

McMaster Otolaryngology-Head and Neck Surgery
Goals & Objectives & Competencies
Otolaryngology-Head and Neck Surgery Rotation
Hamilton Health Sciences
CanMEDS 2015

Foundations of Discipline Stage-First Year Resident

Overview

During the first year of residency training the resident will spend 3 blocks at Hamilton Health Sciences. The resident will gain experience in dealing with patients in the clinics, on the wards, intensive care units, operating room and in the emergency department. The Otolaryngology-Head & Neck surgery service at McMaster University Medical Centre (MUMC) involves a significant amount of pediatric practice, in addition to an adult outpatient practice. The Hamilton General Hospital (HGH) 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 and competencies with the Clinical Teaching Unit (CTU) Director at the beginning and at the end of the rotation to facilitate meeting objectives and competencies.

Staff Surgeons: Drs E. Jeney, B. Korman, J. MacLean, D. Reid, and D. Sommer CTU Director

The weekly schedule varies and is posted in the clinic at McMaster and Hamilton General Hospital. You will be expected to make hospital rounds with your team in the mornings before starting the day's activities and at the end of the day. You are expected to make handover of patients to the resident on call. The Chief resident assigns the weekly schedule for the team. When the Chief resident is absent, the resident with the most seniority takes this responsibility.

Monday	Tuesday	Wednesday	Thursday	Friday
MUMC	MUMC	MUMC	MUMC	MUMC
Clinic Voice clinic OR	Clinic OR	Clinic OR	Clinic OR	Clinic OR1 OR2 (2/4weeks) OR2 Jeney (2/4weeks)
HGH	HGH	HGH	HGH	HGH
Clinic OR (skull base)	Clinic	Clinic OR (skull base)	Clinic OR (2/4 weeks)	Clinic OR (1/4 weeks)

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 on home call with the Otolaryngology-Head and Neck Surgery service. A senior resident doing 2nd call will also be on call with you. The Chief resident will make up your call schedule. Please note that call during weekdays is from 17:00 to 07:00 hrs. and weekend call is from Friday 17:00 to Monday 07:00 hrs. unless notified differently. At the end of the call shift, you must make handover of patients to the team when indicated. Call will be set according to PARO guidelines.

Overall Objectives & Competencies

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

This rotation will introduce PGY1 residents to General and Pediatric Otolaryngology. Residents will acquire the basic clinical skills in the outpatient clinics, the wards, and the emergency department. Residents will be introduced to the operating room and perform basic operative procedures. Residents will be working at completing Entrustable Professional Activities (EPAs) observations from the Foundations of Discipline stage of the Surgical Foundations and Otolaryngology-Head & Neck surgery programs. If applicable, you can work at completing the Transition to Discipline stage EPAs of the Surgical Foundations program. The EPAs are listed on the resident's Competence by Design road map schedule and at the end of this document. For the specific details of each EPA, please refer to the Royal College Mainport resident ePortfolio or McMaster MedSIS and to the educational resident manual located on the Otolaryngology-Head & Neck Surgery division website.

*(Please note that in brackets with SF you will find corresponding Surgical Foundations competencies when applicable; and objectives/competencies in **bold** are found on some observation forms of EPAs)*

Specific Objectives & Competencies

Medical Expert

- (1.1) Demonstrate compassion for patients

- (1.4) 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 knowledge of the 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**
 - **Medication dosing**
- 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 (SF 1.4.)**

- (1.5) **Recognize urgent issues that may need immediate involvement of more senior colleagues 1.5.2**
- (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 **2.1.1**
- (2.2) **Identify and differentiate normal and abnormal findings on history, physical examination and perform the following when indicated: 2.2.7**
- **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: 2.2.15 (SF 2.2.)**
- Laboratory testing
 - Diagnostic imaging
 - **Conventional audiometry testing and impedance audiometry**
- (2.2) **Develop a specific differential diagnosis for most common problems in otolaryngology-head and neck surgery 2.2.14**
- (2.4) **Develop, implement and document initial management plans for common problems in otolaryngology-head and neck surgery 2.4.1 and for emergence issues 2.4.2 and patient and family are informed about risks and benefits of treatment options 2.4.3**
- (3.2) **Obtain informed consents for commonly performed medical and surgical procedures and therapies under supervision and document the discussion accurately (SF 3.2.)**
- (3.4) **Perform the following procedures in a skillful, fluid, and safe manner with minimal assistance:**
- **Local anesthetic of the head, face, and neck (SF 3.4.13.)**
 - **Nasal packing (anterior and posterior) with assistance**
 - **Nasal cauterization**
 - **Incision and drainage of peritonsillar abscess**
 - **Drainage wound abscess with assistance (SF 3.4.18.12.)**
 - **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 (SF 3.4.18.5.)**
 - **Skin biopsy (SF 3.4.18.13.)**
 - **Assist at surgical procedures (SF 3.4.15.)**
- (3.4) **Establish and implement a plan for post-procedure care of the listed procedures 3.4.10**

- (4.1) **Implement ongoing care and follow-up on investigations and response to treatment 4.1.1**

Recognize need for consultations of other health care professionals 4.1.2

Communicator

- (1.1) **Establish professional therapeutic relationships with patients and their families (SF 1.1.)**
- (1.2) **Optimize the physical environment for patient comfort, privacy, engagement and safety 1.2.1 (SF 1.2.)**
- (2.1) **Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information for any clinical presentation (SF 2.1.)**
 - **From children and their families 2.1.2**
- (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 (SF 5.1.)**
- (5.3) Share information with patients and others with privacy and confidentiality (SF 5.3.)

Collaborator

- (1.1) **Establish and maintain positive relationships with physicians and other colleagues (SF 1.1.)**
- (1.2) Consult as needed with other health care professionals, including other physicians, nurses speech language pathologists and audiologists (SF 1.2.)
- (3.1) **Identify patients requiring handover to other physicians/professionals 3.1.1**
- (3.2) **Demonstrate safe handover of care, verbal, dictated and written (SF 3.2.)**

Leader

- (1.2) **Promote patient safety (SF 1.2.)**
- (1.4) Use health informatics to improve the quality of patient care and optimize patient safety (SF 1.4.)
- (2.2) **Apply evidence and guidelines of practice relevant to common clinical scenarios 2.2.1**
- (3.1) **Demonstrate leadership skills by helping the team to enhance health care**

Health Advocate

- (1.1) **Demonstrate familiarity with important determinants of health and work with patients and family to address them (foreign body, spread of infection, proper hygiene, voice misuses, and loud noise exposure, life style changes for acid reflux control) (SF 1.1.)**
- (1.3) **Work with patient and family to identify opportunities for disease prevention, health promotion and protection for otitis media (vaccination, newborn breast feeding, second hand smoke, avoid supine bottle feeding) 1.3.1**

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.)**
- (1.2) Maintain a surgical procedure log, surgical evaluation forms (SF 1.1.2.1.)

- (2.4) Participate in preparation and presentation of a Grand Round
- (3.1) **Recognize practice uncertainty, knowledge gaps and seek for advice/consultation (SF3.1.)**
- (3.3) Participate in critical appraisal of the literature, research methodology, biostatistics, during scheduled Journal Club (SF 3.3)
- (4.3) **Contribute to research endeavours and search for research ideas (SF 4.3.)**

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 (SF1.5.)
- (4.1) **Exhibit self-awareness and manage your personal well-being and professional performance (SF 4.1.)**

Entrustable Professional Activities

Assessment:

The following EPA assessment forms must be completed during the rotation; however at the conclusion of the rotation it is not expected that all EPAs will be achieved:

Form 1-Royal College Mainport ePortfolio or McMaster MedSIS

Form 2-Royal College Mainport ePortfolio or McMaster MedSIS

Form 3-Royal College Mainport ePortfolio or McMaster MedSIS for Surgical Foundations

During the rotation, you need to work on the following Foundations of Discipline EPAs in Otolaryngology-Head & Neck surgery for competencies:

VERSION 1 (residents starting July 1st 2018)

EPA 2.2

Assessing and providing initial management for patients with a deep neck space infection or peritonsillar abscess

EPA 2.3

Assessing and providing basic management for patients with epistaxis

EPA 2.5

Assessing and providing comprehensive management for uncomplicated adult and pediatric patients with adenotonsillar disease

EPA 2.6

Assessing and providing initial management for patients with nasal obstruction

EPA 2.7

Assessing and providing initial management patients with acute-onset hearing loss

VERSION 2 (residents starting July 1st 2019)

EPA 2.2

Draining a peritonsillar abscess

EPA 2.3

Assessing and providing basic management for patients with epistaxis

EPA 2.4

Assessing and providing comprehensive management for uncomplicated adult and pediatric patients with adenotonsillar disease

EPA 2.5

Assessing and providing initial management patients with hearing loss

During the rotation, you need to work on the following Foundations of Discipline EPAs of the Surgical Foundations program for competencies and when applicable you should work at completing any pending Transition to Discipline EPAs.

EPA 2.3

Assessing and performing risk optimization for preoperative patients in preparation for surgery

EPA 2.4

Providing patient education and informed consent in preparation for surgical care

EPA 2.5

Demonstrating the foundational aspects of surgical procedures

EPA 2.6

Participate in surgical procedures

EPA 2.7

Managing uncomplicated postoperative surgical patients

EPA 2.8

Managing postoperative patients with complications

The following CanMEDS intrinsic roles assessments must be completed during the rotation:

- Faculty provides summative feedback on CanMEDS intrinsic roles (non-medical expert role) by using the narrative observation form. The narrative form is located on the Royal College Mainport eportfolio or McMaster MedSIS and must be triggered by the learner or observer.
- 360 (multisource feedback form x1 business clerk, x1 OR nurse)
- OR dictation form x1
- Consult dictation form x1

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*

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