Otolaryngology – Head and Neck Surgery: Foundation EPA #7

Assessing and providing initial management patients with acute-onset hearing loss

Key Features:
- The observation of this EPA is divided into two parts: patient assessments and performing a myringotomy and tube insertion
- The patient assessment aspect of this EPA includes otomicroscopy and the interpretation of an audiogram

Assessment plan:

Part A: Patient Assessment
Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:
- Age group: pediatric; adults
- Audiogram done: yes; no

Collect 4 observations of achievement
- At least 2 must include interpretation of an audiogram

Part B: Procedure - Myringotomy and Tube Insertion
Supervisor does assessment based on direct observation of myringotomy and tube insertion

Use Form 2. (O-score criteria)
Collect 4 observations of achievement

Relevant milestones (Part A)

1. **F ME 1.4.1** Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology
   - Head and Neck Surgery
2. **F ME 1.4.4** Apply knowledge of neurophysiology and neuropsychology of hearing perception
3. **F ME 1.4.8** Apply knowledge in clinical and biomedical sciences as they apply to the diagnostic techniques/procedures relevant to Otolaryngology – Head and Neck Surgery
   - Conventional audiometry (including but not limited to tympanometry and stapedial reflex testing) and otoacoustic emission testing, and their applications
   - Audiological assessment in different age groups
   - Tuning forks
4. **F ME 1.4.9** Apply clinical and biomedical sciences to manage patient presentations in Otolaryngology – Head and Neck Surgery
F ME 1.5.2 Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately

F ME 2.2.7 Identify and differentiate normal and abnormal findings in history and physical exam

F ME 2.2.13 Perform and interpret findings of office-based exams
   - Perform otomicroscopy
   - Interpret basic puretone audiogram tympanogram

F ME 2.2.14 Develop a specific differential diagnosis relevant to the patient’s presentation, for common Oto-HNS presentations

F ME 2.2.15 Select and interpret appropriate investigations for common Otolaryngology-Head and Neck Surgery presentations, based on a differential diagnosis

F ME 2.4.3 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines

F ME 3.1.1 Describe the indications, contraindications, risks, and/or alternatives for a given procedure or therapy

F ME 3.1.5 Describe to patients common procedures or therapies for common conditions in their discipline

F ME 3.2.1 Obtain informed consent for commonly performed medical and surgical procedures and therapies, under supervision

F ME 3.2.2 Document the consent discussion accurately

F ME 3.4.10 Establish and implement a plan for post-procedure care

F ME 4.1.1 Ensure follow-up on results of investigation and response to treatment

F ME 4.1.2 Recognize need for consultations of other healthcare professionals

F COM 1.6.1 Assess patients’ decision-making capacity

F COM 2.1.1 Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation

F COM 2.1.2 Demonstrate knowledge of techniques for eliciting health information from children and their families

F COM 2.1.5 Recognize the psychological, occupational, and social consequences of sensory or communication disorders

F L 2.1.2 Consider costs when choosing care options

F L 2.2.1 Apply evidence and guidelines with respect to utilization relevant to common clinical scenarios

F HA 1.3.1 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection