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Department of Otorhinolaryngology–Head & Neck Surgery

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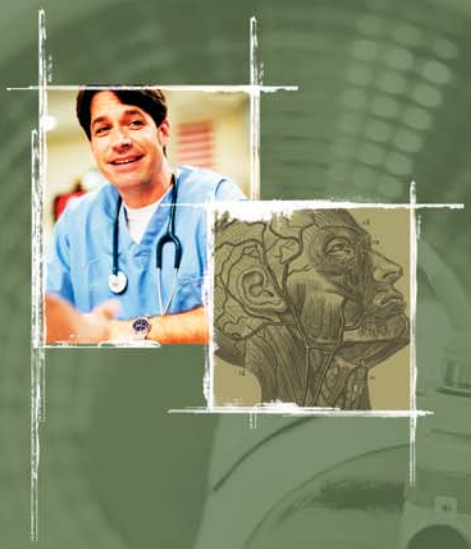
research

Residency Training Program

University of Maryland Medicine



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Residency Training Program

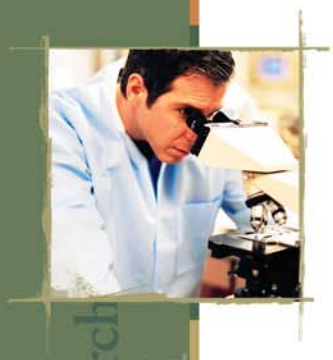
The University of Maryland Department of Otorhinolaryngology-Head and Neck Surgery, commonly referred to as ENT, is dedicated to the treatment of patients with diseases of the ears, nose and throat. The department is composed of three interactive components: Clinical Practice, Research and Education.

Our educational program is dedicated to training outstanding otorhinolaryngologists. As a department, we take great pride in the accomplishments of our residents – watching them grow from recent medical graduates to highly skilled practitioners. We are committed to insuring that our trainees recognize and respect the importance of humanism in this age of technology — caring for patients, not diseases.

Highlights of the Program

The residency training program consists of a total of five years: one year general surgery training at the University of Maryland, and four years of otorhinolaryngology – head and neck surgery (OTO–HNS) training. The residency training program is fully accredited by the Accreditation Council for Graduate Medical Education for a total of ten residents, therefore the classes alternate between two and three available openings per year. The otorhinolaryngology – head and neck surgery educational program includes training in general otolaryngology, otology/neurotology/lateral skull base surgery, head and neck oncology and microvascular reconstruction, rhinology/anterior skull base surgery, laryngology, pediatric otolaryngology, facial plastic and reconstructive surgery and maxillofacial trauma.

All adult inpatients are boarded in the Gudelsky Building of the University of Maryland Medical Center. The Building features an open and modern structure, providing an ideal atmosphere for acute and long-term care of OTO-HNS patients. The private outpatient and resident clinic facilities are in the Frenkil Building located on the University of Maryland Baltimore campus. The facilities have large examination and treatment rooms. State-of-the-art audiology, speech and vestibular evaluation rooms are adjacent to the clinic. Annual admissions for otolaryngology services average 580 cases with an additional 700 outpatients for same day surgery.



Facilities

The University of Maryland Medical System (UMMS) is a private, not-for-profit hospital system with 1,652 licensed beds and more than 10,000 employees. It provides a complete range of inpatient and outpatient services to more than 300,000 patients a year.

Components of the Medical System include the following:

The University of Maryland Medical Center (UMMC)– a hospital located in the heart of Baltimore's West Side

University of Maryland Hospital for Children – providing both inpatient and outpatient care for infants through adolescents

The University of Maryland Marlene and Stewart Greenebaum Cancer Center – pioneering new cancer treatments such as stem cell transplantation

The R Adams Cowley Shock Trauma Center – a world leader in the treatment of patients with severe multiple trauma, head injuries and spine injuries

Kernan Hospital – offering innovative orthopaedic and rehabilitation services for adults and children

University Specialty Hospital – providing chronic specialty care for people with special or complex medical needs

University Post-Acute Care Services – a network that offers a full spectrum of coordinated care for patients who need rehabilitation

Maryland General Hospital – a community teaching hospital located in Baltimore City

Baltimore Washington Medical Center – an acute care community hospital, located in Anne Arundel County

Mt. Washington Pediatric Hospital – offers inpatient, outpatient, day programs, and home-based care for infants and children in Baltimore

The Medical System also has a growing integrated delivery system that is making both primary and specialty care available at satellite facilities throughout Central Maryland.

Training Program

Post Graduate Year 1 (Intern)

The goals of the PGY-1 year in General Surgery are:

1. Learning the basics of inpatient and outpatient care
2. Mastery of fundamental surgical techniques
3. Development of interpersonal and communication skills in dealing with patients, families, staff and colleagues
4. Development of habits of professionalism
5. Introduction of concepts of practice-based learning
6. Learning to practice as part of a system

The first year of training in General Surgery is offered under the supervision of the Department of Surgery of the University of Maryland School of Medicine. A slot in the General Surgery PGY-1 year is reserved for all residents successfully matching in Otolaryngology, and all residents are required to complete their general surgery at University of Maryland. Residents rotate for 12 months on the General Surgery services at the University of Maryland Medical Center, Mercy Hospital, and the Baltimore Veterans Administration Hospital. At each site, there is close supervision by senior residents and attending staff. Rotations include surgical subspecialties such as Neurosurgery, Pediatric Surgery, and Thoracic Surgery providing valuable experience. Exposure to the emergency room and trauma care help prepare the resident for Otolaryngology training. The PGY-1 year also includes a 2 month rotation on the OTO-HNS service. During this year, emphasis is placed on training in total care of the surgical patient including ICU evaluations and management. The residents develop proficiency in basic surgical techniques. Residents are carefully evaluated by each of these services and their performance is communicated to the Chair of Surgery, as well as the Chair of Otorhinolaryngology-HNS.

Formal OTO-HNS Training

After the intern year, residents begin formal OTO-HNS training, which encompasses PGY-2 through PGY-5. In each of these years of training, residents rotate through five 2.5-month blocks on the various attendings' subspecialty services. The attendings work closely with the residents on their service in a mentoring role. In general, a senior resident (PGY-4 or 5) is paired with a junior resident (PGY-2 or 3). The senior and junior residents on the service act as a team to hold primary responsibility and provide continuity of care for their mentors' patients. In addition, the residents share learning experiences with residents in other blocks in order to expand their clinical knowledge and to develop familiarity with the other residents' inpatients.

The five rotations are as follows:

Rotation 1
Otology/Neurotology –
David Eisenman, MD, and James Lin, MD
Laryngology – Tanya Meyer, MD

Rotation 2
Head and Neck Oncologic Surgery and Microvascular Reconstruction –
Scott Strome, MD, William Gray, MD, and Brian Gastman, MD

Rotation 3
Facial Plastic and Reconstructive Surgery –
Thomas Le, MD
Medical Otolaryngology –
John Biedlingmaier, MD

Rotation 4
General OTO-HNS / Pediatric Otolaryngology / Otolaryngic Allergy –
Jeffrey Wolf, MD, and Rodney Taylor, MD

Rotation 5
Baltimore VAMC – Jeffrey Wolf, MD, Rodney Taylor, MD, and Thomas Le, MD

As residents progress through each year of training, they assume progressive responsibility for patient care and operative management as their clinical and surgical skills develop. Described below are learning objectives and examples of responsibilities for each year of training.

Post Graduate Year 2 (Oto-1)

The goals of the PGY-2 (Oto-1) are:

1. To become skilled at history taking and physical diagnosis of OTO-HNS patients
2. To become proficient in the use of ancillary testing and the interpretation of these tests (imaging, laboratory, audiology, vestibular testing)
3. To learn how to integrate clinical information in order to formulate a comprehensive differential diagnosis and to accurately diagnose otolaryngology patients
4. To assume increasing responsibility for the outpatient management of patients in a carefully supervised setting
5. To learn the routines and needs special to the inpatient management of OTO-HNS patients
6. To develop a familiarity with the unique surgical tools and techniques used within the specialty
7. To learn to practice with respect, compassion and integrity
8. To participate in practice-based learning through departmental quality assurance activities such as mortality morbidity conferences
9. To begin to learn cost effective health care and resource allocation that does not compromise the quality of care.

At the University of Maryland Medical Center, PGY-2 residents divide their time between the outpatient department, the operating room, inpatient area, and in-house call. On non-operative days, PGY-2 residents work in the clinic seeing outpatients. This includes the initial evaluation and workup of new patients requiring surgery. This clinical experience allows the residents to become thoroughly familiar with the patients and their medical problems, as well as the ability to follow patient progress. Preparation of patients for admission includes explaining procedures to patients and their families, obtaining consent, collecting and reviewing laboratory and x-ray results, and obtaining necessary consultations. PGY-2 residents are supervised in all of these activities by attending staff who provide examples. The faculty observes and evaluates the resident performance and offers guidance and feedback on a daily basis. In the outpatient department, PGY-2 residents see patients with an attending, manage their care and carry out procedures. Outpatient procedures include insertion of PE tubes, biopsies, reduction of nasal fractures, control of nasal hemorrhage, incision and drainage of peritonsillar and other abscesses, fiberoptic laryngoscopies and bronchoscopies and excision of skin lesions, all under the supervision of the attending staff. Residents participate in the teaching of medical students. During this period, intensive instruction is given in the Otolaryngology-Head and Neck physical examination. An effort is made to foster standard approaches to clinical evaluation and treatment.

The PGY-2 residents spend about one half of their time in the operating room. Residents scrub and assist in surgery and are questioned on the basic science and clinical information pertaining to each case. Residents are expected to have reviewed all medical records, laboratory tests and radiographs and to have read about the condition necessitating the surgery and the details of the operation prior to the surgery. PGY-2 residents are given progressive responsibility to carry out some operations under direct attending supervision. These include tonsillectomy, adenoidectomy, tracheostomy, myringotomy, PE tube insertion, direct laryngoscopy, esophagoscopy, rigid and fiberoptic bronchoscopy, and simple facial fracture reduction and fixation. An attending is physically present for all cases performed in the operating room and provides careful supervision and instruction.

At the Baltimore VA Medical Center, there are two residents at all times, one junior resident (either a PGY-2 or PGY-3) and a more senior resident (either PGY-4 or PGY-5). These residents work with VA Program Supervisor, Dr. Robert Sawyer, along with Dr. Rodney Taylor, Dr. Jeffrey Wolf, and Dr. Thomas Le. PGY-2 residents see patients in the VA outpatient OTO-HNS clinic two and a half days a week under the supervision of the faculty, and they participate in surgery two and a half days a week. The VA assignment in the PGY-2 year supplies a large volume and breadth of clinical experience. Resident responsibilities and surgery experience are similar to that at UMMS. Systems-based practice is taught as residents learn to use the completely computer-based medical records system, partly written by Dr. Sawyer. All out-patient and inpatient notes are typed in by the residents, and residents benefit greatly by having all medical information quickly available. Both UMMC and the VA have a totally digital radiology systems, allowing residents to gain proficiency in accessing these systems. Residents attend teaching conferences at UMMC while the temporal bone laboratory is located at the VA Medical Center where residents spend time dissecting temporal bones and performing operations on them. Every Monday is devoted to facial plastic and reconstructive cases including skin cancer defect reconstructions, blepharoplasties, rhinoplasties and face lifts.

Post Graduate Year 3 (Oto-2)

The goals of the PGY-3 year are:

1. To develop further independence in the evaluation and treatment of outpatients
2. To develop skills in more complex surgical procedures
3. To become an accomplished teacher of medical students and more junior residents
4. To design and perform a research project in close collaboration with a research mentor.

At both the University of Maryland Medical Center and at the VA Medical Center, PGY-3 residents work in the outpatient department seeing patients under the supervision of the attending staff, carrying out some minor surgery procedures and seeing inpatient consultations on nights and weekends. PGY-3 residents also participate in surgical procedures in the operating room. During this year, the residents achieve proficiency in nasal septal reconstructions and basic principles and techniques of endoscopic sinus surgery. The PGY-3 year includes basic surgical experience in otologic procedures ranging from tympanoplasty to skull base surgery. The residents in this year also advance their skills in microlaryngoscopy and vocal fold procedures, as well as general aerodigestive endoscopy skills.

All PGY-3 residents have a dedicated research block of five months. This research block is fully dedicated time without clinical responsibilities or night call. Planning for the research experience starts in the PGY-2 year with the choice of a mentor followed by preparation of an abstract and budget for the project by mid-April. The research can be within the Departmental laboratories or within other departments, such as Anatomy, Environmental Toxicology, Oncology, Radiation Oncology, and Molecular Biology laboratories within the School of Medicine. Our Otolaryngology program has strong ties with the National Institutes of Health (NIH), and residents may choose to perform their research with a pre-approved mentor from the NIH. Prior to the research rotation, residents will present their proposal at group conferences where they obtain suggestions and final approval from the program director. Scheduled progress reports as well as a final report are done on each project. Presentation of the results at national meetings and publication of manuscripts is supported by the Department.

Post Graduate Year 4 (Oto-3)

The goals of the PGY-4 year are:

1. To become more independent in patient care and to help supervise the care rendered by the more junior residents

2. To become skilled with complex surgical procedures
3. To take responsibility for the urgent management of Shock Trauma patients. PGY-4 residents spend most days of the week in the operating room as the primary surgeon in cases involving all subspecialties of Otorhinolaryngology–Head & Neck Surgery.

During the Facial Plastics/Trauma rotation, PGY-4 residents at UMMC are responsible for both facial trauma at the R Adams Cowley Shock Trauma Center and inpatient consults. Under the supervision of Dr. Thomas Le, they see and evaluate patients with facial trauma, scrub on the surgeries and follows the patient post-operatively. PGY-4 residents see an average of four new inpatient consults per day. PGY-4 residents on this rotation scrub on surgeries done on inpatient consults including transsphenoidal pituitary surgery. During this rotation, PGY-4 residents also participate in the monthly Cleft Palate Clinic held at Kernan Hospital. This experience provides valuable training in the evaluation of children with cleft lip, cleft palate, major craniofacial anomalies and with complications of these conditions that affect the ears, nose and throat.

During the Laryngology rotation, time is spent working with Dr. Meyer in the University of Maryland Voice and Swallowing Program. During this rotation, experience is gained in laryngeal videostroboscopy, electromyography, and treatment of laryngeal spasmodic dysphonia with injections of Botox. The Neurotology experience with Dr. Eisenman provides progressive responsibility in tympanomastoidectomy and lateral skull base surgery.

At the Baltimore VA Medical Center, PGY-4 residents carry out all major otolaryngologic surgery under the direction of the attending staff. Cases include laryngectomy and radical neck dissection, endoscopic sinus surgery, and tympanomastoidectomy. Every other Monday at the VA is dedicated to facial plastic and reconstructive procedures including cosmetic surgery of the face. On alternate Mondays, residents participate in a facial plastic surgery clinic. Under direct supervision of Dr. Thomas Le, PGY-4 residents participate in patient care and surgery including local and regional tissue advancement flaps, rhinoplasty, blepharoplasty, face lifts, and hair transplantation.

Post Graduate Year 5 (Oto-4)

During the PGY-5 year, residents round out diagnostic and surgical skills to become experienced and competent otorhinolaryngologists. Specific goals include:

1. Participating in the most complex and sophisticated surgical procedures
2. Taking responsibility and providing first back up to junior residents taking call
3. Developing administrative skill in handling a busy and diverse service

The chief resident has responsibility for managing all clinical activities at the University of Maryland Medical Center and at the Baltimore VA Medical Center. The chief resident acts in a supervisory role with the more junior resident, assisting in the outpatient department and directing the inpatient service. The resident is given progressive responsibility in patient management, and surgical experience as clinical maturity is demonstrated to the faculty. Residents obtain experience in all major otolaryngologic surgery, including advanced head and neck cancer resections, tympanomastoidectomy, stapedectomy, facial nerve surgery, acoustic neuroma resections, cochlear implants, facial plastic and reconstructive surgery, skull base surgery, and airway surgery of the pediatric otolaryngology patient.

PGY-5 residents play a administrative roles in organizing monthly journal club, radiology conferences and other clinical conferences. At the completion of the PGY-5 year, each resident is expected to have proficiency in the diverse patient care diagnostic and clinical management issues as well as surgical procedures of OTO–HNS.

Technology

An impressive array of computer equipment and software is available to the residents in training. The Department's network provides: word processing software; spreadsheet applications; data base management systems; computer graphic, including slide making; Internet; access to hospital data bases; and on-line literature searches from the Health Sciences Library, which is a satellite to the National Institutes of Health.

Summary of Residents' Benefits

Health Care Plans

UMMC offers three health plan choices and the flexibility to waive coverage if you have insurance elsewhere. All of the plans are contributory for all levels of coverage.

University Network Quality Care is a triple option plan that allows you to self-refer to any provider. The provider you select determines your level of coverage. Option 1 is made up of related physicians and facilities of the University of Maryland Medical System and provides the highest benefit level.

Kaiser Permanente is a managed care plan. For many services, the level of coverage is 100% after a small co-payment. In a managed care plan, you must use the services, physicians, and sites as directed by the plan.

Maryland Point of Service is a managed care plan with an opt-out feature. You receive the highest benefit level when your primary care physician coordinates your care. You also have the freedom to self-refer to any provider you choose, however your out-of-pocket expenses will be higher.

Prescription Drug and Vision Benefits

All of the plans offer vision and prescription benefits.

Waiver of Coverage

We offer a health plan rebate program for full-time employees who have medical care benefits elsewhere and choose not to participate in one of the UMMC medical care plans.

Dental Care Plan

The administrator of the dental care plan is CareFirst BlueCross BlueShield. This program offers three levels of coverage depending on whether you see a dentist who is a CareFirst Preferred Dental Network Provider, a CareFirst Provider, or a non-participating provider. Benefits are paid for a variety of services up to a $1,000 maximum per member each plan year. For some services there is a plan year deductible of $50 for individuals and $100 per family. The employee contributes toward the cost of the plan.

Sick Leave

Residents and Fellows are eligible for full salary continuation for up to 29 days. Sick leave is not accrued. If you are sick or injured and cannot work for more than 29 calendar days, you must apply for short term disability.

Disability Plans

UMMC provides disability insurance coverage through Hartford Life. You will be approved for benefits if you are determined to be disabled as defined by the Plan.

The Short Term Disability plan covers benefit-eligible residents and fellows scheduled to work 20 or more hours per week. You are eligible

to receive 100% of your weekly base salary up until the 90th day of disability and 60% thereafter. Benefits may continue for a maximum of 180 days. Beyond 180 days, you may be eligible for long term disability.

The **Long Term Disability** plan covers residents and fellows who work at least 32 hours or more per week. The benefit pays 60% of monthly income after short term benefits and all paid leave have been exhausted. It integrates with Social Security and Worker's Compensation benefits.

Life Insurance

UMMC provides a basic life insurance benefit that is equal to 100% of your base salary, up to $50,000. The carrier is Aetna Insurance Company and the cost of the insurance is paid by UMMC.

Aetna offers supplemental term life insurance to benefit-eligible employees. You may purchase additional insurance for yourself, your spouse, and dependent children at competitive, age-rated premiums. Payments are made through the convenience of payroll deductions. The maximum benefit allowed is five times your annual salary up to $500,000. You may convert your basic or supplemental group life to an individual policy should you leave UMMC.

UMMC 403(b) Plan

All employees who receive regular paychecks from UMMC may participate in the Retirement Partnership Program - 403(b) Plan. This voluntary program allows you to contribute money for long-term savings on a tax deferred basis.

Automobile & Homeowners Insurance

You have the opportunity to purchase personal automobile, homeowner's, condominium and boat owner's insurance from METPAY while benefiting from low, group premium rates. If your application is approved, the premium is paid through the convenience of payroll deduction.

Flexible Spending Accounts (FSAs)

UMMC offers a Health Care and Dependent Care Flexible Spending Account Program. FSAs allow you to convert taxable salary dollars into tax-free benefit dollars by paying for eligible health and/or child care expenses with pre-tax dollars. You may enroll during your first 31 days of employment. Afterward, you can only enroll during the Open Enrollment period unless you have a qualifying family status change.

Paid Leave Benefits

Residents and Fellows scheduled to work 64 or more hours per bi-weekly pay period are entitled to 120 hours of vacation leave per contract year. Balances do not carry forward into the next contract year, and there is no pay-out for unused vacation leave.

HIV Benefit

This benefit provides additional compensation to employees who contract HIV. It pays a lump sum equal to twice an employee's annual base salary up to a maximum benefit of $250,000. The benefit will be paid after the employee has been diagnosed as being HIV positive within six months of an on-the-job injury of exposure. The benefit is paid by UMMC.

Military Training Leave

If you are a member of the National Guard or the Federal Military Reserve, you are permitted up to two weeks of leave per year. If your military pay is less than your normal wages, the Medical System will pay the difference.

Credit Union

You and your family may join the State Employee Credit Union (SECU). A variety of checking, savings, and loan privileges are available to members.

Direct Deposit

UMMC offers you the convenience of having your bi-weekly pay directly deposited into your checking account at any financial institution.

Worker's Compensation

Medical expenses and lost work time due to injury or illness that is job-related are covered. Also, if your death occurs due to a job-related injury or illness, the surviving members of your immediate family will be protected.

Employee Assistance Program

The Employee Assistance Program (EAP) is a confidential counseling and referral service available to all employees and their family members. The EAP is staffed by trained mental health professionals, and all EAP services are provided free of charge to employees. This program is separate from the health plans provided by UMMC.

MTA Commuter Benefit Program

The MTA Commuter Benefit Program allows employees to order and save money on their monthly MTA pass through the convenience of a pre-tax, payroll deduction. MTA passes can be used for unlimited travel on local buses, the Light Rail or the Metro Subway.

Pre-Tax Parking

The pre-tax parking benefit provides employees with the opportunity to cut taxes and increase take-home pay since the deducted amount is never taxed. All employees who elect a parking deduction through the parking office are automatically enrolled in the pre-tax parking benefit.

Cafeteria Discount

As an UMMC employee, you are eligible for a discount in the hospital cafeteria by displaying your employee badge.

Social Security

UMMC contributes equally to the cost of this government plan. Social Security is designed to provide you with retirement income, as well as benefits in case of disability or death and Medicare benefits at age 65.

COBRA

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you have the right to continue your medical and dental coverage in the event you leave UMMC or your benefit eligible status changes. Under COBRA, you pay the full cost of these plans plus an additional 2% administrative fee.

Please note: *This is a summary of the benefits currently available. UMMC or the company reserves the right to modify, amend, suspend or terminate any plan at any time, and for any reason.*

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Contact Information

The University of Maryland School of Medicine Department of Otorhinolaryngology–Head & Neck Surgery participates in the National Resident Matching Program and the Electronic Residency Application Service.

For information regarding the Matching Program or Application Service contact:

National Resident Matching Program

Web Site: www.nrmp.org
Telephone: 1-866-617-5838

The applicant is responsible to complete all materials needed to participate in the match.

For additional information contact:

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