

Otolaryngology – Head and Neck Surgery: Core EPA #17

Assessing patients with chronic airway obstruction (JC)

a. Providing surgical management for patients with chronic airway obstruction (SC)

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing procedures (laser/debridement, and dilation)
- The patient assessment aspects of this EPA include initial surgical and non-surgical management of chronic airway obstruction, which may include endoscopy and/or voice and airway analysis

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Age group: pediatric; adult
- Type: glottic; sub-glottic

Collect 3 observations of achievement

- At least one pediatric
- At least one adult
- At least one glottic
- At least one sub-glottic

Part B: Procedure – Senior Core

Supervisor does assessment based on direct observation

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

- Case complexity: low; medium; high
- Benign lesions: yes; no
- Procedure: laser/debridement; dilatation

Collect 4 observations of achievement

- At least 1 case of medium or high complexity
- At least 1 benign lesion
- At least 2 laser/debridement
- At least one dilatation

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 F ME 1.4.9 Apply the principles of diagnostic imaging**
- 3 C ME 1.4.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences as they apply to the therapeutic techniques/procedures relevant to Otolaryngology – Head and Neck Surgery
- 4 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**

- 5 **C ME 2.2.6 Perform and interpret findings of office and /or clinic based exams**
• **Voice and airway analysis**
- 6 **C ME 2.2.9 Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis**
• **diagnostic endoscopy**
• **aerodynamic testing**
- 7 **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
- 8 **C ME 3.2.1** Obtain informed consent for complex medical and surgical procedures and therapies
- 9 **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**
- 10 **C ME 4.1.3** Accurately identify situations that necessitate consultation of other health professionals to assist in the management of disorders encountered in Otolaryngology – Head and Neck Surgery
- 11 **C COM 2.1.3** Actively listen and respond to patient cues
- 12 **C COM 3.1.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner**
- 13 **C COM 3.1.2** Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
- 14 **C COM 4.3.1** Use communication skills and strategies that help the patient and family make informed decisions regarding their health
- 15 **F COL 1.2.3** Consult as needed with other health care professionals, including but not limited to other physicians or surgeons
- 16 **F COL 1.3.3** Communicate effectively with physicians and other colleagues in the health care professions