Otolaryngology Rotation Curriculum Outline
PGY 2 & PGY 3

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Approved by the Curriculum Meeting September 19, 2006

I. **Educational Purpose:** The purpose of the otolaryngology rotation is train the residents to obtain history and physical examination, diagnose and ultimately manage patients suspected of having ear, nose, and throat diseases. Specifically residents should be able to perform a focused history and physical examination for patients suspected having ENT problems. They should be able to formulate a differential diagnosis for a particular complaint with the idea that such symptom may not be necessarily related to the particular organ in question. Residents should familiarize themselves with the different types of screening methods and tests inherently unique to the subspecialty. They should be able to properly manage specific diagnosis in a cost effective way and they should be able to know when to asks for a consultation from the ENT specialist.

II. **Rationale:** Among the most common complaints in the outpatient clinics and in-patients alike are symptoms related to the ENT organ systems. They range from simple URI related illnesses to symptoms reflecting a systemic disease. Majority of such diseases are relatively simple enough and should be readily handled by the internist. The goal overall in patient care is treat such patients in a most cost effective manner, expeditiously without compromising their prognosis. The purpose of the rotation is for the residents to familiarize themselves with the wide range of ENT problems and develop a knowledge base and clinical judgment to treat such illnesses and obtain the necessary referral or consultation when needed.

III. **Educational Content:**

A. **Patient Characteristics:** Patients are seen from the greater Midland/Odessa area. Because of the nature of otorhinolaryngology the patient mix will include pediatric patients as well as the broad adult population.

B. **Disease Mix:** A variety of acute and chronic conditions are encountered including diseases of the ear, sinuses, oropharynx, and larynx.

IV. **Specific Learning Objectives:**

A. To be able to take proper focused history.

   i. Demonstrates knowledge necessary to obtain an orderly history on patients suspected of having ear, nose, and throat diseases, especially the significance of the following:

      1. Otalgia, ear discharge, tinnitus, vertigo and hearing loss
      2. Noise exposure
      3. Situational details for hearing problems
      4. Previous infections in ear, mastoid sinuses
      5. Tobacco and alcohol use
      6. Epistaxis and hemoptysis
      7. Hoarseness
8. Neck Masses
9. Previous surgical procedures

B. To be able to perform physical examination
   i. Demonstrates knowledge necessary for performing an adequate physical examination of the ear, nose and throat by doing the following:
      1. Names the identifiable anatomic structures of the outer, middle, and inner ear.
      2. Identifies nasal structures visible on anterior-internal examination of the nose.
      3. Identifies nasal sinuses on an appropriate roentgenogram
      4. Identifies types of hearing tests.
      5. Describe the principle of and correctly performs the Rinne and Weber tests.
      6. Describes the clinical manifestations of the nasal mucous membranes when affected with various respiratory diseases, such as allergy, infection, and medication excess.
      7. Identifies the characteristic findings of the common ENT diseases.
   ii. Uses the following instruments in accurately and efficiently performing a physical examination of the ears, nose and throat:
      1. Otoscope
      2. Pneumatic otoscope
      3. Tuning forks of high and low frequencies
      4. Cerumen spoon
      5. Laryngeal mirror
      6. Nasal speculum

C. Orders or performs diagnostic studies and interprets laboratory data.
   i. For each of the following tests, identifies the presenting problem(s) for which it is appropriate, orders the test, performs portion of the test as necessary, and interprets results:
      1. Throat swab and culture
      2. Sinus roentgenogram examination
      3. Nasal mucus stained smears
      4. Screening audiogram
      5. Rhinoscopy
      6. Caloric testing
   ii. Recognizes possible need and requests consultation for performance or interpretation of the following procedures:
      1. Electronystagmography
      2. Audiometry, formal, including hearing aid evaluation
      3. Computed tomography on the temporal bones and sinuses
      4. Direct laryngoscopy
      5. Sinus aspiration

D. Identifies the appropriate diagnosis or diagnoses.

E. Provide therapeutic interventions.
   i. Performs the following therapeutic procedures when indicated by the patients condition:
      1. Cerumen removal
2. Emergency endotracheal intubation
3. Nasal packing for anterior epistaxis
4. Emergency cricothyrotomy

ii. Recognizes the possible need and requests consultation for performance or interpretation of the following procedures:
1. Surgical control of epistaxis
2. Drainage of sinus abscess or paraparyngeal abscess
3. Airway foreign body removal
4. Tracheostomy

iii. For each of the treatment and drug types listed below identifies indications, dose, action mechanism, main side effects, adverse reactions, interactions, cost, efficacy, and appropriate follow-up.
1. Antimicrobials
2. Antivertigo drugs
3. Analgesics
4. Topical and systemic decongestants
5. Antihistamines
6. Nasal topical anti-inflammatory corticosteroids
7. Amplification devices

iv. For purpose of referral and patient education, identifies indications, success rates, and common complications of common ear, nose, and throat procedures, including:
1. Sumucous resection septoplasty
2. Caldwell-Luc
3. Antral windows
4. Rhinoplasty
5. Ear surgery for deafness
6. Tonsillectomy and adenoidectomy
7. Tympanoplasty
8. Polypectomy
9. Trephination
10. Sinus obliteration
11. Sphenoethmoidectomy
12. Middle ear ventilation with tympanic membrane tubes

V. Teaching Methods:
A. This is a two week elective rotation with an ENT specialist. The resident will present to the clinical faculty office at 8:00 AM. The resident will do initial histories and physicals with emphasis on otorhinolaryngology. After presentation to the clinical faculty member a diagnostic and management plan will be generated.
B. Didactic lectures related to ENT topics
C. Outpatient and Inpatient encounters with ENT problems during such rotations
D. Consultation with subspecialists (e.g. Rheumatology, ID) on patients with systemic diseases presenting with ENT symptoms.
E. Self directed literature reviews
F. On this rotation the resident will continue to attend the required didactic conferences and his/her continuity clinics.
VI. Method of Evaluation:
A. Resident Performance: The clinical faculty member will complete a written resident evaluation form provided by the internal medicine residency coordinator. The evaluation is competency based and uses a detailed assessment of the resident’s effort, progress and residency coordinator. The evaluation is competency based and uses a detailed assessment of the resident’s effort, progress and detailed feedback on the resident’s performance. All evaluations are part of the resident’s file and are incorporated into the resident’s quarterly evaluation by the program director.

B. Resident evaluation of the rotation: The resident will provide an anonymous written evaluation of the rotation and the clinical faculty member. These evaluations will be reviewed with the clinical faculty twice yearly.

VII. Rotation Specific Competency Objectives
A. Patient Care
i. By the end of the rotation resident will demonstrate the ability to perform an appropriate ENT history and physical exam, documenting his/her findings, diagnostic, and therapeutic plans in the medical record.
ii. The resident will demonstrate the ability to generate a hypothesis generated history and a problem-based assessment and plan of common ENT problems.

B. Medical Knowledge
i. The resident will demonstrate appropriate basic knowledge about the physiology of hearing, understanding of common ENT problems.
ii. The resident will demonstrate knowledge expansion on current evidence-based practices in the prevention and management of ENT diseases.

C. Practice Based Learning and Improvement
i. The resident will demonstrate self-initiative in the use of information technology to access and retrieve materials for self-education regarding ENT diseases and demonstrate skills of critically appraising medical literature, and apply evidence to the care of patients.
ii. They will be expected to show progressive learning throughout the rotation. They are expected to facilitate any quality improvement initiatives in place.

D. Interpersonal and Communication Skills
i. The resident is expected to demonstrate professional communication skills throughout his/her interactions with patients and their families, the clinical faculty member, and non-clinical staff involved in patient care.

E. Professionalism
i. The resident is expected to exhibit reliability in his/her clinical duties, as well as integrity and respect in his/her interactions with patients, their family members, colleagues, and all other members of the health care team.
ii. The resident is expected to demonstrate appropriate sensitivity in regards to patients’ age, sex, religious beliefs, and ethnicity.
F. System Based Practice
   i. The residents are expected to interact with the clinical faculty staff, MCH and MMH care systems, as well as gain insight and experience with systems of care in the out-patient setting, and appropriately access different facets of the health care system necessary for the care of their patients.

VIII. References
   D. Website: www.entlink.net/index.cfm