

Otolaryngology Educational Goals & Objectives

The Otolaryngology rotation will provide the resident with exposure to ear, nose, and throat issues commonly seen in outpatient primary care. The focus will be on developing skills to diagnose and treat common disease. The resident will become familiar with guidelines for the evidence based management of such issues as epistaxis, hearing loss, otitis, and sinusitis. Finally, the resident will understand appropriate indications for otolaryngology referral.

Faculty will facilitate learning in the 6 core competencies as follows:

Patient Care and Procedural Skills

- I. All residents must be able to provide compassionate, culturally-sensitive care for their patients with otolaryngology conditions.
- II. Residents will demonstrate the ability to take a focused history.
 - PGY1s should be able to differentiate between stable and emergent symptoms.
 - PGY2s will independently obtain the above information and identify barriers to patient compliance and care.
 - PGY3s should be able to independently obtain the above details for patients with complex medical histories and multiple comorbid conditions.
- III. Residents should be able to perform a head and neck exam, demonstrating proper use of the otoscope and tuning fork and transillumination of the sinuses.
 - PGY1s should be comfortable with performing and documenting a normal exam in adults and children.
 - PGY2s should be able to characterize abnormal exam findings, including leukoplakia, lymphadenopathy, nasal polyps, thyroid nodules, etc.
 - PGY3s should be able to independently perform a complete exam and understand the sensitivity and specificity of physical findings.
- IV. Residents will understand the indications, contraindications, and complications for the following procedures and become familiar with their safe and effective use:
 - Flexible nasopharyngoscopy
 - Nasal cautery
 - Nasal packing for epistaxis (anterior, posterior)
 - Pneumatic otoscopy
 - Removal of cerumen and foreign bodies from the external ear canal
 - Wick insertion (otitis externa)

Medical Knowledge

- I. PGY1s will become skilled in the timely triage of and approach to common presenting concerns, including
 - Dizziness/vertigo
 - Epistaxis
 - Hearing loss
 - Hoarseness
 - Neck mass

- Oral lesions (benign; in smokers; with HIV)
 - Pharyngitis
 - Rhinitis
 - Snoring
 - Stomatitis
 - Stridor
 - Tinnitus
- II. PGY2s will also develop an understanding of the pathophysiology, clinical presentation, natural history, and therapy for the following conditions:
- Aphthous ulcers
 - Bell's palsy
 - Carotidynia
 - Croup
 - Epiglottitis
 - Eustachian tube dysfunction
 - Meniere's Disease
 - Nasal fracture
 - Otitis (externa, media, persistent effusion)
 - Salivary gland disease
 - Sinusitis, acute and chronic
 - Sleep apnea
 - Thyroid nodule
 - TMJ syndrome
 - Tonsillitis
 - Tympanic membrane perforation
- III. PGY3s will gain a better understanding of the above conditions within the setting of comorbidities.
- IV. Residents should learn to act as patient advocates. To help guide their patients deciding between treatment alternatives, residents will become familiar with indications/contraindications for commonly performed otolaryngology procedures, such as
- Pressure equalizing tube insertion
 - Sinus surgery
 - Tonsillectomy and adenoidectomy
- V. Residents will understand indications for and interpretation of laboratory and diagnostic studies relevant to the diagnosis and treatment of the above conditions, such as
- Audiograms and tympanograms
 - Sinus x-rays and screening sinus CT

- VI. Residents should understand basic statistical concepts found in otolaryngology literature, such as pretest probability, sensitivity, specificity, and number needed to treat, and learn to apply these numbers to their diagnostic workup and treatment.

Practice-Based Learning and Improvement

- I. Residents should be able to access current clinical practice guidelines and apply evidence-based strategies to the patient care.
- II. PGY2s should develop skills in evaluating studies in published literature, through Journal Club and independent study.
- III. All residents should learn to function as part of a team, including the primary care physician, otolaryngologist, and clinic staff to optimize patient care, and PGY3s should take a leadership role.
- IV. All residents should respond with positive changes to feedback from members of the health care team.

Interpersonal and Communication Skills

- I. PGY1s must demonstrate electronic and verbal communication skills that facilitate the timely and effective exchange of information within the system.
- II. PGY1s must be able to accurately describe the risks and benefits of office otolaryngology procedures to obtain informed consent.
- III. PGY2s must also develop interpersonal skills to educate and counsel patients, and where appropriate, promote behavioral change.
- IV. PGY3s should demonstrate leadership skills to build consensus and coordinate a multidisciplinary approach to patient care.

Professionalism

- I. All residents must demonstrate strong commitment to carrying out professional responsibilities as reflected in their conduct, ethical behavior, attire, interactions with colleagues and community, and devotion to patient care.
- II. All residents should be able to educate patients and their families in a manner respectful of gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation on choices regarding their care.
- III. PGY2s should be able to use time efficiently in the clinic to see patients and chart information.
- IV. PGY3s should be able to provide constructive criticism and feedback to more junior members of the team.

Systems-Based Practice

- I. PGY1s must be able to discuss alternative care strategies and the cost and risks involved.
- II. PGY2s must become familiar with current controversies in Otolaryngology, such as use of antibiotics in otitis media or placement of tympanostomy tubes.
- III. PGY3s must demonstrate an awareness of and responsiveness to established quality measures, risk management strategies, and cost of care within our system.

Teaching Methods

- I. Supervised patient care in the clinic
 - Residents will initially be directly observed with patients, to facilitate the acquisition of excellent history taking, physical exam, and procedural skills.
 - As residents become more proficient, they will interact more independently with patients and present cases to faculty.
 - For PGY1s, initial emphasis will be on diagnosis and basic management.
 - For more senior residents, focus will be on medical decision-making, and residents will work with supervising physicians to finalize a care plan.
- II. Conferences
 - Specialty-specific didactics
- III. Independent study
 - Journal and textbook reading as recommended by Attending physician
 - Online educational resources
 - ACP Smart Medicine <http://smartmedicine.acponline.org/index.aspx>
 - American Family Physician <http://s.aafp.org/?q=otolaryngology&q1=American+Family+Physician&x1=category&category-search=true>
 - Stanford Medicine 25 <http://stanfordmedicine25.stanford.edu/the25.html>
 - Up To Date
 - Clinical Key

Evaluation

- I. Procedure logs as appropriate
- II. Attending written evaluation of resident at the end of the month, based on observations and chart review.
- III. Mini-CEX bedside evaluation tool

Rotation Structure

- I. Residents should contact the attending physician the day prior to confirm start time and location.
- II. Residents should be in clinic during their scheduled times. Residents should notify the attending physician promptly if they cannot be in clinic at their assigned time.
 - Residents will be involved in discussion of patient presentation, generation of a differential diagnosis, development of a treatment plan, and plan for patient follow up. In addition, residents will be involved in in-office procedures as is appropriate.
 - Case-based learning is most effective. Nightly reading/study should be based on patients seen during the day.
 - When seeing outpatient consults referred from another provider, the resident should understand the question asked and provide a concise answer.
- III. Residents may be asked to do focused literature searches or presentations during the course of the rotation.

- IV. Call and weekend responsibilities TBD by the attending physician.
 - Hours worked must be consistent with ACGME requirements and are subject to approval by the Program Director.
- V. Residents have specialty-specific didactics and should be excused in a timely fashion to attend.