

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

Junior Core Stage-Third Year Resident

Overview

During the third year of residency training the resident will spend 6 blocks at St Joseph Healthcare. The resident will gain experience in dealing with patients in the clinic, on the wards, the intensive care and head and neck units, cancer clinic, operating room and in the emergency department. The Otolaryngology –Head and Neck Surgery service at St Joseph Healthcare involves a significant amount of Head and Neck oncology, in addition to General practice and Otolaryngology/Neurotology. On Fridays, residents participate to a multidisciplinary cancer clinic at the Juravinski Hospital.

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 Surgeons: Drs. S. Archibald, M. Gupta, S. Jackson, J.E.M. Young and H. Zhang
General Otolaryngology Surgeon: Dr. E. Jeney
Otolaryngology and Neurotology 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 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.

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. 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 MPR ENDO	H&N X 2	General/Rhino 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 & 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 the resident 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.

The resident will be introduced to septoplasties, endoscopic sinus surgery, and will carry out multiple endoscopies (including esophagogastrosocopy and PEG tube placement), neck node biopsies, incision and drainage of deep neck space infections and be introduced to management of benign and malignant neck masses such as branchial cleft cysts, thyroidectomy, parathyroidectomy, and parotidectomy.

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:**

- Otitis media, externa
- Epistaxis, Adenotonsillar disease/sleep disordered breathing, neck mass/swelling/deep neck space infections abscess/cellulitis
- Foreign body ear, aero digestive 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
- Emergent and non emergent airway obstruction
- Salivary gland diseases: infectious and non-infectious,
 - 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
- Facial nerve paralysis

Apply clinical and biomedical sciences to manage:

➤ **Laryngology presentations with:**

- Swallowing disorder, risk aspiration

Apply clinical and biomedical sciences to manage:

➤ **Otology presentations with:**

- Hearing loss all types including sudden sensorineural hearing loss
- Tinnitus

Apply clinical and biomedical sciences to manage:

➤ **Neurotology presentations with:**

- Vertigo able to differentiate peripheral from central

Apply clinical and biomedical sciences to manage:

➤ **Head and Neck presentations with:**

- Emergent airway obstruction
- Chronic airway obstruction
- Pre and peri-operative care
- Surgical nutrition, fluids and electrolytes
- Wound care including free flaps
- Surgical complications
- Interpret pathology reports
- Learn 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) 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
- FEES
- Neuro-otological examination

(2.2) **Select and demonstrate an understanding of the pertinent investigations for the common and more complex Otolaryngology-Head and Neck Surgery presentations including:**

- Laboratory testing (pH monitor, manometry)
- Diagnostic imaging (barium swallow, modified barium swallow, Ct, MRI. Thyroid ultrasound)
- diagnostic endoscopy
- aerodynamic testing

- vestibular and/or audiological investigations
- (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 and more complex problems in Otolaryngology-Head and Neck Surgery**
- (3.2) **Obtain and document informed consent explaining the risks and benefits of, and the rational for more complex 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
 - **Upper aerodigestive flexible/rigid endoscopies with or without foreign body removal or biopsy**
 - **Intubations in acute airway obstruction with flexible scope**
 - **Tracheostomy elective or emergent**
 - **Cricothyroidotomy**
 - **Incision and drainage of deep neck space and wound abscesses**
 - **Myringotomy and tube insertion in the office**
 - **Rigid esophagoscopy for removal foreign body**
 - **Branchial cleft cyst and thyroglossal cyst removal**
 - **Salivary gland duct dilation**
 - Otology
 - **Myringotomy and tube insertion in the office**
 - **Myringoplasty**
 - **Tympanoplasty**
 - Neurotology
 - **Intratympanic therapeutic injections**
 - **Particle repositioning maneuvers, including Epley maneuver and log roll maneuver**
 - Rhinology
 - Nasal cavity biopsy
 - **Septoplasty simple**
 - **Turbinoplasty**
 - Limited endoscopic sinus surgery (nasal polypectomy, uncinectomy, anterior ethmoidectomy, maxillary antrostomy)
 - Debridement of ESS cavity
 - Laryngology
 - **Laryngoscopy rigid and flexible,**
 - **Esophagoscopy and bronchoscopy with or without foreign body removal and/or biopsy and/or dilatation**

- **Microlaryngoscopy with or without biopsy, excision**

- **Head and Neck**

- Fine needle aspiration of neck mass or lymphatic node
- **Panendoscopy, including rigid and flexible instrumentation**
- **Oral cavity, oropharynx biopsy**
- **Neck lymphatic nodes biopsy**
- **Open neck biopsy**
- **Excision neck mass**
- **Tracheostomy elective or emergent**
- **Skin lesion excision/reconstruction**
- **Submandibular gland excision**
- Hemithyroidectomy
 - Exposure of the recurrent laryngeal nerve
 - Elevation of skin flaps
- Exposure of the spinal accessory nerve

- **Facial Plastic and Reconstructive Surgery**

- Regional anaesthetic of the head, face and neck
- Skin graft
- Local/locoregional flaps

(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
- Effectively assist at major head and neck surgical procedures

(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 (multidisciplinary oncology team, speech language pathology, head and neck unit 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:**
 - **Thyroid nodules**
- (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 on the Head and Neck Unit**

Health Advocate

- (1.1) Demonstrate familiarity with important determinants of health (smoking cessation, alcohol abuse, poor nutrition, HPV and HIV)**
- (1.2) Apply the principles of behaviour change during conversations with patients and families about adopting healthy behaviours
- (1.3) Promote reduction of risk factors for head and neck cancer through smoking cessation, responsible alcohol use, UVA/UVB protection, HPV vaccination for girls and boys**

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

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

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 3.5

Providing emergency surgical management for patients with acute airway problems-
Form 1 & 2

EPA 3.6

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

EPA 3.7

Assessing and managing patients with non-neoplastic salivary disorders (JC)-Form 1 & 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 & 2

EPA 3.19

Assessing and managing patients with mucosal squamous cell carcinoma of the head and neck (JC)-Form 1 & 2

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)-Form2

EPA 3.25

Assessing and managing patients with benign or malignant skin lesions of the head and neck (JC/SC)-Form 1 & 2

EPA 3.28

Assessing patients with tinnitus and providing initial management-Form 1

EPA 3.29

Assessing adult and pediatric patients with hearing loss and providing an initial management plan, both surgical and non-surgical (JC)-Form 1 & 2

EPA 3.30

Assessing patients with balance disorder/vertigo and providing initial management plan both surgical and nonsurgical (JC)-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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