

**Otolaryngology – Head and Neck Surgery: Core EPA #18**

**Assessing and managing patients regarding cervicofacial aesthetic surgery (SC)**

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

Use Form 1. Form collects information on:  
- Type of presentation: external nasal deformity; other

Collect 2 observations of achievement  
- 2 different presentations

Part B: Procedure – Rhinoplasty  
Direct observation by supervisor

Use Form 2.

Collect 2 observations of achievement

CanMEDS Milestones:

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

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
OTOLARYNGOLOGY – HEAD AND NECK SURGERY (2022)*

- 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-centred, 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**