Course: **Otolaryngology / Head and Neck Surgery** (OTOR 1001)

Department: Otolaryngology / Head and Neck Surgery  
Faculty Coordinator: Brandon Isaacson, M.D.
Hospital: Parkland Health and Hospital System, Clements University Hospital, Zale Lipshy Hospital, and Children’s Medical Center.

Periods offered: All  
Length: 4 weeks  
Max no. of students: 4.

Day Contact: Sherry Weber is currently the program coordinator for the OTOR 1001 elective rotation. She will be the first point of contact for the medical student and will provide the student with a schedule for the four-week rotation. The student will contact the attending or chief otolaryngology resident either at Children’s, Parkland, or University hospitals. The student will be provided this information by the program coordinator.

Day Time: 8:00 am First Day.  
Place: Report to program coordinator in G7.236. A clinic/O.R. schedule will be provided to the student.

Prerequisites: 3 year General Surgery Clerkship

**I. Course Description:**

Students will be integral members of a team participating in the comprehensive subspecialty care of Otolaryngology Head and Neck Surgery patients. Patient care will be provided for patients suffering from rhinologic, otologic, laryngologic, and oral diseases. Additionally, care will be administrated to patients with neoplastic processes of the head, neck and skull base. In addition, they will participate in procedures by observing and assisting in clinic based procedures, laryngoscopy, otoscopy, and operating room procedures.

**II. Course Goals and Objectives:** (based on ACGME competencies for resident education and modified for student education)

**Patient Care:**

Students, together with Otolaryngology residents and supervising faculty, must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

**Objectives**

Students are expected to:

- Gather essential and accurate information about their patients. *Examples*: History (including record review), physical examination and results of pertinent tests for patients with otolaryngic complaints and diseases as listed above.

- Make informed recommendations about diagnostic and therapeutic interventions based upon patient information and preference, up-to-date scientific evidence, and clinical judgment. *Examples*: Patients with complaints of allergic rhinitis, epistaxis, foreign body in the external
auditory canal, cholesteatoma, hoarseness, etc.,

• Council and educate patients and their families. Examples: Risk of tobacco and alcohol in the development of laryngeal carcinoma, etc.

• Provide health care services aimed at preventing health problems or maintaining health. Examples: Smoking cessation, allergen avoidance, etc.,

• Work with health care professionals, including those from other disciplines, to provide patient focused care, develop and carry out patient management plans. Examples: Participation in comprehensive cancer care by coordinating Radiation Oncology, Hematology Oncology, and Surgical Services for the comprehensive care of the patient suffering from neoplastic diseases of the head and neck or the skull base.

• Use information technology to support patient care decisions and patient education. Examples: Provide patients with information pamphlets and information for vestibular rehabilitation, proper ear care, etc.

Medical Knowledge:

Students must demonstrate knowledge about established biomedical and clinical sciences and the application of this knowledge to patient care.

Objectives

Students are expected to:

• Demonstrate an analytical approach to clinical situations. Examples: Recognize the differential diagnosis of hoarseness, perform adequate history, physical examination and office laryngoscopy, appropriately diagnose and treat the condition.

• Know and apply basic and clinically appropriate sciences that are appropriate to their discipline. Examples: Causes of asymmetric sensorineural hearing loss, etiology of unilateral rhinorrhea, inheritance patterns of common familial syndromic craniofacial abnormalities.

Practice-Based Learning and Improvement:

Students must be able to assimilate scientific evidence and improve their patient care practices.

Objectives

Students are expected to:

• Locate and assimilate evidence from scientific studies related to their patient’s health problem. Examples: Randomized controlled trials of therapy for treatment of various tumors of the skull base, etc.

• Use information technology to manage information, access on-line medical information; and support their own education. Examples: Use clinical data repository to provide summary of patient’s previous liver tests, thyroid function tests, and radiographic tests for follow up of patients that have been treated with head and neck neoplastic disease.
**Interpersonal Communication Skills**

Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange.

**Objectives**

Students are expected to:

• Use effective listening skills and provide information using effective nonverbal, explanatory, questioning, and writing skills. *Examples:* Educating patients with regard to the risk factors contributing to the development of head and neck cancers, avoidance of common area allergens responsible for allergic rhinitis, etc.

• Work effectively with others as a member of the health care team.

**Professionalism**

Students must demonstrate a commitment to carrying out professional responsibilities. Adherence to ethical principles, and develop a sensitivity to a diverse patient population.

**Objectives**

Students are expected to:

• Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients that supersedes self-interest.

• Accountability to patients and the profession; and a commitment to excellence and ongoing professional development. *Examples:* Willingness to seek additional patients for evaluation.

• Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care and confidentiality of patient information.

• Demonstrate sensitivity and responsiveness to patients’ culture, age, gender and disabilities.

**III. Methods of Instruction:**

A) Didactic (schedule, topic, faculty): The current lecture schedule will be provided to the student by the program coordinator.
B) Clinical:

Students will spend two weeks with the university hospitals/Aston Clinic, one week at Children’s, and one week at Parkland. Responsibilities at each site will be split between the clinic and the operating room setting.

C) Student Responsibilities

Evaluate new in-patients, evaluate out-patients, assist in the operating room, assist and perform in office procedures such as otoscopy, fiberoptic laryngoscopy, removal of foreign bodies from the external auditory canal, nasal endoscopy. Present new and existing patients to the residents and attending.

IV. Methods of evaluation of student:

Honors-pass-fail grades: there are no examinations. Evaluation of the student will be performed by the faculty based upon achievement of the stated objectives of the course.

V. Attendance

1. The student is expected to appear on time each morning and report to the chief resident of the service they are attending.

2. No provisions are made for un-excused absences.

3. Excused absences are permitted and limited to a maximum of three days. Excused absences beyond the allowed number of days will result in a failing grade unless these days are compensated in an acceptable/ equivalent manner at a later time. The course director will determine the appropriateness of the compensatory and equivalent makeup.

4. The Otolaryngology elective is based predominantly upon clinical interaction and therefore is dependent upon student involvement throughout the week. Goals and objectives are based upon the presence of at least 30 hours throughout each week.

5. At the student’s discretion, they may rotate "on-call " with an appropriate senior level resident. This is encouraged for those students who are potentially interested in future care in Otolaryngology or a related surgical subspeciality.