McMaster Otolaryngology-Head and Neck surgery  
Goals and Objectives for the Facial Cosmetic and Trauma Rotation  
Otolaryngology and Dermatology Dundas Clinic  
Resident Core Stage-Third year

Overview

During the third year of their residency training the resident will spend one blocks at the Dermatology and Otolaryngology Clinic in Dundas. The resident will gain experience in dealing with outpatients seen in the private clinic. The resident will also have the opportunity to assist Dr. Cooper on mid facial fracture repairs, when indicated. All residents must review their learning objectives with the staff at the beginning and at the end of the rotation to facilitate meeting the objectives.

Dermatology and Facial Cosmetic Staff: Dr. Karen Edstrom
Otolaryngology- Head and Neck and Facial Cosmetic surgery Staff: Dr. Ronald Lemckert
Plastic and Oro- Maxillofacial Surgery Staff: Dr. Jim Cooper from the Hamilton General Hospital

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Call:

You will be assigned to be on call with the Otolaryngology-Head and Neck Surgery service. The Chief resident will make up your call schedule. 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:*

The resident is expected to gain understanding and knowledge of the anatomy and pathophysiology of the skin and anatomy in particular the facial skin, head and neck. The
resident will gain experience in the medical and surgical treatment of the facial, head and neck cosmetic.

**Specific Objectives:**

**Medical Expert**

(1.1) Demonstrate a commitment to high quality care and compassion for their patients
(1.3) Apply knowledge of the clinical and biomedical sciences relevant to manage facial cosmetic presentations:
- Understand the cutaneous anatomy, aesthetic subunits, relaxed skin tension lines and non-distortable landmarks of the face
- Wound healing basic science and applications to wound care
- Basic science of lasers and laser applications in facial cosmetic practice and surgery
- Neuromodulators (Botox, Dysport and Zeomin) mechanism of action and applications
- Types of injectable fillers and their mechanism of action. Injection patterns and techniques of injection, needle versus cannula injection
- Liposuction and fat transfer techniques in the head and neck area
- Chemical peels applications and treatment

(1.3) Apply knowledge of the clinical and biomedical sciences relevant to manage facial trauma:
- Understand in greater details the anatomy of the facial skeleton, buttresses, blood supply, dentition of the oral cavity and the associated soft tissue structures
- Classification of dental occlusion and evaluate the harmonious arrangement of the jaws, teeth with respect of the facial appearance and function
- Principles of facial bone healing
- Securing the airway
- Ensuring and confirming adequate breathing as it relates to maxillofacial trauma
- Management of bleeding as it relates to maxillofacial trauma
- Assessment of the C-spine in trauma patients
- Review imaging of facial trauma (plain x-rays, panorex, CT scan)
- Learning the surgical approaches (open/closed reduction with internal/external fixation) to facial fractures (midfacial, zygoma, orbital, naso-ethmoid, frontal sinus, nasal bone)
- Complications of facial trauma and its management.

(1.4) Perform focused clinical assessments with recommendations that are well-documented
- Conduct an inspection of the skin surface and contour of the face, head and neck appropriately

(2.1) Identify and recognize life threatening or emergent issues from facial trauma including but not limited to patient involved in upper airway obstruction, haemorrhage
(2.2) Elicit complete history, perform a detailed physical exam and select appropriate investigations, and interpret their results for the purpose of diagnosis, management, and health promotion of the above clinical presentation

(3.2) Obtain informed consent for relevant surgical procedures

(3.4) Perform the following procedures in a skillful, fluid, and safe manner with minimal assistance or no assistance:

- Use local anesthetic agents appropriately when indicated
- Excision of skin cancers in the head and neck
- Split/full thickness skin grafting
- Simple advancement, rotation or transposition flap
- Scar revision and reduction treatments including medical management of scars
- Apply dressings as indicated
- Application of the arch bars, ivy loops and maxilla-mandibular fixation
- Nasal fracture reduction

(3.4) Provide assistance and function as first assistance for the wide range of cosmetic and facial trauma surgical procedures

- Take direction from a lead surgeon
- Application of plating systems of the facial bone
- Maxilla and mandible fractures reduction (closed/opened) with internal or external fixation.
- Orbital, naso-ethmoid and zygoma fractures
- LeFort and mandibular osteotomies

**Communicator**

(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
(2.1) Integrate, summarize, and present the information obtained from a patient-centered interview
(4.1) Communicate with cultural awareness and sensitivity
(5.1) Document clinical encounters in an accurate, legible, complete, timely and accessible manner to adequately convey clinical reasoning and rational for decisions
(5.3) Adapt written and electronic communication that is specific for cosmetic patients and facial trauma patients

**Collaborator**

(1.2) Consult as needed with other health care professionals (trauma team, ophthalmology, anesthesia, intensivist, otolaryngology, dental technicians)
(1.3) Communicate effectively with physicians and other colleagues in the health care professions (nurses, laser technicians)
(2.1) Maintain positive relationships in all professional contexts
Leader

(1.1) Demonstrate awareness and knowledge of clinical practice guideline for the following:
   · Laser safety
(1.2) Adhere to the standard safety guidelines that promotes patient safety by reporting and responding to unsafe situations
(1.4) Use health informatics to improve the quality of patient care, to optimize patient safety and suggest changes to the team when applicable
(2.1) Consider cost when choosing options for soft tissue defect closure and wound dressing

Health Advocate

(1.1) Demonstrate familiarity with important determinants of health for patients undergoing cosmetic procedures (smoking cessation, excessive sun exposure, poor nutrition)
(1.2) Promote reduction of risk factors for cosmetic patients through smoking cessation, UVA/UVB protection and for facial trauma educate patients on motor vehicle safety (seatbelts, helmet, driving safely, sport injuries awareness)

Scholar

(1.1) Prepare, read and learn around clinical and surgical cases, understand the steps of the proposed treatment and participate appropriately
(1.2) Maintain a surgical procedure log, surgical evaluation forms
(3.1) Recognize practice uncertainty, knowledge gaps and seek for advice/consultation

Professional

(1.1) Deliver health care to patients in an honest, ethical and professional manner
(1.2) Demonstrate a commitment to excellence in all aspects of practice

Bibliography suggestions

Head and Neck Surgery- Otolaryngology- Editor Bailey
Otolaryngology- Head and Neck Surgery- Editor Cummings.
Local Flaps in Facial Reconstruction- Editor Baker
Facial Plastic and Reconstructive Surgery-Editor Ira D. Papel
Local Flaps in Head and Neck Reconstruction-Editor Ian T. Jackson
Cosmetic Facial Surgery- Editor Niamtu
Cosmetic Oculoplastic Surgery- Editor Putterman
Primary Rhinoplasty- Editor Tebbetts
Atlas of Cosmetic Surgery- Editor Kaminer
Facial Rejuvenation with Fillers- Editor Codner
Botulinum Toxin- Editor Carruthers