

STUDY GUIDE

OTOLARYNGOLOGY

INTRODUCTION

A study guide can be seen as a management tool which allows a teacher to exercise his responsibility while giving the students an important part to play in managing their own learning.

The study guide is carefully designed in such manner that the students are able to better comprehend and analyze the objectives of their course of the ENT department.

The guide is put together strategically so the students are not only able to better understand course outlines but gain a development about the practical behavior which needs to be conducted for being a good ENT practitioner.

STUDY GUIDE FOR ENT UNDERGRADUATES

DOCTOR AS A PROFESSIONAL:

You should be polite and honest with the patient. You always act with integrity and respect patient's privacy. You should ask for appropriate consent.

You should study and accept the legal, and ethical responsibilities involved in protecting and promoting the health to the patients.

You should be competent to manage personal feelings that affect communication and function as a doctor where ethical conflicts, legal and other emotional issues are involved.

Recognize and respect the basic rights of all the people. (Patients, attendants, their families and colleagues.)

You should demonstrate the clinical responsibilities making the care of the patient the first concern.

You should recognize the limits of your own competence and know when to ask for help from a more senior / specialist colleague. You work in team with colleagues, to best serve the interests of patients.

Promote, monitor and maintain health and safety in the clinical setting with reference to Infection control and risk management.

Be ready to work as team member.

DOCTOR AS SCIENTIST AND SCHOLAR:

I – THROAT:

A. To study the incidence / prevalence, clinical presentations, the management and prognosis of the following benign head and neck conditions in adults:

Acute tonsillitis

Peritonsillar abscess and Parapharyngeal abscess

Epiglottitis

Laryngitis

Pharyngitis
Infectious mononucleosis
Obstructive sleep apnea

B. Have a basic knowledge of the following procedures:

Tonsillectomy (Be aware of the current criteria for recommending tonsillectomy.)
Adenoidectomy
Tracheostomy

II – NOSE:

A. To have study structure and function of the normal nose and sinuses with particular reference to the following:

External nose
Nasal cavity and paranasal sinuses
Physiology of the sense of smell and how this influences the sense of taste

B. Understand the incidence / prevalence, clinical presentations, the management and prognosis of the following:

Acute rhinosinusitis
Chronic rhinosinusitis with and without nasal polyps
Allergic chronic rhinosinusitis
Epistaxis
Atypical facial pain
Structural deformity of the nasal septum
Structural deformity of the external nose
Chronic rhinosinusitis including nasal allergy
Cleft lip and palate

C. Have a basic knowledge of the following sinonasal procedures:

Endoscopic sinus surgery
Septoplasty

III – EAR:

To have study of the structure and function of the normal ear with particular reference to the following:

- a. Pinna and EAM
- b. Tympanic membrane Middle ear
- c. Labyrinth

WE should have knowledge of:

Surgical anatomy
Applied physiology
Disease processes

patient morbidity and mortality

Prognosis

B. To study epidemiology, clinical presentations, the management and prognosis:

1. Congenital anomalies of external ear in newborn
2. Foreign body ear and wax in children.
3. Otitis externa and malignant otitis externa in adults

C. To study incidence / prevalence, clinical presentations, the management and prognosis of the middle ear conditions:

Ventilation tube problems

Acute otitis media

Otitis media with effusion

Tympanic membrane perforation

Chronic otitis media including cholesteatoma

Complications of otitis media

Tympanosclerosis and ossicular fixation/disconnection

D. To study epidemiology, presentations, the management and prognosis of the following inner ear conditions:

Applied physiology of equilibrium

Vertigo and imbalance

Vestibular neuronitis

BPPV

Meniere's Disease

E. To study epidemiology, presentations, the management and prognosis of the hearing disorders:

Decreased hearing and loss of hearing

Congenital hearing loss

Drugs induced hearing loss

Noise induced hearing loss

Presbycusis

F. To study the incidence / prevalence, clinical presentations, the management and prognosis:

Otosclerosis

Facial nerve and its diseases

Vestibular schwannoma

G. Have a basic knowledge of the following otological procedures:

Ventilation tubes insertion

Myringoplasty

Mastoidectomy

Ossicular reconstruction

H. To have a basic knowledge of the different types of hearing aid available including bone anchored hearing aids and cochlear implantation

To have knowledge of:

1. Be aware of the importance of screening of children for hearing.
2. Understand the principles of speech and language development and how loss of hearing can influence this.

J. To have knowledge and able to explain to the patient that the following problems can affect professional, social and family life.

Loss of hearing

Disequilibrium and imbalance

Tinnitus

IV - HEAD AND NECK:

A. Have a broad understanding of how to manage acute airway obstruction laryngeal edema:

Laryngeal trauma

Branchial cyst

Lesions of the oral cavity including leukoplakia

Vocal cord paralysis

Vocal cord nodules and polyps

Pharyngeal pouch

Understand the incidence / prevalence, clinical presentations, the management and prognosis of the following salivary gland conditions in adults:

Mumps

Benign and malignant salivary gland tumors

Sialadenitis

Salivary gland stones and strictures

Sjogren's syndrome

Xerostomia

C. To study the incidence / prevalence, clinical presentations, the management and prognosis of the following thyroid conditions in adults:

Graves' disease

Multinodular goiter

Hypo and hyperthyroidism

Thyroid malignancy

Thyroiditis

Thyroglossal cyst

D. We study the incidence / prevalence, clinical presentations, the management and prognosis of the following malignant head and neck conditions. We should know the natural history of head and neck cancer and the TNM staging system:

Carcinoma of the larynx
Carcinoma of the pharynx including nasopharyngeal carcinoma
Carcinoma of the oral cavity
Carcinoma of the esophagus

E. To study physiology and disorders of swallowing.

F. To study epidemiology and management of:

- a. Atopic disease with particular reference to the nose
- b. Autoimmune conditions e.g. Graves' disease
- c. Systemic inflammatory conditions e.g. Granulomatosis with polyangiitis,
- d. Sarcoidosis
- e. Chronic infective conditions e.g. Tuberculosis, Syphilis

DOCTOR AS A PRACTITIONER:

Consultation and communication:

To understand the principles of communication in patients of different age groups, the doctor would have to work in partnership with parents, families, patients' attendants. The doctor is always willing to work as team member with colleagues from medical and even other professions.

Build rapport with patients of different age groups and their care takers.

Record a structured and the patient specific history printing with ENT complaints. It should find the primary problem and secondary complaints that should help towards diagnosis.

Obtain a relevant family history, occupational and social history.

Assess patient's capacity in accordance with financial and professional requirements.

Determine the extent to which patients want to be involved in decision making about their care and treatment.

Communicate clearly and effectively by spoken, written methods about the disease and its management to patients and family.

Communicate appropriately in difficult circumstances such as breaking bad news.

B. Examination:

Perform the following specific examinations, obtaining appropriate consent and recognizing the conditions required when conducting intimate examinations

Examine the oral cavity and oropharynx using a head light and tongue depressor.

Examine the nose using a head light and nasal speculum.

Examine the neck for swelling, mass or tenderness.

Examine the ear including the external auditory meatus using the head light and otoscope.

Use tuning forks to identify conductive and sensorineural hearing loss.

Perform basic clinical balance tests including Romberg's, Unterberger's and Hallpike's tests when vertigo or imbalance is complained.

Examine the relevant cranial nerves.

C. Investigation:

Formulate a plan of investigation with consent of the patient.

Initiate, justify and interpret appropriate haematological and biochemical investigations.

Understand the principles of pure tone audiometry and tympanometry and be able to interpret a simple air conduction audiogram.

Have an awareness of the types of imaging used in the investigation of ENT conditions and when to use them. This includes CT, MR and ultrasound imaging.

Understand the principles of fine needle aspiration cytology as cut biopsy should be avoided.

E. Diagnosis and management:

- a. To perform flexible and rigid endoscopy of the upper airways.
- b. To Interpret findings from history, physical examination related to the ear nose and throat to formulate a differential diagnosis.
- c. Formulate a plan for treatment, management and discharge based on clinical principles
- d. Evaluate the impact of illness on the individual and their family

F. Perform the following practical procedures safely and obtain appropriate consent:

- a. Take a throat swab.
- b. Cauterize a nose with silver nitrate.
- c. Pack a nose with a nasal tampon.
- d. Epley maneuver.

G. Be able to provide emergency care including basic and advanced life support with appropriate referral to the specialist in ENT emergencies including:

Airway obstruction.

Resuscitation of a patient with tracheostomy or laryngectomy.

Foreign body in the throat including bolus obstruction.

Foreign body in the ear.

Foreign body in the nose.

Head and neck trauma.

Trauma to the tympanic membrane.

Fractured nose.

Nasal septal hematoma.

Epistaxis including nasal packing.

Pinna hematoma.

Soft tissue laceration of the head and neck.