

2011

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VERSION 1.1**

This document applies to those who begin training on or after July 1st, 2011.

DEFINITION

Otolaryngology - Head and Neck Surgery is that branch of surgery concerned with the screening, diagnosis and management of medical and surgical disorders of the ear, the upper aerodigestive tract, and related structures of the head, face and neck, including the special senses of hearing, balance, taste and olfaction.

GOALS

Otolaryngology - Head and Neck Surgeons must possess a sound knowledge in the general principles of medicine and surgery, as well as knowledge and skills specifically in the domains of head and neck surgery, pediatric otolaryngology, facial plastic and reconstructive surgery, rhinology, laryngology, otology, neurotology and general otolaryngology. The specialty also embraces components of neurology, neurosurgery, plastic surgery, dermatology, respiratory, pathology, and oral and maxillofacial surgery.

Residents must develop clinical competence and detailed knowledge of the scientific rationale for the medical and surgical management of head and neck disorders in patients of all ages. At the completion of training the resident will have acquired a thorough knowledge of the principles common to all surgical practice.

Residents must demonstrate the knowledge, skills and attitudes relating to gender, culture and ethnicity pertinent to Otolaryngology - Head and Neck Surgery. In addition, they must demonstrate an ability to incorporate gender, sexual orientation, age, culture and ethnic perspectives in research methodology, data presentation and analysis.

On completion of the educational program, graduating Residents will be competent to function as a consultant in Otolaryngology – Head and Neck Surgeon.

OTOLARYNGOLOGY - HEAD AND NECK SURGERY COMPETENCIES

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

Medical Expert

Definition:

As *Medical Experts*, Otolaryngology-Head and Neck Surgeons integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. *Medical Expert* is the central physician Role in the CanMEDS framework.

Key and Enabling Competencies: Otolaryngology-Head and Neck Surgeons are able to...

- 1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care**
 - 1.1. Demonstrate foundational surgical competencies as described in the Objectives of Surgical Foundations Training
 - 1.2. Perform a consultation, including the presentation of well-documented assessments of the ear, the upper aerodigestive tract, and related structures of the head, face and neck, including the special senses of hearing, balance, taste and olfaction, and recommendations in written and/or verbal form in response to a request from another health care professional
 - 1.3. Demonstrate use of all CanMEDS competencies relevant to Otolaryngology-Head and Neck Surgeons
 - 1.4. Identify and appropriately respond to relevant ethical issues arising in patient care, including end-of-life issues surrounding care of patients with head and neck cancer and cultural issues in patients who are deaf and hard of hearing
 - 1.5. Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems
 - 1.6. Demonstrate compassionate and patient-centered care
 - 1.7. Recognize and respond to the ethical dimensions in medical decision-making
 - 1.8. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed

- 2. Establish and maintain clinical knowledge, skills and attitudes appropriate to Otolaryngology – Head and Neck Surgery**
 - 2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Otolaryngology – Head and Neck Surgery
 - Head and Neck Surgery
 - 2.1.1. Embryology, anatomy, histology, physiology, pharmacology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology of thyroid and parathyroid glands, salivary glands, nose and paranasal sinuses, oral cavity, pharynx (nasopharynx, oropharynx, and hypopharynx), larynx, trachea, esophagus, neck, skin, and skull base

- 2.1.2. Different types of neoplasms (benign and malignant) involving the head and neck
- 2.1.3. Clinical presentation, staging, investigations, medical treatment, surgical treatment, and prognosis for each type of neoplasm involving the head and neck
- 2.1.4. Indications, contraindications, and limitations and interpretations of investigations, including imaging techniques in the diagnosis of neoplasms of the head and neck
- 2.1.5. Indications, contraindications, surgical techniques and complications of surgical procedures used to treat head and neck neoplasms
- 2.1.6. Technical knowledge of different reconstructive surgical options for management of benign and malignant neoplasms of the head and neck, including the advantages, disadvantages and complications
- 2.1.7. Treatments used in the management of head and neck neoplasms, including indications, contraindications, adverse effects and complications of chemotherapy and radiotherapy
- 2.1.8. Appropriate indications for consultation of other health professionals to assist in the management of neoplasms of the head and neck

Pediatric Otolaryngology

- 2.1.9. Embryology, anatomy, histology, physiology, pharmacology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology of the ear, the upper aerodigestive tract, and related structures of the head, face and neck, including the special senses of hearing, balance, taste and olfaction, as related to disease processes and symptoms encountered in pediatric otolaryngology
- 2.1.10. Techniques for eliciting diagnostic information from both children and care-givers and for performing diagnostic and therapeutic procedures on children in age-appropriate ways
- 2.1.11. Principles of management of the pediatric airway, including diagnostic endoscopy and therapeutic procedures related to both endoscopic and open approaches
- 2.1.12. Clinical characteristics, diagnostic and therapeutic interventions related to congenital and inherited conditions that affect the ear, the upper aerodigestive tract, and related structures of the head, face and neck, including the special senses of hearing, balance, taste and olfaction
- 2.1.13. Principles of therapeutic and diagnostic imaging and their application within pediatric otolaryngology including interpretation of imaging used in pediatric otolaryngology, as well as techniques for testing children with special needs
- 2.1.14. Principles of techniques used in evaluation and treatment of speech, hearing, voice and swallowing disorders, including appropriate techniques based on developmental age

- 2.1.15. Principles of techniques used for diagnostic and surgical procedures commonly performed in pediatric otolaryngology
- 2.1.16. Appropriate indications for consultation of other health professionals to assist in the management of disease processes and complaints encountered in pediatric otolaryngology
- 2.1.17. Demonstrate appropriate clinical judgement in the selection of therapies with knowledge of pre- and post-operative care

Facial Plastic and Reconstructive Surgery

- 2.1.18. Embryology, anatomy, histology, physiology, pharmacology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology of the face and its component structures
- 2.1.19. Biomechanical characteristics/principles of skin and bone in the facial region as they relate to techniques used in facial plastic and reconstructive surgery (tissue expansion, plating maxillofacial fractures)
- 2.1.20. Principles of oncologic management of cutaneous malignancies of the face, head and neck
- 2.1.21. Principles and techniques of facial reconstruction, including local and regional flaps and grafts
- 2.1.22. Principles and techniques of facial reanimation
- 2.1.23. Principles of trauma management as it relates maxillofacial region
- 2.1.24. Principles of diagnostic imaging and their application within facial plastic and reconstructive surgery including the interpretation of maxillofacial trauma imaging
- 2.1.25. Principles of laser therapy, cryotherapy, and electro surgery and their applications as they pertain to the skin pathology of the face, head and neck
- 2.1.26. Principles of therapeutic radiation as it pertains to skin malignancy
- 2.1.27. Principles and techniques of frozen section diagnosis and Mohs micrographic surgery

Rhinology

- 2.1.28. Embryology, anatomy, histology, physiology, pharmacology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology of the nose and paranasal sinuses including special sense of olfaction
- 2.1.29. Principles of management of patients with infectious and inflammatory (allergic and nonallergic) conditions of the nose and paranasal sinuses
- 2.1.30. Principles of oncology as they apply to the nose and paranasal sinuses. This includes management of disease processes of the anterior skull base

- 2.1.31. Principles of trauma management as they apply to the nose and paranasal sinuses
- 2.1.32. Principles of diagnostic and interventional imaging including the application and interpretation of imaging techniques relevant to the nose and paranasal sinuses
- 2.1.33. Principles of image guidance systems and their application to surgery for the nose and paranasal sinuses
- 2.1.34. Appropriate indications for consultation of other health professionals to assist in the management of neoplasms of the nose and paranasal sinuses

Laryngology

- 2.1.35. Embryology, anatomy, histology, physiology, pharmacology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology of the larynx and upper airway
- 2.1.36. Physics of voice and speech production and the physiology of voice, swallowing, airway protection, and respiration as it pertains to the larynx and upper airway. This includes the principles and techniques of objective vocal testing, aerodynamic testing, and electrophysiologic techniques pertinent to the larynx
- 2.1.37. Principles of management of the adult airway, including diagnostic endoscopy and therapeutic procedures related to both endoscopic and open approach
- 2.1.38. Principles of management of patients with infectious and inflammatory conditions of the larynx and upper airway
- 2.1.39. Principles and techniques of laryngeal augmentation and laryngeal framework surgery
- 2.1.40. Principles of oncology as they apply to the larynx and upper airway
- 2.1.41. Principles of trauma management as it relates to the larynx and upper airway
- 2.1.42. Principles of diagnostic imaging, application and interpretation relevant to the larynx and upper airway
- 2.1.43. Principles of laser therapy as it pertains to the larynx
- 2.1.44. Appropriate indications for consultation of other health professionals to assist in the management of neoplasms of the larynx and upper airway

Otology

- 2.1.45. Embryology, anatomy, histology, physiology, pharmacology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology of the ear and the temporal bone and related structures including the peripheral auditory system
- 2.1.46. Physics of sound and neurophysiology of hearing

- 2.1.47. Principles of conventional audiometry and immittance testing including tympanometry and their application in the evaluation of adult and pediatric patients with hearing disorders
- 2.1.48. Appropriate pre-operative and post-operative care related to ear disease
- 2.1.49. Principles of diagnosis and management of hearing loss of all etiologies including surgical and non-surgical auditory rehabilitation (hearing aids and assistive devices, bone anchored hearing aids, implantable hearing aids)
- 2.1.50. Diagnostic and surgical procedures commonly performed in otology including indications, contraindications and potential complications
- 2.1.51. Principles of diagnostic imaging, including interpretation of imaging techniques of the temporal bone
- 2.1.52. Principles of diagnosis and management of acute and chronic infections/inflammatory diseases of the external and middle ear and mastoid, including associated complications
- 2.1.53. Principles of diagnosis and management of benign and malignant neoplasms of the external and the middle ear
- 2.1.54. Principles of diagnosis and management of middle ear and temporal bone trauma
- 2.1.55. Principles of therapeutic radiation as it applies to neoplasms of the temporal bone
- 2.1.56. Appropriate indications for consultation of other health professionals to assist in the management of disorders of the ear and temporal bone

Neurotology

- 2.1.57. Embryology, anatomy, histology, physiology, pathology, pathophysiology, microbiology, biochemistry, genetics and immunology of the ear including peripheral and central auditory systems, and vestibular systems and the component anatomical and neurologic structures
- 2.1.58. Biomechanical characteristics/principles of bone in the base of skull region as they relate to techniques used in lateral skull base resective and reconstruction surgery
- 2.1.59. Principles of conventional audiometry, immittance testing including tympanometry, otoacoustic emissions (OAEs), electrocochleography, auditory brainstem response (ABR), and cortical auditory evoked responses and their application in the evaluation of patients with complex hearing disorders, both peripheral and central
- 2.1.60. Principles of vestibular assessment including performance and interpretation of electronystagmography, computerized dynamic posturography, rotational chair assessment, and vestibular evoked myogenic potentials
- 2.1.61. Principles of electrophysiological assessment of the facial nerve, including intraoperative monitoring

OBJECTIVES OF TRAINING IN OTOLARYNGOLOGY – HEAD AND NECK SURGERY (2011)

- 2.1.62. Principles of diagnostic and surgical procedures commonly performed in neurotology
- 2.1.63. Appropriate pre- and post-operative care
- 2.1.64. Principles of diagnosis and management of profound hearing loss, including the ethical and surgical issues surrounding provision of cochlear implantation for patients
- 2.1.65. Principles of oncology as they apply to neoplasms of the lateral skull base, including principles of therapeutic radiation
- 2.1.66. Principles of trauma management as it relates to the facial nerve and temporal bone (i.e. traumatic facial nerve paralysis; cerebrospinal fluid leakage)
- 2.1.67. Pathophysiology of tinnitus and principles supporting the management of patients with tinnitus
- 2.1.68. Principles of diagnostic imaging and their application within neurotology including the interpretation of CT and MR imaging of the temporal bone, base of skull and cerebellopontine angle
- 2.1.69. Principles of laser therapy and electro surgery, and their applications as they pertain to the structures within the temporal bone
- 2.1.70. Principles behind effect of topical and systemic medications, including therapeutic as well as ototoxic implications
- 2.1.71. Appropriate indications for consultation of other health professionals to assist in the management of disorders of the ear and temporal bone

General Otolaryngology

- 2.1.72. Principles of diagnostic imaging and their application within Otolaryngology – Head and Neck Surgery including the interpretation of imaging techniques relevant to the head and neck
 - 2.1.73. Principles of the management of blunt and penetrating neck trauma
 - 2.1.74. Principles of management of acute airway emergencies
 - 2.1.75. Principles of management of airway issues related to sleep-disordered breathing
 - 2.1.76. Principles of medical and surgical management of epistaxis
 - 2.1.77. Principles of medical and surgical management of acute infections of the head and neck
 - 2.1.78. Principles of medical and surgical management of chronic infections of the head and neck
 - 2.1.79. Appropriate indications for consultation of other health professionals to assist in the management of disorders of the head and neck
- 2.2. Describe the CanMEDS Framework of competencies relevant to the Otolaryngology - Head and Neck Surgery

- 2.3. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
- 2.4. Contribute to the enhancement of quality care and patient safety in Otolaryngology - Head and Neck Surgery, integrating the available best evidence and best practices

3. Perform a complete and appropriate assessment of a patient

- 3.1. Identify and explore issues to be addressed in a patient encounter effectively, including the patient's context and preferences, including specific communication issues relevant to Deaf culture, and speech and voice disorders
- 3.2. Elicit a history that is relevant, clear, concise and accurate to context and preferences for the purposes of prevention and health promotion, diagnosis and/or management
- 3.3. Perform a focused physical examination that is relevant and accurate for the purposes of prevention and health promotion, diagnosis and/or management
- 3.4. Select medically appropriate investigative methods to be obtained in a resource-effective and ethical manner. This includes diagnostic imaging of the head and neck, as well as specialized laboratory testing (including immunologic and genetic testing), biopsy and fine-needle aspiration, and vestibular and audiological testing
- 3.5. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans inclusive of the risks, indications, contraindications and benefits

4. Use preventive and therapeutic interventions effectively

- 4.1. Implement a management plan in collaboration with a patient and their family
- 4.2. Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Otolaryngology - Head and Neck Surgery, including smoking cessation, responsible alcohol use, ultraviolet A/ultraviolet B (UVA/UVB) exposure and protection, prevention of noise-induced hearing loss, early hearing and communication development and choking prevention in children. The Otolaryngology – Head and Neck surgeon counseling patients on such preventative behaviours will have sound knowledge of therapeutic interventions in order to treat patients effectively
- 4.3. Ensure appropriate informed consent is obtained for therapies, including use of knowledge related to disease processes, patient context and interpretation of investigations to enable informed consent
- 4.4. Ensure patients receive appropriate end-of-life care

5. Demonstrate proficient and appropriate use of procedural skills, indications, contraindications, potential complications and their management, and methods, both diagnostic and therapeutic

5.1. Demonstrate effective, appropriate, safe and timely performance of diagnostic and therapeutic procedures relevant to Otolaryngology - Head and Neck Surgery

5.1.A. Demonstrate a consultant's expertise in:

Head and Neck Surgery

- 5.1.1. Flexible and rigid endoscopy of the upper aerodigestive system
- 5.1.2. Lymph node biopsies
- 5.1.3. Thyroid and parathyroid surgery
- 5.1.4. Salivary gland surgery
- 5.1.5. Neck dissection
- 5.1.6. Tracheotomy
- 5.1.7. Branchial cleft cysts
- 5.1.8. Fine needle aspiration
- 5.1.9. Endoscopic biopsy
- 5.1.10. Thyroglossal cyst
- 5.1.11. Major flap reconstruction (excluding free flaps)

Pediatric Otolaryngology

- 5.1.12. Flexible endoscopy in infants and children
- 5.1.13. Microscopic ear examination and debridement
- 5.1.14. Nasal packing, foreign body removal, cautery
- 5.1.15. Myringotomy with ventilation and tube insertion
- 5.1.16. Tympanoplasty
- 5.1.17. Mastoidectomy (various types)
- 5.1.18. Pre-auricular sinus excision
- 5.1.19. Diagnostic laryngoscopy, esophagoscopy and bronchoscopy,
- 5.1.20. Excision of neck nodes, abscesses, or other masses
- 5.1.21. Tracheostomy
- 5.1.22. Branchial cleft cyst excision
- 5.1.23. Thyroglossal duct cyst excision
- 5.1.24. Adenotonsillectomy
- 5.1.25. Drainage of abscesses
- 5.1.26. Endoscopic sinus surgery

- 5.1.27. Turbinate surgery
- 5.1.28. External sinus surgery
- 5.1.29. Epistaxis control procedures
- 5.1.30. Nasal polypectomy
- 5.1.31. Septoplasty
- 5.1.32. Head and neck procedures

Facial Plastic and Reconstructive Surgery

- 5.1.33. Regional anesthesia (head/face/neck)
- 5.1.34. Skin biopsy technique (shave/ punch/ incisional/excisional)
- 5.1.35. Skin graft (split thickness/full thickness)
- 5.1.36. Cartilage graft
- 5.1.37. Composite graft (auricular)
- 5.1.38. Bone graft (calvarial)
- 5.1.39. Local/locoregional flaps
- 5.1.40. Cervicofacial cosmetic surgery
- 5.1.41. Rhinoplasty (with or without septoplasty)
- 5.1.42. Facial trauma and reconstructive surgery
- 5.1.43. Scar revision
- 5.1.44. Pigmented/Vascular lesions of the skin

Rhinology

- 5.1.45. Diagnostic and surgical procedures, including pre and post-op care performed in the management of disorders of the nose and paranasal sinuses
- 5.1.46. Septoplasty
- 5.1.47. Endoscopic sinus surgery (anterior and posterior , sphenoidotomy, maxillary antrostomy, nasal polypectomy, frontal sinusotomy)
- 5.1.48. Turbinate surgery
- 5.1.49. Orbital decompression for intraorbital hemorrhage
- 5.1.50. Drainage of intraorbital subperiosteal abscess
- 5.1.51. Biopsy of intranasal masses
- 5.1.52. Endoscopic sinus surgery (pediatric and adult)
- 5.1.53. Septoplasty
- 5.1.54. External sinus procedures
- 5.1.55. Surgical management of epistaxis

- 5.1.56. Endoscopic management of sinonasal neoplasms

Laryngology

- 5.1.57. Perform diagnostic and surgical procedures in laryngology. This also includes the use of regional anesthesia in this region
- 5.1.58. Appropriate pre- and post-operative care by demonstrating sound clinical judgement in selection of therapy
- 5.1.59. Diagnostic procedures including the interpretation of objective laryngeal and upper airway testing, and the indications for and the interpretation of radiologic testing for the larynx and upper airway
- 5.1.60. Office and operative laryngoscopy/endoscopy
- 5.1.61. Microlaryngoscopy
- 5.1.62. Repair of laryngeal fracture
- 5.1.63. Vocal fold injections
- 5.1.64. Laser procedures on the airway
- 5.1.65. Laryngeal framework surgery

Otology

- 5.1.66. Diagnostic procedures including otoscopy, pneumatic otoscopy, microscopic examination of the ear and debridement, and tuning fork testing for hearing loss
- 5.1.67. Perform conventional audiometry and tympanometry in adults
- 5.1.68. Myringotomy with ventilation and ventilation tube insertion
- 5.1.69. Myringoplasty, tympanotomy, tympanoplasty, canaloplasty, ossiculoplasty, excision of exostoses
- 5.1.70. Tympanomastoidectomy (pediatric and adult) including both canal wall up (combined approaches) and canal wall down approaches
- 5.1.71. Should be acquainted with and have experience in the surgical procedure for placement of bone anchored hearing aids

Neurotology

- 5.1.72. Mastoidectomy for facial nerve paralysis
- 5.1.73. Intratympanic therapeutic injections for hearing loss and dizziness
- 5.1.74. Surgical excision of middle ear tumours (including paraganglioma tympanicum)

General Otolaryngology - Head and Neck Surgery

- 5.1.75. Perform common diagnostic and surgical procedures in Otolaryngology – Head and Neck Surgery
- 5.1.76. Perform upper aerodigestive flexible and rigid endoscopies with or without foreign body extraction and/or biopsy
- 5.1.77. Perform rigid esophagoscopy and bronchoscopy with or without foreign body extraction and/or biopsy
- 5.1.78. External ear pathologies and their management
- 5.1.79. Principles and techniques used in evaluation and treatment of hearing disorders
- 5.1.80. Diagnostic tympanocentesis and myringotomies
- 5.1.81. Principles and techniques used in evaluation and treatment of speech, voice and swallowing disorders
- 5.1.82. Fine needle aspirate and diagnostic incisional biopsy for cervicofacial masses
- 5.1.83. Management of middle ear disorders in both children and adults
- 5.1.84. Management of pharyngeal and adenotonsillar disorders in both children and adults
- 5.1.85. Management of obstructive sleep apnea and snoring in both children and adults
- 5.1.86. Management of superficial and deep space neck infections
- 5.1.87. Epistaxis management
- 5.1.88. Assess and manage airway obstruction
- 5.1.89. Perform tracheostomy and tracheostomy care management
- 5.1.90. Management of nasal obstruction and rhinorrhea
- 5.1.91. Management of salivary gland pathologies
- 5.1.92. Management of head and neck manifestations of systemic disease
- 5.1.93. Cricothyroidotomy
- 5.1.94. Adenoidectomy
- 5.1.95. Tonsillectomy
- 5.1.96. Penetrating/blunt neck trauma
- 5.1.97. Benign neck surgery not otherwise included
- 5.1.98. Pre- and post-operative care by demonstrating appropriate clinical judgement in selection of therapy

5.1.B. Demonstrate expertise but not routinely perform independently the following:

Head and Neck Surgery

5.1.99. Laryngectomy

5.1.100. Oral mandibular resections

5.1.101. Maxillectomy (open)

5.1.102. Major free flap reconstructions

Pediatric Otolaryngology

5.1.103. Airway reconstructive surgery (pediatric)

Facial Plastic and Reconstructive Surgery

5.1.104. Facial reanimation surgery

Laryngology

5.1.105. Airway reconstruction

Neurotology

5.1.106. Procedures of labyrinthectomy, stapedotomy, resection of cerebellopontine angle (CPA) neoplasms, cochlear implantation and surgical procedures for vestibular disorders

5.2. Ensure appropriate informed consent is obtained for procedures

5.3. Document and disseminate information related to procedures performed and their outcomes

5.4. Ensure adequate follow-up is arranged for procedures performed

6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

6.1. Demonstrate insight into their own limitations of expertise

6.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care

6.3. Arrange appropriate follow-up care services for a patient and their family

Communicator

Definition:

As *Communicators*, Otolaryngology-Head and Neck Surgeons effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Key and Enabling Competencies: Otolaryngology-Head and Neck Surgeons are able to...

1. Develop rapport, trust, and ethical therapeutic relationships with patients and families

- 1.1. Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- 1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
 - 1.2.1. Demonstrate the capacity to recognize the psychological, occupational and social consequences of disorders of the head and neck, particularly relevant to patients with cancer of the head and neck including end-of-life discussions
 - 1.2.2. Demonstrate the capacity to recognize the psychological, occupational and social consequences of speech and voice disorders, particularly relevant to vocational demands
 - 1.2.3. Demonstrate the capacity to recognize the communication requirements relevant to patients who are deaf and hard of hearing
- 1.3. Respect patient confidentiality, privacy and autonomy
- 1.4. Listen effectively
- 1.5. Be aware of and responsive to nonverbal cues
- 1.6. Facilitate a structured clinical encounter effectively

2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals

- 2.1. Gather information about a disease and about a patient's beliefs, concerns, expectations and illness experience
 - 2.1.1. Demonstrate the ability to explore patient's beliefs, concerns, and expectations about the origin, nature and management of their illness. Otolaryngology - Head and Neck Surgeons need to be able to assess the impact of such factors as age, gender, ethno-culture background, social support, and emotional influences on a patient's illness

- 2.2. Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers and other professionals

3. Convey relevant information and explanations accurately to patients and families, colleagues and other professionals

- 3.1. Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable, encourages discussion and participation in decision-making

4. Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care

- 4.1. Identify and explore problems to be addressed from a patient encounter effectively, including the patient's context, responses, concerns, and preferences
 - 4.1.1. Recognize the unique issues related to deafness and the Deaf community
 - 4.1.2. Recognize the unique issues related to disorders of voice
- 4.2. Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making
- 4.3. Encourage discussion, questions, and interaction in the encounter
- 4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care
- 4.5. Address challenging communication issues effectively, such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding

5. Convey effective oral and written information about a medical encounter

- 5.1. Maintain clear, accurate, and appropriate records (e.g., written or electronic) of clinical encounters and plans
- 5.2. Present verbal reports of clinical encounters and plans
- 5.3. Present medical information to the public or media about a medical issue

Collaborator

Definition:

As *Collaborators*, Otolaryngology-Head and Neck Surgeons effectively work within a health care team to achieve optimal patient care.

Key and Enabling Competencies: Otolaryngology-Head and Neck Surgeons are able to...

1. Participate effectively and appropriately in an interprofessional health care team

- 1.1. Describe the Otolaryngology - Head and Neck Surgeon's roles and responsibilities to other professionals
- 1.2. Describe the roles and responsibilities of other professionals within the health care team
 - 1.2.1. Demonstrate the ability to recognize, value and utilize team members' area of expertise
- 1.3. Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- 1.4. Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)
- 1.5. Work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities
- 1.6. Participate in interprofessional team meetings such as those held within a multidisciplinary Head and Neck Oncology team, Cleft lip and palate team or Cochlear Implant team
- 1.7. Enter into interdependent relationships with other professions for the provision of quality care
- 1.8. Describe the principles of team dynamics
- 1.9. Respect team ethics, including confidentiality, resource allocation and professionalism
- 1.10. Demonstrate leadership in a health care team, as appropriate

2. Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict

- 2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team
- 2.2. Work with other professionals to prevent conflicts
- 2.3. Employ collaborative negotiation to resolve conflicts
- 2.4. Respect differences and address misunderstandings and limitations in other professionals
- 2.5. Recognize one's own differences, misunderstanding and limitations that may contribute to interprofessional tension

- 2.6. Reflect on interprofessional team function
 - 2.6.1. Contribute to healthy team development and conflict resolution, and contribute their own expertise to the team's task

Manager

Definition:

As *Managers*, Otolaryngology-Head and Neck Surgeons are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: Otolaryngology-Head and Neck Surgeons are able to...

1. Participate in activities that contribute to the effectiveness of their health care organizations and systems

- 1.1. Work collaboratively with others in their organizations
- 1.2. Participate in systemic quality process evaluation and improvement, such as patient safety initiatives
 - 1.2.1. Demonstrate effective skills in quality assurance
- 1.3. Describe the structure and function of the health care system as it relates to Otolaryngology - Head and Neck Surgery, including the roles of physicians
- 1.4. Describe principles of health care financing, including physician remuneration, budgeting and organizational funding

2. Manage their practice and career effectively

- 2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
- 2.2. Manage a practice including finances and human resources
- 2.3. Implement processes to ensure personal practice improvement
- 2.4. Employ information technology appropriately for patient care

3. Allocate finite health care resources appropriately

- 3.1. Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency and access with optimal patient care
- 3.2. Apply evidence and management processes for cost-appropriate care

4. Serve in administration and leadership roles, as appropriate

- 4.1. Chair or participate effectively in committees and meetings
- 4.2. Lead or implement change in health care
- 4.3. Plan relevant elements of health care delivery (e.g., work schedules)

Health Advocate

Definition:

As *Health Advocates*, Otolaryngology-Head and Neck Surgeons responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Key and Enabling Competencies: Otolaryngology-Head and Neck Surgeons are able to...

1. Respond to individual patient health needs and issues as part of patient care

- 1.1. Identify the health needs of an individual patient
- 1.2. Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care, for instance
 - 1.2.1. Promote hearing protection and conservation at work and at home
 - 1.2.2. Promote risk reduction of malignancy of the head and neck through smoking cessation, responsible alcohol use and UVA/UVB protection
 - 1.2.3. Promote early hearing and communication development
 - 1.2.4. Promote choking prevention in children

2. Respond to the health needs of the communities that they serve

- 2.1. Describe the practice communities that they serve
- 2.2. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
- 2.3. Appreciate the possibility of competing interests between the communities served and other populations

3. Identify the determinants of health for the populations that they serve

- 3.1. Identify the determinants of health of the populations, including barriers to access to care and resources
- 3.2. Identify vulnerable or marginalized populations, including those who are deaf and hard of hearing, within those served and respond appropriately

4. Promote the health of individual patients, communities, and populations

- 4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve
- 4.2. Describe how public policy impacts on the health of the populations served
 - 4.2.1. Promote policies that encourage early identification of patients presenting with disorders of the head and neck through screening programs for hearing impairment and malignancy
- 4.3. Identify points of influence in the health care system and its structure
 - 4.3.1. Facilitate patient's access to local and national resources available for patients who are deaf and hard of hearing
 - 4.3.2. Actively educate other health care providers and the public regarding common head and neck problems that benefit from early intervention
- 4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
- 4.5. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
- 4.6. Describe the role of the medical profession in advocating collectively for health and patient safety

Scholar

Definition:

As *Scholars*, Otolaryngology-Head and Neck Surgeons demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

Key and Enabling Competencies: Otolaryngology-Head and Neck Surgeons are able to...

1. Maintain and enhance professional activities through ongoing learning

- 1.1. Describe the principles of maintenance of competence
- 1.2. Describe the principles and strategies for implementing a personal knowledge management system
- 1.3. Recognize and reflect on learning issues in practice
- 1.4. Conduct a personal practice audit
- 1.5. Pose an appropriate learning question
- 1.6. Access and interpret the relevant evidence

- 1.7. Integrate new learning into practice
- 1.8. Evaluate the impact of any change in practice
- 1.9. Document the learning process

2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions

- 2.1. Describe the principles of critical appraisal
- 2.2. Critically appraise retrieved evidence in order to address a clinical question
- 2.3. Integrate critical appraisal conclusions into clinical care

3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others, as appropriate

- 3.1. Describe principles of learning relevant to medical education
- 3.2. Identify collaboratively the learning needs and desired learning outcomes of others
- 3.3. Select effective teaching strategies and content to facilitate others' learning
- 3.4. Demonstrate an effective lecture or presentation
- 3.5. Assess and reflect on a teaching encounter
- 3.6. Provide effective feedback
- 3.7. Describe the principles of ethics with respect to teaching

4. Contribute to the development, dissemination, and translation of new knowledge and practices

- 4.1. Describe the principles of research and scholarly inquiry
- 4.2. Describe the principles of research ethics
- 4.3. Pose a scholarly question
- 4.4. Conduct a systematic search for evidence
- 4.5. Select and apply appropriate methods to address the question including, but not limited to a prospective case controlled trial, randomized controlled trial or retrospective chart review
- 4.6. Disseminate the findings of a study through presentation or publication
- 4.7. Demonstrate understanding of the important role of basic and clinical research, and of the critical analysis of scientific developments, in relation to the practice of contemporary Otolaryngology - Head and Neck Surgery

- 4.8. Participate in a scholarly research, quality assurance, or educational project relevant to Otolaryngology-Head and Neck Surgery, demonstrating primary responsibility for at least two of the following elements of the project:
 - 4.8.1. Development of the hypothesis, which must include a comprehensive literature review
 - 4.8.2. Development of the protocol for the scholarly project
 - 4.8.3. Preparation of a grant application
 - 4.8.4. Development of the research ethics proposal
 - 4.8.5. Interpretation and synthesis of the results

Professional

Definition:

As Professionals, Otolaryngology-Head and Neck Surgeons are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Key and Enabling Competencies: Otolaryngology-Head and Neck Surgeons are able to...

1. Demonstrate a commitment to their patients, profession, and society through ethical practice

- 1.1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
- 1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
- 1.3. Recognize and appropriately respond to ethical issues encountered in practice
- 1.4. Manage conflicts of interest
- 1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
- 1.6. Maintain appropriate relations with patients

2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation

- 2.1. Demonstrate knowledge and an understanding of the professional, legal and ethical codes of practice
- 2.2. Fulfill the regulatory and legal obligations required of current practice
- 2.3. Demonstrate accountability to professional regulatory bodies
- 2.4. Recognize and respond to others' unprofessional behaviours in practice

2.5. Participate in peer review

3. Demonstrate a commitment to physician health and sustainable practice

- 3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice
- 3.2. Strive to heighten personal and professional awareness and insight
- 3.3. Recognize other professionals in need and respond appropriately

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