Otolaryngology Core Curriculum: An Otolaryngology Resident Survey of Perceived Knowledge and Confidence

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Introduction

- Optimizing didactic delivery is essential for balancing resident education with increasing clinical demands.
- Traditional monthly didactic formats may increase cognitive load and limit longitudinal reinforcement.

Goal

- This study evaluated the **impact of transitioning to a higher frequency weekly AAO-HNS Otolaryngology Core Curriculum (OCC)** aligned didactic schedule on residents' perceived knowledge, confidence, and educational experience.

Methods

- **Cross-sectional study**
- Residents completed a **one-time anonymous survey** assessing curriculum acceptability, clinical reinforcement, knowledge retention, workload burden, and content gaps.
- Program Director and Assistant Program Director also completed parallel survey items.
- **Descriptive statistics** summarized survey responses, comparisons utilized chi-square & Fisher's exact tests.

Results

Residents preferred the weekly OCC-aligned format, and supported continuation of the weekly curriculum.

Residents across training years reported

- Improved **knowledge retention**
- Improved **clinical reinforcement**
- **No increase** in workload burden

Program Leadership (PD & APD) reported

- Improved **Learning continuity**
- Integrates with **clinical responsibilities**
- Useful for **OTE prep**

Conclusion

- A weekly OCC-aligned didactic curriculum was **feasible** and **well-accepted.**
- Residents reported that the format supported **knowledge development**, **confidence**, and **identification of learning gaps**.
- Program leadership **strongly endorsed** the weekly format and supported its continuation.
- Weekly OCC-based sessions **may enhance longitudinal reinforcement** and **support targeted resident education.**

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