Otolaryngology – Head and Neck Surgery: Core EPA #8

Assessing patients with dysphagia or swallowing disorders (JC)

a. Providing surgical management for patients with dysphagia or swallowing disorders (SC)

Key Features:
- The observation of this EPA is divided into three parts: patient assessments, and procedures at the junior core level (biopsy, foreign body removal) and at the senior core level (Zenker’s diverticulotomy, cricopharyngeal myotomy, esophageal dilation)
- The patient assessment aspect of this EPA may include, as relevant, flexible nasopharyngolaryngoscopy, fiberoptic endoscopic examination of swallowing (FEES) as well as interpretation of diagnostic imaging (e.g. barium swallow) or laboratory tests (e.g. manometry, pH monitoring)
- The procedural aspects of this EPA at the junior core level include initial surgical and non-surgical management with rigid endoscopy and foreign body retrieval, and may be observed in simulation

Assessment plan:

Part A: Patient Assessment
Supervisor does assessment based on direct observation

Use Form 1. Form collects information on:
- Cause: neurological; obstructive; neuromuscular (functional); inflammatory
- Age group: pediatric; adult
- Plan for management: surgical; medical

Collect 5 observations of achievement
- At least 2 pediatric
- At least 1 case with planned medical management
- At least 1 case with planned surgical management

Part B: Junior Core Procedure
Supervisor does assessment based on direct observation of a real or simulated case

Use Form 2. (O-score criteria) Form collects information on:
- Approach: laryngoscopy; esophagoscopy
- Procedure: biopsy; foreign body removal; not applicable; other
- Age group: pediatric; adult
- Setting: clinical; simulation
Collect 5 observations of achievement
- At least 1 of each approach
- At least 1 biopsy
- At least 1 foreign body removal
- At least 1 pediatric
- At least 1 adult

Part C: Senior Core Procedure
Supervisor does assessment based on direct observation

Use Form 2. (O-score criteria) Form collects information on:
- Procedure: Zenker’s diverticulotomy, cricopharyngeal myotomy, esophageal dilation

Collect 4 observations of achievement
- At least one of each procedure

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
   - Anatomy and physiology of upper aerodigestive system related to swallowing, including phases of normal swallowing
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 Otolaryngology – Head and Neck Surgery
3. C ME 2.1.1 Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during the current encounter or during future visits or with other health care practitioners
4. C ME 2.2.2 Perform a focused history and physical exam to classify phase of dysphagia: oral; oro-pharyngeal; esophageal
5. C ME 2.2.5 Identify patients experiencing or at risk for aspiration
6. C ME 2.2.9 Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis
   - Flexible nasopharyngolaryngoscopy
   - Fiberoptic endoscopic examination of swallowing (FEES)
   - Diagnostic imaging (barium swallow, modified barium swallow, CT, MRI)
   - Laboratory testing (manometry, pH monitor)
7. C ME 2.3.1 Establish goals of care, which may include achieving cure, improving function, slowing disease progression, treating symptoms, and palliation, in collaboration with patients and their families
8. F COM 2.1.1 Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
9. C COL 1.1.1 Anticipate, identify, and respond to patient safety issues related to the function of a team
10. F COL 1.2.3 Consult as needed with other health care professionals, including but not limited to other physicians or surgeons
11. C HA 1.2.1 Apply the principles of behaviour change during conversations
with patients about adopting healthy behaviours

12  C HA 1.3.4 Work with families to implement foreign body aspiration prevention
13  C HA 1.3.7 Promote choking prevention in children