



UAEU

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NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

NIHS Entrustable Professional
Activities (EPAs) for Specialty
Education in Otolaryngology – Head
and Neck Surgery

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Otolaryngology – Head and Neck Surgery

EPA 1: Assessing patients with otolaryngology-head and neck surgery presentations

Key Features: This EPA includes performing a history and examination focusing on the head and neck, synthesizing the case, and presenting to supervisor.

Assessment Plan:

Direct or indirect observation with review of consult documentation by supervisor

Assessment form collects information on:

- Urgent: yes, no
- Case mix: facial plastics and reconstructive surgery; head and neck surgery; laryngology; neurotology; otology; pediatric OHNS; sinonasal

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 1 emergency consult
- At least 3 different observers

When is unsupervised practice expected to be achieved: **PGY 2**

Relevant Tasks:

ME 2.2 Elicit a basic head and neck history

ME 2.2 Perform a head and neck physical exam

Use of microscope for otoscopy;

Pneumatic otoscopy;

Tuning fork tests (Weber and Rinne);

Use of headlight for anterior rhinoscopy and examination of oral cavity;

Palpation of neck, including thyroid;

Examination of cranial nerves.

ME 2.2 Synthesize patient information including symptoms, differential diagnosis, and treatment plan clearly and concisely

ME 2.4 Propose initial management plans for common problems in Oto-HNS

COM 3.1 Recognize when to seek help in providing clear explanations to the patient and family

COM 4.1 Conduct an interview, demonstrating cultural awareness

COM 5.1 Organize information in appropriate sections within an electronic or written medical record

P 1.1 Complete assigned responsibilities

Otolaryngology - Head and Neck Surgery

EPA 2: Providing initial clinical assessment, investigation, and development of a management plan for patients with acute upper airway obstruction

Key Features: The observation of this EPA is divided into two parts: patient assessments and performing a procedure (elective tracheostomy: open tracheotomy, percutaneous tracheotomy, cricothyroidotomy).

- The patient assessment aspect of this EPA may include performing a flexible nasopharyngolaryngoscopy.

Assessment Plan:

Part A: Patient assessment

Direct or indirect observation by supervisor

Assessment form collects information on:

- Urgent: yes, no

Part B: Procedure

Direct observation by supervisor

Assessment form collects information on:

- Procedure: elective tracheostomy; open tracheotomy; percutaneous tracheotomy; cricothyroidotomy
- Setting: clinical; simulation

Basis for formal entrustment decisions:

Part A: Patient assessment

Collect 1 observation of achievement.

- At least 1 emergent case

Part B: Procedure

Collect 3 observations of achievement.

- At most 1 may be an assessment in simulation (cadaver or task trainer).
- At least 1 open tracheotomy

When is unsupervised practice expected to be achieved: PGY 2 Part A: PGY 3 Part A&B

Relevant Tasks:

Part A: Patient assessment

ME 1.4 Apply knowledge of clinical and biomedical sciences as relevant to Oto-HNS

ME 1.4 Apply the principles of diagnostic imaging

ME 1.5 Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately

ME 2.1 Identify and recognize life threatening or emergent issues

ME 2.2 Identify and differentiate normal and abnormal findings in history and physical exam

ME 2.2 Develop a specific differential diagnosis relevant to the patient's presentation, for common Oto-HNS presentations

ME 2.2 Select and interpret laboratory and imaging investigations

ME 3.3 Consider urgency and potential for deterioration in advocating for the timely execution of a procedure or therapy

ME 3.4 Establish and implement a plan for post-procedure care of the listed procedures

ME 3.4 Seek advice or supervision as needed when unanticipated findings or changing clinical circumstances are encountered

ME 4.1 Ensure follow-up on results of investigation and response to treatment

ME 4.1 Recognize need for consultation of other healthcare professionals

COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety

COM 1.6 Assess patients' decision-making capacity

COM 2.1 Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information for any clinical presentation

COM 2.2 Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses

COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

COM 3.1 Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, and management plan

COM 4.3 Answer questions from the patient and family about next steps

COM 5.1 Document information about patients and their medical conditions in a manner that enhances intra-and interprofessional care

COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions

COL 1.2 Describe the roles and scopes of practice of other health care providers related to Oto-HNS

COL 1.3 Identify referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise

COL 2.1 Actively listen to and engage in interactions with collaborators

COL 2.2 Listen to understand and find common ground with collaborators

COL 3.1 Identify patients requiring handover to other physicians or health care professionals

Part B: Procedure

ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure,

potential risks, and means to avoid/overcome them

ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required

ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications

ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues

ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended

ME 3.4 Post-procedure plan: Appropriate complete post procedure plan

ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow

COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 3: Draining a peritonsillar abscess

Key Features: This EPA focuses on the technical skills of draining a peritonsillar abscess.

Assessment Plan:

Direct observation by supervisor

Use Assessment form.

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: **PGY2**

Relevant Tasks:

ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them

ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required

ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications

ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues

ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended

ME 3.4 Post-procedure plan: Appropriate complete post procedure plan

ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow

COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery:

EPA 4: Assessing and providing basic management for patients with epistaxis

Key Features: The observation of this EPA is divided into two parts: patient assessments and performing a procedure (rigid sino-nasal endoscopy, nasal packing, chemical cauterization, nasal septal hematoma evacuation).

- The patient assessment aspect of this EPA includes performing a flexible and/or rigid nasopharyngolaryngoscopy.
- This EPA does not include more advanced surgical approaches such as endoscopic cauterization, sphenopalatine artery ligation and/or ethmoid artery ligation.

Assessment Plan:

Part A: Patient assessment

Direct observation by supervisor

Use Assessment form.

Part B: Procedure

Direct observation by supervisor

Assessment form collects information on:

- Procedure performed (select all that apply): rigid sino-nasal endoscopy; anterior nasal packing; cauterization of anterior septum; nasal septal hematoma evacuation.

Basis for formal entrustment decisions:

Part A: Patient assessment

Collect 3 observations of achievement.

Part B: Procedure

Collect 3 observations of achievement.

- At least 1 anterior nasal packing
- At least 1 chemical cauterization

When is unsupervised practice expected to be achieved: **PGY2**

Relevant Tasks:

Part A: Patient assessment

ME 1.4 Apply knowledge of clinical and biomedical sciences as relevant to Oto-HNS

ME 1.4 Apply clinical and biomedical sciences to manage patient presentations in Oto-HNS

ME 1.5 Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately

ME 2.1 Identify and recognize life threatening or emergent issues

ME 2.2 Identify and differentiate normal and abnormal findings in history and

physical exam

ME 2.2 Perform and interpret findings of office-based exams

Flexible and/or rigid nasopharyngolaryngoscopy with or without topical anesthesia

ME 2.2 Develop a specific differential diagnosis relevant to the patient's presentation, for common Oto-HNS presentations

ME 2.2 Select and interpret appropriate investigations for common Otolaryngology-Head and Neck Surgery presentations, based on a differential diagnosis

ME 2.4 Develop, implement and document initial management plans for common problems in Oto-HNS

ME 2.4 Recognize and suggest an initial management plan for emergent issues

ME 2.4 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines

ME 2.4 Discuss with the patient and family the degree of uncertainty inherent in all clinical situations

ME 4.1 Ensure follow-up on results of investigation and response to treatment

ME 4.1 Recognize need for consultation of other healthcare professionals

COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety

COM 2.1 Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information for any clinical presentation

COM 2.2 Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses

COM 5.1 Document information about patients and their medical conditions in a manner that enhances intra-and interprofessional care

COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions

COL 1.3 Identify referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise

COL 1.3 Integrate the patient's perspective and context into the collaborative care plan

COL 3.1 Identify patients requiring handover to other physicians or health care professionals

COL 3.2 Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer as needed

HA 1.3 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection

Part B: Procedure

ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure,

potential risks, and means to avoid/overcome them

ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required

ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications

ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues

ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended

ME 3.4 Post-procedure plan: Appropriate complete post procedure plan

ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow

COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 5: Assessing and providing comprehensive management for uncomplicated adult and pediatric patients with adenotonsillar disease

Key Features: The observation of this EPA is divided into two parts: patient assessments and performing procedures (tonsillectomy or adenoidectomy or adenotonsillectomy).

Assessment Plan:

Part A: Patient assessment

Direct or indirect observation by supervisor

Assessment form collects information on:

- Patient age: child; adolescent; adult
- Case mix: obstructive sleep apnea; malignancy; inflammation/infection

Part B: Procedure

Direct observation by supervisor

Assessment form collects information on:

- Procedure: tonsillectomy; adenoidectomy; adenotonsillectomy

Basis for formal entrustment decisions:

Part A: Patient assessment

Collect 4 observations of achievement.

- At least 1 adult or adolescent
- At least 1 pediatric obstructive sleep apnea
- At least 1 inflammation/infection

Part B: Procedure

Collect 6 observations of achievement.

- At least 4 each of tonsillectomy and adenoidectomy
- At least 1 adult tonsillectomy
- At least 1 pediatric tonsillectomy and adenoidectomy

When is unsupervised practice expected to be achieved: **PGY2**

Relevant Tasks:

Part A: Patient assessment

- 1 ME 1.4 Apply knowledge of medication dosing in pediatric patients
- 2 ME 1.4 Apply clinical and biomedical sciences to manage patient presentations in Oto-HNS
- 3 ME 1.5 Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately
- 4 ME 2.2 Identify and differentiate normal and abnormal findings in history and physical

exam

- 5** ME 2.2 Develop a specific differential diagnosis relevant to the patient's presentation, for common Oto-HNS presentations
- 6** ME 2.3 Work with patients and their families to understand relevant options for care
- 7** ME 2.4 Develop, implement and document initial management plans for common problems in Oto-HNS
- 8** ME 2.4 Recognize and suggest an initial management plan for emergent issues
- 9** ME 2.4 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines
- 10** ME 3.1 Describe the indications, contraindications, risks, and/or alternatives for a given procedure or therapy
- 11** COM 2.1 Demonstrate knowledge of techniques for eliciting health information from children and their families
- 12** COM 2.1 Integrate and synthesize information about the patient's beliefs, values, preferences, context and expectations with biomedical and psychosocial information
- 13** COL 3.2 Communicate with the patient's primary health care professional about the patient's care
- 14** L 2.2 Apply evidence and guidelines with respect to resource utilization relevant to common clinical scenarios
- 15** HA 1.2 Select patient education resources related to Oto-HNS

Part B: Procedure

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
- 6** ME 3.4 Post-procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 6: Assessing and providing initial management for patients with hearing loss

Key Features: The observation of this EPA is divided into two parts: patient assessments and performing a myringotomy and tube insertion.

- The patient assessment aspect of this EPA includes otomicroscopy and must include the interpretation of an audiogram.

Assessment Plan:

Part A: Patient assessment

Direct or indirect observation by supervisor

Use Assessment form.

Part B: Myringotomy and tube insertion

Direct observation by supervisor

Use Assessment form.

Basis for formal entrustment decisions:

Part A: Patient assessment and Part B: Myringotomy and tube insertion

Collect 4 observations of achievement for both

When is unsupervised practice expected to be achieved: **PGY2**

Relevant Tasks:

Part A: Patient assessment

- 1** ME 1.4 Apply knowledge of clinical and biomedical sciences as relevant to Oto-HNS
- 2** ME 1.4 Apply knowledge of neurophysiology and neuropsychology of hearing perception
- 3** ME 1.4 Apply knowledge in clinical and biomedical sciences as they apply to the diagnostic techniques/procedures relevant to Oto-HNS
 - Conventional audiometry (including but not limited to tympanometry and stapedial reflex testing) and otoacoustic emission testing, and their applications
 - Audiological assessment in different age groups
 - Tuning forks
- 4** ME 1.4 Apply clinical and biomedical sciences to manage patient presentations in Oto-HNS
- 5** ME 1.5 Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately
- 6** ME 2.2 Identify and differentiate normal and abnormal findings in history and physical exam
- 7** ME 2.2 Perform and interpret findings of office-based exams
 - Perform otomicroscopy

- Interpret basic pure tone audiogram/tympanogram
- 8** ME 2.2 Develop a specific differential diagnosis relevant to the patient's presentation, for common Oto-HNS presentations
- 9** ME 2.2 Select and interpret appropriate investigations for common Oto-HNS presentations, based on a differential diagnosis
- 10** ME 2.4 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines
- 11** ME 3.1 Describe the indications, contraindications, risks, and/or alternatives for a given procedure or therapy
- 12** ME 3.1 Describe to patients common procedures or therapies for common conditions in their discipline
- 13** ME 3.2 Obtain informed consent for commonly performed medical and surgical procedures and therapies, under supervision
- 14** ME 3.2 Document the consent discussion accurately
- 15** ME 3.4 Establish and implement a plan for post-procedure care
- 16** ME 4.1 Ensure follow-up on results of investigation and response to treatment
- 17** ME 4.1 Recognize need for consultations of other healthcare professionals
- 18** COM 1.6 Assess patients' decision-making capacity
- 19** COM 2.1 Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
- 20** COM 2.1 Demonstrate knowledge of techniques for eliciting health information from children and their families
- 21** COM 2.1 Recognize the psychological, occupational, and social consequences of sensory or communication disorders
- 22** L 2.1 Consider costs when choosing care options
- 23** L 2.2 Apply evidence and guidelines with respect to resource utilization relevant to common clinical scenarios
- 24** HA 1.3 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection

Part B: Myringotomy and tube insertion

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position

instruments/hardware where intended

- 6** ME 3.4 Post-procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 7: Performing primary skin closure: face or neck

Key Features: This EPA includes the appropriate use of local anesthetic agents, suturing techniques, and application of dressings.

Assessment Plan:

Direct or indirect observation by supervisor with review of clinic note.

Assessment form collects information on:

- Setting: operating room; emergency room; other [write in]
- Wound closure technique: primary wound closure; simple advancement; rotation or transposition
- Case complexity: low; medium; high

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 2 primary wound closures

When is unsupervised practice expected to be achieved: **PGY2**

Relevant Tasks:

- 1** ME 1.4 Apply knowledge of cutaneous anatomy, aesthetic subunits, relaxed skin tension lines and non-distortable landmarks of the face
- 2** ME 2.2 Describe the size, components, and specific characteristics of a wound including special functional and aesthetic considerations
- 3** ME 2.4 Select the most appropriate wound closure option for the wound and patient
- 4** ME 3.2 Obtain informed consent for commonly performed medical and surgical procedures and therapies, under supervision
- 5** ME 3.4 Administer local anesthesia
- 6** ME 3.4 Perform common Oto - HNS procedures in a skillful, fluid, and safe manner with minimal assistance
- 7** ME 3.4 Apply dressings for post-procedure care
- 8** ME 4.1 Implement appropriate wound care and follow-up at the end of each procedure
- 9** COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 10** COM 5.1 Document soft tissue defects and closure providing a good description, including diagnosis, progression of healing or deterioration and management plan, including follow up

Otolaryngology – Head and Neck Surgery

EPA 8: Assessing and participating in the care of patients with maxillofacial trauma

Key Features: This EPA includes facial fractures and soft tissue trauma, following the principles of management of maxillofacial trauma.

- The observation of this EPA is divided into two parts: patient assessment and performing a procedure (closed reduction nasal fracture).

Assessment Plan:

Part A: Patient assessment

Direct observation by supervisor

Use Assessment form.

Part B: Procedure - closed reduction nasal fracture

Direct observation by supervisor

Assessment form collects information on:

- Type of procedure: nasal; other [write in]

Basis for formal entrustment decisions:

Part A: Patient assessment

Collect 2 observations of achievement.

Part B: Procedure - closed reduction nasal fracture

Collect 2 observations of achievement.

- At least 1 closed reduction nasal fracture

When is unsupervised practice expected to be achieved: **PGY2**

Relevant Tasks:

Part A: Patient assessment

- 1** ME 1.4 Apply knowledge of clinical and biomedical sciences as relevant to Oto-HNS
- 2** ME 1.4 Apply knowledge of common fracture patterns of the facial skeleton and their mechanisms of injury
- 3** ME 1.5 Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately
- 4** ME 2.2 Elicit a complete history for injury or trauma to the head and neck
- 5** ME 2.2 Perform a physical exam with attention to risk of cervical spine injury
- 6** ME 2.2 Select and interpret appropriate investigations for common Oto-HNS presentations, based on a differential diagnosis
- 7** ME 2.4 Recognize and suggest an initial management plan for emergent issues
- 8** ME 4.1 Recognize need for consultation of other healthcare professionals

- 9** COM 2.1 Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
- 10** COL 1.2 Contribute individual expertise to interprofessional teams
- 11** COL 3.2 Demonstrate safe handover care, both written and oral during patient transitions
- 12** HA 1.3 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection

Part B: Procedure

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
- 6** ME 3.4 Post-procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 9: Providing basic airway management for ASA 1 or 2 patients with normal airway anatomy

Key Features: This EPA may be observed in a real or simulated case.

- This EPA may include basic airway positioning, mask ventilation, direct laryngoscopy with endotracheal intubation, ventilation and extubation, and/or ventilation through supraglottic airway (laryngeal mask).

Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Procedure (select all that apply): basic airway positioning; oral airway insertion with bag mask ventilation; direct laryngoscopy with endotracheal intubation, ventilation and extubation; insertion of, and ventilation through supraglottic airway (laryngeal mask)
- Patient age: pediatric; adult
- Setting: clinical; simulation

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 3 different observers

When is unsupervised practice expected to be achieved: **PGY2**

Relevant Tasks:

- 1** ME 1.4 Apply knowledge of clinical and biomedical sciences as relevant to Oto-HNS
- 2** ME 2.2 Elicit a focused history and perform a physical exam to identify patients with potential for a difficult airway
- 3** ME 3.1 Describe indications for use of adjuncts to bag mask ventilation
- 4** ME 3.1 Describe indications and contra-indications for tracheal intubation and for use of supraglottic airway devices
- 5** ME 3.4 Prepare the equipment required to be immediately available for basic airway management
- 6** ME 3.4 Apply a stepwise approach to sedation/intubation in an uncomplicated patient
- 7** ME 3.4 Set up and position the patient for intubation
- 8** ME 3.4 Perform common Oto - HNS procedures in a skillful, fluid, and safe manner with minimal assistance
- 9** ME 5.2 Use cognitive aids such as procedural checklists, surgical timeouts, debriefing, structured communication tools, or care paths to enhance patient safety
- 10** COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety

- 11** COM 5.1 Document the airway/intubation information accurately and comprehensively within an electronic or written medical record
- 12** COL 1.1 Establish and maintain positive relationships with physicians and other colleagues
- 13** COL 1.2 Consult as needed with other health care professionals, including other physicians or surgeons
- 14** COL 2.1 Respond to requests and feedback in a respectful and timely manner
- 15** COL 3.2 Demonstrate safe handover care, both written and oral during patient transitions
- 16** L 1.2 Demonstrate knowledge of and adherence to the standard safety procedures in place at the resident's center

Otolaryngology – Head and Neck Surgery

EPA 10: Identifying patients presenting with an anticipated difficult airway and preparing for initial management options

Key Features: This EPA focuses on identifying patients presenting with an anticipated difficult airway and preparing for initial management options. This EPA may be observed in a real or simulated case.

Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Setting: clinical, simulation

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 2 different observers

When is unsupervised practice expected to be achieved: **PGY3**

Relevant Tasks:

- 1** ME 1.7 Recognize and respond to the complexity and uncertainty with managing an anticipated difficult airway by seeking proper assistance
- 2** ME 2.1 Recognize patients at risk of aspiration of gastric contents into the airway
- 3** ME 2.2 Elicit a focused history and perform a physical exam to identify patients with potential for a difficult airway
- 4** ME 2.2 Identify predictors of a difficult airway on physical examination such as a large overbite, large tongue, narrow mouth opening, short chin and/or Mallampati score
- 5** ME 2.4 Recognize and suggest an initial management plan for emergent issues
- 6** ME 3.1 Understand the indications and risks of rapid sequence induction and intubation and their steps of execution
- 7** COM 5.1 Document the airway/intubation information accurately and comprehensively within an electronic or written medical record
- 8** COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions
- 9** COL 2.1 Actively listen to and engage in interactions with collaborators
- 10** L 2.2 Apply American Society of Anesthesiology (ASA) Guidelines for management of the difficult airway
- 11** S 1.2 Identify opportunities for learning and improvement by reflecting on and assessing performance and preparation
- 12** S 3.1 Recognize uncertainty and knowledge gaps in clinical and other professional encounters relevant to Oto-HNS

Otolaryngology – Head and Neck Surgery

EPA 11: Managing post-operative surgical complications or adverse events

Key Features: This EPA focuses on two aspects of post-operative care: the clinical management of delayed complications as well as the aspects of discussing adverse events with patients.

- This EPA includes management of patients with delayed complications.

Assessment Plan:

Case review by supervisor

Assessment form collects information on:

- Case mix: rhinology; otology; laryngology; head and neck surgery; facial and plastic surgery

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

When is unsupervised practice expected to be achieved: **PGY3**

Relevant Tasks:

- 1** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the medical and surgical management of the breadth of patient presentations in Oto - HNS
- 2** ME 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results
- 3** ME 2.2 Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis
- 4** ME 2.4 Develop, implement, and document a management plan
- 5** ME 2.4 Provide timely and adequate responses to complications and undesired side effects of treatment
- 6** ME 4.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
- 7** ME 4.1 Establish plans for ongoing care
- 8** ME 4.1 Accurately identify situations that necessitate consultation of other health professionals to assist in the management of disorders encountered in Oto - HNS
- 9** COM 2.1 Integrate, summarize, and present the biopsychosocial information obtained from a patient-centered interview
- 10** COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
- 11** COM 3.2 Communicate the reasons for unanticipated clinical outcomes to patients and disclose patient safety incidents
- 12** COM 4.3 Use communication skills and strategies that help the patient and family make

informed decisions regarding their health

- 13** COM 5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology
- 14** COL 3.2 Organize the handover of care to the most appropriate physician or health care professional
- 15** P 1.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 16** P 1.2 Demonstrate a commitment to excellence in all aspects of practice

Otolaryngology – Head and Neck Surgery

EPA 12: Managing an inpatient surgical service

Key Features: This EPA focuses on the efficient management of an inpatient service in the role of the physician most responsible for patient care. This includes delegation of tasks to other residents and health care professionals as well as administrative duties relevant to organizing the team of physicians.

- The observation of this EPA is based on feedback from attending staff, junior learners (OTO-HNS and off-service), nursing staff, other relevant health professionals and/or administrative staff.

Assessment Plan:

Multiple observers provide feedback individually to a supervisor (program director or site director), which is then collated into one report.

Use Assessment form.

Basis for formal entrustment decisions:

Collect feedback on 2 occasions, 1 each at junior and senior.

When is unsupervised practice expected to be achieved: **PGY4**

Relevant Tasks:

- 1** ME 1.6 Maintain a duty of care and patient safety while balancing multiple responsibilities
- 2** ME 1.6 Prioritize patients on the basis of clinical presentations
- 3** ME 2.1 Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during the current encounter or during future visits or with other health care practitioners
- 4** COL 1.2 Recognize, value, and utilize the expertise of interprofessional team members
- 5** COL 1.2 Consult as needed with other health care professionals, including other physicians or surgeons
- 6** COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner
- 7** L 2.1 Use clinical judgment to minimize wasteful practices
- 8** L 3.1 Assume the role of chief resident and lead junior residents in a hospital patient care team
- 9** S 2.1 Use strategies for deliberate, positive role-modelling
- 10** S 2.2 Identify and respond to threats to the safe learning environment as they occur
- 11** S 2.2 Provide a safe environment for junior learners
- 12** S 2.3 Supervise learners to ensure they work within limitations, seeking guidance and supervision when needed
- 13** S 2.3 Balance clinical supervision and graduated responsibility, ensuring the safety of patients and learners

- 14** S 2.4 Describe clinical teaching strategies relevant to their discipline
- 15** S 2.6 Appropriately assess junior learners in various learning situations
- 16** P 1.1 Intervene when behaviors toward colleagues and learners undermine a respectful environment
- 17** P 1.2 Demonstrate a commitment to excellence in all aspects of practice
- 18** P 2.1 Demonstrate a commitment to the promotion of the public good in health care, including stewardship of resources
- 19** P 3.3 Participate in the assessment of junior learners
- 20** P 4.1 Exhibit strategies for managing stress and maintaining physical and mental well-being during residency
- 21** P 4.3 Support others in their professional transitions

Otolaryngology – Head and Neck Surgery

EPA 13: Participating in (or leading) quality improvement initiatives to enhance the system of patient care

Key Features: This EPA focuses on the review of a case or series of cases, with an analysis of the quality of care provided and identification of factors that may lead to improved quality of care.

- This may be a resident presentation at Morbidity and Mortality rounds, a report, an abstract or other form of submission.

Assessment Plan:

Direct observation (i.e., observes presentation at rounds) or review of report, abstract or other submission by supervisor.

Use Assessment form.

Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: **PGY3**

Relevant Tasks:

- 1** L 1.1 Gather information for the purposes of quality assurance or improvement
- 2** S 4.4 Perform data analysis
- 3** L 1.1 Integrate existing standards for health care delivery with findings of data collection
- 4** L 1.1 Identify the impact of human and system factors on health care delivery
- 5** L 1.1 Identify potential improvement opportunities
- 6** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 7** S 3.3 Evaluate the applicability (external validity or generalizability) of evidence from a resource
- 8** P 2.2 Demonstrate a commitment to patient safety and quality improvement initiatives within their own practice environment
- 9** P 3.3 Prepare a morbidity and mortality report or chart review

Otolaryngology – Head and Neck Surgery

EPA 14: Performing surgical drainage of deep neck space infections in adult and pediatric patients

Key Features: This EPA builds on the surgical skills attained previously and includes the incision and drainage of deep neck space infections and neck abscesses.

Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Patient age: pediatric; adult
- Trans-oral drainage of retro/para-pharyngeal abscess: yes; no

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: **PGY3**

Relevant Tasks:

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
- 6** ME 3.4 Post-procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery:

EPA 15: Assessing patients with dysphagia or swallowing disorders

Key Features: This EPA is focused on patient assessment and may include, as relevant, performance of flexible nasopharyngolaryngoscopy and fiberoptic endoscopic evaluation of swallowing (FEES) as well as interpretation of diagnostic imaging (e.g., barium swallow) and laboratory tests (e.g., manometry, pH monitoring).

Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Case mix: neurological; obstructive; neuromuscular (functional); inflammatory
- Patient age: pediatric; adult
- Plan for management: surgical; medical

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: **PGY3**

Relevant Tasks:

- 1** ME 1.4 Apply a broad base and depth of knowledge in the basic and clinical sciences relevant to Oto – HNS anatomy and physiology of upper aerodigestive system related to swallowing, including phases of normal swallowing
- 2** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences as they apply to the diagnostic techniques/procedures relevant to Otolaryngology – Head and Neck Surgery
- 3** ME 2.1 Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during the current encounter or during future visits or with other health care practitioners
- 4** COM 2.1 Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
- 5** ME 2.2 Perform a focused history and physical exam to classify phase of dysphagia: oral; oro-pharyngeal; esophageal
- 6** ME 2.2 Identify patients experiencing or at risk for aspiration
- 7** ME 2.2 Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis
 - Diagnostic imaging (barium swallow, modified barium swallow, CT, MRI)
 - Laboratory testing (manometry, pH monitor)
- 8** ME 3.4 Perform flexible nasopharyngolaryngoscopy and/or FEES, as relevant, and interpret the results
- 9** ME 2.3 Establish goals of care, which may include achieving cure, improving function,

slowing disease progression, treating symptoms, and palliation, in collaboration with patients and their families

- 10** COL 1.1 Anticipate, identify, and respond to patient safety issues related to the function of a team
- 11** COL 1.2 Consult as needed with other health care professionals, including other physicians or surgeons
- 12** HA 1.2 Apply the principles of behavior change during conversations with patients about adopting healthy behaviors
- 13** HA 1.3 Work with families to implement foreign body aspiration prevention
- 14** HA 1.3 Promote choking prevention in children

Otolaryngology – Head and Neck Surgery

EPA 16: Assessing and managing adult and pediatric patients with sleep disordered breathing

Key Features: This EPA includes gathering a history, performing a relevant physical examination, interpreting the results of investigations, and developing a plan for further investigation and/or management.

- This includes assessing the risk of the impact of sleep disordered breathing on the patient and activities potentially affected by OSA, including working, and driving.

Assessment Plan:

Direct observation and/or case review by supervisor

Use Assessment form.

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: **PGY3**

Relevant Tasks:

- 1** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the medical and surgical management of the breadth of patient presentations in Oto - HNS
- 2** ME 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results
- 3** ME 2.3 Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
- 4** ME 2.4 Develop, implement, and document a management plan
- 5** ME 3.1 Integrate planned procedures or therapies into global assessment and management plans
- 6** ME 3.2 Use shared decision-making in the consent process, taking risk and uncertainty into consideration
- 7** ME 4.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
- 8** ME 4.1 Establish plans for ongoing care
- 9** COM 2.1 Use patient-centered interviewing skills to effectively gather relevant biomedical and psychosocial information
- 10** COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
- 11** COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions regarding their health

Otolaryngology – Head and Neck Surgery

EPA 17: Managing pediatric patients presenting with airway obstruction (acute or chronic)

Key Features: This EPA focuses on performing diagnostic and/or therapeutic procedures, including suspension micro laryngoscopy, direct rigid laryngoscopy, direct rigid bronchoscopy, and airway foreign body removal.

- This EPA may be observed in simulation.

Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Patient Age: <3 mos; >3 mos
- Procedure: suspension micro laryngoscopy; direct rigid laryngoscopy; direct rigid bronchoscopy
- Airway foreign body removal: yes; no
- Setting: clinical, simulation

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

When is unsupervised practice expected to be achieved: **PGY4**

Relevant Tasks:

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
- 6** ME 3.4 Post-procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 18: Providing advanced management for patients with epistaxis

Key Features: The observation of this EPA is divided into two parts: patient assessments and performing procedures.

- This EPA builds on the clinical abilities and focuses on recognizing the limits for non-surgical management, applying an algorithm for the management of epistaxis beyond nasal packing and chemical cautery (i.e. involving interventional radiology and/or surgical cautery/ligation).
- The surgical approach may include endoscopic cauterization as well as sphenopalatine artery ligation and/or ethmoid artery ligation. A procedure that only involves endoscopic cautery would not be sufficient for the achievement of this EPA.
- The procedural aspects of this EPA may be observed in simulation.

Assessment Plan:

Part A: Patient Assessment

Direct observation by supervisor

Assessment form collects information on:

- Management: medical; interventional radiology; surgical.

Part B: Procedure

Direct observation by supervisor

Assessment form collects information on:

- Sphenopalatine artery (SPA) ligation: yes; no
- Ethmoid artery ligation: yes; no
- Setting: clinical; simulation

Basis for formal entrustment decisions:

Part A: Patient Assessment

Collect 1 observation of achievement.

Part B: Procedure

Collect 3 observations of achievement.

- Must be either SPA or ethmoid ligation or both.

When is unsupervised practice expected to be achieved: **PGY4**

Relevant Tasks:

Part A: Patient Assessment

- 1** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the medical and surgical management of the breadth of patient presentations in Oto - HNS

- 2** ME 1.5 Perform clinical assessments that address the breadth and depth of issues in each case
- 3** ME 2.1 Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during the current encounter or during future visits or with other health care practitioners
- 4** ME 2.4 Recognize and establish a management plan for life threatening or emergent issues
- 5** ME 3.1 Integrate all sources of information to develop a procedural or therapeutic plan that is safe, patient-centered, and considers the risks and benefits of all approaches
- 6** ME 4.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
- 7** ME 4.1 Accurately identify situations that necessitate consultation of other health professionals to assist in the management of disorders encountered in Oto - HNS
- 8** COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 9** COM 3.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner
- 10** COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
- 11** COL 1.2 Consult as needed with other health care professionals, including other physicians or surgeons
- 12** COL 1.2 Recognize, value, and utilize the expertise of interprofessional team members
- 13** COL 1.2 Liaise with intersecting health professionals
- 14** COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions
- 15** COL 2.1 Maintain positive relationships in all professional contexts
- 16** L 3.1 Assume the role of chief resident and lead junior residents in a hospital patient care team

Part B: Performing procedures

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended

- 6** ME 3.4 Post-procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 19: Assessing and managing patients presenting with rhinosinusitis

Key Features: The observation of this EPA is divided into four parts: patient assessments, performing procedures at the junior level (basic endoscopic sinus surgery), performing procedures at the senior level (complete endoscopic sinus surgery) and providing post-operative follow-up care with sinus cavity debridement.

- The procedural aspects at the junior level focus on basic endoscopic sinus surgery of simple or primary cases and include the procedures of nasal polypectomy, uncinectomy, maxillary antrostomy, anterior ethmoidectomy, and debridement of the ESS cavity.
- The procedural aspects at the senior level focus on complete endoscopic sinus surgery of primary or more complex cases and include sphenoethmoidectomy.

Assessment Plan:

Part A: Initial Assessment

Direct observation and/or case review by supervisor

Assessment form collects information on:

- Case mix: primary rhinosinusitis; recurrent rhinosinusitis; polyposis

Part B: Procedure – Basic Endoscopic Sinus Surgery

Direct observation by supervisor

Assessment form collects information on:

- Case complexity: low; medium; high
- Patient age (write in):
- Procedure: nasal polypectomy; uncinectomy; maxillary antrostomy; anterior ethmoidectomy
- Debridement: yes; no

Part C: Procedure – Complete Endoscopic Sinus Surgery

Direct observation by supervisor

Assessment form collects information on:

- Procedure (select all that apply): nasal polypectomy; uncinectomy; maxillary antrostomy; anterior ethmoidectomy; sphenoethmoidectomy with or without frontal sinusotomy
- Case complexity: low; medium; high

Part D: Follow-up with sinus cavity debridement

Direct observation by supervisor

Assessment form collects information on:

- Patient age: adult; older children; other [write in]

Basis for formal entrustment decisions:

Part A: Initial Assessment

Collect 3 observations of achievement.

Part B: Procedure – Basic Endoscopic Sinus Surgery

Collect 3 observations of achievement.

Part C: Procedure – Complete Endoscopic Sinus Surgery

Collect 3 observations of achievement.

- Must include sphenoethmoidectomy.

Part D: Follow-up with sinus cavity debridement

Collect 3 observations of achievement.

When is unsupervised practice expected to be achieved: **PGY3**

Relevant Tasks

Part A: Initial Assessment

- 1** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the medical and surgical management of the breadth of patient presentations in Oto - HNS
 - Bacteriology and bacterial resistance as related to sinusitis
 - Pathophysiology of chronic sinusitis with and without nasal polyposis
 - Principles of therapeutic agents for allergic disorders of the nose and Chronic Rhinosinusitis with nose polyps and Chronic Rhinosinusitis without nasal polyps, including topical and systemic therapies
- 2** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences as they apply to the diagnostic techniques/procedures relevant to Oto - HNS
 - Tests of nasal function and olfactory disorders
- 3** ME 2.1 Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during the current encounter or during future visits or with other health care practitioners
- 4** ME 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results
- 5** ME 2.2 Develop a differential diagnosis, evaluation plan and treatment plan based on findings of appropriate investigations
- 6** ME 2.2 Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis
- 7** ME 2.4 Develop, implement, and document a management plan
- 8** ME 3.2 Obtain informed consent for complex medical and surgical procedures and therapies

- 9** ME 4.1 Establish plans for ongoing care
- 10** COM 2.1 Use patient-centered interviewing skills to effectively gather relevant biomedical and psychosocial information
- 11** COM 2.1 Integrate, summarize, and present the biopsychosocial information obtained from a patient-centered interview
- 12** COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
- 13** COM 5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology
- 14** P 1.2 Demonstrate a commitment to excellence in all aspects of practice

Part B: Procedure – Basic Endoscopic Sinus Surgery

Part C: Procedure – Complete Endoscopic Sinus Surgery

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
- 6** ME 3.4 Post-procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Part D: Follow-up with sinus cavity debridement

- 1** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the medical and surgical management of the breadth of patient presentations in Oto - HNS
- 2** ME 1.5 Assess and document the extent of the disease including rating scores where appropriate
- 3** ME 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results
- 4** ME 2.2 Identify risk factors for recurrent disease
- 5** ME 2.2 Perform and interpret findings of office- and /or clinic-based exams
- 6** ME 2.2 Select and interpret appropriate investigations for any Oto-HNS presentation

based on a differential diagnosis

- 7** ME 2.4 Develop, implement, and document a management plan
- 8** ME 2.4 Provide timely and adequate responses to complications and undesired side effects of treatment
- 9** ME 3.4 Perform post-sinus surgery debridement
- 10** ME 4.1 Establish plans for ongoing care
- 11** ME 4.1 Accurately identify situations that necessitate consultation of other health professionals to assist in the management of disorders encountered in Oto - HNS
- 12** ME 4.1 Provide long-term management of a patient after medical and/or surgical treatment
- 13** COM 5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology
- 14** P 1.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 15** P 1.2 Demonstrate a commitment to excellence in all aspects of practice

Otolaryngology – Head and Neck Surgery

EPA 20: Providing surgical management for patients with nasal septal deformity

Key Features: This EPA focuses on performing the procedures of septoplasty and turbinoplasty.

Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Procedure (select all that apply): septoplasty; turbinoplasty.

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

When is unsupervised practice expected to be achieved: **PGY3**

Relevant Tasks:

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
- 6** ME 3.4 Post-procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 21: Providing surgical management for patients with chronic airway obstruction

Key Features: This EPA focuses on endoscopic treatment for the management of chronic airway obstruction (dilation/laser but excluding tracheotomy).

Assessment Plan:

Direct observation by supervisor

Use Assessment form.

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

When is unsupervised practice expected to be achieved: **PGY4**

Relevant Tasks:

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
- 6** ME 3.4 Post-procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 22: Assessing and providing surgical management for patients with dysphonia

Key Features: The observation of this EPA is divided into two parts: patient assessments, including diagnostic endoscopy, objective voice testing and aerodynamic testing; and performance of vocal fold injection, microlaryngeal surgery, and thyroplasty.

Assessment Plan:

Part A: Patient Assessment

Direct observation or case review by supervisor

Assessment form collects information on:

- Patient age: pediatric; adult
- Case mix: vocal cord paralysis; vocal cord lesion; functional voice disorder; other [write in]

Part B: Procedure

Direct observation by supervisor

Assessment form collects information on:

- Procedure: vocal fold injection; microlaryngeal surgery; thyroplasty

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

When is unsupervised practice expected to be achieved:

The clinical assessment aspects of this EPA are expected to be achieved at PGY3 stage; the expectation for the procedural aspects is at PGY4 stage.

Relevant Tasks:

Part A: Patient Assessment

- 1** ME 1.4 Apply knowledge of the physics of sound, voice, and speech production
- 2** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the medical and surgical management of the breadth of patient presentations in Oto - HNS
 - Infectious and inflammatory conditions
 - Trauma
 - Benign and malignant tumors
 - Neurologic voice disorders
 - The professional voice
- 3** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences as they apply to the diagnostic techniques/procedures relevant to Oto - HNS
 - Principles of diagnostic endoscopy as relevant to adult and pediatric patients
 - Objective voice testing, and electrophysiological techniques

- Aerodynamic testing
- Assessment methods used specifically in children
- 4** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences as they apply to the therapeutic techniques/procedures relevant to Oto - HNS
 - Principles of therapeutic procedures related to both endoscopic and open approaches
 - Principles of laser therapy of the larynx
- 5** ME 2.2 Perform and interpret findings of office- and/or clinic-based exams
 - Voice and airway analysis
- 6** ME 2.3 Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
- 7** ME 2.3 Share concerns (in a constructive and respectful manner) with patients and their families about their goals of care when they are not felt to be achievable
- 8** ME 3.1 Integrate all sources of information to develop a procedural or therapeutic plan that is safe, patient-centered, and considers the risks and benefits of all approaches
- 9** ME 3.2 Obtain informed consent for complex medical and surgical procedures and therapies
- 10** ME 4.1 Establish plans for ongoing care
- 11** COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately

Part B: Procedure

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
- 6** ME 3.4 Post procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 23: Assessing and providing surgical management for patients with mucosal squamous cell carcinoma of the head and neck

Key Features: This EPA includes performing a complete history and head and neck examination including flexible endoscopy, synthesizing the information obtained into a working (or confirmed) diagnosis including clinical TNM staging of the tumor, and proposing a patient management plan including additional investigations, referrals, and treatment options. This includes presenting the management plan to the supervisor as well as the patient and family.

- The procedural aspects of the EPA include neck dissection and mucosal resection.
- The observation of this EPA is divided into two parts: assessment, and surgical management.
- The surgical aspects of this EPA may be observed in the clinical setting or in simulation.

Assessment Plan:

Part A: Patient Assessment

Direct observation or case review by supervisor

Assessment form collects information on:

- Site: nasopharynx; oral cavity; oropharynx; larynx; hypopharynx
- Advanced disease: yes; no

Part B: Surgical Management

Direct observation by supervisor

Assessment form collects information on:

- Procedure (select all that apply): neck dissection; mucosal resection
- Setting: clinical; simulation

Basis for formal entrustment decisions:

Part A: Patient Assessment

Collect 3 observations of achievement.

- 3 different sites; at least 1 oropharynx
- At least 1 case with advanced disease
- At least 2 different assessors

Part B: Surgical Management

Collect 4 observations of achievement

- At least 2 neck dissections
- At least 2 mucosal resections
- No more than 1 in simulation

When is unsupervised practice expected to be achieved: **PGY5**

Relevant Tasks:

Part A: Patient Assessment

- 1** ME 1.4 Apply knowledge of tumorigenesis of benign neoplasms and cancers of the head and neck
- 2** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the medical and surgical management of the breadth of patient presentations in Oto - HNS
- 3** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences as they apply to the therapeutic techniques/procedures relevant to Oto - HNS
 - Principles of different oncologic treatment modalities, including surgery, radiation therapy, chemotherapy, and immunotherapy
 - Principles of laser microsurgical resection, cryotherapy, robotic surgery and/or electrosurgery
- 4** ME 2.2 Identify risk factors pertaining to individual cases of head and neck neoplasia
- 5** ME 3.4 Competently perform core Oto - HNS procedures in a timely manner
 - Upper aerodigestive flexible endoscopies with or without biopsy as it relates to tumor staging and treatment planning
- 6** COM 1.4 Respond to patients' non-verbal communication and use appropriate non-verbal behaviors to enhance communication with patients
- 7** COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 8** COM 1.5 Manage conversations that are emotionally charged
- 9** COM 2.2 Manage the flow of challenging patient encounters, including those with angry, distressed, or excessively talkative individuals
- 10** COM 3.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner
- 11** COM 5.1 Adapt record keeping to specific guidelines of Otolaryngology – Head and Neck Surgery and the clinical context
- 12** COL 1.2 Recognize, value, and utilize the expertise of interprofessional team members
- 13** COL 1.2 Consult as needed with other health care professionals, including other physicians or surgeons
- 14** COL 1.2 Liaise with intersecting health professionals
- 15** COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions

Part B: Surgical Management

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required

- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
- 6** ME 3.4 Post-procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 24: Assessing and providing surgical management for patients with disorders of the thyroid glands and/or parathyroid glands

Key Features: This EPA includes patient assessment, interpretation of diagnostic imaging and establishment of a management plan, which may include a surgical approach.

- This may include biopsy and thyroid ultrasound.
- The surgical aspects of this EPA include thyroidectomy and hemithyroidectomy procedures.
- The observation of this EPA is divided into two parts: patient assessment; performing thyroidectomy and hemithyroidectomy procedures.

Assessment Plan:

Part A: Patient Assessment

Direct observation or case review by supervisor

Assessment form collects information on:

- Case mix: thyroid nodule; thyroid malignancy; primary hyperparathyroidism; secondary hyperparathyroidism; other [write in]

Part B: Procedure

Direct observation by supervisor

Assessment form collects information on:

- Procedure: thyroidectomy; hemithyroidectomy
- Etiology: known cancer; suspected cancer; other cancer [write in]

Basis for formal entrustment decisions:

Collect 3 observations of achievement

When is unsupervised practice expected to be achieved: **PGY5**

Relevant Tasks

(Part A): Patient Assessment

- 1** ME 1.4 Apply a broad base and depth of knowledge in the basic and clinical sciences relevant to Oto-HNS
 - Endocrinologic and metabolic pathophysiology
 - Pharmacology pertaining to management of head and neck neoplasia and endocrinologic/metabolic disorders
- 2** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the medical and surgical management of the breadth of patient presentations in Oto - HNS
- 3** ME 1.4 Apply the principles of diagnostic imaging
- 4** ME 1.5 Perform clinical assessments that address the breadth and depth of issues in

each case

- 5** ME 1.7 Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
- 6** ME 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results
- 7** ME 2.2 Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis
- 8** ME 2.3 Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
- 9** ME 3.1 Integrate all sources of information to develop a procedural or therapeutic plan that is safe, patient-centered, and considers the risks and benefits of all approaches
- 10** ME 3.1 Integrate planned procedures or therapies into global assessment and management plans
- 11** ME 3.2 Obtain informed consent for complex medical and surgical procedures and therapies
- 12** ME 3.2 Use shared decision-making in the consent process, taking risk and uncertainty into consideration
- 13** ME 3.3 Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources
- 14** COM 2.1 Use patient-centered interviewing skills to effectively gather relevant biomedical and psychosocial information
- 15** COM 2.1 Integrate, summarize, and present the biopsychosocial information obtained from a patient-centered interview
- 16** COM 2.1 Actively listen and respond to patient cues
- 17** COM 3.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner
- 18** COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
- 19** COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
- 20** COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions regarding their health
- 21** COM 5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology
- 22** COL 1.2 Consult as needed with other health care professionals, including other physicians or surgeons
- 23** P 1.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 24** P 1.2 Demonstrate a commitment to excellence in all aspects of practice

Part B: Procedure

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
- 6** ME 3.4 Post procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 25: Performing superficial parotidectomy surgeries

Key Features: This EPA focuses on performing superficial parotidectomy surgeries.

Assessment Plan:

Direct observation by supervisor

Use Assessment form.

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: **PGY5**

Relevant Tasks:

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
- 6** ME 3.4 Post-procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 26: Assessing and managing patients with benign or malignant skin lesions of the head and neck

Key Features: The observation of this EPA is divided into two parts: patient assessments and performing a procedure.

- This EPA includes performing a complete history and head and neck examination, synthesizing the information obtained into a working (or confirmed) diagnosis including clinical TNM staging of the tumor, and proposing a patient management plan including additional investigations, referrals, and treatment options. This includes presenting the management plan to the supervisor as well as the patient and family. It is expected that this part of the EPA will be achieved in the junior stage.
- The procedural aspects of this EPA include resection of early skin cancer with clear margins and reconstruction with graft or local flap, as appropriate.

Assessment Plan:

Part A: Patient Assessment

Direct observation or case review by supervisor

Assessment form collects information on:

- Case mix: melanoma; squamous cell; other form of cancer [write in]
- Advanced disease: yes; no

Part B: Resection with clear margins and reconstruction with graft or local flap

Direct observation by supervisor

Assessment form collects information on:

- Site : auricle; nose; periorbital; lip; other [write in]
- Procedure (select all that apply): resection; reconstruction.

Basis for formal entrustment decisions:

Part A: Patient Assessment

Collect 3 observations of achievement.

Part B: Resection with clear margins and reconstruction with graft or local flap

Collect 6 observations of achievement.

- At least 3 resections
- At least 3 reconstructions

When is unsupervised practice expected to be achieved: **PGY4**

Relevant Tasks:

Part A: Patient Assessment

- 1** ME 1.4 Apply a broad base and depth of knowledge in the basic and clinical sciences

relevant to Oto-HNS

- Principles of restoration and enhancement of form and function including but not limited to:
 - o Principles of cervicofacial surgery
 - o Biomechanical characteristics of skin and bone in the facial region as they relate to techniques used in facial plastic and reconstructive surgery including tissue expansion and plating maxillofacial fractures
 - o Principles and techniques of facial reconstruction, including local and regional flaps and grafts
- 2** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the medical and surgical management of the breadth of patient presentations in Oto - HNS
- 3** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences as they apply to the therapeutic techniques/procedures relevant to Oto - HNS
 - principles of laser microsurgical resection, cryotherapy, robotic surgery and/or electro surgery
 - principles governing use of local and systemic chemo- and immunotherapeutic agents
 - principles of oncologic management of cutaneous malignancies of the face, head and neck
 - principles of therapeutic radiation
 - principles and techniques of frozen section diagnosis and Mohs micrographic surgery
- 4** ME 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results
- 5** ME 2.2 Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis
- 6** ME 2.3 Establish goals of care, which may include achieving cure, improving function, slowing disease progression, treating symptoms, and palliation, in collaboration with patients and their families
- 7** ME 2.4 Develop, implement, and document a management plan
- 8** ME 3.1 Integrate all sources of information to develop a procedural or therapeutic plan that is safe, patient-centered, and considers the risks and benefits of all approaches
- 9** ME 3.1 Integrate planned procedures or therapies into global assessment and management plans
- 10** ME 3.2 Obtain informed consent for complex medical and surgical procedures and therapies
- 11** COM 2.1 Use patient-centered interviewing skills to effectively gather relevant biomedical and psychosocial information
- 12** COM 2.1 Integrate, summarize, and present the biopsychosocial information obtained

from a patient-centered interview

- 13** COM 2.1 Actively listen and respond to patient cues
- 14** COM 3.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner
- 15** COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
- 16** COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
- 17** COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions regarding their health
- 18** COM 5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology
- 19** COL 1.2 Consult as needed with other health care professionals, including other physicians or surgeons
- 20** HA 1.3 Evaluate with the patient the potential benefits and harms of health screening
- 21** HA 1.3 Promote risk reduction through smoking cessation, responsible alcohol use, UVA/UVB protection, and/or promotion of HPV vaccination for girls and boys
- 22** P 1.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 23** P 1.2 Demonstrate a commitment to excellence in all aspects of practice

Part B: Resection with clear margins and reconstruction with graft or local flap

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
- 6** ME 3.4 Post procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 27: Managing patients following facial trauma

Key Features: This EPA focuses on the principles of managing facial trauma, regardless of location.

- This includes plating of the fracture with due consideration of functional, cosmetic, and structural issues.
- This EPA may be observed in the clinical setting or in simulation.

Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Type of fracture: mandible; complex nasal; iatrogenic
- Setting: clinical; simulation

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least one in clinical setting

When is unsupervised practice expected to be achieved: **PGY4**

Relevant Tasks:

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
- 6** ME 3.4 Post procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 28: Assessing and managing patients regarding cervicofacial aesthetic surgery

Key Features: This EPA includes providing an assessment for patients with aesthetic facial concerns and discussing management options.

- This EPA focuses on the rhinoplasty techniques required for basic correction of a bony deformity (hump, deviation), as well as intraoperative decision making in more complex rhinoplasty issues such as tip modification, taking into consideration how other aspects of facial geometry, deformity, and aging should be managed in the context of aesthetic surgery.
- The observation of this EPA is divided into two parts: patient assessment and discussion and performing a rhinoplasty procedure.

Assessment Plan:

Part A: Patient assessment and discussion

Direct observation or case review by supervisor

Assessment form collects information on:

- Case mix: external nasal deformity; other [write in]

Part B: Procedure – Rhinoplasty

Direct observation by supervisor

Use Assessment form.

Basis for formal entrustment decisions:

Part A: Patient assessment and discussion

Collect 2 observations of achievement.

- 2 different presentations

Part B: Procedure – Rhinoplasty

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: **PGY5**

Relevant Tasks:

Part A: Patient assessment and discussion

- 1** ME 1.4 Apply a broad base and depth of knowledge in the basic and clinical sciences relevant to Oto-HNS
- 2** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the medical and surgical management of the breadth of patient presentations in Oto - HNS
 - effects of aging in the cervicofacial region including skin, soft tissue, and bone
 - wound healing abnormalities, including the keloid scar

- aesthetic anomalies of the cervicofacial region
- 3** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences as they apply to the therapeutic techniques/procedures relevant to Oto- HNS
 - principles of laser microsurgical resection, cryotherapy, robotic surgery and/or electro surgery
- 4** ME 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results
- 5** ME 2.3 Share concerns (in a constructive and respectful manner) with patients and their families about their goals of care when they are not felt to be achievable
- 6** ME 3.1 Integrate all sources of information to develop a procedural or therapeutic plan that is safe, patient-centered, and considers the risks and benefits of all approaches
- 7** ME 3.1 Integrate planned procedures or therapies into global assessment and management plans
- 8** ME 3.2 Obtain informed consent for complex medical and surgical procedures and therapies
- 9** COM 1.3 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to patient care
- 10** COM 2.2 Manage the flow of challenging patient encounters, including those with angry, distressed, or excessively talkative individuals

Part B: Procedure – Rhinoplasty

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
- 6** ME 3.4 Post-procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 29: Assessing adult and pediatric patients with hearing loss and providing an initial management plan, both surgical and non-surgical

Key Features: The observation of this EPA is divided into three parts: patient assessments including the full spectrum of hearing assessment, performing procedures at the junior level (myringoplasty and tympanoplasty) and performing procedures at the senior level (ossiculoplasty, canaloplasty, and mastoidectomy).

Assessment Plan:

Part A: Assessment

Direct observation or case review by supervisor

Assessment form collects information on:

- Patient age: adult; pediatric
- Case mix: sudden sensorineural hearing loss; congenital; chronic otitis media; otosclerosis; other [write in]
- Rapidly progressive: yes; no

Part B: Procedure

Direct observation by supervisor

Assessment form collects information on:

- Procedure: myringoplasty; tympanoplasty; ossiculoplasty; canaloplasty; mastoidectomy

Basis for formal entrustment decisions:

Part A: Assessment

Collect 4 observations of achievement.

Part B: Procedure

Collect 4 observations of achievement procedure myringoplasty; tympanoplasty.

- At least 2 tympanoplasty
- 6 observations of achievement procedure ossiculoplasty; canaloplasty; mastoidectomy.
 - At least 4 mastoidectomy

When is unsupervised practice expected to be achieved: **PGY5**

Relevant Tasks:

Part A: Assessment

- 1** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the medical and surgical management of the breadth of patient presentations in Oto - HNS
- 2** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences as they apply to the diagnostic techniques/procedures relevant to Oto-HNS

- hearing assessment, including but not limited to otoacoustic emissions, electrocochleography, auditory brainstem response, cortical auditory evoked response, impedance/tympanometry
- 3** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences as they apply to the therapeutic techniques/procedures relevant to Oto-HNS
 - principles of use of surgical and non-surgical assistive devices for hearing loss, including but not limited to hearing aids, bone conduction hearing devices cochlear and middle ear implants
 - principles underlying the effect of topical and systemic medications and their therapeutic and ototoxic effects
 - principles underlying the use of intratympanic injections
- 4** ME 2.2 Perform and interpret findings of office- and /or clinic-based exams
 - Neuro-otological examination
- 5** ME 2.2 Select and interpret vestibular and/or audiological investigations
- 6** ME 2.3 Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
- 7** ME 2.3 Share concerns (in a constructive and respectful manner) with patients and their families about their goals of care when they are not felt to be achievable
- 8** ME 2.4 Establish a patient-centered management plan
- 9** ME 2.4 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines, including procedures for which the patient is referred to other surgeons
- 10** COM 1.6 Recognize the communication requirements relevant to patients who are deaf, hard of hearing or who have speech and/or voice disorders
- 11** HA 1.1 Facilitate access to the local and national services and resources that are available for patients, including those who are deaf and hard of hearing
- 12** HA 1.3 Recognize importance and understand principles of newborn/universal hearing screening

Part B: Procedure

- 1** ME 1.4 Knowledge of specific procedural steps: Understands steps of procedure, potential risks, and means to avoid/overcome them
- 2** ME 3.1 Pre-procedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
- 3** ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
- 4** ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
- 5** ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended

- 6** ME 3.4 Post-procedure plan: Appropriate complete post procedure plan
- 7** ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
- 8** COL 1.3 Professional and effective communication/utilization of staff

Otolaryngology – Head and Neck Surgery

EPA 30: Assessing patients with balance disorder/vertigo and providing initial management plan both surgical and nonsurgical

Key Features: This EPA focuses on patient assessment including the diagnostic techniques used for vestibular assessment. It includes decision making regarding the full spectrum of therapeutic options, medical and surgical, and may include the performance of particle repositioning maneuvers. This EPA does not include a surgical procedure.

- This EPA often requires collaboration with other health professionals: audiology, physiotherapy, neurology, psychology/psychiatry and/or neuro-ophthalmology.

Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Case mix: peripheral; central; neurological; non-peripheral

Basis for formal entrustment decisions:

Collect 6 observations of achievement.

- At least 3 cases with a peripheral cause

When is unsupervised practice expected to be achieved: **PGY3**

Relevant Tasks:

- 1** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the medical and surgical management of the breadth of patient presentations in Oto - HNS
- 2** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences as they apply to the diagnostic techniques/procedures relevant to Oto - HNS
 - Vestibular assessment, including but not limited to principles of performance and interpretation of electro/videonystagmography, computerized dynamic posturography, Gans sensory organization protocol, rotational chair assessment, head impulse testing and vestibular evoked myogenic potentials
- 3** ME 1.4 Apply the principles of diagnostic imaging
- 4** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences as they apply to the therapeutic techniques/procedures relevant to Oto - HNS
 - Principles underlying the effect of topical and systemic medications and their therapeutic and ototoxic effects
- 5** ME 2.2 Perform and interpret findings of office- and/or clinic-based exams
 - Neuro-vestibular history and physical examination
- 6** ME 3.4 Competently perform core Oto - HNS procedures in a timely manner
 - Particle repositioning maneuvers, including Epley maneuver and log roll maneuver
- 7** COL 1.2 Recognize, value, and utilize the expertise of interprofessional team members

- 8** COL 1.3 Provide timely and necessary information to colleagues to enable effective relationship-centered care

Otolaryngology – Head and Neck Surgery: Transition to Practice

EPA 31: Coordinating, organizing and executing the surgical day procedures

Key Features: This EPA integrates the resident's surgical abilities for individual cases with their abilities to function effectively as a surgeon: managing the day's case load, communicating with operating room staff, supervising junior learners, and collaborating effectively with other health professionals.

- This may include discussing the plan for the day, equipment requirements and special concerns with the OR staff at the beginning of the day; doing the surgical check list, time-out, and debriefing for each case; managing specimen handling; communicating with the patient and family after the surgery; supervising junior learners; and completing or delegating entry of post-operative orders and surgical dictations.

Assessment Plan:

Direct observation by supervisor, which may include feedback from nurses and other staff, anesthesiologists, patients and/or families, and/or junior learners.

Use Assessment form.

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 2 assessors

When is unsupervised practice expected to be achieved: **PGY4**

Relevant Tasks:

- 1** P 1.2 Prepare for surgical procedures, reviewing the list of planned operations
- 2** ME 3.4 Select appropriate materials and equipment for the procedure
- 3** ME 5.2 Lead the team in the use of the surgical safety checklist
- 4** ME 3.4 Perform surgical procedures in a skillful and safe manner
- 5** ME 3.4 Manage unexpected intraoperative findings and perioperative issues, adjusting the procedure as appropriate
- 6** COL 1.3 Communicate effectively with the operating room team
- 7** ME 4.1 Establish plans for post-operative care
- 8** COL 3.2 Transition patient care safely to the post-operative team
- 9** COM 3.1 Convey information about the procedure, operative findings, and patient status to the family clearly and compassionately
- 10** S 2.3 Provide junior learners with opportunities for appropriate clinical responsibility
- 11** COM 5.1 Document surgical procedures in an accurate, complete, and timely manner

Otolaryngology – Head and Neck Surgery: Transition to practice

EPA 32: Organizing and managing general Oto-HNS clinics

Key Features: This EPA focuses on the overall performance in an ambulatory setting rather than the care of individual patient conditions.

- It integrates the resident's medical decision-making abilities for individual cases with their abilities to function effectively in the outpatient setting: managing a clinic load, making appropriate clinical decisions, completing dictations, staying on time, and working effectively with other health professionals.
- This EPA may be observed in a dedicated "Resident Clinic" or a supervising surgeon's clinic that is assigned to the resident to manage, with any mix of conditions and with an appropriate number and variety of patients (new patient, follow-up, emergency consults etc.).
- The observation of this EPA is based on at least a half day or full day of clinic.

Assessment Plan:

Direct and indirect observation by supervisor at end of a clinic day/half-day

Assessment form collects information on:

- Case complexity: low; medium; high

Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 2 different assessors

When is unsupervised practice expected to be achieved: **PGY4**

Relevant Tasks:

- 1** ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in Oto - HNS
- 2** ME 1.5 Carry out professional duties in the face of multiple, competing demands
- 3** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 4** ME 2.4 Establish management plans that consider all relevant aspects of the patient's care
- 5** ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
- 6** ME 5.2 Use systems to track and follow-up on clinical data such as studies and laboratory tests
- 7** L 4.1 Review and act on test results in a timely manner
- 8** ME 4.1 Determine appropriate timing of future visits based on planned investigations, clinical status and/or anticipated clinical course
- 9** COL 3.1 Determine when care should be transferred to another physician or health care professional

- 10** COM 5.1 Document clinical encounters in an accurate, complete, and timely manner
- 11** COL 1.2 Work effectively with outpatient clinic staff
- 12** L 4.1 Manage time effectively to maintain clinic flow

Otolaryngology – Head and Neck Surgery: Transition to Practice

EPA 33: Participating in and/or leading educational or administrative activities

Key Features: This EPA focuses on activities other than clinical work that contribute to the program, the institution, or the discipline and include engaging with others and sharing one's own expertise.

- This may include administrative activities such as scheduling workload or rounds, or participation in a committee or a project. It may overlap with the role of the "Chief Resident".
- The assessment of this EPA requires the resident to submit two documents as part of a portfolio for supervisor or Clinical Competence Committee review: a summary of the educational and administrative activities performed; a document summarizing feedback from those affected by their work (e.g., residents on call schedule, committee chair).

Assessment Plan:

Review of resident's submission by supervisor or Clinical Competence Committee
Use Assessment form.

Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: **PGY3**

Relevant Tasks:

- 1** ME 1.6 Carry out professional duties in the face of multiple, competing demands
- 2** COL 1.3 Lead interprofessional team meetings, including but not limited to tumor boards
- 3** L 1.3 Actively participate in audit rounds, identifying safety issues that need to be addressed, and generating solutions
- 4** L 1.3 Analyze harmful patient safety incidents and near misses to enhance systems of care
- 5** L 1.4 Use health informatics to improve the quality of patient care and optimize patient safety
- 6** L 3.1 Demonstrate leadership skills to enhance health care
- 7** L 3.2 Facilitate change in health care to enhance services and outcomes
- 8** HA 2.2 Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 9** HA 2.3 Contribute to a process to improve health in the communities or populations they serve
- 10** S 1.3 Lead collaborative learning projects

- 11** P 1.2 Demonstrate excellence in all aspects of practice and mentor junior colleagues
- 12** P 2.1 Demonstrate accountability to patients, society, and the profession by recognizing and responding to societal expectations of the profession

Otolaryngology – Head and Neck Surgery: Transition to Practice

EPA 34: Monitoring one's own practice and performance for quality assurance and improvement

Key Features: This EPA focuses on an examination of the resident's own practice. It requires the resident to submit a report of reviewed outcomes or a plan for how to conduct a performance review.

- This EPA involves elements of a quality assurance review of an aspect of the resident's performance and a personal learning project to direct practice modification.
- This need not focus on surgical procedures and may include a broader sense of performance such as clinical practice in accordance with published guidelines or reflection on observations from EPAs.
- The submission should include a summary of the data collected or the data that will be collected, the identification of the range of acceptable outcomes, and the identification of an area on which to focus further improvement/development.

Assessment Plan:

Review of resident's submission of a report or plan for a performance review by the Clinical Competence Committee.

Use Assessment form.

Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: **PGY3**

Relevant Tasks:

- 1** L 1.1 Apply the science of quality assurance and improvement (practice-based learning and system-based learning and improvement) to contribute to improving systems of patient care
- 2** L 1.1 Incorporate evidence-based medicine for quality assurance and improvement in Oto - HNS practice
- 3** L 1.1 Perform audits/self-audits of clinical practice and their implication for quality and improvement
- 4** L 4.3 Implement processes to ensure personal practice improvement
- 5** S 1.2 Seek and interpret multiple sources of performance data and feedback, with guidance, to continually improve performance
- 6** S 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 7** P 2.2 Demonstrate a commitment to patient safety and quality improvement initiatives within their own practice environment

