Goals and Objectives for the Otolaryngology-Head & Neck Surgery Rotation
Resident PGY1
St Joseph’s Healthcare Hamilton (3 four-week rotational blocks)

Overview

During the first year of their residency training the resident will spend 3 four-week blocks on rotation at St Joseph Healthcare. The resident will gain experience in dealing with outpatients in the clinic and with inpatients on the wards, the intensive care units, the operating room and in the emergency department. The Otolaryngology –Head and Neck service at St Joseph’s Hospital involves a significant amount of head and neck oncology, in addition to general practice and otology/neurotology. All residents must review their learning objectives with the Otolaryngology –Head and Neck staff at the beginning and at the end of the rotation to facilitate meeting the objectives.

Head and Neck Otolaryngologist Staff Surgeons: Drs S. Archibald, M. Gupta, S. Jackson, and J.E.M. Young
General Otolaryngology Staff Surgeon: Dr. E. Jeney
Otology- Neurotology Staff Surgeon: Dr. J Archibald

Schedule of the week:

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 make handover to the resident on call. The Chief resident will assign the schedule of the week 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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(E Jeney) 2nd and 4th week of the month
(M Gupta) 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 otolaryngology and head and neck surgery.

Specific Objectives:

Medical Expert

The resident is expected to learn how to:

1. General Otolaryngology:

   Knowledge Basic sciences and anatomy:

   Understand the basic anatomy, embryology and histology of the ear, the nose, the paranasal sinuses, the upper aero digestive tract and salivary glands.

   Knowledge clinical:

   Reach a reasonable differential diagnosis and plan of investigation and treatment of common elective and emergency problems (especially airway and bleeding problems) by taking an appropriate history, performing a thorough examination using appropriate instruments including laryngeal mirrors, the flexible laryngoscope, the otoscope with pneumotoscopy, the nasal speculum, the tongue depressor, the head light and the microscope.

   The physical examination should include the following:

   - Ear: mastoid process, external ear canal, tympanic membrane and middle ear space.
   - Nose: external aspect skin and structure, vestibule, nasal cavity with turbinates and meatus, choana.
   - Oral cavity: mucosa, floor, tongue, palate, dentition and gums.
   - Pharynx: nasopharynx, oropharynx, hypopharynx.
-Larynx: supraglottis, glottis, subglottis.
-Neck: skin, palpation muscles, trachea, spaces, thyroid gland, salivary glands, lymphatics.

Interpret diagnostic tests including imaging studies of soft tissue of neck, sinuses, biochemical (creatinine, BUN, electrolytes, urine analysis, calcium level, thyroid hormones level, liver function tests) and haematological studies, basic interpretation of conventional audiometry, impedance audiometry and pathology reports.

Principles of evaluation and management in General Otolaryngology including:

-Otitis media: acute, serous, chronic, external.
-Pharyngotonsillitis: acute, chronic, abscess.
-Obstructive sleep apnea, sleep breathing disorders.
-Sinusitis: acute, chronic.
-Allergic and non-allergic rhinitis.
-Nasal sinus polyps.
-Nasal fracture.
-Laryngitis, epiglottitis.
-Laryngopharyngeal acid reflux.
-Foreign body ear, aero digestive system.
-Epistaxis anterior, posterior.
-Salivary gland diseases: infectious and non infectious.
-Vertigo able to differentiate peripheral from central.
-Hearing loss.

2. Head and Neck:

**Knowledge Basic sciences and anatomy:**

Understand the basic anatomy, embryology, histology of the oral cavity, pharynx, larynx, thyroid gland, neck spaces and lymphatic system.

**Knowledge Clinical:**

Build on general otolaryngology skills.
Learn how to stage head and neck malignancies.
Identify medical co-morbidities.
Learn the basic peri-operative patient care.
Manage airway obstruction.
Manage surgical nutrition, fluid and electrolytes, wound care, and common complications.
Technical and Operative skills:

Develop ability to efficiently perform basic procedures such as

1. General Otolaryngology:
   - Nasal packing (anterior and posterior) with assistance.
   - Nasal cauterization.
   - Nasal endoscopy rigid and flexible.
   - Incision and drainage of peritonsillar abscess.
   - Drainage simple wound abscess.
   - Removal of foreign bodies from the ear, nose and pharynx with assistance.
   - Adenoidectomy and tonsillectomy with assistance.
   - Ear debridement.
   - Myringotomy and tube insertion with assistance.
   - Flexible nasopharyngolaryngoscopy.
   - Microlaryngoscopy with assistance.

In the operating room become aware of sterile technique, and the use of basic operating room instruments.
- Assist at surgical procedures.

2. Head and Neck:
   - Carry out panendoscopy, including rigid and flexible instrumentation.
   - Learn how to change tracheostomy tubes.
   - Fine needle aspiration of a neck mass.
   - In the operating room become aware of sterile technique, and the use of basic operating room instruments.
   - Become proficient in basic surgical skills such as knot tying, soft tissue handling, wound closure.
   - Learn the basic surgical stepwise approach to the various common operating procedures.
   - Effectively assist at major head and neck surgical procedures.

Communicator

Develop doctor-patient and doctor-family relationships.
Learn how to present the findings of history and physical examinations in an organized, clear and concise manner to colleagues and supervisors.
Learn and apply principles of developing and maintaining health records, clinical notes, consultations, discharge summary and operative reports.
Learn how to discuss common procedures, including their complications, with patients and their families.
Prepare and present effectively in organized rounds and seminars.
Collaborator

Understand and participate in the surgical team.
Learn to respect the opinions and roles of other team members.
Appreciate the strength of the multi-disciplinary head and neck team.
Demonstrate collegial and professional relationships with other physicians, nurses, office and clinic support staff, operating room personnel, and ER staff.
Recognize the expertise and the role of allied health professionals, including speech and language pathologists, home care nurses, and social workers.

Manager

Learn to use resources effectively balance patient care, learning needs, and outside activities.
Allocate finite health care resources wisely, equitably, and ethically.
Manage to produce the dictation of consultations, clinical notes, operative reports and discharge summaries on time.
Demonstrate an appreciation of the importance of quality assurance/improvement.
Keep a log of your surgical procedures.

Health Advocate

Learn to advocate for otolaryngology patients and for the specialty.
Demonstrate familiarity with important determinants of health relevant to general otolaryngology such as foreign bodies, spread of infection, proper hygiene, anti acid gastroesopahryngeal reflux diet and life style changes and in head and neck surgery, such as smoking, alcohol abuse, and poor nutrition.

Scholar

Participate in the teaching of medical students.
Facilitate learning in patients and other health professionals.
Participate in preparation and presentation of weekly City-wide Grand Rounds.
Demonstrate facility with critical appraisal of the literature, research methodology, biostatistics, in the regularly scheduled Journal Clubs.
Practise self-assessment.
Develop a personal life-long self-education plan, with appropriate guidance.
Contribute to research endeavours.
Pursue evidence-based standards for care of common problems in otolaryngology.
Participate in academic rounds, journal clubs and the teaching sessions by reading before attending the session.
Obtain a satisfactory performance at your first annual residency oral/written exam in June.
Professional

Develop the habits of excellence in patient care.
Pursue integrity, honesty and compassion in the doctor-patient relationship.
Practise ethically.
Learn one’s limitations, and when and how to ask other colleagues for their expertise.
Seek out and act on constructive criticism.
Pursue a balanced life-style.

Bibliography suggestions

Deweese 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