

Otolaryngology – Head and Neck Surgery: Core EPA #27

Assessing and managing patients regarding cervicofacial aesthetic surgery (SC)

Key Features:

- This EPA focuses on the techniques required for basic correction of 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 performing a procedure (rhinoplasty, otoplasty)

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Type of presentation: external nasal deformity; other

Collect 2 observations of achievement

- 2 different presentations
- One external nasal deformity

Part B: Procedure – Rhinoplasty/Otoplasty

Supervisor does assessment based on direct observation

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

- type of procedure: rhinoplasty; otoplasty?

Collect 2 observations of achievement

Relevant milestones (Part A)

- 1 C ME 1.4.1** Apply a broad base and depth of knowledge in the basic and clinical sciences relevant to Oto-HNS
- 2 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**
 - **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**
- 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 Oto- HNS
 - principles of laser microsurgical resection, cryotherapy, robotic surgery and/or electro 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 2.3.3 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 **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 3.1.3** Integrate planned procedures or therapies into global assessment and management plans
- 8 **C ME 3.2.1 Obtain informed consent for complex medical and surgical procedures and therapies**
- 9 **C COM 1.3.1 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 **C COM 2.2.1 Manage the flow of challenging patient encounters, including those with angry, distressed, or excessively talkative individuals**