

Entrustable Professional Activities for Otolaryngology – Head and Neck Surgery

2017
VERSION 1.0

Otolaryngology – Head and Neck Surgery: Transition to Discipline EPA #1

Assessing patients with Otolaryngology-Head and Neck Surgery presentations

Key Features:

- This EPA includes performing a history and examination focusing on the head and neck, synthesizing the case and presenting to supervisor

Assessment Plan:

Supervisor or delegate does assessment based on direct or indirect observation with review of consult letter

Use Form 1. Form collects information on:

- Type of observation: direct; indirect
- Consult type: emergency; non-emergency
- Domain: facial plastics and reconstructive surgery; head and neck surgery; laryngology; neurotology; otology; pediatric OHNS; sinonasal

Collect 3 observations of achievement

- At least 1 emergency consult
- At least 3 different assessors

Relevant milestones:

- 1 TD ME 2.1.1** Identify the concerns and goals of the patient and family during the encounter
- 2 TD ME 2.2.1** Elicit a basic head and neck history
- 3 TD ME 2.2.2** Synthesize patient information including symptoms, differential diagnosis, and treatment plan clearly and concisely
- 4 TD ME 2.2.3** Perform a head and neck physical exam
 - Use of microscope for otoscopy
 - Pneumatic otoscopy
 - Tuning fork tests (Weber and Rinne)
 - Use of headlight for anterior rhinoscopy and examination of oral cavity
 - Palpation of neck, including thyroid
 - Examination of cranial nerves
- 5 TD ME 2.4.1** Propose initial management plans for common problems in Otolaryngology – Head and Neck Surgery

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- 6 TD COM 3.1.2 Recognize when to seek help in providing clear explanations to the patient and family
- 7 TD COM 4.1.1 Conduct an interview, demonstrating cultural awareness
- 8 TD COM 5.1.1 **Organize information in appropriate sections within an electronic or written medical record**
- 9 TD COL 2.1.2 Show respect toward collaborators
- 10 TD P 1.1.1 Consistently prioritize the needs of patients and others to ensure a patient's legitimate needs are met
- 11 TD P 1.1.2 Demonstrate punctuality
- 12 TD P 1.1.3 Complete assigned responsibilities

Otolaryngology – Head and Neck Surgery: Foundation EPA #1

Providing initial clinical assessment, investigation and development of a management plan for patients with acute upper airway obstruction

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing a procedure (elective tracheostomy: open tracheotomy, percutaneous tracheotomy, cricothyroidotomy)
- The patient assessment aspect of this EPA may include performing a flexible nasopharyngolaryngoscopy

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Case scenario: emergent; elective

Collect 1 observations of achievement

- At least one emergent case

Part B: Procedure

Supervisor does assessment based on direct observation

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

- Type of procedure: elective tracheostomy; open tracheotomy; percutaneous tracheotomy; cricothyroidotomy
- Setting: clinical; simulation

Collect 3 observations of achievement

- One may be an assessment in simulation (cadaver or task trainer).
- One must be an open tracheotomy

Relevant milestones (Part A)

- 1 F ME 1.4.1** Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery
 - Anatomy, pathophysiology and microbiology
- 2 F ME 1.4.9** Apply the principles of diagnostic imaging
- 3 F ME 1.5.2** **Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately**
- 4 F ME 2.1.1** Identify and recognize life threatening or emergent issues
- 5 F ME 2.2.7** **Identify and differentiate normal and abnormal findings in history and physical exam**

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- 6 **F ME 2.2.14 Develop a specific differential diagnosis relevant to the patient’s presentation, for common Oto-HNS presentations**
- 7 **F ME 2.2.16 Select and interpret laboratory and imaging investigations**
- 8 **F ME 3.3.1 Consider urgency and potential for deterioration in advocating for the timely execution of a procedure or therapy**
- 9 **F ME 3.4.10** Establish and implement a plan for post-procedure care of the listed procedures
- 10 **F ME 3.4.11** Seek advice or supervision as needed when unanticipated findings or changing clinical circumstances are encountered
- 11 **F ME 4.1.1** Ensure follow-up on results of investigation and response to treatment
- 12 **F ME 4.1.2 Recognize need for consultation of other healthcare professionals**
- 13 **F COM 1.2.1** Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 14 **F COM 1.6.1** Assess patients’ decision-making capacity
- 15 **F COM 2.1.1** Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
- 16 **F COM 2.2.1** Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient’s cues and responses
- 17 **F COM 2.3.1** Seek and synthesize relevant information from other sources, including the patient’s family, with the patient’s consent
- 18 **F COM 3.1.1** Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, and management plan
- 19 **F COM 4.3.1 Answer questions from the patient and family about next steps**
- 20 **F COM 5.1.2** Document information about patients and their medical conditions in a manner that enhances intra-and interprofessional care
- 21 **F COM 5.1.3** Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 22 **F COL 1.2.1** Describe the roles and scopes of practice of other health care providers related to Otolaryngology – Head and Neck Surgery
- 23 **F COL 1.3.1 Identify referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise**
- 24 **F COL 2.1.1** Actively listen to and engage in interactions with collaborators
- 25 **F COL 2.2.2** Communicate clearly and directly to promote understanding, manage differences, and resolve conflicts
- 26 **F COL 2.2.3** Listen to understand and find common ground with collaborators
- 27 **F COL 3.1.1** Identify patients requiring handover to other physicians or health care professionals
- 28 **F HA 1.3.1** Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection

Otolaryngology – Head and Neck Surgery: Foundation EPA #2

Assessing and providing initial management for patients with a deep neck space infection or peritonsillar abscess

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and draining a peritonsillar abscess. More advanced surgical procedures are included in the Core stage.

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Type of observation: direct; indirect
- Case complexity: low; medium; high

Collect 3 observations of achievement

- At least 2 different assessors

Part B: Procedure – Drainage of Peritonsillar Abscess

Supervisor does assessment based on direct observation of the drainage of a peritonsillar abscess

Use Form 2 (O-score criteria)

Collect 2 observations of achievement

Relevant milestones (Part A)

- 1 F ME 1.4.1** Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery
 - Anatomy and microbiology
- 2 F ME 1.4.10** Apply clinical and biomedical sciences to manage patient presentations in Otolaryngology – Head and Neck Surgery
- 3 F ME 1.5.2** Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately
- 4 F ME 2.1.1** Identify and recognize life threatening or emergent issues
- 5 F ME 2.2.7** Identify and differentiate normal and abnormal findings in history and physical exam
- 6 F ME 2.2.14** Develop a specific differential diagnosis relevant to the patient's presentation, for common Oto-HNS presentations

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- 7 F ME 2.2.15 Select and interpret appropriate investigations for common Otolaryngology-Head and Neck Surgery presentations, based on a differential diagnosis**
- 8 F ME 2.4.1 Develop, implement and document initial management plans for common problems in Otolaryngology – Head and Neck Surgery**
- 9 F ME 2.4.2 Recognize and suggest an initial management plan for emergent issues**
- 10 F ME 2.4.3 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines**
- 11 F ME 3.3.1 Consider urgency and potential for deterioration in advocating for the timely execution of a procedure or therapy**
- 12 F COM 2.2.1 Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient’s cues and responses**
- 13 F COM 4.3.1 Answer questions from the patient and family about next steps**
- 14 F COM 5.1.3 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions**

Otolaryngology – Head and Neck Surgery: Foundation EPA #3

Assessing and providing basic management for patients with epistaxis

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing a procedure (rigid sino-nasal endoscopy, nasal packing, chemical cauterization, nasal septal hematoma evacuation)
- The patient assessment aspect of this EPA includes performing a flexible and/or rigid nasopharyngolaryngoscopy
- This EPA does not include more advanced surgical approaches such as endoscopic cauterization, sphenopalatine artery ligation and/or ethmoid artery ligation, which are part of the Core EPA

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct observation

Use Form 1.

Collect 3 observations of achievement

Part B: Procedure

Supervisor does assessment based on direct observation

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

- Procedure performed (check all that apply): rigid sino-nasal endoscopy; anterior nasal packing; posterior nasal packing; cauterization of anterior septum; nasal septal hematoma evacuation

Collect 3 observations of achievement

- At least 1 anterior plus posterior packing
- At least 1 chemical cauterization

Relevant milestones (Part A)

- 1 F ME 1.4.1** Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery
- 2 F ME 1.4.9** Apply clinical and biomedical sciences to manage patient presentations in Otolaryngology – Head and Neck Surgery
- 3 F ME 1.5.2** **Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately**
- 4 F ME 2.1.1** **Identify and recognize life threatening or emergent issues**

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- 5 **F ME 2.2.7 Identify and differentiate normal and abnormal findings in history and physical exam**
- 6 **F ME 2.2.13 Perform and interpret findings of office-based exams**
 - **Flexible and/or rigid nasopharyngolaryngoscopy with or without topical anesthesia**
- 7 **F ME 2.2.14 Develop a specific differential diagnosis relevant to the patient’s presentation, for common Oto-HNS presentations**
- 8 **F ME 2.2.15 Select and interpret appropriate investigations for common Otolaryngology-Head and Neck Surgery presentations, based on a differential diagnosis**
- 9 **F ME 2.4.1 Develop, implement and document initial management plans for common problems in Otolaryngology – Head and Neck Surgery**
- 10 **F ME 2.4.2 Recognize and suggest an initial management plan for emergent issues**
- 11 **F ME 2.4.3 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines**
- 12 **F ME 2.4.4 Discuss with the patient and family the degree of uncertainty inherent in all clinical situations**
- 13 **F ME 4.1.1 Ensure follow-up on results of investigation and response to treatment**
- 14 **F ME 4.1.2 Recognize need for consultations of other healthcare professionals**
- 15 **F COM 1.2.1 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety**
- 16 **F COM 2.1.1 Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation**
- 17 **F COM 2.2.1 Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient’s cues and responses**
- 18 **F COM 5.1.2 Document information about patients and their medical conditions in a manner that enhances intra-and interprofessional care**
- 19 **F COM 5.1.3 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions**
- 20 **F COL 1.3.1 Identify referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise**
- 21 **F COL 1.3.2 Integrate the patient’s perspective and context into the collaborative care plan**
- 22 **F COL 3.1.1 Identify patients requiring handover to other physicians or health care professionals**
- 23 **F COL 3.2.1 Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer as needed**
- 24 **F HA 1.3.1 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection**

Otolaryngology – Head and Neck Surgery: Foundation EPA #4

**Assessing and initiating investigations for adult and pediatric patients
presenting with a neck mass**

Key Features:

- The observation of this EPA is divided into two parts: patient assessment and performing a biopsy (including fine needle aspirate)
- The patient assessment aspect of this EPA may include performing a flexible and/or rigid endoscopy

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1.

Collect 3 observations of achievement

- At least 2 assessors

Part B: Procedure – Biopsy including Fine Needle Aspirate

Supervisor does assessment based on direct observation

Use Form 2. (O-score criteria)

Collect 1 observation of achievement

Relevant milestones (Part A)

- 1 F ME 1.4.1** Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery
 - Embryology, anatomy, histology and microbiology
 - 2 F ME 1.4.9** Apply clinical and biomedical sciences to manage patient presentations in Otolaryngology – Head and Neck Surgery
 - 3 F ME 2.1.1** **Identify and recognize life threatening or emergent issues**
 - 4 F ME 2.2.7** **Identify and differentiate normal and abnormal findings in history and physical exam**
 - 5 F ME 2.2.13** **Perform and interpret findings of office-based exams**
 - **Flexible and rigid endoscopy**
 - 6 F ME 2.2.14** Develop a specific differential diagnosis relevant to the patient's presentation, for common Oto-HNS presentations
 - 7 F ME 2.2.15** Select and interpret appropriate investigations for common Otolaryngology-Head and Neck Surgery presentations, based on a differential diagnosis
 - 8 F ME 2.4.1** Develop, implement and document initial management plans for common problems in Otolaryngology – Head and Neck Surgery
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- 9 **F ME 2.4.2 Recognize and suggest an initial management plan for emergent issues**
- 10 **F ME 4.1.1 Ensure follow-up on results of investigation and response to treatment**
- 11 **F ME 4.1.2 Recognize need for consultations of other healthcare professionals**
- 12 **F COM 2.1.1 Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation**
- 13 **F COM 2.1.2 Demonstrate knowledge of techniques for eliciting health information from children and their families**
- 14 **F COM 2.2.1 Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses**
- 15 **F COM 5.1.3 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions**
- 16 **F HA 1.3.1 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection**

Otolaryngology – Head and Neck Surgery: Foundation EPA #5

Assessing and providing comprehensive management for uncomplicated adult and pediatric patients with adenotonsillar disease

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing procedures (tonsillectomy or adenoidectomy or adenotonsillectomy)

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Age group : child; adolescent; adult
- Etiology : obstructive sleep apnea; malignancy; inflammation/infection

Collect 4 observations of achievement

- At least one adult or adolescent
- At least one pediatric obstructive sleep apnea
- At least one inflammation/infection

Part B: Procedure

Supervisor does assessment based on direct observation

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

- Type of procedure: tonsillectomy; adenoidectomy; adenotonsillectomy

Collect 6 observations of achievement

- At least 4 each of tonsillectomy and adenoidectomy

Relevant milestones (Part A)

- 1 F ME 1.4.7 Apply knowledge of medication dosing in pediatric patients**
- 2 F ME 1.4.9 Apply clinical and biomedical sciences to manage patient presentations in Otolaryngology – Head and Neck Surgery**
- 3 F ME 1.5.2 Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately**
- 4 F ME 2.2.7 Identify and differentiate normal and abnormal findings in history and physical exam**
- 5 F ME 2.2.14 Develop a specific differential diagnosis relevant to the patient's presentation, for common Oto-HNS presentations**

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- 6 **F ME 2.3.1 Work with patients and their families to understand relevant options for care**
- 7 **F ME 2.4.1 Develop, implement and document initial management plans for common problems in Otolaryngology – Head and Neck Surgery**
- 8 **F ME 2.4.2 Recognize and suggest an initial management plan for emergent issues**
- 9 **F ME 2.4.3 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines**
- 10 **F ME 3.1.1 Describe the indications, contraindications, risks, and/or alternatives for a given procedure or therapy**
- 11 **F COM 2.1.2 Demonstrate knowledge of techniques for eliciting health information from children and their families**
- 12 **F COM 2.1.1 Integrate and synthesize information about the patient's beliefs, values, preferences, context and expectations with biomedical and psychosocial information**
- 13 **F COL 3.2.2 Communicate with the patient's primary health care professional about the patient's care**
- 14 **F L 2.2.1 Apply evidence and guidelines with respect to resource utilization relevant to common clinical scenarios**
- 15 **F HA 1.2.1 Select patient education resources related to Otolaryngology – Head and Neck Surgery**

Otolaryngology – Head and Neck Surgery: Foundation EPA #6

Assessing and providing initial management for patients with nasal obstruction

Key Features:

- This EPA includes performing a flexible nasopharyngolaryngoscopy and may include rigid sino-nasal endoscopy and/or foreign body removal
- This EPA does not include surgical management

Assessment plan:

Supervisor does assessment based on direct observation

Use Form 1. Form collects information on:

- Case complexity: low; medium; high
- Diagnosis: rhinosinusitis; deviated nasal septum; foreign body; septal hematoma; other

Collect 4 observations of achievement

- At least 1 rhinosinusitis
- At least 1 deviated nasal septum

Relevant milestones

- 1 F ME 1.4.1** Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery
- 2 F ME 1.4.7** Apply knowledge of medication dosing in pediatric patients
- 3 F ME 1.4.10** Apply clinical and biomedical sciences to manage patient presentations in Otolaryngology – Head and Neck Surgery
- 4 F ME 2.2.7** Identify and differentiate normal and abnormal findings in history and physical exam
- 5 F ME 2.2.13 Perform and interpret findings of office-based exams**
 - **Flexible nasopharyngolaryngoscopy with or without topical anesthesia**
- 6 F ME 2.2.14** Develop a specific differential diagnosis relevant to the patient's presentation, for common Oto-HNS presentations
- 7 F ME 2.2.15 Select and interpret appropriate investigations for common Otolaryngology-Head and Neck Surgery presentations, based on a differential diagnosis**
- 8 F ME 2.3.1** Work with patients and their families to understand relevant options for care

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- 9 **F ME 2.4.1 Develop, implement and document initial management plans for common problems in Otolaryngology – Head and Neck Surgery**
- 10 **F ME 2.4.3** Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines
- 11 **F ME 3.1.1** Describe the indications, contraindications, risks, and/or alternatives for a given procedure or therapy
- 12 **F ME 3.1.5** Describe to patients common procedures or therapies for common conditions in their discipline
- 13 **F ME 3.2.1** Obtain informed consent for commonly performed medical and surgical procedures and therapies, under supervision
- 14 **F ME 3.2.2** Document the consent discussion accurately
- 15 **F ME 3.4.7 Perform common Oto- HNS procedures in a skillful, fluid, and safe manner with minimal assistance**
- 16 **F ME 3.4.10** Establish and implement a plan for post-procedure care of the listed procedures
- 17 **F ME 4.1.1** Ensure follow-up on results of investigation and response to treatment
- 18 **F COM 2.1.1** Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
- 19 **F COM 2.1.2** Demonstrate knowledge of techniques for eliciting health information from children and their families
- 20 **F COM 2.2.1** Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses
- 21 **F COM 2.3.1** Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
- 22 **F COM 4.3.1** Answer questions from the patient and family about next steps
- 23 **F COM 5.1.2** Document information about patients and their medical conditions in a manner that enhances intra-and interprofessional care
- 24 **F COM 5.1.3 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions**
- 25 **F COL 1.1.3 Receive and appropriately respond to input from other health care professionals**
- 26 **F COL 1.3.2 Integrate the patient's perspective and context into the collaborative care plan**
- 27 **F HA 1.2.1 Select patient education resources related to Oto - HNS**
- 28 **F HA 1.3.1 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection**

Otolaryngology – Head and Neck Surgery: Foundation EPA #7

Assessing and providing initial management for patients with acute-onset hearing loss

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing a myringotomy and tube insertion
- The patient assessment aspect of this EPA includes otomicroscopy and the interpretation of an audiogram

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; adults
- Audiogram done: yes; no

Collect 4 observations of achievement

- At least 2 must include interpretation of an audiogram

Part B: Procedure - Myringotomy and Tube Insertion

Supervisor does assessment based on direct observation of myringotomy and tube insertion

Use Form 2. (O-score criteria)

Collect 4 observations of achievement

Relevant milestones (Part A)

- 1 F ME 1.4.1** Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery
- 2 F ME 1.4.4 Apply knowledge of neurophysiology and neuropsychology of hearing perception**
- 3 F ME 1.4.8** Apply knowledge in clinical and biomedical sciences as they apply to the diagnostic techniques/procedures relevant to Otolaryngology – Head and Neck Surgery
 - Conventional audiometry (including but not limited to tympanometry and stapedial reflex testing) and otoacoustic emission testing , and their applications
 - Audiological assessment in different age groups
 - Tuning forks

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- 4 **F ME 1.4.9** Apply clinical and biomedical sciences to manage patient presentations in Otolaryngology – Head and Neck Surgery
- 5 **F ME 1.5.2** Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately
- 6 **F ME 2.2.7** Identify and differentiate normal and abnormal findings in history and physical exam
- 7 **F ME 2.2.13 Perform and interpret findings of office-based exams**
 - **Perform otomicroscopy**
 - **Interpret basic puretone audiogram tympanogram**
- 8 **F ME 2.2.14** Develop a specific differential diagnosis relevant to the patient's presentation, for common Oto-HNS presentations
- 9 **F ME 2.2.15** Select and interpret appropriate investigations for common Otolaryngology-Head and Neck Surgery presentations, based on a differential diagnosis
- 10 **F ME 2.4.3 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines**
- 11 **F ME 3.1.1** Describe the indications, contraindications, risks, and/or alternatives for a given procedure or therapy
- 12 **F ME 3.1.5** Describe to patients common procedures or therapies for common conditions in their discipline
- 13 **F ME 3.2.1** Obtain informed consent for commonly performed medical and surgical procedures and therapies, under supervision
- 14 **F ME 3.2.2** Document the consent discussion accurately
- 15 **F ME 3.4.10 Establish and implement a plan for post-procedure care**
- 16 **F ME 4.1.1 Ensure follow-up on results of investigation and response to treatment**
- 17 **F ME 4.1.2** Recognize need for consultations of other healthcare professionals
- 18 **F COM 1.6.1** Assess patients' decision-making capacity
- 19 **F COM 2.1.1** Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
- 20 **F COM 2.1.2** Demonstrate knowledge of techniques for eliciting health information from children and their families
- 21 **F COM 2.1.5** Recognize the psychological, occupational, and social consequences of sensory or communication disorders
- 22 **F L 2.1.2** Consider costs when choosing care options
- 23 **F L 2.2.1 Apply evidence and guidelines with respect to utilization relevant to common clinical scenarios**
- 24 **F HA 1.3.1** Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection

Otolaryngology – Head and Neck Surgery: Foundation EPA #8

Participating in the peri-operative care of patients undergoing free flap reconstruction

Key Features:

- This EPA includes recognizing and providing initial management of complications of free tissue transfer

Assessment plan:

Supervisor does assessment based on direct or indirect observation

Use Form 1.

Collect 2 observations of achievement

- At least 2 different assessors

Relevant milestones

- 1 F ME 1.4.1** Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery
- 2 F ME 2.1.4 Identify concerns for flap viability and seek assistance of members of the microsurgical team**
- 3 F ME 2.2.3** Elicit a history of risk factors for anastomotic failure in head and neck reconstruction
- 4 F ME 2.2.9** Identify post-operative factors that could compromise free flap survival including but not limited to deep neck infection, neck hematoma, salivary fistula, compressive dressing
- 5 F ME 2.2.11 Recognize signs of a compromised flap**
- 6 F ME 2.4.5 Demonstrate knowledge of intraoperative optimization and patient care**
- 7 F ME 2.4.9 Apply techniques for post-operative monitoring of free flap including but not limited to refill, Doppler implantable or not, color, prick test, oedema, firmness**
- 8 F ME 4.1.2 Recognize need for consultation of other healthcare professionals**
- 9 F COM 1.2.1** Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 10 F COL 1.1.5** Establish and maintain positive relationships with physicians and other colleagues

Otolaryngology – Head and Neck Surgery: Foundation EPA #9

Closing soft tissue defects, applying the concept of the reconstructive ladder

Key Features:

- This EPA includes the appropriate use of local anesthetic agents, suturing techniques and application of dressings

Assessment plan:

Supervisor does assessment based on indirect observation with review of clinic note

Use Form 2. Form collects information on:

- Location: operating room; emergency room; other
- Wound closure technique: primary wound closure; split/full thickness skin graft; simple advancement; rotation or transposition
- Case complexity: low; medium; high

Collect 4 observations of achievement

- At least 2 each of primary wound closure; split/full thickness graft

Relevant milestones

- 1 **F ME 1.1.1** Demonstrate compassion and a commitment to high-quality care and for patients
 - 2 **F ME 1.4.5** **Apply knowledge of cutaneous anatomy, aesthetic subunits, relaxed skin tension lines and non-distortable landmarks of the face**
 - 3 **F ME 2.2.10** **Describe the size, components, and specific characteristics of a wound including special functional and aesthetic considerations**
 - 4 **F ME 2.4.8** **Select the most appropriate wound closure option for the wound and patient**
 - 5 **F ME 3.2.1** Obtain informed consent for commonly performed medical and surgical procedures and therapies, under supervision
 - 6 **F ME 3.4.6** **Administer local anesthesia**
 - 7 **F ME 3.4.7** **Perform common Oto - HNS procedures in a skillful, fluid, and safe manner with minimal assistance**
 - 8 **F ME 3.4.9** Apply dressings for post-procedure care
 - 9 **F ME 4.1.3** **Implement appropriate wound care and follow-up at the end of each procedure**
 - 10 **F COM 1.2.1** **Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety**
 - 11 **F COM 5.1.5** **Document soft tissue defects and closure providing a good description, including but not limited to diagnosis, progression of healing or deterioration and management plan, including follow up**
 - 12 **F COL 3.2.3** Summarize the patient's issues in the transfer summary, including plans to deal with ongoing issues
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Otolaryngology – Head and Neck Surgery: Foundation EPA #10

Assessing and participating in the care of patients with maxillofacial trauma

Key Features:

- This EPA includes facial fractures and soft tissue trauma, following the principles of management of maxillofacial trauma
- The observation of this EPA is divided into two parts: patient assessment and performing a procedure (closed reduction nasal fracture)

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct observation

Use Form 1.

Collect 2 observations of achievement

Part B: Procedure – Closed Reduction Nasal Fracture

Supervisor does assessment based on direct observation

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

- Type of Procedure: nasal; other

Collect 2 observations of achievement

- At least 1 closed reduction nasal fracture

Relevant milestones (Part A)

- 1 F ME 1.4.1 Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery**
 - 2 F ME 1.4.6 Apply knowledge of common fracture patterns of the facial skeleton and their mechanisms of injury**
 - 3 F ME 1.5.2 Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately**
 - 4 F ME 2.2.1 Elicit a complete history for injury or trauma to the head and neck**
 - 5 F ME 2.2.5 Perform a physical exam with attention to risk of cervical spine injury**
 - 6 F ME 2.2.15 Select and interpret appropriate investigations for common Oto - HNS presentations, based on a differential diagnosis**
 - 7 F ME 2.4.2 Recognize and suggest an initial management plan for emergent issues**
 - 8 F ME 4.1.2 Recognize need for consultations of other healthcare professionals**
-

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR
OTOLARYNGOLOGY – HEAD AND NECK SURGERY (2017)*

- 9** **F COM 2.1.1** Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
- 10** **F COL 1.2.2** Contribute individual expertise to interprofessional teams
- 11** **F COL 3.2.4** Demonstrate safe handover care, both written and verbal during patient transitions
- 12** **F HA 1.3.1** Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection

Otolaryngology – Head and Neck Surgery: Foundation EPA #11

Assessing, diagnosing and initiating management of patients with head trauma

Key Features:

- This EPA may include the care of patients with CSF leak, spine injury, intracranial bleed, increased intracranial pressure or intracranial infection

Assessment plan:

Supervisor does assessment based on direct or indirect observation with review of consult letter

Use Form 1. Form collects information on:

- Patient presentation: CSF leak; spine injury; intracranial bleed; increased intracranial pressure; intracranial infection
- Case complexity; low; medium; high

Collect 2 observations of achievement

Relevant milestones

- 1 **F ME 1.4.1** Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery
- 2 **F ME 1.5.2** **Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately**
- 3 **F ME 2.1.1** **Identify and recognize life threatening or emergent issues**
- 4 **F ME 2.2.1** Elicit a complete history for injury or trauma to the head and neck
- 5 **F ME 2.2.4** **Perform a primary and secondary assessment as per ATLS guidelines**
- 6 **F ME 2.2.5** **Perform a physical exam with attention to risk of cervical spine injury**
- 7 **F ME 2.2.6** **Perform a detailed secondary history and neurological assessment after the initial stabilization**
- 8 **F ME 2.2.8** Apply the Glasgow coma scale in a patient with altered level of consciousness
- 9 **F ME 2.2.13** Perform and interpret findings of office-based exams
- 10 **F ME 2.2.16** Select, prioritize and interpret appropriate additional imaging, following initial stabilization/management of life-threatening or acute conditions
- 11 **F ME 2.4.2** **Recognize and suggest an initial management plan for emergent issues**
- 12 **F ME 2.4.6** **Demonstrate knowledge of immediate management modalities of the elevated ICP patient**
- 13 **F ME 3.4.4** Describe the use of specialized surgical tools and instruments
- 14 **F ME 3.4.8** **Provide assistance with neurosurgical procedures in the operating room**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR
OTOLARYNGOLOGY – HEAD AND NECK SURGERY (2017)*

- 15 **F COM 5.1.3** Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 16 **F COL 1.1.5** Establish and maintain positive relationships with physicians and other colleagues
- 17 **F COL 1.2.3** Consult as needed with other health care professionals, including but not limited to other physicians or surgeons
- 18 **F COL 3.2.4 Demonstrate safe handover care, both written and verbal during patient transitions**
- 19 **F S 1.2.2** Identify opportunities for learning needs that arise in daily work and seek for feedback from staff or senior residents
- 20 **F S 3.1.2** Recognize uncertainty and knowledge gaps in clinical encounters and generate questions relevant to neurosurgery safe practice while on rotation
- 21 **F P 1.3** Identify common ethical problems encountered in surgical practice including issues unique to Otolaryngology – Head and Neck Surgery
- 22 **F P 4.1.1** Develop a personal plan for managing stress and maintaining physical and mental well-being

Otolaryngology – Head and Neck Surgery: Foundation EPA #12

Providing basic airway management for ASA 1 or 2 patients with normal airway anatomy

Key Features:

- This EPA may be observed in a real or simulated case
- This EPA may include basic airway positioning, mask ventilation, direct laryngoscopy with endotracheal intubation, ventilation and extubation, and/or ventilation through supraglottic airway (laryngeal mask)

Assessment plan:

Supervisor does assessment based on direct observation

Use Form 2. Form collects information on:

- Type of procedure: basic airway positioning, oral airway insertion with bag mask ventilation; direct laryngoscopy with endotracheal intubation, ventilation and extubation; insertion of, and ventilation through supraglottic airway (laryngeal mask)
- Age group: pediatric; adult
- Setting: clinical; simulation

Collect 5 observations of achievement

- At least 2 adults and 2 pediatric
- At least 3 mask ventilation & endotracheal intubations
- At least 1 supraglottic airway
- At least 3 different assessors

Relevant milestones

- 1 F ME 1.4.1** Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery
 - Anatomy and physiology
- 2 F ME 2.2.2** Elicit a focused history and perform a physical exam to identify patients with potential for a difficult airway
- 3 F ME 3.1.2** Describe indications for use of adjuncts to bag mask ventilation
- 4 F ME 3.1.3** Describe indications and contra-indications for tracheal intubation and for use of supraglottic airway devices
- 5 F ME 3.4.1 Prepare the equipment required to be immediately available for basic airway management**
- 6 F ME 3.4.3 Apply a stepwise approach to sedation/intubation in an uncomplicated patient**
- 7 F ME 3.4.5** Set up and position the patient for intubation
- 8 F ME 3.4.7 Perform common Oto - HNS procedures in a skillful, fluid, and safe manner with minimal assistance**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR
OTOLARYNGOLOGY – HEAD AND NECK SURGERY (2017)*

- 9 **F ME 5.2.1** Use cognitive aids such as procedural checklists, surgical timeouts, debriefing, structured communication tools, or care paths to enhance patient safety
- 10 **F COM 1.2.1** Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 11 **F COM 5.1.4** Document the airway/intubation information accurately and comprehensively within an electronic or written medical record
- 12 **F COL 1.1.5 Establish and maintain positive relationships with physicians and other colleagues**
- 13 **F COL 1.2.3** Consult as needed with other health care professionals, including but not limited to other physicians or surgeons
- 14 **F COL 2.1.2** Respond to requests and feedback in a respectful and timely manner
- 15 **F COL 3.2.4 Demonstrate safe handover care, both written and verbal during patient transitions**
- 16 **F L 1.2.1** Demonstrate knowledge of and adherence to the standard safety procedures in place at the resident's centre

Otolaryngology – Head and Neck Surgery: Foundation EPA #13

Identifying patients presenting with an anticipated difficult airway and preparing for initial management options

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing a procedure (bag mask ventilation, insertion of laryngeal mask airway, videolaryngoscopy for endotracheal intubation)
- This EPA may be observed in a real or simulated case

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct observation

Use Form 1.

Collect 2 observations of achievement

- At least 2 different assessors

Part B: Procedure

Supervisor does assessment based on direct observation

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

- Setting: clinical; simulation
- Videolaryngoscopy: yes; no

Collect 2 observations of achievement

- At least one videolaryngoscopy for endotracheal intubation
- At least two assessors

Relevant milestones (Part A)

- 1 F ME 1.7.2 Recognize and respond to the complexity and uncertainty with managing an anticipated difficult airway by seeking proper assistance**
- 2 F ME 2.1.3 Recognize patients at risk of aspiration of gastric contents into the airway**
- 3 F ME 2.2.2 Elicit a focused history and perform a physical exam to identify patients with potential for a difficult airway**
- 4 F ME 2.2.12 Identify predictors of a difficult airway on physical examination such as a large overbite, large tongue, narrow mouth opening, short chin and/or Mallampati score**
- 5 F ME 2.4.2 Recognize and suggest an initial management plan for emergent issues**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR
OTOLARYNGOLOGY – HEAD AND NECK SURGERY (2017)*

- 6 **F ME 3.1.4** Understand the indications and risks of rapid sequence induction and intubation and their steps of execution
- 7 **F COM 5.1.4** Document the airway/intubation information accurately and comprehensively within an electronic or written medical record
- 8 **F COL 1.3.3 Communicate effectively with physicians and other colleagues in the health care professions**
- 9 **F COL 2.1.1 Actively listen to and engage in interactions with collaborators**
- 10 **TD COL 2.1.2** Show respect towards collaborators
- 11 **F L 2.2.2** Apply American Society of Anesthesiology (ASA) Guidelines for Management of the Difficult Airway
- 12 **F S 1.1.3** Demonstrate a structured approach to monitoring progress of learning in the clinical setting
- 13 **F S 1.2.3 Identify opportunities for learning and improvement by reflecting on and assessing performance and preparation**
- 14 **F S 3.1.1** Recognize uncertainty and knowledge gaps in clinical and other professional encounters relevant to Otolaryngology – Head and Neck Surgery

Otolaryngology – Head and Neck Surgery: Core EPA #1

Providing post-operative management

Key Features:

- This EPA focuses on two aspects of post-operative care: the clinical management of delayed complications as well as the aspects of discussing adverse events with patients
- This EPA includes management of patients with delayed complications

Assessment plan:

Supervisor does assessment based on indirect observation

Use Form 1. Form collects information on:

- Domain: rhinology; otology; laryngology; head and neck surgery; facial and plastic surgery
- Complication: yes; no

Collect 3 observations of achievement

- At least 2 domains
- At least 2 patients with a complication
- At least 3 assessors

Relevant milestones

- 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 Otolaryngology – Head and Neck Surgery
- 2 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
- 3 C ME 2.2.9** Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis
- 4 C ME 2.4.1** Develop, implement and document management plans that consider all of the patient's health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team
- 5 C ME 2.4.5** Provide timely and adequate responses to complications and undesired side effects of treatment
- 6 C ME 4.1.1** Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
- 7 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

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR
OTOLARYNGOLOGY – HEAD AND NECK SURGERY (2017)*

- 8 C ME 4.1.3 Accurately identify situations that necessitate consultation of other health professionals to assist in the management of disorders encountered in Oto - HNS**
- 9 C COM 2.1.2 Integrate, summarize, and present the biopsychosocial information obtained from a patient-centred interview**
- 10 C COM 3.1.2 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner**
- 11 C COM 3.2.1 Communicate the reasons for unanticipated clinical outcomes to patients and disclose patient safety incidents**
- 12 C COM 4.3.1 Use communication skills and strategies that help the patient and family make informed decisions regarding their health**
- 13 C COM 5.2.2 Communicate effectively using a written health record, electronic medical record, or other digital technology**
- 14 C COL 3.2.1 Organize the handover of care to the most appropriate physician or health care professional**
- 15 C P 1.1.3 Exhibit appropriate professional behaviours and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality**
- 16 C P 1.2.1 Demonstrate a commitment to excellence in all aspects of practice**

Otolaryngology – Head and Neck Surgery: Core EPA #2

Managing an inpatient surgical service

Key Features:

- The achievement of this EPA is observed based on feedback from attending staff, junior learners (OTO-HNS and off-service), nursing staff, other relevant health professionals and/or administrative staff

Assessment plan:

Multiple observers provide feedback individually, which is then collated to one report

Use Form 3. Form collects information on:

- Role of observer: attending staff; junior learner; nursing staff; other health professional; administrative staff

Collect feedback on 2 occasions, one each at junior core and senior core. Each occasion should include

- At least one attending staff
- At least 2 other observer roles
- At least 6 observers

Relevant milestones

- 1 C ME 1.6.1 Maintain a duty of care and patient safety while balancing multiple responsibilities**
- 2 C ME 1.6.2 Prioritize patients on the basis of clinical presentations**
- 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 COL 1.2.1 Recognize, value and utilize the expertise of interprofessional team members**
- 5 F COL 1.2.2 Consult as needed with other health care professionals, including other physicians or surgeons**
- 6 C COL 2.1.1 Delegate tasks and responsibilities in an appropriate and respectful manner**
- 7 C L 2.1.1 Use clinical judgment to minimize wasteful practices**
- 8 C L 3.1.2 Assume the role of chief resident and lead junior residents in a hospital patient care team**
- 9 C S 2.1.1 Use strategies for deliberate, positive role-modelling**
- 10 C S 2.2.1 Identify and respond to threats to the safe learning environment as they occur**
- 11 C S 2.2.2 Provide a safe environment for junior learners**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR
OTOLARYNGOLOGY – HEAD AND NECK SURGERY (2017)*

- 12 **C S 2.3.1 Supervise learners to ensure they work within limitations, seeking guidance and supervision when needed**
- 13 **C S 2.3.2 Balance clinical supervision and graduated responsibility, ensuring the safety of patients and learners**
- 14 **C S 2.4.4** Describe clinical teaching strategies relevant to their discipline
- 15 **C S 2.6.1** Appropriately assess junior learners in various learning situations
- 16 **C P 1.1.2 Intervene when behaviours toward colleagues and learners undermine a respectful environment**
- 17 **C P 1.2.1** Demonstrate a commitment to excellence in all aspects of practice
- 18 **C P 2.1.1** Demonstrate a commitment to the promotion of the public good in health care, including stewardship of resources
- 19 **C P 3.3.2** Participate in the assessment of junior learners
- 20 **C P 4.1.1** Exhibit strategies for managing stress and maintaining physical and mental well-being during residency
- 21 **C P 4.3.1** Support others in their professional transitions

Otolaryngology – Head and Neck Surgery: Core EPA #3

Participating in (or leading) quality improvement initiatives to enhance the system of patient care

Key Features:

- This EPA focuses on the review of a case or series of cases, with an analysis of the quality of care provided and identification of factors that may lead to improved quality of care
- This may be a resident presentation at Morbidity and Mortality rounds, a report, an abstract or other form of submission

Assessment plan:

Supervisor does assessment based on direct or indirect observation (i.e. observes presentation at rounds, reviews report or abstract)

Use Form 1.

Collect 1 observation of achievement

Relevant milestones

- 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 Otolaryngology – Head and Neck Surgery**
- 2 C ME 5.1.4 Identify potential improvement opportunities arising from harmful patient safety incidents and near misses**
- 3 C ME 5.1.5 Participate in an analysis of patient safety incidents**
- 4 F ME 5.2.2 Describe strategies to mitigate the negative effects of human and system factors on clinical practice**
- 5 C COL 1.1.1 Anticipate, identify, and respond to patient safety issues related to the function of a team**
- 6 C L 1.1.1 Analyze and provide feedback on processes seen in one's own practice, team, organization, or system**
- 7 C L 1.1.2 Participate in a patient safety and/or quality improvement initiative**
- 8 C L 1.4.1 Map the flow of information in the care of patients in Oto - HNS and suggest changes for quality improvement and patient safety**
- 9 C L 3.1.1 Contribute to a health care change initiative**
- 10 C L 3.2.1 Develop a strategy for implementing change in health care with patients, physicians, and other health care professionals**
- 11 C L 3.2.2 Analyze ongoing changes occurring in health care delivery**
- 12 C S 3.3.1 Evaluate the applicability (external validity or generalizability) of evidence from a resource**

13 C P 3.3.1 Participate in the review of practice, standard-setting and quality improvement activities

Otolaryngology – Head and Neck Surgery: Core EPA #4

Developing and executing a research project

Key Features:

- The resident's involvement in the research project will include the following: literature review, experimental design, ethics application, data analysis/statistics, manuscript preparation and presentation of work (does not need to be published)

Assessment plan:

Supervisor does assessment based on review of resident's submission of the research project

Use Form 1.

Collect 1 observation of achievement

Relevant milestones

- 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 COL 1.2.1** Recognize, value, and utilize the expertise of interprofessional team members
- 3 **C COL 1.2.2** Liaise with intersecting health professions
- 4 **C S 3.1.1** **Generate focused questions to address practice uncertainty and knowledge gaps**
- 5 **F S 3.2.1** Conduct a basic literature search
- 6 **C S 3.2.1** Identify, select, and navigate pre-appraised resources
- 7 **C S 4.1.1** **Apply the principles of research and scholarly inquiry to contribute to a scholarly investigation or the dissemination of research findings**
- 8 **C S 4.2.1** **Identify ethical principles for research and incorporate them into obtaining informed consent, considering harm and benefit, and considering vulnerable populations**
- 9 **C S 4.3.1** Actively participate as a research team member, balancing the roles and responsibilities of a researcher with the clinical roles and responsibilities of a physician
- 10 **C S 4.3.2** **Execute at least three of the following elements of a research project: development of the hypothesis, including a comprehensive literature review; development of the protocol for the scholarly project; preparation of a grant application; development of the research ethics proposal; interpretation and synthesis of the results**
- 11 **C S 4.4.1** Pose medically and scientifically relevant and appropriately-constructed questions amenable to scholarly investigation
- 12 **C S 4.4.2** **Select appropriate methods of addressing a given scholarly question**
- 13 **C S 4.5.1** Summarize and communicate to professional and lay audiences, including patients and their families, the findings of applicable research and scholarly inquiry

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR
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- 14 **C S 4.5.2 Prepare a manuscript suitable for publication in a peer-reviewed journal**
- 15 **C P 1.2.1 Demonstrate a commitment to excellence in all aspects of practice**

Otolaryngology – Head and Neck Surgery: Core EPA #5

Providing emergency surgical management for patients with acute airway problems

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing procedures (tracheotomy and cricothyroidotomy)
- Performing a cricothyroidotomy 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:

- Etiology: infectious, trauma; other

Collect 4 observations of achievement

Part B: Procedure

Supervisor does assessment based on direct observation

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

- Procedure: tracheotomy; cricothyroidotomy
- acuity: acute; non-acute
- setting: clinical; simulation

Collect 4 observations of achievement

- at least 1 tracheotomy
- at least 1 cricothyroidotomy (may be simulation)

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 1.5.1** Perform clinical assessments that address the breadth and depth of issues in each case
- 3 C ME 1.7.1** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
- 4 C ME 1.7.2** Seek assistance in situations that are complex or new
- 5 C ME 2.4.2** Recognize and establish a management plan for life threatening or emergent issues

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR
OTOLARYNGOLOGY – HEAD AND NECK SURGERY (2017)*

- 6 **C COM 1.6.1** Tailor approaches to decision-making to patient capacity, values, and preferences
- 7 **C COL 1.3.1 Provide timely and necessary information to colleagues to enable effective relationship-centered care**
- 8 **C P 1.1.1** Manage complex issues while preserving confidentiality

Otolaryngology – Head and Neck Surgery: Core EPA #6

**Performing surgical drainage of deep neck space infections in adult and
pediatric patients (JC)**

Key Features:

- This EPA builds on the surgical skills attained in Foundations and includes the incision and drainage of deep neck space infections and neck abscesses
- This EPA should be achieved at the junior Core stage

Assessment plan:

Supervisor does assessment based on direct observation

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

- Age group: pediatric; adult
- Trans-oral drainage of retro/para-pharyngeal abscess: yes; no

Collect 2 observations of achievement

- At least one pediatric patient
- At least one trans-oral drainage of retro/para-pharyngeal abscess

Otolaryngology – Head and Neck Surgery: Core EPA #7

Assessing and managing patients with non-neoplastic salivary disorders (JC)

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing procedures (gland excisions, duct dilation)
- This EPA should be achieved at the junior core stage
- The procedural aspects of this EPA may be observed in any etiology of salivary gland disorder (i.e. benign or malignant)

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Category: infection; obstruction

Collect 2 observations of achievement

- At least 1 infection
- At least 1 obstruction

Part B: Procedure

Supervisor does assessment based on direct observation

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

- Procedure: gland excision; duct dilation

Collect 3 observations of achievement

- At least 2 gland excisions
- At least 1 duct dilation

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 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
 - 3 C ME 2.2.8** **Develop a differential diagnoses, evaluation plan and treatment plan based on findings of appropriate investigations**
 - 4 C ME 2.2.9** **Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis**
-

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR
OTOLARYNGOLOGY – HEAD AND NECK SURGERY (2017)*

- 5 **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**
- 6 **C ME 4.1.2 Establish plans for ongoing care**
- 7 **C COM 2.1.1 Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information**
- 8 **C COM 3.1.2 Convey information related to the patient’s health status, care, and needs in a timely, honest, and transparent manner**

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

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR
OTOLARYNGOLOGY – HEAD AND NECK SURGERY (2017)*

- 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

Otolaryngology – Head and Neck Surgery: Core EPA #9

Assessing and managing adult and pediatric patients with sleep disordered breathing

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing a procedure (palate surgery)

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1.

Collect 2 observations of achievement

Part B: Procedure – Palate Surgery

Supervisor does assessment based on direct observation

Use Form 2. (O-score criteria)

Collect 1 observation of achievement

- at least 1 palate surgery

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 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
- 3 C ME 2.3.2** Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
- 4 C ME 2.4.1** Develop, implement, and document management plans that consider all of the patient's health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team
- 5 C ME 3.1.3** Integrate planned procedures or therapies into global assessment and management plans
- 6 C ME 3.2.2** Use shared decision-making in the consent process, taking risk and uncertainty into consideration
- 7 C ME 4.1.1** Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR
OTOLARYNGOLOGY – HEAD AND NECK SURGERY (2017)*

- 8 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**
- 9 C COM 2.1.1 Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information**
- 10 C COM 3.1.2 Convey information related to the patient’s health status, care, and needs in a timely, honest, and transparent manner**
- 11 C COM 4.3.1 Use communication skills and strategies that help the patient and family make informed decisions regarding their health**

Otolaryngology – Head and Neck Surgery: Core EPA #10

Assessing patients with facial paralysis, and providing recommendations for both surgical and non-surgical treatment options

Key Features:

- This EPA focuses on patient assessment, including the role of electrophysiologic assessment as well as imaging
- This EPA may include the use of antiviral therapy and corticosteroids as well as eye care in collaboration with Ophthalmology
- This EPA may be observed in a broad range of etiologies of facial paralysis

Assessment plan:

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Acuity of issue: acute; chronic
- Etiology: Bell's palsy; traumatic; iatrogenic; other

Collect 3 observations of achievement

- At least one chronic case
- At least one acute Bell's palsy³

Relevant milestones

- 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 Otolaryngology – Head and Neck Surgery
- 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
 - Electrophysiological assessments, including but not limited to intraoperative monitoring of cranial nerves and electroneurography
- 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
 - Use of antiviral therapy and corticosteroids
- 4 C ME 2.2.9** Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis
- 5 F ME 2.3.1** Work with patients and their families to understand relevant options for care
- 6 C ME 2.4.1** Develop, implement, and document management plans that consider all of the patient's health problems and context in collaboration

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- with patients and their families and, when appropriate, the interprofessional team**
- 7 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**
 - 8 C ME 5.1.3 Incorporate, as appropriate, into a differential diagnoses, harm from health care delivery**
 - 9 C COL 1.2.2 Liaise with intersecting health professions**

Otolaryngology – Head and Neck Surgery: Core EPA #11

Assessing and managing pediatric patients presenting with airway obstruction (acute or chronic) (JC)

Key Features:

- The observation of this EPA is divided into of two parts: patient assessments and performing procedures (suspension microlaryngoscopy, awake flexible laryngoscopy, direct rigid laryngoscopy, direct rigid bronchoscopy, airway foreign body removal)
- The procedural aspects of this EPA may be observed in simulation
- This EPA should be achieved at the junior stage of Core

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Patient age: <3 mos; > 3 mos

Collect 3 observations of achievement

- At least one <3 mos

Part B: Procedure – Junior Core

Supervisor does assessment based on direct observation

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

- Patient Age: <3 mos, >3 mos
- Procedure: Suspension microlaryngoscopy; awake flexible laryngoscopy; direct rigid laryngoscopy; direct rigid bronchoscopy
- Airway foreign body removal: yes; no

Collect 5 observations of achievement

- At least one child <3 months old
- At least one of each procedure
- At least one foreign body removal

Relevant milestones (Part A)

- 1 C ME 1.3.1** Consolidate the competencies of Surgical Foundations
- 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

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- 3 **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
- 4 **C ME 1.6.2 Prioritize patients on the basis of clinical presentations**
- 5 **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
- 6 **C ME 2.2.8 Develop a differential diagnoses, evaluation plan and treatment plan based on findings of appropriate investigations**
- 7 **C ME 2.4.2 Recognize and establish a management plan for life threatening or emergent issues**
- 8 **C ME 3.3.2 Advocate for a patient's procedure or therapy on the basis of urgency and available resources**
- 9 **C COM 1.5.1 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately**

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

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- 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**

Otolaryngology – Head and Neck Surgery: Core EPA #13

Providing advanced surgical management for patients with epistaxis (SC)

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing procedures
- This EPA builds on the abilities demonstrated in Foundations and focuses on recognizing the limits for non-surgical management, applying an algorithm for the management of epistaxis beyond nasal packing and chemical cautery (i.e. involving interventional radiology and/or surgical cautery/ligation).
- The surgical approach may include endoscopic cauterization as well as sphenopalatine artery ligation and/or ethmoid artery ligation. A procedure that only involves endoscopy cautery would not be sufficient for this EPA.
- The procedural aspects of this EPA 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:

- Options: interventional radiology; surgical intervention

Collect 1 observation of achievement

Part B: Procedure

Supervisor does assessment based on direct observation

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

- sphenopalatine artery (SPA) ligation: yes; no
- ethmoid artery ligation: yes; no
- Setting: clinical; simulation

Collect 2 observations of achievement

- Must be either SPA or ethmoid ligation or both

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 1.5.1** Perform clinical assessments that address the breadth and depth of issues in each case
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- 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 2.4.2 Recognize and establish a management plan for life threatening or emergent issues**
- 5 **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**
- 6 **C ME 4.1.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved**
- 7 **C ME 4.1.3 Accurately identify situations that necessitate consultation of other health professionals to assist in the management of disorders encountered in Oto - HNS**
- 8 **C COM 1.5.1 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately**
- 9 **C COM 3.1.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner**
- 10 **C COM 3.1.2 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner**
- 11 **F COL 1.2.3 Consult as needed with other health care professionals, including other physicians or surgeons**
- 12 **C COL 1.2.1 Recognize, value, and utilize the expertise of interprofessional team members**
- 13 **C COL 1.2.2 Liaise with intersecting health professions**
- 14 **F COL 1.3.3 Communicate effectively with physicians and other colleagues in the health care professions**
- 15 **C COL 2.1.2 Maintain positive relationships in all professional contexts**
- 16 **C L 3.1.2 Assume the role of chief resident and lead junior residents in a hospital patient care team**

Otolaryngology – Head and Neck Surgery: Core EPA #14

Assessing and managing patients presenting with rhinosinusitis

Key Features:

- The observation of this EPA is divided into four parts: patient assessments, performing procedures at the junior core level (basic endoscopic sinus surgery), performing procedures at the senior core level (complete endoscopic sinus surgery) and providing post-operative follow-up care.
- The procedural aspects at the junior Core level focus on basic endoscopic sinus surgery of simple or primary cases and include the procedures of nasal polypectomy, uncinectomy, maxillary antrostomy, anterior ethmoidectomy, and debridement of the ESS cavity
- The procedural aspects at the senior Core level focus on complete endoscopic sinus surgery of primary or more complex cases and include sphenoethmoidectomy. These procedures may be observed in simulation.

Assessment plan:

Part A: Initial Assessment

Supervisor does assessment based on direct observation and/or a case presentation

Use Form 1. Form collects information on:

- Conditions: primary; recurrent; polyposis

Collect 3 observations of achievement

- At least 1 from each condition

Part B: Procedure – Basic Endoscopic Sinus Surgery (JC)

Supervisor does assessment based on direct observation

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

- Case complexity: low; medium; high
- Patient age
- Procedure: nasal polypectomy; uncinectomy; maxillary antrostomy; anterior ethmoidectomy
- Debridement: yes; no

Collect 3 observations of achievement

Part C: Procedure – Complete Endoscopic Sinus Surgery (SC)

Supervisor does assessment based on direct observation or simulation

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

- Case complexity: low; medium; high
- Setting: clinical; simulation

Collect 3 observations of achievement

Part D: Follow-up

Supervisor does assessment based on direct observation

Use Form 1. Form collects information on:

- age: adult; older children, other
- debridement: yes; no

Collect 3 observations of achievement

- At least 1 adult
- At least 1 older child
- At least 2 patients requiring debridement

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
 - bacteriology and bacterial resistance as related to sinusitis
 - pathophysiology of chronic sinusitis with and without nasal polyposis
 - principles of therapeutic agents for allergic disorders of the nose and Chronic Rhinosinusitis with nose polyps (CRSwNP) and Chronic Rhinosinusitis without nasal polyps (CRSsNP), including topical and systemic therapies
- 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
 - Tests of nasal function and olfactory disorders
- 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 2.2.1** **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 2.2.8** **Develop a differential diagnoses, evaluation plan and treatment plan based on findings of appropriate investigations**
- 6 C ME 2.2.9** **Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis**
- 7 C ME 2.4.1** **Develop, implement, and document management plans that consider all of the patient's health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team**
- 8 C ME 3.2.1** **Obtain informed consent for complex medical and surgical procedures and therapies**

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- 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 COM 2.1.1 Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information**
- 11 **C COM 2.1.2 Integrate, summarize, and present the biopsychosocial information obtained from a patient-centred interview**
- 12 **C COM 3.1.2 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner**
- 13 **C COM 5.2.2 Communicate effectively using a written health record, electronic medical record, or other digital technology**
- 14 **C P 1.2.1 Demonstrate a commitment to excellence in all aspects of practice**

Relevant milestones (Part D)

- 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 1.5.2 Assess and document the extent of the disease including rating scores where appropriate**
- 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 2.2.3 Identify risk factors for recurrent disease**
- 5 **C ME 2.2.6 Perform and interpret findings of office and /or clinic based exams**
- 6 **C ME 2.2.9 Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis**
- 7 **C ME 2.4.1 Develop, implement, and document management plans that consider all of the patient's health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team**
- 8 **C ME 2.4.5 Provide timely and adequate responses to complications and undesired side effects of treatment**
- 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 ME 4.1.4 Provide long-term management of a patient after medical and/or surgical treatment**
- 12 **C COM 5.2.2 Communicate effectively using a written health record, electronic medical record, or other digital technology**
- 13 **C P 1.1.3 Exhibit appropriate professional behaviours and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality**
- 14 **C P 1.2.1 Demonstrate a commitment to excellence in all aspects of practice**

Otolaryngology – Head and Neck Surgery: Core EPA #15

Assessing and managing patients presenting with a sinonasal mass (SC)

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and an operative biopsy of a complex nasal mass
- This task includes performing a biopsy and/or subtotal resection of a sinonasal mass with tissue adequacy confirmed by frozen section

Assessment plan:

Part A: Patient assessment

Supervisor does assessment based on direct observation

Use Form 1. Form collects information on:

- Indication for biopsy: yes; no

Collect 2 observations of achievement

- At least one case needing discussion of biopsy

Part B: Procedure

Supervisor does assessment based on direct observation

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

- Procedure: subtotal resection; biopsy

Collect 1 observation 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
- 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 image guidance systems and their application to surgery
- 4 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

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- 5 **C ME 2.2.9 Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis**
- 6 **C ME 3.1.3 Integrate planned procedures or therapies into global assessment and management plans**
- 7 **C ME 3.2.2 Use shared decision-making in the consent process, taking risk and uncertainty into consideration**
- 8 **C ME 3.3.2 Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources**
- 9 **C COM 3.1.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner**
- 10 **C COL 1.2.2 Liaise with intersecting health professions**

Otolaryngology – Head and Neck Surgery: Core EPA #16

Assessing and managing patients with nasal obstruction and/or septal deformities (JC)

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing procedures (septoplasty and turbino­plasty)
- This EPA should be achieved at the junior level of Core

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct observation

Use Form 1. Form collects information on:

- Presentation: septal deformity; turbinate hypertrophy

Collect 3 observations of achievement

- At least 2 septal deformity
- At least 1 turbinate hypertrophy

Part B: Procedure – Junior Core

Supervisor does assessment based on direct observation

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

- Septoplasty: yes; no
- Turbino­plasty: yes; no

Collect 3 observations of achievement

- At least 3 septoplasty
- At least 2 turbino­plasty

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 2.2.9 Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis**
- 3 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

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- 4 **C ME 2.4.1** Develop , implement, and document management plans that consider all of the patient’s health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team
- 5 **F ME 2.4.3** Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines
- 6 **C ME 3.1.1 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy**
- 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 3.2.2** Use shared decision-making in the consent process, taking risk and uncertainty into consideration
- 9 **C COM 2.1.1 Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information**
- 10 **C COM 2.1.2** Integrate , summarize, and present the biopsychosocial information obtained from a patient-centred interview
- 11 **C COM 2.1.3 Actively listen and respond to patient cues**
- 12 **C COM 4.3.1 Use communication skills and strategies that help the patient and family make informed decisions regarding their health**
- 13 **C P 1.2.2** Analyze how the system of care supports or jeopardizes excellence

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

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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

Otolaryngology – Head and Neck Surgery: Core EPA #18

Assessing patients with dysphonia (JC)

a. Providing surgical management for patients with dysphonia (SC)

Key Features:

- The observation of this EPA is divided into three parts: patient assessments including diagnostic endoscopy, objective voice testing and aerodynamic testing; procedures at the junior level of Core (rigid and flexible laryngoscopies); and procedures at the senior level of Core (vocal fold injection, microlaryngoscopy, laser/debridement and thyroplasty)

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 : vocal cord paralysis; vocal cord lesion; functional voice disorder; other

Collect 4 observations of achievement

- At least one pediatric
- At least one adult
- At least one with vocal cord paralysis
- At least one with vocal cord lesion
- At least one with functional voice disorder

Part B: Procedure – Junior Core

Supervisor does assessment based on direct observation

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

- procedure: rigid laryngoscopy; flexible laryngoscopy; microlaryngoscopy

Collect 5 observations of achievement

- at least 2 rigid laryngoscopy
- at least 2 flexible laryngoscopy
- at least one microlaryngoscopy

Part C: Procedure – Senior Core

Supervisor does assessment based on direct observation

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

- procedure: vocal fold injection; microlaryngoscopy; laser/debridement; thyroplasty

Collect 5 observations of achievement

- at least one of each procedure

Relevant milestones (Part A)

- 1 F ME 1.4.3 Apply knowledge of the physics of sound, voice, and speech production**
 - 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**
 - Infectious and inflammatory conditions
 - Trauma
 - Benign and malignant tumours
 - Neurologic voice disorders
 - The professional voice
 - 3 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**
 - Principles of diagnostic endoscopy as relevant to adult and pediatric patients
 - Objective voice testing, and electrophysiological techniques
 - Aerodynamic testing
 - Assessment methods used specifically in children
 - 4 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 therapeutic procedures related to both endoscopic and open approaches
 - Principles of laser therapy of the larynx
 - 5 C ME 2.2.6 Perform and interpret findings of office and/or clinic based exams**
 - Voice and airway analysis
 - 6 C ME 2.3.2 Address the impact of the medical condition on the patient's ability to pursue life goals and purposes**
 - 7 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**
 - 8 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**
 - 9 C ME 3.2.1 Obtain informed consent for complex medical and surgical procedures and therapies**
 - 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 1.5.1 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately**
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- 12** **C COM 2.2.1** Manage the flow of challenging patient encounters, including those with angry, distressed, or excessively talkative individuals
- 13** **C HA 1.3.3** Promote risk reduction through smoking cessation, responsible alcohol use, UVA/UVB protection, and/or promotion of HPV vaccination for girls and boys

Otolaryngology – Head and Neck Surgery: Core EPA #19

Assessing and managing patients with mucosal squamous cell carcinoma of the head and neck

a. Providing surgical management for patients with mucosal squamous cell carcinoma (SC)

Key Features:

- This EPA focuses on the full spectrum of care for patients with mucosal squamous cell carcinoma: patient assessment, surgical management and/or ongoing care. The observation of this EPA is divided into four parts
- The patient assessments include flexible diagnostic endoscopies as they relate to tumour staging and treatment planning
- The procedural aspects at the junior level of Core include rigid endoscopy, and at the senior level of Core include neck and mucosal dissections
- Ongoing care includes follow-up, further surgical treatment, multimodal treatment and/or end of life/supportive care

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Site: nasopharynx; oral cavity; oropharynx; larynx; hypopharynx
- Advanced disease: yes; no

Collect 3 observations of achievement

- 3 different sites; at least one oropharynx
- At least one advanced case
- At least 2 different assessors

Part B: Procedure- Rigid Endoscopy

Supervisor does assessment based on direct observation

Use Form 2. (O-score criteria)

Collect 2 observations of achievement

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Part C: Procedure – Dissection

Supervisor does assessment based on direct observation

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

- Type of procedure: neck dissection; mucosal dissection

Collect 4 observations of achievement

- at least 2 neck dissection
- at least 2 mucosal dissection

Part D: Follow-up

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Type of follow-up plan: ongoing follow-up; further surgical treatment; multimodal treatment; end of life/supportive care

Collect 4 observations of achievement

- At least one multimodality treatment
- At least one total laryngectomy with voice restoration
- At least one end of life/supportive care

Relevant milestones (Part A)

- 1 F ME 1.4.2 Apply knowledge of tumorigenesis of benign neoplasms and cancers of the head and neck**
- 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 Otolaryngology – Head and Neck Surgery**
- 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 different oncologic treatment modalities, including surgery, radiation therapy, chemotherapy and immunotherapy
 - Principles of laser microsurgical resection, cryotherapy, robotic surgery and/or electrosurgery
- 4 C ME 2.2.4 Identify risk factors pertaining to individual cases of head and neck neoplasia**
- 5 C ME 3.4.1 Competently perform core Oto - HNS procedures in a timely manner**
 - Upper aerodigestive flexible endoscopies with or without biopsy as it relates to tumour staging and treatment planning
- 6 C COM 1.4.1 Respond to patients' non-verbal communication and use appropriate non-verbal behaviours to enhance communication with patients**

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- 7 **C COM 1.5.1** Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 8 **C COM 1.5.3 Manage emotionally charged conversations**
- 9 **C COM 2.2.1** Manage the flow of challenging patient encounters, including those with angry, distressed, or excessively talkative individuals
- 10 **C COM 3.1.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner**
- 11 **C COM 5.1.1** Adapt record keeping to specific guidelines of Otolaryngology – Head and Neck Surgery and the clinical context
- 12 **C COL 1.2.2** Recognize, value, and utilize the expertise of interprofessional team members
- 13 **F COL 1.2.3 Consult as needed with other health care professionals, including but not limited to other physicians or surgeons**
- 14 **C COL 1.3.2** Liaise with intersecting health professions
- 15 **F COL 1.3.3** Communicate effectively with physicians and other colleagues in the health care professions

Relevant milestones (Part D)

- 1 **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**
- 2 **C ME 2.4.1** Develop , implement, and document management plans that consider all of the patient’s health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team
- 3 **C ME 2.4.5** Provide timely and adequate responses to complications and undesired side effects of treatment
- 4 **C ME 4.1.2 Establish plans for ongoing care**
- 5 **C ME 4.1.3 Accurately identify situations that necessitate consultation of other health professionals to assist in the management of disorders encountered in Oto- HNS**
- 6 **C ME 4.1.5 Address end-of-life issues in patients with head and neck cancer**
- 7 **C COM 2.1.3 Actively listen and respond to patient cues**
- 8 **C COM 3.1.1** Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner
- 9 **C COM 3.1.2** Convey information related to the patient’s health status, care, and needs in a timely, honest, and transparent manner
- 10 **C COM 4.3.1 Use communication skills and strategies that help the patient and family make informed decisions regarding their health**
- 11 **F COL 1.2.3** Consult as needed with other health care professionals, including but not limited to other physicians or surgeons
- 12 **C COL 1.2.1** Recognize, value, and utilize the expertise of interprofessional team members

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- 13 **C COL 1.2.2** Liaise with intersecting health professions
- 14 **C COL 1.3.1** Provide timely and necessary information to colleagues to enable effective relationship-centered care
- 15 **F COL 1.3.3** **Communicate effectively with physicians and other colleagues in the health care professions**
- 16 **TTP HA 1.1.2** **Work with patients to improve their timely access to diagnostic and therapeutic care**

Otolaryngology – Head and Neck Surgery: Core EPA #20

Assessing and managing patients with disorders of the thyroid glands (JC)

a. Providing surgical management of uncomplicated patients requiring a thyroidectomy (SC)

Key Features:

- The observation of this EPA is divided into three parts: patient assessment; performing procedures (thyroidectomy, hemithyroidectomy) and providing follow-up of patients with thyroid cancer
- The patient assessment aspects of this EPA may include biopsy and thyroid ultrasound

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Type of problem: nodule; malignancy; other

Collect 4 observations of achievement

- At least 2 nodules
- At least one malignancy
- At least 2 different assessors

Part B: Procedure – Senior Core

Supervisor does assessment based on direct observation

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

- type of procedure: thyroidectomy; hemithyroidectomy
- etiology: known cancer; suspected cancer; other

Collect 4 observations of achievement

- at least one known or suspected cancer

Part C: Follow-up

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- location: clinic; tumour board

Collect 3 observations of achievement

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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
 - Endocrinologic and metabolic pathophysiology
 - Pharmacology pertaining to management of head and neck neoplasia and endocrinologic/metabolic disorders
 - 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
 - 3 **F ME 1.4.9** Apply the principles of diagnostic imaging
 - 4 **C ME 1.5.1** Perform clinical assessments that address the breadth and depth of issues in each case
 - 5 **C ME 1.7.1** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
 - 6 **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
 - 7 **C ME 2.2.9** **Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis**
 - 8 **C ME 2.3.2** Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
 - 9 **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**
 - 10 **C ME 3.1.3** Integrate planned procedures or therapies into global assessment and management plans
 - 11 **C ME 3.2.1** **Obtain informed consent for complex medical and surgical procedures and therapies**
 - 12 **C ME 3.2.2** Use shared decision-making in the consent process, taking risk and uncertainty into consideration
 - 13 **C ME 3.3.1** **Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources**
 - 14 **C COM 2.1.1** Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
 - 15 **C COM 2.1.2** Integrate, summarize, and present the biopsychosocial information obtained from a patient-centred interview
 - 16 **C COM 2.1.3** Actively listen and respond to patient cues
 - 17 **C COM 3.1.1** **Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner**
 - 18 **C COM 3.1.2** Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
 - 19 **C COM 4.1.1** Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
 - 20 **C COM 4.3.1** **Use communication skills and strategies that help the patient and family make informed decisions regarding their health**
 - 21 **C COM 5.2.2** Communicate effectively using a written health record, electronic medical record, or other digital technology
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- 22 **F COL 1.2.3** Consult as needed with other health care professionals, including but not limited to other physicians or surgeons
- 23 **C P 1.1.3** Exhibit appropriate professional behaviours and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 24 **C P 1.2.1** Demonstrate a commitment to excellence in all aspects of practice

Relevant milestones (Part C)

- 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 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**
- 3 **C ME 2.4.1** Develop , implement, and document management plans that consider all of the patient’s health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team
- 4 **C ME 2.4.5** Provide timely and adequate responses to complications and undesired side effects of treatment
- 5 **C ME 4.1.2** **Establish plans for ongoing care**
- 6 **C ME 4.1.3** **Accurately identify situations that necessitate consultation of other health professionals to assist in the management of disorders encountered in Oto - HNS**
- 7 **C COM 2.1.3** Actively listen and respond to patient cues
- 8 **C COM 3.1.1** Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner
- 9 **C COM 3.1.2** **Convey information related to the patient’s health status, care, and needs in a timely, honest, and transparent manner**
- 10 **C COM 4.3.1** Use communication skills and strategies that help the patient and family make informed decisions regarding their health
- 11 **F COL 1.2.3** **Consult as needed with other health care professionals, including but not limited to other physicians or surgeons**
- 12 **C COL 1.2.1** Recognize, value, and utilize the expertise of interprofessional team members
- 13 **C COL 1.2.2** Liaise with intersecting health professions
- 14 **C COL 1.3.1** **Provide timely and necessary information to colleagues to enable effective relationship-centered care**
- 15 **F COL 1.3.3** Communicate effectively with physicians and other colleagues in the health care professions

Otolaryngology – Head and Neck Surgery: Core EPA #21

**Assessing and managing patients with disorders of the parathyroid glands
(SC)**

Key Features:

- This EPA focuses on patient assessment, interpretation of diagnostic imaging and establishment of a management plan which may include a surgical approach
- This EPA does not include the performance of a surgical procedure

Assessment plan:

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Type of hyperparathyroidism: primary; secondary
- Localized imaging: positive; non-localizing

Collect 4 observations of achievement

- At least one primary with positive imaging study
- At least one primary with non-localizing imaging study
- At least 2 assessors

Relevant milestones

- 1 C ME 1.4.1** Apply a broad base and depth of knowledge in the basic and clinical sciences relevant to Oto-HNS
 - Endocrinologic and metabolic pathophysiology
 - 2 F ME 1.4.9** Apply the principles of diagnostic imaging
 - 3 C ME 1.5.1** Perform clinical assessments that address the breadth and depth of issues in each case
 - 4 C ME 1.7.2** Seek assistance in situations that are complex or new
 - 5 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**
 - 6 C ME 2.2.9** **Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis**
 - 7 C ME 2.3.2** Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
 - 8 C ME 2.4.1** Develop , implement, and document management plans that consider all of the patient's health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team
 - 9 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**
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- 10 **C ME 3.1.3** Integrate planned procedures or therapies into global assessment and management plans
- 11 **C ME 3.2.1 Obtain informed consent for complex medical and surgical procedures and therapies**
- 12 **C ME 3.2.2** Use shared decision-making in the consent process, taking risk and uncertainty into consideration
- 13 **C ME 3.3.1 Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources**
- 14 **C ME 4.1.1** Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
- 15 **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
- 16 **C COM 2.1.1** Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- 17 **C COM 2.1.2 Integrate, summarize, and present the biopsychosocial information obtained from a patient-centred interview**
- 18 **C COM 2.1.3** Actively listen and respond to patient cues
- 19 **C COM 3.1.1** Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner
- 20 **C COM 4.1.1** Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
- 21 **C COM 4.3.1 Use communication skills and strategies that help the patient and family make informed decisions regarding their health**
- 22 **C COM 5.2.2** Communicate effectively using a written health record, electronic medical record, or other digital technology
- 23 **F COL 1.2.3 Consult as needed with other health care professionals, including but not limited to other physicians or surgeons**
- 24 **C COL 1.2.2** Liaise with intersecting health professions
- 25 **F COL 1.3.3** Communicate effectively with physicians and other colleagues in the health care professions
- 26 **C P 1.1.3** Exhibit appropriate professional behaviours and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 27 **C P 1.2.1** Demonstrate a commitment to excellence in all aspects of practice

Otolaryngology – Head and Neck Surgery: Core EPA #22

Assessing and managing patients with neoplastic disorders of the salivary glands

a. Providing surgical management of uncomplicated patients requiring a superficial parotidectomy (SC)

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing a parotidectomy in uncomplicated patients

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Etiology: malignancy; other

Collect 3 observations of achievement

- At least one malignancy

Part B: Superficial parotidectomy

Supervisor does assessment based on direct observation

Use Form 2. (O-score criteria)

Collect 2 observations of achievement

- 2 different assessors

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
- 3 F ME 1.4.9** Apply the principles of diagnostic imaging
- 4 C ME 1.5.1** Perform clinical assessments that address the breadth and depth of issues in each case
- 5 C ME 1.7.1** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves

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- 6 **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**
- 7 **C ME 2.2.9 Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis**
- 8 **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
- 9 **C ME 2.3.2** Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
- 10 **C ME 2.4.1** Develop, implement, and document management plans that consider all of the patient's health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team
- 11 **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**
- 12 **C ME 3.1.3** Integrate planned procedures or therapies into global assessment and management plans
- 13 **C ME 3.2.1 Obtain informed consent for complex medical and surgical procedures and therapies**
- 14 **C ME 3.2.2** Use shared decision-making in the consent process, taking risk and uncertainty into consideration
- 15 **C ME 3.3.1** Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources
- 16 **C ME 4.1.1** Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
- 17 **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
- 18 **C ME 4.1.3** Accurately identify situations that necessitate consultation of other health professionals to assist in the management of disorders encountered in Oto - HNS

Otolaryngology – Head and Neck Surgery: Core EPA 23

Performing an open neck biopsy or excision of neck mass (JC)

Key Features:

- This EPA builds on the skills achieved in Foundations and focuses on the open surgical approach to a neck mass
- This EPA should be achieved at the junior level of Core

Assessment plan:

Supervisor does assessment based on direct observation

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

- Type of procedure: Open neck biopsy; excision of neck mass

Collect 2 observations of achievement

- At least one excision of neck mass

Otolaryngology – Head and Neck Surgery: Core EPA #24

Assessing and managing patients with head and neck surgical defects (SC)

Key Features:

- This EPA includes surgical reconstruction and non-surgical options
- This EPA consists of two parts: patient assessment and the intra-operative design and inset of a regional or free flap

Assessment plan:

Part A: Patient assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Type of defect: soft tissue; bone; palate

Collect 3 observations of achievement

- At least one of each type of defect

Part B: Intra-operative design and inset of regional or free flap

Supervisor does assessment based on direct observation

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

- Procedure: regional flap; free flap; other

Collect 3 observations of achievement

- At least one free flap

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
 - Congenital anomalies of the cervicofacial region
 - Aesthetic anomalies of the cervicofacial region
- 2 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
 - reconstructive surgical options and their advantages, disadvantages and complications
 - principles of skin grafts, pedicle flaps and free flaps
- 3 C ME 2.3.2** Address the impact of the medical condition on the patient's ability to pursue life goals and purposes

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- 4 **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
- 5 **C ME 2.4.1** Develop , implement, and document management plans that consider all of the patient’s health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team
- 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 4.1.3** Accurately identify situations that necessitate consultation of other health professionals to assist in the management of disorders encountered in Oto - HNS
- 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 3.1.2 Convey information related to the patient’s health status, care, and needs in a timely, honest, and transparent manner**
- 11 **F COL 1.2.3** Consult as needed with other health care professionals, including but not limited to other physicians or surgeons
- 12 **C COL 1.2.1** Recognize, value, and utilize the expertise of interprofessional team members
- 13 **C COL 1.2.2** Liaise with intersecting health professions
- 14 **F COL 1.3.3** Communicate effectively with physicians and other colleagues in the health care professions
- 15 **C COL 2.1.2** Maintain positive relationships in all professional contexts
- 16 **C HA 1.3.3** Promote risk reduction through smoking cessation, responsible alcohol use, UVA/UVB protection, and/or promotion of HPV vaccination for girls and boys

Otolaryngology – Head and Neck Surgery: Core EPA #25

Assessing and managing patients with benign or malignant skin lesions of the head and neck (JC/SC)

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing a procedure (resecting a lesion with negative margins and reconstructing with appropriate reconstructive techniques)
- The patient assessment aspects of 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:

- Type of cancer: melanoma; squamous cell; other
- Advanced disease: yes; no

Collect 3 observations of achievement

- At least one SCC
- At least one melanoma
- At least one advanced disease

Part B: Resection and reconstruction

Supervisor does assessment based on direct observation

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

- location: auricle; nose; periorbital; lip; other

Collect 3 observations of achievement

- at least one complex area: auricle; nose; periorbital; lip

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
 - Principles of restoration and enhancement of form and function including but not limited to:
 - Principles of cervicofacial surgery
 - Biomechanical characteristics of skin and bone in the facial region as they relate to techniques used in facial plastic and reconstructive surgery including tissue expansion and plating maxillofacial fractures

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- o Principles and techniques of facial reconstruction, including local and regional flaps and grafts
- 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
- 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
 - principles governing use of local and systemic chemo- and immunotherapeutic agents
 - principles of oncologic management of cutaneous malignancies of the face, head and neck
 - principles of therapeutic radiation
 - principles and techniques of frozen section diagnosis and Mohs micrographic 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 2.2.9** **Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis**
- 6 **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
- 7 **C ME 2.4.1** Develop , implement, and document management plans that consider all of the patient’s health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team
- 8 **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**
- 9 **C ME 3.1.3** **Integrate planned procedures or therapies into global assessment and management plans**
- 10 **C ME 3.2.1** Obtain informed consent for complex medical and surgical procedures and therapies
- 11 **C COM 2.1.1** Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- 12 **C COM 2.1.2** Integrate, summarize, and present the biopsychosocial information obtained from a patient-centred interview
- 13 **C COM 2.1.3** Actively listen and respond to patient cues
- 14 **C COM 3.1.1** **Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner**
- 15 **C COM 3.1.2** Convey information related to the patient’s health status, care, and needs in a timely, honest, and transparent manner
- 16 **C COM 4.1.1** Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
- 17 **C COM 4.3.1** Use communication skills and strategies that help the patient and family make informed decisions regarding their health
- 18 **C COM 5.2.2** Communicate effectively using a written health record, electronic medical record, or other digital technology

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- 19 F COL 1.2.3 Consult as needed with other health care professionals, including but not limited to other physicians or surgeons**
- 20 C HA 1.3.1 Evaluate with the patient the potential benefits and harms of health screening**
- 21 C HA 1.3.3 Promote risk reduction through smoking cessation, responsible alcohol use, UVA/UVB protection, and/or promotion of HPV vaccination for girls and boys**
- 22 C P 1.1.3 Exhibit appropriate professional behaviours and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality**
- 23 C P 1.2.1 Demonstrate a commitment to excellence in all aspects of practice**

Otolaryngology – Head and Neck Surgery: Core EPA #26

Assessing and managing patients following facial trauma (JC/SC)

Key Features:

- This EPA focuses on the principles of managing facial trauma, regardless of location. This includes a relevant and comprehensive assessment as well as reduction and/or plating of the fracture with due consideration of functional, cosmetic and structural issues.
- The observation of this EPA is divided into two parts: patient assessments and performing procedures (facial trauma and reconstructive surgery and complex trauma repair)

Assessment Plan:

Part A: Patient Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Location of fracture: orbital; complex nasal

Collect 2 observations of achievement

Part B: Basic alignment and fixation of fractured or osteotomized bone

Supervisor does assessment based on direct observation

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

- Type of fracture: mandible; complex nasal; iatrogenic

Collect 2 observations of achievement

Relevant milestones (Part A)

- 1 F ME 1.4.6 Apply knowledge of common fracture patterns of the facial skeleton and their mechanisms of injury**
- 2 C ME 1.4.1 Apply a broad base and depth of knowledge in the basic and clinical sciences relevant to Oto-HNS**
 - biomechanical characteristics of skin and bone in the facial region as they relate to techniques used in facial plastic and reconstructive surgery including tissue expansion, and plating maxillofacial fractures
 - principles of trauma management as it pertains to the maxillofacial region

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- 3 **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
- 4 **F ME 1.4.9** Apply the principles of diagnostic imaging
- 5 **F ME 2.2.1 Elicit a complete history for injury or trauma to the head and neck**
 - **cranial nerve function**
- 6 **C ME 2.2.9 Select and interpret appropriate investigations for any Oto-HNS presentation based on a differential diagnosis**
- 7 **C ME 2.2.10 Integrate key maxillofacial structural, cosmetic and, functional principles into the diagnosis and management of facial fractures, and their complications such as temporomandibular (TMJ) disorders, and cerebrospinal fluid (CSF) leak**
- 8 **C ME 2.4.1** Develop , implement, and document management plans that consider all of the patient's health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team
- 9 **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**
- 10 **C ME 3.1.3** Integrate planned procedures or therapies into global assessment and management plans
- 11 **C ME 3.2.1** Obtain informed consent for complex medical and surgical procedures and therapies
- 12 **C ME 3.3.1 Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources**
- 13 **C ME 4.1.1** Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
- 14 **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
- 15 **C COM 2.1.2** Integrate, summarize, and present the biopsychosocial information obtained from a patient-centred interview
- 16 **C COM 3.1.2 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner**
- 17 **C COM 5.2.2** Communicate effectively using a written health record, electronic medical record, or other digital technology
- 18 **F COL 1.2.3 Consult as needed with other health care professionals, including but not limited to other physicians or surgeons**
- 19 **C P 1.1.3** Exhibit appropriate professional behaviours and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 20 **C P 1.2.1** Demonstrate a commitment to excellence in all aspects of practice

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

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- **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**

Otolaryngology – Head and Neck Surgery: Core EPA #28

Assessing patients with tinnitus and providing initial management

Key Features:

- This EPA focuses on the assessment of patients with tinnitus, including hearing assessment and role of imaging. It includes the decision making regarding management across the spectrum of emergent, surgical and non-surgical options which may include assistive devices for masking tinnitus, cognitive behavioural therapy and other therapeutic options

Assessment plan:

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Category: pulsatile; non-pulsatile

Collect 2 observations of achievement

- At least 1 pulsatile
- At least 1 non-pulsatile

Relevant milestones

- 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 assessment, including but not limited to otoacoustic emissions, electrocochleography, auditory brainstem response and cortical auditory evoked response
- 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 use of surgical and nonsurgical assistive devices, including but not limited to hearing aids, bone conduction hearing devices, cochlear implants, and middle ear implants
 - Tinnitus maskers and environmental masking
 - Cognitive behavioural therapy, tinnitus retraining therapy
 - Other therapeutic options including interventional radiology
- 4 C ME 2.2.11** Select and interpret vestibular and/or audiological investigations
- 5 C ME 2.3.2** Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
- 6 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

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- 7 **C ME 2.4.6 Establish patient-centred management plans**
- 8 **C ME 2.4.5** Provide timely and adequate responses to complications and undesired side effects of treatment
- 9 **C COM 1.5.1 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately**
- 10 **C COL 1.2.1 Recognize, value, and utilize the expertise of interprofessional team members**
- 11 **C HA 1.3.2** Promote hearing protection and conservation at home and at work

Otolaryngology – Head and Neck Surgery: Core EPA #29

Assessing adult and pediatric patients with hearing loss and providing an initial management plan, both surgical and non-surgical (JC/SC)

Key Features:

- The observation of this EPA is divided into three parts: patient assessments including the full spectrum of hearing assessment, performing procedures at the junior level of Core (myringoplasty, tympanoplasty, and intratympanic injections) and performing procedures at the senior level of Core (ossiculoplasty, canaloplasty, and mastoidectomy)

Assessment plan:

Part A: Assessment

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Age group: Adult; Pediatric
- Category: sudden sensorineural hearing loss; congenital; chronic otitis media; otosclerosis; other
- Rapidly progressive: yes; no

Collect 8 observations of achievement

- At least 2 adult
- At least 2 pediatric
- At least 1 sudden sensorineural hearing loss
- At least 1 congenital
- At least 1 chronic otitis media
- At least 1 otosclerosis
- At least 1 rapidly progressive

Part B: Procedure – Junior Core

Supervisor does assessment based on direct observation

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

- Procedure: myringoplasty; tympanoplasty; intratympanic injections

Collect 6 observations of achievement

- At least 2 myringoplasty
- At least 2 tympanoplasty
- At least 2 intratympanic injections

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Part C: Procedure – Senior Core

Supervisor does assessment based on direct observation

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

- Procedure: ossiculoplasty; canaloplasty; mastoidectomy (canal-wall-up); mastoidectomy (canal-wall-down)

Collect 8 observations of achievement (for individual supervisor assessments)

- At least 2 ossiculoplasty
- At least 2 canaloplasty
- At least 2 mastoidectomy (canal-wall-up)
- At least 2 mastoidectomy (canal-wall-down)

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 assessment, including but not limited to otoacoustic emissions, electrocochleography, auditory brainstem response, cortical auditory evoked response, impedance/tympanometry
- 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 use of surgical and non-surgical assistive devices for hearing loss, including but not limited to hearing aids, bone conduction hearing devices cochlear and middle ear implants
 - principles underlying the effect of topical and systemic medications and their therapeutic and ototoxic implications including but not limited to intratympanic injections
- 4 **C ME 2.2.6 Perform and interpret findings of office and /or clinic based exams**
 - **Neuro-otological examination**
- 5 **C ME 2.2.11 Select and interpret vestibular and/or audiological investigations**
- 6 **C ME 2.3.2 Address the impact of the medical condition on the patient's ability to pursue life goals and purposes**
- 7 **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
- 8 **C ME 2.4.6 Establish patient-centred management plans**
- 9 **C ME 2.4.3 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines, including procedures for which the patient is referred to other surgeons**
- 10 **C COM 1.6.2 Recognize the communication requirements relevant to patients who are deaf, hard of hearing or who have speech and/or voice disorders**

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- 11 C HA 1.1.1 Facilitate access to the local and national services and resources that are available for patients, including but not limited to those who are deaf and hard of hearing**
- 12 C HA 1.3.8 Recognize importance and understand principles of newborn/universal hearing screening**

Otolaryngology – Head and Neck Surgery: Core EPA #30

Assessing patients with balance disorder/vertigo and providing initial management plan both surgical and nonsurgical (JC)

Key Features:

- This EPA focuses on patient assessment including the diagnostic techniques used for vestibular assessment. It includes decision making regarding the full spectrum of therapeutic options, medical and surgical, and may include the performance of particle repositioning maneuvers. This EPA does not include a surgical procedure
- This EPA often requires collaboration with other health profession: audiology, physiotherapy, Neurology, psychology/Psychiatry and/or neuro-Ophthalmology
- This EPA should be achieved at the junior level of Core

Assessment plan:

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:

- Cause: peripheral; central; neurological; non-peripheral

Collect 6 observations of achievement

- At least 3 peripheral cause
- At least 1 each of central, neurological, non-peripheral

Relevant milestones

- 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
 - Vestibular assessment, including but not limited to principles of performance and interpretation of electro/videonystagmography, computerized dynamic posturography, Gans sensory organization protocol, rotational chair assessment, head impulse testing and vestibular evoked myogenic potentials
- 3 F ME 1.4.9** Apply principles of diagnostic imaging
- 4 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 underlying the effect of topical and systemic medications and their therapeutic and ototoxic effects
- 5 C ME 2.2.6 Perform and interpret findings of office and /or clinic based exams**
 - **Neuro-vestibular history and physical examination**

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- 6 C ME 3.4.1 Competently perform core Oto - HNS procedures in a timely manner**
 - **Particle repositioning maneuvers, including Epley maneuver and log roll maneuver**
- 7 C COL 1.2.1 Recognize, value, and utilize the expertise of interprofessional team members**
- 8 C COL 1.3.2 Provide timely and necessary information to colleagues to enable effective relationship-centered care**

Otolaryngology – Head and Neck Surgery: TTP EPA #1

Providing after hours coverage for an Oto-HNS practice

Key Features:

- This EPA focuses on being accessible to referring physicians/surgeons as well as patients, providing appropriate and timely advice about management and/or patient disposition as well as recognizing conditions that can be managed remotely (by telephone) versus those that require in-person assessment
- This EPA includes responding to calls from patients and other physicians/surgeons
- The observation of this EPA is divided into two parts: patient management and working with a referring physician

Assessment plan:

Part A: Patient Management

Supervisor does assessment based on review of resident's submission of a case log the morning after call

Use Form 1. Form collects information on:

- Complexity of call night: low; medium; high

Collect 2 observations of achievement

Part B: Working with referring physician

Referring physician does assessment based on direct observation

Use Form 1.

Collect 2 observations of achievement

Relevant milestones (Part A)

- 1** TP ME 1.1.1 Demonstrate a commitment to high-quality care of their patients
- 2** TP ME 1.6.1 Carry out professional duties in the face of multiple, competing demands
- 3** TP ME 1.7.1 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice
- 4** TP ME 2.1.1 Prioritize which issues need to be addressed during future visits or with other health care practitioners
- 5** TP ME 2.4.1 Establish patient-centred management plans for all patients in a practice
- 6** TP ME 3.1.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management

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- 7 TP ME 4.1.1 Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
- 8 **TP COM 5.1.1 Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements**
- 9 **TP COL 3.1.1 Decide when care should be transferred to another physician or health care professional**
- 10 **TP L 2.1.1 Allocate health care resources for optimal patient care**
- 11 TP S 3.4.1 Integrate best evidence and clinical expertise into decision-making in their practice
- 12 **C P 1.1.3 Exhibit appropriate professional behaviours and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality**
- 13 **TP P 3.1.1 Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice**
- 14 **TP P 4.1.1 Exhibit self-awareness and effectively manage influences on personal well-being and professional performance**
- 15 **TP P 4.1.3 Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks**

Relevant milestones (Part B)

- 1 TP ME 1.1.1 Demonstrate a commitment to high-quality care of their patients
- 2 **TP ME 1.6.1 Carry out professional duties in the face of multiple, competing demands**
- 3 **TP ME 1.7.1 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice**
- 4 **TP ME 2.1.1 Prioritize which issues need to be addressed during future visits or with other health care practitioners**
- 5 TP COM 5.3.1 Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding
- 6 **TP COL 1.3.1 Engage in respectful shared decision-making with physicians and other colleagues in the health care professions**
- 7 **TP COL 1.3.3 Use referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise**
- 8 **TP COL 3.1.1 Decide when care should be transferred to another physician or health care professional**
- 9 **TP COL 3.2.1 Demonstrate safe handover of care, both verbal and written, during patient transitions to a different health care professional, setting, or stage of care**
- 10 **C P 1.1.3 Exhibit appropriate professional behaviours and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality**
- 11 **TP P 3.1.1 Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice**
- 12 **TP P 4.1.3 Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks**

Otolaryngology – Head and Neck Surgery: Transition to Practice EPA #2

Coordinating, organizing and executing the surgical day of Core procedures

Key Features:

- This EPA integrates the resident's surgical abilities for individual cases with their abilities to function effectively as a surgeon; managing a case load, prioritizing, supervising junior learners and working effectively with other health professionals

Assessment plan:

Supervisor does assessment based on direct observation, and should include feedback from nurses and other staff, anesthetists, patients and/or families, and/or junior learners

Use Form 1.

Collect 3 observations of achievement

- At least 3 assessors

Relevant milestones

- 1 **TP ME 1.1.1** Demonstrate a commitment to high-quality care of their patients
- 2 **TP ME 1.4.1** Demonstrate an awareness of the context of practice, including what is required to practice safely and effectively in a community practice, and exercise the ability to adapt to that context
- 3 **TP ME 1.7.1** Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice
- 4 **TP ME 3.2.1** Obtain and document informed consent, explaining the risks and benefits of, and the rationale for the proposed options
- 5 **TP ME 3.3.1** **Prioritize a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources**
- 6 **TP ME 3.4.1** **Independently perform the core diagnostic and therapeutic procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances**
- 7 **TP ME 4.1.1** **Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation**
- 8 **TP ME 5.2.1** Apply the principles of situational awareness to clinical practice
- 9 **TP COM 5.1.1** **Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements**
- 10 **TP COL 1.2.1** **Negotiate overlapping and shared care responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care**
- 11 **TD COL 2.1.2** **Show respect towards collaborators**
- 12 **TP L 1.2.1** Contribute to a culture that promotes patient safety

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- 13 **TP L 2.2.1** Apply evidence and management processes to achieve cost-appropriate care
- 14 **TP L 3.1.1 Demonstrate leadership skills to enhance health care**
- 15 **TP S 2.3.1 Ensure patient safety is maintained when learners are involved**
- 16 **TP S 2.5.1** Role-model regular self- assessment and feedback- seeking behaviour
- 17 **CP 1.1.3** Exhibit appropriate professional behaviours and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 18 **TP P 1.2.1 Demonstrate excellence in all aspects of practice and mentor junior colleagues**

Otolaryngology – Head and Neck Surgery: Transition to practice EPA #3

Organizing and managing general Oto-HNS clinics

Key Features:

- This EPA focuses on the overall performance in an ambulatory setting rather than care of individual patient conditions. This includes:
 - o Managing schedule with appropriate number and variety of patients (new patients and follow up patients; spots left open for emergency consults)
 - o Time management in office setting
 - o Completing dictations in timely manner
 - o Reviewing test results/acting on results appropriately and in timely manner
 - o Working effectively with the staff and/or other learners in the clinic
- This EPA may be observed in a variety of Oto-HNS clinics

Assessment plan:

Multiple observers provide feedback individually, which is then collated to one report

Use Form 3. Form collects information on:

- Role of feedback provider: supervisor; other resident; office assistant/clerk; nurse; patient

Collect feedback every 1-3 months during Transition to Practice, on at least 3 occasions

- At least 6 observers on each occasion
- At least 3 supervisors on each occasion

Relevant milestones

- 1 TP ME 1.4.1** Demonstrate an awareness of the context of practice, including what is required to practice safely and effectively in a community practice, and exercise the ability to adapt to that context
- 2 TP ME 1.6.1** Carry out professional duties in the face of multiple, competing demands
- 3 TP ME 1.7.1** Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice
- 4 TP ME 2.1.1** Prioritize which issues need to be addressed during future visits or with other health care practitioners
- 5 TP ME 2.2.1** **Focus the clinical encounter, and perform it in a time-effective manner without excluding key elements**
- 6 TP ME 2.3.1** Administer goals of care, which may include achieving cure, improving function, slowing disease progression, treating symptoms, and palliation in collaboration with patients and their families in time effective manner
- 7 TP ME 2.4.1** Establish patient-centred management plans for all patients in a practice

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- 8 **TP ME 3.1.1** Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
- 9 **TP ME 4.1.1 Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation**
- 10 **TP ME 4.1.2 Establish a system that ensures appropriate failsafe follow-up of investigation results**
- 11 **TP COM 1.6.1** Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances
- 12 **TP COM 5.1.1** Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements
- 13 **TP COL 1.1.1 Establish and maintain healthy relationships with physician and other colleagues in the health care professions to support relationship-centered collaborative care**
- 14 **TP COL 1.2.2** Identify indications that necessitate consultation with other health care professionals
- 15 **TP COL 1.2.3** Work effectively with clinic staff and other health professionals
- 16 **TP COL 1.3.3** Use referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise
- 17 **TP L 2.1.1** Allocate health care resources for optimal patient care
- 18 **TP L 4.1.2 Manage time effectively in the ambulatory clinic**
- 19 **TP L 4.1.3 Review and act on test results in a timely manner**
- 20 **TP HA 1.3.1** Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients
- 21 **TP S 3.4.1** Integrate best evidence and clinical expertise into decision-making in their practice
- 22 **C P 1.1.3 Exhibit appropriate professional behaviours and relationships in all aspects of practice**, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 23 **TP P 2.2.1** Demonstrate a commitment to patient safety and quality improvement initiatives within their own practice environment
- 24 **TP P 3.1.1** Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice
- 25 **TP P 4.1.1** Exhibit self-awareness and effectively manage influences on personal well-being and professional performance
- 26 **TP P 4.1.3** Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks

Otolaryngology – Head and Neck Surgery: Transition to Practice EPA #4

Participating in and/or leading educational or administrative activities

Key Features:

- This EPA focuses on activities beyond clinical work that contribute to the program, the institution or the discipline; engaging with others and sharing one's own expertise.
- This may include administrative activities such as scheduling workload or rounds, participation in a committee or a project
- The assessment of this EPA requires the resident to submit two documents for Competence Committee review: a summary of their educational activities; a document summarizing feedback from those affected by their work (e.g. residents on call schedule, committee chair)

Assessment plan:

Competence Committee assesses achievement based on review of resident submissions.

Relevant milestones

- 1** **TP ME 1.6.1** Carry out professional duties in the face of multiple, competing demands
- 2** **TP COL 1.3.2** Lead interprofessional team meetings, including but not limited to tumour boards
- 3** **F L 1.3.1** Actively participate in audit rounds, identifying safety issues that need to be addressed, and generating solutions
- 4** **TP L 1.3.2** Analyze harmful patient safety incidents and near misses to enhance systems of care
- 5** **TP L 1.4.1** Use health informatics to improve the quality of patient care and optimize patient safety
- 6** **TP L 3.1.1** Demonstrate leadership skills to enhance health care
- 7** **TP L 3.2.1** Facilitate change in health care to enhance services and outcomes
- 8** **TP HA 2.2.1** Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 9** **TP HA 2.3.1** Contribute to a process to improve health in the communities or populations they serve
- 10** **TP S 1.3.1** Lead collaborative learning projects
- 11** **TP P 1.2.1** Demonstrate excellence in all aspects of practice and mentor junior colleagues
- 12** **TP P 2.1.1** Demonstrate accountability to patients, society, and the profession by recognizing and responding to societal expectations of the profession

Otolaryngology – Head and Neck Surgery: Transition to Practice EPA #5

Monitoring one's own practice and performance for quality assurance and improvement

Key Features:

- This EPA focuses on an examination of the resident's own practice. It requires the resident to submit a report of reviewed outcomes or may be a plan for how to conduct a performance review
- This need not focus on surgical procedures but rather many include a broader sense of performance such as clinical practice in accordance with published guidelines or reflection on observations from EPAs.
- This should include a summary of the data collected or the data that will be collected, the identification of the range of acceptable outcomes, and the identification of an area on which to focus further improvement/development.

Assessment plan:

Competence Committee assesses achievement based on review of resident's submission of one report or plan for a performance review.

Relevant milestones

- 1** **TP L 1.1.1** Apply the science of quality assurance and improvement (practice based learning and system based learning and improvement) to contribute to improving systems of patient care
- 2** **TP L 1.1.2** Incorporate evidence based medicine for quality assurance and improvement in Oto - HNS practice
- 3** **TP L 1.1.3** Perform audits/self-audits of clinical practice and their implication for quality and improvement
- 4** **TP L 1.2.1** Contribute to a culture that promotes patient safety
- 5** **TP L 4.3.1** Implement processes to ensure personal practice improvement
- 6** **C S 1.2.1** Seek and interpret multiple sources of performance data and feedback, with guidance, to continually improve performance
- 7** **TP S 1.2.1** Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 8** **TP P 2.2.1** Demonstrate a commitment to patient safety and quality improvement initiatives within their own practice environment
- 9** **TP P 4.2.1** Develop a strategy to manage personal and professional demands for a sustainable independent practice

Otolaryngology – Head and Neck Surgery: Transition to Practice EPA #6

Developing a personal learning plan for continuing personal and professional development

Key Features:

- This EPA may include a variety of scenarios. Examples include: a plan to act on the performance gaps identified in another EPA; a plan to prepare for fellowship training; a plan to prepare for practice in a specific setting (i.e. community) and/or a setting requiring distinct skills.
- The plan should be SMART (specific, measurable, assessable, realistic, timely)

Assessment plan:

Supervisor does assessment based on review of resident's submission of a personal learning plan

Use Form 1

Relevant milestones

- 1 TP ME 1.4.1** Demonstrate an awareness of the context of practice, including what is required to practice safely and effectively in a community practice, and exercise the ability to adapt to that context
- 2 TP L 4.3.1** Implement processes to ensure personal practice improvement
- 3 TP S 1.1.1** Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 4 TP S 1.2.1** Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 5 TP S 1.3.2** Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice
- 6 C S 3.1.1** Generate focused questions to address practice uncertainty and knowledge gaps
- 7 TP P 2.1.1** Demonstrate accountability to patients, society, and the profession by recognizing and responding to societal expectations of the profession
- 8 TP P 4.1.1** Exhibit self-awareness and effectively manage influences on personal well-being and professional performance
- 9 TP P 4.1.2** Develop a personal plan for managing stress and maintaining physical and mental well-being during independent practice
- 10 TP P 4.2.1** Develop a strategy to manage personal and professional demands for a sustainable independent practice

O-Score – Procedure Milestones

(For **OHNS**, these milestones apply to the following EPAs : F 1b , F 2 b, F 3 b, F 4 b , F 5 b, F 7b, F 10 b, F 13 b, C 5 b, C 6, C 7 b, C 8 bc, C 9 b, C 11 b, C 12 b, C 13b, C 14 bc, C 15 b, C 16 b , C 17 b , C 18 bc, C 19 bc, C 20 b, C 22 b, C 23, C 24 b, C 25 b, C 26 b, C 27 b, C 29 bc)

F ME 1.4.11 Knowledge of specific procedural steps: Preprocedure plan: Understands steps of procedure, potential risks, and means to avoid/overcome them

F ME 3.1.6 Preprocedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required

F ME 3.4.12 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications

F ME 3.4.13 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues

F ME 3.4.14 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended

F ME 3.4.15 Postprocedure plan: Appropriate complete post procedure plan

F ME 3.4.16 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow

F COL 1.3.4 Professional and effective communication/utilization of staff