

McMaster Otolaryngology-Head and Neck Surgery
Goals & Objectives & Competencies
Cambridge Memorial Hospital Rotation
CanMEDS 2015

Junior Core of Discipline Stage- Second Year Resident

During the first year of Junior Core residency training the resident will spend 1 block on a community rotation at Cambridge Memorial Hospital. All faculty teachers and the Program Director are available to help or advise the resident.

The resident will gain experience in dealing with outpatients in the clinic and with inpatients on the wards, the intensive care units, operating room and in the emergency department. The Otolaryngology –Head and Neck surgery service at Cambridge Memorial Hospital involves a significant amount of general otolaryngology covering the breadth of pediatric otolaryngology, rhinology, head and neck oncology, laryngology and otology primarily.

All residents must review their learning objectives and competencies with the Otolaryngology –Head and Neck surgery staff at the beginning and at the end of the rotation to facilitate meeting the objectives and competencies.

Schedule of the Week:

You will be expected to make rounds with your assigned staff should there be in-patients at Cambridge Memorial Hospital. The schedule for the rotation will be assigned prior to the start of the rotation. On Wednesdays, residents will be returning to Hamilton for the Surgical Foundations and Home programs academic half days, unless indicated. The following is an example of the schedule:

General Otolaryngology staff surgeon: Dr. Mandeep Gill, Dr. Kayvan Nateghifard
 Rhinology/General Otolaryngology staff surgeon: Dr. Smriti Nayan

Staff	Monday	Tuesday	Wednesday	Thursday	Friday
Dr. Gill	OR	SDC-Minor Procedures	Clinic	Clinic	Clinic
Dr. Nateghifard	Clinic	Clinic	SDC-Minor procedures	Clinic	OR
Dr. Nayan	Clinic	Clinic	SDC-Minor Procedures	OR	Admin day

OR and SDC - Cambridge Memorial Hospital
 700 Coronation Blvd, Cambridge, ON N1R 3G2

Clinic –Dr. Mandeep Gill, Dr. Kayvan Nateghifard, Dr. Smriti Nayan
1 Hespeler Road (located inside the Hearing Life building)
Dr. Gill: Phone: (519) 624-9641, Fax: (519) 260-0939
Dr. Nateghifard: (519)624-9130, Fax: (519) 267-8200
Dr. Nayan: Phone: (519) 624-8877, Fax: (519) 489-2775

Call:

The resident may be expected to take part in home call duties, either at the sponsoring hospital/institution or at your home program in Hamilton on a weekend. Call will be set according to PARO guidelines.

Overall Objectives & Competencies

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:

This rotation will help the resident to solidify his knowledge and skills in General Otolaryngology and Head and Neck surgery.

Residents will be working at completing Entrustable Professional Activities (EPAs) observations from the Junior Core of Discipline stage in Otolaryngology-Head and Neck surgery. 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 or MedSIS resident ePortfolio 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 the ones assessed on the in training evaluation report-ITER).*

Specific Objectives & Competencies

Medical Expert

(1.1) Demonstrate a commitment to high-quality care of their patients (SF 1.1.)

(1.4) **Apply knowledge of the clinical and biomedical sciences relevant to Otolaryngology – Head and Neck Surgery**

➤ General Otolaryngology

- **Acute and chronic infections of the head and neck**
- **Superficial and deep neck space infections**
- Airway obstruction and acute airway emergencies: 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
- **Adenotonsillar disease with comprehensive management, complications**
- **Sleep disordered breathing, including obstructive sleep apnea and snoring,**

in both children and adults

- Non-neoplastic disorders of the salivary glands: infectious and non-infectious
- **Epistaxis: anterior, posterior and complications**
- **Nasal obstruction and rhinorrhea; allergic rhinitis**
- **Middle ear disorders in both children and adults: acute, serous, chronic, external and complications**
- Disorders of the external ear
- **Laryngopharyngeal acid reflux**
- **Dysphagia – oral, oropharyngeal, esophageal**

➤ Rhinology

- **Infectious and inflammatory (allergic and nonallergic) conditions**
 - Bacteriology and bacterial resistance as related to sinusitis
 - Pathophysiology of chronic sinusitis with and without polyposis
 - **Principles of therapeutic agents for allergic disorders of the nose and Chronic Rhinosinusitis with nose polyps (CRSwNP) and Chronic Rhinosinusitis without nasal polyps (CRSsNP), including topical and systemic therapies**
- (1.5) **Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner**
- (2.1) **Prioritize issues to be addressed in a patient encounter**
- (2.2) **Ability to elicit complete history, perform a detailed physical exam and select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention and health promotion of the above clinical presentation (SF 3)**
- (2.2) Identify and differentiate normal and abnormal findings on history, physical examination and perform the following when indicated:
- 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 including:
- Laboratory testing
 - Diagnostic imaging (barium swallow, ultrasound, CT, MR)
 - Conventional audiometry testing and impedance audiometry
- (2.2) Develop a specific differential diagnosis for most common problems in Otolaryngology-Head and Neck surgery
- (2.4) **Develop, implement and document a patient-centred management plan for common problems in Otolaryngology-Head and Neck surgery**
- Upper airway obstruction
 - Hemorrhage

- **Deep space neck infection**
 - Extension of infection from the paranasal sinuses
- (3.1) Determine the most appropriate procedures or therapies
Begin to formulate and develop the following:
 - Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy
 - Integrate all sources of information to develop a procedural or therapeutic plan that is safe, patient-centred, and considers the risks and benefits of all approaches and inform patient and family (SF 3.1.1.)
 - Integrate planned procedures or therapies into global assessment and management plans
- (3.2) **Obtain and document informed consent explaining the risks and benefits of, and the rational for, a commonly performed medical and surgical procedures and therapies, under supervision (SF 3.2.)**
 - Use shared decision-making in the consent process, taking risk and uncertainty into consideration
- (3.4) **Perform the following procedures in a skillful, fluid, and safe manner with minimal assistance or no assistance:**
 - General Otolaryngology/Rhinology/Laryngology
 - **Intubations in acute airway obstruction with flexible scope**
 - **Biopsies, including fine needle aspirate (FNAB), punch, incisional, excisional, and/or open and use appropriate collection techniques (SF 3.4.18.13, SF 3.4.21.)**
 - **Nasal packing (anterior and posterior)**
 - **Nasal cauterization**
 - **Nasal cavity biopsy**
 - **Septoplasty with assistance**
 - **Turbinoplasty with assistance**
 - **Incision and drainage of peritonsillar abscess**
 - **Incision and drainage of deep neck space and wound abscesses (SF 3.4.18.12.)**
 - **Removal of foreign bodies from the ear, nose and pharynx**
 - **Adenoidectomy and tonsillectomy**
 - **Myringotomy and tube insertion**
 - **Ear debridement with microscope**
 - **Foreign body removal from the ear, nose and pharynx**
 - **Flexible nasopharyngolaryngoscopy**
 - **Microlaryngoscopy with or without biopsy with assistance**
 - **Rigid esophagoscopy for removal foreign body with assistance.**
 - **Soft tissue handling/suturing (SF 3.4.18.3)**
 - **Wound closure (SF 3.4.18.5.)**

- Head and Neck
 - **Local anesthesia of the head, face and neck, including loco-regional blocks (SF 3.4.13.)**
 - **Panendoscopy, including rigid and flexible instrumentation.**
 - **Oral cavity, oropharynx biopsy (SF 3.4.18.13.)**
 - **Tracheostomy open (SF 3.4.19.3.2.)**
 - **Improve basic surgical skills such as knot tying, soft tissue handling (SF 3.4.18.5.1., SF 3.4.18.2.)**
 - **Learn the basic surgical stepwise approach to the various common operating procedures**

(3.4) Provide assistance and function as first or second assistance for the wide range of Otolaryngology-Head and Neck surgical procedures (SF 3.4.15.1.)

- Take direction from a lead surgeon (SF 3.4.15.2.)

(4.1) **Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (SF 4.1.)**

- Establish plans for ongoing care, taking into consideration the patient's clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence
- Accurately identify situations that necessitate consultation of other health professionals to assist in the management of disorders encountered in Otolaryngology – Head and Neck Surgery

(5.2) Adopt strategies that promote patient safety and address human and system factors (SF 5.2.)

- Use cognitive aids such as procedural checklists, surgical timeouts, debriefing, structured communication tools, or care paths to enhance patient safety (SF 5.2.1.)
- Engage patients and their families in the continuous improvement of patient safety

Communicator

(1.0) **Establish professional therapeutic relationships with patients and their families**

(1.1) **Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion (SF 1.1.)**

(1.2) Optimize the physical environment for patient comfort, privacy, engagement and safety (SF 1.2.)

(1.4) Respond to patients' non-verbal behaviours to enhance communication (SF 1.4.)

- (1.6) Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances (SF 1.6.)
 - Tailor approaches to decision-making to patient capacity, values, and preferences

- (2.1) **Use patient-centred interviewing skills to effectively identify and gather relevant biomedical and psychosocial information (SF 2.1.)**
 - Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
 - Integrate, summarize, and present the biopsychosocial information obtained from a patient-centred interview
 - Actively listen and respond to patient cues

- (2.2) Provide a clear structure for and manage the flow of an entire patient encounter (SF 2.2.)
 - Manage the flow of challenging patient encounters, including those with angry, distressed, or excessively talkative individuals

- (3.1) **Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (SF 3.1.)**
 - Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner
 - Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner

- (4.) Engage patients and their families in developing plans that reflect the patient's health care needs and goals

- (4.1) Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe (SF 4.1.)

- (4.3) Use communication skills and strategies that help patients and their families make informed decisions regarding their health (SF 4.3.)

- (5.1) **Document clinical encounters in an accurate, legible, complete, timely and accessible manner to adequately convey clinical reasoning and rational for decisions (SF 5.1.)**
 - Adapt record keeping to specific guidelines of Otolaryngology-Head and Neck surgery and the clinical context
 - Document procedures in the OR report in a fashion that is commensurate with level of participation
 - Identify and correct vague or ambiguous documentation

- (5.2) Communicate effectively using a written health record, electronic medical record, or other digital technology (SF 5.2.)

- (5.3) Share information with patients and others in a manner that respects patient safety, privacy and confidentiality (SF 5.3.)

Collaborator

- (1.1) **Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centered collaborative care (SF 1.1.)**
- Anticipate, identify, and respond to patient safety issues related to the function of a team
- (1.2) **Consult as needed with other health care professionals, including speech language pathologists, audiologists, pediatricians, sleep disorder specialists, family physicians (SF 1.2.)**
- (2.1) **Show respect toward collaborators (SF 2.1.)**
- Maintain positive relationships in all professional contexts
- (3.2) **Demonstrate safe handover of care, both verbal and written (SF 3.2.)**

Leader

- (1.2) **Contribute to a culture that promotes patient safety**
- Demonstrate knowledge and adhere to the standard safety guidelines that promote patient safety (SF 1.2.1.)
 - Engage patients and their families in the continuous improvement of patient safety
- (1.4) **Use health informatics to improve quality of patient care and optimize patient safety while working in private clinic**
- (2.1) **Allocate health care resources for optimal patient care (SF 2.1.)**
- Use clinical judgment to minimize wasteful practices
- (3.1) **Demonstrate leadership skills by helping the team to enhance health care by performing effective, complete and exemplary care of patients (SF 3.1.)**

Health Advocate

- (1.1) **Demonstrate familiarity with important determinants of health and work with patients to address them** (foreign body, voice misuses, life style changes for acid reflux control, smoking cessation, alcohol abuse and poor nutrition (SF 1.1.)
- (1.3) **Incorporate disease prevention, health promotion and health surveillance into interactions with individual patients (e.g. hearing protection, head and neck cancer prevention, otitis media prevention)**

Scholar

- (1.1) **Prepare, read and learn around clinical and surgical cases, understand the steps of the proposed treatment and participate appropriately by asking questions (SF 1.1.)**
- (1.1) **Maintain a surgical procedure log, surgical evaluation forms (SF 1.1.2.)**
- (3.1) **Recognize practice uncertainty, knowledge gaps and seek for advice/consultation (SF 3.1.)**

- (3.3) **Demonstrate awareness and knowledge of clinical practice guidelines for Otolaryngology-Head and Neck Surgery**

Professional

- (1.1) **Deliver health care to patients in an honest, ethical and professional manner (SF 1.1.)**
- (1.2) **Demonstrate a commitment to excellence in all aspects of practice (SF 1.2.)**
- (2.2) **Demonstrate a commitment to patient safety and quality improvement through adherence to hospital policies and procedures while working in the operative room (SF 2.2.)**
- (4.1) **Exhibit self-awareness and manage your personal well-being and professional performance (SF 4.1.)**

Entrustable Professional Activities

Assessment:

In training evaluation report- ITER on MedSIS (use only when residents did not complete a sufficient number of observations from EPAs; at the discretion of the program director)

The following Entrustable Professional Activity (EPA) assessment forms from the junior CORE of Discipline stage 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 e-Portfolio or McMaster MedSIS

Form 2-Royal College Mainport e-Portfolio or McMaster MedSIS

During the rotation, you need to work on the following EPAs for Competencies:

EPA 3.1

Providing post-operative management-Form 1

EPA 3.6

Performing surgical drainage of deep neck space infections in adult and pediatric patients-Form 2

EPA 3.8

Assessing patients with dysphagia or swallowing disorders and providing (Junior Core) surgical management-Form 1 & 2

EPA 3.9

Assessing and managing adult and pediatric patients with sleep disordered breathing-Form 1 and 2

EPA 3.12

Assessing and managing pediatric patients with acute otitis media and/or otitis media with effusion (AOM/OME)-Form 1 & 2

EPA 3.16

Assessing and managing patients with nasal obstruction and/or septal deformities-Form 1 & 2

EPA 3.18

Assessing patients with dysphonia- Form 1

During the rotation, you can work on any pending Surgical Foundations program EPAs when applicable.

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

360 (multisource feedback x1 OR nurse)

OR dictation form x1

Consult dictation form x1

Bibliography suggestions

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

Revised April 2019