

MB, ChB
Phase IV – Late Clinical Rotations

Year 5 - 6

**Otorhinolaryngology,
Head & Neck Surgery**

Part of Clinical Rotations 65730 541/65730 678

2008

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**OTORHINOLARYNGOLOGY,
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**MODULE CHAIRPERSON:
Prof JW Loock**

OTORHINOLARYNGOLOGY, HEAD & NECK SURGERY

INTRODUCTION

Welcome to the Department of Otorhinolaryngology. We hope you will find your time with us stimulating and enjoyable, and we will do our best to equip you for ENT in General Practice and to provide you with insights into and approaches to the common ENT Diseases.

However, you share an equal responsibility with us in making the most of your time here. You are now senior students, and should actively participate in achieving the goals set out below, rather than expect to be passively educated.

AIMS

1. For you to acquire the necessary **theoretical knowledge** and **clinical skills** to enable you to take an appropriate, efficient, **problem-orientated ENT history** and perform a competent **examination of ear, nose, throat, neck and cranial nerves**.
2. On the basis of this evaluation you should then be able to make an **assessment of the patient's ENT problem** and to decide whether the patient can safely **be managed** at a primary care level or whether referral to a specialist is required, and which specialist is most appropriate.



OUTCOMES

After completion of this rotation you should be in a position to do the following

1. **Elicit an efficient, appropriate, problem-orientated ENT history**, both patient generated and then supplemented by directed questioning as appropriate.
2. **Perform an ENT examination**, including all the aspects detailed below, appreciating the indication for performing each and the implications of the results obtained:

(a) Ear

- i. Visual examination of ear: external, ear canal and eardrum.
- ii. Perform clinical tests of hearing.
- iii. Perform tuning fork tests.
- iv. Perform an examination for dysequilibrium.
- v. Perform tympanometry.
- vi. Interpret an audiogram.

Skills necessary for adequate ear examination and management:

- vii. Syringing ear for obstructive wax
- viii. Syringing and mopping otorrhoea to visualise the eardrum.

Specific pathology/procedures to document having seen:

- ix. Cholesteatoma in OPD
- x. Cholesteatoma in theatre

(b) **Nose**

- i. Assess the external nasal pyramid.
- ii. Visualise the anterior 2cm of the nasal cavity adequately: the anterior septum, the inferior turbinates and any anterior nasal pathology.
- iii. Interpret sinus x-rays.

Skills necessary for adequate nasal examination/management:

- iv. Cautery of Little's area.

Specific pathology /procedures to document having seen:

- v. Surgery of sinuses (FESS)

(c) **Throat**

- i. Examine all the various regions of the mouth, visually and by palpation.
- ii. Examine the oropharynx.
- iii. Identify the different changes of voice which alert one of pathology: hoarse voice, weak voice, "hot potato" voice, hypernasal voice, hyponasal voice.
- iv. Assess swallowing difficulties adequately on history and examination to distinguish between the different types of swallowing disorder: dysphagia, odynophagia, "globus" and aspiration.
- v. Identify the difference between stridor, stertor and wheeze: the sounds of an obstructed airway
- vi. Examine the neck: palpation and auscultation.
- vii. Identify the likely sites of a foreign body on lateral x-ray neck.

Specific pathology/procedures to document having seen:

- viii. Microlaryngoscopy for cancer
- ix. Tracheostomy

(d) **Cranial Nerves:** Accurately examine the cranial nerves.

- 3. **Formulate a differential diagnosis and appropriate management plan** on the basis of your ENT history and examination.

In order to achieve this, you should have developed in this block **an approach** to each of the subjects listed on page 5.

- 4. Have insight into, and an approach to, dealing effectively with the common ENT Emergencies: Listed on page 5.
- 5. **Be able to present patients with ENT problems to your colleagues.**
- 6. **Know how to do a Medline literature search.**

MEANS OF ACHIEVING THESE OUTCOMES

1. Background Knowledge

It is expected that, **before the beginning of this block**, you will have obtained an understanding of the following:

- EAR:** Basic Anatomy and Physiology
Pathology and Conditions: Otitis externa; Acute otitis media incl. mastoiditis; chronic suppurative otitis media; middle ear effusion
- NOSE:** Basic Anatomy and Physiology
Pathology and Conditions: allergic rhinitis; sinusitis
- THROAT:** Basic Anatomy and Physiology of throat incl. larynx and its nerve supply;
Pathology and Conditions: larynx carcinoma; tonsillitis; pharyngitis; "the common cold", laryngotracheobronchitis (Croup).
- OTHER:** Anatomy of the cranial nerves
Pathology and Conditions: "Bell's palsy".

Please ensure that you have mastered this basic knowledge. You may visit our website (www.sun.ac.za/orl) where you will find lectures covering most of these topics. See also "Reference Sources" below.

2. Gaining The Clinical Skills

This is probably the most important aspect of your rotation. It takes place chiefly in the Outpatients Department, where from day 1 you will have examination techniques demonstrated to you in a structured way; where you will observe the Department's clinicians applying clinical skills; and where you will be able to practise your own skills.

Every eardrum you examine in your time in OPD must be drawn : see the blocks allowed for this purpose at the end of the booklet.

You will further gain these skills in Ward G5, where you will be allocated patients to clerk: both elective cases and hot admissions when you are on call.

3. Gaining The Clinical Approaches

A series of tutorials, discussions and presentations covering the most important and common ENT Approaches will provide you with knowledge which you can supplement by your own study. Please see the full list of topics you should have mastered by the end of your training, on p 9.

4. Gaining Insight into ENT and Related Disciplines in the Community

Trips and visits to selected sites outside the ENT Department are designed to achieve this.

5. Having experience of being on call for ENT EMERGENCIES

6. Having OPPORTUNITIES TO PRESENT ENT patients

7. **MEDLINE LITERATURE SEARCH SKILLS.** Each group will be given a condition on which to perform a literature search in their own time.

8. Selected OBSERVATION OF SURGICAL PROCEDURES

- Cholesteatoma surgery (Wed/Fri am, J Theatre)
- FESS (Thursday, J Theatre)
- Cancer Laryngoscopy (Mon pm, J Theatre)
- Tracheostomy (On ad hoc basis by Registrar on call)

THE STRUCTURE OF YOUR ROTATION

1. WEEKLY ROSTER

WEEK 1

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
08h30 Examination of Ear and Cranial Nerves Prof Loock OPD TBH 12h00 Examination of nose and voice and airway Dr Attwood	OPD TBH	8h30 Audiology 5 th Floor TBH 09.30 Examination of Throat and H&N Dr Donnai OPD TBH	09h00 Carel du Toit	08h45 Upper airway obstruction (H & N 1) OPD TBH
	14h00 Otitis Media (Oto 1)	14h00 Ward Round G 5	14h00 Dysphonia (H & N 1)	14h00 Academic Meetings

WEEK 2

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
08h45 Adult Hearing loss (Oto 2) OPD TBH	08h45 Otagia (H & N 1) OPD TBH	08h45 Trauma Tut 1 Emergency airway (Trauma Dr) OPD TBH	08h45 Dysphagia (H & N 2) OPD TBH	08h45 Trauma and F B (Rhino 1/2) OPD TBH
		12.00 Paediatric deafness (Dr De Lange)		
14.00 Dysequilibrium (Oto 1)	14h00 Otitis Externa Otol 2	14h00 WARD ROUND G5		14h00 Academic Meetings

WEEK 3

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
08H45 Tinnitus (Oto 1) OPD TBH	08H45 Ear trauma (H & N 2) OPD TBH	08H45 Trauma Tut Penetrating and blunt trauma (Trauma Dr) OPD TBH	08H45 Neck masses (H & N 1) OPD TBH	08H45 Headache and facial pain (Rhino 1)
				11h00 OSCE & TEST
14h00 VII Palsy (Oto 2)	14h00 <u>Sinusitis</u> <u>Rhino 2</u>	14h00 WARD ROUND G 5		

Note:

- Unless otherwise stated, all OPD activities and demonstration of examination techniques take place in ENT OPD, 5th Floor E, TBH.
- All tutorials are in E50 students' room, West, TBH (Next to Ward D5).
There are thus 6 such clinics per 3 week block.
- Academic Meetings take place in the ENT Seminar Room, 5th Floor, West, TBH.

2. ROSTER FOR TUTORIALS & PRESENTATIONS ON THE ENT APPROACHES

- (a) **TUTORIALS:** Prior to each Tutorial and Presentation you are expected to have read the appropriate chapter in Dhillon and East.
- (b) TOPICS WILL BE GIVEN AT THE START OF EACH BLOCK

3. ROSTER FOR ENT EMERGENCIES

- a. The ENT approaches above should equip you with the requisite theoretical knowledge to deal with ENT emergencies.
- b. To give your practical insight, you will each be assigned to be on call with the "On call" Intern, Registrar and Consultant on one day of your block. You work with the "on call team", and present any "hot admissions" at the 08.00 ward round the next day.

4. ROSTER FOR PRESENTATION OF PATIENTS

During your rotation, you are to ensure that you are assigned days on which to clerk patients admitted for elective ENT surgery, which you then clerk on admission and present to the registrar and/or consultant that afternoon.

The days on which patients are admitted for elective surgery include:

Monday afternoon

Tuesday afternoon
Wednesday afternoon
Thursday afternoon

You should each present at least one patient, on which you will be assessed.

INFORMATION

1. Departmental Website: www.sun.ac.za/orl
2. Reference Sources: ENT Students handbook (available from Mrs Hugo: Faculty)
Dhillon RS & East CA: Ear, Nose & Throat & Head & Neck Surgery
Library: Shelve No WV 100 DHI
Anatomy: Snell RS: Clinical Neuro Anatomy for Medical Students, 1997: Library : Shelve No WL 101 SNE
Physiology: Ganong W F: Review of Medical Physiology, 2003
Library: Shelve No QT 104 GAN
3. Contact Persons: Mrs A Hugo (Faculty) 9041/9470
Mrs A Carstens (TBH) 4824/4825
They have bleep and cellphone nos for all the doctors.
4. Punctuality: Please be on time for all contact sessions. Please bleep or phone the departmental person should he/she not arrive within 10 minutes of the appointed time.
5. Dress code: You are now senior students, and are privileged to be part of a professional care-giving interaction with patients. Please observe the maintenance of a professional appearance and dress code.
6. Wear your name badge at all times.

FULL LIST OF TOPICS YOU SHOULD HAVE MASTERED BY THE END OF YOUR TRAINING:

ENT EMERGENCIES

EAR	NOSE	THROAT
Sudden S-N Hearing Loss	Epistaxis	Stridor
Facial Nerve Palsy - Traumatic - Non-traumatic	Red swollen eye	Quincy
Traumatic Perforation of eardrum	Frontal sinusitis	Trauma to the neck: Penetrating and Blunt
Front Body Ear	Front Body Nose	Emergency intervention for airway
Fracture petrous temporal bone	Nasal trauma and facial trauma	Ingested/Inhaled foreign bodies
		Caustic ingestion

IMPORTANT ENT TOPICS

EAR	NOSE	THROAT
Otorrhoea	Sinusitis: - acute - chronic	Noisy breathing - stertor, stridor and - wheeze
Otalgia	Allergic rhinitis	Snoring and OSAS
Hearing Loss: Adults Children	Nasal obstruction - children - adults - neonates	Cancer of the upper aerodigestive tract
Dysequilibrium/vertigo	Headache, face and neck pain	Dysphonia (Hoarseness)
The different middle ear disorders		Swallowing difficulty (dys- & odynophagia, regurgitation, aspiration and globus)
Tinnitus		Neck masses: adult, medial and lateral
Conditions of the external ear canal		Neck masses: children
		Care of intubated patients
		Sore throat: acute/chronic



ASSESSMENT

1. **Logbook:** You must demonstrate your commitment to your block by obtaining these "duly performed" signatures. (*) Are optional.

ACTIVITY	PATIENT NAME/NO	DATE	SIGNED/NAME
Presentation of ENT patient incl history, examination, Spes Invest.; diagnosis and management			
Syringing/mopping otorrhoea/earwax			
Perform tympanometry on fellow student			
Visualise and draw "safe" non-cholesteatomatous perforation of eardrum			
Visualise and draw tympanosclerosis			
Visualise and draw cholesteatoma in an ear			
Perform tuning fork tests on an patient with conductive hearing loss			
Examine the ear and other relevant sites of a patient with referred otalgia *			
Visualise prominent Littles' area			
Observe cautery or packing of nose for epistaxis			
Observe flexible fiberoptic examination of larynx for hoarse voice			
Examine and draw the lymphadenopathy in the neck of a patient			
Observe aspiration of a quinsy			
Observe performance of a tracheostomy			
Involvement of Peripheral ENT Clinic			
On -call evening			
Literature search performed adequately			

SURGERY OBSERVED:	PATIENT NAME/NO	DATE	SIGNED/NAME
Cholesteatoma surgery:			
FESS: Surgery			
Cancer laryngoscopy			

2. Minimum Requirements:

ITEM	COMMENTS	EXAMINER
Skills Log book		
Presentation of elective case		
Topic Presentation to Group		
Dedication & Enthusiasm (assessed by "On-call" team)		
Literature search		

3. Mark Allocation For Block:

ITEM	MAX	MARK	EXAMINER
MCQ knowledge test	50		
Slide test, end of block	50		
Total	100		

EARS EXAMINED

PATIENT NAME/NUMBER	RIGHT EAR	LEFT EAR

EARS EXAMINED

PATIENT NAME/NUMBER	RIGHT EAR	LEFT EAR

EARS EXAMINED

PATIENT NAME/NUMBER	RIGHT EAR	LEFT EAR

EARS EXAMINED

PATIENT NAME/NUMBER	RIGHT EAR	LEFT EAR