

## Otolaryngology/Head and Neck Surgery Selective

### Medical Expert

#### *Anatomy/Basic Science*

1. Know the embryology/anatomy/physiology and surgical approach to:
  - a. The parathyroid glands
  - b. Thyroid gland
  - c. The salivary glands
  - d. Anterior and posterior cervical triangles and their contents.

#### *General and Specific Clinical Problems*

2. Be able to demonstrate diagnostic and therapeutic skills in the following topics
  - a. Thyroid – normal physiology, benign and malignant conditions
    - i. solitary thyroid nodule
    - ii. multinodular thyroid gland
    - iii. thyrotoxicosis,
    - iv. thyroid “storm”
    - v. Grave’s disease/Hashimoto’s disease
    - vi. a decreased sensitive thyroid stimulating hormone (TSH) level
    - vii. compromised airway as a consequence of thyroid disease
  - b. Parathyroid – normal physiology, benign and malignant conditions
    - i. Primary, secondary, tertiary hyperparathyroidism
  - c. Awareness of the preoperative preparation/management of the following
    - i. Hypercalcemic crisis
    - ii. Benign and malignant conditions of the lymphatic system of the head and neck region
    - iii. Benign and malignant conditions of the nasal, oral, and hypopharynx
    - iv. Laryngeal pathology
    - v. Salivary Gland – normal physiology, benign and malignant conditions
      1. Major – parotid, submandibular, sublingual
      2. Minor gland
  - d. Understand the significant issues in the management of anesthesia in endocrine surgery, including airway management during neck surgery

*Preoperative/Postoperative Technical Skills*

1. Know the indications for and how to perform a fine needle aspiration
2. Know and appreciate the appropriate care for Head and Neck Surgery including being aware of possible complications

*Intraoperative Technical Skills*

1. Be able to position a patient for a specific operative approach
2. Know the incisions necessary for various operative procedures
3. Procedures:
  - a. Essential
    - i. Tracheotomy
    - ii. Thyroidectomy
    - iii. Parathyroid Exploration
    - iv. Limited lymph node dissection
  - b. Desirable
    - i. Various modified and radical lymph node dissections
  - c. Awareness
    - i. Laryngectomy
    - ii. Radical and ablative surgery of Head and Neck
    - iii. Reconstruction of ablative surgery of Head and Neck

**Collaborator**

*General Requirements*

1. Participate in interdisciplinary team meetings regarding patient care issues
2. Cooperate with all members of the health care team to facilitate patient care

**Communicator**

*General Requirements*

1. Listen and be able to take a complete history from patients and their families.
2. Be able to discuss with patients and their families, in lay terms, the assessment, approach and management (both surgical and non-surgical) of disease processes as they relate to the Head and Neck region.
3. Be able to obtain informed consent on surgical procedures from patients and their families discussing the risks/benefits of operative and non-operative approaches.

4. Communicate in an effective manner with health care colleagues.
5. Communicate in a timely manner to the most responsible physicians changes in conditions of their patients.

### **Health Advocate**

1. Be able to identify operative risk factors in individual patients.
2. Identify risk factors for head and neck disease and counsel patients on these risk factors.

### **Manager**

1. Effectively manage most aspects of patient care within the Emergency department, clinic, ward and Operating Room to insure effective and streamlined care

### **Professional**

1. Interact with patients, families, nurses and other health care personnel in a professional manner.
2. Respect all opinions of health care workers as well as the patient and their family Provide care in an ethical manner.

### **Scholar**

1. Review texts, recommended reading and review articles in preparation for OR cases.
2. Be able to critically review and appraise information as it relates to head and neck pathology.
3. Read around consults seen in the ER, clinics, and on the ward.