

McMaster Otolaryngology-Head and Neck surgery
Goals and Objectives
Otolaryngology-Head & Neck Surgery Rotation
St Joseph Healthcare Hamilton
CanMEDS 2015

Normal Cohort-Fifth Year Resident

Overview

During the fifth year of residency training the resident will spend 6 blocks at St. Joseph Healthcare Hamilton. The resident will gain experience in dealing with patients in the clinic, on the wards, the intensive care units, the operating room and in the emergency department. The Otolaryngology –Head and Neck Surgery at St Joseph’s Hospital involves a significant amount of head and neck oncology, in addition to general practice, otology and neurotology.

All residents must review their learning objectives with the Clinical Teaching Unit Director at the beginning and at the end of the rotation to facilitate meeting the objectives.

Clinical Teaching Unit Director: Dr. M. Gupta

Head and Neck Staff Surgeons: Drs S. Archibald, M. Gupta, S. Jackson, J.E.M. Young, H. Zhang

General Otolaryngology Staff Surgeon: Dr. E. Jeney

Otology/Neurotology Staff Surgeon: Dr. J. Archibald

Call:

You will be assigned on home call with the Otolaryngology-Head and Neck Surgery service. The Chief resident will make up the 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. Call will be set according to PARO guidelines

Schedule of the week:

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

Sample of weekly schedule (subject to change)

Monday	Tuesday	Wednesday	Thursday	Friday
OR	OR	OR	OR	OR
H&N MPR ENDO	H&N X 2	<u>General/Rhino</u> E Jeney (2th-4 th) H&N MPR ENDO	<u>Flap day</u> b/w H&N Surgeons + <u>Plastic Rec</u> H&N Surgeon 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

Overall Objectives

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 resident is expected to acquire sufficient expertise to enable him or her to function as an independent otolaryngology consultant. Although much of this is acquired by enhancing their surgical expertise, greater proficiency is to be gained in the other CanMEDS domains also.

The resident is expected to become proficient in performing the full range of adult Otolaryngology-Head and Neck procedures except for complex head and neck oncology, advanced otology/neurotology, advanced endoscopic sinus surgery and skull base procedures. The resident will have an in-depth exposure to head and neck procedures and otology/neurotology.

The Assessment of the resident on this rotation will be completed by using the in training evaluations report (ITER) and the activity log of surgical skill procedures on MedSIS. The bolded intrinsic CanMEDS roles will be part of the assessment on the ITER.

Specific Objectives:

Medical Expert

(1.1) Demonstrate compassion for patients

(1.3) Apply knowledge of the clinical and biomedical sciences relevant to Otolaryngology-Head and Neck Surgery Oncology and General Otolaryngology presentations

Understand well in depth the anatomy and physiology of the ear, 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:

- Severe epistaxis anterior, posterior and complications
- **Neck mass/swelling/deep neck space abscess/cellulitis**
- Salivary gland diseases: infectious and non-infectious
- Endocrine thyroid/parathyroid
- **Emergent airway obstruction with clinical assessment, investigation and management**

Apply clinical and biomedical sciences to manage: (establishing a diagnostic plan of investigation, treatment, prognosis of malignant neoplasms of the head and neck and obtain a proper staging related to TNM classification (AJCC) of the following)

➤ Head and Neck/Oncology presentations with:

- **Mucosal squamous cell carcinoma of the head and neck**
- Nasal cavity and paranasal sinuses
- Nasopharynx
- Oral cavity: lip, oral tongue, floor of the mouth, buccal mucosa, gingiva, hard palate, retromolar
- Oropharynx: tongue base, soft palate, tonsils
- Hypopharynx: piriform sinus, postcricoid, lateral and posterior pharyngeal wall
- Larynx: supraglottic, glottic, subglottic.
- Oesophagus: cervical
- **Thyroid gland**
- **Major salivary glands**
- **Mucosal melanoma of the upper aero digestive tract**
- **Skin malignancy of the head and neck**
- **Other head and neck neoplasms:**
 - Parapharyngeal
 - **Lymphoma: Hodgkin and non-Hodgkin**
 - Temporal bone
 - Maxillofacial
 - Glomus
 - **Midline granuloma**

- Parathyroid glands
- Cervical metastasis of unknown primary
- Principles and techniques of frozen section and Mohs micrographic surgery
- Head and neck lymphatic nodes in cancer patients:
 - Diagnosis, frequency related to the primary site
 - Staging, treatment options/plan (surgical and radiotherapy)
 - Prognosis
- Principles of radiotherapy theory:
 - Advantages, limitations and complications
 - Dental precautions and complications related to radiotherapy
- Principles of chemotherapy theory:
 - Common chemotherapy agents used in head and neck cancer; combination of agents
 - Advantages and limitations, complications and common side effects
- Interpret pathology reports
- Malignancy staging
- Voice rehabilitation post total laryngectomy management options
- Swallowing difficulty/dysphagia post-surgery management and rehabilitation

Apply clinical and biomedical sciences to manage:

- Facial Plastic and Head and Neck reconstruction presentations with:
 - Develop an understanding of the “reconstructive ladder” to correct head and neck defects by:
 - formulating a surgical reconstructive plan that takes restoration of cosmetic and function into consideration
 - Define the different types of flaps that can be used for head and neck/maxillofacial reconstruction
 - Regional flaps
 - Free flaps
 - Explain their principles of physiology
 - Blood supply
 - Facial nerve disorders and reanimation strategies
 - Benign and malignant skin lesions of the face and neck and their reconstruction/local flaps
 - Deformity of nasal bone post trauma, congenital
 - Cosmetic and functional rhinoplasty

Apply clinical and biomedical sciences to manage:

- Laryngology presentations with:
 - Dysphagia
 - Dysphonia
 - Laryngeal trauma

Apply clinical and biomedical sciences to manage:

- **Otology with more complex presentations with:**
 - **Hearing loss**
 - **Tinnitus**
 - **Otitis media, externa, complications, including necrotizing otitis externa**
 - **Cholesteatoma**
 - **Temporal bone trauma**
 - **Ototoxicity**
 - **Rehabilitation for hearing loss**

Apply clinical and biomedical sciences to manage:

- **Neurotology of more complex presentations with:**
 - **Menieres disease**
 - **Peripheral vestibulopathy**
 - **Lateral skull base lesions**
 - **Disorder of facial nerve**

(1.5) Perform clinical assessments that address the breadth and depth of issues in each case with recommendations that are well-documented

(1.6) Maintain a duty of care and patient safety while balancing multiple responsibilities

(1.7) Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves

(2.1) Identify and manage life threatening or emergent issues of surgical patients

(2.2) Ability to select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention and health promotion of the above clinical presentation

(2.3) Establish goals of care in collaboration with patients and their families, including slowing disease progression, treating symptoms, achieving cure, improving function, and palliation

(2.3) Address the impact of the medical condition on the patient's ability to pursue life goals and purposes and share concerns with patients and their families about their goals of care when they are not felt to be achievable

(2.4) Develop, implement and document management plans for more complex problems in Otolaryngology-Head and Neck Surgery

(2.4) Provide timely and adequate responses to complications and undesired side effects of treatment

- (3.1) Determine the most appropriate procedures or therapies for the purpose of assessment and/or management that is safe and patient-centered**
- (3.2) Obtain and document informed consent explaining the risks and benefits of, and the rational for medical treatment and surgical procedures of the complex cases**
- (3.3) Able to triage a procedure, therapy taking into account clinical urgency and available resources and advocate for their patient's procedure or therapy**
- (3.4) Perform the following procedures in a skillful, fluid, and safe manner with minimal assistance or no assistance:**

➤ **General Otolaryngology**

- **Intubations in acute airway obstruction with flexible scope**
- **Tracheostomy in critical care setting**
- **Tracheostomy: percutaneous/opened**
- Ligation sphenopalatine artery and ethmoid artery
- OSAS: tonsillectomy, uvulopalatopharyngoplasty, tongue base reduction
- **Excision submandibular gland**
- **Parotidectomy with minimal assistance**
- Excision of ranula
- Branchial cleft cyst and Thyroglossal duct cyst removal

➤ **Head and Neck oncology**

- FNA of neck masses, lymphatic nodes, salivary gland and thyroid gland lesions
- Lymphatic node and neck mass biopsy
- Panendoscopy, rigid and flexible with biopsy
- **Thyroidectomy/hemithyroidectomy**
- Tongue wedge excision
- Oral cavity lesion excision
- **Total laryngectomy, laser resection with limited supervision**
- Open partial laryngectomy with supervision
- Pharyngectomy with supervision
- **Parathyroidectomy**
- **Neck dissection modified and radical with limited supervision**
- Excision of skin cancer and closure
- Techniques of frozen section diagnosis
- Exposure and observation/assist for the following procedures:
 - Mandibulectomy, mandibulotomy and rigid fixation
 - Maxillectomy, medial maxillectomy
 - Skull base tumors excision
 - Anterior craniofacial resection
 - Parapharyngeal neoplasms excision
 - Glomus tumor excision

- **Laryngology**
 - **Laryngoscopy, esophagoscopy and bronchoscopy with or without foreign body removal and/or biopsy and/or dilatation**
 - **Micro-laryngoscopy with or without biopsy, excision, laser removal**
 - **Thyroplasty**
 - Repair of subglottic/tracheal stenosis with assistance

- **Otology**
 - Tympanoplasty
 - Canaloplasty
 - Ossiculoplasty with supervision
 - Mastoidectomy
 - Mastoidectomy: antrum opening, epitympanum, removal incus/head malleus
 - Mastoidectomy canal wall down
 - Mastoidectomy facial recess approach with assistance
 - Mastoidectomy for facial nerve decompression with assistance/observation

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

(5.1) Apply the stages for disclosure of adverse events; report patient safety incidents to appropriate institutional representatives. Identify potential improvement opportunities arising from harmful patient safety incidents and near misses

(5.2) Use procedural checklists, surgical timeouts, debriefing, structured communication tools, or care paths to enhance patient safety

Communicator

(1.1) Demonstrate empathy, respect and compassion

(1.3) **Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to patient care according to the context of Otolaryngology-Head and neck Surgery**

(1.5) **Manage disagreements and emotionally charged conversations**

(1.6) **Tailor approaches to decision-making to patient capacity, values and preferences and adapt to their unique needs and preferences**

(2.1) **Integrate, summarize, and present the information obtained from a patient-centered interview presenting with more complex issues**

(3.1) **Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner and share the 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, complete, timely and accessible manner and in compliance with legal and privacy requirements

Collaborator

- (1.1) **Anticipate, identify, and respond to patient safety issues related to the function of a team**
- (1.2) **Identify indications that necessitate consultation with other health care professionals, and utilize the expertise of multidisciplinary team members**
- (1.3) **Engage in respectful shared decision-making with physicians and other colleagues and lead multidisciplinary team meetings**
- (2.1) **Delegate tasks and responsibilities in an appropriate and respectful manner**
- (2.1) **Show respect towards collaborators**
- (2.2) **Implement strategies to promote understanding, manage differences and resolve conflicts in a collaborative manner**
- (3.2) **Analyze gaps in communication between health care professionals during transitions in care**

Leader

- (1.1) **Incorporate evidence based medicine for quality assurance and improvement**
- (1.2) **Contribute to culture that promotes patient safety**
- (1.3) **Analyze harmful patient safety incidents and near misses to enhance systems of care**
- (1.4) **Use health informatics to improve the quality of patient care and optimize patient safety**
- (2.1) **Allocate health care resources for optimal patient care, minimize wasteful practices**
- (2.2) **Apply evidence and management processes to achieve cost-appropriate care**
- (3.1) **Demonstrate leadership skills to enhance health care, lead junior residents and assume the role of chief resident**
- (4.1) **Set priorities and manage time to integrate practice and personal life**
- (4.2) **Adjust educational experiences to gain competencies necessary for future independent practice**
- (4.3) **Implement processes to ensure personal practice improvement**

Health Advocate

- (1.1) **Work with patients to address the determinants of health that affect them and their access to tp needed health services or resources**
- (1.2) **Work with the patient and family to increase opportunities to adopt healthy behaviours**
- (1.3) **Incorporate disease prevention, health promotion and health surveillance activities while interacting with individual patients and promote risk reduction of malignancy of the head and neck through smoking cessation, responsible alcohol usage, better nutrition, UVA/UVB protection, and as well promotion of HPV vaccination for girls and boys**

Scholar

- (1.1) **Review and update earlier learning plans, identify learning needs in preparation for the Royal College examination**

- (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) **Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance**
- (1.3) Lead and engage in collaborative learning projects
- (2.1) **Be a positive role-model to more junior residents**
- (2.2) **Ensure a safe learning environment for all members of the team**
- (2.3) **Ensure patient safety is maintained when learners are involved**
- (2.4) **Plan and deliver a learning activity (M&M rounds, coclia session)**
- (2.5) **Provide effective feedback to enhance learning and performance of others**
- (2.6) **Appropriately assess junior learners in various learning situations**
- (3.1) **Seek for advice/consultation to address practice uncertainty**
- (3.4) **Integrate best evidence and clinical expertise into decision-making in their practice**

Professional

- (1.1) **Manage complex issues while preserving confidentiality in a professional manner**
- (1.2) **Demonstrate excellence in all aspects of practice**
- (1.3) **Manage ethical issues encountered in independent practice**
- (1.4) **Recognize and manage conflicts of interest in independent practice**
- (2.2) **Demonstrate a commitment to patient safety and quality improvement**
- (3.3) Participate in peer assessment and standard-setting
- (4.2) Manage competing personal and professional priorities during residency
- (4.3) **Support peers in their professional transitions and provide mentorship**

Bibliography suggestions

Byron J Bailey: Head & Neck Surgery-Otolaryngology
 Cummings: Otolaryngology-Head and Neck Surgery
 Baker and Swanson: Local Flaps in Facial Reconstruction
 Papel Ira D: Facial Plastic and Reconstructive Surgery on line
 Dolan W Robert: Facial Plastic, Reconstructive and Trauma Surgery on line
 Lee K J: Essential Otolaryngology: Head and Neck Surgery, ninth edition

Radiology

Hermans R: Head and Neck Cancer Imaging on line
 Harnsberger: Handbook of Head and Neck Imaging

The resident should read these current journals

Journal of Otolaryngology- Head & Neck Surgery
 Archives of Otolaryngology- Head & Neck Surgery
 Laryngoscope

Surgical skills references

Byron J Bailey: Atlas of Head & Neck Surgery-Otolaryngology

Montgomery W Wayne: Surgery of the upper respiratory system vol.2

Lore: An Atlas of Head and Neck Surgery

Baker and Swanson: Local Flaps in Facial Reconstruction

Jackson T Ian: Local Flaps in Head and Neck Reconstruction

House Ear Institute: Temporal Bone Surgical Dissection Manual.

Brackmann, Shelton and Arriaga. Otologic Surgery. Philadelphia: W. B. Saunders Company, 2001.

Sanna Mario and al. Middle Ear and Mastoid Microsurgery 2003.

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