

McMaster Otolaryngology-Head and Neck Surgery
Goals & Objectives & Competencies
Otolaryngology-Head and Neck Surgery
Hamilton Health Sciences/St. Joseph Healthcare Rotation
CanMEDS 2015

Transition to Discipline Stage-First Year Resident

Overview

During the first stage of residency training, residents will spend their first two weeks at the Surgical Foundations program boot camp followed by six weeks on service rotating in between Hamilton Health Sciences (HHS) and St. Joseph Healthcare (SJH). The resident will gain experience in dealing with patients in the clinic, on the wards and in the emergency department. The Otolaryngology-Head & Neck surgery service at McMaster Hospital involves a significant amount of pediatric practice, in addition to an adult outpatient practice. The Hamilton General Hospital and the St. Joseph Healthcare involve an adult practice only. 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 at HHS:

Dr. B. Korman
Dr. J. MacLean
Dr. D. Reid
Dr. D. Sommer CTU Director

Staff Surgeons at SJH:

Dr. J. Archibald
Dr. S. Archibald
Dr. M. Gupta CTU Director
Dr. S Jackson
Dr. E. Jeney
Dr. JEM Young
Dr. H. Zhang

You will be expected to make the hospital rounds with your team in the morning and at the end of the day. 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.

Call:

During Surgical Foundations boot camp, it is allowed to assign call on the Friday night and Saturday during the first weekend and no call weekdays for the first two weeks. Our program usually does not assign PGY1 residents to be on call the first weekend of July unless absolutely necessary. Instead at the start of your rotation on service, you will be assigned to shadow a more senior Otolaryngology-Head & Neck Surgery resident on home call from 17:00 to 22:00 for the first 1-2-weeks before you start taking first call. Once you start taking 1st call, you will always have a senior resident doing 2nd call working with you as a PGY1. At the end of the call shift, you must make handover of patients to the team when indicated. The Chief resident will make up your call schedule. Call will be set according to PARO guidelines.

Overall Objectives & Competencies

The resident will acquire basic clinical skills in Otolaryngology-Head and Neck Surgery and will also be introduced to staff and residents of the training program and become familiar with their working environment. During this stage, residents will work on completing one Entrustable Professional Activity (EPA).

Entrustable Professional Activity**EPA 1**

Assessing patients with Otolaryngology-Head and Neck Surgery presentations

Milestones: (Bold milestones to be linked to assessment)

Medical Expert

- (2.1) Identify the concerns and goals of the patient and family during the encounter
- (2.2) Elicit a basic head and neck history**
- (2.2) Synthesize patient information including symptoms, differential diagnosis, and treatment plan clearly and concisely**
- (2.3) Perform a head and neck physical exam, including but not limited to:**
 - **Utilization of microscope for otoscopy**
 - **Pneumatic otoscopy**
 - **Tuning fork tests (Weber and Rinne)**
 - **Utilization of headlight for anterior rhinoscopy and examination of oral cavity**
 - **Palpation of neck, including thyroid**
 - **Examination of cranial nerve**
 - **Basic rhinolaryngoscopy** (*added for VERSION 2 residents starting July 1st 2019*)
- (2.4) Propose initial management plans for common problems in Otolaryngology-Head and Neck Surgery

Communicator

- (3.1) Recognize when to seek help in providing clear explanations to the patient and family
- (4.1) Conduct an interview, demonstrating cultural awareness

(5.1) Organize information in appropriate sections within and electronic or written medical record

Collaborator

(2.1) Show respect to collaborators

Professional

- (1.1) Consistently prioritize the needs of patients and others to ensure a patient's legitimate needs are met
- (1.1) Demonstrate punctuality
- (1.1) Complete assigned responsibilities

Assessment:

The EPA assessment forms must be completed during the rotation.

Supervisor or delegate does assessment based on direct or indirect observation (i.e. case discussion) with review of consult letter

Use Form 1-McMaster MedSIS

Form must collect information on:

- Type of information: direct or indirect
- Consult type: emergent or non-emergency
- Domain; otology, head and neck surgery, laryngology, pediatric OHNS, sinonasal, facial plastics and reconstruction surgery, neurotology

Use Form- Consultation dictation letter for the review of a consult letter- website/dropbox

During the rotation, you need to work on the following Transition to Discipline EPAs in the Surgical Foundations program for competencies:

EPA 1.1

Performing the preoperative preparation of patients for basic surgical procedures

EPA 1.2

Recognizing and initiating early management for critically ill surgical patients

EPA 1.3

Documenting clinical encounters

EPA 1.4

Demonstrating handover technique

EPA 1.5

Demonstrating ability to function in the operating room

EPA 1.6

Suturing simple skin incisions/lacerations

EPA 1.7

Managing tubes, drains and central lines