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COURSE OVERVIEW: CLERKSHIP

The one-week otolaryngology - head & neck surgery block is part of the anesthesia / emergency medicine / ophthalmology / otolaryngology - head & neck surgery rotation. This year, about half the clerks will be doing their week rotation in a community site such as Michael Garron Hospital, North York General Hospital, the Scarborough Hospital, Humber River Regional Hospital, Markham Stouffville Hospital, or William Osler Hospital (Etobicoke Site). Each hospital develops and distributes a site-specific schedule of teaching sessions and clinical experience in the outpatient clinics. The remainder of the time will be spent on the wards, in the operating room, on seminars and self-directed learning with otoscopy simulators at the academy and online cases. The rotation includes a series of online seminars, covering common and important topics in otolaryngology - head & neck surgery including hearing loss, vertigo, epistaxis, rhinosinusitis, emergencies, and head & neck malignancies. Students are also given a pediatrics otolaryngology - head & neck surgery seminar, an Otosim seminar and an audiology lecture at SickKids Hospital.

In clinic, students will be responsible for taking complete otolaryngologic histories and performing relevant head & neck examinations on patients, as well as formulating differential diagnoses and plans of management, which will be presented to preceptors. Attendance in the operating room is available to students.

Students are not expected to take call, but may do so if interested. Call may be arranged with the otolaryngology - head & neck surgery residents at each hospital/academy.
COURSE OBJECTIVES: CLERKSHIP

Goals:

By the end of the otolaryngology - head & neck surgery clerkship rotation, the clinical clerk will demonstrate 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. In addition, the clinical clerk will demonstrate the skills necessary to perform a thorough head & neck examination.

The otolaryngology - head & neck surgery clerkship course follows the CanMEDS guidelines through both didactic and clinical teaching. The course also provides an opportunity to develop collaborator and manager skills through interprofessional collaboration with nursing, audiology and speech-language pathology services.

A. General Competencies

1. Medical Expert
2. Communicator
3. Collaborator
4. Leader
5. Health Advocate
6. Scholar
7. Professional

B. Educational Core Objectives

1. Skills (Clinical and Technical)
2. Problem based

A. General Competencies

1. Medical Expert

The clinical clerk will be able to:

I. Demonstrate the ability to evaluate and manage common ear, nose and throat problems presenting to the primary care physician
II. Demonstrate the ability to rapidly recognize airway and head & neck oncologic emergencies that require immediate referral to an otolaryngologist
III. Demonstrate a focused history and physical examination for patients presenting with common ear, nose and throat symptoms.
IV. Develop plans for investigations (diagnostic imaging and audiometry) and interpret those investigations.
V. Develop a differential diagnosis and management plan.

2. Communicator

The clinical clerk will be able to:

I. Communicate effectively and empathetically with patients and their families.
II. Demonstrate thorough and clear documentation and charting, with concise recording of pertinent positive and negative findings.
III. Demonstrate the ability to counsel and educate patients and families.
IV. Demonstrate the ability to present a patient case in a clear, concise and complete manner.

3. Collaborator

The clinical clerk will be able to:

I. Establish and maintain effective working relationships with colleagues and other healthcare professionals commonly treating otolaryngology - head & neck surgery patients (nursing, audiology, and speech language pathology).
II. Demonstrate knowledge of community resources available to the otolaryngology - head & neck surgeon.

4. Leader

The clinical clerk will be able to:

I. Demonstrate appropriate and cost-effective use of investigations and treatments.
II. Develop organizational skills and efficiency in managing patients and maintaining patient flow.
III. Develop an understanding of the factors contributing to resource issues in the otolaryngology-head & neck surgery clinic.

5. Health Advocate

The clinical clerk will be able to:

I. Demonstrate an awareness of the underlying psychosocial and socioeconomic problems that contribute to otolaryngologic - head & neck surgery problems.
II. Identify opportunities for primary and secondary prevention strategies (smoking cessation, alcohol intake, etc.).

6. Scholar

The clinical clerk will be able to:
I. Access and critically appraise the literature relevant to otolaryngology - head & neck surgery.
II. Understand the many unique learning and teaching opportunities available in otolaryngology-head & neck surgery.

7. Professional

The clinical clerk will be able to:
I. Recognize and accept his or her limitations and know when to ask for help.
II. Protect information provided by or about patients, keeping it confidential, and divulge it only with the patient’s permission except when otherwise required by law.
III. Be reliable and responsible in fulfilling obligations.
IV. Recognize situations where common medical errors may occur in the otolaryngology - head & neck surgery clinic.

B. Educational Core Objectives

1. Skills

By the end of the otolaryngology - head & neck surgery clerkship rotation, the student should be able to demonstrate basic proficiency in the following skills:

Clinical Examination Skills:
I. Head & Neck examination
II. Thyroid examination
III. Oral examination
IV. Cranial nerve examination

Technical Skills:
I. Otoscopy

2. Problem based

By the end of the otolaryngology - head & neck surgery clerkship rotation, the student should understand the following concepts and/or be able to demonstrate an approach to patients presenting to the emergency department (based on real or simulated encounters) with the following problems or conditions:

I. Hearing Loss
II. Vertigo
III. Nasal Obstruction
IV. Epistaxis
V. Neck Mass
VI. Stridor
Preceptor(s)  Julija Adamonis M.Sc

Sub-specialty: Audiology
Contact Information:
Sunnybrook Health Sciences Centre
2075 Bayview Avenue, Suite M1-102
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Office: (416) 480-4149

Dr. Joseph Chen

Sub-specialties: Neuro-Otology, Skull Base Surgery
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Office: (416) 480-4140
Fax: (416) 480-5761

Dr. Danny Enepekides

Otolaryngologist-in-Chief – Head and Neck Surgery
Chief, Surgical Oncology, Regional Surgical Oncology Lead, CCO
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2075 Bayview Avenue, Suite M1-102
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Fax: (416) 480-5761
Dr. Everton Gooden

Sub-specialty: Head & Neck Endocrine Surgery

Contact Information:
North York General
685 Sheppard Avenue East, Suite 402
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Office: (416) 499-5558
Fax: (416) 499-9392

Dr. Antoine Eskander

Sub-specialties: Head & Neck Oncology, Reconstructive Surgery

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2075 Bayview Ave., Suite M1-102
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Office: (416) 480-6705
Fax: (416) 480-5761

Dr. Kevin Higgins

Undergraduate Site Director
Division of Head and Neck Oncology and Reconstructive Surgery
Sub-specialty: Head & Neck Oncology

Contact Information:
2075 Bayview Ave., Suite M1-102
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Dr. Thileep Kandasamy

Sub-specialty: General Otolaryngology

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Office: (416) 499-5558
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Dr. Trung Le

Sub-specialties: Neuro-Otology, Skull Base Surgery

Contact Information:
2075 Bayview Ave, Suite M1-102
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Office: (416) 480-4141
Fax: (416) 480-5761
Dr. Vincent Lin

Sub-specialties: Neuro-Otology, Skull Base Surgery

Contact Information:
2075 Bayview Ave, Suite M1-102
Toronto, ON M4N 3M5
Office: (416) 480-7251
Fax: (416) 480-5761

Location
2075 Bayview Ave, M-wing, 1st floor, room M1 102
Toronto, ON M4N 3M5

TTC Directions
Take University-Spadina line North to Davisville station and board bus #11 (Bayview Towards Sunnybrook). Get off at Bayview avenue and Blythwood Road and walk 100m North to Sunnybrook Health Sciences Centre.

Clinical Experience/Strengths
- Facial plastic and reconstructive surgery
- Head & Neck endocrine surgery
- Nasal upper airway problems
CASE LOGS

Documentation and electronic logging of clinical experiences through Case Logs on Medsis is mandatory for the Otolaryngology - Head & Neck Surgery Clerkship Rotation. The course director at the end of the block will review the final reports online.

The required clinical encounters include one each of the following: dizziness/vertigo, hearing loss, nasal obstruction and neck mass. The required procedure is performing otoscopy at least once. Students are also encouraged to work on the otoscopy simulator (Oto-Sim™) available at each of the teaching sites as well as review the online cases available in the Course Materials Section. The required clinical encounters and procedures are listed under the Case Logs tab on medsis.

It is the expectation of the course director that achieving all of the Case Logs requirements is feasible as all of the encounters are common. If the student anticipates that it does not appear likely that the encounters will occur, they are encouraged to inform the preceptor, site coordinator or course director of this possibility. Students will then be advised on how they can seek out the required clinical encounters.

Students are expected to have 80% of the encounters or procedures on real patients. However, each of the required encounters are also available as online cases and can be reviewed by clicking on the Course Materials button on the menu to the left. Reviewing these cases can serve to remedy any gaps in clinical encounters, again provided that at least 80% of the encounters occur on real patients.

If a student is unable to achieve 100% of the required clinical encounters by the end of the rotation (including the use of the online cases), the course director will contact the student to work out a satisfactory solution to remedy the gaps, including assigning an extra clinic with focused objectives.
ENCOUNTER CARDS

The encounter cards are a mechanism to foster interaction between academy site directors or faculty and students. They are not designed to be used for deriving the student's clinical mark and the academy site director can use them to discuss the rotation with students at their exit encounter or interview. In a similar way, the medication list should also be discussed with students to introduce the most common pharmacologic agents used in our specialty with indications, contraindications, side effects etc. mentioned.

Otolaryngology-Head & Neck Surgery Rotation Encounter Card

Clinical skills feedback:

Goal is that each skill is observed at least once during the rotation

<table>
<thead>
<tr>
<th>Skill</th>
<th>Needs Improvement</th>
<th>Done adequately</th>
<th>Done well</th>
<th>Preceptor</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain HPI in OTOHNS patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Head &amp; Neck exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cranial nerve exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Otoscopy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinical problem discussion summary:

When was approach to the problem discussed?

Goal is that each problem is discussed at least twice
### DRUGS OF ROTATION

Clinically Relevant Drugs of the Rotation – Otolaryngology-Head & Neck Surgery

<table>
<thead>
<tr>
<th>Drug</th>
<th>Mechanism</th>
<th>Possible Clinical Scenarios</th>
<th>Caution!!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxymetazoline hydrochloride (Otrivin®)</td>
<td>α1 and α2 adrenergic agonist</td>
<td>Treat nasal congestion by vasoconstriction</td>
<td>Rebound congestion if used more than 3 days</td>
</tr>
<tr>
<td>Mometasone Furoate (Nasonex®)</td>
<td>Anti-inflammatory glucocorticosteroid</td>
<td>Allergic rhinitis, rhinosinusitis</td>
<td>Nasal drying and epistaxis possible with prolonged use</td>
</tr>
<tr>
<td>Ciprofloxacin/Dexamethasone (Ciprodex®)</td>
<td>Anti-bacterial and anti-inflammatory</td>
<td>Otitis externa, otitis media</td>
<td>Prolonged use may cause fungal otitis externa, not to be used in the eyes</td>
</tr>
<tr>
<td>Omeprazole (Losec®)</td>
<td>Proton pump inhibitor - inhibition of the H+/K+-ATPase in the gastric parietal cell</td>
<td>Gastroesophageal reflux, laryngopharyngeal reflux</td>
<td>Prolonged use increases risk of community acquired pneumonia, fractures</td>
</tr>
<tr>
<td>Clindamycin</td>
<td>Lincosamide antibiotic – inhibits bacterial protein synthesis</td>
<td>Various Head &amp; Neck polymicrobial infections</td>
<td>Risk of Clostridium difficile diarrhea</td>
</tr>
</tbody>
</table>
## PAEDIATRIC SEMINAR SCHEDULE

**Seminar Location** – Hospital for Sick Children; **Exam Location** – Medical Sciences Building  
**MAM** – Students attend seminars via videoconference, THP-Mississauga Hospital, CA7-43 in the CA Building  
**MAM** – Students write exams at UTM/MAM, Room HS 120

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Week</th>
<th>Date</th>
<th>Lecture/seminar</th>
<th>Room/Wing</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>1</td>
<td>Friday September 7, 2018</td>
<td>Ophthalmology</td>
<td>8431 Black</td>
<td>9:30am-12pm</td>
</tr>
<tr>
<td>D</td>
<td>2</td>
<td>Friday September 14, 2018</td>
<td>Audiology/OtoHNS OtoSim</td>
<td>8431 Black</td>
<td>1pm-3pm</td>
</tr>
<tr>
<td>D</td>
<td>3</td>
<td>Friday September 21, 2018</td>
<td>Ophthalmology Audiology/OtoHNS OtoSim</td>
<td>8431 Black</td>
<td>1pm-3pm</td>
</tr>
<tr>
<td>D</td>
<td>4</td>
<td>Friday September 28, 2018</td>
<td>Otolaryngology Exam Ophthalmology Exam</td>
<td>MS 3281</td>
<td>9:30am-11am</td>
</tr>
<tr>
<td>F</td>
<td>1</td>
<td>Friday November 2, 2018</td>
<td>Ophthalmology</td>
<td>8431 Black</td>
<td>9:30am-12pm</td>
</tr>
<tr>
<td>F</td>
<td>2</td>
<td>Friday November 9, 2018</td>
<td>Audiology/OtoHNS OtoSim</td>
<td>8431 Black</td>
<td>1pm-3pm</td>
</tr>
<tr>
<td>F</td>
<td>3</td>
<td>Friday November 16, 2018</td>
<td>Ophthalmology Audiology/OtoHNS OtoSim</td>
<td>8431 Black</td>
<td>1pm-3pm</td>
</tr>
<tr>
<td>F</td>
<td>4</td>
<td>Friday November 23, 2018</td>
<td>Otolaryngology Exam Ophthalmology Exam</td>
<td>MS 3281</td>
<td>9:30am-11am</td>
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<tr>
<td>E</td>
<td>1</td>
<td>Friday January 11, 2019</td>
<td>Ophthalmology</td>
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<tr>
<td>E</td>
<td>2</td>
<td>Friday January 18, 2019</td>
<td>Audiology/OtoHNS OtoSim</td>
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<tr>
<td>E</td>
<td>3</td>
<td>Friday January 25, 2019</td>
<td>Ophthalmology Audiology/OtoHNS OtoSim</td>
<td>8431 Black</td>
<td>1pm-3pm</td>
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<tr>
<td>E</td>
<td>4</td>
<td>Friday February 1, 2019</td>
<td>Otolaryngology Exam Ophthalmology Exam</td>
<td>MS 3281</td>
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<tr>
<td>A</td>
<td>1</td>
<td>Friday March 15, 2019</td>
<td>Ophthalmology</td>
<td>8431 Black</td>
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<tr>
<td>A</td>
<td>2</td>
<td>Friday March 22, 2019</td>
<td>Audiology/OtoHNS OtoSim</td>
<td>8431 Black</td>
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<tr>
<td>A</td>
<td>3</td>
<td>Friday March 29, 2019</td>
<td>Ophthalmology Audiology/OtoHNS OtoSim</td>
<td>8431 Black</td>
<td>1pm-3pm</td>
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<tr>
<td>A</td>
<td>4</td>
<td>Friday April 5, 2019</td>
<td>Otolaryngology Exam Ophthalmology Exam</td>
<td>MS 3281</td>
<td>9:30am 11am</td>
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<tr>
<td>B</td>
<td>1</td>
<td>Friday May 10, 2019</td>
<td>Ophthalmology</td>
<td>8431 Black</td>
<td>9:30am-12pm</td>
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<tr>
<td>B</td>
<td>2</td>
<td>Friday May 17, 2019</td>
<td>Audiology/OtoHNS OtoSim</td>
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<td>1pm-3pm</td>
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<tr>
<td>B</td>
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<td>Friday May 24, 2019</td>
<td>Ophthalmology Audiology/OtoHNS OtoSim</td>
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<td>1pm-3pm</td>
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<td>4</td>
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<td>Otolaryngology Exam Ophthalmology Exam</td>
<td>MS 3281</td>
<td>9:30am 11am</td>
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<tr>
<td>C</td>
<td>1</td>
<td>Friday July 5, 2019</td>
<td>Ophthalmology</td>
<td>8431 Black</td>
<td>9:30am-12pm</td>
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<tr>
<td>C</td>
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<td>Friday July 19, 2019</td>
<td>Ophthalmology Audiology/OtoHNS OtoSim</td>
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<td>1pm-3pm</td>
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<tr>
<td>C</td>
<td>4</td>
<td>Friday July 26, 2019</td>
<td>Otolaryngology Exam Ophthalmology Exam</td>
<td>MS 3281</td>
<td>9:30am 11am</td>
</tr>
</tbody>
</table>
EVALUATIONS

Evaluations are based on performance on a written exam in MCQ format (80%), and preceptor evaluations (20%). The written exam is given on the final day of the combined 4 week OHNS/OPHTHO/Anesthesia block. The written exam is 1.5 hours in duration (55 questions) and is separate from the ophthalmology and anesthesia examinations. See the Schedules for specific dates and location of exams. In order to obtain a credit in the otolaryngology - head & neck surgery course, students must receive a grade greater than 60% on both the written examination and preceptor evaluation.

Sample written exam questions are presented below:

The indications for ventilation tube insertion in acute otitis media include all but which of the following?

a. Mastoiditis
b. Failed response to medical therapy
c. Adenoid hypertrophy
d. Febrile seizures of AOM
e. CN VII paralysis

What is the most common thyroid malignancy?

a. Follicular thyroid carcinoma
b. Anaplastic carcinoma
c. Papillary thyroid carcinoma
d. Medullary thyroid carcinoma
e. Lymphoma

What is the most common cerebellopontine angle tumour?

a. Acoustic neuroma
b. Meningioma
c. Epidermoid tumour
d. Glioblastoma
**EXAMINATION SCHEDULE**

Note: MAM write exams at UTM/MAM, Room HS 120

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Date</th>
<th>Day</th>
<th>Room</th>
<th>Start Time</th>
<th>End Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>September 28, 2018</td>
<td>Friday</td>
<td>MS 3281</td>
<td>9:30AM</td>
<td>11:00AM</td>
</tr>
<tr>
<td>F</td>
<td>November 23, 2018</td>
<td>Friday</td>
<td>MS 3281</td>
<td>9:30AM</td>
<td>11:00AM</td>
</tr>
<tr>
<td>E</td>
<td>February 1, 2019</td>
<td>Friday</td>
<td>MS 3281</td>
<td>9:30AM</td>
<td>11:00AM</td>
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<tr>
<td>A</td>
<td>April 5, 2019</td>
<td>Friday</td>
<td>MS 3281</td>
<td>9:30AM</td>
<td>11:00AM</td>
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<td>B</td>
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<td>Friday</td>
<td>MS 3281</td>
<td>9:30AM</td>
<td>11:00AM</td>
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<tr>
<td>C</td>
<td>July 26, 2019</td>
<td>Friday</td>
<td>MS 3281</td>
<td>9:30AM</td>
<td>11:00AM</td>
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</table>

**Rules for the Conduct of Written Examinations**

[http://medicine.utoronto.ca/about-faculty-medicine/education-vice-deans-medical-education-related-policies](http://medicine.utoronto.ca/about-faculty-medicine/education-vice-deans-medical-education-related-policies)
RESOURCES

Required Reading

The clerkship seminar materials in Elentra under the “Seminar Materials” section, contain the core material on which the written examination is based. Clerks must also review the interactive cases posted.

Recommended Readings (Textbook):

Toronto Notes, Comprehensive Medical Reference and Review for MCQE 1 and USMLE 2 Otolaryngology – Head & Neck Surgery Chapter

Physical exam videos before starting your rotation:

http://otolaryngology.utoronto.ca/ascm-ii-resources

Online resources:

- http://www.martindalecenter.com/MedicalAudio.html
- www.entcanada.org and follow the link for “Undergraduate Education.”
- Download the LearnENT app from the App store for Iphone users.