

Otolaryngology – Head and Neck Surgery: Core EPA #12

Assessing and managing pediatric patients with acute otitis media and/or otitis media with effusion (AOM/OME) (JC)

Key Features:

- This EPA includes the management of patients with acute complications
- The observation of this EPA is divided into two parts: patient assessments and performing procedures (pediatric otomicroscopy and ear debridement)
- This EPA should be achieved at the junior level of Core

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- intracranial/extracranial complications of AOM: yes; no

Collect 5 observations of achievement

- At least 2 acute intracranial/extracranial complications of AOM

Part B: Procedure - Pediatric otomicroscopy and ear debridement (in clinic, awake)

Supervisor does assessment based on direct observation

Use Form 2. (O-score criteria) Form collects information on:

- Presentation: otorrhea; cerumen impaction; foreign body

Collect 3 observations of achievement

- At least 1 of each presentation

Relevant milestones (Part A)

- 1 C ME 1.4.2** 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 C ME 1.4.3** 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 assessments, including but not limited to otoacoustic emissions (OAEs), auditory brainstem response
- 3 C ME 2.2.1** Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
- 4 C ME 2.2.9** **Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis**
- 5 C ME 2.2.11** **Select and interpret vestibular and/or audiological investigations**
- 6 C ME 3.1.2** **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 C ME 3.2.1** **Obtain informed consent for complex medical and surgical procedures and therapies**
- 8 C ME 3.2.2** Use shared decision-making in the consent process, taking risk and uncertainty into consideration

- 9 **C ME 3.3.1 Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources**
- 10 **C ME 4.1.2** Establish plans for ongoing care, taking into consideration the patient's clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence
- 11 **C COM 1.6.1 Tailor approach to decision making to patient capacity, values and preferences**
- 12 **C COM 2.1.1** Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- 13 **C COM 3.1.1** Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner
- 14 **C COM 4.1.1** Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
- 15 **C COM 4.3.1 Use communication skills and strategies that help the patient and family make informed decisions regarding their health**
- 16 **F COL 1.2.3** Consult as needed with other health care professionals, including but not limited to other physicians or surgeons
- 17 **C HA 1.3.5 Minimize otitis media by encouraging healthy environment including strategies such as smoking cessation (second hand smoke) and encouraging breastfeeding for newborns**
- 18 **C P 1.2.1** Demonstrate a commitment to excellence in all aspects of practice