

Otolaryngology (ENT) Rotation

1. **Overview:** This service is incorporated into Red or Gold General Surgery service. In the first 6 months of the academic year, Red Surgery will cover ENT and in the latter 6 months, Gold Surgery will cover it. The residents on the respective General Surgery services will cover ENT outpatients in the clinics and all in-patient care under the direction and supervision of Dr. Richard Busch. This additional coverage of ENT will provide exposure and learning opportunities in the principle and practice of head and neck surgery.
2. **GOALS:**
Major goals of this rotation are:
 - Demonstrate knowledge of the anatomy, physiology, and pathophysiology of the ear, nose, and throat pertinent to the practice of general surgery.
 - Demonstrate the ability to manage ear, nose, and throat problems associated with the practice of general surgery.
 - Demonstrate an understanding of the nature and principles of airway management including awake intubation and tracheostomy.
 - Demonstrate the ability to manage the treatment of acute, chronic, and neoplastic conditions of the head and neck.
3. **OBJECTIVES**
 - a. **Patient Care:** Upon completion of this rotation, residents will demonstrate knowledge of and skills in ENT examination of patients with head and neck diseases or injuries. They will:
 - i. Demonstrate the ability to perform adequate history and physical examination.
 - ii. Demonstrate the ability to manage acute airway problems relating to head and neck cancers.
 - iii. Demonstrate the ability to provide pre-and postoperative care for a variety of ENT procedures.
 - b. **Medical Knowledge:** Upon completion of this rotation, residents will be able to:
 - i. Demonstrate an understanding the anatomy, physiology and pathophysiology of ear, nose and throat.
 - ii. Demonstrate an understanding of the management of head and neck trauma.

- iii. Demonstrate an understanding of head and neck reconstructive surgery
 - c. **Practice-based learning:** Residents are expected to
 - i. Be able to evaluate own performance,
 - ii. Incorporate feedback into improvement activities;
 - iii. Effectively use technology to manage information for patient care and self-improvement.
 - d. **Interpersonal and communication skills:** Residents are expected to:
 - i. Create and sustain a therapeutic and ethically sound relationship with patients.
 - ii. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
 - iii. Work effectively with others as a member of the ENT team.
 - e. **Professionalism:** Residents are expected to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. They are expected to:
 - i. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients that supercedes self-interest; accountability to patients; and a commitment to excellence and on-going professional development.
 - ii. Demonstrate a commitment to ethical principles pertaining to confidentiality of patient information and informed consent.
 - iii. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
 - f. **Systems-based practice:** Residents are expected to:
 - i. Demonstrate understanding of how their patient care and other professional practices affect other health care professionals and the hospital.
 - ii. Practice cost-effective health care and demonstrate knowledge of resource allocation that does not compromise quality of care
 - iii. Advocate for quality patient care and assist patients and families in dealing with the complexities of the system.

4. **CLINICAL EXPERIENCE**

The resident on either general surgery service will cover ENT. Experiences include outpatient clinics, inpatient pre- and post operative care and intraoperative experiences. The resident will be exposed to a vast variety of cases from simple lacerations to complex mandibular fracture repair and endosinus surgery.

5. **DIDACTIC COMPONENT**

Residents will be given impromptu lectures by the faculty of ENT. They are expected to continue case-based reading from various ENT textbooks and journals available in the library. They are also given instructions on the head

and neck examinations by Dr. Busch. Residents are expected to participate in all departmental educational conferences.

6. RESPONSIBILITIES

- a. **Decision-making:** Residents are expected to, based upon information gathered and the clinical situation, make independent decisions for patient care. These decisions are then reviewed with the staff ENT surgeon before being implemented, at any time, day or night, and at least on daily rounds.
- b. **Planning:** Planning for patient care is done with the staff ENT surgeon daily on patient rounds.
- c. **Direct patient care:** Residents have direct patient care responsibilities on the ENT service with close, direct supervision by the staff ENT surgeon.
- d. **Record keeping:** The resident or covering resident for the patient writes daily notes. Appropriate documentation of surgical and bedside procedures is to occur at the time of the procedures or daily as is required. Discharge summaries are dictated on all. In the clinic, notes are written by the residents, reviewed and signed by the ENT attending. It is the responsibility of the resident to be sure problem lists and medication lists are updated. Consents for surgery are obtained under direct supervision by the staff ENT surgeon. Residents are expected to fill out all necessary paperwork to schedule patients for surgery and to get the necessary consultations before, during and after surgery.
- e. **Order writing:** Only the residents or staff ENT surgeon in charge of the patient write orders. If you are consulting for a patient on another service, recommendations are made, if needed, by phone, to the service responsible for that patient and orders are written only if requested to do so by them.
- f. **Ongoing patient management:** The ongoing ENT patient management remains the responsibility of the ENT service, and the residents caring for that patient until the patient is discharged. While the ENT patients are in the intensive care unit, the resident must consult SICU or MICU for management of the patients, as the staff ENT surgeons do not have ICU admitting privileges. If the patient has any medical problems, medical consultations are obtained and the patient is then followed in the medicine clinics if he/she has no primary care physician. Patients are seen in follow-up for their ENT complaints in the outpatient ENT clinic.

7. **SUPERVISION:** The staff ENT surgeon directly and indirectly supervises surgical residents at all times in the ENT clinic, in the hospital, and in the operating room. An attending or a resident who has been certified by his/her department to be competent to perform and teach bedside procedures supervises all bedside procedures.

8. **SCHEDULE:** Residents on the appropriate general surgery service will cover all ENT consults from 6 am to 6 pm. The night float resident will take

over the ENT coverage from 6 pm to 6 am. The resident assigned to cover ENT will round on all ENT patients and with the ENT attending as requested. The resident will also cover operative cases as assigned by the chief resident on general surgery service.

9. **DISTRIBUTION OF GOALS, OBJECTIVES:**
Goals and objectives of this rotation are distributed at the beginning of the residency year to each resident. Copies are sent by email to each resident assigned to this rotation prior to the beginning of the rotation. Additional copies can be obtained in the surgery residency coordinator's office. The goals and objectives can also be assessed via the KMC surgery website: www.kmcsurgery.org
10. **METHODS OF IMPLEMENTATION:** Goals and objectives are implemented through one on one precepting, direct staff supervision, faculty and resident role modeling, case-based readings, daily rounds, and spontaneous and planned didactic sessions.
11. **SENIOR RESIDENT CONTACT:** The resident assigned to cover ENT will have direct contact with the chief and senior resident of the general surgery service. Direct contact with the ENT faculty is encouraged.
12. **VACATION:** Vacation may be taken during the general surgery rotation with the approval of the administrative chief resident who has the responsibility of setting up the call schedule. Request for vacation should be submitted at least 6 weeks in advance.
13. **CALL RESPONSIBILITIES:** Call coverage for ENT is only from 6 am to 6 pm. The nighttime calls will be covered by the night float resident. Adequate sign out to and from the night float resident is essential. While on call for ENT during the day time, the resident assigned will respond to consults in a timely fashion and contact the appropriate ENT faculty as soon as all data is available.