

**OMAN MEDICAL SPECIALTY BOARD**

**CURRICULUM**

**OTO-RHINO-LARYNGOLOGY,  
HEAD & NECK SURGERY**

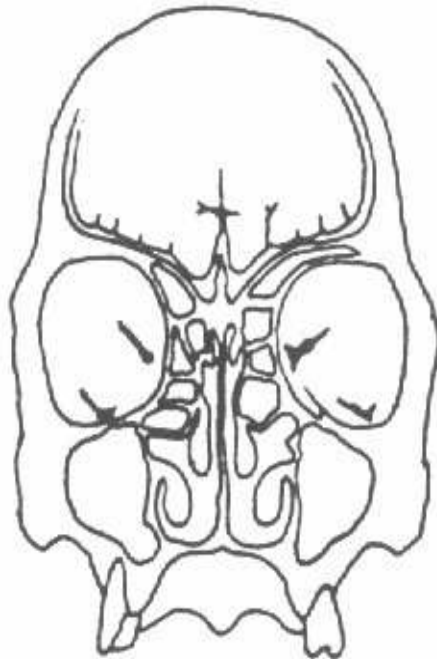
**AND**

**COMMUNICATION DISORDERS  
(ORL-HNS) 2007**

# ORTHO-RHINO-LARYNGOLOGY, HEAD & NECK SURGERY & COMMUNICATION DISORDERS (ORL –HNS) 2007

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**OTO-RHINO-LARNGYCOLOGY,  
HEAD & NECK SURGERY and  
COMMUNICATION DISORDERS  
(ORL-HNS)**



# Oman Medical Specialty Board

(OMSB)

## Training Programme

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This training program aims at providing adequate and comprehensive training in the specialty of Otolaryngology and H & N surgery which will enable the qualifying doctor to practice Otolaryngology with competence, independently and safely. The residents are required to pass Arab Board Exam. and at successful completion of program OMSB will issue certificate of completion.

## **TRAINING PROGRAMME**

### **OTORHINOLARYNGOLOGY - HEAD AND NECK SURGERY**

#### **(ORL-HNS)**

**As per guidelines by:**

**The OMSB & Arab Board of Otorhinolaryngology - Head and Neck Surgery  
Scientific Committee.**

#### **1. General Introduction**

Otorhinolaryngology - Head and Neck Surgery is the specialty which deals with the diseases and disorders of the ear, temporal bone, nose, paranasal sinuses, oral cavity, pharynx, larynx, trachea, oesophagus, head - neck, skull base and adjacent structures. Diseases of the brain and of the eyes are generally excluded while diseases of the facial skeleton are dealt with by maxillofacial surgeons. Some of the diseases diagnosed by the otorhinolaryngologist and located in adjoining areas will be treated in close cooperation with these specialties. ORL-HNS also plays a supportive role for some of the conditions which are primarily dealt by the Ophthalmology, OMFS and Neurosurgeons. The trainees must develop clinical competence and detailed knowledge of the scientific rationale for the medical and surgical management of otolaryngological disorders in patients of all ages. This includes knowledge of the techniques related to neuro-otology, facial cosmetic surgery, anterior skull base region and reconstructive surgery in head and neck.

The official training programme duration has been fixed as 6 years (1 year) of BST (basic surgical training) through surgical specialties (except ENT) e.g. General Surgery, Neurosurgery and Plastic Surgery. It will be followed by 5 years of training in Otolaryngology, Head and Neck Surgery and Communication disorders.

Majority of the training period would be spent at Al Nahdha Hospital and Sultan Qaboos University Hospital (SQUH) but rotation to other centres like Armed Forces Hospital (AFH) & Regional Referral Hospitals will take place upon accreditation and recognition.

The training programme will address to the Curriculum approved by the scientific committee. The curriculum of the programme will focus on the Objectives set under *Generic Curriculum* and *Specialty Curriculum*.

The training programme will facilitate development of both knowledge and skills It will promote self study as well as practical training in the most common diagnostic, therapeutic and rehabilitative procedures.

The candidate meeting all the requirements, set out by the Board, will receive the OMSB / Arab Board Certification and become a Fellow of the OMSB / Arab Board of Otorhinolaryngology-Head and Neck Surgery after passing the appropriate assessment.

## 2. MISSION STATEMENT:

- The training programme should aim to groom the trainees so that they are competent and knowledgeable specialty practitioners and they should be able to :
- Complete the training with utmost sincerity and commitment so as to have an all-round development and successfully achieve the learning objectives as set out in the curriculum.
- Provide the optimal services to patients while keeping international standards as the benchmark.
- Apply the knowledge of TQM to maintain and improve the quality of health care.
- To develop attitude in training which will encourage continuous professional development and understand the importance of ethical medical practice.
- Make the trainees aware about various National Programmes (eg. National Ear Care Programme) so that they can richly contribute to all levels of preventive and therapeutic aspects of community service.

### **3. Programme Objectives:**

#### **General Objectives**

The training programme of the OMSB- ORL-HNS prepares the candidate to become a general Otorhinolaryngologist and Head and Neck Surgeon. The candidate should also have the basic knowledge and concepts related to communication disorders. Subspecialisation in different fields of the specialty is becoming more common and is necessary to deal with the more complex entities with higher level of expertise. Although during the training programme an initial training in one of the subspecialties may be included, the OMSB / Arab Board training scheme will be focused on the general Otorhinolaryngologist - Head and Neck Surgeon.

At the completion of the training program, residents should be prepared To care for patients of all ages with medical and surgical disorders of the ear, upper respiratory tract, upper alimentary system and related structures and head & neck. To carry out diagnostic evaluation of patients with otolaryngology disorder, to carry out surgical and nonsurgical management nonsurgical management of otolaryngology disorders including rehabilitation and referral to sub specialist when appropriate.

## **Specific Programme Objectives:**

1. To enable the trainee acquire sufficient knowledge of the principles of otolaryngological practice, the pathogenesis of diseases and the current and changing therapeutic regimes.
2. To enable the trainee to pursue independent scholarship, research and continuing professional development in otolaryngology.
3. To enable the trainee acquire information and data acquisition skills necessary for sound diagnostic and operative skills necessary for keeping one updated towards changing trends.
4. To enable the trainee acquire an acceptable conduct and make him familiar with the medico-legal aspects involved in the practice of otolaryngology.

#### 4. **TRAINING INSTITUTION & RESOURCES**

The Institution which provides training in Otorhinolaryngology/head and neck surgery will have to meet the requirements set out by the OMSB / Arab Board Training Committee.

The training institution should be able to provide a wide exposure in the Field and the possibility of interdisciplinary cooperation. The training will undertaken in tertiary care institution in the specialty. Part of the be training can be spent in secondary care centres and some of the regional referral institutes considered suitable for such training as approved by the OMSB scientific committee .

In exceptional cases mono-specialistic clinics can be designated as an approved part training center provided they meet the other requirements for a training institution. These should only be approved for a certain period of the training.

##### a. **Personnel resources:**

The training institution which is part of the programme enough medical, nursing, technical and rehabilitation staff should be available to support the training of residents. In general, in order to maintain the quality of training, training places will have to have enough training staff attached to the clinic on a full-time basis. One of the training staff will be designated as Training Coordinator to facilitate smooth running of the teaching and training activities. The faculty should have protected time for teaching and the candidate should have protected time for research and learning in addition to other responsibilities.

b. **Material resources:**

The Institution will have a library with bibliographic facilities and access to the international medical and specialty journals and access electronic online services (e.g. internet).

***The training department will have the following minimum facilities:***

- a. A fully equipped outpatient department for the consultation with ENT patients. Equipment should be available for microscopic and endoscopic examinations.
- b. Facilities for audiological examination including audiometry, speech audiometry and electro-physiology.
- c. Facilities for neuro-otological work up.
- d. Facilities for phoniatic-examination including voice, speech, language and swallowing assessment.
- e. Clinical ward for inpatients and day case facilities for diagnostic and surgical procedures.
- f. At least one operating theatre at full time disposal with specialized equipment for common procedures for ENT training including an operating microscope, modern endoscopic equipment and recording facilities.
- g. Facilities for anatomical dissection with microscopic and endoscopic instrumentation.
- h. A conference room for deliberations, didactic and tutorial sessions.
- i. A library equipped with text books, journals and facility of internet.

## **THE TRAINING SUPERVISOR AND THE STAFF:**

The overall responsibility of the training programme lies with the Scientific Committee of Otolaryngology as constituted under the umbrella of OMSB. The Chairman of scientific committee will constitute various sub-committees to plan, monitor and ensure the quality of various aspects of training. All these subcommittees will be reporting to the Chairman of the scientific committee. These subcommittees will monitor all aspects of the Curriculum planning, progress of the training, Accreditation of the programme and the Assessment strategies.

### **The following requirements should be met by the training Chairman:**

- a. He/she must be a fully qualified otorhinolaryngologist, respected by his/her colleagues through his professional standards.
- b. He/she should be a good clinician with surgical and teaching abilities. He/she must have been working as a respected qualified specialist for at least five years.
- c. He/she should have interest and experience in basic or clinical research, evident from a list of publications.
- d. He/she will preferably be head of department with a fulltime appointment.
- e. **The training staff** will be qualified members of staff and work/ teach under the guidance of the Chairman.

## **THE TRAINEE:**

The candidates selected for the OMSB ORL-HNS programme would have completed the graduation in medicine with reasonable grades acceptable to the selecting authorities. The candidates will have to appear for an interview with the panel proposed by scientific committee and approved by the OMSB.

At the end of the training the trainee should be qualified to practice as a Doctor with a degree from one of the recognized Universities/Boards. To acquire the OMSB / Arab Board Certificate in Otorhinolaryngology/Head and Neck Surgery, he/she should spend 6 years in the training programme approved by the OMSB / Arab Board. He/she will have to pass the examinations designated by the OMSB / Arab Board. He/she will be supervised by the training Chairman and the trainers. He/she should show evidence of adequate theoretical and practical knowledge at the end of training programme through a written report on his/her training including a logbook of the procedures performed during this period. The trainee should not rotate through more than 3 training institutions approved by the OMSB / Arab Board.

## **THE TRAINING PROGRAMME:**

The training programme will consist of the following elements.

- a. Acquisition of the principles of surgery in general and theoretical knowledge of anatomy, physiology, pathology, aetiology and symptomatology of the disease of the ear, temporal bone, nose, paranasal sinuses, oral cavity, pharynx, larynx, trachea, oesophagus, head, neck and salivary glands. Special attention should also be given to the theoretical foundations of audiology, phoniatics, vestibulology, allergy and immunology, oncology and the basic principles of plastic and reconstructive surgery.
- b. Trainees should have access to a temporal bone laboratory and a dissection room to familiarize them with the basic techniques of operation on the ear, nose and paranasal sinuses, larynx, salivary glands and the neck.
- c. A graded increase in clinical responsibilities and surgical experience in the most common procedures of the specialty.
- d. The trainee should attend temporal bone dissection course at( R3 stage) and preferably a nuero otology course at ( R5 stage). A FESS course with hands on cadaver dissection is recommended at R5.
- e. The candidates pursuing the programme will maintain a Portfolio (*annexure- I*) depicting all the academic achievements during the training period viz. examinations passed, papers presented, articles published, conferences attended etc. This should remain updated all the time ready to be presented whenever asked by the chairman or faculty.

## 5. Assessment :

*The trainee will undergo periodic assessment/ evaluation. The assessment shall include 6 monthly exams (consisting of MCQs, clinical cases and OSCE) and oral exams. Every year for progression from R2 to R6, assessment shall include completion of learning objectives and participation in other academic activities i.e topic presentation etc. The time frame and details of evaluation are outlined in Annexure 1.*

### (i). Definition of the discipline:

The specialty of **Oto-Rhino-Laryngology - Head and Neck Surgery** covers functions and diseases of the area of:

*Ear, Temporal Bone, Nose, Paranasal Sinuses, Oral cavity, Pharynx, Larynx, Trachea, Oesophagus, Head, Neck and related areas.*

**It also deals with the problems of human communication as far as Auditory and speech disorders are concerned. For structures, organs and functions of this area a sound knowledge is needed in: anatomy, physiology, pathology, pathophysiology, aetiology and symptomatology.**

1. To achieve the award of the certificate of recognition the trainee must reach the expected level of knowledge and skills approved by the OMSB/Arab ORL-HNS Board before being eligible to practice as an independent ORL-Specialist.
2. The trainee must demonstrate a thorough knowledge of the relevant anatomy, physiology, pathology and pathophysiology, and understand the theoretical basis and interpretation of investigatory procedures related to the specialty.
3. Each trainee must be familiar with all diagnostic and therapeutic (surgical and non surgical) procedures associated with the discipline of Otorhinolaryngology and Head and Neck Surgery.

4. The head of the training programme will have to be satisfied that the trainee is technical competent in the procedures outlined in the log book.
5. The contents of the log book will be continuously updated by the ORL-HNS OMSB / Arab Board with respect to new developments

**(ii). Learning Objectives and Contents of the Logbook**

Each trainee will be keeping a log book concerning the clinical and surgical procedures. The achievement evaluation will be color/ shade coded to have a better and quick visual impression and identify the Thrust Areas for each candidate.

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## **6. GUIDELINES FOR BASIC SURGICAL TRAINING (BST) FOR TRAINEES IN OTOLARYNGOLOGY**

- **This is to provide the resident trainee the principles of surgery in general prior to beginning a career in Higher Surgical Training in ORL-HNS.**
- To enable the trainee surgeon develop sound attitudes necessary for the making of a responsible surgeon, particularly when dealing with patients, work, colleagues and profession.
- To enable the trainee surgeon acquire sufficient clinical sense and judgment to arrive at a surgical decision.

### **A Compulsory Rotation:**

1. 6 months in General Surgery (One month rotation through A/E Department).
2. 3 months in Plastic Surgery.
3. 3 months in Neurosurgery.

### **The trainee should have a clearly defined role in the clinical team, supervised by the unit in charge including:**

#### **General skills:**

- Effective communication with patients, relatives, nursing staff, paramedical staff and other colleagues.
- Demonstrates commitment to ethics & confidentiality.
- Maintenance of clinical and operating notes.
- Supervision and support to interns and medical students.

### **Clinical skills:**

- The diagnosis and treatment of elective and emergency admissions.
- Outpatient clinics.
- Pre, peri, and post operative assessment and care including follow-up.
- Assisting at operations.
- Intensive post-operative care for major surgical interventions.

### **Practical Skills:**

- Safe operating theatre practices (sterility and sterilization).
- Tissue craft: incisions, use of diathermy.
- Wound closure: sutures, needles, knots and staples, simple skin grafting.
- Drains and catheters.
- Life saving procedures: endotracheal intubation, tracheostomy, cricothyroidotomy, cardiac massage, managing tension pneumothorax etc.

### ***A) Compulsory rotation:***

#### **General Surgery:**

#### **Clinical Skills:**

- a. Diagnosis and management of acute abdominal emergencies.
- b. Total Parenteral Nutrition.
- c. Initial assessment and resuscitation of head, chest and abdominal injuries.
- d. Triage and its application in poly-trauma cases.

### **Practical Skills:**

- a. Endoscopy.
- b. Thoracic and peritoneal aspiration and drainage.
- c. Standard surgical approaches.
- d. Gastrostomy.
- e. Removal of cutaneous and subcutaneous lumps.

### **Plastic Surgery:**

#### **Clinical Skills:**

- a. Principles of skin grafting, flap design and skin expansion for reconstruction, especially for head and neck tumours.
- b. Management of congenital deformities.
- c. Principles of nerve and tendon repair.

### **Practical Skills:**

- a. Cosmetic suturing.
- b. Split skin and full thickness skin grafting and local flaps.
- c. Use of loupes and operating microscopes.
- d. Treatment of acute soft tissue, facial and hand injuries.

### **Neurosurgery:**

#### **Clinical skills:**

- a. Neurological examination.
- b. Interpretation of (MRI), CT, and other imaging results.

- c. Management of head injuries and the unconscious patient.
- d. The principles of craniotomy.
- e. Management of spinal disorders including cervical spondylosis and spinal cord compression.

**Practical skills:**

- a. Lumbar puncture.
- b. Burr holes.

***B) Optional Rotation:***

***A & E component:***

**Clinical Skills:**

- a. The primary assessment of new patients.
- b. Resuscitation of the severely ill and injured.
- c. Immediate management of head, chest and abdominal injuries.
- d. Triage and its application in poly-trauma cases.

**Practical Skills:**

- a. Suturing of wounds.
- b. The drainage of abscesses.
- c. Reduction of minor fractures and dislocations.

**ICU component:**

**Clinical Skills:**

Airway management / intubation

IV cannulation.

Invasive monitoring intra-arterial, C.V.P.

**Practical Skills:**

Interpretation of Hematological and Biochemical results.

Corrective therapy of any of the above abnormal results.

Management of single or multi-system failure.

Transport of critically ill patient.

TPN / Parenteral.

## **SPECIAL NOTES**

- The rotation starts in the beginning of September each year.
- Holidays will be allowed as per OMSB rules.
- ARAB BOARD EXAM.
- Residents wishing to sit the first part Arab Board exam that is held every six months (March and September) of every year can only do so after the first year of residency.
- Residents have only three chances to pass the first part Arab Board Exam, usually no exemptions are granted for the fourth chance.
- Part two Arab Board exams are divided into the Theory and Oral – Clinical part. This exam is held once a year in September (theory) and if passed then sit the Oral – Clinical in December.
- Residents are exempted from repetition of the theory exam if they fail in their Oral – Clinical three times. After that they have to resit the theory, usually no exemptions are given for the fourth chance.
- They have to pay the programme fee and exam fee in full before they are eligible to sit any examination.

**After passing Arab Board exam, resident have to complete the residency program and Certificate of completion of training (CCT) will be awarded by OMSB only after successful completion of training program.**

# **Curriculum**

## **Generic Learning Objectives**

## **7. GENERIC LEARNING OBJECTIVES**

### **Introduction:**

No time frame is set for achieving these objectives. Developing these aspects of the curriculum is a continuous process. However, every candidate must achieve a satisfactory progress in these areas to be observed by training staff and certified by the Chairman of the programme.

The Generic curriculum will be set up under the following objectives:

### **The candidate should be proficient in the following:**

#### **1. Clinical care:**

##### **(a) History, examination, investigations and treatment.**

- Define the patterns of symptoms observed in patients presenting with a certain disease.
- Be able to prioritize the investigations so as to make the management cost effective with out compromising the quality care.
- Define the risks and benefits of investigations.
- Ability to interpret the results of investigations and appropriate action to be taken.
- Readiness to provide rationale and justification of an investigation.
- Respect patients' dignity and confidentiality.
- Acknowledge cultural issues.
- Appropriate involvement of the relatives.
- Explain the scientific principles relating to the use of pharmacologic agents.

- Ability to initiate the appropriate treatment with respect to Analgesia, blood products and nutritional supplementation.
- Ability to manage infusion and transfusion reactions.
- Openly and clearly explain the treatment and its side effects.
- Define the structure, function and legal implications of medical records and medico legal reports.
- Keeping Medical records concisely, accurately and confidentially.
- Appreciate the growing use of electronic communication and digital maintenance of records.

(b) **Communication skills.**

- Be able to overcome the language difficulties if any.
- Know how to structure the communication and keep in mind the patient's concerns, expectations and acceptance.
- Have good listening habits.
- Use open questions followed by appropriately framed closed questions.
- Use simple language and give clear information.
- Share information with relatives whenever needed.
- Involve patient in decision making, offer choices and respect patient's views.
- Understand the intricacies of breaking the bad news should such an occasion arise. It should be done carefully and be able to support the distress.
- Encourage questions.

**(c) Managing chronic disease and learning to deal with patients suffering from life threatening conditions.**

- Define the role of rehabilitative services, pain control and palliative care.
- Maintain hope while keeping long term goals realistic.
- Have skills in palliative care including the care of dying.
- Appreciate the effects of chronic disease on the mental, physical and financial balance of the patient and relatives. Respect their sensibilities.

**(d) Good management of time and prioritize the work in order of urgency.**

- Know which task / patient takes priority.
- Start with the most important task. Learn to triage patients/tasks.
- Have realistic expectations of tasks to be completed.
- Willingness to consult a senior colleague when needed.

**(e) Decision making abilities.**

- Understand clinical priorities for investigation and management.
- Be flexible and willing to change decisions in the event of changing conditions /situations.
- Be willing to ask for help.

**2. Maintaining trust in terms of :**

- (a) Professional behavior including dealing with colleagues.
- (b) Insight and practice of Ethical and Medico legal issues including informed consent for surgery or research study.
- (c) Patient education and counseling.
- (d) Maintaining confidentiality whenever and wherever required.
- (e) Manage dissatisfied/ angry patient/relatives.
- (f) Act with honesty and promptly.
- (g) Be prepared to accept the responsibilities.
- (h) Understand the relevance of Continuity of Care.
- (i) Make adequate arrangement for handing over and leave arrangements.
- (j) Recognize importance of punctuality.
- (k) Accept professional regulations.
- (l) Avoid discussing one patient in front of another.

**3. Working with colleagues as a good team member. Develop leadership qualities.**

**4. Clinical Governance:**

- (a) Evidence based practice.
- (b) Follow the practice of audits. Learn the principles and methods in medical audits.
- (c) Learn principles of Risk Management.

**5. Research:**

- (a) Understand the methods in clinic research
- (b) Designing of a study and protocol.
- (c) Identify objectives of research products.
- (d) Adhere to the methodology laid down in the protocol.
- (e) Understand the significance and legal issues involved in informed consent.
- (f) Learn to critically analyze the results in the background of the available literature.
- (g) Search and collect the literature of interest and use it effectively in the discussion.
- (h) Learn how to critically analyze a study/ article and present the critical appraisal. This will be achieved through regular Journal presentation and discussions.

6. Should understand the significance of **Inter-specialty collaboration**.

7. Understand the significance of Primary, **Secondary and Tertiary prevention**.

- Educate the patient about preventive aspects of disease.
- Know diseases that are notifiable.
- Know the significance of screening programmes especially the currently in practice newborn hearing screening programme.

8. **Maintain good medical practice:**

- Learning is life long. Should understand and define Continuing professional development.
- Should recognize and utilize learning opportunities. Be eager to learn.
- Should keep oneself updated.
- Be self motivated.
- Be willing to learn from colleagues.
- Be willing to accept criticism.

# Curriculum

## Specialty Learning Objectives

## 8. SPECIALTY LEARNING OBJECTIVES;

The learning objectives for candidate R2- R6 are laid down as under. The progress will be monitored using a log book authenticated by the teaching staff (Annexure III)

### Learning Objectives – R2 (Entry level in otolaryngology Rotation) Resident

The resident is expected to have acquired the following knowledge (cognitive) skills (psychomotor):

#### A. Knowledge:

The fund of knowledge can be tested in 6 monthly exams (both clinical and oral).

- Basic life support and resuscitation
- Antimicrobial therapy for head and neck
- Blood and blood products transfusion
- Wound healing
- Medical ethics
- Assessment of nutritional support including parenteral nutrition
- Basic laboratory investigations in pre +post op patients
- Shock and its management
- Interpretation of pure tone audiogram
- Interpretation of tympanogram

**B. Clinical Skills/Procedures:**

**Should be able to perform independently (I) or under Supervision (S).**

- Otoscope Examination (I)
- Nasal Endoscopy (I)
- Ear Syringing (I)
- Microscopy and suction clearance of ear (I)
- Temporal bone dissection (S)
- Local anaesthesia for nasal examination and for minor surgical procedure (I)
- Anterior nasal packing (I)
- Clinical test for neuro otological evaluation (I)
- Caloric Test (I)
- F.B removal from ear/nose/oropharynx (S)
- Nasal cautery (chemical) (I)
- Fiberoptic laryngoscopy (S)

**C. Surgical Procedures**

**Should be able to perform these procedures Independently (I), under Supervision (S) or assist/ scrub (A)**

- Adenoidectomy (S)
- Tonsillectomy (S)
- Nasal bone repositioning (S)
- Lymph node biopsy (S)
- Myringotomy and grommet insertion (S)
- Drainage of peritonsillar abscess (I)
- Myringoplasty (A)
- Septoplasty (A)
- Mastoidectomy (A)
- Post nasal packing (A)
- Drainage of septal abscess (A)
- Direct laryngoscopy (A)
- F.E.S.S (A)
- Control of post tonsillectomy hemorrhage (A)

**D. *Audiology & Vestibular System:***

**Perform these under Supervision (S) or Independently (I)**

- Pure tone audiogram (S)
- Impedence audiometry (I)
- Schimer's Test (I)
- Facial Nerve stimulation test (S)

**Learning Objectives – R3 (Third year) Resident**

**In addition to the objectives achieved upto second year, the resident is expected to have acquired the following knowledge and skills by the end of second year independently/ Supervised / Assisted as indicated**

**A. Knowledge of fundamentals of:**

- Diabetes in a surgical patient.
- Ischaemic heart disease and hypertension in a surgical patient.
- Surgery in elderly patient
- Concepts of Mastoid surgery.
- Concepts of speech therapy.

**B. Clinical skills and procedures.**

Should be able to perform independently (I) or under supervision (S)

- Fiberoptic Laryngoscopy (I)
- Removal of Foreign Body ,Ear, Nose , Pharynx in out patient(I)
- Temporal bone dissection(S)
- Nasal Endoscopy (I)
- Removal of impacted cerumen with Microscope and suction(I)
- Topographic test for facial palsy.

**C. SURGICAL PROCEDURES.**

Should be able to perform these procedures Independently (I), under supervision(S) or Assist/scrub (A)

- Adenoidectomy (I)
- Tonsillectomy(I)
- Myringotomy and Grommet insertion(I)
- Nasal bone repositioning(I)
- Lymph node biopsy(I)
- Post Nasal packing(I)
- Drainage of septal abscess(I)
- Septoplasty(S)
- Antral Lavage(S)
- Myringoplasty(S)
- Direct laryngoscopy(S)
- Control of Post Tonsillectomy Hemorrhage(S)
- Functional Endoscopic Sinus surgery(A)
- Mastoidectomy( Cortical, Modified radical) A)
- Hypopharyngoscopy/upper Oesophagoscopy (A)
- Rigid Bronchoscopy (A)
- Tracheotomy(A)
- Sub mandibular Gland Excision(A)
- Neck Dissection( Radical, Modified, Selective) (A)
- Pre Auricular sinus excision (A)
- Endoscopic control of Epistaxis.(A)

**D. Audiology and vestibular system.**

- Pure Tone Audiogram (I)
- Oto acoutic Emission (I)
- Caloric test (I)
- Dix Hallpike Positioning Test(I)
- Speech audiometry (S)
- BERA (S)

## Learning Objectives – R4 (Fourth year) Resident

***In addition to the objectives achieved up to third year, the resident is expected to have acquired the following knowledge and skills by the end of third year Independently/ Supervised / Assisted as indicated:***

***A. Knowledge of fundamentals of:***

Fund of knowledge can be tested in 6 monthly exams, both clinical and oral.

- Principles and complications of Radiation therapy and chemotherapy
- Principles of Cochlear implant
- Principles of advanced otological procedures like Bone anchored hearing aids, otoplasty.
- Concepts of investigation of retro cochlear and C P angle Lesions.
- Concepts of voice rehabilitation after Laryngectomy.

***B. CLINICAL SKILLS / PROCEDURES.***

- Temporal bone dissection(I)
- Incision biopsy of lesion under L.A (I)
- Intra Tympanic Injection( Gentamycin/Steroid) (S)

**C. SURGICAL PROCEDURES.**

The residents are supposed to further consolidate the surgical skills already acquired in R2 and R3.

- Septoplasty(I)
- Myringoplasty (I)
- Direct Laryngoscopy (I)
- Control of post tonsillectomy hemorrhage (I)
- Microlaryngoscopy (I)
- Antral Lavage (I)
- Endoscopic control of epistaxis (S)
- Endoscopic Middle Meatus Antrostomy (S)
- Cortical Mastoidectomy (S)
- Hypopharyngoscopy (S)
- Upper Oesophagoscopy and removal of F.B (S)
- Meatoplasty (S)
- Pre auricular sinus excision (S)
- Drainage of neck abscess (S)
- Airway assessment in new born (S)
- Harvesting skin thickness skin graft (S)
- Sub mandibular gland Excision (S)
- Bronchoscopy (A)
- Tracheotomy (A)
- Exploratory tympanotomy/Stapedectomy (A)
- Excision of Thyro glossal cyst (A)

- Excision of Bronchial Cyst (A)
- Excision tumour Oral cavity (A)
- Mandibulectomy, Marginal/Segmental (A)
- Neck dissection, Radical, Modified, selective (A)
- Laryngectomy (A)

## **Learning Objectives – R5 (Fifth year) Resident**

***In addition to the objectives achieved up to fourth year,*** the resident is expected to have acquired the following knowledge and skills by the end of fourth year independently/ Supervised / Assisted as indicated:

### ***A. Knowledge of fundamentals of:***

- Post Op care and rehabilitation of cochlear implant patient.
- Principles of nerve grafting.
- Principles of Electromyography and Electronueronography.
- Principles of electronystagmography.
- Principles of repair of defects after Head& Neck tumour excision
- Hunt for Occult primary in Head & Neck Cancer.
- Hunt for 2 <sup>nd</sup> primary in Head & Neck cancer.
- Concepts of laryngeal framework surgery/ Phonosurgery.

**B. Surgical Procedures.**

- Cortical mastoidectomy(I)
- FESS (Middle Meatus Antrostomy) (I)
- Paediatric airway assesment (I)
- Modified radical Mastoidectomy (S)
- FESS ( Endoscopic Ethmoidectomy) (S)
- Ossiculoplasty (S)
- Excision of Thyroglosal, Branchial cyst(S)
- Excision of Oral cvaity lesion (S)
- Neck dissections (S)
- Stapedectomy (A)
- Facial Nerve decompression (A)
- Septorhinoplasty (Basic technique) (A)
- Extended application of Endoscopci surgery( Orbital decompression, dacryocystorhinostomy,Mucocele Etc) (A)
- Excsion of angiofibroma (A)
- Partial & complete maxillectomy (A)

**Learning Objectives – R6 (sixth year) Resident**

***In addition to the objectives achieved up to fifth year, the resident is expected to have acquired the following knowledge and skills by the end of sixth year Independently/ Supervised / Assisted as indicated:***

**A. Knowledge of fundamentals of:**

- Concepts of canal wall up and canal wall down procedures
- Controversies in management of nodal metastasis in Head and Neck cancer.
- Concepts of laryngeal conservation surgery
- Surgical approaches to C.P angle tumors
- Concepts of surgical treatment of Menieres disease
- Approaches to anterior and lateral skull base

**B. Surgical Procedures:**

- Tympanoplasty/ Ossiculoplasty (incus sculpting ) (I)
- Modified radical mastoidectomy (canal wall down mastoidectomy)(I)
- Revision Tympanoplasty (I)
- Tracheotomy (I)
- F.E.S.S (Ethmoidectomy and exposure of frontal recess and ostium)(I)
- Excision of thyroglossal, branchial cyst (I)
- Excision of oral cavity lesions (I)
- Revision septoplasty (I)
- Sub-mandibular gland excision (I)
- Rhinoplasty (Basic) (S)
- Stapedectomy (S)
- Repair of tracheal stenosis (S)
- Laryngectomy (S)
- Glossectomy (S)
- Mandibulectomy (S)
- Neck dissections (S)

**MINIMUM NUMBER OF SURGICAL PROCEDURES (TO BE DOCUMENTED IN LOG BOOK)**

<b>Surgical Operation</b>	<b>Minimum number to be done</b>
Adeno tonsillectomy	100
Septoplasty	35
Myringotomy	35
Polypectomy (endoscope assisted)	15
Tympanoplasty/ Myringoplasty	30
Microlaryngoscopy (MLS)	15
Hypopharyngo/Oesophagoscopy	10
Bronchoscopy	5
FESS	20
Lymph node biopsy	5
Mastoidectomy	20
Septorhinoplasty	10
Tracheostomy	10
Nasal Bone fracture	20

- (vii) Should be able to plan out basic research studies and statistical analysis.

## **Postgraduate Teaching Programme Schedule in one of the Training Institution (Al Nahdha Hospital Model):**

The department has a comprehensive teaching programme which includes:

Didactic sessions, tutorials, group discussions and bedside teaching. This programme is periodically reviewed with respect to the content, format and timing in order to continuously improve the teaching methods.

- 1. Departmental weekly CME – Every Wednesday at 7:30 AM (schedule of CME is displayed on the notice board and also available with department coordinator). Once a month this session is devoted to Morbidity Meeting discussing the cases who had unexpected morbidity or complications. Invited speakers are also invited during these sessions to discuss selected topics.**
- 2. Daily Morning Postgraduate Teaching sessions: every day there is a postgraduate teaching session from 7:30 am to 8:30 am. As per schedule the sessions are held on Radiology, Case presentation, Journal presentation and seminar/topic presentations. On Mondays this time is devoted to bedside teaching with case presentations.**
- 3. Bedside Teaching Round: Every Monday starting at 7:30 AM to 8:30 am with emphasis on eliciting clinical signs and on the spot discussion on various aspects of clinical and surgical craft.**
- 4. Hospital CME (60mts): Every Monday at 1:30 PM: Various departments of the institution present their research work/ topics of special interest during this session.**

## **Guidelines for the morning teaching sessions for residents (subject to periodic review and modifications):**

1. One senior member of the teaching staff is in-charge of teaching on every day. He will be responsible for the morning teaching sessions of residents along with other members. Generally at least three of the senior teaching staff should be present for these sessions.
2. Undergraduate students also will attend the morning teaching sessions.
3. Senior most Resident (Chief resident) will be coordinating amongst the residents with respect to all the teaching sessions in consultation with the PG teaching coordinator.
4. One of the facilitators by rotation will be the Guide for Journal presentation. He will guide about the selection of Journal and any other guidance needed by residents.
5. The selection of Journal and Case should be done in advance so that adequate preparation is possible.
6. R1 residents are expected to complete studying of the “Synopsis of Otolaryngology” by the end of 3 months of joining R1 level of training. After this they should study the text book by “K.J. Lee” and finish by the end of R2 level. After this they should be consulting the following books:
  - Text book by Scott – Brown
  - Text book by Cummings
  - Text book by Paparella.
  - Operative surgery by Rob – Smith.
  - Text book of Otolaryngology by Ballenger.
  - Ear Surgery by Sham bough.
7. The residents are expected to make efforts to remain updated with the recent literature and should consult the journals available in Library and other available resources. Use of Internet for literature search is desirable especially for articles not available in library. Internet facility is available in library with prior booking.

## **9. PORTFOLIO MANAGEMENT BY THE RESIDENT DOCTORS**

1. All the resident doctors will maintain their personal portfolio (Annexure II). It should include a resume with respect to all their academic achievements like:

- Examinations passed.

---

- Articles published.

- Papers presented

- Course/ workshop attended

- Conference attended

- Any other achievement not mentioned above.

a. The portfolio may be reviewed periodically by the chairman of the programme to review the progress of the resident.

## **PORTFOLIO - RESIDENT DOCTORS**

Name : \_\_\_\_\_

Date of Joining ENT Residency: \_\_\_\_\_

Date of Joining the Institution: \_\_\_\_\_

## EXAMINATION APPEARED/ QUALIFIED

**Name:**

S. No.	Examination	Date Appeared	Attempt Number	Result	Remarks	R (Status)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**PRESENTATIONS - INTERNATIONAL/ NATIONAL**  
**CONFERENCES**

Name:

S.No.	Title	Category Series/ Case Report	Event	Status International/National	Date	Remarks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

## TOPIC PRESENTATIONS

Name:

<b>S. No.</b>	<b>Title</b>	<b>R status (2-6)</b>	<b>Date</b>	<b>Remarks/ assessment</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

## PUBLICATIONS

<b>Date</b>	<b>S. No</b>	<b>Title</b>	<b>Type</b>	<b>Series/Case Report</b>	<b>Co-author Lead Author</b>	<b>Name of Journal National/International</b>	<b>Remarks</b>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

**RESEARCH:** (Give description)

**HONORS/ AWARDS/ MERIT SCHOLARSHIPS/ MEDALS**

**LETTERS OF APPRECIATION**

**OMAN MEDICAL SPECIALTY BOARD  
(OMSB)**

**Syllabus**

**OTO-RHINO-LARYNGOLOGY  
HEAD & NECK SURGERY  
And  
COMMUNICATION DISORDERS  
(ORL-HNS)**

## **General and Basic Sciences :**

### **1. Anatomy:**

Face with related facio-maxillary structures, Salivary glands, Nose and paranasal sinuses, Ears with ultra structures, Head and neck, pharynx, esophagus, Larynx and tracheo-bronchial tree. Surgical anatomy of skull base and clinical neuroanatomy.

### **2. Physiology**

Physiology of hearing and equilibrium, Physiology of salivation, Physiology of nose, paranasal sinuses, respiration, barotraumas, Generation and reception of speech, deglutition

3. Molecular biology: Cell biology, molecular biology and head and neck cancer, gene therapy
4. History physical examination of ORL-HNS
5. Diagnostic medical imaging of ORL-HNS
6. Peri-operative care: Preoperative evaluation, postoperative care
7. Genetics and ORL-HNS
8. Immunology : Allergy and immunology of upper airway
9. Microbiology
10. Wound care and healing
11. Chemotherapy in ORL-HNS
12. Radiotherapy in ORL-HNS
13. Nuclear medicine in ORL-HNS
14. Pain management in ORL-HNS
15. Integrating palliative and curative care in ORL-HNS
16. Intensive and high dependency care
17. Terminal care of patients with head and neck malignancies.

18. Basic research ; interpreting Medical data, Statistics for ORL-HNS, Outcome research, audits
19. Evidence Based medicine
20. Medical ethics, Medical negligence and errors
21. Introduction to quality in health care

### **Nose and Paranasal Sinuses**

1. Applied, surgical and radiological anatomy of nose.
2. Examination of nose Evaluation of nasal function and olfaction
3. Epistaxis
4. Facial trauma and nasal fractures
5. The nasal septum
6. Conditions of external nose and Rhinoplasty
7. Allergic rhinitis
8. Non allergic rhinitis
9. Anosmia
10. Headache and facial pain.
11. Infections of nose and PNS
12. Nasal polyps
13. Functional endo-scopic sinus surgery
14. Complications of sinusitis
15. CSF Rhino- rhea.
16. Orbit and nasal disease.
17. Manifestations of systemic diseases of the nose
18. Grannulomas of nose.
19. Neoplasm's of nose and PNS
20. Snoring and obstructive sleep apnea.

## **Salivary Glands**

1. Diagnostic imaging and FNA of salivary glands
2. Inflammations
3. Neoplasm's of salivary glands
4. Surgery of salivary glands

## **Oral cavity**

1. Physiology of oral cavity
2. Deglutition
3. Oral manifestations of systemic diseases
4. Temporomandibular joint disorders
5. Infections of oral cavity.
6. Neoplasm's of oral cavity

## **Pharynx**

1. Examination and endoscopy of upper aero digestive tract.
2. Acute and chronic infections of pharynx and tonsils
3. Pharyngeal pouches
4. Benign and malignant tumors of the nasopharynx.
5. Benign and malignant tumors of the oropharynx
6. Lymphomas of head and neck
7. Sleep apnea

## **Esophagus**

1. Anatomy , physiology and diseases of esophagus
2. Neoplasm's of the hypo pharynx, cervical esophagus
3. Chemotherapy and radio therapy of the upper aerodigestive tract
4. Reconstruction of upper aerodigestive tract

## **Larynx/ Trachea/ Bronchus**

1. Anatomy of larynx
2. Physiology of speech
3. Diagnostic evaluation and imaging of larynx
4. Neurological evaluation of larynx and pharynx
5. Acute and chronic laryngitis
6. Voice disorders
7. Managing an obstructed airway and tracheostomy
8. Trauma to air way
9. Surgical management of laryngeal stenosis
10. Laryngeal and tracheal manifestations of systemic diseases
11. Benign vocal fold conditions
12. Tumors of larynx
13. Surgery of larynx
14. Radiation therapy of larynx
15. Plastic and reconstructive surgery of head and neck
16. Vocal rehabilitation following total laryngectomy
17. Diagnosis and management of tracheal neoplasm's
18. Upper airway manifestations of Gastro esophageal Reflux disease.

## **Neck**

1. Surgical anatomy of neck
2. Medical imaging of the neck including deep neck spaces
3. Deep neck infections
4. Blunt and penetrating trauma to the neck
5. Differential diagnosis of Neck masses
6. Benign diseases of the neck
7. Primary neoplasm's of the infratemporal fossa and neck
8. Head and neck lymphomas
9. Non epithelial tumors of neck
10. Metastasis neck diseases
11. Chemotherapy and radiation for neck malignancies
12. Neck dissection
13. Surgical complications of the neck

## **Audiology**

1. Cochlear anatomy and central Auditory pathways
2. Physiology of hearing, Acoustics ,Hearing overview
3. Clinical tests for hearing , electrophysiological assessment of hearing
4. Diagnostic audiometry
5. Audiological rehabilitation
6. Hearing aids
7. Central auditory disturbances
8. Anatomy of vestibular end organs and neural pathways
9. Physiology of balance
10. Clinical tests for balance and diagnostic testing of the vestibular system
11. Balance disorders

## **Otology**

1. Anatomy of skull base, temporal bone, external ear and middle ear.
2. Examination ear
3. Medical imaging of lateral skull base and ear
4. Management of temporal bone trauma
5. Otological symptoms and syndromes
6. Infections of external ear
7. Acute Otitis media
8. Otitis media with effusion
9. Chronic Otitis media
10. Complications of Otitis media
11. Reconstructive surgery of ear; Mastoidectomy, Tympanoplasty and Ossicularplasty.
12. Otosclerosis
13. Otological manifestations of systemic diseases
14. Autoimmune inner ear disease
15. Diseases of temporal bone
16. Epidemiology of hearing disorders
17. Prevention of hearing and balance disorders
18. Causes of hearing disorders
19. Sensorineural hearing loss
20. Sudden and fluctuant sensorineural hearing loss
21. Tinnitus and hyperacusis
22. Noise and the ear
23. Cochlear implants
24. Vestibular and Auditory ototoxicity.
25. Vertigo

26. Meniere's disease
27. Peripheral vestibular disorders
28. Central vestibular disorders
29. Pharmacological treatment of balance disorders
30. Surgery for vestibular disorders
31. Rehabilitation of balance disorders.
32. Temporal bone neoplasm's and lateral cranial skull base surgeries
33. Facial nerve- evaluation of function, clinical disorders and intra temporal facial nerve surgery

### **Pediatric ORL-HNS**

1. Developmental anatomy
2. The pediatric ORL-HNS consultation
3. Early detection and diagnosis of infant hearing impairment
4. Congenital malformations of external, middle and inner ear
5. Genetic sensorineural hearing loss
6. Cochlear implantation in children
7. Managing a child with hearing impairment.
8. Speech and language disorders
9. Anesthesia for pediatric ORL-HNS
10. Medical imaging for pediatric ORL-HNS
11. Normal and abnormal craniofacial growth and development.
12. Malformations and tumors of head and neck
13. Craniofacial surgeries for congenital and acquired deformities
14. Reconstructive surgery of the external and middle ear
15. Foreign bodies in nose and ear
16. Congenital malformations of the nose

17. Diseases of tonsils and adenoids
18. Sleep apnea
19. Acute and chronic suppurative Otitis media in children
20. Otitis media with effusion
21. Stertor and stridor
22. Congenital disorders of larynx and trachea and bronchus
23. Infections of airways
24. Foreign bodies in airway
25. Aspiration, swallowing disorders, Gastro esophageal reflux and laryngeal diseases
26. Disorders of esophagus
27. Voice disorders in children
28. Recurrent respiratory papillomatosis
29. Brachial cleft anomalies, thyroglossal cyst and fistula
30. Tracheostomy in Pediatric ORL-HNS  
Management of drooling child

## 11. Topics for the morning teaching sessions 2006-2007 New Rotation from September

### Otology

S.No	TOPICS	
1.	(i) Surgical anatomy of Middle Ear (ii) Physiology of Middle ear	
2	(i) Applied anatomy of Inner Ear (ii) Vestibular Physiology (iii) Auditory Physiology	Invited Speakers
3.	Audiological Investigations including PTA, Speech Audiometry and tests for malingering	
4.	Special audiological investigations: BERA, Electro Cochleography, Otoacoustic emission (Newborn Hearing Screening)	
5.	Otitis Media with Effusion and Management (include controversies and sequelae)	
6.	Acute Otitis Media, complications and current concepts in Mx	
7.	CSOM – Tubotympanic and its Management	
8.	Pathogenesis of cholesteatoma & paths of its spread	
9.	CSOM (Attico-antral) and its Management including combined approach Tympanoplasty	
10.	Techniques of Tympanoplasty	
11.	Failures in Tympanoplasty	
12.	Failures in Mastoid Surgery	
13.	Facial Nerve- Surgical anatomy and Topographic Tests	
14.	Facial Nerve- Electrodiagnostic tests and role in management	

15.	Middle ear tumors and concepts of lateral skull base surgery
16.	Radiology related to temporal bone
17.	Vertigo – Investigations and management I
18.	Vertigo – Investigations and management II
19.	Otosclerosis- Diagnosis, Surgical Management & Complications
20.	(i) Otitis externa (ii) Malignant Otitis Externa
21.	Implantable Devices for Hearing handicapped

## **Rhinology**

S.No.	TOPICS
1.	(i)Surgical anatomy of nose-external nose, septum, lateral wall (ii)Surgical anatomy of PNS including relations to orbit and anterior cranial fossa
2	FESS- evolution of concept, indications and basic techniques
3.	Differential diagnosis of a nasal mass
4.	Nasal Polypii- antrochoanal & Ethmoidal and their management
5.	Benign sinonasal & nasopharyngeal tumors (incl angiofibroma)
6.	Malignant neoplasms of Nose & PNS
7.	1)Nasopharyngeal Carcinoma 2)Management
8.	Concepts of Anterior Skull Base Surgery
9.	Radiology related to PNS and skull base
10.	FESS- complications / endoscopic management of frontal sinus disease

11.	Epistaxis
12.	Allergic rhinitis – recent trends
13.	Approaches to nasal tip (Rhinoplasty)
14.	Rhinosinusitis- acute, complications including orbital cellulitis
15.	Chronic Rhinosinusitis- Etiology, classification, pathogenesis and medical management0

### **Larynx and Hypopharynx**

S.No.	TOPICS
1.	Hoarseness Including Vocal Cord Palsy
2	Surgical Management of VC palsy including thyroplasty
3.	GE Reflux- Current concepts
4.	Dysphagia – investigations & management
5.	Benign conditions like pharyngeal pouch, Laryngocoele, PV syndrome
6.	Laryngotracheal stenosis (2 sessions)
7.	Tracheotomy (Adult and pediatric)

### **Pediatric Otolaryngology**

S. No	TOPICS
1.	Acute and chronic airway obstruction
2.	Congenital anomalies in otolaryngology

## Head & Neck

S.No.	TOPICS
1.	Parapharyngeal space tumors
2.	Major & minor salivary gland tumors-DD and surgical approaches.
3.	Carcinoma Larynx & Hypopharynx
4.	Conservation surgery of Larynx
5.	Radical surgery for Laryngeal and Hypopharyngeal malignancy
6.	Concepts of neck dissection – radical and modified
7.	Management of metastatic neck disease (I)
8.	Management of metastatic neck disease (II)
9.	Carcinoma of Oral Cavity (excluding tongue)
10.	Carcinoma of Tongue
11.	Reconstruction flaps in Head and neck surgery
12.	Carcinoma of Nasopharynx
13.	Concepts of Radiotherapy & Chemotherapy in Head & Neck Malignancies
14.	Proptosis
15.	Pain management
16.	Neck masses- Etiology, diagnosis and management
17.	Immunity and head and neck cancer

## **General Otolaryngology**

<b>S.No.</b>	<b>TOPICS</b>
1.	Tracheostomy- indications, techniques & Complications
2.	Granulomatous conditions & other tropical conditions in Otolaryngology
3.	Lasers in Otolaryngology
4.	Oral Ulcers- DD & Management
5.	Maxillofacial trauma
6.	Trauma to Neck
7.	Endoscopies in Otolaryngology- techniques and complications
8.	Anesthesia in Otolaryngology-special aspects
9.	MRI in Head and Neck
10.	OT precautions & procedures in Preventing surgical infections
11.	Introduction to evidence based medicine
12.	Quality assurance in health care

## **TOPICS FOR PRESENTATION BY RESIDENTS.**

1. Adenotonsillectomy
2. Rhinitis
3. Tumors of salivary glands
4. Pre-auricular sinus
5. Thyroglossal cyst
6. Cystic hygroma
7. Branchial cyst
8. Occult primary
9. 2<sup>nd</sup> primary in Head & Neck cancer
10. Hunt for distant metastasis & 2<sup>nd</sup> primary in H&N cancer
11. FNAC and Frozen section histology
12. D/D & management of conductive hearing loss
13. Perilymph fistula- diagnosis & management
14. CSF Rhinorrhoea
15. Surgical treatment of Meniers disease
16. Diagnosis & management of Meniers disease
17. Acoustic neuroma- diagnosis & management
18. Carotid body tumor
19. Glomus tumor
20. Sjogrens syndrome
21. Fronto-ethmoid mucocele

22. Etiology & Pathogenesis of C.S.O.M
23. Facial nerve palsy (Bells Palsy)
24. Complications of Endoscopic Sinus Surgery
25. Diagnosis & management of Para pharyngeal space lesions
26. Rhinoscleroma
27. Sudden sensor neural hearing loss
28. Obstructive sleep apnea
29. Deviated Nasal Septum
30. Surgical approaches to frontal sinus
31. Otosclerosis
32. Epiglottitis
33. Perforation of nasal septum
34. Tympanoplasty- Indications / techniques/ complications
35. Brain Stem evoked response audiometry
36. Fluid & Electrolyte balance & post-op fluid & electrolyte management
37. Nutritional assessment, management of nutrition and TPN
38. Wound healing
39. Shock and hemorrhage. Path physiology and management
40. Inverted Papilloma

## **12. PARTICIPATING TRAINING CENTERS:**

1. Al-Nahdha Hospital
2. Sultan Qaboos University Hospital
3. Royal Hospital
4. Khoula Hospital

## **13. MEMBERS OF TEACHING FACULTY AL NAHDHA HOSPITAL**

1. Dr. Mazin Al-Khabori
2. Dr. Kumar Suberinda
3. Dr. Masroor Sohail
4. Dr. Mohammed Jamil Hyder
5. Dr. Ashok Verma
6. Dr. Sheikha Al Mujaini
7. Dr. Amar Singh

### **SULTAN QABOOS UNIVERSITY HOSPITAL**

1. Dr. Rashid Al-Abri
2. Dr. Deepa Bhargava
3. Dr. Mohammed Al-Okbi

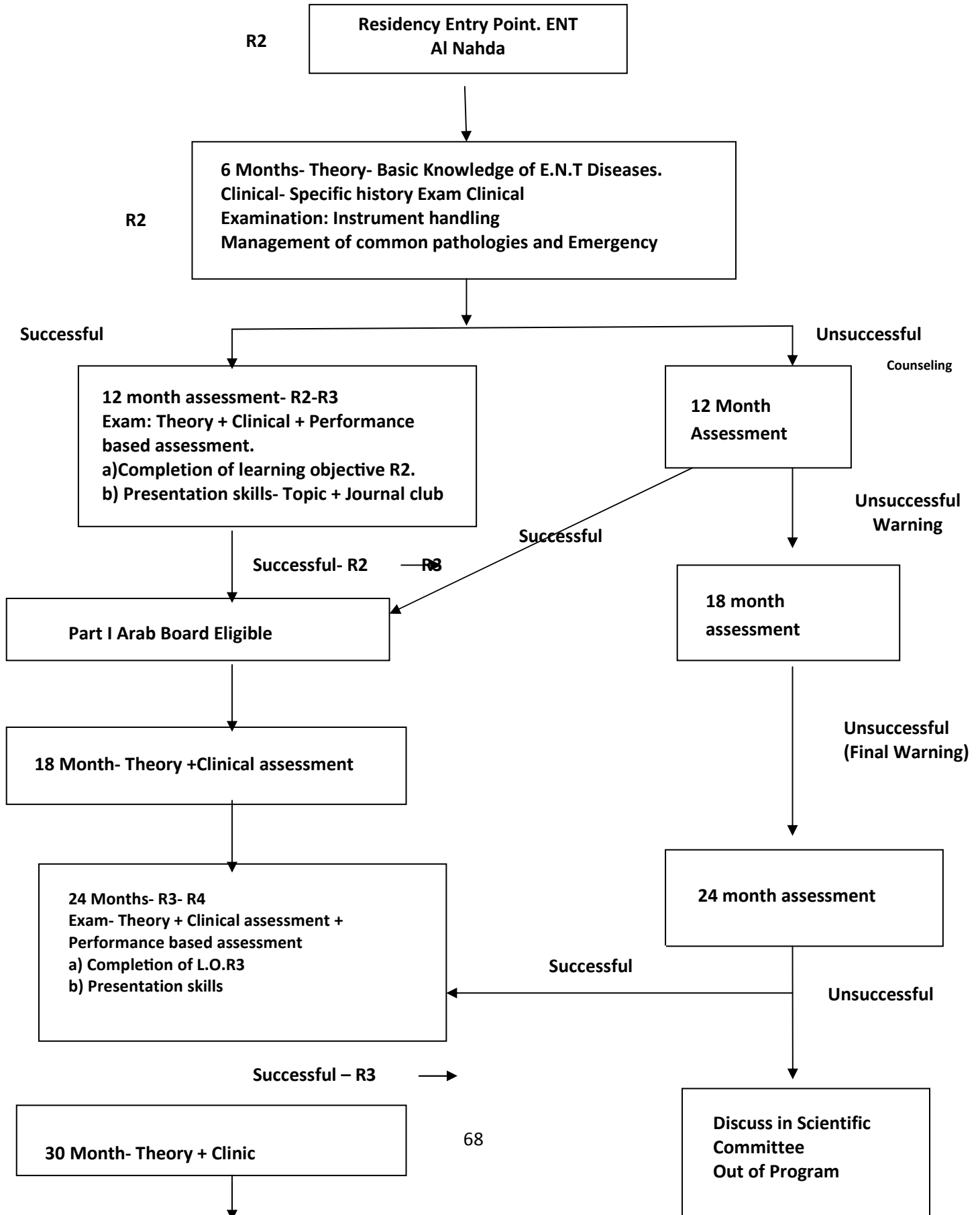
### **ARMED FORCES HOSPITAL**

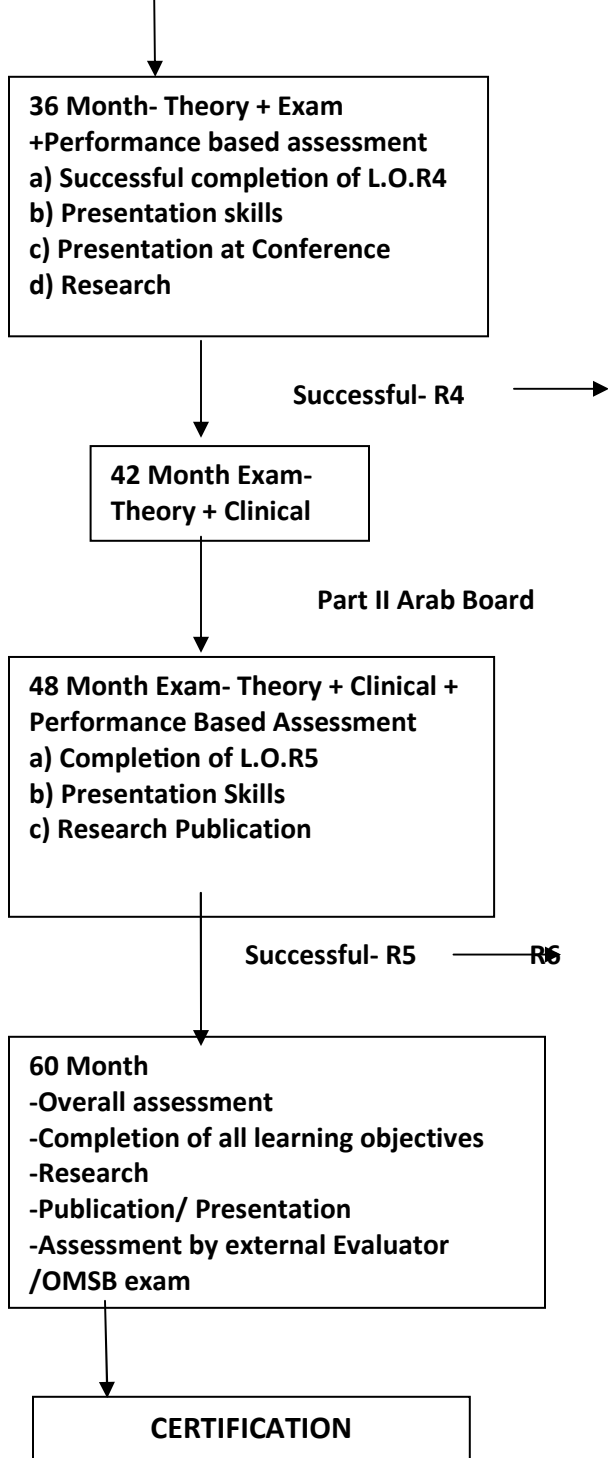
1. Sunil Golani

**14. EXAMINATION OUTLINE:**

**15. EXIT QUALIFICATION:**

# RESIDENTS EVALUATION SCHEME





**OMAN MEDICAL SPECIALTY BOARD**  
**(OMSB)**

**EVALUATIONS FORMS**

- 1. Resident's Monthly Evaluations**
- 2. 6 Months Evaluation in progress**
- 3. Consultant/Staff Evaluations**

## RESIDENT MONTHLY EVALUATION FORM

Name:..... OMSB #: ..... Program: .....

Resident Level:                RII             R III             R IV             R V

Date of Rotation: From .....To .....

No	Criteria	Unsatisfactory 1	Borderline 2	Satisfactory 3	Above Average 4	Outstanding 5	N/A
<b>I. Patient Care</b>							
1.	History and physical examination.						
2.	Interpretation and differential diagnosis.						
3.	Decision making and management plan.						
4.	Organization of work and time management.						
5.	Maintains patient confidentiality						
6.	Verbal and written communication.						
7.	Provides comprehensive care.						
8.	Ability to manage emergency conditions.						
9.	Consultation skills.						
<b>II. Medical Knowledge &amp; Attitudes</b>							
10.	Punctuality.						
11.	Basic and clinical knowledge.						
12.	Works effectively in a team environment						
13.	Technical skills and procedures.						
14.	Reports facts accurately, including own Errors						
15.	Attitude to patient and staff.						
16.	Ability to supervise.						
17.	Recognizes own limitations						
18.	Maintains code of ethics & honesty.						
<b>III. Scholarly Contributions</b>							
19.	Attends and contributes to rounds, seminars And other learning events						
20.	Accepts and acts on constructive feedback						
21.	Teaching skills (Peers)						
22.	Ability for self directed learning						
	<b>Overall Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p style="text-align: center;"><b>General Comments</b> <i>(including strengths, weakness and needs for special attention)</i></p>							

Name and Signature of Supervising Consultant..... Date.....

Name of Resident:..... Signature: ..... Date:.....

Official Use:-

Total Score \_\_\_\_\_

No of items evaluated            X 20 = ..... %

**ROTATION EVALUATION FORM**

6 months Progress Report      Please tick applicable one

Name (Optional)	:	..... OMSB # .....				
Program	:	..... Hospital : ..... Rotation : .....				
Date of Rotation: From: ..... To : ..... Resident Level: .....						
Rotation:	Unsatisfactory 1	Deficient 2	Good 3	V. Good 4	Outstanding 5	N / A
1. The number of in-patients cases seen was appropriate.						
2. Inpatients cases demonstrated a broad range of clinical problems.						
3. The number of out-patients cases seen was appropriate.						
4. Outpatient cases demonstrated a broad range of clinical problems.						
5. The opportunity to see acute emergency cases.						
6. The opportunity to see consultations.						
7. Ward rounds.						
8. Clinical Meetings / Lectures.						
9. Journal Club						
10. Audit(e.g. Morbidity/ Mortality )						
11. Clear learning objectives.						
12. The number of procedures adequate.						
13. Demonstration & Supervision of techniques.						
14. Level of responsibility in patient care.						
15. Patient management.						
16. Quality / quantity of teaching on rotation.						
17. My total workload was appropriate for the time available.						
18. Adequate feedback from consultant / staff on performance.						
19. Support and supervision was available and adequate.						
20. Opportunity to do research.						

21. Overall quality of rotation                                   

Signature of Resident: ..... Date: ..... Official Use:-

**Total Score**      x 20 =-----%

Number of evaluation item

## CONSULTANT/ STAFF EVALUATION

Name of Consultant / Staff: .....

Program: ..... Resident Level: .....

Rotation: ..... Hospital: .....

Date of Rotation: From:..... To: .....

1. How many weeks did you work with this consultant / staff?  
 Up to 2     3 or 4     5 or 6     7 or 8     8+   

2. The frequency of your contacts with the teaching consultant / staff was: (per week)  
 1 or less     2     3     4     5 or more

Consultant	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	N/A
1. Made rounds regularly.						
2. Provided quality teaching.						
3. Was well organized.						
4. Stimulated enthusiasm for knowledge.						
5. Demonstrated breadth of knowledge.						
6. Established good rapport with resident.						
7. Provided direction and feed back.						
8. Was approachable for help and feedback.						
9. Encouraged resident to take appropriate responsibility.						
10. Promoted a comprehensive approach to patient care.						
11. Provided a good role model as a Physician.						
12. Was available with enough time for resident support and supervision						
13. Allowed resident protected teaching time.						
14. Provided opportunity for performing procedure and techniques.						

**An Average Score:** < 30% Unsatisfactory, 30-60% Satisfactory, 60-80% V. Good, > 80% Excellent

**Name of resident (optional)** ..... **Date:** .....

**Office Use:-**

Total Score = \_\_\_\_\_

Number of evaluation items                    × 20 = ..... %