

What Is Otolaryngology–Head and Neck Surgery?

THE BROAD DYNAMIC SPECIALTY OF OTOLARYNGOLOGY has evolved over its long rich history by embracing scientific advances and new technology. The American Board of Otolaryngology (ABOto) in cooperation with the Residency Review Committee in Otolaryngology and the Education Council developed a residency curriculum that defines otolaryngology and an optimal residency experience. This significant project has been expertly led by Bruce Gantz, MD, and the resulting residency curriculum is available at <http://www.ABOto.org>. This curriculum is the basis for the primary ABOto certifying examination, a well-remembered milestone for each of us. Maintenance of Certification (MOC), however, has raised some new and interesting questions. The MOC process includes ongoing evaluation of the general competencies in medical knowledge, patient care, practice-based learning and improvement, communication, professionalism, and systems-based practice.

The MOC process has been structured so that the individual must show evidence of (1) professional standing, (2) lifelong learning and periodic assessment, (3) cognitive expertise, and (4) commitment to improving performance in practice. Part I lends itself to evaluation processes that do not depend on the specific practice mix of the individuals. Parts II and IV can be designed relatively easily so an individual's specific practice can be evaluated. Part III, however, is an examination that should be representative of the day-to-day clinical work of each physician taking it. The ABOto is working to make this a fair and representative examination. The overall examination blueprint is to have 15% of the questions on fundamentals (subjects common to virtually all otolaryngologists) to include such topics as patient safety, bleeding disorders, anesthesia, and emergency airway management. For the remainder of the examination, each candidate would select an additional module to reflect his or her own clinical practice. The MOC committee under the guidance of Jack Gluckman, MBChB, FRCSS, FRCGS(Edin), has designated the following: general otolaryngology, otology, neurotology, allergy, rhinology, facial plastic and reconstructive surgery, head and neck surgery, laryngology, and pediatrics. This MOC part III examination would be based on the same level of knowledge that a primary candidate would be expected to have obtained; in other words it is not a subspecialty examination.

Defining "general otolaryngology" for the purpose of developing the MOC module has proven an interesting exercise. The ABOto reviewed its validated scope of prac-

tice along with demographic information provided by the American Academy of Otolaryngology–Head and Neck Surgery, combined with a little common sense to determine the composition of the general examination. The entire process, however, led me to consider the question, "What is a general otolaryngologist and what do they do?" We might each come up with a different answer based on our own training and practice experiences. I would ask your indulgence if I use mine as an example and starting point.

My first encounter with otolaryngology was at Tulane Medical School, New Orleans, Louisiana, when I selected it as a medical school elective more or less randomly. I still remember my amazement when I began the otolaryngology rotation at the breadth and depth of the field. I observed ear surgery with Harold Tabb, MD, and Miles Lewis, MD, rhinoplasty surgery with Jack Anderson, MD, laryngeal laser procedures with Ron French, MD, and then wandered from room to room in the Charity Hospital operating suites watching the residents perform neck dissections, laryngeal surgery, sinus surgery, and more. I knew I had found my calling. I selected otolaryngology as my first rotation during my internship at Letterman General Hospital, San Francisco, California, and was privileged to work with Steve Harner, MD, and Frank Parnell, MD. During my military service in the Panama Canal Zone I had the good fortune to work with Gus Braun, MD, and Colin Doyle, MD, at Gorges Hospital. All of these physicians were "general otolaryngologists" at the time. After the military I returned to Tulane for residency training. I worked with many of the same talented surgeons whom I had met as a medical student. In addition there were excellent role models in "general otolaryngology." Two of these individuals who stand out in my mind are Tom Canale, MD, and Tim Irwin, MD. Both practiced the spectrum of the specialty, from stapes procedures, to neck dissections, to cosmetic surgery.

Once I left training and began private practice, I—like many young surgeons—initially consulted in all aspects of otolaryngology and performed all types of surgery. Gradually, however, I decided to leave otology to our 2 excellent otologists, Roger Lindeman, MD, and Charles Mangham, MD, and major head and neck surgery to Tom Yarrington, MD, and focused on facial plastic and reconstructive surgery. This self-selection process was influenced by a combination of interest, talent, and opportunity. I will not dwell on my personal story but only repeat it as I know each of you in your own way has a similar

history with your own set of mentors. Many practice in a large or small group and see most of the head and neck cancer or otology cases; others focus on facial plastic surgery and rhinology but continue to see patients with other problems.

During my life in facial plastic surgery, I have encountered many great otolaryngologists. One individual who stands out in my mind is William Wright, MD. On the one hand, Bill Wright was a major innovator in facial plastic surgery and particularly rhinoplasty. On the other, he continued to perform otology procedures throughout his career. Any number of otolaryngologists such as David Sherris, MD, from Buffalo, New York, have developed wonderful reputations as facial plastic surgeons but continue to practice rhinology. Richard Goode, MD, is in a class of his own as a head and neck surgeon, otologist, facial plastic surgeon, and more.

We can each provide our own best examples of otolaryngologists who practice with skill and expertise in multiple areas of our specialty. On reflection, I believe that there are no “general otolaryngologists” but only “otolaryngologists” with different interests and practice patterns.

So, although there may be no generic person we can label a “general otolaryngologist,” there are enough characteristics in common that the ABOto is able to design a part III examination flexible enough to test otolaryngologists with varied practice patterns. Although otolaryngologists are diverse, they do have some common characteristics. Most I know tend to be happy, curious, adventuresome, and optimistic. Our unique specialty attracts such individuals. We find our specialty a joyful one and generally maintain our satisfaction with it over a lifetime of practice. In the end, our strength and success as a small specialty is based on dedication to a common foundation of knowledge in head and neck anatomy, physiology, pathophysiology, and surgical techniques.

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