

**McMaster Otolaryngology-Head and Neck Surgery**  
**Goals & Objectives & Competencies**  
**Otolaryngology-Head & Neck Surgery Rotation**  
**St Joseph's Healthcare Hamilton**  
**CanMEDS 2015**

**Junior Core of Discipline Stage-Second Year Resident**

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**Overview**

During the second half of PGY2 year of residency training the resident will spend 2 blocks at St Joseph Healthcare. The resident will gain experience in dealing with patients in the clinic, on the wards, head and neck unit, cancer clinic, operating room and in the emergency department. The Otolaryngology –Head and Neck Surgery at St Joseph Healthcare involves a significant amount of Head and Neck oncology, in addition to General practice and Otolaryngology/Neurotology. All residents must review their learning objectives/competencies with the Clinical Teaching Unit Director at the beginning and at the end of the rotation to facilitate meeting the objectives and competencies.

Clinical Teaching Unit Director: Dr. M. Gupta

Head and Neck Staff Surgeons:

Dr. S. Archibald

Dr. M. Gupta

Dr. S. Jackson

Dr. J.E.M. Young

Dr. Han Zhang

General Otolaryngology Staff Surgeon: Dr. E. Jeney

Otolaryngology and Neurotology Staff Surgeon: Dr. J Archibald

**Schedule of the week:**

You will be expected to make hospital rounds with your team in the mornings before starting in the day's activities of the service 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.

Sample of weekly schedule (subject to change)

Monday	Tuesday	Wednesday	Thursday	Friday
OR	OR	OR	OR	OR
H&N Endo MPR ENDO	H&N X 2	General/Rhino E Jeney (2th-4 <sup>th</sup> ) H&N MPR ENDO	<u>Flap day</u> b/w H&N surgeons + <u>Plastic Rec</u> H&N surgeons Plastic surgeon or H&N X 2 Otology MPR ENDO	H&N ENDO
Monday	Tuesday	Wednesday	Thursday	Friday
Clinic	Clinic	Clinic	Clinic	Clinic
Otology H&N	Otology H&N	Vertigo clinic H&N	H&N	Cancer clinic JH Otology E Jeney (am) H&N

MPR: minor procedure room

ENDO: endoscopy procedure

**Call:**

You will be assigned on home 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 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 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 expend his/her knowledge and skills in General Otolaryngology and Head and Neck surgery.

Residents will be working at completing observations from the Junior Core of Discipline stage Entrustable Professional Activities (EPAs) in Otolaryngology-Head and Neck surgery program. The EPAs are listed on their 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 in greater details the anatomy, embryology, histology and physiology, pathophysiology, pharmacology, microbiology, genetics and immunology as relevant to the structure and function of the nose, the paranasal sinuses, the upper aero digestive tract, salivary glands, thyroid gland, neck spaces and lymphatic system

Apply knowledge of the clinical and biomedical sciences to manage:

- General otolaryngology presentations with:
  - Emergent and non emergent airway obstruction
  - Salivary gland diseases: infectious and non-infectious
  - Superficial and deep neck space infections
  - Laryngopharyngeal acid reflux
  - Laryngitis/epiglottitis
  - Facial paralysis
    - Role of electrophysiologic assessment and imaging
  - Nasal obstruction

Apply knowledge of the clinical and biomedical sciences to manage:

- Laryngology presentations with:
  - **Anatomy and physiology upper aerodigestive system related to swallowing and phases of normal swallowing 1.4.1**
  - **Apply knowledge of physics of voice and speech 1.4.3**
  - Infectious and inflammatory conditions 1.4.2
  - Trauma 1.4.2
  - Benign and malignant tumours 1.4.2
  - Neurologic voice disorders 1.4.2
  - The professional voice 1.4.2
  - Dysphagia

Apply knowledge of the clinical and biomedical sciences to manage:

- Rhinology presentations with:

- Anatomy and physiology nasal cavity
- Nasal obstruction

Apply knowledge of the clinical and biomedical sciences to manage:

➤ Head and Neck presentations with:

- Anatomy of neck , thyroid gland, skin subunits
- Neck masses
- Disorders of thyroid gland
- Benign and malignant skin lesions
- Identify medical co-morbidity (SF 2.1)
- Pre, peri, post-operative care (SF 2.1)
- Surgical nutrition, fluids and electrolytes (SF 2.1.2.6, 2.8)
- Wound care (SF 2.3.2)
- Common complications (SF 2.4.13)
- Continue learning malignancy staging

- (1.4) Perform focused clinical assessments with recommendations that are well-documented
- (2.1) Identify and recognize life threatening or emergent issues of surgical patients including but not limited to patient involved in upper airway obstruction, haemorrhage
- (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 2.2.1 (SF 3)**
- **Perform focus history and physical exam to classify phase of dysphagia 2.2.2**
- (2.2) **Identify and differentiate normal and abnormal findings on history, physical exam and perform the following when indicated:**
- **Identify patients having or at risk of aspiration 2.2.5**
  - **Voice and airway analysis 2.2.6**
  - **Flexible nasopharyngolaryngoscopy 2.2.9**
  - Nasal endoscopy flexible and rigid
- (2.2) **Select and demonstrate an understanding of the pertinent investigations for the common Otolaryngology-Head and Neck surgery presentations including:**
- **Laboratory testing (manometry, PH monitor) 2.2.9**
  - **Diagnostic imaging (barium swallow, modified barium swallow, ultrasound, CT, MRI) 2.2.9**
  - **Fiberoptic endoscopic examination of swallow (FEES) 2.2.9**
  - **Aerodynamic testing 2.2.9**
  - Conventional audiometry testing and impedance audiometry
  - Objective voice testing, electrophysiological techniques and
- (2.2) Develop a specific differential diagnosis for most common problems in Otolaryngology-Head and Neck surgery
- (2.3) **Work with patient and family to understand relevant options for care 2.3.1**

- **Address impact of medical condition on patient's ability to pursue life goals and purposes 2.3.2**
  - **Share concerns with patients and family about goals of care when not achievable 2.3.3**
  
- (2.4) **Develop, implement and document management plans for common problems in Otolaryngology-Head and Neck surgery 2.4.1**
  
- (2.4) **Provide timely and adequate responses to complications and sides effects of treatment 2.4.5**
  
- (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 3.1.1**
  - **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 3.1.2 (SF 3.1.1.)**
  - **Integrate planned procedures or therapies into global assessment and management plans 3.1.3**
  
- (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)
  - **Obtained informed consent for more complex medical and surgical procedures and therapies 3.2.1**
  
- (3.4) Perform the following (**bolded**) procedures in a skillful, fluid, and safe manner with minimal assistance or no assistance:
  - General Otolaryngology
    - Intubations in acute airway obstruction with flexible scope
    - **Incision and drainage of deep neck space and wound abscess (SF 3.4.18.12.)**
    - **Trans-oral incision and drainage retro/para-pharyngeal abscess**
    - **Direct laryngoscopy for biopsy, foreign body (FB) removal**
    - **Rigid esophagoscopy for removal FB**
    - **Septoplasty**
    - **Turbinoplasty**
    - **Flexible nasopharyngolaryngoscopy**
    - **Microlaryngoscopy with biopsy**
  
  - Head and Neck
    - **Local anesthesia of the head, face and neck, including loco-regional blocks**
    - **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.)**
    - **Excision of neck mass**
    - Panendoscopy, including rigid and flexible instrumentation

- Oral cavity, oropharynx biopsy
  - **Tracheostomy open**
  - **Lymphatic nodes biopsy**
  - **Improve Soft tissue handling/suturing (SF 3.4.18.3)**
- (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)
  - Effectively assist at major head and neck surgical procedures
- (4.1) Establish and implement a plan for routine post-procedure care (SF 4.1) of the listed procedures
- (4.1) **Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation 4.1.2 (SF 4.1)**
- **Identify situations that necessitate consultation of other health professionals to assist management 4.1.3**
- (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)

### **Communicator**

- (2.1) **Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information for any clinical presentation 2.1.1 (SF 2.1)**
- **Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information 2.1.1**
  - Integrate, summarize, and present the biopsychosocial information obtained from a patient-centred interview 2.1.2
  - **Actively listen and respond to patient cues 2.1.3**
- (3.1) Share health care information and plans with patients and their families (SF 3.1)
- **Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner 3.1.1**
- (3.2) **Communicate reasons for unanticipated outcomes to patients and disclose patient safety incidents 3.2.1**
- (4.1) Communicate with cultural awareness and sensitivity (SF 4.1)
- (4.3) **Use communication skills that help patient and family make informed decisions regarding their health 4.3.1**
- (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)
- (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 (SF 1.1)

- (1.2) **Consult as needed with other health care professionals, including other physicians such as ophthalmologist, otolaryngology-head and neck surgery, neurosurgery, nurses and other ancillary medical staff - In particular speech language pathologists, audiologists, oncologist, radiotherapist 1.2.3 (SF 1.2)**
- (3.2) Demonstrate safe handover of care, verbal, dictated and written (SF 3.2)

### **Leader**

- (1.2) Demonstrate knowledge and adhere to the standard safety guidelines that promotes patient safety (SF 1.2.1))
- (1.4) Use health informatics to improve the quality of patient care and optimize patient safety
- (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
- (1.2) Work with patients to address determinants of health (foreign body, voice misuses, life style changes for acid reflux control, smoking cessation, alcohol abuse, and poor nutrition) (SF 1.1)
  - **Apply principles of behaviour change when discussing with patients on adopting healthy behaviours 1.2.1**
- (1.3) Encourage modification of risk factors for head and neck cancer
  - **Promote risk reduction through smoking cessation, responsible alcohol use, UVA/UVB protection, promotion of HPV vaccination 1.3.3.**

### **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) Obtain a satisfactory performance at your annual residency oral/written exam and at the Canadian in training exam
- (1.2) Maintain a surgical procedure log, surgical evaluation forms (SF 1.1.2)
- (2.4) Teach medical students, more junior residents or health care professionals (SF 3.1)
- (2.4) Participate in preparation and presentation of a Grand Round
- (3.1) **Recognize practice uncertainty, knowledge gaps, seeks for advice/consultation (SF 3.1)**
- (3.3) Participate to critical appraisal of the literature, research methodology, biostatistics, for scheduled Journal Club
- (4.3) Contribute to research endeavours and search for research ideas

### **Professional**

- (1.1) Deliver health care to patients in an honest, ethical and professional manner (SF 1.1)
- (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:**

*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*

*Form 3-Royal College Mainport e-Portfolio or McMaster MedSIS for Surgical Foundations*

**During the rotation, you need to work on the following Otolaryngology – Head and Neck surgery 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 JC-Form 2

#### ***EPA 3.8***

Assessing patients with dysphagia or swallowing disorders and provide surgical management JC -Form 1 & 2 (biopsy, FB removal)

#### ***EPA 3.10***

Assessing patients with facial paralysis, and providing recommendations for both surgical and non-surgical treatment options- Form 1

#### ***EPA 3.16***

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

#### ***EPA 3.17***

Assessing patients with chronic airway obstruction JC- Form 1

#### ***EPA 3.18***

Assessing patients with dysphonia JC- Form 1

#### ***EPA 3.20***

Assessing and managing patients with disorders of the thyroid glands JC- Form 1

#### ***EPA 3.23***

Performing an open neck biopsy or excision of neck mass JC- Form 2

#### ***EPA 3.25***

Assessing patients with benign or malignant skin lesions of the head and neck JC- Form 1

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

#### ***EPA 2.1***

Providing initial management for critically ill surgical patient- Form 1 & 2



**EPA 2.3**

Assessing and performing risk optimization for preoperative patients in preparation for surgery- Form 1

**EPA 2.4**

Providing patient education, informed consent in preparation for surgical care- Form 1

**EPA 2.5**

Demonstrating the foundational aspects of surgical procedures- Form 1 & 3

**EPA 2.6**

Participating in surgical procedures- Form 2

**EPA 2.7**

Managing uncomplicated postoperative surgical patients- Form 1 & 3

**EPA 2.8**

Managing postoperative patients with complications- Form 1

**The following CanMEDS intrinsic roles assessment must be completed during the rotation when indicated on your CBD road map:**

- 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 x1 H&N unit nurse, x1 OR nurse)
- OR dictation x1
- Consult dictation 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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