Overview

During the first year of their residency training the resident will spend 4 blocks at Hamilton Health Sciences. The resident will gain experience in dealing with outpatients in the clinic and with inpatients on the wards, intensive care units, operating room and in the emergency department. The otolaryngology service at McMaster Hospital involves a significant amount of pediatric practice, in addition to an adult outpatient practice. The Hamilton General Hospital involves an adult practice only. The Juravinski Hospital involves also an adult practice and our team provides the on call consultation and urgent service at this site. All residents must review their learning objectives with the Clinical Teaching Unit Director at the beginning and at the end of the rotation to facilitate meeting the objectives.

Clinical Teaching Unit Director: Dr. D. Sommer
Staff Surgeons: Drs B. Korman, R. Lemckert, J. MacLean, D. Reid, and D. Sommer.

Schedule of the week: Variable; need to verify – posted at McMaster and HGH clinic sites

You will be expected to make rounds with your team in the mornings before starting in the operating room or other activities of the service and at the end of the day. You are expected to give handover to the resident on call. The Chief resident will assign the weekly schedule for the team. If the Chief resident is absent, he/she will delegate the resident with most seniority to that role temporarily.

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Please note that HGH clinic runs three days per week, which are variable OR (skull base) this time is variable.
Call:

You will be assigned to be on call with the Otolaryngology-Head and Neck Surgery service. A back up call senior resident will also be on call with you. The Chief resident will make up your call schedule. Please note that call during weekdays is from 08:00 to 08:00 hrs and weekend call is from Friday 17:00 to Monday 08:00 hrs unless notified differently. Call will be set according to PARO guidelines.

Overall Objectives:

*It is recognized that the resident may not be exposed to all elements of these objectives; however at the conclusion of the rotation the resident should demonstrate knowledge or competency in the following:*

This rotation will introduce the resident to General and Pediatric Otolaryngology. The resident will acquire the basic clinical skills in General and Pediatric Otolaryngology in the outpatient clinic, the ward, and the emergency department. The resident will also be introduced to the operating room and perform basic operative procedures.

Specific Objectives:

**Medical Expert**

(1.1) Demonstrate compassion for patients

(1.3) Apply knowledge of the clinical and biomedical sciences relevant to Otolaryngology-Head and Neck Surgery

Understand the basic anatomy, embryology, histology, physiology, pathophysiology, pharmacology, microbiology, genetics and immunology as relevant to the structure and function of the ear, nose, paranasal sinuses, upper aero digestive tract and salivary glands, head and neck and the special sense of hearing, smell and taste

Apply knowledge of
  - Physics of sound, voice and speech production
  - Neurophysiology and neuropsychology of hearing perception
  - Physiology of upper airway respiration and mucosal function and immunology

Apply principles of
  - Conventional audiometry and otoacoustic emissions and their applications
  - Audiological assessments for different age group

Apply clinical and biomedical sciences to manage:
  - General otolaryngology presentations with:
    - Epistaxis anterior, posterior, basic management
    - Nasal fracture reduction
    - Uncomplicated adenotonsillar disease with comprehensive management
- Neck mass/swelling initial investigation
- Sleep disordered breathing
- Laryngopharyngeal acid reflux
- Salivary gland diseases: infectious and non-infectious
- Emergent and non emergent airway obstruction initial clinical assessment, investigation and development of a management plan including but not limited to rigid bronchoscopy set up and tracheostomy set up

➢ Pediatric otolaryngology presentations with:
  - Infections and inflammatory conditions including but not limited to otitis media, tonsillitis and abscesses
  - Sleep disordered breathing
  - Foreign body ear, nose, aero digestive
  - Identify airway obstruction and develop an approach to assessing emergent and non emergent airway obstruction and determine the urgency of intervention

➢ Otology presentations with:
  - Otitis externa
  - Otitis media (acute, serous, chronic)
  - Hearing loss conductive, sensorineural, including acute onset hearing loss

➢ Rhinology presentations with:
  - Rhinitis allergic and non allergic
  - Acute and chronic sinusitis and complications
  - Nasal obstruction

➢ Laryngology presentations with:
  - Dysphonia
  - Dysphagia

(1.4) Perform focused clinical assessments with recommendations that are well-documented

(2.1) Identify and recognize life threatening or emergent issues, including but not limited to upper airway obstruction, hemorrhage, and infection. Ask for the involvement of more senior colleagues and engage them immediately

(2.2) Identify and differentiate normal and abnormal findings on history, physical examination and perform the following when indicated:
  - Flexible nasopharyngolaryngoscopy
  - Nasal endoscopy flexible and rigid
  - Otomicroscopy
  - Tuning fork

(2.2) Select and demonstrate an understanding of the pertinent investigations for the common otolaryngology-head and neck surgery presentations including:
  - Laboratory testing
  - Diagnostic imaging
  - Conventional audiology testing and impedance audiology
(2.2) Develop a specific differential diagnosis for most common problems in otolaryngology-head and neck surgery

(2.4) Develop, implement and document initial management plans for common problems in otolaryngology-head and neck surgery

(3.2) Obtain informed consents for commonly performed medical and surgical procedures and therapies under supervision and document the discussion accurately

(3.4) Perform the following procedures in a skillful, fluid, and safe manner with minimal assistance:
   - Nasal packing (anterior and posterior) with assistance
   - Nasal cauterization
   - Incision and drainage of peritonsillar abscess
   - Drainage wound abscess with assistance
   - Foreign body removal from the ear, nose and pharynx with assistance
   - Adenoidectomy with assistance
   - Tonsillectomy with assistance
   - Ear debridement with microscope
   - Myringotomy and tube insertion with assistance
   - Change a tracheotomy tube in adults
   - Wound closure
   - Local anesthetic of the head, face, and neck
   - Skin biopsy
   - Assist at surgical procedures

(4.1) Establish and implement a plan for post-procedure care of the listed procedures
(4.1) Implement ongoing care and follow-up on investigations and response to treatment

**Communicator**

(1) Establish professional therapeutic relationships with patients and their families
(1.2) Optimize the physical environment for patient comfort, privacy, engagement and safety
(2.1) Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
(3.1) Share health care information and plans with patients and their families
(4.1) Communicate with cultural awareness and sensitivity
(5.1) Document and maintain health records, clinical notes, consultations, discharge summary and operative reports to enhance intra- and inter-professional care
(5.3) Share information with patients and others in a manner that respects privacy and confidentiality

**Collaborator**

(1.1) Establish and maintain positive relationships with physicians and other colleagues
(1.2) Consult as needed with other health care professionals, including other physicians, nurses speech language pathologists and audiologists (SF 1.1.2.6)
(3.2) Demonstrate safe handover of care, verbal, dictated and written
Leader

(1.2) Promote patient safety
(1.4) Use health informatics to improve the quality of patient care and optimize patient safety (SF 3.2.4)
(3.1) Demonstrate leadership skills by helping the team to enhance health care by performing effective, complete and exemplary care of patients

Health Advocate

(1.1, 1.2) Demonstrate familiarity with important determinants of health and work with patients to address them (foreign body, spread of infection, proper hygiene, voice misuses, and loud noise exposure, life style changes for acid reflux control)

Scholar

(1.1) Develop and implement a personal learning plan and obtain a satisfactory performance at your first in-house oral/written exam in the spring (SF 1)
(1.2) Maintain a surgical procedure log, surgical evaluation forms (SF 1.7.1)
(2.4) Participate in preparation and presentation of a Grand Round
(3.1) Recognize practice uncertainty, knowledge gaps and seek for advice/consultation
(3.3) Participate to critical appraisal of the literature, research methodology, biostatistics, during scheduled Journal Club
(4.3) Contribute to research endeavours and search for research ideas

Professional

(1.2) Develop the habits of excellence in patient care and all aspects of practice (SF 1)
(1.5) Demonstrate appropriate use of technology-enabled communication
(4.1) Exhibit self-awareness and manage your personal well-being and professional performance

Bibliography suggestions
Dewees and Saunders: Otolaryngology-Head and Neck Surgery
Byron J Bailey: Head and Neck Surgery-Otolaryngology
Cummings: Otolaryngology- Head and Neck Surgery
Moore Keith: The Developing Human, embryology at McMaster library
Radiology:
Hermans R: Head and Neck Cancer Imaging on line
Harnsberger: Handbook of Head and Neck Imaging

Approved October 26, 2009
Revised October 6, 2010
Revised October 27, 2012
Revised July 25, 2013
Revised April 25, 2016