



Otolaryngology-Head and Neck Surgery Training Residency Program

Overall Goals and Objectives:

Upon completion of the 5-year educational program, the graduate surgeon will be competent to function as a consultant in Otolaryngology-Head and Neck surgery and will be eligible for the Fellow Examination of the Royal College of Physicians and Surgeons of Canada.

Residents will acquire a sound knowledge of the Surgical Foundations practice. The Surgical Foundations examination will be taken at end of the Surgical Foundations training period and must be passed to be eligible to apply for the certification exam.

Residents will develop clinical competence in detailed knowledge of the scientific rational for the medical and surgical management of otolaryngology conditions in the following domains: Head and Neck Surgery, Pediatric Otolaryngology, Facial Plastic and Reconstructive Surgery, Rhinology, Laryngology, Otology, Neurotology and General Otolaryngology. Residents must also have a sound knowledge of the components in Neurology, Neurosurgery, Plastic Surgery, Dermatology, Respiriology, Pathology, Oral and Maxillofacial Surgery and other specialties that relate to the Otolaryngology-Head and Neck Surgery specialty.

Residents must demonstrate the knowledge, sensitivities, skills and attitudes relating to gender, culture and ethnicity pertinent to Otolaryngology - Head and Neck Surgery. In addition, they must demonstrate an ability to incorporate gender, sexual orientation, age, culture and ethnic perspectives in research methodology, data presentation and analysis.

The graduate in Otolaryngology-Head and Neck Surgery is also expected to have acquired adequate proficiency in all seven CanMEDS key competencies.

Medical Expert
Communicator
Collaborator
Manager
Health Advocate
Scholar
Professional

Specific Goals and Objectives:

The resident is expected to have acquired these competencies by the completion of training. The following document is in keeping with the RCPS(C) document of “Objectives of Training and Specialty Training requirements in Otolaryngology-Head and Neck Surgery”

Medical Expert

1. As Medical Experts, Otolaryngology-Head and Neck Surgeons will be able to function effectively as consultants, integrating all of the CanMeds Roles to provide optimal, ethical and patient-centered medical care:

1.1 Perform a consultation, including the presentation of the assessments of the ear, the upper aerodigestive tract, and related structures of the head, face and neck, including the special senses of hearing, balance, taste and olfaction, and recommendations in written and/or verbal form in response to a request from another healthcare professional

1.2 Demonstrate use of all CanMEDS competencies relevant to Otolaryngology-Head and Neck Surgeons

1.3 Identify and appropriately respond to relevant ethical issues arising in patient care

1.4 Demonstrate the ability to prioritize professional duties

1.5 Demonstrate compassionate and patient-centered care

2. As Medical Experts, Otolaryngology-Head and Neck surgeons will establish and maintain clinical knowledge; skills and attitudes appropriate to Otolaryngology-Head and Neck Surgery and will be proficient in the following domains:

2.1 Head and Neck Surgery

Embryology, anatomy, histology, physiology, pharmacology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology of the head and neck including thyroid and parathyroid glands, salivary glands, nose and paranasal sinuses, oral cavity, pharynx, larynx, trachea, esophagus, neck, skin, and skull base

Become proficient at reaching a reasonable differential diagnosis and plan of investigation and treatment of common, less common, elective and emergency problems, and neoplasms of the head and neck.

Become proficient in establishing a diagnostic plan of investigation, treatment, prognosis of malignant neoplasms of the head and neck and obtain a proper staging related to TNM classification (AJCC 2010).

- Nasal cavity and paranasal sinuses
- Nasopharynx
- Oropharynx: tongue base, soft palate, tonsils
- Hypopharynx: piriform sinus, postcricoid, lateral and posterior pharyngeal wall
- Oral cavity: lip, oral tongue, floor of the mouth, buccal mucosa, gingiva, hard palate, retromolar
- Larynx: supraglottic, glottic, subglottic
- Ear/temporal bone
- Esophagus: cervical
- Thyroid gland
- Major and minor salivary glands
- Melanoma of the upper aero digestive tract

Principles of diagnosis and management of other head and neck neoplasms such as parapharyngeal neoplasm, lymphoma: Hodgkin and non-Hodgkin, melanoma cutaneous and mucosal, temporal bone neoplasm, maxillofacial bone neoplasm, glomus neoplasm, midline granuloma, parathyroid glands

Principles of therapeutic and diagnostic imaging and their application within the head and neck, especially for neoplasm

Principles of radiotherapy theory, treatment, advantages, limitations and complications as they apply to head and neck cancer

Principles of chemotherapy theory, treatment, complications and side effects as they apply to head and neck cancer

Principles of diagnosis, relation to the primary site, the staging, treatment options and the prognosis of head and neck lymphatic nodes in cancer patients

Principles of head and neck lymphatic neck dissections (basic anatomy, physiopathology, types and indications)

Principles of reconstruction surgery to correct head and neck defects, with a view to formulating a surgical reconstructive plan that takes restoration of cosmetic and function into consideration in head and neck cancer

Principles of management options for voice rehabilitation post total laryngectomy

Principles of management/rehabilitation for swallowing difficulty/dysphagia post surgery

Principles of managing surgical nutrition, fluid and electrolytes balance, wound care, and common complications (bleeding, hematoma, airway obstruction, fistula saliva, chyle, CSF, flap ischemia and congestion, fluid and electrolytes disorders) in head and neck cancer patient

Learn to diagnose and treat facial nerve disorders and reanimation strategies

Carry out pre and post-op care on the ward and the clinic and show efficient follow-up skills related to the head and neck disease and compliance with treatment

Recognize complications of treatment and their management

Indications for consultations with other health professionals to assist in the management of neoplasm of the head and neck

2.2 Pediatric Otolaryngology

Embryology, anatomy, histology, physiology, pharmacology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology related to disease processes and symptoms encountered in the pediatric population

Principles of evaluation and management of Pediatric Otolaryngology patients to include congenital, infectious/inflammatory, neoplastic and other acquired disorders of the ear, the upper aerodigestive tract, and related structures of the head, face and neck, including the special senses of hearing, balance, taste and olfaction in the pediatric population

Principles of diagnosis and management of acute airway obstructions in NICU, PICU, ER

Principles of diagnosis and management of the pediatric airway, including diagnostic and endoscopic and therapeutic procedures related to both endoscopic and open approaches

Principles of diagnosis and management of syndromes and other congenital and inherited conditions that affect the ear, the upper aerodigestive tract, and related structures of the head, face and neck, including the special senses of hearing, balance, taste and olfaction

Principles of diagnosis and management of hearing loss all etiologies and common syndromes in the pediatric population

Principles of indication and interpretation of audiometry, tympanometry, auditory brain stem response, otoacoustic emissions in pediatric population including infant hearing loss screening, diagnosis and treatment

Principles of hearing loss rehabilitation in children such as hearing aids, FM system, BAHA, cochlear implants selection and indication

Principles of diagnosis and management of head and neck neoplasms benign and malignant in the pediatric population

Principles of therapeutic and diagnostic imaging and their application within Pediatric Otolaryngology

Carry out appropriate pre-and post-operative care and show efficient follow-up skills related to Pediatric Otolaryngology disease and conforming with treatment

Recognize complications of treatment and their management

Indications for consultation of other health professionals to assist in the management of disease processes and complaints encountered in Pediatric Otolaryngology

2.3 Facial Plastic and Reconstructive Surgery

Embryology, anatomy, histology, physiology, pharmacology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology of the face and its component structures

The biomechanical characteristics/principles of skin, soft tissue/SMAS, cartilage and bone in the facial region as they relate to Facial Plastic and Reconstructive Surgery (tissue expansion, plating maxillofacial fractures)

Principles of oncology as they apply to skin malignancy of the face, head and neck

Principles and techniques of frozen sections diagnosis and Mohs surgery

Principles and techniques of facial reconstruction, including local and regional flaps and grafts

Principles of trauma management as it relates maxillofacial region

Principles and techniques of facial reanimation

Principles of therapeutic and diagnostic imaging and their application within Facial Plastic and Reconstructive Surgery including the interpretation of maxillofacial trauma imaging, and knowledge of therapeutic radiation as it pertains to skin malignancy

Principles of laser therapy, cryotherapy, electrosurgery and their applications as they pertain to the skin of the face, head and neck

Principles of radiotherapy theory, treatment, advantages, limitations and complications as they apply to skin cancer

Evaluation and treatment of facial cosmetic surgery patients

Carry out appropriate pre-and post-operative care and show efficient follow-up skills related to facial plastic disease and compliance with treatment

Recognize complications of treatment and their management

Indications for consultation of other health professionals to assist in the management of neoplasms of the skin and maxillofacial aperture

2.4 Rhinology

Embryology, anatomy, histology, physiology, pharmacology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology of the nasal cavity, paranasal sinuses and anterior skull base, including the special sense of olfaction

Principles of diagnosis and management of infectious and inflammatory (allergic and non-allergic) conditions of the nose and paranasal sinuses

Principles of diagnosis and management of anosmia/hyposmia

Principles of diagnosis and management of nasal and paranasal sinus benign and malignant neoplasms, including the anterior skull base

Principles of diagnosis and management of repair of skull base defects including CSF leak

Principles of diagnosis and management of trauma of the nose and paranasal sinuses

Principles of diagnostic and interventional imaging including the application and interpretation of imaging techniques relevant to the nose, paranasal sinuses and anterior skull base

Principles of image guidance system and their application to surgery for the nose and paranasal sinuses including the anterior skull base

Carry out appropriate pre-and post-operative care and show efficient/appropriate follow-up skills related to nasal, paranasal sinus and anterior skull base disease and compliance with treatment

Recognize complications of treatment and their management

Indications for consultation of other health professionals to assist in the management of neoplasms of the nose, paranasal sinuses and the anterior skull base

2.5 Laryngology

Embryology, anatomy, histology, physiology, pharmacology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology of the larynx and upper airway

The physics of voice and speech production, physiology of voice, swallowing, airway protection, and respiration as it pertains to the larynx and upper airway. It includes the principles and techniques of objective vocal testing, aerodynamic testing, electrophysiological techniques and other related laboratory procedures

Principles of diagnosis and treatment of various voice disorders including infectious, muscle tension dysphonia, benign vocal cord lesions, neurological and systemic diseases affecting voice, vocal cord paralysis, laryngopharyngeal acid reflux and professional voice

Principles of diagnosis and management of patients with infectious and inflammatory conditions of the larynx and upper air way

Principles of diagnosis and treatment of the adult airway, including diagnostic and endoscopy and therapeutic procedures related to both endoscopic and open approach

Principles of trauma management as it relates to the larynx and upper airway

Principles of oncology as they apply to the larynx and upper airway

Principles of therapeutic and diagnostic imaging and their application within Laryngology, including the interpretation of imaging techniques relevant to the larynx and upper airway

Principles of laser therapy, cryotherapy, and electro surgery and their applications as they pertain to the larynx

Technique used for the evaluation and treatment of speech, voice and swallowing disorders

Carry out appropriate pre-and post-operative care and show efficient follow-up skills related to laryngeal and upper airway disease and compliance with treatment

Recognize complications of treatment and their management

Indications for consultation of other health professionals to assist in the management of disorders of the larynx

2.6 Otology

Embryology, anatomy, histology, physiology, pharmacology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology of the ear and the temporal bone including the auditory system

The Physics of sounds and neurophysiology of hearing

Principles of conventional audiometry and impedance audiometry and their application in the evaluation of the adult and pediatric population with hearing disorders

Principles of diagnosis and management of hearing loss of all etiologies including surgical and non-surgical auditory rehabilitation (hearing aids and assistive devices, cochlear implants, BAHA, implantable hearing aids)

Principles of diagnosis and management of middle ear and temporal bone trauma

Principles of diagnosis and management of acute and chronic infections/inflammatory diseases of the external and middle ear and mastoid, including its complications

Principles of diagnosis and management of benign and malignant neoplasms of the external and middle ear and mastoid

Principles of diagnostic imaging including interpretation of imaging techniques of the temporal bone and lateral skull base

Principles of radiotherapy theory, treatment, advantages, limitations and complications as they apply to neoplasms of the external and middle ear and mastoid

Carry out appropriate pre-and post-operative care and show efficient follow-up skills related to ear disease and compliance with treatment

Recognize complications of treatment and their management

Indications for consultation of other health professionals to assist in the management of disorders of the ear and temporal bone

2.7 Neurotology

Embryology, anatomy, histology, physiology, pharmacology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology of the ear including the peripheral and central auditory systems, vestibular systems and the lateral skull base

The biomechanical characteristics/principles of bone in the skull base region as they relate to techniques used in lateral skull base resection and reconstruction

Principles and application of conventional audiometry, impedance audiometry, otoacoustic emissions (OAEs), electrocochleography, auditory brainstem response (ABR) and cortical auditory evoked responses in the evaluation of patients with hearing disorders, both peripheral and central

Principles and application of vestibular assessment by electronystagmography (ENG), videonystagmography (VNG), computerized dynamic posturography, rotational chair assessment and vestibular evoked myogenic potentials (VEMP) including performance and interpretation of findings

Principles of diagnosis and management of profound hearing loss including the ethical and surgical issues surrounding provision of cochlear implantation to patients

Pathophysiology of tinnitus and principles supporting the management of patients with tinnitus

Principles of diagnosis, management and side effects of ototoxic medications

Principles of diagnosis and management of vertigo including the indication for surgical treatment of vertigo (labyrinthectomy, vestibular nerve section, endolymphatic sac surgery, posterior canal occlusion and superior canal resurfacing)

Develop a rational approach to vestibular rehabilitation

Principles of diagnosis and management benign and malignant neoplasms of the lateral skull base

Principles of radiotherapy theory, treatment, advantages, limitations and complications as they apply to the lateral skull base

Demonstrate a rational, organized approach to the diagnosis and management of disorders of the facial nerve

Principles of electrophysiological assessment of the facial nerve, including intra-operative monitoring

Principles of diagnosis and management of trauma to the facial nerve and temporal bone

Principles of diagnostic imaging and their application within neurotology including the interpretation of CT and MR imaging of the temporal bone, skull base and cerebellopontine angle

Carry out appropriate pre-and post-operative care and show efficient follow-up skills related to inner ear and lateral skull base disease and compliance with treatment

Recognize complications of treatment and their management

Indications for consultation of other health professionals to assist in the management of disorders of the ear and temporal bone

2.8 General Otolaryngology

Embryology, anatomy, histology, physiology, pharmacology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology of the ear, the upper aerodigestive tract, and related structures of the head, face and neck, including special senses of hearing, balance, taste and olfaction

Principles of diagnosis and management of acute upper airway emergencies

Principles of diagnosis and management of epistaxis

Principles of diagnosis and management of sleep disordered breathing

Principles of diagnosis and management of head and neck trauma (blunt, penetration)

Principles of diagnosis and management of acute and chronic infectious/inflammatory and non-infectious/inflammatory conditions of the head and neck

Principles of diagnosis and management salivary glands diseases

Principles of diagnosis and management of endocrine thyroid/parathyroid disease

Principles of diagnostic imaging and their application within Otolaryngology-Head and Neck Surgery including the interpretation of imaging techniques relevant to the head and neck

Recognize complications of treatment and their management

Indications for consultation of other health professionals to assist in the management of disorders of the head and neck

3. Perform a complete and appropriate assessment of a patient

- 3.1 Obtain a history that is relevant, clear, concise and accurate for the purpose of prevention and health promotion, diagnosis and management
- 3.2 Perform a physical examination that is relevant and accurate for the purpose of prevention and health promotion, diagnosis and management
- 3.3 Order appropriate investigative methods with knowledge enabling informed consent to be obtained in a resource-effective and ethical manner
- 3.4 Demonstrate effective clinical problem solving and judgment to help with the patient's problem including interpretation of the data and integrating information to generate proper differential diagnoses and management plans including the risks, indications, or contraindications and benefits

4. Use preventive and therapeutic interventions effectively

- 4.1 Establish a management plan in collaboration with a patient and their family
- 4.2 Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Otolaryngology-Head and Neck Surgery such as smoking cessation, reduction of alcohol consumption, UVA/UVB exposure and protection awareness, reduction of loud noise exposure, reduction/prevention of other environmental exposure (eg. HPV), identification of genetic factors which may impact pathology.
- 4.3 Ensure appropriate informed consent is obtained for treatment
- 4.4 Ensure that patients receive appropriate end of life care

5. Demonstrate proficient and appropriate use of procedural skills for diagnosis and therapy with indications, contraindications, potential complications and their management relevant to Otolaryngology-Head and Neck Surgery

Otolaryngologist-Head and Neck Surgeons will be proficient in the following:

5.1 Head and Neck Surgery

Direct laryngoscopy rigid and flexible with biopsy
Esophagoscopy rigid and flexible with biopsy
Bronchoscopy rigid and flexible with biopsy
Biopsy of lesions from the nasal cavity, oral cavity, pharynx, larynx and the skin
FNA of neck masses, lymph nodes, salivary glands and thyroid gland lesions

Perform all or parts of major head and neck procedures:

Submandibular gland excision
Parotidectomy with supervision
Oral cavity lesion excision, tongue wedge excision
Total laryngectomy, laser resection with supervision
Open partial laryngectomy with supervision
Pharyngectomy with supervision
Mandibulectomy, mandibulotomy and rigid fixation surgery with supervision
Thyroidectomy
Parathyroidectomy
Neck dissection modified and radical with limited supervision
Excision of skin Cancer and closure with limited supervision
Maxillectomy, medial maxillectomy with supervision
Skull base neoplasms excision observation
Anterior craniofacial resection observation
Parapharyngeal neoplasms excision observation
Glomus tumor excision observation

5.2 Pediatric Otolaryngology

Perform flexible nasopharyngolaryngoscopy in neonates, infants and children
Perform rigid bronchoscopy diagnostic and with removal foreign body
Perform rigid esophagoscopy diagnostic and with removal of foreign body
Direct laryngoscopy diagnostic, removal foreign body, lesions (papillomatosis)
with microdebrider/ CO₂ laser
Tracheostomy in neonates/infants/children with supervision
Adenoidectomy and tonsillectomy
Myringotomy and ventilating tube insertion
Cortical mastoidectomy, tympanomastoidectomy
Myringoplasty, tympanoplasty, canaloplasty, ossiculoplasty
Pre-auricular sinus excision
Epistaxis management by nasal packing, cauterization
Septoplasty, turbinate reduction, nasal polypectomy
Endoscopic sinus surgery, uncinectomy, ethmoidectomy, maxillary antrostomy
Drainage subperiosteal orbital abscess external/endoscopic approach with supervision
Choanal atresia repair with supervision/observation
Thyroglossal cyst removal (sistrunk)
Incision and drainage of deep neck abscesses
Branchial cleft cyst removal
Salivary gland surgery with supervision
Pediatric airway surgical reconstruction with supervision/observation

5.3 Facial Plastic and Reconstructive Surgery

Diagnostic procedures including skin biopsy (shave, punch, incision and excision)
Perform local anesthetic when indicated, including loco-regional blocks
Apply various techniques of wound closure (simple, subcutaneous, running, horizontal/vertical mattress, etc.)
Repair of skin lacerations to the face and neck
Basic techniques of nerve suture or repair
Perform appropriate skin margin biopsies/excisions for frozen section of skin facial and neck malignancies; understand the principles of Moh's surgery
Therapeutic procedures including surgical and non-surgical treatment of benign and malignant skin lesions, using proper soft tissue techniques with appropriate incisions to obtain a favourable scar orientation
Perform diverse reconstructive techniques for skin closure including local/loco regional flap, graft design, elevation and placement
Principles of techniques for facial fracture repair including nasal bone, mandible and midfacial bone, application of plating systems with supervision
Principles of techniques for cleft lip/palate repair observation
Principles of techniques surgical and non-surgical for face aging correction including botox injection, facial injectable fillers, laser surgery, chemical peels/dermabrasion, facial implants, forehead lifts, brow lifts, blepharoplasty, rhytidectomy observation
Rhinoplasty: closed or external approach, lateral/medial/intermediate/transcutaneous osteotomy, intercartilagenous incision and skin elevation, removal nasal hump cartilage/bone with supervision
Nasal tip correction, nasal valve correction observation
Otoplasty with supervision/observation

5.4 Rhinology

Rigid and flexible nasal/sinus endoscopies
Biopsy nasal cavity/sinus
Nasal packing anterior/posterior/cauterization
Septoplasty
Inferior turbinate reduction, cauterization
Endoscopic sinus surgery nasal polypectomy, uncinectomy, ethmoidectomy, maxillary sinusotomy
Endoscopic sinus surgery frontal recess, sphenoidotomy with supervision/observation
Orbital decompression for intraorbital hemorrhage
Endoscopic sinus surgery repair of CSF leak with supervision/observation
Drainage of subperiosteal orbital abscess external/ endoscopic approach with supervision
Caldwell Luc procedure
External approach to sinuses: ethmoidectomy, frontal trephination, frontal sinus osteoplastic flap with supervision/observation
Endoscopic treatment of benign sino-nasal neoplasms with supervision/observation

Endoscopic or external medial wall maxillectomy with supervision
Setting up the image system guidance
Frontal sinus fracture repair with supervision /observation
Epistaxis: endoscopic sphenopalatine artery ligation with supervision
Epistaxis: anterior ethmoid artery, internal maxillary artery ligation with supervision

5.5 Laryngology

Perform direct laryngoscopy/stroboscopy in voice clinic
Microlaryngoscopy biopsy/excision lesions
Microlaryngoscopy excision lesion with CO2 laser/debrider
Thyroplasty with limited supervision
Repair of laryngeal injuries/fractures with supervision
Airway reconstruction such as repair of subglottic/tracheal stenosis in adults with supervision

5.6 Otology

Diagnostic procedures including otoscopy, pneumotoscopy, tuning fork, microscopic ear examination and debridement
Perform conventional and impedance audiometry in adults
Perform myringotomy and ventilating tube insertion
Perform myringoplasty, tympanotomy, tympanoplasty, canaloplasty, and ossiculoplasty (including endoscopic with supervision/observation)
Tympanomastoidectomy including canal wall down and combined approaches in pediatric and adult population
Practice temporal bone dissection in the lab

5.7 Neurotology

Assist at/observe stapedotomy/stapedectomy
Perform middle ear perfusion of intratympanic medications (gentamicin or steroids)
Participate in the surgical treatment of vertigo (includes labyrinthectomy, vestibular nerve section, endolymphatic sac surgery, posterior canal occlusion and superior semicircular canal resurfacing)
Assist at surgery for treatment of lateral skull base lesions including acoustic neuromas, other benign CPA lesions and petrous apex lesions
Cochlear implant observation

5.8 General Otolaryngology

Perform all upper aerodigestive flexible and rigid endoscopies for diagnostic, biopsy or foreign body extraction

Epistaxis management such as anterior and posterior nasal packing, cauterization

Septoplasty and turbinate reduction

Endoscopic sinus surgery (nasal polypectomy, biopsy, uncinctomy, ethmoidectomy, maxillary sinusotomy)

Adenoidectomy and tonsillectomy

Peritonsillar abscess incision and drainage

Deep neck space and wound abscess incision and drainage

Evaluation and management of upper airway obstruction

Tracheostomy opened and percutaneous, trachea care management

Urgent cricothyroidotomy

Management of obstructive sleep apnea and snoring in the adult and pediatric population

Uvulopalatopharyngoplasty (UP3)

Principles and techniques used in evaluation and treatment of hearing disorders

Ear debridement and examination with the microscope

Diagnostic tympanocentesis and myringotomy with ventilating tube insertion

Principles and techniques used in evaluation and treatment of speech, voice and swallowing disorders

Microscopy: biopsy and excision, laser removal

Thyroplasty with limited supervision

Management of blunt and penetrating neck trauma

Perform fine needle aspirate and diagnostic biopsy for cervicofacial masses

Branchial cleft cyst and thyroglossal cyst removal

Management of salivary gland disorders including parotid, submandibular and sublingual gland excision

Management of manifestations of systemic disease of the head and neck

6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

6.1 Demonstrate insight into their own limitations of expertise

6.2 Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care

6.3 Arrange appropriate follow-up care services for a patient and their family

Communicator

Establish a therapeutic relationship with patients and their families

Obtain and synthesize a relevant history from patients, families and communities

Discuss appropriate information with patients, families and members of the health care team
Respect patient confidentiality, privacy and autonomy
Listen effectively
Address challenging communication issues effectively such as obtaining informed consent, delivering bad news, addressing anger, confusion and misunderstanding with the patient or their family
Recognize the unique issues related to deafness and the deaf community, including, but not limited to balance disorders, sleep apnea, malignancies of the head and neck and other pertinent disorders related to the Otolaryngology - Head and Neck Surgery patient
Maintain clear, accurate and appropriate medical records

Collaborator

Consult effectively with other physicians and health care professionals
Demonstrate the ability to recognize team member's area of expertise
Respect the opinions and roles of individual team members
Contribute to healthy team development and conflict resolution, and contribute their own expertise to the team's task
Respect team ethics, including confidentiality, resource allocation and professionalism
Demonstrate leadership in a healthcare team, as appropriate

Manager

Utilize resources effectively to balance patient care, learning needs and other activities
Allocate finite health care resources wisely
Utilize information technology to optimize patient care, life-long learning and other activities
Work effectively and efficiently in a health care organization
Manage their practice and career effectively

Health Advocate

Identify the health needs of an individual patient
Identify opportunities for advocacy, health promotion and disease prevention with patients such as encouraging behaviours that promote hearing protection and conservation at work and at home, and behaviours that reduce patient's risks of malignancy of the head and neck through avoidance
Identify opportunities for advocacy, health promotion and disease prevention in the community
Identify the determinants of health for the population they serve
Promote policies that encourage early identification of patients presenting with disorders of the head and neck through screening programs for hearing impairment and malignancy

Facilitate patient's access to local and national resources available for the hearing impaired
Educate other health care providers and the public regarding common head and neck problems that benefit early intervention

Scholar

Develop, implement and monitor a personal continuing education strategy
Search efficiently in the literature and assess the quality of evidence base surgery in the literature for standards of care for most common otolaryngology problems
Facilitate learning in patients, house staff, students and other health professionals
Demonstrate an understanding of the important role of basic and clinical research and of the critical analysis of scientific developments in relation to the practice of Otolaryngology-Head and Neck Surgery, i.e. epidemiology and biostatistics and research methodology/techniques
Participate in collaborative research projects, quality assurance analysis, and guidelines development relative to the practice of Otolaryngology-Head and Neck Surgery

Professional

Deliver highest quality of care with integrity, honesty and compassion
Exhibit appropriate personal and interpersonal professional behaviours
Practice medicine ethically, consistent with the obligations of a physician
Pursue a balance life style