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

Otolaryngology – Head and Neck Surgery: Core EPA #19

Assessing adult and pediatric patients with hearing loss and providing an initial management plan, both surgical and non-surgical (JC/SC)

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 of Core (myringoplasty and tympanoplasty) and performing procedures at the senior level of Core (ossiculoplasty, canaloplasty, and mastoidectomy).

Assessment Plan:

Part A: Assessment Direct observation or case review by supervisor

Use Form 1. Form collects information on:

- Age group: adult; pediatric
- Category: sudden sensorineural hearing loss; congenital; chronic otitis media; otosclerosis; other
- Rapidly progressive: yes; no

Collect 4 observations of achievement

Part B: Procedure – Junior Core Direct observation by supervisor

Use Form 2. Form collects information on: Procedure: myringoplasty; tympanoplasty

Collect 4 observations of achievement

- At least 2 tympanoplasty

Part C: Procedure – Senior Core Direct observation by supervisor

Use Form 2. Form collects information on:

- Procedure: ossiculoplasty; canaloplasty; mastoidectomy

Collect 6 observations of achievement

- At least 4 mastoidectomy

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CanMEDS Milestones:

Part A: Assessment

- **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-centred 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 – Junior Core

- **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

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- 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 C: Procedure – Senior Core

- **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