

**Handbook for Fellows and Residents  
in Head and Neck Oncologic Surgery**

**Center for Ears, Nose Throat & Allergy, P.C.**

**Issued to:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Handbook for Fellows and Residents in Head and Neck Surgery**

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## INTRODUCTION

Welcome to postgraduate training in head and neck oncologic and reconstructive surgery provided by the physicians of Center for Ears, Nose Throat & Allergy (CENTA) P.C., in conjunction St. Vincent's hospital and Acension Health System.

The duration of the training and the level of involvement of the physician are dependent on the level of training of the fellow or resident. You have received this handbook because you are participating either as a one year fellow, a two 50 four month resident rotation, or as an observer. Throughout this handbook, physicians in any of these classifications may collectively be referred to as 'house staff.'

## TRAINING CLASSIFICATIONS

**Full fellowships** for 1 years are available for one to two positions per year. The applicant must have completed an accredited residency in otolaryngology, general surgery, or oral surgery and obtain licensing in Indiana and DEA and state controlled drug registrations before the fellowship commences. This a salaried position at the PGY 6 level with health care benefits. Lodging and transportation are the responsibility of the fellow. The physician fully participates in all aspects of head and neck surgery according to his ability. Initially he participates as an assistant to the attending surgeon and progresses to primary surgeon as his skill improves. He is fully responsible for inpatient care and primary call coverage of the hospitals, emergency departments and outpatients.

**Mini-fellowships** for *3 months* are available under special circumstances. These are available to senior level residents in accredited U.S. medical or osteopathic otolaryngology, general surgery, or oral surgery who desire augmentation of their head and neck experience in training. This is a non-salaried position. Indiana medical license and DEA and state controlled drug registrations must be obtained before the fellowship commences. The physician fully participates at the fellow level in all aspects of head and neck surgery according to his ability, though he will be supervised by an attending surgeon at all times. Initially he participates as an assistant to the attending surgeon and progresses to primary surgeon as his skill improves. Under the supervision of an attending physician, he will have responsibility for inpatient care and call coverage of the hospitals, emergency departments and outpatients.

**Residents** participating in an accredited U.S. medical or osteopathic otolaryngology, general surgery, or oral surgery residency may elect a *1 to 2 month* rotation in head and neck surgery. Usually six months of the year are filled with oral surgery residents from Indiana University School of Denistry. The resident participates as an assistant and occasionally as the primary surgeon in head and neck oncology and reconstructive surgery, parotidectomy, thyroidectomy, laryngology, and sleep apnea surgery.

**Visiting (observation) fellowships** are available at the visiting physician's own expense. This is open to international visitors and to physicians who are considering application to the full one-year fellowship. The period of observation may range from *a day up to two months*. Visiting fellows are invited into the operating room and may directly observe and interact with operating staff but may not have any direct hands-on involvement with the patient. Since we are not able to provide international visitors with the Form IAP-66 required to obtain a J-1 training visa, physicians undertaking this observation will need to obtain a temporary Business (B-1) visa.

## **BENEFITS**

**Full Fellows** are salaried through St. Vincent's Hospital and receive the same fringe benefits as other St. Vincent's House staff, including health insurance. Your principal contact for this relationship will be the Medical Education Office at St. Vincent's Hospital, who will arrange your orientation to St. Vincent's, meal tickets, and similar details. For other institutions at which our attending staff practice, you will need to deal with the Medical Staff and/or Medical Education office at each hospital.

**Vacation** The full fellow is provided with ten (10) paid days off each training year in addition to official holidays. These days off can be used for vacation, studying for boards, job interviews, or meetings. These days are in addition to official holidays. Requests for personal time off must be submitted in writing to, and signed off on by, the Program Director and must also be submitted to Medical Education at St. Vincent's Hospital. Both fellows may not be absent from the program concurrently.

**Meal tickets** are available from St. Vincent's Hospital for the days that the fellow or resident is on primary call covering St. Vincent's Hospital. All other meals are the responsibility of the individual physician.

**Lodging** is not provided by the fellowship unless special arrangements are made with the Program Director.

**Courses and Meetings** are not an integral part of the fellowship. Vacation time may be used to attend a meeting at the individual physician's own expense. However if the fellow or resident is presenting a paper representing CENTA, non-vacation time and funding may be provided.

**Other Leaves.** Participants in the mini-fellowship and rotating residents should minimize time away during their brief training period. Non-emergent absences need prior approval by the Program Director.

**Pagers and cell phones** are provided by the CENTA office to the fellows. A pager may be available for a resident through the office or St. Vincent's. Fresh pager batteries are available at the North Meridain office. Use of the cell phone should be restricted to business calls; personal calls and unauthorized long distant calls will be charged to the individual. Loss or damages to the phone or pager will be charged to the individual.

## CLINICAL RESPONSIBILITIES

### **Surgery**

- All major head and neck operations are to be attended by the residents and fellows unless there are more concurrent cases than house staff available. The fellow must attend the Tumor Clinic unless excused by the Tumor Clinic attending staff and the residents will provide assistance to the operating surgeon on Wednesday afternoons. The attending surgeon generally manages general ear, nose, and throat cases; attendance at these cases by the fellows is elective.
- The fellow or resident will participate in the surgery to the level that his capabilities and time permit. The attending surgeon will be there to supervise. Observers may be in the operating room but may not participate in the case.
- The surgery schedule is prepared by the office and available late Thursday afternoon for the upcoming week. Cases may be cancelled or added after the schedule is printed, however, so it is necessary to double check with the office nurses regarding the next day's cases. The individual operating room will provide any time changes.
- Cases should be distributed to provide both trainees with comparable operative experience. Any questions will be resolved by the Program Director.
- The fellow or resident should arrive in the O.R. in sufficient time to become familiar with the patient and to help prep and drape.
- The patient should not be anesthetized and surgery should not begin until the attending surgeon is present or the attending surgeon gives permission.
- Postoperative orders and operative note are to be legibly written by the fellow or resident. The attending surgeon dictates the operative report.
- House staff should accompany patients who underwent major head and neck surgery to the recovery room to clarify any orders or flap checks with the receiving nurse and should remain until the patient is stable.

**Inpatient management** is the responsibility of the house staff.

- Rounds are to be done daily before 8:00 am unless there is an emergency.
- Weekend rounds are done by the fellow and attending physician on call. The floor nurses should be encouraged to participate in the rounds. Many of the nurses are very knowledgeable and capable in doing dressing changes and making management suggestions. They are an integral part of our team and deserve to be treated with respect.

- The Nurse Practitioner will round with the residents and oversee the quality of care that the patient is receiving by the nursing staff. Patient education and wound care issues will be under her guidance and she will remain accessible to the patient after discharge to clarify any remaining issues.
- Any change in the patient status or management questions should be reviewed with the attending staff. The fellows should contact attending physicians by 8:00 am daily to relay routine patient information. This report can be made via the attending's cell phone using direct conversation or voice mail.

Borrowdale	697-1382	Phillips	407-9154
Freeman	697-7289	Krowiak	697-1101
Huntley	697-0447		

- The house staff should interact frequently with the family and do so in a professional manner. Any questions you cannot answer can be deferred to the attending staff or his office nurse.

### Consultations

- Consults requested of us are to be handled within 24 hours and preferably within the same day. A handwritten summary should be placed in the chart and a detailed consultation note indicating the requesting physician as well as all other involved physicians must be dictated within 24 hours. When dictating, be sure to request that a copy be sent to our office.
- Conversely, consultations to aid in the inpatient management of our patients should be initiated when appropriate. The attending physician should be notified when a consult has been requested.
- Social Services and counseling are provided to our patients at home and during hospitalizations by **Mary Jane Renner, MSW**. Arrangements should be made for her to speak with all patients with laryngectomies or extensive head and neck cancer. Management of financial problems or discharge planning is provided by the hospital's social workers.

### Discharge management

- Discharges should be done as early as possible in the day and definitely no later than 11:00 AM. House staff are responsible for providing thorough discharge instructions to the patient and family, answering all questions about wound care, medications, and what to expect postoperatively.
- Anything more than a 23-hour outpatient stay requires a narrative summary to be dictated by the house staff at time of discharge.
- Return visits should be scheduled for the attending surgeon's private office. If you do not personally see to the return visit being scheduled, please be clear in your instructions to the

patient to call *as soon as he returns home* to make the appointment, even if he does not need to be seen for three weeks. It has been our experience that many patients, when told to “call the office for an appointment in three weeks” wait until they are due to be seen to place the call, which makes scheduling very difficult and results in unhappy patients. Along the same lines, please also give them a range, e.g., “within 7 to 10 days,” so they won’t be so distraught when their doctor does not even have office hours on the date they were told they need to have their follow-up visit. ***Because of the large number of patients needing to be seen during the Wednesday afternoon Tumor Clinic, please do not schedule postoperative visits there unless the patient needs to be seen by the maxillofacial prosthodontist (Steven Haug, DDS).***

**Medical Records** are to be completed at each hospital weekly. At all the hospitals the physician dictations are maintained on computer and require instruction as to how to complete them and sign off electronically. If records are not kept current, operating privileges will be suspended.

**Medical Photography** is encouraged since many unusual cases, disease processes and surgery are encountered. The individual physician should use his personal camera. Representative high quality digital copies should be given to the attending staff.

## **AFTER HOURS CALL**

A **Call schedule** is published by the HNSA office one month in advance. Any preferences as to dates should be submitted to the Call Schedule Manager in a timely fashion. The frequency of call should be within the standard house staff call regulations. The fellows and residents will take all the calls unless a physician specifically requests to speak with our attending physician. Patients should be treated with respect and professionally. Avoid prescribing controlled drugs without being familiar with the patient. If pain medications are necessary, provide only enough to get the patient through the weekend and have them call the office the next working day.

**Emergency room coverage** is the responsibility of the fellow and resident. A Call Schedule for Clarian and Community Hospital North and East is published by the office one month in advance. The fellow is required to contact the attending staff of any seriously ill patients, patients requiring surgery, and patients being admitted at the time of the encounter. All others can be discussed at morning report to the on call attending. An emergency room consultation should be dictated at the time of the encounter with copies sent to the office and the patient's personal physician. A copy of the face sheet should be provided to the attending physician along with date of consultation, physician requesting consultation, and any diagnostic or therapeutic procedures.

## **HOSPITALS**

Head & Neck Surgery Associates provides services to several hospitals in the Indianapolis area. The fellows will be credentialed at:

**Methodist/Clarian North and West**

**Community Hospitals North and East** (not South),

**St Vincents Hospital, Main** (W. 86th Street))

You may respond to calls from Westview, St. Francis or Community Hospital South, but should defer to the attending physician on call if appropriate.

## OUTPATIENT CLINICS

**Office hours** are managed by the attending staff and house staff do not routinely participate. On a rare occasion the house staff will be asked to cover the Sinus, Allergy & Asthma shot clinic if the supervising attending physician is absent. The only required attendance is at the Methodist tumor clinic (Wednesday 1-5pm). Office hour schedules follow this page for your information and assistance locating attending physicians

### **Office locations:**

Corporate office and main clinical site:

“**North**”: Suite 375, 12188 North Meridian St., Carmel, IN 46032

Satellite offices:

“**West**”: Suite 254. 1115 Ronald Reagan Parkway, Avon, IN 46123

“**Terre Haute**”: AP&S Clinic, 788 S. Third Street, Terre Haute

## TEACHING CONFERENCES

**Patient management conference** is held each Wednesday morning in the St. Vincent's 6W classroom and is attended by the floor nurses, social services, physical therapy, speech therapy and pastoral care and the fellows. Each patient's progress is reviewed and treatment and discharge plans are formulated.

**Head and Neck Tumor Clinic** (Methodist) is every Wednesday afternoon and attended by Head & Neck Surgery Associates, radiation oncology, medical oncology, dental/oral surgery/maxillofacial prosthodontics, speech therapy, and house staff. House staff should examine all new patients and be prepared to answer questions related to the disease process and treatment options. After clinic, if time permits, several relevant topics will be discussed

**Morbidity and Mortality Conference** is held once a month at 12:30 pm on 1<sup>st</sup> and 2<sup>nd</sup> Wednesdays prior to tumor clinic. The fellow is required to keep track of patients with complications and submit the appropriate cases to Mary Jane Renner by Monday of that week.

**Journal Club** is held quarterly by the fellow and house staff along with the designated attending staff and may be sponsored by a pharmaceutical or surgical supply vendor.

Post-laryngectomy voice restoration was developed in our practice by Drs. Blom, Hamaker, and Singer. Dr. Blom teaches a weekend course, **Tracheoesophageal Puncture and Prosthesis for Post-Laryngectomy Voice Restoration**, once each month to speech therapists and surgeons from all over the world. As early in the training as possible, fellows and residents should attend one of these sessions, since many of the after-hours calls related to problems with the voice prosthesis can be solved with information provided at the course. Only one fellow should attend at a time. Contact Dr. Blom for a list of course dates and to schedule your attendance.

## **RESEARCH**

Research requirements pertain to the full-time fellow only. At the beginning of the year he should identify an area of study and review with an attending physician. Needs for funding or institutional review board should be pursued as soon as possible since these can be lengthy and difficult processes. There is a tremendous amount of clinical opportunity for retrospective and prospective review. The accumulated data should be presented to the designated attending physician by March and placed in a format for publication by May. The fellow will place his name as the primary author.

Microvascular lab is available at Indiana University. The program Director will arrange instruction.. As much time should be scheduled there by the fellows interested in microvascular surgery as early as possible.

The fundamentals of microvascular surgery should be learned in the lab and not in surgery. Once the fellow has acquired the basic skills he will participate in the microvascular surgery as an assistant and progress to primary surgeon as his proficiency improves.

## EVALUATIONS

**Surgical Logs** are to be completed at the end of each month and submitted to the Program Director for tracking the type and quantity of procedures performed by the fellows. For complex head and neck procedures each specific component is recorded so that there may be multiple procedures per patient. The designated fellow responsible for the patient records the case as a primary even if the attending does the case and the fellow only retracts. If the other fellow/resident is also participating in the case, he may record the components of the surgery that he did as primary and the other components as assists. At the end of each quarter, the composite 3-month logs will be provided to each fellow for comparison.

**Evaluation forms** are reviewed with each fellow quarterly. Each attending points out the strengths and weaknesses of each fellow to mold them into better physicians and surgeons.

**Disciplinary actions** will be taken if the standards of the fellowship, hospitals, or licensure are not upheld. You represent Center for Ears, Nose, Throat and Allergy to our patients, colleagues, and the community. We expect you to act in a dignified and professional manner. Hospital and office staff and patients are to be treated with respect.

The disciplinary actions will reflect the severity of the violation. Repeat offenses or non-resolution of problems will result in suspension of operating privileges. If repeat suspension occurs or suspension necessary beyond two weeks will result in termination of the fellowship. Appeals can be entered according to the St. Vincent's House Staff Handbook.

Sample surgical log is available on the website and the completed log should be returned to the program director at the end of the rotation.

