Goals and Objectives for the Otolaryngology-Head & Neck Surgery Rotation
Resident PGY3
St. Joseph’s Healthcare Hamilton (5 or 6 four-week rotational blocks with a possibility of dividing the blocks)

Overview

During the third year of their residency training the resident will spend 5 or 6 four-week blocks on rotation at St. Joseph Healthcare Hamilton. 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 and 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. 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:*

The rotation is designed to allow the resident to consolidate their proficiency in basic otolaryngology procedures, become more familiar with more complex otolaryngology procedures, and become more proficient in performing common head and neck procedures.

The resident will be introduced to septoplasties, endoscopic sinus surgery, and otology, and will carry out multiple endoscopies (including esophagogastranscopy and PEG tube placement), neck node biopsies, and be introduced to management of benign and malignant neck masses such as branchial cleft cysts, thyroidectomies, parathyroidectomies, parotidectomies.

Specific Objectives:

Medical Expert

The resident is expected to learn how to:

1. General Otolaryngology:

Knowledge Basic sciences and anatomy

Understand better the anatomy and physiology of the ear, nose, paranasal sinuses, upper aero digestive tract, thyroid/parathyroid glands and neck.

Knowledge clinical:

Continue improvement in skills in clinical history taking and examination of the patient using basic office instrumentations and office (flexible and rigid) endoscopic and microscopic equipment.
Continue improvement in knowledge in the indications for and interpretation of diagnostic imaging techniques of the head and neck.

Interpret biochemical and haematological studies.

Interpret audiology testing and treatment strategies.

Become proficient at reaching a reasonable differential diagnosis and plan of investigation and treatment of common and less common elective and emergency problems.
Carry out pre and post-op care on the ward and the clinic.
Obtain efficient follow-up skills related to disease monitoring, compliance with treatment.
Recognize common complications of treatment and their management.

2. Head and Neck:

**Knowledge Basic sciences and anatomy:**
Understand better the anatomy and physiology of the nose, paranasal sinuses, upper aero digestive tract, thyroid/parathyroid glands and neck with lymphatic system.

**Knowledge clinical:**
Demonstrate proficiency at staging head and neck malignancies.
Become knowledgeable of various approaches to major head and neck procedures.
Know the significance of medical co-morbidities and their basic management.
Manage peri-operative patient care including complications.
Develop proficiency in managing surgical nutrition, fluid and electrolytes balance, wound care, and common complications.
Interpret pathology reports.

**Technical and Operative skills:**
1. General Otolaryngology:
   Develop ability to efficiently perform basic procedures such as:
   - Nasal packing (anterior and posterior).
   - Incision and drainage of peritonsillar abscess and deep neck space and wound abscesses.
   - Removal of foreign bodies from the ear, nose and pharynx.
   - Tonsillectomies, myringotomies and tube insertions.
   - Microlaryngoscopies biopsy, excision, laser removal with supervision.
   - Banchial cleft cyst and thyroglossal cyst removal with supervision.
-Become familiar with septoplasties, endoscopic sinus surgery, and basic otology procedures, with special emphasis on surgical anatomy.
  - Assist at major surgical procedures.

2. Head and Neck:

- Learn how to carry out an open tracheostomy and show proficiency in managing airway obstruction.

Perform parts of major head and neck procedures such as:
  - Elevation of skin flaps.
  - Exposure of the spinal accessory nerve.
  - Exposure of the recurrent laryngeal nerve.

Effectively assist at major head and neck surgical procedures.

Communicator

The resident is expected to build on his/her earlier experience in these same areas:

  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.
  Learn and apply principles of developing and maintaining health records.
  Learn how to discuss both common and more complex procedures, including their complications, with patients and their families.
  Prepare and present effectively in organized rounds and seminars.

Collaborator

The resident is expected to demonstrate further proficiency in these same areas:

  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

The resident is expected to enhance their abilities in these same areas:

Learn to use resources effectively, balance patient care, learning needs and outside activities.
Allocate finite health care resources wisely, equitably, and ethically.
Utilise information technology to optimize patient care, and one’s own life-long learning.
Demonstrate an appreciation of the importance of quality assurance/improvement.
Keep a log of your surgical procedures.
Participate in the preparation, presentation, analysis and reporting of morbidity and mortality rounds

Health Advocate

Learn to advocate for otolaryngology patients and for the specialty.
Demonstrate familiarity with important determinants of health relevant to general otolaryngology and head and neck surgery, such as smoking, alcohol abuse, poor nutrition, HPV and HIV.

Scholar

Prepare and read around surgical cases and learn the steps of the proposed treatment.
Read about clinical cases and participate appropriately by asking questions.
Participate in the teaching of medical students and junior residents.
Facilitate learning in patients and other health professionals.
Demonstrate facility with critical appraisal of the literature, research methodology, bio statistics, in the regularly scheduled Journal Clubs, and at Grand Rounds.
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.
Be alert for opportunities to contribute in the report of cases of mutual interest to audiologists, speech language pathologists, pediatricians, intensive care physicians, neurosurgeons, plastic surgeons and fellow colleagues.
Participate in academic rounds, journal clubs, teachings sessions and other educational outlets.
Obtain a satisfactory performance at the residency program oral/written examinations.
Obtain a satisfactory performance at the Canadian in training exam that shows a positive progression compared to the previous year.

Professional

Develop the habits of excellence in patient care.
Pursue integrity, honesty and compassion in the doctor-patient relationship.
Practise ethically.
Practise self-assessment.
Recognize one’s own limitations, correct these where appropriate, and seek assistance otherwise.
Seek out and act on constructive criticism.
Pursue a balanced life-style.

**Bibliography suggestions**

Byron J Bailey: *Head & Neck Surgery-Otolaryngology*
Cummings: *Otolaryngology-Head and Neck Surgery*

Radiology

Hermans R: *Head and Neck Cancer Imaging* on line
Harmsberger: *Handbook of Head and Neck Imaging*

**Surgical skills references**

Byron J Bailey: *Atlas of Head & Neck Surgery-Otolaryngology*
Montgomery W Wayne: *Surgery of the upper respiratory system vol.2*
Lore: *An Atlas of Head and Neck Surgery*

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