

# **A GUIDE TO OTORHINOLARYNGOLOGY DEPARTMENT AND STUDY GUIDE (MS-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**

**OTORINOLARYNGOLOGY UNIT I**

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

## ENT UNIT 2

<b>SR NO.</b>	<b>NAME</b>	<b>DESIGNATION</b>	<b>QUALIFICATION</b>	<b>PMDC. NO</b>	<b>EXPERIENCE</b>
1	Dr. Sajjad Akram	Associate Professor	MBBS, FCPS	29162-P	
2.	Dr. Atiq U Rehman	Assistant Professor	MBBS, FCPS	54814-P	
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

The resident will spend first 6 Months in the relevant Department of Otolaryngology as **Induction period.**

During 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> years

1. Clinical Training in Otolaryngology
2. Research and Thesis writing

### **4. Registration and Supervision**

- As per policy of Pakistan Medical & Dental Council the number of PG Trainees/ Students per supervisor shall be maximum 05 per annum for all PG programmes including minor programmes (if any).
- Beds to trainee ratio at the approved teaching site shall be at least 5 beds per trainee.

- The University will approve supervisors for MS course
- Candidates selected for the courses after their enrollment at the relevant institutions shall be registered with UHS as per prescribed Registration Regulation.

## **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. SAQ as assignments on the content areas
7. Tests in the form of SAQs, 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 MS ENT**

### Basic Sciences:

Student is expected to acquire comprehensive knowledge of Anatomy, Physiology, Pathology, and Pharmacology relevant to surgical practice appropriate for Otolaryngology.

### **1. Anatomy**

- *Clinical and functional anatomy with pathological and operative relevance*
- *Surgical approaches to the ear, nose, larynx and head & neck structures*
- *Histology and embryology of ear, nose, larynx and head & neck structures*

### **2. Physiology**

- Physiology of ear, nose, throat and oesophagus
- Sound Transmission
- Functions of the nose
- Physiology of olfaction
- Physiology of hearing

### **3. Pharmacology**

- The Evolution of Medical Drugs
- British Pharmacopodia
- Introduction to Pharmacology
- Receptors
- Mechanisms of Drug Action
- Pharmacokinetics

## 4. Pathology

Pathological alterations at cellular and structural level in infection, inflammation, ischaemia, neoplasia and trauma affecting the ear, nose and upper respiratory tract

## MS Otolaryngology

### Principles of General Surgery for Abridged Examination

- History of surgery
- Preparing a patient for surgery
- Principles of operative surgery: asepsis, sterilization and antiseptics
- Surgical infections and antibiotics
- Basic principles of anaesthesia and pain management
- Acute life support and critical care:
  - Pathophysiology and management of shock
  - Fluids and electrolyte balance/ acid base metabolism
  - Haemostasis, blood transfusion
- Trauma: assessment of polytrauma, triage, basic and advanced trauma
- Accident and emergency surgery
- Wound healing and wound management
- Nutrition and metabolism
- Principles of burn management
- Principles of surgical oncology
- Principles of laparoscopy and endoscopy

- Organ transplantation
- Informed consent and medicolegal issues
- Operative procedures for common surgical manifestations e.g. cysts, sinuses, fistula, abscess, nodules, basic plastic and reconstructive surgery

## MS Otolaryngology

### Specialty Component for Final Examination

Students should be familiar with typical clinical presentation, key physical findings, radiological findings and differential diagnosis, initial treatment, and referral indications for common otolaryngological diseases

#### *1. Otology*

- Examination of Ear.
- Aetiopathology of Inflammatory Conditions of External & Middle Ear
- Pathology of Cochlea.
- Pathology of Vestibular System.
- Diseases of External Ear.
- Ear Trauma.
- Plastic Surgery of the Ear.
- Acute Suppurative Otitis Media.
- Management of Acute Suppurative Otitis Media
- Chronic Suppurative Otitis Media.
- Management of Chronic Suppurative Otitis Media.
- Reconstruction of the Ear.
- Complication of Suppurative Otitis Media.
- Otagia.
- Otosclerosis.
- Diseases of Temporal Bone.
- Sensorineural Hearing Loss.
- Sudden & Fluctuant Sensorineural Hearing Loss.
- Vertigo.

- Meniere's disease.
- Ototoxicity.
- Vestibular Schwannoma.
- Epithelial Tumours of External Auditory Meatus.
- Glomus & Other Tumours of the Ear.
- Disorders of Facial Nerve.
- Surgery of the Vestibular System.
- Cochlear Implants.
- Presbycusis.
- Implantable Hearing Devices.

## **2. Rhinology**

- Examination of Nose.
- Conditions of the External Nose.
- Congenital Anomalies of the Nose.
- Evaluation of the Nasal Airway & Nasal Challenge.
- Abnormalities of Smell.
- Mechanism & Treatment of Allergic Rhinitis.
- Food Allergy & Intolerance.
- Infective Rhinitis & Sinusitis.
- Intrinsic Rhinitis.
- Nasal Polyps.
- The Nasal Septum.
- Surgical Management of Sinusitis.
- Complications of Sinusitis.
- Cerebrospinal Fluid Rhinorrhoea.
- The Upper Airways & their relation to the respiratory System.
- Fracture of Facial Skeleton.
- Rhinoplasty.
- Epistaxis.
- Snoring & Sleep Apnoea.
- Non-Healing Granulomas.
- Facial pain & Headache.
- Aspects of Dental Surgery for Otorhinolaryngology.

- Trans-Sphenoidal Hypophysectomy.
- The Orbit.
- Neoplasms of Nose & Paranasal sinuses.

### **3. Laryngology & Head, Neck**

- Examination & endoscopy of the upper aerodigestive tract.
- Oral cavity.
- Acute & chronic infections of pharynx & tonsils.
- Acute & chronic laryngitis.
- Sleep apnoea.
- Adenoidal and tonsillar pathology
- Disorders of voice.
- Management of obstructed airway & tracheostomy.
- Trauma & stenosis of larynx.
- Neurological affections of larynx & pharynx.
- Pharyngeal pouches.
- Tumours of the larynx.
- Angiofibroma.
- Nasopharynx (the postnasal space).
- Tumours of oropharynx & lymphomas of the head & neck
- Benign diseases of neck.
- Malignant neck diseases;
- The thyroid & parathyroid gland.
- Non-neoplastic salivary gland diseases.
- Benign salivary gland tumours.
- Malignant salivary gland tumours.
- Tumours of infratemporal fossa & parapharyngeal space.
- Cysts, granulomas & tumours of the jaw, nose & sinuses.
- The esophagus in otolaryngology.
- Facial plastic surgery.
- Plastic & reconstructive surgery of the head & neck.
- Terminal Care of Patients with head & neck Cancer.

#### **4. Audiology**

- Acoustics
- Computers in Audiology.
- Epidemiology.
- Otological Symptoms & Emotional Disturbances.
- Clinical tests of Hearing & Balance.
- Pharmacological Treatment of Hearing & Balance Disorders.
- Legal & Ethical Matters.
- Prevention of Hearing & Balance Disorders.
- Hearing Overview.
- Causes of Hearing Disorders.
- Noise & the Ear.
- Diagnostic Audiometry.
- Audiological Rehabilitation.
- Hearing Aids.
- Cochlear Implants.
- Tactile Aids.
- Central Auditory Dysfunction
- Tinnitus
- Overview of Balance
- Causes of Balance Disorders.
- Diagnostic Testing of Vestibular System
- Rehabilitation of Balance Disorders.

#### **5 Paediatric Otolaryngology**

- Improving Paediatric Otolaryngological Consultation.
- Genetic Factors & Deafness.
- The Causes of Deafness. Testing Hearing in Children.
- Screening & Surveillance for Hearing Impairment in Preschool Children.
- Otitis Media with Effusion.
- Acute Suppurative Otitis Media in Children.

- Chronic Suppurative Otitis Media in Children.
- Surgery of Congenital Abnormalities of the External & Middle Ear.
- Management of Hearing Impaired Child.
- Cochlear Implantation in Children.
- Vestibular Disorders in Children.
- Speech & Language.
- Foreign Bodies in the Ear & Nose.
- Congenital Anomalies of the Nose.
- Craniofacial Anomalies.
- Nasal Obstruction & Rhinorrhoea in Infants & Children.
- Tonsils & Adenoids.
- Dental development, Orthodontics, Cleft lip& Cleft palate.
- Sleep Apnoea.
- Stertor & Stridor.
- Congenital Disorders of Larynx, Trachea & Bronchi.
- Stenosis of Larynx.
- Acute Laryngeal Infections.
- Foreign Bodies in Larynx & Trachea.
- Tracheostomy & Decannulation.
- Home care of Tracheostomised Child.
- Neonatal Pulmonary Disorders.
- Diseases of the Esophagus in Children.
- Branchial cleft Anomalies, Thyroglossal cysts & Fistulae.
- Tumours of the Head & Neck in Children.
- Salivary Glands Disorders in Children.
- The Drooling Child.
- Recurrent Respiratory Papillomatosis.
- Paediatric Anesthesia.

#### **1. *Emergencies in Otolaryngology-Head and Neck Surgery***

- Airway Obstruction.
- Inspired or Ingested Foreign Bodies.
- Sore Throat or Difficulty Swallowing.
- Epistaxis. Ear Complaints.

- Head and Neck Infections.
- Laryngeal and Tracheal Trauma.
- Facial Trauma

## *2. Rehabilitation*

- Speech rehabilitation following laryngectomy
- Rehabilitation following maxillectomy – obturator
- Management of hearing loss
- Hearing aids
- Bone anchored hearing aids
- Cochlear implants
- Radiotherapy, Brachytherapy, Chemotherapy, Palliative Care Recent Advances:
- Advances in laser in ENT applications
- Ultrasonic scalpel
- Gamma Knife
- Computer assisted surgeries
- Intra -Arterial Local Chemotherapy
- Powered instruments

## *Common Otolaryngological Skills and Procedures*

- On completion of the initial training in Part I, the trainees will be competent in all aspects of the basic, operative and non operative care of surgical patients
- During Part II training, they will understand the importance of Otolaryngological care and management with particular reference to common Otolaryngological presentations recognizing and preventing secondary. They will be capable of resuscitating, assessing and initiating the surgical management of patients deteriorating as a result of local and systemic complications. They will demonstrate sound judgment when seeking more senior support, prioritizing medical interventions and escalating the level of medical care.
  - Administration of antibiotics in the surgical patient
  - Use of blood and its products
  - The role/complications of diathermy
  - Pain relief in surgery
  - Thrombo-embolic

- Prevention and management
- Wound care and nosocomial infection
- Suture techniques and materials
- Initial assessment and management of airway problems
- Initial management of foreign bodies in ENT
- Initial epistaxis and its management
- Initial management of facial fractures

#### Radiological Interpretations:

- Plain films of the head, neck, sinuses and chest.
- CT scans of the sinuses, petrous bone, neck, chest and brain
- MRI scans of the sinuses, brain, neck, chest, head
- Contrast radiology of swallowing, sialography
- Ultrasound of the neck

#### Audiology and vestibular testing

- Interpretation of report from an Audiologist
- Simple tests for hearing including a pure tone audiogram, loudness discomfort levels and a tympanogram
- Brain stem evoked response audiometry
- Otoacoustic emissions
- Cortical evoked audiometry
- Electronystagmograph
- Equitest
- Rotating chair test
- Familiarity with different types of hearing aids
- Technique of mould impression
- Clinical neurological examination
- Ophthalmoscopy
- Lumbar puncture
- Electromyograph
- Electroneuronograph
- Electroencephalograph

#### Otology

- Examination of the ear – Auriscope

- Examination under the microscope – de wax
- External meatus and mastoid cavity
- Suction clearance for otitis externa and insertion of wick
- Removal of simple foreign bodies
- Myringotomy and Grommet insertion
- Incision for mastoid surgery
- Clinical examination of hearing
- Clinical examination of vestibular function

#### Rhinology

- Examination of the nose and sinuses – anterior
- Rhinoscopy
- Examination of smell
- Rigid endoscopy
- Flexible nasendoscopy
- Examination of the post nasal space
- Suction under endoscopic control of surgical cavity
- Insertion and removal of nasal pack and or balloon for epistaxis
- Simple polypectomy
- Biopsy of the nose and nasopharynx
- Antral washout in the management of acute sinusitis
- Removal of simple foreign bodies
- Drainage of septal haematoma
- Reduction of fractured nose
- Submucous resection
- Reduction of turbinates

#### Laryngology

- Examination of the larynx – indirect
- Laryngoscopy
- Flexible laryngoscopy
- Direct laryngoscopy
- Biopsy of the larynx, pharynx and oral cavity  
(including tongue)
- Adenoidectomy and tonsillectomy
- Removal of simple foreign bodies from the oropharynx and hyper pharynx

- Incision/drainage of Quinsy

#### Neck

- Examination of the neck
- Emergency and elective tracheostomy
- Fine needle aspiration biopsy of a neck lump

## **9.MANDATORY ROTATIONS**

General Surgery for 06 Months

3 months is Plastic Surgery

3 months in Neurosurgery

## **10. MANDATORY WORKSHOPS**

The following 4 mandatory workshops should have been attended

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

The workshops will be held on 3 month basis

An appropriate fee will be charged for each workshop

Each workshop will be of 02 to 05 days

Certificate will be issued on completion of workshop

## **11.RESEARCH**

*Submission /Evaluation of Synopsis*

1. The candidates shall prepare their synopsis as per guidelines provided by the Advanced Studies & Research Board, available on university website.
2. The research topic in clinical subject should have 30% component related to basic sciences and 70% component related to applied clinical sciences. The research topic must consist of a reasonable sample size and sufficient numbers of variables to give training to the candidate to conduct research, to collect & analyze the data.
3. Synopsis of research project shall be submitted by the end of the 2<sup>nd</sup> year of MS program. The synopsis after review by an Institutional Review Committee shall be submitted to the University for consideration by the Advanced Studies & Research Board, through the Principal / Dean /Head of the institution.

*Submission of Thesis*

Thesis shall be submitted by the candidate duly recommended by the Supervisor.

1. The minimum duration between approval of synopsis and submission of thesis shall be one year.
2. The research thesis must be compiled and bound in accordance with the Thesis Format Guidelines approved by the University and available on website.
3. The research thesis will be submitted along with the fee prescribed by the University.

### Thesis Examination

- a) The candidate will submit his/her thesis at least 06 months prior to completion of training.
- b) The Thesis along with a certificate of approval from the supervisory will be submitted to the Registrar's office, who would record the date / time etc. and get received from the Controller of Examinations within 05 working days of receiving.
- c) The Controller of Examinations will submit a panel of eight examiners within 07 days for selection of four examiners by the Vice Chancellor. The Vice Chancellor shall return the final panel within 05 working days to the Controller of Examinations for processing and assessment. In case of any delay the Controller of Examinations would bring the case personally to the Vice Chancellor.
- d) The Supervisor shall not act as an examiner of the candidate and will not take part in evaluation of thesis.
- e) The Controller of Examinations will make sure that the Thesis is submitted to examiners in appropriate fashion and a reminder is sent after every ten days.
- f) The thesis will be evaluated by the examiners within a period of 06 weeks.
- g) In case the examiners fail to complete the task within 06 weeks with 02 fortnightly reminders by the Controller of Examinations, the Controller of Examinations will bring it to the notice of Vice Chancellor in person.
- h) In case of difficulty in find an internal examiner for thesis evaluation, the Vice Chancellor would, in consultation with the concerned Deans, appoint any relevant person as examiner in supersession of the relevant Clause of the University Regulations.
- i) There will be two internal and two external examiners. In case of difficulty in finding examiners, the Vice Chancellor would, in consultation with the concerned Deans, appoint minimum of three, one internal and two external examiners.

- j) The total marks of thesis evaluation will be 400 and 60% marks will be required to pass the evaluation.
- k) The thesis will be considered / accepted, if the cumulative score of all the examiners is 60%.
- l) The clinical training will end at completion of stipulated training period but the candidate will become eligible to appear in the Final Examination at completion of clinical training and after acceptance of thesis. In case clinical training ends earlier, the slot will fall vacant after stipulated training period.

## Ward Research Policy Document

Policy Title:

Promotion of Scientific Reasoning and Critical Thinking among Trainees

Purpose:

To ensure that trainees of both MS (UHS) and FCPS (CPSP) programs in the ENT Department at AIMC/Jinnah Hospital Lahore develop the ability to utilize scientific reasoning and critical thinking in patient care, research, and academic activities. This policy is framed in accordance with the regulations of the Pakistan Medical & Dental Council (PMDC), and the academic requirements of both the University of Health Sciences (UHS) for MS trainees and the College of Physicians and Surgeons Pakistan (CPSP) for FCPS trainees.

Scope:

This policy applies to:

- MS trainees (UHS)
- FCPS trainees (CPSP)

Policy Statement:

The ENT Department is committed to providing training that is aligned with the standards of PMDC, UHS, and CPSP. Trainees must demonstrate competence in:

- Evidence-based practice
- Critical appraisal of literature
- Analytical decision-making
- Scholarly research and academic contributions

Both universities (UHS & CPSP) follow the same principle of fostering scientific reasoning and critical thinking, while PMDC ensures uniform national standards for postgraduate medical education and faculty requirements.

Implementation Strategies:

1. Academic Activities

- Mandatory participation in journal clubs, seminars, case discussions, and symposiums.
- Regular critical appraisal of research papers under faculty supervision.
- Joint sessions where possible to encourage collaborative learning between MS and FCPS trainees.

## 2. Research and Publications

- MS (UHS) trainees – completion of thesis/dissertation as per UHS and PMDC guidelines.
- FCPS (CPSP) trainees – submission of dissertation/research project as per CPSP and PMDC standards.
- All trainees are encouraged to publish in peer-reviewed journals recognized by PMDC, HEC, or indexed internationally.

## 3. Clinical Decision-Making

- Evidence-based case presentations during ward rounds.
- Faculty-led questioning and discussion to enhance critical reasoning.

## 4. Assessment & Documentation

- Maintenance of departmental logbooks with evidence of participation in scholarly activities.
- Records verified by supervisors and endorsed by HOD.
- Compliance to be cross-checked with PMDC, UHS, and CPSP requirements.

### Evidence of Compliance:

- Approved Policy Document (this document).
- Records of journal clubs, seminars, symposiums, and presentations.
- Research projects/thesis/dissertations submitted to UHS and CPSP.
- Publications in PMDC/HEC recognized journals.

Responsibility:

- Head of Department (HOD), ENT Unit 1 – overall responsibility for enforcement.
- Supervisors/Faculty Members – guide, mentor, and evaluate trainees.
- Trainees (MS & FCPS) – ensure compliance with UHS, CPSP, and PMDC requirements.

Review & Alignment:

This policy will be reviewed annually and updated according to the evolving requirements of:

- Pakistan Medical & Dental Council (PMDC)
- University of Health Sciences (UHS) – MS Program
- College of Physicians and Surgeons Pakistan (CPSP) – FCPS Program

## **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**

### . Assessment

It will consist of action and professional growth oriented *student-centered integrated assessment* with an additional component of *informal internal assessment, formative assessment* and measurement-based *summative assessment*.

### Student-Centered Integrated Assessment

It views students as decision-makers in need of information about their own performance. Integrated Assessment is meant to give students responsibility for deciding what to evaluate, as well as how to evaluate it, encourages students to '**own**' the evaluation and to use it as a basis for self- improvement. Therefore, it tends to be growth-oriented, student-controlled, collaborative, dynamic, contextualized, informal, flexible and action- oriented.

In the proposed curriculum, it will be based on:

- Self Assessment by the student
- Peer Assessment
- Informal Internal Assessment by the Faculty

*Self Assessment by the Student*

Each student will be provided with a pre-designed self-assessment form to evaluate his/her level of comfort and competency in dealing with different relevant clinical situations. It will be the responsibility of the student to correctly identify his/her areas of weakness and to take appropriate measures to address those weaknesses.

*Peer Assessment*

The students will also be expected to evaluate their peers after the monthly small group meeting. These should be followed by a constructive feedback according to the prescribed guidelines and should be non-judgmental in nature. This will enable students to become good mentors in future.

*Informal Internal Assessment by the Faculty*

There will be no formal allocation of marks for the component of Internal Assessment so that students are willing to confront their weaknesses rather than hiding them from their instructors.  
It will include:

- a. Punctuality
- b. Ward work
- c. Monthly assessment (written tests to indicate particular areas of weaknesses)
- d. Participation in interactive sessions

#### Formative Assessment

Will help to improve the existing instructional methods and the curriculum in use

*Feedback to the faculty by the students:*

After every three months students will be providing a written feedback regarding their course components and teaching methods. This will help to identify strengths and weaknesses of the relevant course, faculty members and to ascertain areas for further improvement.

#### Summative Assessment

It will be carried out at the end of the programme to empirically evaluate cognitive, psychomotor and affective domains in order to award diplomas for successful completion of courses.

### **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**

- 1.** Johnson. A case Approach to Open Structure Rhinoplasty with DVD-ROM
- 2.** Dhingra. Diseases of ENT
- 3.** Lore. An Atlas of Head and Neck Surgery. 4<sup>th</sup> ed.
- 4.** Glasscock. Glasscock-Shambaugh Surgery of the Ear. 5<sup>th</sup> ed.
- 5.** Logan. McMinn's Clor Atlas of Head and Neck Anatomy. 3<sup>rd</sup> ed.
- 6.** Prescott. Oxford Hand Book of ENT
- 7.** Miller. The Otolaryngologic Clinics of North America February
- 8.** Kerr. Scott-Brown's Otolaryngology. 6<sup>th</sup> ed.;1997
- 9.** Watkinson. Stell and Maran's Head and Neck Surgery. 4<sup>th</sup> ed.
- 10.** Bailey. Head and Neck Surgery –Otolaryngology. 3<sup>rd</sup> ed.
- 11.** Masud. Text Book of ENT.
- 12.** Wormald. Endoscopic Sinus Surgery
- 13.** Water. Otolaryngology Basic Science and Review.
- 14.** Grewal. Atlas of Surgery of the Facial Nerve.
- 15.** Hazarika. Clinical and Operative Methods in ENT and Head and Neck Surgery
- 16.** Maniglia. Surgical reconstruction of the Face and Anterior Skull Base.

- 17.** Sheen J. H. Assymetrical Alar Base: Secodary Rhinoplasty Video.
- 18.** Salvi-Hende. Auditory System Plasticityand Regeneration
- 19.** Ballenger. Ballenger's Otolaryngology: Head and Neck
- 20.** Rubin J. S. Diagnosis and Treatment of Voice Disorders. 3<sup>rd</sup> Ed.
- 21.** Yousem M. Head and Neck Surgery: Case Review Series. 2<sup>nd</sup> ed. (PB)
- 22.** CD-ROM – Laryngoscope 1995-96 CD-ROM
- 23.** Aperilla
- 24.** The British Journal of Otolaryngology
- 25.** Journal of Academy of Otolaryngology and Head and Neck Surgery
- 26.** Otolaryngology Clinics of North America
- 27.** American journal of Otolaryngology
- 28.** Scott Brown Text Book of Otolaryngology
- 29.** Fathalla M. F. and Fathalla M. M. F. A Practical Guide