

## **OTOLARYNGOLOGY - HEAD & NECK SURGERY**

The OTL310Y course takes place over 1 week.

Overall, OTL310Y provides students with:

1. The foundation of knowledge of medical conditions involving the ears, nose, neck and upper aerodigestive tract necessary for the practice of Otolaryngology - Head & Neck surgery from the perspective of the primary care physician.
2. The skills necessary to perform a thorough head & neck examination.

### **Course Director**

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The MD Program Competency Framework describes the Exit Competencies that graduating medical students are expected to have acquired at completion of the MD Program Curriculum.

### **What are Entrustable Professional Activities (EPAs)?**

EPAs are the units of professional practice that constitute what clinicians do as daily work. "Even a junior medical student can contribute to health care with small but significant tasks that do not have to be checked if the student has been trained well to do them."<sup>1</sup>

### **What are competencies?**

Competencies describe persons. Learners who become competent professionals must acquire competencies that include knowledge, skills, and attitudes. Professionals can possess competencies; they can never possess EPAs.

### **What are enabling competencies?**

The [MD Program's competency framework](#) consists of the **key and enabling competencies** that are classified according to the seven CanMEDS roles of:

1. Medical Expert (ME),
2. Communicator (CM),
3. Collaborator (CL),
4. Leader (LE),
5. Health Advocate (HA),
6. Scholar (SC), and
7. Professional (PR).

Learning within each of these CanMEDS roles is facilitated by pursuing the relevant key competencies, and each of the key competencies is in turn supported by achievement of several enabling competencies.

1. Cate OT. A primer on entrustable professional activities. Korean J Med Educ. 2018;30(1):1-10.

### **Where can I see the linkages between the learning objectives of curricular activities and the MD Program's competency framework?**

The [Curriculum Map](#) allows you to see where specific curriculum tags have been applied to a component of the curriculum (i.e. a learning event or task-based activity.)

Brief instructions on ways to change the tags/relationships displayed and working with displayed tags can be accessed by clicking on "Map Help." As well, the comprehensive [Curriculum Search](#) allows you to conduct targeted searches of all learning activities within the four years of the MD curriculum. Instructions on ways to narrow your search can be accessed by clicking on "Search Help."

The following table describes the MD Program Exit EPAs.

#	MD Program Exit EPA
1	Obtain a history and perform a physical examination adapted to the patient's clinical situation
2	Formulate and justify a prioritized differential diagnosis
3	Formulate an initial plan of investigations based on diagnostic hypotheses
4	Interpret and communicate results of common diagnostic and screening tests
5	Formulate, communicate, and implement management plans
6	Present Oral and Written Reports that document a clinical encounter
7	Provide and Receive the Handover in Transitions of Care
8	Recognize a patient requiring urgent or emergent care, provide initial management and seek help
9	Communicate in difficult situations
10	Participate in Health Quality Improvement Initiatives
11	Perform general procedures of a physician
12	Educate Patients on Disease Management, Health Promotion, and Preventative Medicine

The following table describes the curricular learning outcomes, including the relevant case log items (if applicable), and corresponding assessment expectations for learners in the course. These are shown in the context of the MD Program Competency Framework and the MD Program Exit EPAs. The following table describes the key topics/patient presentations and Medical Council of Canada (MCC) objectives that are covered in the course.

What learning outcomes students should have attained by successfully completing this course	Case Log Items Real - R must be a real patient	Enabling competencies <a href="https://md.utoronto.ca/mdprogramcompetencies">https://md.utoronto.ca/mdprogramcompetencies</a>	Entrustable Professional Activities (EPA's in bold are emphasized in OHNS clerkship)	Assessment method used in this course
Students will be able to obtain a history on common otolaryngology presentations and perform a complete head and neck physical examination including otoscopy, use of tuning forks and a thorough thyroid and lymph node exam. Exam will be tailored to the patient, respecting the patient's sexual/gender orientation and cultural/religious beliefs.	<b>Encounters:</b> Dizziness/vertigo (R) Epistaxis (R) Hearing loss (R) Nasal obstruction (R) Neck mass (R)	<b>Collaborator (CL)</b> <b>Communicator (CM)</b> 1.1, 1.2, 1.4, 1.6, 2.1, 2.3 <b>Health Advocate (HA)</b> <b>Leader (LE)</b> <b>Medical Expert (ME)</b> 1.2, 2.2, 2.3, 2.5, 2.7 <b>Professional (PR)</b> 1.1 <b>Scholar (SC)</b>	<b>Obtain a history and perform a physical examination adapted to the patient's clinical situation</b>	Written mastery exercise
Students will be able to create a prioritized differential diagnosis for the five common otolaryngology presentations (dizziness, epistaxis, hearing loss, nasal obstruction and neck mass) primarily in an adult population, in an ambulatory setting.		<b>ME</b> 1.2, 1.3, 2.5, 5.1	Formulate and justify a prioritized differential diagnosis	Clinical Assessment Form
Students will be able to suggest an initial plan to investigate common presenting complaints in a patient, including audiometry, appropriate imaging of the head and neck, and biopsies (open or fine-needle) where relevant. Students should be mindful of Choosing Wisely as it pertains to nasal/sinus plain films.		<b>CL</b> 4.2 <b>LE</b> 2.1, 2.2 <b>ME</b> 1.1, 1.3, 2.4, 3.4, 3.6, 5.3 <b>PR</b> 1.1	Formulate an initial plan of investigation based on the diagnostic hypotheses	Professionalism Assessment
Students will be able to identify when audiometry results for a patient are normal or abnormal, and decide on the appropriate referral and triage of the results. Students will communicate these results to the patient, and the rest of the care team.		<b>CL</b> 2.3 <b>CM</b> 2.4, 4.1, 5.3 <b>ME</b> 1.2, 1.3, 2.4, 2.6 <b>PR</b> 1.1, 1.4	Interpret and communicate results of common diagnostic and screening tests	Case Logs

Students will be able to create a management plan for five common otolaryngology conditions and communicate that plan to the patient and care team. Students will be able to document the management plan in the ambulatory clinic record, suggest the appropriate prescriptions and recognize when consultation with other health care members is needed.		<b>CL</b> 2.3, 2.4 <b>CM</b> 2.4, 4.1, 5.1-5.4 <b>LE</b> 1.3 <b>ME</b> 1.2, 3.1-3.3, 4.1, 4.2 <b>PR</b> 2.2	Formulate, communicate and implement management plans	
Students will be able to create a ambulatory clinic reports including new patient consultation and follow-up visits. Students will present these reports orally to their preceptor.		<b>CL</b> 2.3 <b>CM</b> 2.4, 4.1, 5.1, 5.3 <b>PR</b> 1.1	Present oral and written reports that document a clinical encounter	
n/a		<b>CL</b> 2.5, 4.1-4.3 <b>CM</b> 4.1, 5.2, 5.3 <b>PR</b> 1.1, 1.2, 1.4, 1.8 <b>SC</b> 2.5	Provide and receive the handover in transitions of care	
Students will be able to recognize when patients referred to OHNS require urgent triaging due to sudden hearing loss or airway related concerns. Students will recognize their own limitations and identify when they need to ask for help.		<b>CL</b> 2.1-2.3 <b>CM</b> 1.1, 1.6, 2.4, 3.1, 3.3, 4.1, 5.1, 5.2 <b>ME</b> 1.2, 1.3, 2.6, 3.7 <b>PR</b> 1.1	Recognize a patient requiring urgent or emergent care, provide initial management and seek help	
Students will communicate treatment plans effectively with preceptors and residents in the ambulatory setting. When speaking to patients students will speak in non-jargon language and listen actively.		<b>CL</b> 1.1, 1.4, 2.1, 2.2, 3.6 <b>CM</b> 1.1, 1.2, 2.1, 2.3, 2.4, 4.1 <b>ME</b> 1.3 <b>PR</b> 1.1, 4.4	Communicate in difficult situations	
n/a		<b>LE</b> 1.2, 1.4, 1.5 <b>ME</b> 1.3, 4.1, 4.2 <b>PR</b> 2.2 <b>SC</b> 1.1, 1.2, 2.3	Participate in health quality improvement initiatives	

<p>Students will perform/assist observe common procedures. This includes obtaining informed consent, performing common procedures, recognizing post-procedure complications, and knowing when to ask for help.</p>	<p><b>Procedures:</b>  <b>Minimum level of involvement:</b>  <b>A - observe procedure</b>  <b>B - Perform with assistance or assist someone</b>  <b>C - Perform independently</b></p>	<p><b>CM</b> 2.4, 4.1, 5.1, 5.2  <b>ME</b> 1.2, 3.5</p>	<p><b>Perform general procedures of a physician</b></p>	
<p>Students will be aware of the modifiable risk factors that contribute to otolaryngological disease in the ambulatory OHNS context.</p>	<p>Flexible nasopharyngoscopy (R, A)</p>	<p><b>CL</b> 1.1, 1.3, 1.4, 2.1, 2.5  <b>CM</b> 1.1, 1.4, 1.6, 2.1, 2.3, 2.4, 3.2, 3.3, 4.1, 5.1, 5.2  <b>HA</b> 1.1-1.3  <b>ME</b> 1.2, 2.2, 2.7, 5.1, 5.2</p>	<p>Educate patients on disease management, health promotion and preventive medicine</p>	
<p>Students will demonstrate professionalism by being reliable, ethical, punctual, trustworthy and honest.  Students will preserve confidentiality, maintain respectful relationships, recognize medical error, accept constructive feedback, and attend to the medicolegal responsibilities of being a physician.</p>	<p>Otoscopy (3, R, C)</p>	<p><b>PR</b> 1.1-1.8, 2.1, 2.2, 3.1-3.3, 4.1-4.4</p>	<p>No specific EPA</p>	

The following table describes the key topics/patient presentations and Medical Council of Canada (MCC) objectives that are covered in the course.

<b>Presentation</b>	<b>MCC</b>
Epistaxis	
Nasal obstruction/sinusitis	
Hearing loss	40
Dizziness, vertigo	24
Neck mass	63