CHALLENGES AND OPPORTUNITIES IN FELLOWSHIP TRAINING IN OTOLARYNGOLOGY-HEAD AND NECK SURGERY
I have no financial or professional conflicts of interest to disclose.
RECOMMENDED RESOURCES

- Victorian B. Turn a fellowship program into a career: how to match up with the right program. ENT Today. 2012
  - [http://www.enttoday.org/article/turn-a-fellowship-into-a-career-learn-how-to-match-up-with-the-right-program/](http://www.enttoday.org/article/turn-a-fellowship-into-a-career-learn-how-to-match-up-with-the-right-program/)
FELLOWSHIP TRAINING

- Relatively new phenomenon
  - Reflects increasing complexity of clinical medicine
- Fellowship opportunities expanded over 3 - 4 decades
  - Still incomplete regulation and standardization
- ~ 1/3 (39%) of residency graduates obtained some fellowship training (2007) – increased ~ 50% (2014)
- Fellowship training serves as an avenue to gain further credentials and certification
- Only neurotology, pediatric otolaryngology, and sleep medicine are accredited by the ACGME
- Only otolaryngic allergy is accredited by AOBOO-HNS

FELLOWSHIP OPPORTUNITIES

- Allergy & Immunology
- Cosmetic Surgery
- Facial Plastic and Reconstructive Surgery (AAFPRS)
- Head and Neck Oncologic Surgery +/- Microvascular Reconstruction
- Laryngology/voice
- Otology/Neurotology/Skull Base Surgery
- Balance and Vestibular Disorders
- Pediatric Otolaryngology
- Rhinology and Sinus Surgery +/- Skull Base Surgery
- Sleep Medicine & Surgery
- Hair Restoration
- Thyroid and Parathyroid (Endocrine) Surgery
- Otopathology
HISTORICAL PERSPECTIVES

- Fellowship training programs
  - 1960s – < 10 programs
  - 1970s – ~ 25 programs
  - 1991 – 105 fellowships listed in AAO-HNS directory
  - 1993 – 151 fellowships

- Reasons for proliferation:
  - Deficiency in residency training experience
  - Expanded scope of practice for OTO-HNS
  - Socioeconomic forces favoring fellowship director(s) & trained fellow
Concerns over proliferation of Fellowship training

- Strength of OTO-HNS specialty depends on maintaining integrity of general practice of otolaryngology and unity of specialty

B. Bailey, MD editorial papers (early 1990s)

- Maintain “quality” – educational (didactic & research) & surgical (case volume and complexity/variation)
  - Fellow candidates
  - OTO-HNS residents
  - Goals: educational standards, accredit programs, evaluate effects of fellowship training on resident training

- Match public need/demand w/ supply of trained fellows
  - Manpower studies and workforce optimization

- Develop means of certification and credentialing and define content of general otolaryngology
Various surveys:
- Academic interest(s) or interest in Academic Medicine
  - Research, training of residents, training of fellows, etc.
    - Many prominent fellowship mentors, and those who pioneered many techniques of subspecialty otolaryngology, were not themselves fellowship trained
    - Not necessarily a requirement for an academic career
- Perceived inadequate training (operative case load)
- An extra year of training to secure academic position
- An extra year of training to enhance private practice
- Desire to develop subspecialty practice
- Avoid malpractice
- Gain hospital privileges
- Improve competitiveness
- Increase income
- Mentor influence
Concentrating on one aspect of otolaryngology
- Increased exposure to higher volumes and complexity of surgical cases can be a valuable investment

- Surgical proficiency improves and expertise comes with performance of large numbers of specialized procedures
  - For some this is not available in residency
  - A broad, diverse education in otolaryngology often does not allow a resident opportunity to perform numbers of cases in some subspecialty areas required to achieve a high level of expertise

- Experience of learning under direct guidance of fellowship mentors
<table>
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<tr>
<th>Category</th>
<th>Procedure</th>
<th>Min #</th>
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<tbody>
<tr>
<td>KEY INDICATOR: Head &amp; Neck</td>
<td>Parotidectomy (all types)</td>
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<td>Neck Dissection (all types)</td>
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<td>Oral Cavity Resection</td>
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<td>Thyroid/Parathyroidectomy</td>
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<td>Mastoidectomy (all types)</td>
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<td>Stapedectomy/Ossiculoplasty</td>
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<td>Mandible/Midface Fractures</td>
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<td>Flaps and Grafts</td>
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<td>Congenital Neck Masses</td>
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<td>Ethmoidectomy</td>
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<td>Bronchoscopy</td>
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Desire to practice general otolaryngology and feel adequately trained by residency program

- Common reason cited by many residents in various surveys

Compared to past, it should be less likely due to inadequate training and teaching in residency

- Ideally
  - Should be to achieve higher level of mastery in a given subspecialty, for benefit of patients & public as a whole and to enrich participating physician’s career
ACCREDITED V. UN-ACCREDITED

- Issues WRT Accredited and Unaccredited fellowship opportunities
  - AOA – AOCCO-NHS/F training v ACGME training
    - Implications for future w/ Unified Accreditation System?
    - Reasons for or against accredited v unaccredited?
ACCREDITED FELLOWSHIP TRAINING

- Allergy (AOBOO-HNS)
- Otology/Neurotology (ACGME)
- Pediatric Otolaryngology (ACGME)
  - [http://www.aspo.us/fellowship-listing/](http://www.aspo.us/fellowship-listing/)
- Head and Neck Surgical Oncology (AHNS)
- Facial Plastic and Reconstructive Surgery (AAFPRS)
  - [http://www.aafprs.org/fellowship/descriptions.html](http://www.aafprs.org/fellowship/descriptions.html)
- [https://www.acgme.org/acgmeweb/tabid/141/ProgramandInstitutionalAccreditation/SurgicalSpecialties/Otolaryngology.aspx](https://www.acgme.org/acgmeweb/tabid/141/ProgramandInstitutionalAccreditation/SurgicalSpecialties/Otolaryngology.aspx)
UNACREDITED FELLOWSHIPS

- **Otology/Neurotology**
  - http://www.otologyfellowship.com
  - http://clinicaldepartments.musc.edu/ent/fellowship/neurotology.htm

- **Vestibular and Balance Disorders**
  - http://www.masseyeandear.org/education/otolaryngology/fellowship_program/balance/

- **Laryngology**
- **Sleep Medicine**
- **Sleep Medicine**
- **Rhinology**
- **Allergy (AAOA)**
- **Cosmetic Surgery**
- **Hair Transplantation/Restoration Medicine and Aesthetics (NYCOM)**