St-Joseph’s Otolaryngology-Head and Neck Radiology Rounds
Goals and objectives

OTL-HNS staff: Dr. Stuart Archibald, Dr. Jason Archibald and Dr. Michael Gupta
Radiologists: Dr. Judith Coret-Simon & Dr. Ryan Rebello

Overall Goals:
The main goal of this seminar is to review and discuss interesting cases in a semi-formal, educational setting. These seminars are focused on resident learning, but also provide an optimal setting for radiologists, otolaryngologists and head & neck surgeons, as well as their trainees, to obtain valuable feedback and learning from each other.

Attendance:
Attendance will be taken for all OTL-HNS residents rotating through St-Joseph’s hospital. Off service residents rotating through OTL-HNS at St-Joseph’s Hospital are required to attend unless excused by the chief resident or CTU. Staff attendance is required for at least one of the forenamed radiologists, as well as at least one OTL-HNS staff. We encourage staff whose practice centers on the particular subspecialty topic discussed to attend such sessions to provide clinical pearls and enhance the discussion (eg: H&N, General OTL, Rhinology, Otology, Neurotology).

Timing:
This monthly conference will occur on the last Tuesday of every month, unless otherwise specified. Arrangements should be made to accommodate holidays and possibly vacations in order to ensure occurrence of monthly seminars. The names of patients should be forwarded to the radiologist in charge of the session at least one week in advance, unless otherwise requested. Also, session topics should be made available at least one month in advance.

Preparation:
OTL-HNS residents will ensure adequate knowledge of the clinical course of the assigned patients, and be able to present the patients to all attendees. OTL-HNS residents should expect to be asked to interpret scans and findings and be able to answer questions at their specific level.

NB: It is the responsibility of EVERY OTL-HNS resident to provide cases to review during these rounds. Residents may obtain cases from inpatients, operative cases, clinic visits, emergency room consults or through direct coordination with staff.
Coordination:
Unless otherwise specified, the R4 residents in OTL-HNS will coordinate future radiology rounds. OTL-HNS residents (levels PGY 1-5) may be asked to prepare cases and/or to submit cases for the given session.

CanMEDS Competencies

Medical Expert
- Acquisition of knowledge surrounding ordering, reading and interpreting key imaging pertinent to the practice of OTL-HNS.
- Recognize risks and benefits of different imaging modalities.
- Gaining proficiency in identifying abnormalities and ruling out disease.
- Identifying and differentiating normal findings from pathological findings.

Communicator
- Integrated approach to imaging including proficiency in reading imaging and describing findings using appropriate radiological jargon.
- Expressing findings in a clear and concise manner.
- Forum for discussions relating to clinical vs. radiological correlation. This stresses the importance of residents preparing cases prior to the rounds.

Collaborator
- Inter-departmental collaboration for educational benefit.
- Establish interaction with radiology team for patient-centered diagnosis and management.
- Importance of clinical assessment for interpretation of imaging.
- Model the advantages and feasibility of interdisciplinary consultations
- Collaboration between staff and residents to assign cases that are both interesting and educational.

Manager
- Recognizing the importance of adequate imaging choice in the context of limited health resources.

Health advocate
- Develop the ability to explain the risks and benefits of different imaging modalities to their patients, as well as to guide the choice for interventional radiological procedures when appropriate.
Scholar

- Commitment to continued self-education pertaining to current radiological technologies and their impact on current and future practice of OTL-HNS.

Professional

- Commitment to high professional standard, recognizing the importance for otolaryngologists and head and neck surgeons to be able to interpret scans and to correlate clinical findings and radiological assessment.

The following topics should be covered over a rotation of 2 years:

1. Major salivary gland disease (benign)
2. Major salivary gland disease (malignant)
3. Minor salivary gland disease (benign)
4. Minor salivary gland disease (malignant)
5. Head and neck oncology (cutaneous)
6. Head and neck oncology (nasopharynx/nasal cavity/sinus cavity)
7. Head and neck oncology (oropharynx/hypopharynx)
8. Head and neck oncology (thyroid)
9. Head and neck oncology (other)
10. Rhinology/Rhinosinusitis (including anatomic variations and post-operative scans)
11. Otology – Disease of the external and middle ear
12. Otology – Inner ear and cerebropontine angle
13. Otology – Congenital disorders
14. Pediatric – Neck masses/infectious
15. Pediatric – Otology infectious
16. Congenital – Non-otologic
17. MRI’s – A case-based approach (part 1)
18. MRI’s – A case-based approach (part 2)
19. CT’s – A case-based approach
20. Imaging of the larynx/recurrent laryngeal nerve
21. Dental (benign and malignant)

This is not an all-inclusive list and added topics are welcome.

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