Frequently Asked Questions: Pediatric Otolaryngology
Review Committee for Otolaryngology
ACGME

Question	Answer
Personnel	
What qualifications are acceptable to the Review Committee for program directors who completed their education prior to the existence of formal pediatric otolaryngology fellowships? *[Program Requirement: 2.4.b.]*	Program directors must be American Board of Otolaryngology – Head and Neck Surgery (ABOHNS)- or American Osteopathic Board of Ophthalmology and Otorhinolaryngology Head and Neck Surgery (AOBOOHNS)-certified in otolaryngology and must have a record demonstrating that pediatric otolaryngology has been their career focus. All program director changes must be submitted through the ACGME Accreditation Data System (ADS). All such changes require submission of a current curriculum vitae and will be reviewed by the Committee.
What qualifications are acceptable to the Review Committee for faculty members who completed their education prior to the existence of formal pediatric otolaryngology fellowships? *[Program Requirement: 2.9.b.]*	Core physician faculty members must have ABOHNS or AOBOOHNS certification in otolaryngology, or qualifications judged acceptable to the Review Committee, and must have a record demonstrating that pediatric otolaryngology has been their career focus. The Review Committee will review submitted CVs on a case-by-case basis.
What qualifications must faculty members from other disciplines have? *[Program Requirement: 2.9.a.]*	Physician faculty members from related disciplines should be board certified in their respective specialty/subspecialty, or possess qualifications judged acceptable to the Review Committee. Non-physician clinical faculty members, such as audiologists and speech pathologists, should have certification of clinical competence from the appropriate certifying organizations.
Educational Program	
Why is it necessary to include an American Society of Anesthesiology (ASA) classification with each case logged in the Case Log System? *[Program Requirement: 4.5.c.]*	The ASA classification is used to identify the degree of morbidity and mortality risk for surgical patients. It is one indicator of the degree of case complexity.

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Question	Answer
What are the guidelines for cases the Committee requires be entered into the Case Log System? *[Program Requirement: 4.5.d.]*	The required procedure domains, CPT codes assigned to each procedure domain, and minimum number requirements are summarized in a document available on the Documents and Resources page of the Otolaryngology – Head and Neck Surgery section of the ACGME website: Pediatric Otolaryngology Case Log Minimums. This document also includes criteria for patient age and ASA classification.
The Learning and Working Environment	
Who may supervise fellows in the clinical environment? *[Program Requirement: 6.5.]*	Appropriately-credentialed and privileged attending physicians in the surgical clinical environment may include appropriately-credentialed American Board of Medical Specialties (ABMS)-certified surgeons from other surgical specialties (e.g., general surgery, pediatric surgery, plastic surgery). In the critical care clinical environment, procedures must be supervised by appropriately-credentialed ABMS-certified critical care physicians (e.g., anesthesiologists, critical internists, critical care pediatricians). While other care providers are expected to be part of interprofessional teams that provide patient care, only appropriately credentialed and privileged attending physicians can supervise fellows.
What skills should members of the caregiver team have? *[Program Requirement: 6.18.]*	All members of the caregiver team should be provided instruction in: 1. recognition of and sensitivity to the experience and competence of other team members; 2. time management; 3. prioritization of tasks as the dynamics of a patient's needs change; 4. recognizing when an individual becomes overburdened with responsibilities that cannot be accomplished within an allotted time period; 5. communication, so that if all required tasks cannot be accomplished in a timely fashion, appropriate methods are established to hand off the remaining task(s) to another team member at the end of a clinical and educational work period; 6. signs and symptoms of fatigue not only in oneself, but in other team members; 7. compliance with work hours limits imposed at the various levels of education; and, 8. team development.

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