

## **A GUIDE TO OTORHINOLARYNGOLOGY DEPARTMENT AND STUDY GUIDE (FCPS-ENT)**

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1. INTRODUCTION TO THE DEPARTMENT

a. NUMBER OF UNITS

The ENT department in Jinnah Hospital Lahore comprises of 2 units.

b. HEAD OF THE UNITS

**ENT Unit 1:** headed by **Prof. Dr. Irshad Malik**

**ENT Unit 2:** headed by **Dr. Sajjad Akram**

c. FACULTY DETAILS

d.

OTORINOLARYNGOLOGY UNIT I

| SR NO. | NAME             | DESIGNATION         | QUALIFICATION | PMDC. NO | EXPERIENCE |
|--------|------------------|---------------------|---------------|----------|------------|
| 1      | Dr. Irshad Malik | Professor           | MBBS<br>FCPS  | 38228-P  | 21 YEARS   |
| 2.     | Dr. Umair Wahab  | Associate Professor | MBBS<br>FCPS  | 72870-P  | YEARS      |
| 3.     | Dr. Waseem Amin  | Assistant Professor | MBBS<br>FCPS  | 49639-S  | YEARS      |
| 4.     | Dr. Hammad       | Senior Registrar    | MBBS<br>MCPS  | 75488-P  | YEARS      |

ENT UNIT 2

| SR NO. | NAME              | DESIGNATION         | QUALIFICATION | PMDC. NO | EXPERIENCE |
|--------|-------------------|---------------------|---------------|----------|------------|
| 1      | Dr. Sajjad Akram  | Associate Professor | MBBS, FCPS    | 29162-P  | 26 years   |
| 2.     | Dr. Atiq U Rehman | Assistant Professor | MBBS, FCPS    | 54814-P  | 07 years   |
| 3.     | Dr. Bushra Anjum  | Senior Registrar    | MBBS, FCPS    | 69518-P  | 2.5 Years  |

**2. COMPONENTS OF THE ENT DEPARTMENT ;**

Wards:

Preoperative and postoperative male and female bays for ENT patients.

Operation Theatres:

Modular OTs for ENT surgeries, including:

- Endoscopic Sinus Surgery
- Head and Neck Surgery
- Otology Surgery
- Pediatric ENT Surgery
- Trauma Management

Outdoor Patient Department (OPD):

Rooms for consultation, examination, and treatment of ENT patients.

Diagnostic Room: Facilities for:

- Audiometry

Classroom/Mini Auditorium:

There is a class room in ward for postgraduate teaching, journal club presentations, and seminars.

Duty Doctors Room:

For resident doctors to coordinate patient care and administrative tasks.

Library:

For faculty and residents to access textbooks, journals, and online resources.

### **3. DURATION OF TRAINING**

- Total Duration: 4 years, divided into intermediate and advanced modules.
- Intermediate Module: First 2 years, covering the basics of ENT and related sciences.
- Advanced Module: Last 2 years, focusing on specialized training in ENT subspecialties.

### **4. REGISTRATION AND SUPERVISION**

1. All training will be supervised and undertaken on whole time basis.
2. The residents are required to register with the R&RC and submit the name of their supervisor.
3. The supervisor will normally be a Fellow of the College.
4. Only that training will be accepted which is done under a CPSP approved supervisor.
5. The residents are not allowed to work simultaneously in any other department/institutions

### **5. OBJECTIVES OF THE TRAINING**

- Knowledge and Critical Thinking: Apply current knowledge to critical thinking and problem-solving.
- Technical Skills: Demonstrate competent performance of ENT procedures.
- Communication Skills: Effective communication with patients, families, and healthcare professionals.
- Teamwork: Collaborative work with other healthcare professionals.
- Research: Conduct research and publish findings.
- Professionalism: Demonstrate personal integrity, empathy, and compassion.

## 6. METHODS FOR INSTRUCTION AND COURSE CONDUCTION

Active participation of students at all levels will be encouraged. Following teaching modalities will be employed:

1. Lectures
2. Seminar Presentations and Journal Club Presentations
3. Group Discussions
4. Grand Rounds
5. Clinico-pathological Conferences
6. MCQ as assignments on the content areas
7. Tests in the form MCQs, Mini CEX and DOCS
8. Skill teaching in Operation theatres, emergency and ward settings
9. Self study, assignments and use of internet
10. Bedside teaching rounds in ward
11. OPD & follow up clinics
12. Long and short case presentations
13. Special classes on research methodology

In addition to the conventional teaching methodologies interactive strategies like conferences will also be introduced to improve both communication and clinical skills in the upcoming consultants. Conferences must be conducted regularly as scheduled and attended by all available faculty and residents. It is essential that residents participate in planning and in conducting conferences.

## 7. SYLLABUS FOR FCPS ENT

The following is the list of topics that will be covered during the first two years of training:

### YEAR I

#### Otology & Otoneurology

- Applied anatomy of external, middle, inner ear and temporal bone
- Traumatic conditions
- Inflammatory diseases of middle and inner ear, mastoid
- Otitis externa - all types
- Physiology of hearing

#### Sino-Rhinology (Nose, Paranasal Sinuses, Naso-pharynx)

- Applied anatomy of nose, nasopharynx – paranasal sinuses
- Congenital anomalies
- Trauma nasal bones
- Inflammatory conditions
- Minor procedures of nose & sinus, Antral washout, anterior and posterior

nasal packing

#### Oral Cavity & Pharynx

- Applied anatomy and physiology
- Inflammatory conditions of Tonsil /Adenoid
- Oral Ulceration

#### Head & Neck

- Anatomy of cranial nerves
- Autonomic ganglion
- Anatomy of neck, base of skull
- Thyroid gland
- Salivary glands
- Physiology of Salivation
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#### Miscellaneous

- Epistaxis
- Blood transfusion
- Fluid & electrolytes balance
- Shock
- Bleeding disorders
- Pre-operative preparation of patient - general principles
- Post-operative care - general principles

## YEAR II

### Otology & Otoneurology

- Pure tone & speech audiometry
- Brainstem Evoked Response Audiometry (BERA)
- Impedence audiometry
- Chronic middle ear inflammatory conditions
- CSF otorrhoea
- Secretory otitis media and grommets

### Sino-Rhinology: (Nose, Paranasal Sinuses, Naso-pharynx)

- Nasal septum
- Mid facial skeletal fracture
- Lateral facial bone fractures

- Nasal allergies, nasal polyposis
- Fungal infections
- Radiology, CT, MRI, angiography
- Midline granulomas

#### Oral Cavity and Pharynx

- Pre-malignant condition
- Malignancy of oral cavity, tongue, pharynx
- Pharyngeal abscesses

#### Laryngology, Oesophagology & Tracheo-bronchial-tree

- Dysphagia
- Infective lesions of larynx
- Papillomatosis
- Foreign body in tracheo- bronchial tree
- Foreign body in esophagus
- Endoscopic procedures

#### Head & Neck

- Congenital cyst, sinuses of neck, thyroglossal cyst
- Salivary gland tumors
- Parapharyngeal space masses

#### General Principles

- ENT manifestations in systemic diseases
- Facial nerve lesions and rehabilitation
- Antibiotic prophylaxis

## **8. PROCEDURAL COMPETENCIES**

The clinical skills, which a specialist must have, are varied and complex.

A complete list of the same, necessary for trainees and trainers, is given below. It is arranged year wise and the level of competence to be achieved each year is arranged as follows:

1. Observer status
2. Assistant Status
3. Performed under supervision
4. Performed independently

A candidate is expected to attain the laid down level of competence for the following procedures by the end of each year as given below:

| COMPETENCIES  | First Year |       |          |       |          |       |           |       |       |       | Total Cases<br>1st Year |
|---|------------|-------|----------|-------|----------|-------|-----------|-------|-------|-------|-------------------------|
|   | 3 Months   |       | 6 Months |       | 9 Months |       | 12 Months |       |       |       |                         |
|   | Level      | Cases | Level    | Cases | Level    | Cases | Level     | Cases | Level | Cases |                         |
| <b>Routine Patient Care</b>   |            |       |          |       |          |       |           |       |       |       |                         |
| Elicit a pertinent history  | 5          | 25    | 5        | 25    | 5        | 25    | 5         | 25    | 5     | 25    | 100                     |
| Communicate effectively with patients, families and the health team | 5          | 25    | 5        | 25    | 5        | 25    | 5         | 25    | 5     | 25    | 100                     |
| Perform a physical examination                                      | 3          | 25    | 4        | 25    | 5        | 25    | 5         | 25    | 5     | 25    | 100                     |
| Order appropriate investigations                                    | 2          | 25    | 3        | 25    | 3        | 25    | 3         | 25    | 3     | 25    | 100                     |
| Interpret the results of investigations                             | 2          | 25    | 2        | 25    | 3        | 25    | 3         | 25    | 4     | 25    | 100                     |
| Assess fitness to undergo surgery                                   | 1          | 10    | 2        | 10    | 3        | 10    | 3         | 10    | 4     | 10    | 40                      |
| Decide and implement appropriate treatment                          | 1          | 10    | 2        | 10    | 3        | 10    | 3         | 10    | 4     | 10    | 40                      |
| Postoperative management and monitoring                             | 1          | 10    | 2        | 10    | 3        | 10    | 3         | 10    | 4     | 10    | 40                      |
| Maintain accurate and appropriate records                           | 3          | 10    | 4        | 10    | 5        | 10    | 5         | 10    | 5     | 10    | 40                      |
| Presentation skills   | 3          | 2     | 3        | 2     | 4        | 2     | 4         | 2     | 4     | 2     | 8                       |
| Preoperative preparation for various ENT surgical procedures        | 1          | 10    | 2        | 10    | 3        | 10    | 3         | 10    | 4     | 10    | 40                      |
| Aseptic techniques  | 3          | 10    | 4        | 10    | 4        | 10    | 4         | 10    | 5     | 10    | 40                      |
| Positioning of patient for diagnostic and operative procedures      | 1          | 10    | 2        | 10    | 3        | 10    | 3         | 10    | 4     | 10    | 40                      |

| COMPETENCIES   | First Year |       |          |       |          |       |           |       |       |       |  | Total Cases<br>1st Year |
|--|------------|-------|----------|-------|----------|-------|-----------|-------|-------|-------|--|-------------------------|
|  | 3 Months   |       | 6 Months |       | 9 Months |       | 12 Months |       |       |       |  |                         |
|  | Level      | Cases | Level    | Cases | Level    | Cases | Level     | Cases | Level | Cases |  |                         |
| <b>Procedures</b>                                    |            |       |          |       |          |       |           |       |       |       |  |                         |
| Removal of visible foreign body from nose/ear/throat | 1          | 5     | 2        | 5     | 3        | 5     | 4         | 5     |       |       |  | 20                      |
| Endoscopic removal of foreign body under GA          | 1          | 3     | 2        | 3     | 2        | 3     | 2         | 3     |       |       |  | 12                      |
| Manipulation of nasal fractures                      | 1          | 3     | 2        | 3     | 2        | 3     | 3         | 3     |       |       |  | 12                      |
| Nasal polypectomy                                    | 1          | 3     | 1        | 3     | 2        | 3     | 2         | 3     |       |       |  | 12                      |
| Turbinate surgery                                    | 1          | 3     | 1        | 3     | 2        | 3     | 2         | 3     |       |       |  | 12                      |
| Intranasal antrostomy                                | 1          | 3     | 1        | 3     | 2        | 3     | 2         | 3     |       |       |  | 12                      |
| Caldwell-sinus antrostomy                            | 1          | 3     | 1        | 3     | 2        | 3     | 2         | 3     |       |       |  | 12                      |
| Direct laryngoscopy and biopsy                       | 1          | 3     | 1        | 3     | 2        | 3     | 2         | 3     |       |       |  | 12                      |
| Oesophagoscopy and biopsy                            | 1          | 3     | 1        | 3     | 2        | 3     | 2         | 3     |       |       |  | 12                      |
| Cortical Mastoidectomy                               | 1          | 3     | 1        | 3     | 2        | 3     | 2         | 3     |       |       |  | 12                      |
| Adenoidectomy  | 1          | 3     | 1        | 3     | 2        | 3     | 2         | 3     |       |       |  | 12                      |
| Tonsillectomy  | 1          | 5     | 2        | 5     | 2        | 5     | 3         | 5     |       |       |  | 20                      |
| Ethmoidectomy  | 1          | 2     | 1        | 2     | 2        | 2     | 2         | 2     |       |       |  | 8                       |
| Mastoidectomy  | 1          | 2     | 1        | 2     | 2        | 2     | 2         | 2     |       |       |  | 8                       |
| Myringoplasty  | 1          | 2     | 1        | 2     | 2        | 2     | 2         | 2     |       |       |  | 8                       |

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| COMPETENCIES  | First Year |       |          |       |          |       |           |       |       |       | Total Cases<br>1st Year |
|---|------------|-------|----------|-------|----------|-------|-----------|-------|-------|-------|-------------------------|
|   | 3 Months   |       | 6 Months |       | 9 Months |       | 12 Months |       |       |       |                         |
|   | Level      | Cases | Level    | Cases | Level    | Cases | Level     | Cases | Level | Cases |                         |
| <b>Procedures</b>   |            |       |          |       |          |       |           |       |       |       |                         |
| EUM and myringotomy                                       | 1          | 2     | 1        | 2     | 2        | 2     | 2         | 2     | 2     | 2     | 8                       |
| Endoscopies under GA                                      | 1          | 2     | 1        | 2     | 2        | 2     | 2         | 2     | 2     | 2     | 8                       |
| Laryngectomy  | 1          | -     | 1        | -     | 2        | -     | 2         | -     | 2     | -     | -                       |
| Maxillectomy  | 1          | -     | 1        | -     | 2        | -     | 2         | -     | 2     | -     | -                       |
| Mandibulectomy  | 1          | -     | 1        | -     | 2        | -     | 2         | -     | 2     | -     | -                       |
| Regional or axial flap                                    | 1          | -     | 1        | -     | 2        | -     | 2         | -     | 2     | -     | -                       |
| Other radical head and neck procedures                    | 1          | -     | 1        | -     | 2        | -     | 2         | -     | 2     | -     | -                       |
| Routine radiology for head and neck                       | 1          | 10    | 2        | 10    | 3        | 10    | 3         | 10    | 3     | 10    | 40                      |
| CT scan and MRI interpretation                            | 1          | 5     | 2        | 5     | 3        | 5     | 3         | 5     | 4     | 5     | 20                      |
| Contrast medium studies of larynx, oesophagus and bronchi | 1          | 2     | 2        | 2     | 3        | 2     | 3         | 2     | 4     | 2     | 8                       |
| Maintenance of I / V Line                                 | 1          | 5     | 2        | 5     | 3        | 5     | 3         | 5     | 4     | 5     | 20                      |
| Endotracheal Intubation                                   | 1          | 2     | 2        | 2     | 2        | 2     | 2         | 2     | 3     | 2     | 8                       |
| Performs and Interprets Audiograms and Tympanograms       | 1          | 5     | 2        | 5     | 2        | 5     | 2         | 5     | 3     | 5     | 20                      |
| Local Anaesthesia in ENT                                  | 1          | 5     | 2        | 5     | 3        | 5     | 3         | 5     | 4     | 5     | 20                      |
| Septal surgery  | 1          | 5     | 2        | 5     | 2        | 5     | 2         | 5     | 2     | 5     | 20                      |
| Rhinoplasty   | 1          | 2     | 1        | 2     | 2        | 2     | 2         | 2     | 2     | 2     | 8                       |

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| COMPETENCIES  | Second Year |       |           |       |             |
|---|-------------|-------|-----------|-------|-------------|
|   | 15 Months   |       | 18 Months |       | Total Cases |
|   | Level       | Cases | Level     | Cases | 2nd Year    |
| <b>Routine Patient Care</b>   |             |       |           |       |             |
| Elicit a pertinent history  | 5           | 25    | 5         | 25    | 50          |
| Communicate effectively with patients, families and the health team | 5           | 25    | 5         | 25    | 50          |
| Perform a physical examination                                      | 5           | 25    | 5         | 25    | 50          |
| Order appropriate investigations                                    | 4           | 25    | 4         | 25    | 50          |
| Interpret the results of investigations                             | 5           | 25    | 5         | 25    | 50          |
| Assess fitness to undergo surgery                                   | 5           | 10    | 5         | 10    | 20          |
| Decide and implement appropriate treatment                          | 5           | 10    | 5         | 10    | 20          |
| Postoperative management and monitoring                             | 5           | 10    | 5         | 10    | 20          |
| Maintain accurate and appropriate records                           | 5           | 10    | 5         | 10    | 20          |
| Presentation skills   | 5           | 2     | 5         | 2     | 4           |
| Preoperative preparation for various ENT surgical procedures        | 5           | 10    | 5         | 10    | 20          |
| Aseptic techniques  | 5           | 10    | 5         | 10    | 20          |
| Positioning of patient for diagnostic and operative procedures      | 5           | 10    | 5         | 10    | 20          |

| COMPETENCIES  | Second Year |       |           |       |             |
|---|-------------|-------|-----------|-------|-------------|
|   | 15 Months   |       | 18 Months |       | Total Cases |
|   | Level       | Cases | Level     | Cases | 2nd Year    |
| <b>Procedures</b>   |             |       |           |       |             |
| Use of common surgical instruments, suture materials and appliances and suture techniques | 5           | 10    | 5         | 10    | 20          |
| Use of operating Microscope (Ear Surgery)   | 3           | 20    | 4         | 20    | 40          |
| Use of Flexible Endoscope like Nasopharyngoscope  | 3           | 4     | 3         | 4     | 8           |
| Use of Functional Endoscopic Sinus Surgery Instruments                                    | 2           | 4     | 2         | 4     | 8           |
| Nasogastric intubation  | 5           | 4     | 5         | 4     | 8           |
| Tracheostomy  | 4           | 3     | 5         | 3     | 6           |
| Post-operative dressing   | 5           | 5     | 5         | 5     | 10          |
| Anterior nasal packing  | 5           | 10    | 5         | 10    | 20          |
| Posterior nasal packing   | 4           | 1     | 5         | 1     | 2           |
| Nasal cautery   | 4           | 5     | 5         | 5     | 10          |
| Sub-mucosal diathermy   | 4           | 2     | 5         | 2     | 4           |
| Proof puncture / Antral lavage  | 4           | 4     | 5         | 4     | 8           |
| Drainage of abscesses and boils   | 5           | 5     | 5         | 5     | 10          |
| Surgical dressings  | 5           | 5     | 5         | 5     | 10          |
| Syringing of ear Aural Toilet   | 5           | 10    | 5         | 10    | 20          |

| COMPETENCIES   | Second Year |       |           |       |       | Total Cases<br>2nd Year |
|--|-------------|-------|-----------|-------|-------|-------------------------|
|  | 15 Months   |       | 18 Months |       | Cases |                         |
|  | Level       | Cases | Level     | Cases |       |                         |
| Procedures   |             |       |           |       |       |                         |
| Removal of visible foreign body from nose/ear/throat | 5           | 5     | 5         | 5     | 5     | 10                      |
| Endoscopic removal of foreign body under GA          | 3           | 3     | 3         | 3     | 3     | 6                       |
| Manipulation of nasal fractures                      | 4           | 3     | 4         | 3     | 3     | 6                       |
| Nasal polypectomy                                    | 3           | 3     | 3         | 3     | 3     | 6                       |
| Turbinate surgery                                    | 3           | 3     | 3         | 3     | 3     | 6                       |
| Intranasal antrostomy                                | 3           | 3     | 3         | 3     | 3     | 6                       |
| Caldwell-sinus antrostomy                            | 2           | 3     | 3         | 3     | 3     | 6                       |
| Direct laryngoscopy and biopsy                       | 2           | 3     | 2         | 3     | 3     | 6                       |
| Oesophagoscopy and biopsy                            | 2           | 3     | 2         | 3     | 3     | 6                       |
| Cortical Mastoidectomy                               | 2           | 3     | 2         | 3     | 3     | 6                       |
| Adenoidectomy  | 2           | 3     | 2         | 3     | 3     | 6                       |
| Tonsillectomy  | 3           | 5     | 4         | 5     | 5     | 10                      |
| Ethmoidectomy  | 2           | 2     | 2         | 2     | 2     | 4                       |
| Mastoidectomy  | 2           | 2     | 2         | 2     | 2     | 4                       |
| Myringoplasty  | 2           | 2     | 2         | 2     | 2     | 4                       |
| EUM and myringotomy                                  | 2           | 2     | 2         | 2     | 2     | 4                       |
| Endoscopies under GA                                 | 2           | 2     | 2         | 2     | 2     | 4                       |

| PROCEDURES  | Third Year |       |           |       |           |       |           |       |           |       |           |       | Total Cases<br>3rd Year |
|---|------------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-------------------------|
|   | 27 Months  |       | 30 Months |       | 33 Months |       | 36 Months |       | 36 Months |       | 36 Months |       |                         |
|   | Level      | Cases | Level     | Cases | Level     | Cases | Level     | Cases | Level     | Cases | Level     | Cases |                         |
| <b>Procedures</b>   |            |       |           |       |           |       |           |       |           |       |           |       |                         |
| Laryngectomy  | 2          | 1     | 2         | 1     | 2         | 1     | 2         | 1     | 2         | 1     | 2         | 1     | 4                       |
| Maxillectomy  | 2          | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | -                       |
| Mandibulectomy  | 2          | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | -                       |
| Regional or axial flap                                    | 2          | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | -                       |
| Other radical head and neck procedures                    | 2          | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | -                       |
| Routine radiology for head and neck                       | 5          | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 40                      |
| CT scan and MRI interpretation                            | 5          | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 20                      |
| Contrast medium studies of larynx, oesophagus and bronchi | 5          | 2     | 5         | 2     | 5         | 2     | 5         | 2     | 5         | 2     | 5         | 2     | 8                       |
| Maintenance of I / V Line                                 | 5          | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 20                      |
| Endotracheal Intubation                                   | 5          | 2     | 5         | 2     | 5         | 2     | 5         | 2     | 5         | 2     | 5         | 2     | 8                       |
| Performs and Interpret s Audiograms and Tympanograms      | 5          | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 20                      |
| Local Anaesthesia in ENT                                  | 5          | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 20                      |
| Septal surgery  | 3          | 5     | 3         | 5     | 3         | 5     | 3         | 5     | 3         | 5     | 3         | 5     | 20                      |
| Rhinoplasty   | 2          | 2     | 2         | 2     | 2         | 2     | 2         | 2     | 2         | 2     | 2         | 2     | 8                       |

| PROCEDURES   | Third Year |       |           |       |           |       |           |       |       |       |       |       | Total Cases<br>3rd Year |
|--|------------|-------|-----------|-------|-----------|-------|-----------|-------|-------|-------|-------|-------|-------------------------|
|  | 27 Months  |       | 30 Months |       | 33 Months |       | 36 Months |       |       |       |       |       |                         |
|  | Level      | Cases | Level     | Cases | Level     | Cases | Level     | Cases | Level | Cases | Level | Cases |                         |
| <b>Procedures</b>                                    |            |       |           |       |           |       |           |       |       |       |       |       |                         |
| Removal of visible foreign body from nose/ear/throat | 5          | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5     | 5     | 5     | 5     | 20                      |
| Endoscopic removal of foreign body under GA          | 4          | 3     | 4         | 3     | 4         | 3     | 4         | 3     | 4     | 3     | 4     | 3     | 12                      |
| Manipulation of nasal fractures                      | 5          | 3     | 5         | 3     | 5         | 3     | 5         | 3     | 5     | 3     | 5     | 3     | 12                      |
| Nasal polypectomy                                    | 4          | 3     | 4         | 3     | 4         | 3     | 4         | 3     | 4     | 3     | 4     | 3     | 12                      |
| Turbinate surgery                                    | 4          | 3     | 4         | 3     | 4         | 3     | 4         | 3     | 4     | 3     | 4     | 3     | 12                      |
| Intranasal antrostomy                                | 4          | 3     | 4         | 3     | 4         | 3     | 4         | 3     | 4     | 3     | 4     | 3     | 12                      |
| Caldwell-sinus antrostomy                            | 4          | 3     | 4         | 3     | 4         | 3     | 4         | 3     | 4     | 3     | 4     | 3     | 12                      |
| Direct laryngoscopy and biopsy                       | 4          | 3     | 4         | 3     | 4         | 3     | 4         | 3     | 4     | 3     | 4     | 3     | 12                      |
| Oesophagoscopy and biopsy                            | 4          | 3     | 4         | 3     | 4         | 3     | 4         | 3     | 4     | 3     | 4     | 3     | 12                      |
| Cortical Mastoidectomy                               | 4          | 3     | 4         | 3     | 4         | 3     | 4         | 3     | 4     | 3     | 4     | 3     | 12                      |
| Adenoidectomy  | 4          | 3     | 4         | 3     | 4         | 3     | 4         | 3     | 4     | 3     | 4     | 3     | 12                      |
| Tonsillectomy  | 4          | 5     | 4         | 5     | 4         | 5     | 4         | 5     | 4     | 5     | 4     | 5     | 20                      |
| Ethmoidectomy  | 2          | 2     | 2         | 2     | 2         | 2     | 2         | 2     | 2     | 2     | 2     | 2     | 8                       |
| Mastoidectomy  | 2          | 2     | 2         | 2     | 2         | 2     | 2         | 2     | 2     | 2     | 2     | 2     | 8                       |
| Myringoplasty  | 2          | 2     | 2         | 2     | 2         | 2     | 2         | 2     | 2     | 2     | 2     | 2     | 8                       |
| EUM and myringotomy                                  | 3          | 2     | 3         | 2     | 3         | 2     | 3         | 2     | 3     | 2     | 3     | 2     | 8                       |
| Endoscopies under GA                                 | 2          | 2     | 2         | 2     | 2         | 2     | 2         | 2     | 2     | 2     | 2     | 2     | 8                       |

| PROCEDURES  | Fourth Year |       |           |       |           |       |           |       |           |       |           |       | Total Cases<br>4th Year |
|---|-------------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-------------------------|
|   | 39 Months   |       | 42 Months |       | 45 Months |       | 48 Months |       | 48 Months |       | 48 Months |       |                         |
|   | Level       | Cases | Level     | Cases | Level     | Cases | Level     | Cases | Level     | Cases | Level     | Cases |                         |
| <b>Procedures</b>   |             |       |           |       |           |       |           |       |           |       |           |       |                         |
| Laryngectomy  | 2           | 1     | 2         | 1     | 2         | 1     | 2         | 1     | 2         | 1     | 2         | 1     | 4                       |
| Maxillectomy  | 2           | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | -                       |
| Mandibulectomy  | 2           | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | -                       |
| Regional or axial flap                                    | 2           | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | -                       |
| Other radical head and neck procedures                    | 2           | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | 2         | -     | -                       |
| Routine radiology for head and neck                       | 5           | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 40                      |
| CT scan and MRI interpretation                            | 5           | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 20                      |
| Contrast medium studies of larynx, oesophagus and bronchi | 5           | 2     | 5         | 2     | 5         | 2     | 5         | 2     | 5         | 2     | 5         | 2     | 8                       |
| Maintenance of I / V Line                                 | 5           | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 20                      |
| Endotracheal intubation                                   | 5           | 2     | 5         | 2     | 5         | 2     | 5         | 2     | 5         | 2     | 5         | 2     | 8                       |
| Performs and Interpret s Audiograms and Tympanograms      | 5           | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 20                      |
| Local Anaesthesia in ENT                                  | 5           | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 20                      |
| Septal surgery  | 4           | 5     | 4         | 5     | 4         | 5     | 4         | 5     | 4         | 5     | 4         | 5     | 20                      |
| Rhinoplasty   | 2           | 2     | 2         | 2     | 2         | 2     | 2         | 2     | 2         | 2     | 2         | 2     | 8                       |

| PROCEDURES   | Fourth Year |       |           |       |           |       |           |       |             |       |          |       |
|--|-------------|-------|-----------|-------|-----------|-------|-----------|-------|-------------|-------|----------|-------|
|  | 39 Months   |       | 42 Months |       | 45 Months |       | 48 Months |       | Total Cases |       | 4th Year |       |
|  | Level       | Cases | Level     | Cases | Level     | Cases | Level     | Cases | Level       | Cases | Level    | Cases |
| <b>Procedures</b>                                    |             |       |           |       |           |       |           |       |             |       |          |       |
| Removal of visible foreign body from nose/ear/throat | 5           | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5     | 5        | 20    |
| Endoscopic removal of foreign body under GA          | 5           | 3     | 5         | 5     | 3         | 5     | 3         | 5     | 3           | 5     | 3        | 12    |
| Manipulation of nasal fractures                      | 5           | 3     | 5         | 5     | 3         | 5     | 3         | 5     | 3           | 5     | 3        | 12    |
| Nasal polypectomy                                    | 5           | 3     | 5         | 5     | 3         | 5     | 3         | 5     | 3           | 5     | 3        | 12    |
| Turbinate surgery                                    | 5           | 3     | 5         | 5     | 3         | 5     | 3         | 5     | 3           | 5     | 3        | 12    |
| Intranasal antrostomy                                | 5           | 3     | 5         | 5     | 3         | 5     | 3         | 5     | 3           | 5     | 3        | 12    |
| Caldwell-sinus antrostomy                            | 5           | 3     | 5         | 5     | 3         | 5     | 3         | 5     | 3           | 5     | 3        | 12    |
| Direct laryngoscopy and biopsy                       | 5           | 3     | 5         | 5     | 3         | 5     | 3         | 5     | 3           | 5     | 3        | 12    |
| Oesophagoscopy and biopsy                            | 5           | 3     | 5         | 5     | 3         | 5     | 3         | 5     | 3           | 5     | 3        | 12    |
| Cortical Mastoidectomy                               | 5           | 3     | 5         | 5     | 3         | 5     | 3         | 5     | 3           | 5     | 3        | 12    |
| Adenoidectomy  | 5           | 3     | 5         | 5     | 3         | 5     | 3         | 5     | 3           | 5     | 3        | 12    |
| Tonsillectomy  | 5           | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5     | 5        | 20    |
| Ethmoidectomy  | 4           | 2     | 4         | 4     | 2         | 4     | 2         | 4     | 2           | 4     | 2        | 8     |
| Mastoidectomy  | 4           | 2     | 4         | 4     | 2         | 4     | 2         | 4     | 2           | 4     | 2        | 8     |
| Myringoplasty  | 4           | 2     | 4         | 4     | 2         | 4     | 2         | 4     | 2           | 4     | 2        | 8     |
| EUM and myringotomy                                  | 4           | 2     | 4         | 4     | 2         | 4     | 2         | 5     | 2           | 5     | 2        | 8     |
| Endoscopies under GA                                 | 4           | 2     | 4         | 4     | 2         | 4     | 2         | 5     | 2           | 5     | 2        | 8     |

| PROCEDURES  | Fourth Year |       |           |       |           |       |           |       |             |    |    |  |
|---|-------------|-------|-----------|-------|-----------|-------|-----------|-------|-------------|----|----|--|
|   | 39 Months   |       | 42 Months |       | 45 Months |       | 48 Months |       | Total Cases |    |    |  |
|   | Level       | Cases | Level     | Cases | Level     | Cases | Level     | Cases | 4th Year    |    |    |  |
| <b>Procedures</b>   |             |       |           |       |           |       |           |       |             |    |    |  |
| Use of common surgical instruments, suture materials and appliances and suture techniques | 5           | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10 | 40 |  |
| Use of operating Microscope (Ear Surgery)   | 5           | 20    | 5         | 20    | 5         | 20    | 5         | 20    | 5           | 20 | 80 |  |
| Use of Flexible Endoscope like Nasopharyngoscope  | 5           | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5  | 20 |  |
| Use of Functional Endoscopic Sinus Surgery Instruments                                    | 5           | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5  | 20 |  |
| Nasogastric intubation  | 5           | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5  | 20 |  |
| Tracheostomy  | 5           | 3     | 5         | 3     | 5         | 3     | 5         | 3     | 5           | 3  | 12 |  |
| Post-operative dressing   | 5           | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5  | 20 |  |
| Anterior nasal packing  | 5           | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10 | 40 |  |
| Posterior nasal packing   | 5           | 1     | 5         | 1     | 5         | 1     | 5         | 1     | 5           | 1  | 4  |  |
| Nasal cautery   | 5           | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5  | 20 |  |
| Sub-mucosal diathermy   | 5           | 2     | 5         | 2     | 5         | 2     | 5         | 2     | 5           | 2  | 8  |  |
| Proof puncture / Antral lavage  | 5           | 4     | 5         | 4     | 5         | 4     | 5         | 4     | 5           | 4  | 16 |  |
| Drainage of abscesses and boils   | 5           | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5  | 20 |  |
| Surgical dressings  | 5           | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5  | 20 |  |
| Syringing of ear Aural Toilet   | 5           | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10 | 40 |  |

| PROCEDURES   | Fourth Year |       |           |       |           |       |           |       |             |       | Total Cases<br>4th Year |
|--|-------------|-------|-----------|-------|-----------|-------|-----------|-------|-------------|-------|-------------------------|
|  | 39 Months   |       | 42 Months |       | 45 Months |       | 48 Months |       | Total Cases |       |                         |
|  | Level       | Cases | Level     | Cases | Level     | Cases | Level     | Cases | Level       | Cases |                         |
| <b>Routine Patient Care</b>  |             |       |           |       |           |       |           |       |             |       |                         |
| Elicit a pertinent history   | 5           | 25    | 5         | 25    | 5         | 25    | 5         | 25    | 5           | 25    | 100                     |
| Communicate effectively with patients, families, and the health team | 5           | 25    | 5         | 25    | 5         | 25    | 5         | 25    | 5           | 25    | 100                     |
| Perform a physical examination                                       | 5           | 25    | 5         | 25    | 5         | 25    | 5         | 25    | 5           | 25    | 100                     |
| Order appropriate investigations                                     | 5           | 25    | 5         | 25    | 5         | 25    | 5         | 25    | 5           | 25    | 100                     |
| Interpret the results of investigations                              | 5           | 25    | 5         | 25    | 5         | 25    | 5         | 25    | 5           | 25    | 100                     |
| Assess fitness to undergo surgery                                    | 5           | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 40                      |
| Decide and implement appropriate treatment                           | 5           | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 40                      |
| Postoperative management and monitoring                              | 5           | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 40                      |
| Maintain accurate and appropriate records                            | 5           | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 40                      |
| Presentation skills  | 5           | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 40                      |
| Preoperative preparation for various ENT surgical procedures         | 5           | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 40                      |
| Aseptic techniques   | 5           | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 40                      |
| Positioning of patient for diagnostic and operative procedures       | 5           | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 40                      |

| PROCEDURES  | Third Year |       |           |       |           |       |           |       |             |       |          |       |    |
|---|------------|-------|-----------|-------|-----------|-------|-----------|-------|-------------|-------|----------|-------|----|
|   | 27 Months  |       | 30 Months |       | 33 Months |       | 36 Months |       | Total Cases |       | 3rd Year |       |    |
|   | Level      | Cases | Level     | Cases | Level     | Cases | Level     | Cases | Level       | Cases | Level    | Cases |    |
| <b>Procedures</b>   |            |       |           |       |           |       |           |       |             |       |          |       |    |
| Use of common surgical instruments, suture materials and appliances and suture techniques | 5          | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 5        | 10    | 40 |
| Use of operating Microscope (Ear Surgery)   | 5          | 10    | 5         | 15    | 5         | 20    | 5         | 20    | 5           | 20    | 5        | 20    | 65 |
| Use of Flexible Endoscope like Nasopharyngoscope  | 5          | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5     | 5        | 5     | 20 |
| Use of Functional Endoscopic Sinus Surgery Instruments                                    | 5          | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5     | 5        | 5     | 20 |
| Nasogastric intubation  | 5          | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5     | 5        | 5     | 20 |
| Tracheostomy  | 4          | 3     | 5         | 3     | 5         | 3     | 5         | 3     | 5           | 3     | 5        | 3     | 12 |
| Post-operative dressing   | 5          | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5     | 5        | 5     | 20 |
| Anterior nasal packing  | 5          | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 5        | 10    | 40 |
| Posterior nasal packing   | 5          | 1     | 5         | 1     | 5         | 1     | 5         | 1     | 5           | 1     | 5        | 1     | 4  |
| Nasal cautery   | 5          | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5     | 5        | 5     | 20 |
| Sub-mucosal diathermy   | 5          | 2     | 5         | 2     | 5         | 2     | 5         | 2     | 5           | 2     | 5        | 2     | 8  |
| Proof puncture / Antral lavage  | 5          | 4     | 5         | 4     | 5         | 4     | 5         | 4     | 5           | 4     | 5        | 4     | 16 |
| Drainage of abscesses and boils   | 5          | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5     | 5        | 5     | 20 |
| Surgical dressings  | 5          | 5     | 5         | 5     | 5         | 5     | 5         | 5     | 5           | 5     | 5        | 5     | 20 |
| Syringing of ear Aural Toilet   | 5          | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 5        | 10    | 40 |

| PROCEDURES   | Third Year |       |           |       |           |       |           |       |             |       |          |       |     |
|--|------------|-------|-----------|-------|-----------|-------|-----------|-------|-------------|-------|----------|-------|-----|
|  | 27 Months  |       | 30 Months |       | 33 Months |       | 36 Months |       | Total Cases |       | 3rd Year |       |     |
|  | Level      | Cases | Level     | Cases | Level     | Cases | Level     | Cases | Level       | Cases | Level    | Cases |     |
| <b>Routine Patient Care</b>  |            |       |           |       |           |       |           |       |             |       |          |       |     |
| Elicit a pertinent history   | 5          | 25    | 5         | 25    | 5         | 25    | 5         | 25    | 5           | 25    | 5        | 25    | 100 |
| Communicate effectively with patients, families, and the health team | 5          | 25    | 5         | 25    | 5         | 25    | 5         | 25    | 5           | 25    | 5        | 25    | 100 |
| Perform a physical examination                                       | 5          | 25    | 5         | 25    | 5         | 25    | 5         | 25    | 5           | 25    | 5        | 25    | 100 |
| Order appropriate investigations                                     | 5          | 25    | 5         | 25    | 5         | 25    | 5         | 25    | 5           | 25    | 5        | 25    | 100 |
| Interpret the results of investigations                              | 4          | 25    | 4         | 25    | 4         | 25    | 4         | 25    | 4           | 25    | 4        | 25    | 100 |
| Assess fitness to undergo surgery                                    | 5          | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 5        | 10    | 40  |
| Decide and implement appropriate treatment                           | 5          | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 5        | 10    | 40  |
| Postoperative management and monitoring                              | 5          | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 5        | 10    | 40  |
| Maintain accurate and appropriate records                            | 5          | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 5        | 10    | 40  |
| Presentation skills  | 5          | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 5        | 10    | 40  |
| Preoperative preparation for various ENT surgical procedures         | 5          | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 5        | 10    | 40  |
| Aseptic techniques   | 5          | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 5        | 10    | 40  |
| Positioning of patient for diagnostic and operative procedures       | 5          | 10    | 5         | 10    | 5         | 10    | 5         | 10    | 5           | 10    | 5        | 10    | 40  |

## 9. MANDATORY ROTATIONS

The trainee will complete rotations in the following three disciplines for two months each during post IMM training:

- a. **Plastic Surgery**
- b. **Neuro surgery**
- c. **General Surgery**

A certificate testifying to the candidate's attendance is obligatory for admittance to the final examination and entry in the e-logbook must also appear to this effect.

## 10. MANDATORY WORKSHOPS

The following mandatory workshops should have been attended during the first two years of training (IMM), and therefore no workshop is mandatory during 3<sup>rd</sup> & 4<sup>th</sup> years of training. However, the trainee will be required to attend any workshop/s (ATLS/ACLS) as may be introduced by the CPSP.

1. **Introduction to Computer and Internet**
2. **Research Methodology Biostatistics & Dissertation Writing**
3. **Communication Skills**
4. **BLS (Basic Life Support) Course**

However, if they do not attend earlier for any reason, they must be completed during this phase of training. The trainee may also be required to attend any other workshop as may be introduced by the CPSP.

### NOTE:

- The workshops are conducted by the Department of Medical Education and the candidates are advised to get registered online.
- The BLS course is conducted by the Advance Skills Department (ASD) and the registration form are to be submitted with the ASD separately.
- No candidate will be allowed to appear in the IMM examination without attending the above-mentioned workshops and BLS course.

## 11. RESEARCH

Vide notification no. CPSP/Sec/2024/45 dated 15th March, 2024,

- The residents inducted in first fellowship programs from 2024 & onwards, shall be required to:
  - either submit a dissertation or
  - get one research paper accepted for publication on a topic related to the field of specialization.

- The residents inducted in the CPSP 1st fellowship programs from Jan 2025 and onwards, will be required to
  - obtain acceptance for publication of one research paper only, in a CPSP approved journal, for appearing in final fellowship examination.

#### **TORS FOR RESEARCH**

- Synopsis of the dissertation or research paper must be approved by the Research & Evaluation Unit (REU) of CPSP before starting the research work
- The completed dissertation must be submitted for approval to the REU, six months before the final FCPS-II examination intended to appear in
- The certificate of approval of the dissertation by REU or evidence of publication/acceptance for publication of one research paper in a CPSP approved journal must be submitted along with the final FCPS-II Examination form

## **12. EDUCATIONAL RESOURCES:**

### **1. Specialty-Specific Reference Materials:**

- ❖ Residents will have access to a comprehensive array of specialty-specific reference materials, including textbooks, medical journals, online databases, and evidence-based guidelines.
- ❖ These resources cover various aspects of ENT, ensuring residents have up-to-date information on clinical practice and research.

### **2. Clinical Resources:**

#### **a. Clinical Facilities:**

- ❖ The program provides access to state-of-the-art clinical facilities, operating rooms, outpatient clinics, specialty units (ensuring residents receive hands-on experience in diverse clinical settings).

#### **b. Diagnostic Tools:**

- ❖ Residents have access to advanced diagnostic tools such as
- ❖ 70 Telescopy , 0 NasoEndoscopy , Microscope For EUM

### **3. Program-Specific Resources:**

**a. Teaching Faculty:**

Our program boasts a dedicated team of experienced faculty members who are committed to resident education and mentorship. These faculty members provide personalized instruction, clinical supervision, and academic guidance to residents throughout their training.

**b. Educational Activities:**

Regular educational workshops, seminars, and case-based discussions are organized to enhance residents' knowledge and skills in otorhinolaryngology. These sessions cover a wide range of topics, from basic principles to advanced surgical techniques, fostering a comprehensive learning experience.

**4. Institutional Resources:**

**a. Library Services:**

Residents have access to the institution's medical library, which offers a vast collection of print and electronic resources, including textbooks, journals, and online databases. Librarians are available to assist residents in locating and accessing relevant materials.

**b. Multidisciplinary Collaboration (MTDs, CPCs):**

Our institution promotes multidisciplinary collaboration and networking among healthcare professionals, providing residents with opportunities to engage with experts from various specialties and participate in interdisciplinary conferences, grand rounds, and research collaborations.

Overall, these resources combine to offer a comprehensive educational environment that supports resident learning, clinical skill development, and professional growth in the field of ENT

**13. MECHANISM OF ASSIGNMENT OF DUTIES TO THE POST GRADUATE RESIDENTS**

Residents, trainees, and students will be informed about their assignments and duties through a structured communication process that ensures clarity, transparency, and accountability. This process includes the following components:

**1. Assignment and Duty Distribution:**

Assignments and duties will be distributed to residents, trainees, and students through a system managed by the designated SR. This system ensures equitable distribution of responsibilities and prevents misunderstandings regarding assignments.

**2. Written Communication:**

All assignments and duties, along with their corresponding goals and objectives, will be documented in writing. This information will be readily available to residents, trainees, and students in both hard copy and electronic formats. Hard copies may be posted in common areas such as resident lounges or noticeboards, while electronic copies will be accessible through Whats App

**3. Orientation and Onboarding:**

Upon entry into the program, residents, trainees, and students will undergo orientation sessions that familiarize them with program expectations, policies, and procedures. During these sessions, they will receive detailed information about their assignments, duties, and the associated goals and objectives for each year of their training through an introductory book for postgraduates.

**4. Regular Updates and Communication:**

Throughout the year, residents, trainees, and students will receive regular updates and communication regarding their assignments, duties, and any changes or updates to their goals and objectives. This communication may occur through in-person meetings and feedback forms.

- 5. Feedback Mechanisms:** Residents, trainees, and students will have opportunities to provide feedback on their assignments and duties, as well as the associated goals and objectives through formative assessments--mini-CEX and DOPS. This feedback will be used to continually refine and improve the assignment process and ensure that it aligns with the educational needs and career aspirations of the learners.

Overall, this structured communication process ensures that residents, trainees, and students are well-informed about their assignments and duties, and that these assignments are aligned with clear goals and objectives for each year of their training.

## **14. SITES OF ASSIGNMENTS WITH THEIR PROTOCOLS**

### **1. OUTPATIENT PROTOCOL (OPD)**

- Outdoor will be THRICE a week.
- Residents posted in outdoor will attend the patients from 8:00 am to 2:00 pm
- SR OPD and consultants will supervise OPD services from 8:15am till 1:30pm

### **2. OPERATION THEATRE PROTOCOL**

- All doctors of department will have their own operation kits.
- Doctors will not enter the operation theatre without cap, mask and theatre shoes.
- On list procedure will be marked in following orders:
  - First procedure to residents.
  - Second procedure to SR.
  - Third procedure to consultants.
- Residents appointed in OT will go to Operation Theater on the list.
- 2<sup>nd</sup> year residents will stay in the ward and receive all the patients from operation theater and will not leave the postoperative ward.
- The 1st year resident will arrive at 7:30 am on theater days and will shift the pre-operative patients to the operation theatre.

### **3. INDOOR PROTOCOL**

- Patients are admitted in the wards from outdoor and emergencies.
- Initial evaluation is done by the house officers, followed by residents in liaison with the SR
- Proposed investigations and treatment plan are written
- Further management is discussed with the faculty during rounds

In high-risk patients' multi-disciplinary approach is adopted

## 15. COMPLAINTS HANDLING MECHANISM

Handling complaints or concerns raised by residents, trainees, or students is a crucial aspect of ensuring a supportive and conducive learning environment. Our program has established a comprehensive mechanism---Open House and Confidential complaint box to address such issues in a confidential and protected manner, while also minimizing fear of intimidation or retaliation. Here's how we handle complaints or concerns:

1. Confidential Reporting Channels: Residents, trainees, and students are provided with multiple confidential reporting channels to express their concerns. These channels may include direct communication with faculty, designated focal persons, or anonymous reporting systems such as suggestion box.
2. Non-Retaliation Policy: Our program maintains a strict non-retaliation policy to safeguard individuals who raise complaints or concerns. Residents, trainees, and students are assured that they will not face any form of intimidation, discrimination, or retaliation as a result of bringing forward their concerns. Any instances of retaliation are promptly investigated and addressed by senior faculty.
3. Prompt Response: Upon receipt of a complaint or concern, Admin SR initiates a prompt and thorough investigation to understand the nature of the issue and identify appropriate solutions. The individual raising the concern is kept informed of the progress and outcome of the investigation, ensuring transparency throughout the process.
4. Grievance Committee: Unsatisfied residents are then taken to Grievance Committee of the institution which works under the supervision of the PGR committee of the institution.
5. Continuous Improvement: The program uses feedback from complaints and concerns to identify areas for improvement and implement corrective actions. Senior faculty regularly reviews policies, procedures, and practices to prevent recurrence of similar issues and promote a culture of openness, transparency, and accountability.

By implementing these measures, our program ensures that residents, trainees, and students feel empowered to raise complaints or concerns in a confidential and protected manner, without fear of intimidation or retaliation. We are committed to fostering a supportive and inclusive learning environment where everyone's voice is heard and respected.

## **16. ASSESSMENT PLAN TO ACHIEVE THE DESIRED OUTCOMES**

College of Physicians and Surgeons Pakistan, to implement competency-based education in letter and spirit, is introducing Workplace Based Assessment (WPBA) in addition to institutional/ departmental assessments. To begin with college is introducing Mini-CEX and DOPS to ensure that the graduates are fully equipped with the clinical competencies.



COLLEGE OF  
OF PHYSICIANS  
AND SURGEONS  
PAKISTAN

## MINI CLINICAL EVALUATION EXERCISE (CEX)

Specialty: FCPS (IMM & Post-IMM) Otorhinolaryngology

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ R&RC Number: \_\_\_\_\_

Year of Residency:     R1             R2             R3             R4

Quarter:                 1st             2nd             3rd             4th

Setting:                  Ward             Outdoor (Hospital/Community) Others: \_\_\_\_\_

Diagnosis of Patient: \_\_\_\_\_ Patient Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Clinical Area: \_\_\_\_\_

Complexity of Case/ Procedure:     Low/Easy     Moderate/Average     High/Difficult     N/A

Focus of Clinical Encounters:  History taking     Physical Examination     Management     Communication Skills     Other

| Please grade the following areas on the given scale:     | Not Observed / Applicable | Below Expectations |   | Satisfactory | Above Expectation | Excellent |
|--|---------------------------|--------------------|---|--------------|-------------------|-----------|
|  |                           | 1                  | 2 |              |                   |           |
| Informed Consent of patient                              |                           |                    |   |              |                   |           |
| Interviewing Skills                                      |                           |                    |   |              |                   |           |
| Systematic Progression                                   |                           |                    |   |              |                   |           |
| Presentation of positive & significant negative findings |                           |                    |   |              |                   |           |
| Justification of actions                                 |                           |                    |   |              |                   |           |
| Professionalism  |                           |                    |   |              |                   |           |
| Organization/Efficiency                                  |                           |                    |   |              |                   |           |
| Overall clinical competence                              |                           |                    |   |              |                   |           |

Assessor's Satisfaction with Mini-CEX:

(Low)            1            2            3            4            5            (High)

Resident's Satisfaction with Mini-CEX:

(Low)            1            2            3            4            5            (High)

| Strengths | Suggestions for Improvements |
|-----------|------------------------------|
|           |                              |

Encounter to be repeated  YES  NO

Assessor's Signature

### **MINI CLINICAL EVALUATION EXERCISE (Mini-CEX)**

*Mini-CEX encounters will be arranged (by the Supervisor) to cover/assess skills essential to provision of good clinical care including History taking, Physical Examination, Management & Communication skills.*

### **Topics' List for Mini-CEX**

#### **IMM (1<sup>st</sup> & 2<sup>nd</sup> Year)**

- History taking
- General physical examination
- Examination of pharynx & larynx
- Sino-nasal examination (nose and PNS)
- Otological examination
- Head & neck examination

#### **Post-IMM (3<sup>rd</sup> & 4<sup>th</sup> Year)**

- Detailed and pertinent history taking in a major otolaryngology case
- Physical examination and spot diagnosis in a major otolaryngology case
- Interpretation of a set of investigations, including imaging, and communication of the findings to a patient or their attendant in a major otolaryngology case.
- Counseling of a patient & immediate family member prior to a major surgical procedure, such as total laryngectomy
- Referral of a patient
- Communication of examination findings & management plan for a major otolaryngology case, to a patient or family member

### **FORMATIVE ASSESSMENT**

College of Physicians and Surgeons Pakistan, in order to implement competency based education in letter and spirit, is introducing Work Placed Based Assessment (WPBA) in addition to institutional/ departmental assessments. To begin with college is introducing Mini-CEX and DOPS to ensure that the graduates are fully equipped with the clinical competencies.

- Workplace-Based Assessment (WPBA) tools are entirely formative and should be accompanied by constructive feedback.
- Each Mini Clinical Evaluation Exercise (Mini-CEX) or Direct Observation of Procedural Skills (DOPS) encounter lasts approximately 20 minutes, with an additional 5 minutes allocated for feedback and further action planning.
- Depending on the availability of cases, any of the topics/areas/procedures prescribed below may be covered during the WPBA sessions. However, each session should focus on a different area, topic, or procedure. **At least one Mini-CEX and one DOPS must be conducted each quarter.**
- The resident has the onus to report to the Parent Supervisor when they are prepared to appear for either a Mini-CEX or DOPS session.
- The Parent Supervisor is responsible for arranging WPBA sessions and may conduct the assessment themselves or delegate it to another competent faculty member or assessor within the department.
- Direct observation of the encounter by the Assessor is a must, followed immediately by specific and constructive feedback to the resident.
- The prescribed assessment forms (sample provided below) are available on the e-portals of both the parent supervisors and the residents. If the parent supervisor conducts the assessment, they are responsible for completing the form and making digital entries via their e-portal. Digital entries can be made directly via a mobile phone or other digital device without the need to first fill out a hard copy. If the assessment is conducted by another assessor, the resident must retrieve the online form from their e-portal and provide it to the assessor. After completing the assessment, the assessor will coordinate with the Parent Supervisor and hand over the filled form for digital entry.
- Once the Parent Supervisor has entered the assessment details, the resident must provide their reflection and indicate their satisfaction with the encounter through their e-portal.
- Entries from both the supervisor and the resident are saved in the e-portal database and are visible to both parties.
- In case of unsatisfactory performance of the resident on any of the prescribed WPBAs, a remedial has to be completed within the stipulated time frame.
- Non-compliance by the resident has to be reported in the quarterly feedback.

**DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)**

**Topics' List for DOPS**

**IMM (1<sup>st</sup> & 2<sup>nd</sup> Year)**

- Skin suturing
- Repair of lacerations
- Nasal packing
- Foreign body removal (Ear, Nose & Throat) without general anaesthesia
- Neck node excision
- Incision and drainage of a neck abscess
- Incision and drainage of peri-tonsillar abscess
- Incision and drainage of septal haematoma/abscess
- Incision and drainage of post-aural abscess
- Chemical & Electrocautery
- Vacuum drain fixation and maintenance
- Nasogastric tube insertion
- Tongue-tie excision
- Tracheostomy and its care/Crico-thyroidotomy
- Aural suction
- Punch and wedge biopsies
- Flexible fiberoptic endoscopy

**Post-IMM (3<sup>rd</sup> & 4<sup>th</sup> Year)**

- Endotracheal intubation
- Foreign body removal from nose and throat under general anaesthesia
- Foreign body removal from ear using microscope/endoscope under general anaesthesia
- Myringotomy with or without grommet insertion
- Nasal endoscopy under general anaesthesia
- Septal surgery (Local infiltration, incision and flap elevation)
- Tympano-mastoidectomy (Incision and graft acquisition)
- Elevation of posterior meatal flap in ear surgery
- Endoscopic uncinectomy
- Direct laryngoscopy/Oesophagoscopy under general anaesthesia
- Tonsillectomy
- Adenoidectomy
- Sub-mucosal diathermy



**COLLEGE OF  
OF PHYSICIANS  
AND SURGEONS  
PAKISTAN**

**DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)**

Specialty: FCPS (IMM & Post-IMM) Otorhinolaryngology

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

## **17. GUIDANCE FOR RESIDENTS TO ACHIEVE THE DESIRED OUTCOMES:**

For effective learning of residents, they need to identify

1. Their strengths and deficiencies
2. Set learning goals
3. Engage in appropriate learning activities
4. Reflect on their performance

### **Goal setting:**

Residents should set SMART (Specific, Measurable, Achievable, Relevant, Time bound) learning goals for themselves.

### **Learning Activities:**

Residents should actively participate in appropriate learning activities to achieve their goals. These activities include:

- Attending Lectures, workshops & conferences
- Participating in hands on clinical experience or simulation to practice specific skill in skill lab
- Engaging in self-directed study using textbooks, online resources or medical journal.

### **Identify their strengths and deficiencies:**

One of the key indicators to achieve success for residents is to identify their strengths and deficiencies early and work on them. They should avail their strengths to achieve best output and actively work on improving their deficiencies. They should discuss their weak areas with their seniors and supervisors in one-to-one meetings and seek guidance from them.

## **BOOKS RECOMMENDED**

### **Anatomy**

- 1. Anatomy of the Head and Neck: A comprehensive guide to the anatomy of the head and neck region, essential for ENT residents.**
- 2. Scott-Brown's Otorhinolaryngology: A detailed textbook on ENT anatomy and surgery, covering the latest techniques and procedures.**
- 3. Gray's Anatomy: A classic anatomy textbook with detailed illustrations, useful for understanding the complex anatomy of the head and neck.**

### **Physiology**

- 1. Physiology of the Ear: Understanding the physiological aspects of the ear and hearing, crucial for diagnosing and managing hearing disorders.**
- 2. Physiology of the Nose and Throat: Studying the physiological functions of the nose and throat, essential for understanding ENT diseases.**
- 3. Guyton and Hall Textbook of Medical Physiology: A comprehensive textbook on medical physiology, covering the physiological aspects of the human body.**

### **Pathology**

- 1. Robbins and Cotran Pathologic Basis of Disease: A detailed textbook on pathology, including ENT-related diseases, essential for understanding the pathophysiology of ENT disorders.**
- 2. ENT Pathology: A specialized textbook on ENT pathology, covering the diagnosis and management of ENT diseases.**

### **ENT Surgery**

- 1. Scott-Brown's Otorhinolaryngology: A comprehensive guide to ENT surgery, covering the latest techniques and procedures.**
- 2. ENT Surgery: A practical guide to ENT surgical procedures, including tonsillectomy, adenoidectomy, and mastoidectomy.**
- 3. Bailey and Love's Short Practice of Surgery: A classic surgery textbook with ENT-related chapters, providing a comprehensive overview of surgical principles.**

## Research and Statistics

1. **A Practical Guide for Health Researchers:** A guide to conducting health research, essential for ENT residents and researchers.
2. **Statistical Methods for Health Research:** A textbook on statistical methods for health research, useful for analyzing data and interpreting results.

## Journals

1. **ENT-related journals:** Such as the Journal of Laryngology and Otology, Otology & Neurotology, and the European Archives of Oto-Rhino-Laryngology, providing the latest research and clinical updates in ENT.
2. **General medical journals:** Such as the Journal of the American Medical Association (JAMA) and the New England Journal of Medicine (NEJM), covering a wide range of medical topics, including ENT-related research.

By providing access to these resources, ENT residents and practitioners can stay up-to-date with the latest developments in the field and provide high-quality care to their patients.