PGY5 Goals and Objectives: UHCMC Adult Service

Suggested Reading: Manual of Internal Fixation in the Cranio-Facial Skeleton by Prein Head and Nek Surgery and Oncology by Jatin Shah Flaps and Reconstructive Surgery - Wei and Mardini, Eds.

• Aerodigestive tract lesions

- o Interprets appropriate lab, functional, and radiologic studies
- o Knows histopathologic findings of common neoplastic processes
- o Formulate appropriate treatment plan for a specific vocal cord lesion
- Performs microlaryngoscopy consistently with complete exposure of the anterior commissure
- o Recognizes and develop a treatment plan for complex complications
- o Performs flexible fiberoptic laryngoscopy with intervention with oversight
- Is able to develop a treatment plan for patients with complex laryngotracheal stenosis problems
- o Able to perform medialization laryngoplasty with supervision
- May be able to teach pathophysiology
- o May be able to teach the management of complex aerodigestive lesions
- o May be able to perform microlaryngoscopy in the difficult exposure patient with complete exposure of the anterior commissure
- May be able to Perform esophagoscopy with complex intervention efficiently in the difficult to expose patient
- May be able to develop a treatment plan for chronic otitis media and an only hearing ear
- Able to recognize and initiate a treatment plan for major postsurgical complications
- o Is able to develop a treatment plan for patients with lateral skull base disease based on patient factors and radiologic findings

• Upper aerodigestive tract malignancy

- o Understands the molecular basis for upper aerodigestive tract cancer
- o Knows benign and malignant differential diagnosis of common site presentations
- o Knows the staging system for upper aerodigestive tract cancers and can accurately stage patient's using available clinical and radiologic data
- understands the prognostic indicators of tumor pathology, including molecular markers
- Describes treatment options based on primary site, disease stage, and patient factors
- o Is able to give lectures on head and neck anatomy
- May be able to articulate treatment protocol specifics for primary chemoradiation therapy
- Able to perform a neck dissection (modified radical vs selective) with minimal supervision; may be able to perform a radical neck dissection
- o Able to perform total laryngectomy with supervision
- Able to perform thyroidectomy and identify the recurrent laryngeal nerve in patients with moderately difficult anatomy

- Able to perform a 4 gland exploration for parathyroidectomy
- Participate in the tumor cuts for composite resection of oropharyngeal, oral, and hypopharyngeal lesions
- Salivary disease
 - o Accurately stages lymph node metastases in a specific patient
 - o Is able to perform ultrasound-guided FNA of a salivary gland mass
 - o May be able to teach pathophysiology of salivary disease
 - o May be able to perform dissection of the parotid and facial nerve
 - Able to recognize and treat complex complications
 - o Is able to formulate an appropriate treatment plan for specific salivary gland cancer patient based on the primary site, disease stage, and patient factors

Procedures to demonstrate proficiency in:

- Microlaryngoscopy in the difficult exposure patient with complete exposure of the anterior commissure
- Perform esophagoscopy with complex intervention efficiently in the difficult to expose patient
- 4 gland exploration for parathyroidectomy
- Superifcial parotidectomy with FN dissection
- Total thyroidectomy with RLN and parathyroid identification
- Complete a MRND (levels 1-5)
- Design and perform tumor cuts for oropharyngeal, oral and hypopharyngeal lesions