

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

**Junior Core of Discipline Stage-Third year Resident**

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**Overview**

During the third year of residency training the resident will spend 5 blocks on rotation at Hamilton Health Sciences. The resident will gain experience in dealing with patients in the clinics, on the wards, intensive care units, operating rooms and in the emergency departments. Otolaryngology-Head & Neck Surgery 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/competencies with the Clinical Teaching Unit Director at the beginning and at the end of the rotation to facilitate meeting the objectives/competencies.

Clinical Teaching Unit Director: Dr. D. Sommer

**Staff Surgeons:**

Dr. E. Jeney- General Otolaryngology  
Dr. B. Korman- Pediatric Otolaryngology  
Dr. J. MacLean- Pediatric Otolaryngology  
Dr. D. Reid- General Otolaryngology  
Dr. D. Sommer- Rhinology, Anterior Skull base Surgery

You will be expected to make hospital rounds with your team in the mornings before starting in the days' activities of the service and at the end of the day. You are expected to make handover of patients to the resident on call when indicated. The Chief resident will assign the weekly schedule for the team. When the Chief resident is absent, the resident with most seniority takes this responsibility.

Weekly schedule: Variable; need to verify – posted at McMaster and HGH clinic sites

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)

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. 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:*

The rotation is designed to allow residents to consolidate their proficiency in basic otolaryngology procedures, become more familiar with more complex otolaryngology procedures, and become more proficient in performing common head and neck procedures.

Residents will be introduced to septoplasties, basic endoscopic sinus surgery, and will carry out multiple endoscopies (including flexible nasopharyngolaryngoscopy, direct laryngoscopy and bronchoscopy, esophagoscopy), neck node biopsies, drainage of deep neck space infections, and be introduced to management of benign neck masses such as branchial cleft cyst, thyroglossal duct cyst removal.

Residents will be working at completing Entrustable Professional Activities (EPAs) observations from the Junior Core of Discipline stage in Otolaryngology-Head and Neck Surgery 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 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 of the ear, the nose, the paranasal sinuses, the upper aero digestive tract, salivary glands, thyroid/parathyroid glands, neck and lymphatic system

Apply clinical and biomedical sciences to manage:

- General otolaryngology presentations with:
  - **Emergent and non emergent airway obstruction initial clinical assessment, investigation and development of a management plan**
  - **Head and neck trauma (blunt, penetration) initial management**
  - **Otitis media: acute, serous, chronic, external, and complications**
  - **Epistaxis anterior/posterior and complications**
  - **Pharyngeal and adenotonsillar disease with comprehensive management of complications**
  - **Sleep disordered breathing, OSA and snoring**
  - **Superficial and deep neck space infections (abscess/cellulitis)**
  - Foreign body ear, aerodigestive system
- **Inflammatory and infectious conditions of upper aerodigestive system:** (see also Rhinology and Laryngology).
  - Inflammatory and infectious: laryngitis, epiglottitis, tracheitis, laryngotracheobronchitis, angioedema, obstructive sleep apnea, pharyngotonsillitis, aphthous, glossitis, stomatitis, herpetic oropharynx lesions, and oral-pharynx-esophageal candidiasis.
- **Salivary glands diseases/disorders:**
  - Congenital: cyst/fistula of first branchial arch, hemangioma and lymphangioma
  - Infectious (viral, bacterial, granulomatosis)
  - Sialadenosis-sialosis, sialolithiasis, Sjogrens, sarcoidosis
  - Sialorrhea
  - Principles of surgery of salivary glands dissection planes, finding the facial main trunk and branches, lingual and hypoglossal nerves, abscess incision and drainage
  - Radiology characteristics related to certain salivary gland pathology such as sialolithiasis, sialadenitis, Sjogren's, duct stricture and blockage
  - Neoplasm benign, malignant, awareness

Apply clinical and biomedical sciences to manage:

- Pediatric Otolaryngology presentations with:
  - **Emergent and non-emergent airway obstructions in NICU, PICU, ED**
  - **Infectious and inflammatory airway conditions**
  - **Congenital and inherited conditions (ear, craniofacial, nasal, laryngeal, neck)**
  - **Stridor in neonates and infants**
  - **Foreign body upper aero digestive tract**
  - **Caustic ingestion/burns**
  - **Hearing loss all etiologies and common syndromes**
  - Cholesteatoma congenital and acquired
  - **Allergic, infectious, inflammatory and neoplastic disorders of nasal cavity and paranasal sinuses** (acute, chronic with/without polyp, cystic fibrosis, juvenile angiofibroma) and complications
  - **Speech, voice and swallowing disorders**
  - Recurrent respiratory papillomatosis
  - Head and neck neoplasms and vascular anomalies

Apply clinical and biomedical sciences to manage:

- Rhinology presentations with:
  - **Nasal obstruction differential diagnosis**
  - **Septal deformity**
  - **Rhinosinusitis infectious and inflammatory** (allergic/non allergic with and without polyps, acute or chronic, fungal local and invasive)
  - CSF rhinorrhea
  - **Nasal trauma**

Apply clinical and biomedical sciences to manage:

- Laryngology presentations with:
  - **Laryngopharyngeal reflux**
  - **Dysphagia**
  - **Dysphonia**
  - **Laryngeal trauma**

Apply clinical and biomedical sciences to manage:

- Otology presentations with:
  - **Hearing loss conductive, sensorineural, and mixed**
  - **Sudden sensorineural hearing loss**
  - **Temporal bone fracture**
  - **Other trauma external/middle ear, barotrauma**

Apply clinical and biomedical sciences to manage:

- Neurotology presentations with:
  - **Vertigo able to differentiate peripheral from central**

- (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) Identify and differentiate normal and abnormal findings on history, physical examination and perform the following when indicated:
  - Flexible nasopharyngolaryngoscopy
  - Nasal endoscopy flexible and rigid
  - Micro otoscopy
  - **Direct laryngoscopy, including stroboscopy in voice clinic**
- (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
- (2.2) **Develop specific differential diagnosis for most common problems in Otolaryngology-Head and Neck Surgery**
- (2.4) **Develop, implement and document initial management plans for common problems in Otolaryngology-Head and Neck Surgery**
- (3.2) **Obtain and document informed consent explaining the risks and benefits of, and the rational for commonly performed medical and surgical procedures and therapies**
- (3.4) Perform the following (**bolded**) procedures in a skillful, fluid, and safe manner with minimal assistance or no assistance:
  - General Otolaryngology
    - **Flexible nasopharyngolaryngoscopy**
    - **Intubations in acute airway obstruction with flexible scope**
    - **Incision and drainage of deep neck space and wound abscesses**
    - **Otomicroscopy and debridement in children**
    - **Myringotomy and tube insertion in the office**
    - **Rigid esophagoscopy for removal foreign body**
    - **Tracheostomy in emergent condition**
    - Branchial cleft cyst and thyroglossal cyst removal
  - Otology
    - **Myringotomy and tube insertion in the office**
    - **Myringoplasty**

- **Elevation tympanomeatoplasty flap +/-tympanotomy**
  - **Neurotology**
    - **Intratympanic therapeutic injections**
    - **Particle repositioning maneuvers, including Epley, and log roll maneuver**
  - **Rhinology**
    - **Nasal cavity biopsy**
    - **Septoplasty simple**
    - **Turbinoplasty**
    - **Basic endoscopic sinus surgery** (nasal polypectomy, uncinectomy, anterior ethmoidectomy, maxillary antrostomy)
    - **Debridement of ESS cavity**
  - **Laryngology**
    - **Laryngoscopy, esophagoscopy and bronchoscopy with or without foreign body removal and/or biopsy and/or dilatation**
    - **Microlaryngoscopy with or without biopsy, excision, laser removal**
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- (3.4) **Provide assistance and function as first assistance for the wide range of Otolaryngology-Head and Neck surgical procedures**
- Take direction from a lead surgeon
- (4.1) **Establish and implement a plan for routine post-procedure care 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 when needed**
- (5.2) **Use cognitive aids such as procedural checklists, surgical timeouts, debriefing, structured communication tools, or care paths to enhance patient safety**

### **Communicator**

- (1.2) **Optimize the physical environment for patient comfort, privacy, engagement and safety**
- (2.1) **Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information for any clinical presentation**
- (2.1) **Integrate, summarize, and present the information obtained from a patient-centered interview**
- (3.1) **Share health care information and plans with patients and their families**
- (3.2) Apologize appropriately for a harmful patient safety incident
- (4.1) Communicate with cultural awareness and sensitivity
- (5.1) **Document clinical encounters in an accurate, legible, complete, timely and accessible manner to adequately convey clinical reasoning and rational for decisions**
- (5.3) Adapt written and electronic communication to the specificity of the discipline and medical encounter to optimize the clinical decision-making and patient safety

## **Collaborator**

- (1.2) **Consult as needed with other health care professionals** (audiologist, speech language pathology, nurses, respiratory technicians and other physicians)
- (1.3) **Communicate effectively with physicians and other colleagues in the health care professions**
- (1.3) Provide timely and necessary written information to colleagues for effective relationship-centered care
- (2.1) **Maintain positive relationships in all professional contexts**
- (3.2) **Demonstrate safe handover of care, verbal, dictated and written**
- (3.2) Recognize and act on patient safety issues during transfer of care

## **Leader**

- (1.1) Participate in a patient safety and/or quality improvement initiative
- (1.1) **Demonstrate awareness and knowledge of clinical practice guideline for the following:**
  - **Indications for tonsillectomy**
  - **Pain management post tonsillectomy**
  - **Myringotomy and tube insertion**
  - **Rhinosinusitis Canadian guideline**
- (1.2) **Adhere to the standard safety guidelines that promotes patient safety by reporting and responding to unsafe situations**
- (1.4) Use health informatics to improve the quality of patient care, to optimize patient safety and suggest changes to the team when applicable
- (3.1) **Demonstrate leadership skills by helping the team to enhance health care by performing effective, complete and exemplary care of patients**

## **Health Advocate**

- (1.2) **Apply the principles of behaviour change during conversations with patients and families about adopting healthy behaviours**
- (1.3) Promote choking prevention and foreign body aspiration in children, UVA/UVB protection, HPV vaccination for girls and boys, and encourage healthy environment such as smoking cessation (second hand smoke).

## **Scholar**

- (1.1) **Prepare, read and learn around clinical and surgical cases, understand the steps of the proposed treatment and participate appropriately**
- (1.1) **Review and update earlier learning plans, identify learning needs related to all CanMEDS roles to generate immediate and long-term career goals**
- (1.1) Obtain a satisfactory performance at your residency oral/written exam and at the Canadian in training exam
- (1.2) Maintain a surgical procedure log, surgical evaluation forms
- (1.2) **Seek and interpret multiple sources of performance data and feedback to improve performance**
- (1.3) Participate in collaborative learning projects
- (2.4) **Teach medical students, more junior residents or other health care professionals**
- (2.4) Prepare and present at Grand Rounds
- (3.1) **Recognize practice uncertainty, knowledge gaps and seek for advice/consultation**

(3.3) Participate to critical appraisal of the literature, research methodology, biostatistics, during scheduled Journal Club

(4.3) **Contribute to research endeavours**

### **Professional**

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

(1.2) Demonstrate a commitment to excellence in all aspects of practice

(4.1) **Exhibit strategies for managing stress and maintaining physical and mental well- being during residency**

### **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*

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

##### **EPA 3.1**

Providing post-operative management-Form 1

##### **EPA 3.2**

Managing an inpatient surgical service (JC)-Form 3

##### **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 3.9**

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

##### **EPA 3.12**

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

##### **EPEA 3.14**

Assessing and managing patients presenting with rhinosinusitis (JC)-Form 1 & 2

##### **EPA 3.16**

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

##### **EPA 3.18**

Assessing patients with dysphonia JC- Form 1



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

**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 business clerk, 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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