT services at UMMC by a predetermined scheduled rotation. The Adult and Pediatric consult pagers are only under operation on weekdays from 7:00 AM to 5:00 PM. The intern will carry the pager and see non-urgent consults during their scheduled hospital times.
- When the intern is scheduled to be off campus they will hand the pager to the appropriate team who is scheduled on consults. They will discuss the consult with the resident on the consult service and the resident responsible for the consult pager will also alert the appropriate APP to assist with billing for the consult. The case should be reviewed as soon as possible with the specialty attending or the faculty members on that service as appropriate. If the consulting service is off-campus, the resident called will work with the attending physicians on the assigned consult team to find a resident or APP on campus who is free to see the patient.
- The office number is given as a back-up number in case the pager is down. If there is a call to the office staff, they will contact the responsible party.
- Consults will be followed by the initial consulting service of record until the case is no longer active, unless the case is transferred by mutual agreement of the attending physicians.
- Calls from outside physicians should be given to a faculty member directly during work hours unless specifically instructed otherwise.

## 2. Weekend and Night Consult Protocol

- The first call resident will take the initial calls and determine if the patient needs to be seen in the ED. When in doubt, come in. This resident will first call the senior resident to make sure that no issues have been missed before proceeding with recommendations or therapy. The senior resident will come in if there are any questions or if any of the following situations arise: if an intern is seeing a consult and has yet to be determined competent to complete certain activities or procedures; if a lower level resident is performing a procedure they have never done before or is not competent to do unsupervised; or any other situation as dictated in the ACGME Duty Hour requirements and Institutional and Department policies. One of the two residents (determined by the senior resident) will call the attending physician for input on any admissions, emergent cases, or anticipated interventional cases other than straightforward simple lacerations, simple nosebleeds, or peritonsillar abscesses. Please refer to the must call attending sheet.
- Urgent airway cases require that the senior resident and staff be called immediately.
- Level of autonomy for the consulting resident will be based on the on-call attending physician's judgment and preference as well as the current "Approved Procedures for Residents without Immediate Supervision" document located on the G:drive, the ACGME Duty Hour requirements, and Institutional and Departmental policies.
- Non-urgent or non-emergent issues that occur at night can wait for discussion with the attending on the following day.
- All transfer decisions will be made by the attending physician. All transfer calls should go directly to the attending and should be received through the Patient Transfer Call Center. In the event that the system breaks down a transfer call may be directed to a resident. In this instance it is acceptable for the resident who received the transfer request to refer the call directly to the attending physician.
- All consults seen overnight that are admitted or are still in the hospital and will not be seen by an attending physician should be communicated to the APP consult team for billing purposes.
- Please attempt to have all consults outside normal hours staffed by an attending in person or virtually.

## 3. Pediatric Airway Emergencies

- For emergency care during nights and weekends, please call the attending-on-call first and see if they agree that the pediatric airway attending needs to be called. If you feel that you do not have time to call the attending-on-call first and it is your judgment that the pediatric airway attending should be called in, you may call the

pediatric airway attending first, then notify the on-call attending as soon as possible. Patient safety always comes first.

#### **4. EMTALA**

- EMTALA (The Emergency Medical Treatment and Labor Act) is a federal regulation that requires our institution to accept any patient with an emergent condition when referred from another facility for a higher level of care and also applies to anyone that comes to our ED with an emergent condition in any other manner. Even in the event that we may not agree that the referring facility or physician is correct in sending the patient to UMMC, if we are the next level of care and the referring facility or physician says it's an emergency, we must treat the patient. Our institution can investigate and report abuses after the fact, as needed. The requirements state that we evaluate the patient and render all necessary care until the patient's emergent condition is stabilized. If routine follow-up is required afterwards, we can refer the patient back to their contracted provider. However, we must ensure that we have completed our course of care with the patient.
- This applies to all patients, not just prisoners.
- We will treat any inpatient consults regardless of whether they are emergent or not and regardless of payer/prisoner status.
- When in doubt, always put the patient first.

#### **N. Supervision of Patient Care**

1. Regardless of payer status, all patients at any participating institution are the private patients of an attending physician. Ultimately, the attending physician will be responsible for all aspects of the patient's care. Residents assist the attending physicians and are actively participating learners in the care of these patients. Residents should discuss all cases with the attending physicians prior to instituting significant changes in patient management.
2. An attending will be present or immediately available for all scheduled clinics and OR sessions. If the attending is temporarily absent, they will be available by a published pager or phone number.
3. The on-call attending will be available by pager or phone (as listed on the monthly schedule) for all emergencies or urgent unscheduled visits/consults. The attending will assist the residents directly if the level of experience required is beyond the skills of the participating resident. Otherwise, the case may simply be discussed with the attending by phone to determine the management and the degree of supervision necessary.
4. The departmental chair or his/her designee is available for additional coverage as needed.



5. Our program has established guidelines for circumstances and events in which residents must communicate with the appropriate supervising faculty. These guidelines are located on the G:drive as a Must Call document and is also available in the resident lounge. Each faculty member may have his/her own preferences, which will also be available via the G:drive.

#### **O. Call Schedule**

1. On average, junior residents will take primary call from home, which may range from every fourth weekday and every fourth weekend to every sixth weekday and sixth weekend. This number will vary with any residents out on vacation or leave.
2. On average, senior residents will take every fourth weekday and every fourth weekend to every sixth weekday and every sixth weekend of secondary call from home. This number will also vary with any residents out on vacation or leave.
3. Holiday and trauma call will be equally distributed among junior and senior residents, respectively. Only in the case of a relatively equal number of holiday and trauma call days will seniority be allowed to determine the designation of call.
4. It is the responsibility of the chief residents and PGY-3s to coordinate the call schedule and have it turned in to the program administrator on a normal business day no later than seven (7) days prior to the end of the month. Any changes to the call schedule after that date must be approved by the program director or the chair.
5. In the rare event that it is necessary for a resident to stay in-house, a call room on 6 East is designated for use by the on-call ENT resident.

#### **P. ICU Bed Requests**

It is the responsibility of the senior resident on the service to make sure that an ICU bed order has been submitted for the case.

#### **Q. Care of diagnostic equipment**

- The residents are expected to treat all department or hospital-supplied equipment with the highest level of care. Equipment should be kept under constant supervision to avoid loss. If any hospital-issued scopes are found to be broken, it should be reported to [entconsultroom@umc.edu](mailto:entconsultroom@umc.edu) immediately so that we maintain our goal inventory.
- Consultation Room
  - It is the responsibility of all residents and APPs using the consultation room to clean it after every patient encounter. The consult room should be kept clean and tidy at all times. An email should be sent to [entconsultroom@umc.edu](mailto:entconsultroom@umc.edu) promptly for any supplies or medication running low or empty.
  - It is the responsibility of the resident holding the pediatric consult pager to pick up clean instruments and return dirty instruments from SPD at minimum once weekly. Refer to Appendix H for a full list of duties assigned to the junior pediatric resident as it pertains to consult room maintenance.

### III. Research

#### A. Research Preparation

1. All PGY-1 residents must read the following text during their intern year:
  - *The Essentials of Biostatistics for Physicians, Nurses, and Clinicians* by Michael Chernick, PhD
  - Supplemental readings, but not required for review, include:
    - *Primer of Biostatistics* by Stanton Glantz, PhD
    - *Statistical Analysis for Decision Makers in Healthcare* by Jeffrey Bauer, PhD
    - *Designing Clinical Research* by Stephen Hulley et al.
2. *The Essentials of Biostatistics for Physicians, Nurses, and Clinicians* is available in PDF form on the G:drive. The other books are available for borrowing from the Clinical Research Director's office. At the end of the intern year, residents from that cohort will meet with research director to discuss study design and basic statistical analysis to gauge knowledge.
3. Other meeting and tutorials on research methods and biostatistics will be coordinated with residents during PGY-2 to help facilitate project development.

#### B. Project Requirements

- As a requirement for successful completion of the residency program, each resident is required to complete a minimum of two projects which must be submitted for presentation at a scientific meeting and for publication. The requirements for these projects are outlined below.
- During your PGY-2 and PGY-4 year you are allowed a dedicated rotation for research. Any research tasks that are not completed by the end of this block of time must be done during your free time. Note: residents that choose to perform an MBA or other degree during residency must still meet the minimum requirements.

#### C. Project Selection

1. Your two projects must be of a rigorous scientific nature. Acceptable formats include, but are not limited to: basic science projects, randomized controlled trials/adaptive clinical trials or a systematic review (meta-analysis) of randomized controlled trials, prospective studies (cohort or outcomes) with an internal control group or a systematic review of prospective controlled trials, retrospective studies (case-control) with an internal control group, population/cohort-based cross-sectional analysis (e.g. NHANES, JHS, ARIC), economic analysis, or performance improvement projects with clear outcome measures. Case reports or simple retrospective literature reviews do not qualify. The minimum standards of a scientific research study require the following: literature review + generation of testable

- hypothesis/research question + data collection/analysis (either prospective or retrospective)  
+ interpretation of data outcomes.
2. A list of available projects will be maintained by the research director for your convenience.
  3. Residents may discuss projects with any faculty member but, prior to commencing any project, approval should first be obtained from the research program director, the residency program director, the chair, and the research committee. Forms for approval can be found on the G:drive and will be distributed at research boot camp.
  4. Projects completed with basic science faculty are encouraged and can count toward the two-project minimum even if the resident is not the first author. However, the basic science faculty PI must confirm the resident significantly contributed to the study.
  5. You may do other studies or case reports, if you wish. Approval should be obtained from the research director and normal departmental and institutional policies for the commencement and conduct of research apply.

#### **D. Guidelines**

1. The deadlines that follow are the latest possible dates acceptable. You are strongly encouraged to start on this process in advance so that you are eligible to submit your proposals for all applicable grant funding. This is beneficial for the entire department in general, but is also beneficial to you in terms of your future fellowship and possible academic plans.
2. You must first identify a tentative research area and research sponsor. You should complete a one-page statement of research intention (i.e. letter of intent or LOI) which identifies an area of proposed research and its significance. The letter must be signed by the research mentor. This must be formally presented to the research review meeting no later than four months prior to your research rotation. A copy of this letter should go to all faculty members via the research director on or before the first day of the month of the meeting. Any requested revisions are due on or before the first day of the following month.
3. Each resident will complete a research proposal using the EXACT format provided in this manual (see Appendix A: UMC IRB TEMPLATE AND NIH SIX-PAGE FORMAT) for project 1. This proposal must be presented to the research review group no later than the start of Fall of PGY-2, prior to the start of your research rotation (Spring PGY-2). Copies are to be provided to all faculty members via the research director on or before the first day of the month of the meeting. The proposal will be presented in a formal presentation (e.g. PowerPoint) to the faculty in the fall. Submission for extramural funding is encouraged; appropriate approval should be sought prior to submission. Forms for approval can be found at the department website under the Research tab. The NIH six-page format grant style proposal will be due by the end of Fall PGY-2.

4. Any suggested revisions should be investigated and a revised proposal will be presented to the research review meeting prior to the start of your research rotation. The revised proposal is due on or before the first day of the month of the meeting with a similar distribution schedule as previously stated above.
5. You must arrange a regular meeting with your research mentor to effect a more organized compilation of data and to focus your research. You are also encouraged to meet with the research director at the start and end of your research rotation to set goals and discuss progress.
6. All IRB/IACUC materials should be submitted prior to the start of the research rotation with the goal to be approved prior to research rotations. Please submit at least ten (10) weeks prior to the start of your research rotation.
7. Within two months after the completion of each research rotation, a summary of progress made to date (one page or less) must be presented at the research meeting, along with plans - including a timeline - to complete unfinished tasks.
8. Timeline
  - Timeline example for project 1:
    - Letter of intent due – September, 2023
    - Prosepectus Presentation – November, 2023
    - NIH 6-page format – December, 2023
    - Research rotation start date – January 1, 2024
    - Progress report due – May 1, 2024
  - Timeline example for project 2:
    - Letter of intent due – December, 2024
    - Research proposal due (standard form) – April 1, 2025
    - Research rotation 2 start – July, 2025
    - Progress report due – November, 2025
9. All research projects that you have listed as being the Primary Investigator must be satisfactorily completed with a summary, closing report to the research committee, and the IRB, if applicable (i.e., if the IRB approval was required in any fashion) prior to graduation. Submission of revisions to the journal must also be completed prior to graduation. If you are listed as Primary Investigator for an on-going project or projects that have not reached completion, arrangement for transfer of PI status or other arrangements must be completed to the satisfaction of your research mentor prior to your official graduation from the program. However, the requirement for submission of two approved projects for presentation and publication as a requirement for graduation remain.

10. The second project will follow a similar process for proposal but will not require the full prospectus NIH format document nor the formal presentation. The requirements will include an LOI and a research proposal in the EXACT format provided in this manual (Appendix A: Research Proposal). The LOI will be submitted and discussed. After approval of the LOI, a research proposal will be completed and discussed at the monthly research meeting. Once approved, the resident will then be able to initiate project 2, pending any IRB/IACUC approvals.

#### **E. Research Proposal Examples**

- For project 1 prospectus, see NIH 6 page format; Appendix A
- For project 2, see research proposal template; Appendix A. This can also be found on the IRB website: <https://umc.edu/Research/Research-Offices/Human-Research-Office/Templates-Forms-and-Samples1.html>
- Examples of proposals and IRB applications are located at:  
<https://umc.edu/Research/Research-Offices/Human-Research-Office/Templates-Forms-and-Samples1.html>

#### **F. IRB and IACUC Application Tips**

Start early by submitting IRB and IACUC documents and least ten (10) weeks prior to starting your research rotation.

1. Cayuse link: <https://ummc.app.cayuse.com/>
2. You should list “Christopher Spankovich” in the personnel sections and check off the three boxes so they can review the IRB application to help you. You should also list your research sponsor and all other collaborators.
3. IRB has a walk-up clinic on Thursday mornings.

#### **G. CITI Training**

You should complete this during your PGY-1 otolaryngology specialties rotation since it is required to submit an IRB. You will also need any medical students or other collaborators to complete if including them in the IRB applications. The training is located here: <https://www.citiprogram.org/index.cfm?pageID=14> . If performing an animal study, you will have to complete IAUCUC training. Please discuss specific trainings with the PI/mentor on the study as they can be specific to animal species.

#### **H. Other Helpful Information**

Medical Librarian: Susan Clark, Library Director

**I. Submissions and Awards**

Research projects are eligible for the annual resident research award. Residents must submit their manuscripts and present their work to the appropriate meeting and publication as previously stated. In addition, residents must present at least one of their research projects in both their PGY-4 and PGY-5 years at the annual resident research forum as designated. Other residents may present research projects they have completed, if they wish. The winner will be determined by the faculty or the visiting professor. Your presentation topic should be discussed and approved by the Research Director by April 1<sup>st</sup>, prior to June graduation.

**J. Funding**

Funding for resident research projects is available, if needed, from the department at a maximum of \$4,000 per resident; however, every effort will be made to submit requests for outside funding when available and appropriate. Requests for funding greater than \$4,000 will be considered on an individual basis, based on merits of the research and likelihood of success. **These requests should be also sent to the program coordinator for financial tracking purposes.**

**K. Submission of Proposals, Presentations, and Manuscripts**

Grant applications, IRB proposals, abstracts, or manuscripts require advance written permission of the primary faculty mentor, all authors, the chair, and the resident research director before submission. The links to the required forms are on the G:drive and will be distributed at research boot camp. When submitting presentations, be aware of requirements for written manuscripts as some meetings will necessitate a prepared manuscript be submitted to a specific journal. It is highly recommended that the manuscript be submitted prior to representation at a professional meeting. If the publication will not be submitted prior to presentation, you will need to get permission from your faculty mentor and the research director. Note: reimbursement for attending a meeting will be dependent on submission of the manuscript. Presentations (PowerPoint and poster) should use the most up to date department templates available on the G:drive.

**L. Biostatistics and Bioinformatics**

A biostatistician will routinely have a percent of their effort dedicated to services to the department. The research director may also provide assistance.

**M. Requirement to Follow Protocol Complete Projects**

Your research time will be forfeited if the requirements for research are not followed in a timely manner. This does not release you from the responsibility of completing your research projects as a requirement for graduation from the program.

**N. MBA program or MS in Clinical Investigation program**

- Subject to continued granting of a tuition benefit by the institution, good standing in the residency program, and acceptance into the degree program, residents may work toward obtaining their MBA degree or MS in Clinical Investigation degree via the University of Mississippi.

1. The resident may start the program in their PGY-3 year. Prerequisites may be pursued in advance of that time.
2. Research and elective blocks may be used to facilitate completion of the program.
3. All research and presentation requirements remain in place, but coursework can be used to meet these requirements.
4. A maximum of six hours may be taken per semester, totaling eighteen hours (18) annually. Textbook reimbursements are only available to those that have attended a national meeting and are limited to the balance of their PDA.

#### IV. Service Opportunities

##### A. Humanitarian Mission Trips

1. Upper level residents are encouraged to take mission trips to areas faced with social, economic, and health challenges. To further support and encourage our residents in this endeavor, an Otolaryngology Resident Humanitarian Fund is available to offset residents' trip expenses, subject to availability of funds.
2. If you think you may be interested in pursuing a mission trip during your upper level years, here are the steps to follow:
  - Identify your interest in a trip with the program coordinator and the residency program director at least six month (or earlier) prior to any planned trips. This allows time for scheduling and any other necessary precautions.
  - Decide which organization/area of the world your mission trip will be through. There are a multitude of humanitarian organizations, however, there is also a wide range of quality and reliability between them. We recommend that you choose a well-established organization, preferably one that other residents have worked with so you can discuss experiences and expectations.
  - Plan your trip accordingly. Ideally, the trip should fall during a research or elective block. While accommodations might be able to allow for trips outside these rotations, there are no guarantees that this will happen.
3. UMMC does not provide insurance or malpractice for international mission trips. Be advised that these trips are at your own risk and the department does not assume any liability for any injuries, accidents, or other situations you may encounter.

4. All arrangements for these trips are your responsibility, however, please submit your receipts so that you can be reimbursed for your expenses from the Humanitarian Mission Fund.
5. Seek out and apply for any grant funding to help support travel costs associated with the mission trip. Specifically, apply for the American Academy of Otolaryngology – Head and Neck Surgery \$1,000 humanitarian travel grant.

#### **B. Community Service**

The department encourages and will support resident participation in community service projects such as Habitat for Humanity, animal rescue, and food banks. All residents are encouraged to submit ideas for department/residency activities in these and other projects.

### **V. Expectation and Evaluation Process**

#### **A. Minimum Expectations**

1. Perform all assigned operating room, clinic, and ward duties for your level of training in a reasonable fashion.
2. Participate in all otolaryngology teaching and conferences.
3. You are expected to achieve a score of at least the 5<sup>th</sup> stanine for your year on the Annual Otolaryngology Training Examination. If you do not achieve this goal, you will be provided an individualized instruction/reading program or any other guidance as needed. PGY 2-5 residents are required to take this examination.
4. Check your departmental email and EPIC in-basket at least once per day of the work week and promptly respond to requests for replies from departmental personnel and faculty members.
5. Complete all assigned Healthstream modules on time.
6. Obtain and maintain appropriate licensure and credentials as required by the institution.
7. Keep resident work/consult rooms clean and tidy at all times.
8. Achieve and demonstrate the following competencies:
  - Efficiently perform a complete history relevant to the clinical situation.
  - Perform an appropriate physical examination and recognize relevant findings.
  - Complete medical records assignments in a logical, complete, and timely manner.



- 
- Complete consultation, operative, and clinical notes within required deadlines and consistently follows the established guidelines for such.
  - Develop an appropriate treatment plan for the clinical situation.
  - Follow patient management plans through to implementation.
  - Counsel and educate patients and their families.
  - Provide patients clear information about treatment programs and options, health maintenance, and illness prevention.
  - Can complete graduate level relevant procedures using a correct sequence and demonstrating appropriate tissue handling.
  - Demonstrate an investigatory and analytical thinking approach to clinical situations.
  - Take an organized and rational approach in incorporating relevant medical knowledge into recognizing clinical conditions and formulating therapeutic plans.
  - Seek out opportunities to do extra research, attain new skills, or to be involved in all phases of patient care.
  - Know and apply the basic and clinically supportive science which are appropriate to their discipline.
  - Pursue an active, independent reading program to develop and improve his/her knowledge base.
  - Actively engage in departmental educational conferences.
  - Arrive at conferences in time to start on time, be present throughout except for avoidable situations, and conduct themselves in a professional and respectful manner.
  - Attend and participate in learning at regional and national educational conferences.
  - Display appropriate knowledge of relevant anatomy, physiology, and pathophysiology.
  - Perform at or above the 5<sup>th</sup> stanine for level on the Annual Otolaryngology Examinations.
  - Completes Weekly Curriculum assignments.

- 
- Analyze practice experience and perform practice-based improvement activities using a systematic methodology.
  - Ability to describe the process of practice assessment: identifying key issues for improvement, analysis, implementing change, and analysis of change.
  - Develop and maintain a willingness to learn from prior experience.
  - Use feedback to identify areas for improvement.
  - Seek opportunities to strengthen deficits in knowledge/skills.
  - Locate, appraise, and assimilate evidence from scientific studies related to his/her practice.
  - Obtain and use information about their own population of patients and the larger population from which their patients are drawn.
  - Apply knowledge of established clinical guidelines and procedural standards to his/her practice.
  - Actively participate in Journal Club and display an increasing understanding of the medical literature.
  - Use information technology to manage information, access online medical information, and support their own education.
  - Perform critical appraisal of the literature utilizing basic bio-statistical techniques and principles or evidence-based medicine.
  - Research and present a clinical topic (approved by the residency program director) in a written and formatted presentation to the department once per academic year.
  - Make progress toward and complete two scholarly activities as prescribed and submit then for national presentation and publication, as well as the Annual Resident Research Day.
  - Facilitate the learning of students and other health care professionals.
  - Observed to develop an effective patient-physician relationship.
  - Communicates concern for others.
  - Perform effective patient and family interviews.

- Listen well and effectively adapt communication style with patients to maximize accurate understanding.
- Work effectively with others as a member or leader of a health care team or other professional group.
- Communicate effectively verbally with peers and other members of the health care team.
- Produce clear medical notes, requests for consultation, and responses to requests for consultation.
- Actively foster collaboration among team members and other disciplines.
- Ask others on patient care team to share ideas and viewpoints.
- Resolve conflict by listening and explaining, giving feedback, and establishing respect, trust, and consensus.
- Keep the faculty informed about relevant patient care issues in a timely fashion.
- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and ongoing professional development.
- Provide needed care with the same standards of quality for all patients, regardless of type of reimbursement or ability to pay.
- Recognize his/her responsibility to the patient and society.
- Be neatly dressed and present a professional image.
- Be punctual and available when appropriate.
- Display an understanding of effective time management.
- Strive to maintain professional and mutually respectful working relationships with both peers and subordinates.
- Complete all assigned academic, clinical, and administrative tasks as outlined in the residency manual in a timely fashion.

- Keep an up-to-date, complete, and accurate operative case log on the format provided by the ACGME.
- Maintain personal composure, patience, and professionalism in all situations.
- Seen as a role model as a physician.
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
- Display sound moral/ethical judgment in patient care and business practice.
- Keep patient information confidential.
- Act in a trustworthy manner.
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, sexual orientation, and disabilities.
- Demonstrate appropriate knowledge and display proper behavior regarding gender discrimination, racial discrimination, and sexual harassment issues.
- Demonstrate knowledge of issues of impairment, including alcohol and substance abuse, and reporting obligations for impaired physicians as well as the resources available for assistance.
- Show interest in and concern for patients in daily interactions.
- Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society, and how these elements of the system affect their own practice.
- Differentiate between various health care delivery organizations and payer systems.
- Ability to discuss common reimbursement methodologies.
- Display an understanding of documentation criteria for different levels of care.
- Understand precepts of compliance and privacy regulations.
- Identify factors that contribute to rising health care costs and strives to lessen these when appropriate.

- Practice cost-efficient health care and resource allocation without compromising patient care.
- Advocate for quality patient care and assist patients in dealing with system complexities.
- Recognize potential conflicts of interest between the individual patient and their health care organizations.
- Partner with health care managers and providers to improve patient care.
- Demonstrate the potential of becoming an independent and competent practicing otolaryngologist-head and neck surgeon.

## **B. Evaluation Process**

### **1. Faculty Teaching Evaluations**

The residency program director will annually review anonymous faculty evaluations from residents with academic faculty and approve or disapprove faculty members continued participation in the program. Faculty members are annually provided with the minimum criteria required to receive approval for continued participation in the residency program.

### **2. Program Evaluation**

The Program Evaluation Committee will review the success of the program in meeting its goals and objectives in its regular monthly meetings and during a single annual session devoted exclusively to this once a year. Crucial to this review will be the annual confidential written review of the program by the residents, as well as by the faculty. The results of this review will be discussed with the entire faculty as well as the residents after the results are confidentially collated. Additional material considered will include: board pass rates, Annual Otolaryngology Examination scores and attainment of fellowships; academic positions, suitable private practice positions, and operative case experiences.

### **3. Resident Evaluation Process**

Evaluations will be completed at the end of each rotation for each resident. Each resident is evaluated semi-annually by the Clinical Competency Committee with milestone data completed for each resident at that time. 360° degree evaluations completed bi-annually will also be used to assess progress.

### **4. Feedback of Results**

- The Clinical Competency Committee will meet semi-annually to assess the resident's progress in meeting the above performance criteria and assess progress in the resident's surgical/procedural competency. Faculty and external reviewers will complete 360° degree evaluations of each resident. Residents will also complete self-evaluations and peer evaluations semi-annually. The results will be collated and reviewed with each resident individually by the residency program director. Residency operative experience

will also be reviewed to allow adjustments in resident rotations to achieve balance in case-load. The resident will have the opportunity to provide feedback about their progress at that time. A written summary will be reviewed with the resident and kept in their file. End of rotation evaluations by the faculty will be provided to residents as well.

- The residency program director will also meet with each resident on alternate quarters to allow the resident to provide feedback about the program and the resident's individual progress.
- The chair will meet with each mid-level or any other resident annually (as needed and if so desired) to discuss career planning.

### **C. Promotion of Residents**

Specific criteria (Appendix C) has been defined by the department faculty for advancement and promotion from each PGY level and for graduations from the PGY-5 year to independent practice. Those residents that have been successful in reaching these goals and fulfilling all the designated criteria for his/her applicable PGY level at the end of the year will be promoted to the next level as appropriate. Those residents that are not judged to have met these standards will be subject to the procedure described for probationary status, grievance, suspension, non-renewal, or dismissal.

### **D. Remediation, Probationary Status, Suspension, Non-renewal, and Dismissal**

The position of the resident presents the dual aspect of a student in graduate training while participating in the delivery of patient care. The Department of Otolaryngology-Head and Neck Surgery is committed to the maintenance of a supportive educational environment in which residents are given the opportunity to learn and grow. Inappropriate behavior in any form in this professional setting is not permissible. A resident's continuation in the training program is dependent upon satisfactory performance as a student, including the maintenance of satisfactory professional standards in the care of patients and interactions with others on the health care team. The resident's academic evaluation will include assessment of behavioral components, including conduct that reflects poorly on professional standards, ethics, and collegiality. Disqualification of a resident as a student or a member of the health care team from patient care duties disqualifies the resident from further continuation in the program.

#### **1. Guidelines for Academic Remediation by the UMMC GME Office**

- Background: trainees are expected to sustain reasonable progression of learning and performance throughout their training program. At times there may be a need for additional efforts to assist residents or fellow satisfactorily meeting all competency requirements for graduation and/or to be prepared to pass their applicable board examination.
- Process: several triggers may be utilized to capture those trainees who may need remediation, including but not limited to: 1 – results of the specialty-specific In-Training Exam (ITE); 2 – a specific level not attained in any of the ACGME's six competencies on

any or multiple rotation evaluations; 3 – failure to meet level-appropriate milestone targets; 4 – sentinel or egregious event/s or; 5 – other aspects of performance or behavior.

- It is recommended that all trainees in programs that have ITEs should take the exam on an annual basis. Suggested scores that may cause a resident to enter remediation may include:
  - Upper-level trainees answering less than 30-40% of questions correctly (determined by PGY year).
  - First-year trainees scoring at or below the 20% percentile.
- Each program should set their own thresholds based on timing of the exam, national benchmarks, and predictive values within their specialty area.
- If more than 50% of the trainees in a program are below flagged thresholds, curriculum changes for the program are likely warranted as opposed to individual resident remediation processes.
- **Suggested activities for remediating trainees include:**
  - The residency program director must specifically identify areas for remediation: knowledge base deficits, specific competency areas, time management test-taking skills, or other extenuating personal circumstances.
  - The trainee should meet with the residency program director (PD) or an associate program director (APD) to discuss issues contributing to a sub-optimal performance and participate in formulating a remediation plan. This meeting should be documented in writing.
  - The PD, the APD, mentor, or dedicated faculty member should supervise the resident's participation in and completion of tasks in the remediation plan.
  - The trainee may benefit from meeting with an academic resource counselor for an academic assessment. (Available through UMMC learning resources; contact the GME Office for referral.) Ongoing counseling to enhance proficiency may be left to the discretion of the counselor of the supervising PD/APD.
  - Increased attendance requirements for conferences may improve knowledge deficits.
  - The trainee may develop a written personal study program. Once a plan is in place, the trainee should provide periodic reports to the supervising PD/APD which outlines the material covered. This plan may include items such as

textbook reviews, work in online modules, reviews of cases, completion of board preparation courses, or completion of sample board question sets.

- Trainees should meet with their supervising PD/APD periodically and often enough to show progress in their participation in the plan.
  - Extra required simulation training or expanded rotation exposure for certain skills may help improve any identified procedural problems in some trainees.
  - At times, adjustments in the trainee's rotation schedule may be needed or helpful.
  - Evaluation through Student/Employee Health may be beneficial, especially for residents who appear disengaged or dysphoric.
  - Complete or submit other additionally required activities at the discretion of the PD.
- Remediation is NOT punitive. All activities assigned as part of a remediation plan should have clear and apparent educational value and assist the trainee in meeting their specified goals.
  - Conclusion: Remediation is usually undertaken before probation is considered. However, in some circumstances, the deficiencies may be so significant as to warrant more definitive action (including probation) when first recognized. In situations when misconduct is involved, a single event may be the trigger for action without prior warning or history or any previous negative feedback. Any behaviors which could significantly compromise patient care and safety or create a hostile work environment may be grounds for immediate action, up to and including dismissal. Academic Probation is always at the discretion of the PD.
    - Trainees who fail to meet any of the stipulated requirements for their individual remediation plan may be required to extend training time to achieve certifying examination eligibility or may not be approved to sit for their boards after residency completion. Trainees may be considered to have completed the remediation protocol at the discretion of the PD/APD when all the steps in their individual plan have been completed, including activities like any assigned scholarly projects, specific numbers or types of patient encounters or procedures, or when a satisfactory score has been achieved on the next ITE.
    - Trainees undergoing academic remediation should not be allowed to engage in moonlighting activities.



- Academic remediation is NOT considered a reportable event for future credentialing purposes (unlike formal academic probation, which usually will be).
- See Appendix E for UMMC GME Office Academic Remediation Protocol Checklist.

## 2. Probationary Status

- Failure to comply with departmental rules and guidelines or failure to meet the goals and objectives outlined for the given stage of training in the expected manner will result in a probationary status for the resident. In addition to other behaviors listed herein and in general, unsatisfactory performance rating in two or more competency areas will be grounds for probationary status. A “needs improvement” rating in four or more competency areas is also grounds for probationary status. The resident will be notified verbally and in writing.
- The goal of probation is to provide a learning environment that will allow the resident to focus on and improve deficient areas. To achieve this goal, the following will be implemented:
  - Written identification of areas of deficiency and expectations for improvement.
  - Assignment of a mentor.
  - Monthly meetings of the resident and the residency program director to evaluate progress.
  - Additional didactic programs and individualized tutorials and determined by the residency program director.
- Probationary status will be reviewed every three months, with the resident’s progress reviewed as well. The faculty may return the resident to regular status, recommend an extended period of probation, or termination. The failure to remedy documented deficiencies while on probation constitutes grounds for dismissal from the residency program.

## 3. Suspension

- The chief of staff of a participating and/or affiliated hospital where the resident is assigned, the dean, the president of the hospital, the chair, or the residency program director may, at any time, suspend a resident from patient care responsibilities. The resident will be informed of the reasons for the suspension and will be given the opportunity to provide information in response.
- The resident suspended from patient care may be assigned to other duties as determined and approved by the Chair. The resident will either be reinstated - with or

without the imposition of academic probation of other conditions - or dismissal proceedings will commence by the University against the resident.

- Any suspension and reassignment of the resident to other duties may continue until final conclusion of the decision-making process and may appeal as detailed below.

#### **4. Non-renewal**

- If the residency program director decides not to renew a resident's appointment, the program director will give the resident at minimum four months written notice of intent not to reappoint the resident to the next year of training, unless the event or events giving rise to such non-reappointment occur during the last four months of the academic year, in which the program director will give the resident as much notice of non-reappointment as is reasonably possible.
- If requested in writing by the resident, the Chair will meet with the resident. This meeting should occur within ten working days of the written request. At the meeting, the resident may present relevant information regarding the proposed non-renewal decision. The resident may be accompanied by an advisor to any meeting held pursuant to these procedures, but the advisor may not speak on behalf of the resident. If the Chair determines that the non-renewal is appropriate, they will use their best efforts to present the decision in writing to the resident within ten working days of the meeting. The resident will be informed of the right to appeal, as detailed below.

#### **5. Dismissal**

- If the residency program director concludes that a resident should be dismissed prior to the completion of the program, the program director will inform the chair in writing of this decision, which will include the reason/s for the decision. The resident will be notified and provided a copy of the letter of the proposed dismissal. Upon request, the resident can be provided previous evaluations, complaints, counseling notes, letters, and other documents related to the dismissal decision.
- If requested in writing by the resident, the Chair will meet with the resident. This meeting should occur within ten working days of the written request. At the meeting, the resident may present relevant information regarding the proposed dismissal decision. The resident may be accompanied by an advisor any meeting held pursuant to these procedures, but the advisor may not speak on behalf of the resident. If the Chair determines that the dismissal is appropriate, they will use their best efforts to present the decision in writing to the resident within ten working days of the meeting. The resident will be informed of the right to appeal, as detailed below.
- The following is a list of some (but not all) infractions that are grounds for immediate suspension, probation, or dismissal:
  - Abandonment of a patient or patient care duties.

- Illegal or grossly unprofessional conduct.
- Malperformance of duties with potential for serious harm to patients.
- Performance of duties while under the influence of drugs or alcohol.
- Insubordination to faculty members or staff.
- Unauthorized or unapproved absence from the program.
- Breach of contract.
- Excessive moonlighting that interferes with the performance of resident duties.
- Misconduct as listed in the UMMC Employee Handbook Rules and Regulations.

## 6. Procedure for Appeal and Grievance

House staff will have the rights of grievance procedures as detailed in the Handbook for Employees of the University of Mississippi Medical Center, the Medical Staff Bylaws, Rules and Regulations of the University Hospitals and Clinics, and in the University of Mississippi Medical Center Graduate Medical Education Evaluation Policy and Grievance Algorithm.

All trainees at UMMC will receive both formative and summative evaluations of a periodic basis. Attending physicians are expected to provide feedback and constructive criticism on all aspects of the trainee's performance including, but not limited to: clinical judgment, medical knowledge base, data-gathering skills (history taking, physical exam, old record review, lab follow-up), procedural skills, humanistic attributes, professionalism and overall patient care skills as well as all behaviors defined within the six ACGME descriptive areas of competency.

Trainees should expect direct constructive criticism and suggestions for improvement. The residency program director or his/her designee will meet individually with each house officer, at least semi-annually, to review their overall performance and progress in the training program.

The details of the process of resident evaluation and grievance will vary appropriate to the requirements of the RRC or other accrediting agency for the resident's specialty or subspecialty. The process will typically include the elements described below.

The appeals process is as follows:

### a) Attending Physician

If the trainee is performing at a low satisfactory or unsatisfactory level, the substandard performance should be brought to the trainee's attention as soon as possible. Performance problems should be documented with clear suggestions regarding appropriate conduct for such situations in the future. In addition to discussing the problem directly with the trainee, the attending physician should notify the program director (preferably in writing) of the nature of the problem as soon as possible. Occasionally, changes in routine supervision on patient care services may be warranted. If a trainee is unhappy with an evaluation or feels it's unfair, they are encouraged to discuss the evaluation in detail with the attending physician. It is advisable that the resident initials and dates all documentation to signify his/her awareness of the options and actions recorded.

**b) Program Director**

If after additional discussion the trainee feels the evaluation is unjustified, they will be asked to put their complaint in writing and discuss the evaluation in detail with the program director, who will also serve as a mediator. In most cases, after seeking input from all parties involved and reviewing the situation in detail with both the attending physician and the trainee, the program director will dictate a report to be included in the trainee's file, along with the original evaluation and the trainee's rebuttal and explanation. In some cases, the attending physician may wish to file an amended evaluation. In all cases, the trainee will be asked to define specific ways in which the behavior can be changed or improved.

If the trainee continues to perform their duties at marginal or unsatisfactory levels, a house officer may have their clinical privileges revoked by the program director and be asked to function in a remedial role in which all aspects of patient care must be immediately supervised by another physician, including countersignature of all patient orders and notes. A remedial program will be established which includes reading assignments and didactic conference attendance (and in some cases, language classes) in an effort to improve performance, with a specific probationary period defined.

**c) Department Chairman**

Unsatisfactory trainee performance may result in the dismissal from the program of house officer. The decision will be made by the program director in consultation with the chairman of the department. If a house officer wishes to contest the program director's decision for termination from the training program, appeal for review can be addressed to a constituted departmental grievance committee composed of selected peers and faculty.

**d) Appeal from Departmental Chair**

House officers may appeal matters that are deemed suitable for filing grievance by petitioning in writing to the Vice Chancellor for Health Affairs within fourteen (14) calendar days of notice of termination from the program director or chairman (exclusive of UMMC holidays). Upon receipt of a formal written request from a resident for review of a department Chair/Program Director's action, the VC will select a member of the

Graduate Medical Education Committee to chair an appeals committee. The appeals committee chair will appoint an appeals committee of four additional GMED or RRSC members, including at least one member of the house staff. The appeals committee chair will promptly convene the committee to hear the appeal, generally within ten (10) business days of the Vice Chancellor's appointment of the appeals committee chair. The decision of the appeals committee will be submitted to the VC. The decision of the VC shall be final in accordance with the bylaws and policies of the Board of Trustees of State Institutions of Higher Learning.

**e) Grievance Issues**

Per the University of Mississippi Medical Center, the following issues are considered suitable to file for grievance:

- Complaints against faculty.
- Disciplinary actions, including dismissals, demotions, and suspensions.
- Application of personnel policies, procedures, rules and regulations, ordinances and statutes.
- Acts of reprisal against employees using the grievance procedure.
- Complaints of discrimination on the basis of race, color, creed, political affiliation, religion, age, disability, national origin, sex, marital status, veteran status.
- Any matter of concern or dissatisfaction to an employee if the matter is subject to the control of institutional management.

Likewise, the following issues are not considered suitable to file for grievance:

- Scheduling and staffing requirements.
- Issues which are pending or have been concluded by direct appeal through an administrative or judicial procedure.
- Temporary work assignments which do not exceed ninety (90) calendar days.
- Budget and organizational structure, including the number of assignment of employees or positions in an organizational unit.
- The measurement and assessment of work through performance appraisal, except where the employee can show that the evaluation was discriminatory, capricious, or not job related.

- The selection of an individual by a department head or designee to fill a position through promotion, transfer, demotion, or appointment unless it is violation of UMMC of Board Trustee policy.
- Internal security practices established by the institution, department head, or designee.
- Termination or layoff from duties because of lack of work, reduction of the workforce, or job elimination.
- Voluntary resignation by an employee bars action under the grievance procedures.
- Any matter not within jurisdiction or control of the institution.
- Content of published UMMC policies or procedures.
- An action by the institution pursuant to federal or state law or directions from the Board of Trustees of State Institutions of Higher Learning.
- Establishment and revision of wages and salaries, position classification, and general benefits.

## VI. **Administrative**

### A. **Lab Coats**

All residents may get two lab coats at the start of each year; the GME office provides the PGY-1 residents with their two coats. The lab coats will display monogramming and departmental identifiers. Lab coats must be clean and present a professional appearance and the department will provide weekly laundry service for lab coats. Additional lab coats will be provided on a case-by-case basis.

### B. **Professional Attire**

1. All residents are required to dress professionally when seeing patients in the outpatient setting. All clothing, including scrubs, should be clean and neat in appearance. Hair and facial hair must be neatly groomed.
2. Attire in the hospital must be with hospital policy.

### C. **Benefits (a comprehensive list is available via Human Resources)**

1. Medical and liability coverage is provided for the house staff free of charge. There is an additional charge for family medical coverage.
2. Optional benefits (other less common benefits are available as well):
  - Life Insurance

- Term Life
- Supplemental Term Life
- Whole Life
- Accidental Death and Dismemberment
- Disability: Short Term and Long Term
- Dental and Vision
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity
- Burial Insurance
- Tax Sheltered Annuities
- Deferred Compensation Plans
- Flexible Benefits Plan (allows certain insurance benefits and parking to be taken as pretax dollars)

**D. Meals**

The UMMC and Wiser cafeterias and the Student Union offer a 20% discount to UMMC employees. The GME office also provides meal tickets for on-call residents.

**E. Sexual Harassment**

1. Sexual harassment is covered under the policies of the University of Mississippi Medical Center. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when: submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic performance; submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions affecting such individual, or; such conduct has the purpose or effect of unreasonable interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or educational environment.

2. Any such conduct should be reported to the residency program director and/or departmental chairman. If you are uncomfortable discussing the issue with either of these individuals or you do not feel your complaints have been or will be adequately addressed, please contact the Director for Equal Opportunity Employment in Human Resources at 601-984-1131.

#### **F. Substance Abuse and Mental Health**

1. The University of Mississippi Medical Center Faculty and Staff Handbook outlines the details of this policy.
2. Substance abuse interferes with the skills and judgment required for appropriate patient care.
3. The faculty members and program director are responsible for monitoring residents for signs of impairment from substance abuse as well as signs of stress, emotional disturbance, or mental impairment. The faculty members have been educated regarding this responsibility and the tenets of such monitoring. Any concerns are to be reported to the program director immediately.
4. Any resident suspecting that they or any member of the faculty or staff may have a problem with substance abuse should report this to the program director. All reports will be confidential and the department will be fully supportive of recovery efforts.
5. Any resident with a substance abuse problem will be offered rehabilitation assistance arranged via the University of Mississippi Medical Center Human Resources office.
6. A resident with a current substance abuse problem will not be allowed to participate in patient care until the situation has been resolved.

#### **G. Counseling**

- The Director of Student/Employee Health is available to meet with residents regarding issues pertaining to health, emotional or mental stress, substance abuse or other related issues. The Director will make further referrals as necessary. The UMMC Employee Assistance Program is through LifeSync and is available to all employees and their families.
- The RISE (Resilience in Stressful Events) program is available 24 hours a day, 7 days a week for residents, staff, and faculty at UMMC. This is a team of peer supporters to help distressed coworkers. They provide confidential “emotional first aid” to coworkers negatively impacted by patient-related events such as medical errors, complications, escalation into a higher level of care, death or stress related to COVID-19. Call 601-815-7473 for assistance within 24 hours.



#### **H. Resident Wellness Policy**

- There are circumstances in which Residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Follow the policies and procedures in place to ensure coverage of patient care in the event that a Resident may be unable to perform their patient care responsibilities. These policies will be implemented without fear of negative consequences for the Resident whom is unable to provide the clinical work.
- Residents have the opportunity to attend medical, mental health, and dental appointments, including those scheduled during their work hours. Residents must follow the proper procedures for scheduling and notification of these appointments.
- Residents are encouraged to alert the program coordinator, Program Director, a faculty mentor or Chief Resident when they have concern for themselves, a Resident colleague or a faculty member displaying signs of burnout, depression, substance abuse, suicidal ideation or potential for violence.
- PGY-1 and PGY-2 residents will be required to participate in the Mind Body Strong program offered by UMMC. This program is strongly encouraged for PGY-3 residents and is optional for senior residents. The program will take place in-person in the 5 East conference room on certain Friday afternoons scheduled in advance. Interns will be excused from off-service rotations to participate.

#### **I. Work Environment**

1. Patient support services such as intravenous, phlebotomy and laboratory services, as well as messenger and transporter services are provided for patient care.
2. An effective laboratory, medical records, and radiologic information retrieval system is in place to provide for appropriate conduct of the educational programs and quality and timely patient care.
3. Appropriate security measures are provided to residents in all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds and related clinical facilities. Any concerns in this regard should be brought to the attention of the program director.

#### **J. Licensure, Privileges, and Memberships**

1. Licensure and Privileges
  - Appropriate Mississippi medical licensure must be maintained at all times so that the resident has all rights and privileges to practice medicine and prescribe medicine and prescribe medications in all departmental practice settings. Currently, an institutional medical license satisfies these requirements.
  - Privileges at participating and affiliated clinical institutions must be obtained and maintained.

## 2. Memberships

- Residents will obtain and maintain resident membership in the American Academy of Otolaryngology-Head and Neck Surgery and the Triological Society. AMA membership is optional.
  - American Academy of Otolaryngology-Head and Neck Surgery – [www.entnet.org](http://www.entnet.org) (\$105.00). Membership includes a journal subscription to Otolaryngology-Head and Neck Surgery.
  - The Triological Society – [www.triological.com](http://www.triological.com) . There is no membership fee for residents. Follow the Resident Membership Guidelines and use the Resident Membership Application. This will give you a complimentary print and electronic subscription to the Laryngoscope.
  - Optional: American Medical Association – [www.ama-assn.org](http://www.ama-assn.org) (\$45.00). If you are currently a student member, you will need to transfer to a Resident Member. Subscribe to the “print and online” type of JAMA-Otolaryngology-Head and Neck Surgery through the web address above.
- Please complete membership applications and return them with appropriate payment to the program coordinator. The program director verification and endorsements by faculty members will be obtained then mailed. Once you received the receipts, you can be reimbursed after July 1<sup>st</sup> out of your education fund for these memberships and subscription fees. Please provide the program coordinator with either the actual receipt (typically sent via email), a copy of your credit card statement or a copy of the front and back of your cancelled check.

## K. Conflict of Interest

1. Any gifts from corporate sponsors accepted by residents individually should primarily entail a benefit to patients and should not be of substantial value. Textbooks and other gifts which serve a genuine educational function are appropriate. Cash payments should not be accepted. Individual gifts of minimal value are permissible as long as the gifts are related to the resident’s work (e.g., pens and note pads).
2. Subsidies to underwrite the costs of resident conferences or professional meetings can contribute to the improvement of patient care and therefore are admissible. Giving the gift directly to a resident by a company’s sales representative can create a relationship which could influence the use of the company’s products, therefore subsidies will be accepted only by the program director, who will deposit the money into the resident education fund to improve the quality of the conference. Payments to defray the costs of a conference should not be accepted directly from the company by a resident attending the conference. Subsidies should not be accepted to pay for the costs of travel, lodging, or other personal expenses, nor should they be accepted to compensate for the resident’s time. All such

support should be arranged via the program director and the use of such funds will be assigned to resident activities designated by the program director.

3. No gifts should be accepted if there are strings attached (i.e., residents should not accept gifts if they are given in relation to the resident's prescribed practices). In addition, when companies underwrite conferences or lectures other than their own, responsibility for select content, faculty, educational methods and materials should belong to the organizers of the conference or lectures, who should act independently.

## L. Days Out

### 1. Departmental Policy for Permitted Days Out

- The granting of and designation of specific days out for leave are solely at the discretion of the residency program director/chair based on resident performance standing, educational needs including patient care assignments and existing approved absences for faculty members and other providers.
  - Board eligibility policies do not supersede local departmental policies, but instead they solely establish the criteria for board eligibility in regard to days away from work.
- In order to assure adequate training, the target maximum number of days away from work for each PGY year is as follows: 1 (15), 2/3 (20), 4/5 (25). In all circumstances, the maximum number of days allowed away from work in our department for any reason is **30 days**, subject to approval and according to the guidelines of the following menu categories. **Maximum targets are NOT a guarantee of any specific number of days out per year.**
  - Personal annual leave: **15 days**
    - Subject to scheduling criteria
  - Fellowship/job interviewing, specialty training courses, parental leave, moving to fellowship location when required: **up to 5 days**
    - Subject to PD/Chair approval
    - Parental leave is 2 days maximum from this category
    - Must be a PGY4 or 5 in good standing to attend specialty training courses
    - Subject to scheduling guidelines
  - Attending an approved national meeting and/or presentation travel: **up to 5 days**
    - PGY 2-5
    - All residents are expected to attend one national meeting per year
    - PGY 1
      - Minimum time necessary, beyond 15 days annual leave, granted for poster or podium presentation at a national conference.
  - Otolaryngology Training Examination performance leave: **up to 3 days**
    - PGY 3-5

- Must have achieved at least the 5<sup>th</sup> stanine for their year
  - One day for each resident scoring at the 5<sup>th</sup> stanine or above for their year in the prior academic year.
  - Residency program as a whole performs in or above the 70<sup>th</sup> percentile in the prior academic year, an additional day of leave granted,
  - OR residency program as a whole performs in or above the 90<sup>th</sup> percentile in the prior academic year, two additional days granted must be taken in the two December/January holiday weeks
    - Available dates will be known around 4-6 weeks in advance
    - Other dates may be considered at the discretion of the chair
- Publication Incentive Leave: **up to 2 days total limited to 1 day per PMID**
  - Results from work started as a resident.
  - A PMID is given before the resident graduates.
  - Used within one year of PMID date.
- Personal Medical Leave: Must fall within the 30 day total available
- Unexpected catastrophic events will be considered on a case by case basis.
- PGY-4 and 5 residents may also use their annual or training leave for approved humanitarian medical missions or international exchange programs.
- Official UMMC holidays will be granted to those residents who are not on call, according to the policy of the institution at which the resident is rotating on the day of the holiday.
  - Residents at the VA on holidays not granted by UMMC are to check for coverage needs at UMMC
- Applicable leave, for purposes of residency training, cannot be carried over to the next year.

## 2. Scheduling of Leave

- In order to provide timely and reasonable care to patients and to promote resident education, a policy for scheduling leave is developed for PGY-2 through 5 residents. Leave scheduling for PGY-1 residents will be coordinated with the appropriate department in which they are rotating.
- Request for scheduling any leave - no matter what the type, even if assigned – must be submitted on the appropriate form to the program coordinator for approval by the residency program director and the chair a minimum of thirty-five (35) days in advance. Exceptions will be considered with circumstances are out of your control (i.e. interviews).

- Residents are expected to attempt to arrange coverage among the residents via the Chief Administrative resident for any leave time requested beyond approved vacation or meetings.
  - If no coverage, is available, the chair will seek to find additional coverage. APPs and nurses should not be directly asked to cover such absences.
  
- Flexibility of rotation scheduling required for special circumstances will be given whenever possible subject to the discretion of the PD/chair. Requests should be made to the Program Director as soon as possible in these situations.
  
- Personal annual leave must be taken in five-day blocks. This should be Monday through Friday. Exceptions may be allowed with approval of the residency program director, particularly in the case of residents needing to interview for a position. If a week of vacation includes a scheduled holiday period, you will **not** be allowed to take additional days subsequently.
  
- The requests for the three five-day blocks of annual leave per resident will be compiled, coordinated, and completed by June 15<sup>th</sup> of each year by the chief residents, subject to the following guidelines:
  - Annual leave must be assigned in proportion to the number of PGY-2 through 5 residents rotating on a service (e.g. no more than six weeks from the FPOL service).
  
  - PGY-1 residents should take vacation from ENT approximately proportionate to the amount of time they will spend on ENT during the year. While on other services, PGY-1 residents' leave must be approved for that service.
  
  - No two residents may be gone on vacation from the same institution at the same time. Exceptions will not be made for this except in the instance of the major otolaryngology meetings when a large number of the faculty will be gone as well, emergencies, or in the case of chief residents interviewing.
  
  - No vacations will be allowed in July, the last two weeks of June, or during major otolaryngology meetings. PGY-2 residents may not take vacation during the anatomy dissection. No residents may take vacation during the soft tissue course dates. Exception will be considered for unusual personal circumstances. Vacations should not be scheduled during the Gulf States meeting time.
  
  - The vacation schedule is not final until all the above criteria have been met and the program director and chair have signed off on it.
  
  - Changes later in the year will only be considered by the residency program director if they fall within the guidelines outlined.

- **For scheduling of interview dates, the following criteria will be considered:**
  - Urgency of need.
  - No other residents or PEs out.
  - Attending physicians or your service are out.
- After twenty-five (25) total days out are scheduled, with the exception of incentive days, you will need to use any remaining vacation days for interviews, specialty training courses, or moving purposes.
- Graduating residents will be expected to work through June 30<sup>th</sup>. Graduating residents required to start a fellowship on July 1<sup>st</sup> may leave early based on need, with approval by the residency program director, subject to the limitations of the days out criteria listed above. For graduating residents going into private practice for residents going into a fellowship with a delayed start date (July 15<sup>th</sup> or August 1<sup>st</sup>), additional personal days for moving time will not be permitted.
- All residents are expected to be present for visiting professor related events unless leave has been approved in advance regardless of the day or time of the week.

### 3. Weekends

- Occasionally, educational events will be scheduled on weekends. Resident attendance at these events is required. You may assume that your weekends are free, if:
  - You have not been given sixty (60) calendar days' notice that your attendance is required.
  - All resident call is covered.
  - If the weekend does not conflict with the annual otolaryngology examination, the Academy meeting, the COSM meetings, visiting professor related activities, or the holiday schedule.
- Outside of these circumstances, you should not assume that you are free without asking for specific written permission for having the days free from duty.

### 4. Medical Leave

**If you take medical leave, please inform the resident program coordinator and the program director. When you return, you will need to submit the appropriate paperwork detailing the exact dates you were out. The full medical leave policy is detailed in the Faculty and Staff Handbook.**

### M. Educational Fund

1. Educational fund use is subject to the resident being in full compliance with all applicable departmental and institutional policies outlined in this document and University publications.
2. Each PGY-2 through 5 resident receives a \$1500 educational allowance. This is intended to be used for travel to educational meetings. Balances remaining may not be carried over to the next year. After attendance at an approved meeting/s, requests to use any remaining money for other educational purposes such as books, journals, and educational equipment will be considered on an individual basis. The requests must be submitted by June 1<sup>st</sup>. PGY-1 residents receive an additional education fund of \$750 per year and do not have to attend a meeting.
  - a. Additional funds may be provided bases on exam performance subject to availability.
  - b. Additional funds beyond the base \$1500 for residents who meet the 5<sup>th</sup> stanine or above target of the OTE will be awarded as follows (based on how the residency program performs as a whole). The OTE group percentile rankings result in the additional funds per below:
    - i. Top Score: \$500
    - ii.  $\geq 90^{\text{th}}$  percentile: \$300
    - iii.  $\geq 80^{\text{th}}$  percentile: \$200
    - iv.  $\geq 70^{\text{th}}$  percentile: \$100
    - v. Below 70<sup>th</sup> percentile: \$0
3. For all travel requests that you wish to be reimbursed for, you must submit your Spend Authorization items at least six weeks in advance.
4. All hotel and airline reservations must be arranged according to UMMC travel policies and guidelines to ensure your prompt and timely reimbursement.
5. Reimbursement is limited to registration, hotel, airfare or rental car/mileage allowance, and state per diem. Reasonable parking and local transportation such as taxi/Uber and subway fares may be reimbursed as well. Meals will not be reimbursed above the state per diem rate. Itemized receipts showing proof of payment are required for all these items. Expenses paid prior to travel are allowed if proof of payment is submitted in advance and accounting approves the prior to trip expense request on the corresponding spend authorization.
6. Priority for attending desired meetings will be given based on seniority or whether a resident attended the prior year.
7. PGY-2 and 3 residents will attend either the Academy or combined otolaryngology spring meetings (COSM). Exceptions will be considered on an individual basis.

8. PGY-4 and 5 residents may attend courses of their choice approved by the residency program director. Appropriate courses would include allergy, temporal bone, facial plastic, practice management, sinus, and facial trauma courses.
9. When attending educational meetings, you are expected to attend the meeting sessions in their entirety with minimal exception.
10. If you independently obtain travel funds via your own initiative, these funds should be sent directly to the department and the amount placed in your individual travel/educational fund for you to use under the current guidelines. If you independently obtain funds via a competitive process, such as a research award, you may choose to have these funds mailed directly to you, rather than to the fund. Please be advised that you will be responsible for any applicable taxes on this additional income. The program is not responsible for any additional applicable fees, taxes, or obligations. (Research grants will be used to fund research if awarded.) If the travel funds are offered to us without your initiative, these funds will be placed in the group resident fund. This fund pays for all other resident expenses including presentation travel, in-service, Weekly Curriculum etc. At times, these funds may need to be received under a single resident's name.

#### **N. Presentation Travel**

1. Resident and intern presentations may be reimbursed by the department subject to the limitations under the **Educational Fund** guidelines previously listed, if funds are available. Within reason, you should choose the most economical airfare available. Eligibility for presentation travel will be considered on an individual basis, taking into account the merits of each request. Podium and poster presentations at national meetings and podium presentations at regional and state meetings are eligible. Case reports are not covered at any meeting. **A manuscript must be submitted to the appropriate journal no later than two months after the meeting date or by the specified meeting deadline for manuscript submission, whichever comes first, to be eligible for time off and travel reimbursement. Exceptions will be considered on an individual basis. Requests should be directed to the research director, the residency program director, and the chair.**
2. Reimbursement above your educational fund amount will be limited for presentation up to three total nights around the presentation. The time off must fall within the guidelines previously outlined in the Allocation of Leave section.
3. If other residents choose to share a room with the resident traveling with the use of departmental presentation funds, all room expenses must be split evenly among those residents that stay in the room.

#### **O. Resident Room Snack Fund**

1. Funds to stock the Resident Room with snacks will be awarded based on how the residency program performs as a whole. The OTE group percentile rankings result in the following snack funds:
  - a. Top Score: \$300/month



- b.  $\geq 90^{\text{th}}$  percentile: \$220/month
- c.  $\geq 80^{\text{th}}$  percentile: \$180/month
- d.  $\geq 70^{\text{th}}$  percentile: \$140/month
- e. Below  $70^{\text{th}}$  percentile: \$0

**P. Graduation Awards Dinner and After Party Policy**

1. Graduating residents will be given the opportunity to extend invitations to six (6) guests, aside from themselves and their significant others (eight (8) total). Any invited guests beyond that will be asked to pay for the cost of the dinner.
2. The graduation after party will be funded based on how the residency program performs as a whole. The OTE group percentile rankings result in additional funds as follows:
  - a.  $\geq 70^{\text{th}}$  percentile: \$1,500 funding provided
  - b. Below  $70^{\text{th}}$  percentile: no funding provided

**Q. Customer Service**

1. Residents will be expected to adhere to departmental expectations for excellent customer service in all care settings including the preoperative environment, inpatient hospital, the ED, the ambulatory clinic, and in phone conversations with patients.
2. Residents will participate in efforts to improve customer service as applicable.

---

**VII. APPENDIX A: Research Proposal Template (Core Project)**

---

**NIH Proposal Outline**

Six Page Limit – For Activity Codes R03, R13, R21, R36, SC2, SC3

---

**1. Introduction to Application (for Resubmission or Revision applications only) – LIMITED TO 1 PAGE**

- For resubmissions, the introduction should summarize the substantial additions, deletions, and changes to the application. The Introduction must also include a response to the issues and criticism raised in the Summary Statement.
- For revisions, the introduction should describe the nature of the supplement and how it will influence the specific aims, research design, and methods supported by the current award.

**2. Specific Aims – LIMITED TO 1 PAGE**

- State concisely the goals of the proposed research and summarize the expected outcomes, including the impact that the results of the proposed research will exert on the field involved.
- Succinctly list the specific aims of the research proposed (e.g., to test a stated hypothesis, create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, or develop new technology).

**3. Research Strategy – LIMITED TO 6 PAGES (sections a-c)**

- Organize the Research Strategy in the order specified below.
- Start each section with the appropriate section heading – Significance, Innovation, Approach.
- Cite published experimental details in the Research Strategy section and provide the full reference in the Bibliography and References Cited section.

**(a) Significance – Suggested length 1-2 pages**

- Explain the importance of the problem or critical barrier to progress in the field that the proposed project addresses.
- Explain how the proposed project will improve scientific knowledge, technical capability, and/or clinical practice in one or more broad fields.
- Describe how the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field will be changed if the proposed aims are achieved.

**(b) Innovation – Suggested length 1 page**

- Explain how the application challenges and seeks to shift current research or clinical practice paradigms.
- Describe any novel theoretical concepts, approaches or methodologies, instrumentation or interventions to be developed or used, and any advantage over existing methodologies, instrumentation, or interventions.
- Explain any refinements, improvements, or new applications of theoretical concepts, approaches or methodologies, instrumentation, or interventions.

**(c) Approach – Suggested length 3-4 pages**

- Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project. Include how the data will be collected, analyzed, and interpreted, and any resource sharing plans as appropriate, unless addressed separately in Item 15 (Resource Sharing Plan).
- Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the aims. You also may wish to include a discussion of future directions for your research, as well as a project timeline, in this section.
- If the project is in the early stages of development, describe any strategy to establish feasibility, and address the management of any high risk aspects of the proposed work.
- Point out any procedures, situations, or materials that may be hazardous to personnel and precautions to be exercised. A full discussion on the use of Select Agents should appear in Item 11, below.
- **Preliminary Studies for New Applications:** For new applications, include information on Preliminary Studies as part of the Approach section. Discuss the PD/PI's preliminary studies, data, and or experience pertinent to this application. Except for Exploratory/Developmental Grants (R21/R33), Small Research Grants (R03), and Academic Research Enhancement Award (AREA) Grants (R15), preliminary data can be an essential part of a research grant application and help to establish the likelihood of success of the proposed project. Early Stage Investigators should include preliminary data (however, for R01 applications, reviewers will be instructed to place less emphasis on the preliminary data in application from Early Stage Investigators than on the preliminary data in applications from more established investigators).
- **Progress Report for Renewal and Revision Applications.** For renewal/revision applications, provide a Progress Report as part of the Approach section. Provide the beginning and ending dates for the period covered since the last competitive review. Summarize the specific aims of the previous project period and the importance of the findings, and emphasize the progress made toward their achievement. Explain any significant changes to the specific aims and any new directions including changes to the specific aims and any new directions including changes resulting from significant budget reductions. *A list of publications, patents, and other printed materials should be included in Item 5 (Progress Report Publication List); do not include that information here.*

<b>Project Title</b>
<b>Study Team</b>
<i>All study team members are required to complete CITI training. Be sure that all training is up-to-date, and enter expiration dates in the study team section on Velos.</i>
<b>Principal Investigator:</b> <b>Co-Investigator:</b> <b>Other Key Personnel:</b>
<b>Facilities/Locations of Research Activities</b>
<i>List all UMMC locations/clinics where research activities will occur (recruitment, enrollment, data/specimen collection, interventions, testing, etc...) Clearly mark any clinics or institutions that are not a UMMC clinic/location as external.</i>
<b>Abstract or Lay Language Summary</b>
<i>A brief (200 words or less) description of your project featuring research question, significance, design, and outcome determination.</i>
<b>Purpose</b>
<i>This should include your research question and could include a hypothesis, if appropriate.</i>

<b>Background and Scientific Significance</b>
<i>What work exists that has led up to your research question? Has anything similar been done before? How would your work contribute to the knowledge base and possibly affect clinical practice? Do not exceed one page. Do not paste information directly from a grant or grant application. Use no more than ten references and list the references in the reference section below.</i>
<b>Specific Aims</b>
<i>Specific aim(s) is(are) the objective(s) of your research – what you want to accomplish. Specific aim(s) should be driven by your hypothesis. Do not paste directly from a grant or grant application.</i>
<b>Study Type and Period</b>
<i>Is this a prospective or retrospective study? (Prospective and Retrospective are determined at the time of IRB submission. Data that will be created after IRB submission is considered</i>

*Prospective. Data Generated prior to IRB submission is considered Retrospective.) Over what period of time will participants be enrolled or will data be generated? Ensure that all dates include a day, month, and year.*

**Prospective Research**

- **Study Period (inclusive years):**  
MM/DD/YYYY – MM/DD/YYYY

**Retrospective Research**

- **Data Generation Period (inclusive years):**  
MM/DD/YYYY – MM/DD/YYYY

**Study Design**

*What type of study are you designing? Cohort, case-controlled, case series, interventional? How is the study designed to answer your hypothesis and specific aim(s)? Describe any study groups, arms, or cohorts. Include all procedures, including any randomization.. Do not paste directly from a grant or grant application. Include all procedures. A table or flowchart of the study design may be included for clarification purposes.*

**Human Subjects**

*How many participants and/or records do you anticipate enrolling/reviewing? What are the inclusion and exclusion criteria? Inclusion criteria are the criteria that identify the study population. Exclusion criteria are a subset of inclusion criteria – identify anything that will exclude those who meet inclusion criteria.*

**Prospective Research**

- **Number of Participants:**
- **Inclusion Criteria:**
- **Exclusion Criteria:**

**Retrospective Research**

- **Number of Records:**
- **Inclusion Criteria:**
- **Exclusion Criteria:**

**Participant Recruitment**

*If prospective recruitment will occur, please indicate how you intend to recruit, where you intend to do so, where and when you intend to do so, and any other information relevant to the recruitment or screening of participants. Include any advertisements or recruitment materials as attachments to your submission.*

**Protected Health Information – Privacy and Data Considerations**

*Protected Health Information is any information (identifiers and personal health information) that was created, used or disclosed in the course of providing a health care service and that can be used to identify an individual.*

*Describe the PHI that will be accessed. If PHI will also be collected, describe the PHI that will be collected. NOTE: HIPAA requires the PHI accessed/collected/used be the minimum necessary to accomplish the purpose.*

*How will private health information be protected? Who will have access? How will PHI be maintained and in what format (de-identified, coded, with identifiers)? If PHI will be collected with identifiers, at UMMC it must be maintained in REDCap. Please contact the Center for Informatics and Analytics for more information. If PHI will not be collected with identifiers, how will your database be secured? **If a partial, pre-screening HIPAA waiver will be requested, please indicate what PHI will be accessed and how this pre-screen will be incorporated into the prospective recruitment process.***

**PHI to be Accessed:**

**PHI to be Collected:**

### Waiver Requests

*Indicate the waivers you wish to request. Questions regarding each waiver should be answered in the “Submission Checklist V1” form in Velos.*

**1. Waiver or alteration of HIPAA authorization:** Yes  No

*Please indicate scope of waiver request:*

Full waiver

Partial, pre-screening waiver

**2. Waiver or alteration of informed consent:** Yes  No

**3. Waiver of documentation of informed consent:** Yes  No   
*(A consent process will be performed without a signed document)*

### Potential Risks and Risk Management Considerations

*Identify all reasonably foreseeable side effects, risks, discomforts, or complications that could occur. This should include risks related to breach of confidentiality, risks related to genetic analyses (if genetic testing is involved), and risks of being in a placebo or observation group.*

**Potential Risks:**

**Plan(s) to manage these risks:**

### Compensation for Participation

*Will participants receive any compensation for study participation? If so, what is the amount, and when will the participant receive it? Ensure that compensation is not dependent on study completion. What is the funding source for this study?*

### Outcome Measures



*How will the results be interpreted? How will your outcomes be measured?*

**Study Endpoints**

*At what point will you measure outcomes?*

**Analyses and Statistical Methodology**

*This is important. You will want to consult with a statistician on this part. You want to reduce confounding variables, particularly in retrospective studies. A statistician will help you do this. Also, the statistician can help you determine the desirable study population and design outcome measures that will lend themselves to statistical inference.*

**Data Collection Sheet(s)**

*This is a form that is used to record the information that will be collected and used in outcome measurements. The data collection sheet should be included in your proposal. If a separate key with identifiable information will be used, that sheet should also be included. If questionnaires/surveys will be used, they should be included in your proposal. List data collection sheets below, and attach copies to your submission. Data Collection should be done in REDCap for all datasets containing PHI that are removed from EPIC.*

**References**

*Pertinent references should be listed. Make sure your study has not already been done recently. If so, you must explain why your study is different and should be done.*

## VIII. APPENDIX B: Research Guidelines for Approval, Submission, and Completion

The Department of Otolaryngology – Head and Neck Surgery at the University of Mississippi Medical Center requires the following steps for research execution. Case studies and case series, though not technically considered research, should follow the same format.

1. New Ideas and Opportunities can be submitted to the Vice Chair of Research. Submission of this form does not indicate approval for the project.
2. The Research Approval Form must be completed to obtain approval prior to starting a new research project. The form is electronically signed by the PI, resident, and Vice Chair. After completing the form, sign electronically and select Submit. A new page will open with a Return Code, forward the Return Code to other parties for signatures of approval.
3. The Manuscript and Presentation Submission Form must be completed to obtain approval prior to starting a new research project. The form is electronically signed by the PI, resident, and Vice Chair. After completing the form, sign electronically and select Submit. A new page will open with a Return Code, forward the Return Code to other parties for signatures of approval.
4. The Study Completion Form must be submitted upon project completion. The form is electronically signed by the PI, resident and Vice Chair. After completing the form, sign electronically and select Submit. A new page will page will open with a Return Code, forward the Return Code to other parties for signatures of approval.

If any questions arise, see policies in the Research Folder for each form. Again the new ideas and opportunities form completion does not indicate approval to begin a project. Once approved, projects can move forward with IRB and IACUC approvals.

**IX. APPENDIX C: Criteria for Advancement and Graduation****A. Criteria for Advancement from PGY-1 Level to PGY-2 Level**

- Successful completion of all ACGME required PGY-1 rotations as assigned by the Residency Program Director of Otolaryngology-Head and Neck Surgery in conjunction with the Departments of Surgery, Anesthesiology, Emergency Medicine, and Neurosurgery
- Leave time not exceeding a combined total of thirty (30) days
- Achievement of a minimum of satisfactory on all faculty evaluations (performs at expectations for PGY level)
- Timely completion of all required medical records at UMMC and VA
- On-time attendance at all scheduled conferences (excepting leave periods and excused absences)
- Completion of all Institutional requirements for PGY-1 promotion, including invasive procedures credentialing

**B. Criteria for Advancement from PGY-2 Level to PGY-3 Level**

- Successful completion of all ACGME required PGY-2 rotations as assigned by the Residency Program Director of Otolaryngology-Head and Neck Surgery
- Leave time not exceeding a combined total of thirty (30) days
- Achievement of a minimum of satisfactory on all faculty evaluations (performs at expectations for PGY level)
- Adequate performance on all milestones
- Attendance at a minimum of one national or approved regional otolaryngology conference
- Successful completion of the PGY-2 anatomy dissection course
- Timely completion of all required medical records at UMMC and VA
- On-time attendance at all scheduled morning conferences

**C. Criteria for Advancement from PGY-3 Level to PGY-4 Level**

- Successful completion of all ACGME required PGY-3 rotations as assigned by the Residency Program Director of Otolaryngology-Head and Neck Surgery

- Leave time not exceeding a combined total of thirty (30) days
- Achievement of a minimum of satisfactory on all faculty evaluations (performs at expectations for PGY level)
- Adequate performance on all milestones
- Attendance at a minimum of one national or approved regional otolaryngology conference
- Timely completion of all required medical records at UMMC and VA
- On-time attendance at all scheduled morning conferences
- Completed all research assignments on time

**D. *Criteria for Advancement from PGY-4 Level to PGY-5 Level***

- Successful completion of all ACGME required PGY-4 rotations as assigned by the Residency Program Director of Otolaryngology-Head and Neck Surgery
- Leave time not exceeding a combined total of thirty (30) days
- Achievement of a minimum of satisfactory on all faculty evaluations (performs at expectations for PGY level)
- Adequate performance on all milestones
- Attendance at a minimum of one national or approved specialty otolaryngology conference
- Timely completion of all required medical records at UMMC and VA
- On-time attendance at all scheduled morning conferences
- Presentation of one research project at the UMMC ENT graduation ceremony***
- Completed all research assignments on time***

**E. *Criteria for Graduation from PGY-5 Level***

- Successful completion of all ACGME required PGY-5 rotations as assigned by the Residency Program Director of Otolaryngology-Head and Neck Surgery
- Leave time not exceeding a combined total of thirty (30) days

- Achievement of a minimum of satisfactory on all faculty evaluations (performs at expectations for PGY level)
- Adequate performance on all milestones
- Attendance at a minimum of one national or approved specialty otolaryngology conference
- Timely completion of all required medical records at UMMC and VA
- On-time attendance at all scheduled morning conferences
- Presentation of one research project at the UMMC ENT research day
- Successful completion of two approved research projects that have been submitted for presentation and publication
- Successful leadership of a Performance Improvement project
- Achievement of the ability to practice independently as determined by all physician faculty members of the Department of Otolaryngology-Head and Neck Surgery

---

X. **Appendix D: Temporal Bone Lab Policies**

**UMMC Department of Otolaryngology-Head and Neck Surgery**

**Temporal Bone Laboratory Policies**

1. No food or drink will be allowed in the temporal bone lab.
2. Each resident will provide a sealable Tupperware-style container large enough for 2-3 temporal bones (approximately 8x6x6 but no larger than 12x8x6 inches), labeled with their name.
3. Temporal Bone Lab manuals and *House Temporal Bone Dissection* manuals will be provided by and are the property of the Department.
4. You will be supplied with instruments to use during dissection. Please handle them with care as they are very expensive to replace. If they are lost or damaged, you will be responsible for replacing them. There are keyed cabinets in the lab that you can use for storage.
5. Temporal Bone holders, suctions, and other equipment will be kept in the lab for your use. Please notify Dr. Eby if there is a problem with any of these items.
6. Masks, gowns, and gloves will be available for use in the lab. You must use universal precautions while in the lab even when examining preserved cadaver specimens.
7. **There will be a bucket in the refrigerator where the finished specimens and soft tissue should be placed. These will be returned yearly for proper disposal. Do not throw them in the trash. All large pieces of soft tissue should also be placed in this container and not in the trash or sink.**
8. The sink has a disposal to process small bits of tissue and bone. There is a switch on the side of the cabinet that controls it. Please run it at the end of each session.
9. There is an accessory ventilation unit that is controlled by a switch next to the entrance. It is advisable to use this to evacuate the formaldehyde fumes while drilling.



10. Each resident will select a workstation, which will be labeled with their name. Selection priority will be in descending PGY order. **The resident will be responsible for the cleanliness of their area. A large amount of bone dust is generated during each session so it is imperative that you wipe down all the surfaces (including the microscope, etc.) at the end of each session.**
11. We are very fortunate to have access to a large number of temporal bone specimens. You are encouraged to use the lab when you have time, and not just during scheduled sessions, but please use your selected station and maintain it accordingly. Please use each specimen fully (i.e., work from mastoidectomy to facial recess to facial nerve decompression to labyrinthectomy to IAC approaches etc., not just a mastoidectomy and discard).
12. You will be given a limited number of new burs to use during the year. You can salvage used burs from the OR (using universal precautions) for use in the temporal bone lab. The Anspach drills in the lab have the short attachment for the hand piece, so short and medium length bits will work best.
13. When filling the irrigation tank at the top of the pedestal, be careful not to fill it past the marked line.
14. **At the end of the exercise, please empty the suction canister into the sink.** If the irrigation and debris sits in the containers, it will begin to smell terribly very quickly.
15. The RRC is interested in temporal bone lab training. **Please sign-in at the beginning of each exercise and if you drill independently.** There is a QR code for online sign-in posted in the lab and a link is provided in the meeting appointment.

XI. **Appendix E: UMMC GME Office Academic Remediation Protocol Checklist**

**Academic Remediation Protocol Checklist**

Resident Name: \_\_\_\_\_

Assigned PD/APD supervisor: \_\_\_\_\_

Specific competency areas to be remediated:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	Completion Date
Initial meeting with PD/APD to review plan	
Meet with academic counselor, if needed.	
Evaluation by student-employee health, if needed.	
Meeting with Associate/Assistant Dean for GME, if needed	
Rotation / Schedule adjustments, if needed	
<b>Submitted written personal study or corrective action plan</b>	
Simulation assignments	
Conference Attendance goal	
Meet with PD/APD periodically (review study / action plan)	
Date: _____ Achievement: _____	
Date: _____ Achievement: _____	
Date: _____ Achievement: _____	
Date: _____ Achievement: _____	

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
PD/APD Signature

## XII. Appendix F: Performance Improvement (PI)

- a. PI Education
  - i. All PGY-1 residents must read the following text during their intern year:
    - *Lean Doctors* by Aneesh Suneja and Carolyn Suneja
  - ii. All residents should complete the IHI Open School modules on the following schedule (or earlier if desired):
    - PGY-2 - Open School Introduction OS101, Quality Improvement Modules QI101-105
    - PGY-3 – Patient Safety Modules PS101-105
    - PGY-4 – Quality Improvement Modules QI201,202, Patient Safety Modules 201-203
    - PGY-5 – QI Leadership L101, Triple Aim Modules TA101-103
- b. Project Requirements
  - i. For successful completion of the residency program, each resident is required to complete a minimum of one PI project on which he/she is the team leader.
  - ii. While it is not required that you submit an abstract to a scientific meeting or a manuscript for publication, it is strongly encouraged. If a resident submits a publication to a scientific journal based on a PI project, this will serve as one of their required research publications.
- c. Project Selection
  - i. PI projects should be selected during the PGY-2 year.
  - ii. More than one resident can participate in the same PI project (encouraged), but only one resident per project can serve as the team leader and, therefore, receive credit for graduation requirements
  - iii. All projects must be approved by the departmental PI director prior to initiation.
  - iv. All projects must have a faculty sponsor.
- d. Guidelines
  - i. Residents must identify a problem / opportunity and select a faculty sponsor. They should create a clear and concise problem statement outlining the process in need of improvement. This step must be completed prior to the end of the PGY-2 year.
  - ii. Residents should fill out the PI project Template to keep track of their progress. Updated templates must be submitted to the departmental PI director prior to regularly held departmental PI Projects conferences. Residents should be prepared to discuss their projects at these conferences.
  - iii. Quality improvement / quality assurance projects are exempt from IRB approval. Per the UMMC IRB, “Activities whose purposes are limited to: (a) implementing a practice to improve the quality of patient care and then (b) collecting patient or provider data regarding the implementation of the practice for clinical, practical, or administrative purposes” are not considered human subjects research. Furthermore, “Planning to publish an account of a quality improvement or quality assurance project does not necessarily mean that the project fits the definition of research.” The UMMC Self-Certification Form for *Determining Whether a Proposed Activity is Research Involving Human Subjects*

is linked [here](#). Any specific questions about IRB approval of PI projects should be directed to the departmental PI director.

- iv. Residents are expected to communicate with their faculty sponsor and departmental PI director regularly throughout the duration of their project. The departmental PI director must be notified of any presentations or publications that result from a PI project.
- v. All residents are required to formally present their completed PI project during morning conference prior to graduation.

**XIII. Appendix G: PGY-2 Study Requirement**

To help the transition of interns to their next year of training, UMMC Otolaryngology interns are required to submit a PGY-2 study outline for the following focus areas:

1. In-service exam
2. Each of your rotations

Be sure to include the following in your plan:

- Discuss how you plan to prepare for each rotation regarding patient-care and surgery.
- Include what you will use to prepare for cases.
- Include how you will keep track of the studying schedule.
- Include a plan to tackle material missed due to an unexpected illness or clinical obligation.

The study plan should be submitted to the Program Director, Associate Program Director, and the Program Coordinator by June 15<sup>th</sup> of their intern year.

Additionally, at the conclusion of each rotation during your second year of training, you will have a short review of your rotation performance with the Program Director or Associate Program Director.

By signing below, you are acknowledging that you have received this requirement and will submit your study plan by the required deadline.

---

Signature

---

Date

#### XIV. Appendix H: ENT Consult Room and Lounge Checklist for Junior Pediatric Resident

The following items should be completed weekly (bi-weekly during trauma week) by the junior pediatric resident.

- Check supplies, instruments, and medications for any below par level and email any low inventory supplies or medications to [entconsultroom@umc.edu](mailto:entconsultroom@umc.edu). **Be sure to include the reference number (pictures are helpful).**
- Visit SPD
  - Pickup instruments
    - If you are told our instruments are not there, check for yourself and point out to the person in SPD. Be diligent!
  - Also ask for red biohazard boxes to bring back to the lounge
  - Re-stock and organize instruments in consult room after pickup
  - Notify [entconsultroom@umc.edu](mailto:entconsultroom@umc.edu) if there is an instrument consistently below the par level. We can ask SPD to search for missing instruments.
- Check that towers are being plugged in and charged.
  - Empty the tower baskets and put supplies away in their proper home.
- Check suction tubing and replace if needed.
- Re-stock gloves if needed.
- Make sure consult room is tidy and all supplies and instruments are put away in their proper home.
- Clean the exam chair and handles with sanitation wipes.
- Make sure all otoscopes are plugged in.
  - Track down missing otoscopes. Notify [entconsultroom@umc.edu](mailto:entconsultroom@umc.edu) if otoscopes are missing longer than one week.
  - Re-stock otoscope covers.
- If needed, re-stock commonly used trachs from the OR along with other supplies that can't be ordered.
- Check to be sure the pediatric emergency scope is available, clean, and functional.
- Notify [entconsultroom@umc.edu](mailto:entconsultroom@umc.edu) about any equipment (including scopes) or instrument issues.
- Check stock of inventory in resident lounge including the following
  - Paper
  - Pens
  - Cleaning supplies
  - Thumb drives
  - Green cards

**XV. Appendix I: PI Cases Form**

See next page for fillable form.

UMMC  
DEPARTMENT OF OTOLARYNGOOGY  
PI CASE FORM

<b>Case Presenter</b>	
<b>Attending</b>	

**Patient Information**

<b>Patient Initials</b>		<b>MRN</b>	
<b>D.O.B.</b>		<b>Age:</b>	

**Background**

<b>Date of Admission</b>		<b>Date of Operation</b>	
<b>Diagnosis</b>			
<b>Date of Incident or death</b>			
<b>Brief summary of events:</b>			
<b>Was an I-CARE filed?</b>	Yes <input type="radio"/>	No <input type="radio"/>	



UMMC  
DEPARTMENT OF OTOLARYNGOOGY  
PI CASE FORM

**Analysis**

**Level of Harm**

Adapted Clavien-Dindo Grade	Description	Mark one
<b>1</b>	Any deviation from the normal postoperative course without the need for pharmacologic treatment or surgical, endoscopic or radiologic interventions *,**	
<b>2</b>	Requiring pharmacological treatment with drugs other than such allowed for grade I complications; includes blood transfusion	
<b>3</b>	Requiring surgical, endoscopic, or radiologic intervention under local anesthesia	
<b>4</b>	Requiring surgical, endoscopic, or radiologic intervention under general anesthesia	
<b>5</b>	Life-threatening complication requiring ICU management with single-organ dysfunction or permanent loss of organ function	
<b>6</b>	Life-threatening complication requiring ICU management with multi-organ dysfunction	
<b>7</b>	Patient Death	

\*: Acceptable therapeutic regimens are drugs as antiemetics, antipyretics, analgesics, diuretics and electrolytes and physiotherapy

\*\* : Includes wound infections at the bedside

**Adverse Event Grading**

Type of event	Description	Mark one
Preventable adverse event	Error occurred or failure to apply an accepted strategy for prevention	
Ameliorable adverse event	Event that could have been less harmful if care had been different	
Adverse event due to negligence	Event that occurs due to care that is below the community standard of care	
Near miss	Unsafe situation that is indistinguishable from adverse event except patient does not experience harm	
Error	Any act of omission or commission that exposes patient to potentially hazardous situation.	
NA	None of the above	

Duration of Harm	Mark one
Permanent	
Temporary	
Unclear	

UMMC  
DEPARTMENT OF OTOLARYNGOOGY  
PI CASE FORM

Category of Social Determinant		Mark one
<b>Economic stability</b>	-Employment	<input type="radio"/>
	-Income	<input type="radio"/>
	-Expenses	<input type="radio"/>
	-Debt	<input type="radio"/>
	-Medical Bills	<input type="radio"/>
	-Support	<input type="radio"/>
	-Other	<input type="radio"/>
	<b>Neighborhood/Physical environment</b>	-Housing
-Transportation		<input type="radio"/>
-Safety		<input type="radio"/>
-Parks		<input type="radio"/>
-Playgrounds		<input type="radio"/>
-Walkability		<input type="radio"/>
-Zip code/geography		<input type="radio"/>
-Other		<input type="radio"/>
<b>Education</b>	-Literacy	<input type="radio"/>
	-Language	<input type="radio"/>
	-Early childhood education	<input type="radio"/>
	-Vocational training	<input type="radio"/>
	-Higher education	<input type="radio"/>
	-Other	<input type="radio"/>
<b>Food</b>	-Hunger	<input type="radio"/>
	-Access to healthy options	<input type="radio"/>
	-Other	<input type="radio"/>
<b>Community and social context</b>	-Social integration	<input type="radio"/>
	-Support systems	<input type="radio"/>
	-Community engagement	<input type="radio"/>
	-Discrimination	<input type="radio"/>
	-Stress	<input type="radio"/>
	-Other	<input type="radio"/>
<b>Health Care System</b>	-Health coverage	<input type="radio"/>
	-Provider availability	<input type="radio"/>
	-Provider linguistic and cultural competency	<input type="radio"/>
	-Quality of care	<input type="radio"/>
	-Other	<input type="radio"/>
<b>None</b>		<input type="radio"/>

UMMC  
DEPARTMENT OF OTOLARYNGOOGY  
PI CASE FORM

**Describe in detail what issue(s) you have identified, and the key take home points you will make relative to that issue.**

**Explain what can be done to change clinical or system practice so that this type of situation does not reoccur in the future.**

**For Faculty to Complete**

**In view of the ACGME competencies, did the issue(s) occur as a problem related to:  
(Check all that apply)**

ACGME Competency	Yes	No	Describe
Medical Knowledge			
Patient Care provided or not provided			
Communication and Interpersonal Skills			
Professionalism			
Practice-based learning and improvement			
Systems-based practice			

UMMC  
DEPARTMENT OF OTOLARYNGOOGY  
PI CASE FORM

<b>Did the issue occur as a problem related to: (Check all that apply)</b>			
<b>Problem Area</b>	<b>Yes</b>	<b>No</b>	<b>Describe</b>
Documentation			
Physician care			
Nursing care			
Care from other healthcare professionals			
Patient and/or family			
Specific Other system-based practice, policy, protocol etc			
Communication			

**Follow-up**

<b>Action Items</b>	<b>Assigned Party</b>