# COMPETENCY BASED POSTGRADUATE CURRICULUM MS IN OTORHINOLARYGOLOGY

The Draft CBME Curriculum for PG Clinical is being Circulated for Comments and Suggestions. The Suggestions are to be sent to RGUHS by mail to dcd.rguhs@gmail.com and copy to be mailed to Chairman BOS PG Clinical ravikdoc@gmail.com

## Competency Based Curriculum MS in Otorhinolaryngology and Head & Neck Surgery

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#### **PREAMBLE**

The Purpose of PG education is to create specialists who would provide high quality healthcare and advance the cause of science through research and training.

These illustrative guidelineprovidedefined outcomes through uniformedarning experiences and teaching practices through competency based approach.

The various domains of learning, levels of learning teaching learning method and assessment with focus on defining specific learning objectives for various competencieselmods in the various certifiable competency skills has been defined to facilitate the completeness of learning experience and creating a COMPETANT SURGEON

The purpose of MS Otorhinolaryngology is to standardize Otorhinolaryngology teaching post graduate level through out the state /country so that it will benefit in achieving uniformity in teaching as well and resultantly creating competent Otorhinolaryngology surgeons with appropriate expertise.

#### SUBJECT SPECIFIC LEARNING OBJECTIVES

#### At the end of Post graduate training the student should be able to

- Practice his specialty ethically keeping in mind the requirement of the patient, community and people at large.
- Demonstrate sufficient understanding of basic sciences related to his specialty and be able to integrate such knowledge in his clinical practice
- Diagnose and manage majority of conditions in his specialty( clinically and with the help of relevant investigations)
- Plan and advise measures for the promotive, preventive, curative and rehabilitative aspects of health and diseases in the specialty of ENT.
- Should be able to demonstrate his cognitive skills in the field of ENT and its ancillary branches during the formative and summative evaluation process.
- Play the assigned role in the implementation of National Health Programs
- Demonstrate competence in basic concepts of research methodology and writing thesis and research papers.
- Develop Good learning communication and teaching skill.
- Demonstrate sufficient understanding o basic sciences and the clinical applications related to the specialty to be able to integrate his knowledge into clinical practice.
   Acquire in depth knowledge in the subject including recent advances.
- Demonstrate that he is fully conversant with the latest diagnostics and therapeutics available.

#### **COURSE SPECIFIC LEARNING OBJECTIVES**

#### **Theoretical Knowledge:**

A student should have fair knowledge of basic sciences (Anatomy, Physiology, Biochemistry, Microbiology, Pathology and Pharmacology) as applied to ENT and be able to integrate such knowledge in his clinical practice. She/he should acquire in depth knowledge of his subject including recent advances. She /He should be fully conversant with the bedside procedures (diagnostic and therapeutic) and having knowledge of latest diagnostics and therapeutics available.

#### **Clinical /Practical Skills:**

A student should be adept at good history taking physical examination, providing basic life support and advanced cardiac life support, common procedures like FNAC, Biopsy, aspiration from cavities, lumbar puncture( as in raised ICT conditions) etc. She/he should be able to choose the required investigations to enhance the attitude, communication skills, including dealing with patients relatives with the required empathy, adapt to changing trends in education, learning methods and evolving new diagnostic and therapeutic techniques in the subject of ENT

#### Research:

She/He should know the basic concepts of research methodology, plan a research project, plan and write a thesis and should know to use library facilities. Basic knowledge of statistics is also required. Knowledge about use of internet resources is required.

#### Teaching:

The students should learn the basic methodology of teaching and assessment and develop competence in teaching medical /paramedical students and do their assessment.

#### COMPETENCIES IN OTORHINOLARYNGOLOGY

### The competencies in Otorhinolaryngology are divided under following broad headings

- 1. General Otolaryngology
- 2. Otology, Audiology and otoneurology
- 3. Rhinology and Allergy
- 5. Sleep Medicine
- 6. Pediatric Otolaryngology
- 7. Head and Neck Oncology
- 8. Facial Plastic and Reconstructive Surgery
- 9. Clinical Research, Ethics and ancillary Topics.

Outcomes (competencies) in each subject are grouped according to topics number -wise. It is important to review the individual outcomes (competencies) in the light of the topic outcomes as a whole. For each competency outlined - the learning domains (Knowledge, Skill, Attitude, Communication) are identified. The expected level of achievement in that subject is identified as - [knows (K), knows how (KH), shows how (SH), perform (P)]. As a rule, 'perform' indicates independent performance without supervision. The outcome is a core (Y - must achieve) or a noncore (N - desirable) outcome and Suggested learning and assessment methods

4. Laryngology, Voice Swallowing

#### **GENERAL OTOLARYNGOLOGY COMPETENCIES**

No	Topic	Competency  The Post Graduate student should be method	Domain \$\vec{\pi}\s/4/c)	Hevel With SH/P	able t	Suggested Teaching o	Suggested Assessment method
			К	КН	N	Lecture/Sm all group	
			К	КН	N	Discussion Lecture/Sm all group	
			К	КН	N	Discussion Lecture/Sm all group	
			К	КН	N	Discussion Lecture/Sm all group Discussion	
			К	КН	N	Lecture/Sm all group	
			К	КН	N	Discussion Lecture/Sm	
			K	КН	N	all group Discussion Lecture/Sm	
		5					

						all group Discussion	
			K	КН	N	Lecture/Sm all group Discussion	
			K	КН	N	Lecture/Sm all group Discussion	
			K	KH	N	Lecture/Sm all group Discussion	
			K	KH	N	Lecture/Sm	
ENT		Describe the development and					Written/
	Embryolo						
GO		clinical correlates of ear, nose,					Viva
	gy						
1.0		throat, head & neck					
ENT		Describe the Anatomy of ear,					Written/
GO	Anatomy	nose, throat, head & neck					Viva
2.0							
ENT	Dla calla acce	Describe the physiology of ear,					Written/
GO	Physiology	nose, throat, head & neck					Viva
3.0 ENT		Describe the roles of various					Written/
GO		micro-organisms, Viruses,					Viva
4.0	Microbiol	Bacteria, Fungus involved in the					viva
4.0	ogy	pathogenesis, investigations and					
	961	susceptibility patterns in ENT					
		diseases					
ENT		Describe the various pathogenetic					Written/
GO		mechanisms involved in the					Viva
5.0		development of ENT disorders.					
		Describe the use of blood					Written/
GO		products, component therapy and					Viva
	Pathology						
5.1		alternatives for transfusion					
		Describe the hemostatic					Written/
GO		mechanisms, disorders of					Viva
5.2		coagulation, hemostatic agents					

ENT GO 6.0	•	and their clinical uses  Describe the various  pharmacological agents including stic medications used in Pharmacol ent of ENT disorders	Written/ Viva
	ogy	Describe the various pharmacological agents used in	Written/ Viva
ENT	a !!	Describe the role of	Written/
	Cell Biology	genetics, gene therapy, in ENT	Viva
7.0	ыоюду	disorders.	
		Describe the role of Molecular	Written/

GO		biology, Apoptosis, cell death, cell				all group	Viva
7.1		cycle, Chemo therapy and				Discussion	
		Radiotherapy in ENT disorders.					
ENT		Describe mechanisms of wound	K	KH	N	Lecture/Sm	Written/
GO	Wound	healing, graft uptake, skin flap and				all group	Viva
8.0	Healing	biomaterial and tissue engineering				Discussion	
		applications in ENT					
ENT		Describe the concept of day care	K	KH	N	Lecture/Sm	Written/
GO	Dori	surgery, various methods				all group	Viva
9.0	Peri	involved in the preparation of				Discussion	
	operative	Inpatient for surgery,					
GO	Considera tions	Describe the various methods of			N	Lecture/Sm	Written/
9.1	tions	recognition of emergencies in ENT	S	SH		all group	Viva
		practice with emphasis on airway.				Discussion	
ENT	Allergy	Describe the various allergic	K	KH	N	Lecture/Sm	Written/
GO	and	manifestations and role of			`	all group	Viva
10.0	immunolo	immunotherapy in Allergic				Discussion	
	gy	disorders of ENT					

#### OTOLOGY, NEUROTOLOGY AND AUDIOLOGY COMPETENCIES

		Competency				Suggested	
No	Topic	The Post Graduate student should be method	Domain (B/A/c)	aruing A/Hs/H <sub>o</sub>	ot eld	Teaching	Suggested Assessme nt method
ENT	Clinical	Demonstrate the correct	s	SH	Υ	DOAP	Direct
ONA	Methods	technique of examination of				Session	Observat
1.0 th€	ear including C	toscopy ion OSCE ENT Demonstra	te the	correc	t S SH	Y DOAP Direc	t
ONA		technique o f performance and				Session	Observat
2.0		interpretation of tuning fork tests					ion
ENT		Describe the principles of	S	SH	Υ	Small	Direct
ONA		evaluation of subjective				Group	Observat
2.1		assessment methods for Disci	ussion	' ior	OSCI	hearing, den	onstrate
	Audiological ii Evaluation	the DOAP correct technique arnterpretation of audiogram	nd Ses	ssion			
ENT		Describe the principles of	S	SH	Υ	Small	Written
ONA		evaluation of objective				Group	/Viva
2.2		assessment methods for Disco	ussion	' hearir	ıg, de	monstrate the	
		correct technique and				Session	
		interpretation of impedance audiometry, observe technique and interpretation of OAE and					
		BERA					
ENT	Radiological	Describe the principle behind	S	SH	Υ	Small	Written
ONA	Evaluation	the various diagnostic tools				Group	/Viva
3.0		used in evaluation of Otological Temporal	Dis	cussion	ı' diso	rders like X ra	y of
		bones, HRCT, MRI, Isotopes scani	ning				
		etc.					
		Elicit, document and present a	S	SH	Y	Small	Written
ENT		correct history, demonstrate				Group	/Viva
ONA		and describe the clinical				Discussion'	
4.0		features, choose the correct					
		9					

		investigations and describe the principles of management of Non infective conditions of the					
		external Ear					
	External Ear [	Diseases					
	<b>ENT Elicit</b>						
	document a	and					
	present a	S					
	SH	Υ					
	Small						
	Writte	n					
ONA		correct history, demonstrate				Group	/Viva
4.1		and describe the clinical Dis investigations and describe the management of patients with infective conditions of the external ear	cussio	n' featı	ures,	choose the c	orrect
ENT		Elicit document and present a	S	SH	Υ	Small	Written
ONA		correct history, demonstrate				Group	/Viva
4.2		and describe the clinical Dis	cussio	n' featı	ires,	choose the c	orrect
		Small investigations and	describ	e the		Group	
		principles of management of Otalgia				Discussion	n'
ENT		Describe the anatomy of the	K	KH	Ν	Small	Written
ONA		skull base and infratemporal				Group	/Viva
5.0		fossa, and identification of Dis	cussio	n' abno	ormal	•	ng of
ENT		Elicit document and present a	S	SH	Υ	Small	Written
ONA		correct history, demonstrate				Group	/Viva
5.1			cussio	n' featı	ures,	choose the c	orrect
		investigations and describe the					
	Temporal pr Bone	inciples of management of					
		Otologic trauma					
ENT		Describe the etiopathogenesis,	Κ	KH	Ν	Small	Written
ONA		clinical features and				Group	/Viva
5.2		management of patients with bone	Di	iscussic	n'	•	he temporal
ENT		Elicit document and present a	S	SH	Υ	Small	Written
ONA		correct history, demonstrate				Group	/Viva

5.3		and describe the clinical Disc	1			noose the corr	ect
		principles of management of					
	Middle Ear						
		ASOM					
ENT		Demonstrate the correct	S	SH	Υ	Small	Written
ONA	technique to h	old visualize and Group /Viv	a 5.4	ass	ess tl	ne mobility of	the
Discus	sion' Direct t	ympanic membrane and its DOA	P Ob	servat ı	mobil	ity and interpr	et and
Sessio	n ion OSC	E					

	diagrammatically represent the findings	е				
ENT	Elicit document and present a	S	SH	Υ	Small	Written
ONA	correct history, demonstrate				Group	/Viva
5.5	and describe the clinical				Discussion'	Direct
	f t t t				DOAD	01

ENT	ı	Enumerate the causes for	K	KH	Υ	Small	Written
ONA		Congenital hearing loss and				Group	/Viva
6.4		describe the evaluation tools	Di:	cussior	' and	principles of	
		management					
		in patients with Congenital heari	ng				
		loss.					
ENT		Demonstrate the correct	S	SH	Υ	Small	Direct
ONA		technique steps of performing				Group	Observat
7.0		Myringoplasty describe the	Di:	cussior	, i	on OSCE vario	us
		indications, DOAP					
		contraindications,				Session	
		complications, and relevant					
		measures Surgery					
ENT		Demonstrate the correct	S	SH	Υ	Small	Direct
ONA	technique ste	ps of performing Group Obse	rvat	7.1 Ma	stoid	ectomy and d	escribe
Discus		CE the various indications, DOA					
		contraindications,				Session	
		complications, and relevant					
		measures					
ENT		Describe the clinical features,	К	кн	Υ	Small	Written
ONA		topodiagnostic tests, and				Group	/Viva
8.0		various other investigations Disc	ussior	and p	rincip	•	
		treatment					
		of patients with facial nerve					
		weakness.					
ENT		Elicit document and present a	S	SH	Υ	Small	Written
	Facial nerve						
ONA		correct history, demonstrate				Group	/Viva
8.1			ussior	, 1' featur	es, ch	oose the corr	'
		DOAP					
		investigations and describe the				Session	
		principles of management of pat	ents				
		with Facial nerve					
		lesions					
ENT	   Vertigo	Describe the clinical features,	K	KH	Υ		Written
ONA		investigations and principles of	' '		•		/Viva
9.0		management of Vertigo					,
ENT		Elicit document , and present a	S	SH	Υ	Small	Direct
ONA		correct history, demonstrate			·	Group	Observat
		correct history, acmonstrate				Jioup	Obscivat
	1	I .	I	1	1	I	1

9.1		investigations DOAP	ussior	n' ior	n OSC	E features, pla	n
		and treat the patient with BPPV				Session	
ENT	Meniere's	Describe the clinical features,	K	KH	Y	Small	Writter
ONA		investigations and principles of				Group	/Viva
10.0		management of Meniere's				Discussion'	
		Disease					
ENT	Tinnitus	Describe the clinical features,	K	KH	Υ	Small	Writter
ONA	investigations	and principles of Group /Viv	a 11.0	ma ma	nage	ment of Tinnit	us
Discus	ssion'						
ENT		Describe the clinical features,	К	КН	N	Small	Writte
ONA		investigations and principles in				Group	/Viva
12.0		management of Neoplasms of	Dis	cussior	' the	temporal bon	e.
ENT		Elicit document , and present a	K	кн	N	Small	Writte
ONA		correct history, demonstrate				Group	/Viva
12.1 a	nd describe the	clinical Discussion' features, plan	nvesti	gations			
		and treat the patient with					
		temporal bone malignancies					
ENT		Elicit document , and present a	K	KH	N	Small	Writte
ONA		correct history, demonstrate				Group	/Viva
	Neoplasms						
12.2 a	nd describe the	clinical Discussion' features, plan i	nvesti	gations			
		and treat the patient					
	-	Vestibular Schwannoma					
ENT		Describe the etiopathogenesis,	K	KH	N	Small	Writte
ONA		clinical features and				Group	/Viva
12.3		management of patients with	Dis	cussior	' jugu	lar fossa lesio	ns.
ENT		Describe the clinical features,	K	KH	N	Small	Writte
ONA		investigations and principles of				Group	/Viva
12.4		management of congenital Ear	Dis	cussior	' ano	malies	
ENT	Auditory	Elicit document, and present a	K	KH	N	Small	Writte
ONA	neuropathy	correct history, demonstrate				Group	/Viva
13.0 a	nd describe the	clinical Discussion' features, plan i	nvesti	gations			
		and treat the patient with					
		auditory neuropathy spectrum					
		disorders.					
	-	14					
		1		1	1		

ENT Ototoxicity Elicit document , and present a K KH Y Small Written
ONA correct history, demonstrate Group /Viva
14.0 and describe the clinical Discussion' features, plan investigations

		and treat the patient with Ototoxicity					
ENT	Noise	Elicit document and present a	K	KH	N	Small	Written
ONA	Induced	correct history, demonstrate				Group	/Viva
15.0	Hearing loss	and describe the clinical				Discussion'	
		features, choose the correct					
		investigations and describe the					
		principles of management of					
		patients with Noise induced					
		Hearing loss					
ENT	Rehabilitatio	Describe the various	K		N	Small	Written
ONA	n	rehabilitative methods for		KH		Group	/Viva
16.0		patients with profound hearing				Discussion'	
		loss BAHA, CI and ABI					

#### **RHINOLOGY AND ALLERGY COMPETENCIES**

		Competency				Suggested
No	Topic	The Post Graduate student should method		Learnir	ng be a	Teaching ble to
			S	SH	Y	Small Group Discussion DOAP Session
			K	SH	Υ	Small Group Discussion DOAP Session
			S	SH	Υ	Small Group Discussion DOAP Session
			S	SH	Y	Small Group Discussion DOAP Session

•			S	SH	Υ	Small	•
			nain VC)	rel SH/P	e ê	Group Discussion	Suggested Assessment method
			Domain K/S/A/C)	Level K/KH/SH/P	Core	DOAP Session	Suggested Assessmen method
ENT		Elicit, document and present					Written/V
RA		correct history, demonstrate					iva
1.0		and describe the clinical					OSCE
	Nasal						
		features, evaluating and Dire	ct ob	structi	on		
		management of patients with					Observati
		acute/chronic Nasal on o	bstru	ction			
ENT		Describe the clinical features,					Written/V
RA		evaluation and Demonstrate					iva/OSCE
2.0	Deviated Na	· ·			ptum	the performa	nce of
	surgical (	bservati correction of deviated	nasal		n sept	um	
ENT		Describe the clinical features,					Written/V
RA		investigations and principles					iva
3.0		of management of Nasal					OSCE
	Turbinates	Turbinates and Demonstrate Observati	/[	irect t	he pro	cedure of Tur	binate
		reduction/submucosal on o	liathe	rmy/t	urbino	plasty	
ENT		Elicit, document and present					Written/V
RA		correct history, demonstrate	)				iva/OSCE
4.0		and describe the clinical Dire	ct fea	tures,	evalua	iting and	Observati
		management of patients with					on
		Rhinosinusitis and demonstrate					
		the Diagnostic					
		lasal endoscopy along with sis					
	Anterior	ethmoidectomy and					
		Middle meatal antrostomy(					
		Basic FESS)					
ENT		Elicit, document and present					Written/V
RA		correct history, demonstrate				L	iva/OSCE
4.1					evalua	iting and	Observati
		management of patients with	01	n			

		Nasal polyposis and Demonstrate Complete FESS					
		procedure.					
ENT RA 5.0	Allergic rhinitis	Elicit, document and present correct history, demonstrate and describe the clinical features, evaluating and management of patients with Allergic Rhinitis and demonstrate/observe skin prick test and observe immunotherapy in the treatment of AR	K	КН	Y	Small Group Discussion Small Group Discussion	Written/V iva/OSCE
ENT RA 6.0	Vasomotor rhinitis	Elicit, document and present correct history, demonstrate and describe the clinical features, evaluating and management of patients with Vasomotor rhinitis	К	КН	Y	Small Group Discussion	Written/V iva
ENT RA 7.0	Epistaxis	Elicit, document and present correct history, demonstrate and describe the clinical features, evaluating and management of patients with Epistaxis. And demonstrate the various steps of Endoscopic assisted chemical /electro cauterization of bleeding points, Anterior nasal packing and ESPAL.	S	SH	Y	Small Group Discussion DOAP Session	Written/V iva/OSCE Direct Observati on
ENT RA 8.0	JNA	Describe the clinical features, investigations and principles of management of nasopharyngeal Angiofibroma	К	КН	N	Small Group Discussion	Written/V iva
ENT RA 9.0	Maxillofacial trauma	Describe the clinical features, investigations and principles of management of Maxillofacial trauma, and demonstrate /observe the surgical reduction of the fracture of the facial skeleton.  Perform/Assist/Observe the	K	КН	N	Small Group Discussion	Written/V iva/OSCE

		fracture K/ SH/ N Session, Obser	vati 9	1 redu	iction,	# Gille's fractu	ire, S KH
SKILL	LAB on	Maxillan, fracture OSCE Viva	ma a m a	libular	fro et	roc arab bar n	rocoduro
		Maxillary fracture, OSCE/Viva and interdental fixation.	mano	libular	Iractui	es, arch bar p	rocedure
ENT		Describe the clinical features,	K	   KH	N	Small	\\/ri++0p/\/
RA		<b>'</b>	N.	NII	IN		Written/V
		investigations and principles				Group  Discussion	iva
10.0	DNC turns are	of management of Tumors of				Discussion	
	PNS tumors	Navilla and domestrate the					
		Maxilla and demonstrate the					
		procedure of taking the biopsy of adequate tissue					
ENT		Describe the clinical features,	K	KH	N	Small	Written/V
RA		investigations and principles	K	KI	IN		iva
NA	Nacanharuny	investigations and principles				Group	IVd
11.0	Nasopharynx	of management of Tumors of				Discussion	
11.0		nasopharynx				Discussion	
ENT		Describe the clinical features,	K		N	Small	   Written/V
RA		investigations and principles	K	кн	IN	Group	iva
NA	CSF rhinorrhea	investigations and principles		KII		Group	IVd
11.0	CSF HIIIIOHHIEd	of management of CSF				Discussion	
11.0		rhinorrhea				Discussion	
ENT		Describe the clinical features,	К	КН	N	Small	   Written/V
RA		investigations and principles	K	KII	IN	Group	iva
IVA	Mucoceles	investigations and principles				Group	IVa
12.0		ucoceles of Discussion paranasa	sinu	E C C			
ENT	or management in	Describe the clinical features,	K	KH	N	Small	   Written/V
RA		investigations and principles		1311	'	Group	iva
101	Granulomatou	investigations and principles				Стоир	174
13.0	Granaiomatou	of management of				Discussion	
13.0	s diseases	or management of				Discussion	
	3 41364363	Granulomatous diseases of					
		the Nose and PNS					
ENT		Describe the clinical features,	К	   KH	N	Small	   Written/V
RA	Olfactory	investigations and principles	.`		' '	Group	iva
14.0	Ondetery	disorders of management of	Olfac	tory [	Discuss		174
ENT		Describe the clinical features,	K	KH	N	Small	   Written/V
RA	Pituitary	investigations and principles	``	''''		Group	iva
15.0	. reareary	tumors of management of	l lesio	hs r	) Jiscuss	ion involving	
13.0		pituitary fossa	10310		130033		
		, p					1

ENT		Describe the clinical features,	K	KH	N	Small	Written/V
RA		investigations and principles				Group	iva
16.0		of management of patients				Discussion	
	DCR						
		with epiphora and				DOAP	
		demonstrate the stepwise				Session	
		procedure of Endoscopic DCR					

#### **LARYNGOLOGY AND PHONOSURGERY COMPETENCIES**

		Competency	ain /c)	el SH/P	ė ė	Suggested Teaching	sted men hod
No	Topic	The Post Graduate student should be able to	Domain K/S/A/C)	Level K/KH/ SH/P	Core	Learning method	Suggested Assessmen t method
ENT LP 1.0	Dysphagia	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of type of dysphagia and demonstrate the stepwise performance of Functional evaluation of swallowing and demonstrate the various swallowing rehabilitative techniques the patients with dysphagia.	s	SH	Y	Demonstra tion DOAP, Small group discussion	Written/V iva OSCE Direct Observati on
ENT LP 1.1		Describe the Clinical features, Investigations and principles of management of diseases of Oesophagus	K	КН	Y	Small group discussion	Written/V iva
ENT LP 2.0	Tonsillitis	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Acute & Chronic Tonsillitis	S	SH	Y	DOAP sessions	Written/V iva OSCE Direct Observati on
ENT LP 3.0	Deep Neck space	Describe the clinical features, investigations and principles of management of Acute & chronic abscesses in relation to Pharynx	К	SH	Y	Small group discussion	Written/V iva OSCE Direct Observati on
ENT LP 3.1	infections	Describe the clinical features, investigations and principles of management of Ludwig's angina	К	SH	Y	Small group discussion/ DOAP session	Written/V iva OSCE Direct Observati

ENT		Elicit document and present a	S	SH	Υ	DOAP	on Written/V
LP		correct history demonstrate				sessions	iva
4.0		and describe the clinical					OSCE
		features, choose the correct Dir Observati	ect ir	ivestiga	ations	and describe t	ne
	Dysphonia						
		principles of management of Demonstrate the stepwise proce nasopharyngolaryngoscopy			•	rsphonia	
ENT		Describe the clinical features,	K	KH	N	Small	Written/V
LP	Infection of	investigations and principles of			••	group	iva
5.0	larynx	management of Acute & Chronic Laryngitis				discussion	OSCE
ENT		Describe the clinical features,	S	SH	Υ	Small	Written/V
LP		investigations and principles of				group	iva
6.0	Benign the vocal co Obser	management of Benign lesions rd and DOAP Direct larynx der vati		discussi trate tl	•	OSCE lesions	
		Microlaryngeal suspension on	laryn	goscop	у		
ENT		Describe the clinical features,	Ś	KH	Y	Small	Written/V
LP		investigations and principles of				group	iva
7.0		management of Vocal cord palsy				discussions	OSCE
ENT		Describe the clinical features,	S	KH	Ν	Small	Written/V
	Neurological						
LP		investigations and principles of				Group	iva
	lesions of						
7.1		management of patients with				discussions	OSCE
	Larynx fun	ctional disorders of the voice					
ENT		Describe principles and steps	S	SH	Ν	DOAP	Written/V
LP		of Thyroplasty surgery				Session	iva
7.2							OSCE
ENT		Describe the clinical features,	S	SH	Υ	Small	Written/V
LP		investigations and principles of				group	iva
8.0		management of Stridor				discussion	OSCE
ENT						DOAP	
	Air way						

LP	emergencies					session	
8.1	ee. 8ee.e	Elicit document and present a	S	s	Н	Small	Written/V
		correct history, demonstrate	Y	g	roup	iva and descri	be the
		clinical discussion OS	¢E fea	tures, c	choose	the correct	DOAP
		Direct					

		investigations and describe the				session	Observati
		principles of management of					on
		Airway Emergencies					
ENT		Demonstrate and observe the	S	SH	Υ	DOAP	Written/V
LP		various steps in				Session	iva
8.2		Tracheostomy/Cricothryrotom	0	SCE y		Direct	
							Observati
							on
ENT		Elicit the history, perform	S	SH	N	Small	Written/V
LP		clinical examination propose				Group	iva/OSCE
8.4		investigations and manage				Discussion	
		ase of Subglottic narrowing					
		cluding surgical description of	1	'			
		rocedure, tracheal					
	reconstructio						
ENT		Elicit document and present a	S	SH	Υ	Small	Written/V
LP		correct history, demonstrate			l	group	iva
9.0			ussio	n (	DSCE †	eatures, choo	se the
	Fausieu la adu	correct DOAP Direct					
	Foreign body						Observat:
		investigations and describe the		<b>.</b>	L	session	Observati
		principles of management of	OI	n torei	gn boo	dies in the air	<b>S</b> k 1000
		passages  Describe the clinical features,	К	кн	N	Lecture	Written/V
ENT				KΠ	IN	Small	'
EINI	1107	investigations and principles of	ľ			Siliali	iva
LP	HIV	management of UV				aroun	
		management of HIV manifestations of the ENT				group discussion	
10.0 ENT			K	   KH	N		\\\\ritton\\\
LP		Describe the clinical features,			IN	Small	Written/V
	LPR	investigations and principles of				group discussion	iva
11.0	LPR	management				discussion	OSCE
		Laryngopharyngeal reflux disorders.					
ENT		Describe the principles and	K	SH	N		Written/V
LP		steps involved in out patient	"	J11	"		iva
12.0	Office Based	office based laryngeal					OSCE
12.0	Procedures	procedures.					Direct
	Trocedures	procedures.					Observati
							on
		Danishin and an art	,		N	Small	Written/V
ENT		Describing main patterns of	K	KH	1 17	i Siliali	1 VV[[[[en/v

LP 13.0	Congenital neck lesions	presentations of children with neck swellings at birth, in infancy and in later childhood.				group discussions	iva OSCE
		Includes primary management to enable definitive treatment of common conditions.					
ENT LP 14.0	Trauma to the neck	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of patients with laryngeal /neck injuries.	S	SH	Υ	Small group discussion DOAP Session	Written/V iva OSCE Direct Observati on



#### PEDIATRIC OTORHINOLARYNGOLOGY COMPETENCIES

No	Topic	Competency  The Post Graduate student should be	Domain F K/S/A/C)	Level K/KH/ SH/P		1 0 0 0 1 1 1 1 1	Suggested Assessment method
ENT		Describing the clinical	K/	КН	Υ	Small	   Written/vi
P		manifestations, evaluation	S			group	va/Skill
1.0		protocol and management of				discussion/	assessme
	Trauma	pediatric patients with head				DOAP	nt
		and neck trauma and Direct reco	gnitio	n of re	ferral	Observati	
		identifiers.					on
ENT		Elicit document and present a	S	SH	Υ	DOAP	Written/vi
P		correct history, demonstrate				Session	va/Skill
2.0		and describe the clinical Sma	all as	sessm	e featı	ires, choose tl	
		investigations and describe the				discussion	Direct
	Adenotonsilli						
		principles of management in Obs					
		patients with Adenotonsillitis	- 1	n and [	emon	strate the sur	gical
		steps involved in adenoidectomy					
FNIT		and tonsillectomy		CII	\ <u></u>	DOAD	\A/-'11/-'
ENT		Elicit document and present a	S	SH	Υ	DOAP	Written/vi
P		correct history, demonstrate				session	va/Skill
3.0		and describe the clinical				Small	assessme
	Serous otitis						
		features, choose the correct grou	ip nt r	nedia			<u>-</u> .
		investigations and describe the				discussion	Direct
		principles of management of					Observati
		Glue ear			.,		on , , , ,
ENT		Elicit document and present a	S		Υ	DOAP	Written/vi
P		correct history, demonstrate		SH		session	va/Skill
4.0		and describe the clinical Sma	all as	sessm	e feati	ires, choose tl	ne correct
		group nt					<u>_                                     </u>
	<b>.</b>	investigations and describe the				discussion	Direct
	Foreign						Obacia
		principles of management of					Observati
	bodies						
		27					I I

	Foreign bodies in ear and no	se				on
ENT	Discuss the types, clinical	S	SH	Υ	DOAP	Written/vi
P	presentation, and managem	ent			session	va/Skill
4.1	of foreign body in aero	Small	assessm	ne dige	estive tract	group nt

	-					diaa:-:				
ENT		Elicit document and procest a	V	VΠ	NI	discussion Lecture/sm	\\/ri++ ~ ~ /v:			
		Elicit document and present a	K	KH	N	•	Written/vi			
P		correct history, demonstrate				all group	va/Skill			
5.0	Consonital	and describe the clinical				discussion/	assessme			
	Congenital									
		features, choose the correct DOA	IP nt/	Direct	nearin	Γ				
		investigations and describe the				session	observati			
		principles of management of					on			
		Congenital hearing loss	l							
ENT		Elicit document and present a	K	KH	N	Lecture/sm	Written/vi			
P		correct history, demonstrate				all group	va/Skill			
6.0			ussio	h a	ssessr	ne features, cl	loose the			
		correct nt								
	_	vestigations and describe the								
	neck lesions p									
		congenital swellings of the								
	head of the									
		neck region	١.				. ,			
ENT		Discuss the etio-pathogenesis,	K/	SH	Y	Small	Written/vi			
P		clinical features and	S			group	va/Skill			
7.0		management of Acute laryngo-				discussion	assessme			
	Infections	trachea-bronchitis					nt			
ENT		Discuss the etio-pathogenesis,	K/	SH	Υ	Small	Written/vi			
P		clinical features and	S			group	va			
7.1		management of Epiglottitis				discussion				
ENT		Discuss the types, clinical	K	SH	Y	Small	Written/vi			
	Neck space									
P		presentation, and management				group	va			
	infections									
8.0		of Neck abscesses.				discussion				
ENT		Elicit document and present a	K-	КН	N	Lecture/sm	Written/vi			
P		correct history, demonstrate				all group	va			
9.0		and describe the clinical				discussion				
	Drooling fea	tures, choose the correct child								
invest	igations and de	scribe the principles of								
mana	gement of Droo	ling Child								

#### **SLEEP MEDICINE COMPETENCIES**

No	Topic	Competency  The Post Graduate student should be able to	Domain K/S/A/C)	Level k/kH/SH/P	Core	Suggested Teaching Learning method	Suggested Assessment method
ENT SM 1.0	Physiology	Describe the physiology of sleep including the sleep stages and various sleep related breathing disorders.	K	KH	N	Lecture Small group Discussion Demonstra tion	Written Viva Skill assessme nt
ENT SM 2.0	Clinical features	To elicit the history of the patient, etiology, presenting signs, symptoms and management of sleep related breathing disorders.	S	SH	Y	Lecture Small group Discussion Demonstra tion	Written Viva Skill assessme nt
ENT SM 3.0	Evaluation tools	Describe the various tools of evaluation in patients with sleep disordered breathing.	K	KH	У	Small group Discussion Demonstra tion	Written Viva Skill assessme nt
ENT SM 4.0	Surgery	Describing the different types of surgical modality of the treatment	K	КН	У	Lecture Small group Discussion Demonstra tion	Written Viva Skill assessme nt
ENT SM 5.0	Other treatment modality	Describe the role of CPAP in reducing the Apneic spells.	К	SH	N	Lecture Small group Discussion Demonstra tion	Written Viva Skill assessme nt
ENT SM 5.1		Describe the other non surgical treatment for Sleep disordered breathing.	K	КН	N	Lecture Small group Discussion Demonstra tion	Written Viva Skill assessme nt

#### **HEAD AND NECK ONCOLOGY COMPETENCIES**

		Competency	ء عا	_ \$		Suggested	ted nen od		
No	Topic	The Post Graduate student should be	Domain R/S/A/C)	arning arkk/sh/p	able to	Teaching metho	Suggested Assessmen t method		
ENT		Describe the etiology of head	К	КН	N	Lecture	Written		
HN		and neck malignancies in the				Small	Viva		
1.0	Etiopatho			oup S			ting signs,		
	symptom								
	Demo	1 1							
ENT		Discuss the prevalence of	K	SH	N	Lecture	Written		
HN2		oral cancer and enumerate				Small	Viva		
.0		the common types of				group	Skill		
		cancer early identification, Discu	ssion	assess	me pre	emalignant co	nditions		
		Demonstra nt							
	-		7			tion	OSCE		
	Oral cavity								
ENT		Describe the	K	SH	N	Lecture	Written		
HN2		etiopathogenesis, clinical				Small	Viva		
.1		features, and management				group	Skill		
		of patients with oral cavity				Discussion	assessme		
		malignancy				Demonstra	nt		
		To the the leader of the	.,	C	,	tion	1 14/211		
ENT		To elicit the history of the	K	SH	Y	Lecture	Written		
HN3		patient, etiology, presenting				Small	Viva Skill		
.0	Oropharynx	signs, symptoms and				group	SKIII		
	Oropharynx	management of pediatric Head D  Demonstra nt	iscus	ion as	sessme	and Neck Ma	lignancies		
						tion			
ENT		oropharynx To elicit the history of the	K	SH	Υ		Written		
HN		patient, etiology, presenting		эп	ī	Lecture Small	Viva		
4.0		signs, symptoms and					Skill		
7.0	Hypopharynx	Signs, symptoms and				group	JKIII		
	Турорпагупх	management of pediatric Head D	iscus	ion as	sessme	and Neck Ma	alignancies		
		Demonstra nt							
		hypopharynx				tion			

ENT		Describe the clinical features,	K	SH	Υ	Lecture	Written	
HN5		investigations and principles of				Small	Viva	
.0		management of Malignancy of				group	Skill	
	Larynx							
		the Larynx and demonstrate Discussion as			assessme the procedure of			
		Direct DOAP nt Laryngoscopy a	nd Bio	psy	session			

ENT		Describe the clinical features,	K	SH	У	Lecture	Written
HN6		investigations and principles of				Small	Viva
.0 Thy	roid manageme	ent of Disorders of group Skill glan	ıd Thy	roid G	land D	iscussion asse	ssme
						Demonstra	nt
						tion	
ENT		Describe the clinical features,	K	SH	N	Lecture	Written
HN7		investigations and principles of				Small	Viva
	Salivary						
.0		management of Salivary gland				group	
	gland						
		disorders				Discussion	
ENT		Describe the clinical features,	К	SH	Υ	Lecture	Written
HN8	investigations	and principles of Small Viv	.0 m	anage	ment c	f patients wit	h
group							
		Metastasis of unknown origin				Discussion	
		and Demonstrate the				DOAP	
		procedure of Open biopsy				session	
ENT	MUO	Describe the anatomy of the	S	SH	У	DOAP	Written
HN		triangles of the neck,				Session	Viva
8.2		relationships between various				Small	Osce
		structures and principles of g	roup	Direct	neck	dissection.	demonstra
		observati Demonstrate/observe	the tic	n on p	roced	ure of neck dis	section
ENT		Describe the various principles	К	КН	N	Lecture	Written
HN	of flaps in the	management of Small Viv	9.0		efects	following rese	ction in
group	·						
		Head and neck malignancies.				Discussion	
						Demonstra	
						tion	
ENT		Demonstrate the technique of	K	SH	Υ	Lecture	Written
HN		local random flaps				Small	Viva
	Reconstructi						
9.1						group	Skill
	on						
						Discussion	assessme
						DOAP	nt/OSCE
						session	'
ENT		Describe the Role of	K	KH	y	Small	Written
		33	J	l			

HN Multidisciplinary approach for group Viva 9.2 patients with HN Malignancies Discussion Skill

ENT	Chemo	Describe the principles of cell	K	KH	N	Demonstra tion Small	assessme nt Written
HN	therapy	cycle and applying the				group	Viva
10.0	/	knowledge in management of	D	iscussi	on	Head neck	
		malignancies using Demonstra			• • •		
	I	various chemo therapeutic tior		ltc	ı	ı	
ENT		Describe the various new	K	KH	N	Small	   Written
HN		modalities used in the	``	'\'	'	group	Viva
10.1		treatment of head and Neck				Discussion	Viva
10.1							
		malignancies.				Demonstra	
ENIT		_ , ,, , , , ,	l			tion	
ENT		Describe the principles of	K	KH	N	Lecture	Written
HN		Radiation, Different types of				Small	Viva
11.0		radiation, uses, dosage , mode				group	
	Radiotherapy						
		of deliver and complications of			1	iotherapy in	
		-	Head	and N	leck m	alignancies.	
		tion					
ENT		Describe various voice,	K	SH	Υ	Lecture	Written
HN		swallowing, nutritional				Small	Viva
12.0		rehabilitation of patients gro	up Sl	till und	ergoin	g treatment fo	r HN
		Discussion assessme					
	Rehabilitatio						
		Malignancies. Demonstrate the D	OAP	nt n			
		ability to evaluate the various	se	ssion	stages	of	
		swallowing using FEES, and sugge	st sui	table <sup>-</sup>	echnic	ues.	
ENT		Describe the various medico	К	КН	N	Lecture	Written
	Medico legal						
HN		legal aspects involved in the					   Viva
	issues	nogan doposite in the					
13.0	issues	management of head and Neck					
13.0		management of nead and freek					
		malignancies.					
ENT		Describe the principles,	K	   KH	N	Small	Written
LIVI		Describe the principles,	``		'\	Jillali	VVIICCII
							1
		34					
		54					

HN1		advantages and limitations of				group	Viva
	Recent						
4.0		Robotic surgeries in head and				Discussion	
	advances						
		Neck Malignancies				Demonstra	
						tion	
ENT		Describe the Measures of	K	KH	Ν	Small	Written
HN1		treatment outcome in				group	Viva
5.0	Quality of life	malignancy and quality of life				Discussion	
		and survivors of HN					
		Malignancies.					

## **FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY COMPETENCIES**

		Competency				Suggested	
No	Topic	The Post Graduate student should be		Learning	g able to	Teaching metho	od
ENT FR 1.0		Describe the various principles in the reconstruction of the defects using grafts and local flaps.	K	КН	N	Small group discussion	Written VIVA
ENT FR 2.0	Grafts, flaps	Describe the various pedicled flaps used in head and Neck reconstruction	K	КН	Υ	Small group discussion DOAP	Skill lab Written/vi va/OSCE
ENT FR 2.1		Describe the technique of Reconstructive microsurgery	K	KH	N	Small group discussion	Written/V IVA
ENT FR 2.2		Describe the process of wound healing, cosmetic outcomes, and expectations after reconstructive surgeries.	K	KH	N	Small group discussion	Written/V iva
ENT FR 3.0		Describe the aesthetic anatomy of nose and the facial segments, and appropriates	K/ S	SH	Υ	DOAP session Small	Written/V iva OSCE

ENT		assess the deficiencies and plan surgical correction.  To elicit the history of the	S	SH	Y	group discussion DOAP	Written/V
FR 3.1	Facial	patient, etiology, presenting signs, aesthetic presentations and reconstruction of aesthetic issues related to Nose.	3			session Small group discussion	iva OSCE
FR 3.2	aesthetics	To describe the role of Fat harvesting and grafting in Facial aesthetic surgeries.	K	КН	N	Lecture/SG D/Observat ion	OSCE/Wri tten
ENT FR 3.3		To elicit the history of the patient, etiology, presenting signs, aesthetic presentations	S	SH	Y	DOAP session Small	Written/V IVA/ OSCE
		and reconstruction of aesthetic  Pinna discussion	g	oup is	sues r	elated to	
ENT FR 3.4		Describe the procedure involved in Face lift, Blepharoplasty, Thread lift and its role in the correction of facial aesthetic needs.	K	KH	N	Small Group Session	Written/V iva/OSCE
ENT FR		To elicit the history of the patient, etiology, presenting	S	SH	N	Small group	Written/vi va/OSCE
4.0	Facial rejuvenation a	signs, aesthetic presentations and reconstruction of aesthetic issues related to ageing face.				discussion	
ENT		Describe the role of BOTOX, Chemical peels, and PRP and	K	KH	N	Small Group	Written/V iva/OSCE
FR		observe the procedure				Session	,
4.1	Facial	involved in the rectification of Facial aesthetics issues.					
ENT	cosmetics	Describe the clinical features,	K	КН	N	Small	Written/V
FR 4.2		etiopathogenesis, evaluation and management of Hairloss				Group Session	iva/OSCE
		26					

		and various techniques involved in the hair transplant like FUE, FUT, PRP.					
ENT		Describe the various	ĸ	SH	N	Small	Written/V
	Facial	Describe the various		J.,	'	Silian	
FR		techniques involved in facial				group	iVA
	reanimation						
5.0		reanimation surgeries.				discussion	
ENT		Describe the various	К	KH	N	Demonstra	Viva/writt
FR	Biomaterials	biomaterials, prosthetics used				tion	en
6.0	and in the	reconstruction of Small prost	hetic	 \$ (	lisease	s of head and	
	neck. group						
						discussion	
ENT		Elicit history, perform	S	SH	Υ	DOAP	OSCE/VIV
FR		examination, assess the				Session	Α
	Cleft Lip and						
7.0		candidature, aesthetic					
	Palate asse	ssment, and reconstruction of					
		the Cleft Palate and LIP					
ENT		Describe the process of	S	SH	Y	DOAP	OSCE/Kala
FR		Informed consent, Medico legal				session	mazoo
	Medico legal						

scale

8.0 issues related to the aspects reconstructive surgeries involving facial aesthetics.

## **CLINICAL RESEARCH AND ANCILLARY COMPETENCIES**

No	Topic	Competency	Domain K/S/A/C)	Level (/kH/ SH/P	Core	Suggested Teaching	Suggested Assessment method
		The Post Graduate student should be	Le	arnıng	3 able to	metho	Su
ENT		Frame a Research question	К	КН	Υ	Research	Dissertati
CRA		based on the keen clinical				Methodolo	on review
1.0		observations, knowledge gaps				gy	
		in the literature, sharing ideas	w	orksho	p with	experts	
		and attending conferences.					
ENT		Derive objectives based on the	K_	SH	Υ	workshop	Written/V
CRA		research question and					iva
1.1		familiarize with the process of					OSCE
		literature search and review.					
ENT		Describe the principles of study	К	КН	Υ	LECTURE/	Written/V
CAR		designs, study variables,				DEMONST	iva
1.2		sampling, sample size				ATION	OSCE
	Research	determination, and basic method	s				
	biosta	tistics.					
ENT		Demonstrate the process of	K	SH	Υ	Workshop	Written/V
CAR		obtaining clearances from				Small	iva
1.3		various regulatory authorities (				group	OSCE
		Scientific review , Ethics review	t∈	aching	etc)		
ENT		Demonstrates the process of	k	kh	У	Small	Written/V
CAR		collecting the data ,				group	iva
1.4		systematically organizing the				teaching	
		data and derive sound conclusion	ıs				
ENT		Demonstrates the ability to	k	SH	Υ	Workshop	Dissertati
CAR		prepare manuscript for					on review
1.5		publications					
ENT		Describe the various teaching	К	K	N	Small	Written/vi
CAR		learning methods used in				group	va
2.0		Medical education,				teaching	
ENT	Medical	Describe the various TL tools	K	КН	N	Small	Written/vi
CAR	Education	used in teaching learning				group	va
2.1		activities.				teaching	
L							

ENT		Deriving the specific learning	K	SH	Υ	DOAP	OSCE
CAR		objectives of the stated Lesson				session	
2.2		5 ( )	6.4	_	.,	5045	D
ENT		Perform a observed teaching	SA	Р	Υ	DOAP	Direct
CAR		session for the undergraduates.				sessions	observati
2.3						_	on
ENT		Describe the process of	K	K		Lectures/s	Written/vi
CAR		Auditing and clinical			N	mall group	va
3.0		governance and applying				discussion	
		principles in the clinical practice.					
ENT		Describe the concepts of	K	K	N	Lectures/s	Written/vi
	Financial						
CAR		personal financing, identifying				mall group	va
	literacy						
3.1		different sources of income,				discussion	
		local regulations on taxing			1		
		policies, investment plans,					
		emergency fund and					
		professional indemnity and					
		personal insurance					
ENT		Describe the various laws	K	K	Υ	Lectures/s	Written/vi
CAR		governing the practice of				mall group	va
4.0		otorhinolaryngology (NMC,			-	discussion	
		CPA, KPME, Organ transplant					
		etc)					
ENT		Demonstrating the process of	S	SH	Υ	DOAP	Written/vi
	Medico legal						,
CAR		informed consent,				session,	va/osce
<b>.</b>	aspects						14, 5555
41 C	· ·	  culation of small Direct Hearing	lmnai	rment	and g	roup observat	i cosmetic
T.1 C	er cirications, ca	disfigurement. session on	,pai		ع ۱۳۰۰	loup observat	
ENT		Describe the process of Expert	l <sub>K</sub>	KH_	N_	Small	   Written/vi
CAR		Witness, court proceedings.	1,		'	group	va
4.2		withess, court proceedings.				discussion	Va
4.2		Describe the role and	K	КН	N	Small	Written
	A wtificial	Describe the role and		KII	IN	Siliali	vviitteii
CNIT	Artificial					Cuarra	
ENT	1.1.1.112	applications of Al, Machine				Group	
64.5	Intelligence,	15.				<b>.</b> .	
CAR		learning and Data analysis in				Discussions	
		39					
		39					

Machine

4.3 accurate predictions involving

Learning and clinical diagnosis, disease

Data Analysis prognostication and predicting

in ORL post operative outcomes.

ENT Describe the principles of K KH N Small Written

CAR Robotic surgery, and its Clinical Group

Robotic

4.4 application with reference to Discussions

Surgery

Otorhinolaryngolgical procedures.

## CERTIFIABLE COMPETENCIES: OTOLARYNGOLOGY – HEAD AND NECK SURGERY

Evaluation of the Certifiable competencies should be carried out in the entire Post graduate course duration and not phase time bound. The same shall be entered in the log book to be considered for both Formative assessments. Based on the feasibility, scheduling of evaluation is to be planned at each learning opportunity. Assessment carried out should be specifically state Knowledge skill and attitudinal domain levels achieved in year wise manner. (Refer year wise competencies) In exceptional circumstances, utilization of the skill labs/cadaveric hands on/Simulation labs can be considered as an alternative for evaluation of certifiable competencies.

# Competency#1: Evaluation of patients with Otolaryngology-Head and Neck surgery Presentations at OPD/Bedside

**Objective**: Eliciting detailed history in patients with Otorhinolaryngolgical- H NS complaints performing detailed Examination of Ear, Nose, throat and Head Neck regions synthesizing the information and presenting to the faculty.

- 1. Candidate should demonstrate ability to Elicit a basic history from the patient about the pertinent complaints
- 2. Should be able to perform a detailed examination of the EAR, NOSE, Throat, and HEAD, NECK Regions. By Using head light, Otoscope/Microscope. Pneumatic otoscopy, Tuning Fork Tests (Rinne, Weber, ABC), anterior rhinoscopy and oral cavity.
- 3. Neck Examination for Laryngeal frame works, lymphnode, thyroid and neck mass
- 4. Cranial nerve examination
- 5. should be able to Synthesize the information and arrive at differential diagnosis in a logical sequence
- 6. should be able to describe the plan of treatment activities

- 7. Should be able to recognize when to seek help
- 8. should be able to organize the information in Case sheet/EMR correctly
- 9. Should be able to identify the concern raised by the family members /speaking to them in empathetic manner and identify and act in a prioritized manner to the legitimate needs of the patients.

# Competency#2: Evaluation of trauma patients with Otolaryngology-Head and Neck surgery Presentations at Emergency/Casualty

**Objective:** Eliciting detailed history in trauma patients with Otorhinolaryngolgical- H NS complaints, Performing detailed Examination of Ear, Nose, throat and Head Neck regions with an emergency treatment plan in Emergency Room Setting

- 1. Candidate should demonstrate ability to Elicit a basic history from the patient about the complaints from the family members/attenders/patient himself if permissible
- 2. Should be able to perform a quick examination of the EAR, NOSE, Throat, and HEAD, NECK Regions adhering trauma life support protocols. By Using head light, Otoscope. Tuning Fork Tests (Rinne, Weber, and ABC), anterior rhinoscopy and Diagnostic Nasal Endoscopy SOS and oral cavity.
- 3. Neck Examination for Laryngeal frame works, thyroid and neck, Surgical Emphysema
- 4. Cranial nerve examination
- 5. Identify life threatening emergencies including major bleeds and airway compromise
- 6. Should be able to apply the relevant anatomical /pathophysiological knowledge relevant to the trauma
- 7. should be able to Synthesize the information and arrive at differential diagnosis in a logical sequence
- 8. Should be able to recognize when to seek help of Senior colleagues
- 9. should be able to describe the plan of treatment activities
- 10. Should be able to recognize when to seek help
- 11. should be able to organize the information in Case sheet/EMR correctly
- 12. Should be able to identify the concern raised by the family members /speaking to them in empathetic manner and identify and act in a prioritized manner to the legitimate needs of the patients.

# Competency#3: Assessment and providing Basic Management in patients with Epistaxis in Emergency/Casualty /OPD setting

**OBJECTIVE:** Should be able to assess patients with epistaxis using anterior rhinoscopy and rigid nasal endoscopy, and be able to perform, anterior nasal packing, and chemical cauterization.

## **Sub Competencies:**

- 1. Should know anatomical aspects of nasal septum and cavity.
- 2. Pathological mechanisms involved in epistaxis.
- 3. Identify and recognize life threatening issues.
- 4. Identify urgent issues that might require assistance by the colleagues and seniors and other healthcare professional experts and engage them immediately.
- 5. Identify normal and abnormal history ( History of trauma, uncontrolled hypertension, medications etc)
- 6. Perform Anterior rhinoscopic examination and Diagnostic nasal endoscopy and interpret abnormal findings
- 7. Develop specific management plans- Conservative/Chemical Cautery/Anterior Nasal Packing.
- 8. Counselling the patient/family members about the risks and benefit of treatment plan proposed.
- 9. Performing a detailed interview with the patient /family members seeking further information on the condition
- 10. Ensure follow up of investigations, response to treatment and advice regarding when to remove packing.
- 11. Seeking /referring patients to the other health care professional care as may need arise and communicate to the Other physicians
- 12. Documenting the encounter in an orderly manner in the case sheet/OPD/Referrals.
- 13. Identify the opportunity for counseling the patient/family members for strict adherence to the medications, disease prevention and health promotion.

#### **Procedures Skill**

- 14. Knowledge of the pre procedure plan, understands the steps of the procedures( preparation, position, approach, required instruments), potential risks involved and steps to overcome them.
- 15. Efficiently perform the procedure adhering to the norms
- 16. Interpretation of the abnormalities during the procedure,
- 17. Appropriate post procedure plan
- 18. Professional and effective communication /utilization with allied staff.

# Competency #4: Assessment and providing Basic Management in patients with Upper Airway Emergency in Emergency/Casualty /ICU setting

**Objective**: Should be able to correlate the knowledge of the Upper airway anatomy, physiology and pathological mechanisms involved in Airway emergency, performing initial clinical assessment, requesting suitable investigations, to be able to perform first aid and development o management plan for patients with acute upper airway obstruction.

- 1. Should know anatomical aspects of upper airway
- 2. Pathological mechanisms involved in airway obstruction both in adult and pediatric.
- 3. Identify and recognize life threatening issues.
- 4. Identify urgent issues that might require assistance by the colleagues and seniors and other healthcare professional experts and engage them immediately.
- 5. Identify normal and abnormal history (History of trauma, allergy, medications etc)
- 6. Perform IDL examination laryngoscopic examination and interpret abnormal findings
- 7. Develop specific management plans- Conservative-positioning, medications-steroids/need for supplemental oxygen therapy
- 8. Counselling the patient/family members about the risks and benefit of treatment plan proposed.
- 9. Performing a detailed interview with the patient /family members seeking further information on the condition
- 10. Ensure follow up of investigations, response to treatment and advice regarding when to remove packing.
- 11. Seeking /referring patients to the other health care professional care as may need arise and communicate to the Other physicians
- 12. Documenting the encounter in an orderly manner in the case sheet /Referrals.
- 13. Identify the opportunity for counseling the patient/family members for strict adherence to the medications, disease prevention and health promotion. **Procedural skill:**
- 14. Knowledge of the pre procedure plan, understands the steps of the procedures(preparation, position, approach, required instruments), potential risks involved and steps to overcome them.
- 15. Efficiently perform the procedure adhering to the norms, avoiding pitfalls and respecting soft tissue planes
- 16. Interpretation of the abnormalities during the procedure,
- 17. Appropriate post procedure plan
- 18. Professional and effective communication /utilization with allied staff.

## **Competency#5: Management of Adenotonsillitis**

**Objective:** Should be able to apply the knowledge of anatomy, pathophysiological mechanisms involved in Adenotonsillar diseases, evaluation and management of patient with Adenotonsillar hypertrophy.

### **Sub competencies:**

- Apply knowledge of anatomy, pathophysiological mechanisms involved in Adenotonsillar disease
- 2. Knowledge of various laboratory /radiological investigations utilized in diagnosis and interpretation of them in Adenotonsillar disease
- 3. Develop differential diagnosis
- 4. Discuss with the family members about the various treatment options available and management plan
- 5. Suggesting initial management plan
- 6. Describing Indications for adenotonsillectomy, contraindications, risks involved.
- 7. Demonstrate the ability to counsel, making informed consenting procedures both with pediatric and adult patient and their family members.

- 8. Knowledge of preprocedure plan, potential risks anticipated and plans to expeditate them
- 9. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 10. Case preparation: Positioning of the patient, understands the approach, checking the required instruments.
- 11. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 12. Post procedure plan: Appropriate complete post procedure plan
- 13. Professional and effective communication
- 14. Working in team with Anesthesiology members, OT staff and their utilization of services.

Competency #6: Management of Peritonsillar Abscess

**Objective**: Should be able to manage a case of peritonsillar abscess.

## **Sub competencies:**

1. Knowledge of the specific procedural steps: understand the steps of procedure, potential risks, and means to avoid/overcome them

Pre procedure plan: Gather /assess required information to reach diagnosis (including investigations and clinical examination) and determine correct procedure required, Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications

Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft

Post procedural plan: Follow up/requisite investigations and measuring the outcome Involvement/utilization of allied staff in the management.

Professional and effective communication: Communicating with the patient/family members

- 2.
- 3.
- 4.
- 5. 6.

# Competency#7: Assessment and initial management of patients with Hard of Hearing.

**Objective:** Should be able to assess the patient with hearing loss and be able to demonstrate otomicroscopy, interpretation of the audiogram and provide initial management for patients with hearing loss.

- 1. Apply the knowledge of anatomy and pathophysiological mechanisms involved in hard of hearing.
- 2. Apply the principles of neurophysiology in interpretation of the pure tone audiometry,
- 3. Audiological assessment in different age groups using behavioral methods, tuning fork methods
- 4. Knowledge of Various hearing rehabilitation methods including principles of Hearing Aid Trial, Various hearing aids
- 5. Understand the procedural involvement in Pure tone audiometry,
- 6. Recognize the needs for the referral in help required
- 7. Perform Otomicroscopy/echoendoscope and able to differentiate normal and abnormal findings
- 8. Interpretation of the Pure tone audiogram
- 9. Interpretation of various types of deafness, severity of the deafness
- 10. Interpretation of the Hearing aid trial, Different types of hearing aids and prescription of hearing aid
- 11. Counsel the patient requiring hearing aid and technique of use of different hearing aid.

Competency#8: Assessment and initial management of patients with Dizziness
<b>Objective:</b> Should be able to Assess the patient with Dizziness and be able to various clinical tests to perform and gather information and differentiate Central and peripheral vertigo.
Sub competencies:

- 1. Apply the knowledge of anatomy and pathophysiological mechanisms involved in Dizziness
- 2. Apply the principles of neurophysiology in interpretation of the Various diagnostic tests used for assessment in a patient with dizziness, Head Roll test, Dix Hallpike test, Gaze, Smooth pursuit, Romberg, Tandem walking, unterberger test.
- 3. Vestibular assessment in different age groups.
- 4. Knowledge of Various Repositioning / rehabilitation tests cowthorne Cooksey exercises.
- 5. Understand the procedures of Various Tests and corrective maneuvers, able to differentiate normal and abnormal findings
- 6. Recognize the needs for the referral in help required
- 7. Counselling and reassuring the patient.

## Competency#9: Management of Foreign Bodies of Aerodigestive tract

**Objective:** Should be able to apply the knowledge of anatomy, pathophysiological mechanisms involved in manifestations, Evaluation and plan management of patients with of foreign bodies of aerodigestive tract

- Apply knowledge of anatomy, pathophysiological mechanisms involved in Foreign Body Aerodigestive tract
- 2. Knowledge of various laboratory /radiological investigations utilized in diagnosis and interpretation
- 3. Knowledge of the airway obstruction clinical features, 4. Knowledge of when to seek help and when to act rapidly.
- 5. Knowledge of the Flexible Bronchoscopy and Rigid Bronchoscopy, Laryngoscopy, Esophagoscopy
- 6. Discuss with the family members about the various treatment options available and management plan
- 7. Suggesting initial management plan
- 8. Describing Indications , contraindications, risks involved.
- 9. Demonstrate the ability to counsel, making informed consenting procedures both with pediatric and adult patient and their family members. Procedural Skills:
- 10. Knowledge of preprocedure plan, potential risks anticipated and plans to expeditate them
- 11. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 12. Case preparation: Positioning of the patient, understands the approach, checking the required instruments.
- 13. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 14. Post procedure plan: Appropriate complete post procedure plan
- 15. Professional and effective communication
- 16. Working in team with Anesthesiology members, OT staff and their utilization of services.

## Competency#10: Performing posterior nasal packing

**Objective:** Should be able to assess patients with epistaxis using rigid/Flexible nasal endoscopy, and be able to perform, Posterior nasal packing

## **Sub Competencies:**

- 1. Should know anatomical aspects of nasal septum and cavity.
- 2. Pathological mechanisms involved in epistaxis.
- 3. Identify and recognize life threatening issues.
- 4. Identify urgent issues that might require assistance by the colleagues and seniors and other healthcare professional experts and engage them immediately.
- 5. Identify normal and abnormal history ( History of trauma, uncontrolled hypertension, medications etc)
- 6. Perform Nasal Endoscopic examination and interpret abnormal findings
- 7. Develop specific management plans- Posterior Nasal Packing.
- 8. Should know various packing materials, methods of Post nasal Packing techniques.
- 9. Counselling the patient/family members about the risks and benefit of treatment plan proposed.
- 10. Performing a detailed interview with the patient /family members seeking further information on the condition
- 11. Ensure follow up of investigations, response to treatment and advice regarding when to remove packing.
- 12. Seeking /referring patients to the other health care professional care as may need arise and communicate to the Other physicians
- 13. Documenting the encounter in an orderly manner in the case sheet/OPD/Referrals.
- 14. Identify the opportunity for counseling the patient/family members for strict adherence to the medications, disease prevention and health promotion.

#### **Procedures Skill**

- 15. Knowledge of the pre procedure plan, understands the steps of the procedures( preparation, position, approach, required instruments), potential risks involved and steps to overcome them.
- 16. Efficiently perform the procedure adhering to the norms
- 17. Interpretation of the abnormalities during the procedure,
- 18. Appropriate post procedure plan
- 19. Professional and effective communication /utilization with allied staff.

## Competency#11: Management of Foreign Bodies of Ear and Nose

**Objective:** Should be able to apply the knowledge of anatomy, pathophysiological mechanisms involved in manifestations, Evaluation and plan management of patients with of foreign bodies of Ear and Nose

- 1. Apply knowledge of anatomy, pathophysiological mechanisms involved in Foreign Body
- 2. Knowledge of the Endoscopy, Rhinoscopy/Otoscopy/Ear Syringing
- 3. Discuss with the family members about the various treatment options available and management plan
- 4. Suggesting initial management plan 5. Describing Indications and risks involved.
- 6. Demonstrate the ability to counsel, making informed consenting procedures both with pediatric and adult patient and their family members. **Procedural Skills:**
- 7. Knowledge of preporcedure plan, potential risks anticipated and plans to expeditate them
- 8. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 9. Case preparation: Positioning of the patient, understands the approach, checking the required instruments.
- 10. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 11. Post procedure plan: Appropriate complete post procedure plan
- 12. Professional and effective communication
- 13. Working in team with Anesthesiology members, OT staff and their utilization of services if planned under General Anesthesia.

## Competency#12: Emergency reduction of fracture of the nasal Bone

**Objective:** Should be able to apply the knowledge of anatomy, pathophysiological mechanisms involved in Fracture of nasal bones its clinical manifestations, Evaluation and plan management of patient with Fracture of nasal bone.

- 1. Apply knowledge of anatomy, pathophysiological mechanisms involved in Fracture of the nasal bone
- 2. Knowledge of various laboratory /radiological investigations utilized in diagnosis and interpretation
- 3. Knowledge of the Rigid Nasal Endoscopy and Routine Clinical methods for diagnosing Fracture of the nasal bone
- 4. Discuss with the family members about the various treatment options available including conservative and office based procedure
- 5. Suggesting initial management plan
- 6. Describing Indications, contraindications, risks involved.
- 7. Demonstrate the ability to counsel, making informed consenting procedures both with pediatric and adult patient and their family members. Procedural Skills:
- 8. Knowledge of preprocedure plan, potential risks anticipated and plans to expeditate them
- 9. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 10. Case preparation: Positioning of the patient, understands the approach, checking the required instruments.
- 11. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 12. Post procedure plan: Appropriate complete post procedure plan
- 13. Professional and effective communication
- 14. Working in team with Anesthesiology members, OT staff and their utilization of services.

## Competency#13: Management of Nasal Obstruction (DNS, Turbinate Hypertrophy)

**Objective:** Should be able to apply the knowledge of anatomy, pathophysiological mechanisms involved in nasal obstruction, Evaluation and plan management of patients with of nasal obstruction

## **Sub competencies:**

- Apply knowledge of anatomy, pathophysiological mechanisms involved in Nasal Obstruction
- 2. Knowledge of various laboratory /radiological investigations utilized in diagnosis and interpretation
- 3. Knowledge of the Diagnostic Nasal Endoscopy
- 4. Knowledge of Various Procedures on the Deviated nasal septum and turbinate hypertrophy
- 5. Discuss with the family members about the various treatment options available and management plan
- 6. Suggesting initial management plan
- 7. Describing Indications, contraindications, risks involved.
- 8. Demonstrate the ability to counsel, making informed consenting procedures both with pediatric and adult patient and their family members.

- 9. Knowledge of preprocedure plan, potential risks anticipated and plans to expeditate them
- 10. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 11. Case preparation: Positioning of the patient, understands the approach, checking the required instruments.
- 12. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 13. Post procedure plan: Appropriate complete post procedure plan
- 14. Professional and effective communication
- 15. Working in team with Anesthesiology members, OT staff and their utilization of services.

# Competency#14: Management of patient with Chronic Rhinosinusitis including performance of Limited FESS (Middle meatal Antrostomy)

**Objective:** Should be able to apply the knowledge of anatomy, pathophysiological mechanisms involved in Chronic Rhinosinusitis, Evaluation and plan management of patients with Rhinosinusitis without polyposis

## **Sub competencies:**

- 1. Apply knowledge of anatomy, pathophysiological mechanisms involved in development of Rhinosinusitis, (Osteomeatal complex,)
- 2. Knowledge of bacteriology and bacterial resistance with reference to the sinusitis
- 3. Knowledge of various laboratory /radiological investigations (CT PNS, MRI) utilized in diagnosis and interpretation
- 4. Knowledge of the Diagnostic nasal endoscopy and its interpretation
- 5. Knowledge of various hemostatics used, topical/infiltrative/intravenous, dosage and duration of action
- 6. Asses and document the extent of the disease
- 7. Elicit a history, perform a physical exam, Select the appropriate investigations and interpretation of the investigations.
- 8. Identification of risk factors for recurrent disease.
- 9. Discuss with the family members about the various treatment options available and management plan
- 10. Suggesting initial management plan
- 11. Describing Indications, contraindications, risks involved.
- 12. Demonstrate the ability to counsel, making informed consenting procedures both with pediatric and adult patient and their family members.
- 13. Demonstrate a commitment to excellence
- 14. Identification of knowledge gaps in the current literature and research needs.

- 15. Obtaining the informed consent
- 16. Knowledge of preprocedure plan, potential risks anticipated and plans to expeditate them
- 17. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.

- 18. Case preparation: Positioning of the patient, understands the approach, checking the required instruments.
- 19. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 20. Post procedure plan: Appropriate complete post procedure plan
- 21. Professional and effective communication
- 22. Working in team with Anesthesiology members, OT staff and their utilization of services.

## Competency#:15: Assessment and Management of patients presenting with a sinonasal mass

**Objective:** Should be able to demonstrate the ability of applying the knowledge of etiology, pathogenesis in the development of Sinonasal mass in the evaluation and management in patients with Sinonasal Masses. Also should be able to perform a biopsy with adequate tissue

## **Sub competencies:**

- 1. Apply knowledge of anatomy, pathophysiological mechanisms involved in development of various mass lesions of the nose
- 2. Knowledge of occupational hazards, tumorigenesis, spread of the tumor, mass, chronic granulomatous diseases of the nose
- 3. Knowledge of various laboratory /radiological investigations (CT PNS, MRI) utilized in diagnosis and interpretation
- 4. Knowledge of the Diagnostic nasal endoscopy and its interpretation
- 5. Asses and document the extent of the disease
- 6. Elicit a history, perform a physical exam, Select the appropriate investigations and interpretation of the investigations.
- 7. Identification of risk factors for recurrent disease.
- 8. Discuss with the family members about the various treatment options available and management plan
- 9. Suggesting initial management plan
- 10. Describing Indications, contraindications, risks involved.
- 11. Demonstrate the ability to counsel, making informed consenting procedures both with pediatric and adult patient and their family members.
- 12. Demonstrate a commitment to excellence
- 13. Identification of knowledge gaps in the current literature and research needs.

- 1. Obtaining the informed consent
- 2. Knowledge of pre procedure plan, potential risks anticipated and plans to expeditate them

- 3. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 4. Case preparation: Positioning of the patient, understands the approach, checking the required instruments.
- 5. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 6. Post procedure plan: Appropriate complete post procedure plan
- 7. Professional and effective communication Working in team with Anesthesiology members, OT staff and their utilization of services

## **Competency#16: Development and Execution of Research Projects**

**Objective** Should be able to show the inquisitiveness and involve in the research project and be able to do literature review, study designs, writing concept papers, sending application for ethical review, obtaining various regulatory permissions, carrying out a research activity, methodical data collection, analysis of the data using /with the help of statisticians and manuscript preparation.

- 1. Should be able to frame a research question based on keen clinical observation, attending conferences, sharing ideas with the experts.
- 2. Should be able to derive objectives based on the research question after thorough review of literature.
- 3. Should understand the process of literature review
- 4. Should be able to understand principles of study designs, study variables, sampling, sample size determination, basic statistics about the research methodology.
- 5. Should be able to recognize the need, and utilization of the expert advice from interprofessional departments including biostatistics.
- 6. Identify the knowledge gap and practice deficiencies and to focus research in these dimensions.
- 7. Understand the process of obtaining clearance from various regulatory boards.
- 8. Identification of Vulnerable population and excluding from the sampling
- Designing the research data collection tools, informed consenting process,
- 10. Should be able to write a project proposal for the research projects,
- 11. Should be able to review with the guides and other professionals periodically.
- 12. Applying suitable statistical tests to analyze the results, seeking professional support and actively involved in generating the conclusions based on outcome measures
- 13. Preparing the manuscript for submission to university/publication

## Competency#17: Evaluation of patients with dysphagia

**Objective** Should be able to demonstrate the ability in applying the anatomical and pathophysiological mechanisms involved in various swallowing disorders, investigating and managing a patients with swallowing disorders.

- 1. A should be able to describe the physiological process of swallowing with requisite anatomical knowledge involved in the process of swallowing.
- 2. Should be able to identify the various abnormalities with reference to the stage of swallowing
- 3. Should be able to attribute the abnormalities to the causal factors.
- 4. Should be able to identify various diagnostic tools available in evaluating a patient with swallowing disorder. (FEES, Videofluroscopic swallowing evaluation)
- 5. Should be able to communicate effectively to the patient and family members regarding the condition as well as need for the evaluation.
- 6. Should be able to communicate effectively for seeking professional advice from the expertise
- 7. Should be able to take informed consenting process
- 8. Should be able to describe the various steps involved in procedure of Functional Endoscopic Evaluation of swallowing,
- 9. Should be able to prepare the patient for the swallow study.
- 10. Should be able to interpret various swallowing stages and abnormalities.
- 11. Post procedure plan of management to be communicated to the stake holders.
- 12. Effective interpersonal communication with the team members of the endoscopic room.
- 13. Exhibit leadership qualities and work efficiently in the team.

## **Competency#18: Management of Foreign body in Aerodigestive tract.**

**Objective** Should be able to apply the knowledge of anatomy, pathophysiological mechanisms involved in manifestations, Evaluation and plan management of patients with of Foreign bodies of Aerodigestive Tract.

### **Sub competencies:**

- 1. Apply knowledge of anatomy, pathophysiological mechanisms involved in Foreign Body of Oro, hypopharynx, cricopharynx, and Esophagus.
- 2. Apply knowledge of anatomy, pathophysiological mechanisms involved in Foreign Body of Trachea and Bronchus.
- 3. Knowledge of the Esophagoscopy and Bronchoscopy (Rigid and Flexible)
- 4. Discuss with the family members about the various treatment options available and management plan
- 5. Suggesting initial management plan 6. Describing Indications and risks involved.
- 7. Demonstrate the ability to counsel, making informed consenting procedures both with pediatric and adult patient and their family members.

- 8. Knowledge of preprocedure plan, potential risks anticipated and plans to expeditate them
- 9. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 10. Case preparation: Positioning of the patient, understands the approach, checking the required instruments. (Various size availability)
- 11. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 12. Post procedure plan: Appropriate complete post procedure plan
- 13. Professional and effective communication
- 14. Working in team with Anesthesiology members, OT staff and their utilization of services if planned under General Anesthesia.

# Competency#19: Assessment and Management of patients with Chronic Discharging Ear.

**Objective** Should be able to apply the knowledge of anatomy, pathophysiological mechanisms involved in manifestations, Evaluation and plan management of patients with of Chronic Ear Discharge

## **Sub competencies:**

- 1. Apply knowledge of anatomy, pathophysiological mechanisms involved Logorrhea,
- 2. Knowledge of hematological, microbiological, radiological and audiological investigations in evaluating patients with chronic otorrhea.
- 3. Knowledge of Various surgical procedures involved in the treatment of Otorrhea.(
  Myringoplasty, Tympanoplasty, Ossiculoplasty CWU and CWD Mastoidectomy)
- 4. Knowledge of Medical treatment(indications, duration and limitations)
- 5. Discuss with the family members about the various treatment options available and management plan
- 6. Suggesting initial management plan 7. Describing Indications and risks involved.
- 8. Demonstrate the ability to counsel, making informed consenting procedures both with pediatric and adult patient and their family members.

## Procedural Skills: (Myringoplasty, Tympanoplasty)

- 9. Knowledge of preprocedure plan, potential risks anticipated and plans to expeditate them
- Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 11. Case preparation: Positioning of the patient, understands the approach, checking the required instruments. (Endo scopic/Microscopic)
- 12. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 13. Post procedure plan: Appropriate complete post procedure plan
- 14. Professional and effective communication
- 15. Working in team with Anesthesiology members, OT staff and their utilization of services if planned under General Anesthesia.

### Competency#20: Assessment and Management of Advanced Sinonasal diseases

**Objective** Should be able to apply the knowledge of anatomy, pathophysiological mechanisms involved in manifestations, Evaluation and plan management of patients with of Sinonasal Polyposis

### **Sub competencies:**

- 1. Apply knowledge of anatomy, pathophysiological mechanisms involved in development of Rhinosinusitis with nasal polyposis
- 2. Knowledge of classification systems, triggering factors and recurrence.
- 3. Knowledge of various laboratory /radiological investigations (CT PNS, MRI) utilized in diagnosis and interpretation
- 4. Knowledge of the Diagnostic nasal endoscopy and its interpretation
- 5. Knowledge of various hemostatics used, topical/infiltrative/intravenous, dosage and duration of action
- 6. Asses and document the extent of the disease
- 7. Elicit a history, perform a physical exam, Select the appropriate investigations and interpretation of the investigations.
- 8. Identification of risk factors for recurrent disease.
- 9. Discuss with the family members about the various treatment options available and management plan
- 10. Suggesting initial management plan
- 11. Describing Indications , contraindications, risks involved.
- 12. Demonstrate the ability to counsel, making informed consenting procedures both with pediatric and adult patient and their family members.
- 13. Demonstrate a commitment to excellence
- 14. Identification of knowledge gaps in the current literature and research needs.

## Procedural Skills: (Anterior ethmoidectomy, Posterior Ethmoidectomy, Sphenoidotomy and frontal recess clearance techniques)

- 15. Obtaining the informed consent
- 16. Knowledge of preprocedure plan, potential risks anticipated and plans to expeditate them
- 17. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 18. Case preparation: Positioning of the patient, understands the approach, checking the required instruments.
- 19. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 20. Post procedure plan: Appropriate complete post procedure plan
- 21. Professional and effective communication
- 22. Working in team with Anesthesiology members, OT staff and their utilization of services.

## Competency#21: Perform Basic and Advanced Cadaveric Temporal bone Dissection.

**Objective** Should be able to apply the in depth knowledge of Temporal bone anatomy and perform all the routing exercises done on temporal bone identify accurately all the relevant structures in Middle ear, Mastoid, Labyrinth, facial nerve including its course without damaging the surrounding structures.

## **Sub competencies:**

- 1. Knowledge of the temporal bone anatomy, various sides, surfaces, land marks, facial nerve course, middle ear anatomy, relationships, labyrinth and Mastoidectomy types.
- 2. Various surgical procedures on the middle ear
- 3. Various surgical procedures on the mastoid
- 4. Various surgical procedures on the facial nerve
- 5. Various surgical procedures on the labyrinth
- 6. Various surgical implant procedures (CI, BAHA, MET,)
- 7. Knowledge of the storage of the specimens, Dry and wet.
- 8. Knowledge of the various instruments and microscope utilized.
- 9. Knowledge of the legal issues involved in procurement of cadaveric Specimen.
- 10. Effective communication of requisites to the skill lab technical personnel

- 1. Setting up the specimen
- 2. Myringotomy
- 3. Tympanoplasty
- 4. Stapedotomy
- 5. Facial nerve decompression
- 6. Mastoidectomy Canal wall up and Canal wall down
- 7. Labyrinthectomy
- 8. IAC exposure
- 9. Endolymphatic sac decompression
- 10. Implant bed preparation
- 11. Implant placement (Traditional vs. Varia)\*
- 12. Demonstrate at most care and respect to the cadaveric specimen
- 13. Demonstrate principles of BMW disposable techniques with respect to the TB
- Alternative to Cadaveric specimen like, Computerised 3D Dissection Modules, Dry temporal bones, 3D Printing Specimens could be used to complete the tasks.

## Competency#22: Assessment and Management of Patients with Facial nerve Weakness

**Objective** Should be able to apply anatomical and pathophysiological mechanisms involved in the development of Facial nerve paralysis, understand neurophysiological basis of the various electrophysiological tests, Role of imaging, plan Medical and Surgical treatment in patients with Facial nerve weakness.

- Should have knowledge of the anatomy of the facial nerve course from Point of origin to the muscular supply.
- 2 Should be able to differentiate between upper and lower motor neuron lesions.
- 3 Should be able to apply anatomical and pathophysiological mechanisms in assessment and management of patients with facial nerve weakness.
- 4 Should know various electrophysiological, audiological, topognostic tests and radiological investigations in evaluation of patients with facial nerve weakness.
- **5** Should have knowledge of the Electrophysiological monitoring intraoperatively.
- **6** Know various therapeutic options available and limitations.
- 7 Discuss with patients and their families to understand relevant options for care.
- **8** Develop a treatment plan, document the findings
- 9 Identify the need for other health professional assistance in evaluation and management (Neurological, Endocrinological Ophthalmological, Plastic surgery, Physiotherapy etc.).
- **10** Prescribe the appropriate Medical Line treatment.
- Counsel regarding the need for the long term evaluation, reevaluation, switch over of therapy, other health professional consultation etc.

# Competency#23: Assessment and Management of Patients with Sleep Disordered Breathing in Children and Adults.

**Objective** Should be able to apply anatomical and pathophysiological mechanisms implicated in development of Sleep disordered breathing. Should be able to evaluate and manage adult and pediatric patients with sleep disordered Breathing.

- Should have the knowledge of the anatomy of Upper aerodigestive tract with focus on Nose Nasopharynx, Soft palate, Tongue base, And hypopharynx.
- 2 Should have the knowledge of the Pathophysiological mechanisms involved in sleep disordered breathing.
- 3 Should be able to elicit history perform physical examination, evaluate general investigations and document in methodical manner.
- 4 Should be able to interpret various parameters involved in the diagnosis of SDB
- 5 Should have witnessed the procedure of Polysomnography (Level 1, Level 2 and Level 3)
- Should be able to counsel the patient regarding the need for the health promotion activities, Life style modifications and address the impact of the condition
- Should able to identify the role of various therapeutic options like, CPAP, BIPAP, Tongue retaining devices, Mandibular/Maxillary interventions, Palate surgeries, Tongue base reductions and their indications.
- **8** Discuss with the patient, family members, regarding the evaluation strategy, management plans and duration of the treatment and the outcome expected .
- **9** Should be able to encourage the patient in shared decision making process, consent process.
- 10 Should have the knowledge of Drug Induced Sleep study and palatal surgery.
- Seeking information from specialties of other professional teams, like Physician, Respiratory physician, Dietician, Endocrinologist.
- Should be able to coordinate investigation, treatment follow up plans with corresponding health professionals

## Competency#24: Assessment and Management of Patients Dysphonia

**Objective** Should be able to apply anatomical, pathophysiological knowledge in patient assessment, evaluate with various investigational modalities and manage patients with dysphonia

- **1** Apply knowledge of the physics of sound, voice, and speech production
- 2 Apply knowledge of the anatomy of the larynx and physiology of the voice production and
- 3 Knowledge of Various benign lesions of the larynx, Infectious, inflammatory, traumatic, neurological malignant and functional voice disorders.
- **4** Knowledge of Various investigations used in evaluation of the voice disorders, like Diagnostic laryngoscopy, Videolaryngoscopy(Rigid and Flexible) Stroboscopy, Voice softwares.
- 5 Knowledge of the various surgical procedures involved in the management of voice disorders like MLS, DL Scopy, Laser excision etc.
- **6** Knowledge of the Various medical illnesses contributing the development of various voice disorders and importance of treatment of underlying diseases
- **7** Demonstrate the ability to elicit history, make routine examination and interpretation of the investigations
- 8 Communication of the relevant observations effectively to the patient and family members and involving them for shared informed decision making process, and obtaining consent.
- 9 Identification of need for obtaining professional help from the senior faculty members, experts from other health care professionals, specialist consultations (Endocrinologist, Psychiatrist, Speech language pathologist)
- Counselling requiring professional activities (teachers, voice users), life style modifications, smoking cessation, reduction in alcohol consumption, etc...

## Competency#25: Assessment and Management of patients with Malignancies of Head and Neck.

**Objective** Should be able to apply anatomical and pathophysiological mechanisms involved in the development of mucosal squamous cell malignancies of Head and Neck, and be able to evaluate the patient using diagnostic tools perform diagnostic and therapeutic procedures and follow up further to give supportive care.

- **1** Apply knowledge of tumorigenesis of benign Neoplasms and cancers of the head and neck
- 2 Apply anatomical knowledge of head and neck area in surgical planning
- Have knowledge of various treatment modalities, (Radiation therapy, chemotherapy, Immunotherapy, Laser assisted surgeries, Cryo, robotic surgeries.) 4
  Understanding the role of each therapeutic modality, indications and limitations.
- 5 Identify risk factors on individual basis and applying them in decision making .
- **6** Knowledge of role of Flexible endoscopy, contact endoscopy, Stroboscopy, DL scopy, Esophagoscopy, Bronchoscopy, Nasopharyngolaryngoscopy in evaluation of patients with Head and Neck malignancy.
- 7 Knowledge of Radiological investigations, interpretations and need to discuss the specific issues with Radiologists
- **8** Knowledge of various surgical procedures, limits of resection, reconstruction and rehabilitation required.
- 9 Knowledge of communication skills to effectively breaking the bad news counseling the patients with regards to various diagnostic tests required, need for long term treatment, support of the family and societal structure, financial implications, and rehabilitation program required.
- **10** Effectively provide information on diagnosis and prognosis in a clear, compassionate, respectful and objective manner
- 11 Knowledge of the various Tumor, Node and Metastasis classification system and records the patient observation in locally standardized format.
- Recognize the need obtaining the professional advice from experts, Physicians, Surgeons, Plastic surgeons, Neurosurgeons, Speech and language pathologists, Medical oncologists, Pathologists, Psychiatrists, Support team members etc..
- 13 Identifying the role of Tumor board and preparing the case appropriately and involve in decision making process.
- Developing a plan of action and appropriately document and involve patient, family members and encourage in shared decision process.

- Providing timely response in the context of complications either during referral, or during the course of treatment.
- **16** Recognize the point of care at which Palliative/end of life decision to be made.
- 17 Recognize the role of 3D printing in the evaluation, counseling of the patients needing reconstruction

## Flexible Endoscopy/ Contact Endoscopy/DL Scopy- Biopsy

Wide Excision/ Neck Dissection/Reconstructive Procedure.

## Surgeries on Tongue, Oral Cavity, Oropharynx/Hypopharynx/Larynx

- 1. Obtaining the informed consent
- 2. Knowledge of pre-procedure plan, potential risks anticipated and plans to expeditate them
- 3. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 4. Case preparation: Positioning of the patient, understands the approach, checking the required instruments.
- 5. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 6. Post procedure plan: Appropriate complete post procedure plan
- 7. Professional and effective communication
- 8. Working in team with Anesthesiology members, OT staff and their utilization of services.

## Competency#26: Assessment and Management of patients with thyroid Disorders.

**Objective** Should be able to apply anatomical and pathophysiological mechanisms involved in the development of thyroid disorders, and be able to evaluate and manage the patients with Thyroid disorders.

- **1** Should be able to apply the knowledge of anatomy and physiology in the development of Thyroid disorders.
- 2 Understand the metabolism and pharmacological aspects in relation to laboratory investigations and therapeutic implications.
- 3 Knowledge of the various diagnostic tools in evaluation of cases with thyroid disorders (USG Neck, FNAC, CT Neck, Isotope scanning etc)
- **4** Knowledge of interpretation of Thyroid hormones, thryoglobulins etc.

- **5** Elicit history; perform examination, selecting the appropriate investigations, and their interpretation.
- **6** Should be able to integrate all sources of information to develop a procedural or therapeutic plan
- **7** Effectively communicate with the patient and family members regarding the disease, treatment plan and obtain informed consent process in shared decision making process.
- **8** Recognizes the importance and need for the referral, and seeks professional advice from the expertise at appropriate stage of evaluation.

## Procedural Skills: Surgical Procedures: Hemithyroidectomy/Total Thyroidectomy

- 1. Obtaining the informed consent
- 2. Knowledge of pre-procedure plan, potential risks anticipated and plans to expeditate them
- 3. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 4. Case preparation: Positioning of the patient, understands the approach, checking the required instruments.
- 5. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 6. Post procedure plan: Appropriate complete post procedure plan
- 7. Professional and effective communication
- 8. Working in team with Anesthesiology members, OT staff and their utilization of services.

# Competency# 27: Assessment and Management of Patients with Salivary Gland Disorders.

**Objective** Should be able to apply anatomical and pathophysiological mechanisms involved in the development of thyroid disorders, and be able to evaluate and manage the patients with Thyroid disorders.

- 1. Should be able to apply the knowledge of anatomy and physiology in the development of Salivary Gland disorders.
- 2. Understand the metabolism and pharmacological aspects in relation to laboratory investigations and therapeutic implications.
- 3. Knowledge of the various diagnostic tools in evaluation of cases with thyroid disorders ( USG Neck, FNAC, CT Neck, etc)
- 4. Elicit history; perform examination, selecting the appropriate investigations, and their interpretation.

- 5. Should be able to integrate all sources of information to develop a procedural or therapeutic plan
- 6. Effectively communicate with the patient and family members regarding the disease, treatment plan and obtain informed consent process in shared decision making process.
- 7. Recognizes the importance and need for the referral, and seeks professional advice from the expertise at appropriate stage of evaluation.

# Procedural Skills: Surgical Procedures: Submandibular Gland Excision/Superficial/Total Parotidectomy

- 8. Obtaining the informed consent
- 9. Knowledge of pre-procedure plan, potential risks anticipated and plans to expeditate them
- 10. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 11. Case preparation: Positioning of the patient, understands the approach, checking the required instruments.
- 12. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 13. Post procedure plan: Appropriate complete post procedure plan
- 14. Professional and effective communication
- 15. Working in team with Anesthesiology members, OT staff and their utilization of services.

## **Competency # 28: Performing cervico facial aesthetic surgeries.**

**Objective** Should be able to apply anatomical knowledge of the Nose and facial aesthetics in techniques required for correction of cosmetic deformities of nose, and ear.

#### **Sub competencies:**

- Should be able to apply the anatomical knowledge in understanding the cosmetic disfigurement in patients with Nose and facial aesthetic problems.
- 2 Should be able to understand the effects of aging/trauma/healing on skin soft tissue and bone.
- 3 Should be able to identify the risk factors on individual basis
- **4** Should be able to appropriately elicit history of cosmetic needs of the patients both realistically and perceptually.
- 5 Should be able to obtain informed consent process in liaison with patient and family members on shared decision process.
- Should be able to identify patients with psychological issues and effectively communicate with them.
- **7** Should have the knowledge of use of various equipments like Cryo, robotics, lasers and electro cautery units.
- 8 Should have the knowledge of use of Neurotoxins, biomaterials, Fillers, PRP
- **9** Should have the knowledge of liposuction and lipotransfer
- **10** Should have the knowledge of Hair transplant, Surface rejuvenation
- Should have the knowledge of utilization of various grafting materials for Pinna reconstruction and method of harvesting the rib cartilage and crafting of the same for reconstruction of Pinna
- Should have the knowledge of various surgical procedures done for the correction of the Nose and Cervico-facial aesthetic problems.
- Should have the knowledge of Various surgical procedures done for facial reanimation and nerve muscle transfers
- Should effectively, honestly share information regarding the outcomes, factors influencing healing process, and realistic goals with the patient and family members.

Procedural Skills: Surgical Procedures: Open Septoplasty, Open/closed Rhinoplasty/otoplasty/ Local flaps/ free Flaps on the face/Blepharoplasty/Biomaterials and filler techniques for surface rejuvenation, PRP, Hair transplant/Liposuction/Lipotransfer

- 1. Obtaining the informed consent
- 2. Knowledge of pre-procedure plan, potential risks anticipated and plans to expeditate them
- 3. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 4. Case preparation: Positioning of the patient, understands the approach, checking the required instruments.
- 5. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 6. Post procedure plan: Appropriate complete post procedure plan
- 7. Professional and effective communication
- 8. Working in team with Anesthesiology members, OT staff and their utilization of services.

# Competency#29: Perfoming an Open neck biopsy or Excision on Neck mass/sinuses

**Objective** Should be able to demonstrate the ability of applying the knowledge of etiology, pathogenesis in the development of Sinonasal mass in the evaluation and management in patients with Sinonasal Masses. Also should be able to perform a biopsy with adequate tissue

#### **Sub competencies:**

- 1. Should be able to apply anatomical knowledge of the neck region in determining the extent of removal
- 2. Should be able to apply embryological basis of the development of the lesions
- 3. Should be able to apply etiopathological basis for the development of the masses/sinuses
- 4. Should be able to elicit history perform examination and plan investigation required
- 5. Should be able to interpret various investigations carried out
- 6. Should be able to integrate all sources of information to develop a procedural or therapeutic plan
- 7. Effectively communicate with the patient and family members regarding the disease, treatment plan and obtain informed consent process in shared decision making process.
- 8. Recognizes the importance and need for the referral, and seeks professional advice from the expertise at appropriate stage of evaluation.

#### Procedural Skills: Surgical Procedures: Excision and biopsy of Neck Lesions.

- 9. Obtaining the informed consent
- 10. Knowledge of pre-procedure plan, potential risks anticipated and plans to expeditate them
- 11. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 12. Case preparation: Positioning of the patient, understands the approach, checking the required instruments.
- 13. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 14. Post procedure plan: Appropriate complete post procedure plan
- 15. Professional and effective communication
- 16. Working in team with Anesthesiology members, OT staff and their utilization of services.

## Competency # 30: Assessing and Managing patients following facial trauma

**Objective** Should be able to apply principles of managing facial trauma apply relevant and comprehensive assessment, as well as reduction and /or plating of the fracture with consideration of functional /cosmetic and structural issues.

#### **Sub competencies:**

- Should be able to apply various anatomical factors including the buttresses and their role in determining the clinical manifestation and in surgical management.
- **2** Apply knowledge of common fracture patterns of the facial skeleton and their mechanisms of injury
- **3** Know the principles of trauma management with reference to maxillofacial region
- 4 Know the relevant list investigations to be carried out in evaluation of facial trauma
- **5** Should be able to know various biomedical implants and others and their compatibility with relation to facial trauma.
- **6** Should be able to elicit history and examine the patient and identify the neurological deficit, cosmetic implications and identify timing of interventation
- Develop, implement, and document management plans that consider all of the patient's health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team
- 8 Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources
- **9** Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
- **10** Communicating information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
- Communicate effectively using a written health record, electronic medical record, or other digital technology

#### **Procedural Skills: Surgical Procedures: Mandible and Maxillary reduction**

- 1. Obtaining the informed consent
- 2. Knowledge of pre-procedure plan, potential risks anticipated and plans to expeditate them
- 3. Spell out the specific procedural steps, Risks and anticipated complications during or after the procedure.
- 4. Case preparation: Positioning of the patient, understands the approach, checking the required instruments.
- 5. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissue planes
- 6. Post procedure plan: Appropriate complete post procedure plan
- 7. Professional and effective communication
- 8. Working in team with Anesthesiology members, OT staff and their utilization of services.

#### Competency # 31: Competency #31: Role of Post Graduate Student as a Teacher.

**Objective** Should be able to deliver a Didactic Lecture/demonstrate a small group/ moderate a group activity/facilitate the Self directed learning session for undergraduate students.

# **Sub Competencies:**

- 1. Should be able to derive learning objectives of the stated lesion
- 2. Should be able to know the various Teaching Learning Methods (Large Group, Small group teaching, Practical demonstrations, OPD teaching, etc..) advantages and disadvantages
- 3. Should be able to know various TL tools (Power point, Black board, flip charts etc) and know advantages and disadvantages of above
- 4. Should be able to effectively manage the time 5. Should be able to effectively grasps the audience.

# Competency#32: Developing a personal learning plan for continuing personal and professional development

**Objective** Should able to identify opportunities for Learning and improvement of Clinical practice and to have futurist specific goals which are measurable, attainable and realistic

#### **Sub Competencies:**

- 1. Able to identify specific areas of interest and lacunae in one's own ability in terms of competence
- 2. Able to identify opportunities to develop afore mentioned competencies
- 3. Able to develop futurist plan of specific identifiable goals which are measureable, attainable and realistic
- 4. Demonstrates ability of reflecting one's own learning process.
- 5. Demonstrates behavior consistent with accountability towards patients, society and the profession.

# Competency#33: Participating in and/or leading educational or administrative activities

**Objective** Should be able to demonstrate activities beyond the routine work that contributes to the development of department, institution.

#### **Sub competencies:**

- 1. Should be able to design an academic activity plan for a small Under graduate group of students.
- 2. Should be able to demonstrate an activity which facilitates the change in health care activity.
- 3. Should actively participate in team meetings, facilitates the group discussion among junior residents/interns
- 4. Demonstrates the use of digital technology in bringing about quality improvements
- 5. Actively participates in Mortality meetings, academic body meetings '
- 6. Identifies in any of the student/institutional/academic activity (Conference/CME) committees.

#### Competency#34: Demonstrating financial literacy skills

**Objective** Should be able to identify the need for the financial literacy, Budgeting, investment Goals, return on investments, personal financing and retirement plans.

#### **Sub competencies**

- 1. Should be able to understand the concepts in personal financing
- 2. Should be able to identify the different sources of income
- 3. Should be able to identify the local regulations with reference to taxing
- 4. Should be able to identify the needs for investment plans, emergency funds and retirement plans
- 5. Should be able to identify learning opportunities for the financial management.
- 6. Should be able to identify the need for personal and professional insurance and their plans.

#### Competency#35: Promoting legal aspects in Clinical practice.

**Objective** Should be able to apply various Laws governing the Medicine during the practice of Clinical Otorhinolaryngology.

#### **Sub competencies:**

- 1. Should be able to know various laws governing the Practice of Medicine
- 2. Should have the knowledge of the occupational hazards and its effect and need for documentation, certification
- 3. Should have knowledge of laws governing the cosmetic and drugs act, 'Medical negligence.
- 4. Should have the knowledge of the basic procedures involved in Expert witness and court proceedings.
- 5. Should have the knowledge of Consumer protection act, KPME act, laws governed by NMC, Human Organ transplantation act, Hospital indemnity insurance policies.etc..
- 6. Should have knowledge of injuries, Simple, Grievous and documentation, compensations,
- 7. Should have the knowledge of the different types of evidences.
- 8. Should demonstrate effective documentation in medico legal cases.

#### **TEACHING AND LEARNINGMETHODS**

#### **Teaching methodology**

Didactic lectures are of least importance; small group discussion such as seminars, journal clubs, symposia, reviews, Group Discussions and guest lectures should get priority for theoretical knowledge. Bedside teaching, grand rounds, structured interactive group discussions and clinical demonstrations should be the hallmark of clinical/practical learning with appropriate emphasis on e-learning. Student should have hand-on training in performing various procedures and ability to interpret various tests /investigations. Exposure to newer specialized diagnostic /therapeutic procedures concerning her/his subject should be given. Self-learning tools like assignments and case-based learning may be promoted. Exposure to newer specialized diagnostic/therapeutic procedures concerning ENT should be given. Simulation labs can be used by creating various scenario based studies to inculcate practice of decision making. Skills to be mastered with help of task trainers in Skill lab.

#### **Rotations:**

A major portion of posting should be in ENT Department. It should include in-patients, outpatients, ICU, trauma, emergency room, specialty clinics including Vertigo Clinic, Rhinology Clinic, Otology Clinic, Cancer Clinic, Cadaveric dissection Lab, Audiology and speech therapy.

Inter-unit rotation in the department should be done for a period of up to one year.

Rotation in appropriate related subspecialties for a total period not exceeding 06months.

#### **Clinical meetings:**

There should be intra- and inter- departmental meetings for discussing the uncommon /interesting cases involving multiple departments.

#### Logbook:

Each student must be asked to present a specified number of cases for clinical discussion, perform procedures/tests/operations/present seminars/review articles from various journals in interunit/interdepartmental teaching sessions. They should be entered in a Log Book. The Log book shall be checked and assessed periodically by the faculty members imparting the training.

#### Thesis writing and research:

Thesis writing is compulsory.

The post graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.

A postgraduate student of a postgraduate degree course in broad specialties / super specialties would be required to present one poster presentation, to read one paper at national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.

The student should know the basic concepts of research methodology plan a research project, be able to retrieve information from the library. The student should have a basic knowledge of statistics.

Department should encourage e-learning activities.

During the training program, patient safety is of paramount importance; therefore, skills are to be learnt initially on the models, later to be performed under supervision followed by performing independently; for this purpose, provision of surgical skills laboratories in the medical colleges is mandatory.

#### **ASSESSMENT**

Assessment should be comprehensive & objective. It should address the stated competencies of the course. The assessment needs to be spread over the duration of the course.

**FORMATIVE ASSESSMENT,** i.e., assessment during the training would include: Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system.

#### **General Principles**

Internal Assessment should be frequent, cover all domains of learning and used to provide feedback to improve learning; it should also cover professionalism and communication skills. The

Quarterly assessment during the MS training should be based on following educational activities:

Journal based/recent advances learning

Patient based/Laboratory or Skill based learning

Self directed learning and teaching

Departmental and interdepartmental learning activity

External and Outreach Activities/CMEs

Internal Assessment should be conducted in theory and clinical examination.

# The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I).

Certifiable competencies have to be meticulously observed by the training faculty and certify that candidate has learnt the competency to an extent of practice the said skills independently without supervision. Level of these competencies is to be judged based on the common nature of the procedure, rarity of the presentation, operability, feasibility and to the local contexts. These competencies are framed keeping in view of completeness of the training. In case of failure of the candidate to complete the competency, remedial measures, cadaveric demonstration, skill lab demonstrations can be view as an alternate modality of evaluation.

#### SUMMATIVE ASSESSMENT i.e., at the end of the training

The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.

#### The examination will be in three parts:

#### **Thesis**

Every postgraduate student shall carry out work on an assigned research project under the guidance of a recognized Postgraduate Teacher, the result of which shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the candidate to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature.

Thesis shall be submitted at least six months before the Theory and Clinical/ Practical examination. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A candidate shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

#### Theory

The examinations shall be organized on the basis of 'Grading' or 'Marking system' to evaluate and to certify candidate's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in 'Theory' as well as 'Practical' separately shall be

mandatory for passing examination as a whole. The examination for MS shall be held at the end of 3 rd academic year. An academic term shall mean six month's training period.

#### Theory shall consist of four papers of 3 hours each.

Paper I: Basic Sciences related Otolaryngology

Paper II: Recent advances & Principles and Practices of otology, neurotology

Paper III: Recent advances & Principles and Practice of Rhinology, Sleep Medicine, Facial

Plastics.

Paper IV: Recent advances & Principles and Practice of Laryngology & Head-Neck

Surgery.

#### Clinical/Practical and viva voce Examination

Clinical examination shall be conducted to test the knowledge, skills, attitude and competence of the postgraduate students for undertaking independent work as a Specialist / teacher, for which postgraduate students shall examine a minimum one long case and Three short cases.

The Oral examination shall be thorough and shall aim at assessing the postgraduate student's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty, which form a part of the examination.

#### Assessment may include Objective Structured Clinical Examination (OSCE).

Oral/Viva-voce examination needs to assess knowledge on X -rays, instrumentation, operative procedures. Due weightage should be given to Log Book Records and day - to-day observation during the training.

#### YEAR WISE DISTRIBUTION OF THE COMPETENCIES

#### **Knowledge domain:**

- 1. Knows
- 2. Knows the basic concepts
- 3. Knows generally
- 4. Knows specifically and be able to make analysis/judgment)

It's preferable as a specialist to know at 4th level (I.e., Knows specifically) of all the competencies

PG year I:6 months Orientation, Core rotations Rhinology, Research

PG year 2: General Otolaryngology, Pediatric otolaryngology, otology/neurotology PG

Year 3: Facial Plastics, Head Neck, Laryngology, Sleep Disorders, Research

#### **Clinical Examination Skill:**

History: Able to seek history from (Bystanders, Attenders & Care givers)

Examination of the relevant system

Ability to assess and advise Investigational plan

Data Interpretation

Devise treatment plan

Seeking assistance and appropriate referrals

Recommend correct treatment options to the patients.

# **Diagnostic/ Procedure Skill:**

Diagnostic/Procedural skill (List should not be viewed as Exclusive, if deemed necessary, other procedures may be included)

The set of procedures mentioned in the document are to be viewed as references and if felt necessary by the teaching faculty, up gradation of the level may be considered. If adequate numbers of cases or types of cases are not performed, Skill assessment may be done on cadavers/temporal bone lab or simulation lab.

1. Observation, 2: Does with Assistance 3: Does but may need assistance 4: Does on own without assistance

2. PGYr1: Post Graduate Year 1. PGYr2: Post Graduate Year 2, PGYr3: Post Graduate year 3.

Title	Diagnostic/Procedural Skill	PG Yr 1	PG Yr 2	PG Yr3
OTOLOGY &	DIAGNOSTIC			
NEUROOTOLO	Otoscopy	4	4	4
GY	OtoMicroscopy	2	4	4
	Pure tone audiometry	1	2	3
	Impedance audiometry	1	2	3
	Speech audiometry	1	2	3

	<u> </u>			
	OAE	1	1	1
	ABR	1	1	1
	ENG, VNG,	1	1	1
	VEMP	1	1	1
		_	1	1
	Set up and use of Intra operative facial nerve		1	1
	monitor			
	THERAPEUTIC			
	Pinna Suturing	2	4	4
	Foreign body removal	2	3	4
	Biopsy of the EAC Mass	2	3	4
		2	3	4
	Drainage of Hematoma of the pinna	2	3	4
	Drainage of seroma of the pinna			
	External Drainage of the Subperiosteral Abscess	1	2	4
	Mastoid abscess drainage	1	3	4
	Meatoplasty	1	2	4
	Excision of Preauricular sinus	1	2	4
	Excision of simple lesions in and around external ear	1	3	4
	Myringotomy and Grommet insertion.	1	3	3
	Canal wall up Mastoidectomy	1	2	2
		1	2	4
	Canal wall down Mastoidectomy			
	Canal Wall reconstruction Mastoidectomy	1	1	4
	Myringoplasty ( Endoscopic)	1	1	3
	Myringoplasty ( Microscopic)	1	2	2
	Ossiculoplasty	1	2	1
	Stapedotomy and Piston insertion		1	2
	Facial Nerve Decompression		1	1
	- 1000 N		1	1
	Facial nerve Grafting		1	2
	Removal of osteoma/ exostosis/EAC fracture		1	
A ST	management			1
(2)	Repair of perilymph leak			1
100	Combined approach tympanoplasty		1	1
	Resection of facial nerve neuroma			1
	Labyrinthectomy			1
	Vestibular neurectomy			1
	Singular neurectomy			1
	TOTAL AND A STATE OF THE STATE			1
	Superior Semi Circular Canal Dehiscence repair			
	CSF leak repair			1
	Surgical approaches to lateral skull base			1
	Cochlear implant			1
RHINOLOGY	DIAGNOSTIC			
	Anterior Rhinoscopy	4	4	4
			4	
	Rigid Nasal Endoscopy-Adult	4		4
	Posterior rhinoscopy	4	4	4
	Rhinomanometry	1	2	4
	THERAPEUTIC			
	Foriegn body removal Nose	2	4	4

	Nasal packing for Adults	3	4	4
	Nasal bone fracture Manipulation	2	3	4
	Drainage of Septal Hematoma	2	4	4
	Nasal Cautery for anterior Nasal Epistaxis	2	3	4
	Turbinectomy (Partial)	1	3	4
	Turbinectomy ( Total)			
	Turbinoplasty	1	3	4
	Sub mucosal diathermy	1	2	4
	Septoplasty	1	2	4
	Nasal Biopsy	1	3	4
	Basic FESS	i	3	4
	Advanced FESS	1	2	4
	Extended FESS	-	1	2
	Endoscopic Nasal Polypectomy		1	1
	Harvesting nasoseptal flap ( Hadad flap)	1	3	4
	Endoscopic DCR		1	3
	Sphenopalatine artery ligation	1	2	3
	Maxillary artery ligation	1	2	2
	Ethmoid artery ligation		1	1
	External Carotid Artery ligation.		1	1
	Septorhinoplasty		1	1
	Insertion of septal button	1	1	2
	Antral lavage		1	2
	Inferior meatal antrostomy	2	4	2
	Middle meatal antrostomy	1	4	3
	Middle turbinate partial excision/conchoplasty	1	4	3
	Posterior ethmoidectomy	1	3	4
	Anterior ethmoidectomy		2	4
	Caldwell Luc Operation	1	4	4
	Sphenoidotomy	1	2	4
	Balloon sinuplasty	1	1	4
(G) (C)	Osteoplastic flap	-	1	1
	Modified endoscopic medial maxillectomy		1	1
	Frontal sinusotomy types 1,2, and 3.		1	1
	Orbital decompression		1	1/2
	Lateral canthotomy		1	1/2
	Transsphenoidal approach to pituitary fossa		1	1/2
	THE STATE OF THE S			
	Lateral rhinotomy		1	1/2
	Maxillectomy		1	1/2
	Endoscopic excision of nasal and sinus tumors		1	1/2
	Midfacial degloving		1	1/2
	Bicoronal flap approach.		1	1/2
	Endoscopic repair of anterior skull base CSF leak		1	1/2
	Osteoplastic flap approach		1	1/2
	Craniofacial resection.		1	1/2
	Angiofibroma surgery		1	1/2
	Medial open orbital decompression		1	1/2
	Optic nerve decompression		1	1/2
			1	1/2

	I		I	
LARYNGOLOG	DIACNOSTIC			
	DIAGNOSTIC	,	_	_
Υ	Video Laryngoscopy	4	4	4
	Excision of Ranula	2	3	4
	Flexible/Rigid Laryngopharyngoscopy	2	3	4
	Functional Endoscopic evaluation of swallowing		_	_
	Contact endoscopy	1	2	3
	Voice Analysis Software	1	2	2
	THERAPEUTIC	1	1	1
	Endotracheal intubation			
	Direct Laryngoscopy	1	2	4
	Microlaryngoscopy	1	3	3
	Esophagoscopy	1	1	3
	Rigid Bronchoscopy and FB removal	1	1	3
	Rigid Pharyngo laryngoscopy	1	1	2
	Pharyngoesophagoscopy and FB removal	1	1	3
	Management of Adenotonsillar bleeding.	1	2	3
	Thyroplasty ( TYPE 1-4)	1	2	3
	Vocal cord Injection	1	1	1/2
	Laryngofissure	1	1	1/2
	Laser assisted arytenoidectomy	1	1	1/2
	Supraglottoplasty		1	1/2
	Office based Laser phonosurgery		1	1/2
	Microflap Laryngeal surgeries		1	1/2
			1	1/2
HEAD & NECK	DIAGNOSTIC			
	FEES	1	2	3
	THERAPEUTIC			
	I & D of Neck Abscesses	1	2	3
	Neck node Biopsy- Pediatric/ Adult	1	2	3
	Cricothyrotomy	1	3	4
	Tracheostomy	2	3	4
	Percutaneous tracheostomy	1	1	2
	Neck wound exploration	1	2	3
	Branchial cyst excision	1	1	3
	Sub Mandibular Gland excision	1	1	2
	Removal of Submandibular gland duct calculi	1	1	2
	Laryngeal trauma surgeries	1	1	2
	Esophagoscopy	1	1	2
	Total laryngectomy		1	1/2
	Radical neck dissection		1	1/2
	Selective Neck dissection		1	1/2
	Modified Neck dissection		1	/2
	Tracheoesophageal valve insertion and change		1	1/2
	Superficial Parotidectomy		1	1/2
	Superficial rational ectority		_	-,-

	Total Parotidectomy		1	1/2
	Thyroid lobectomy		1	1/2
	Total thyroidectomy		1	1/2
	Parathyroidectomy		1	1/2
PEDIATRIC	DIAGNOSTIC			
ORL	Rigid Nasal Endoscopy-Pediatric	2	3	4
02	Flexible Nasopharyngolaryngoscopy	2	3	4
	OAE, BERA	1	1	2
	i i	1	1	1
	VRA, Behavioural Audiometry		*	*
	THERAPEUTIC	1	1	3
	Examination of the EAR under Anaesthesia	1	2	
	Examination of the Nose under Anesthesia	1	2	3
	Ankyloglossia release	1	2	3
	Tracheostomy	1	2	3
	Tonsillectomy	1	3	4
	Adenoidectomy	1	3	4
	Management of Adenotonsillar bleeding.	1	2	3
	Myringotomy and Grommet insertion.	1	3	4
	I & D of Neck Abscesses	1	2	3
	Neck node Biopsy- Pediatric/ Adult	1	2	3
	Excision of Thyroglossal cyst		1	2
	Endoscopic DCR		1	1/2
	Choanal Atresia surgery		1	1/2
	Nasal Stenting		1	1/2
	Nasai Stellting			_,_
FACIAL	THERAPEUTIC			
PLASTICS			1	2
PLASTICS	Excision of facial skin lesions and reconstructive		1	4
	techniques		١.	1/2
	Reconstruct defects with local flaps.		1	1/2
	Reconstruct defects with distant flaps		1	1/2
	Harvesting split and full thickness skin grafts		1	2
	Facelifts		1	1/2
	Various suture of skins		1	3
	Dermal fillers		1	1/2
	Tissue expansion techniques		1	1/2
	Septorhinoplasty	1	1	2
	Tip plasty	1	1	2
	Cleft lip and Cleft Palate Repair		1	1/2
	Otoplasty		1	2
	Blepharoplasty and Canthoplasty		1	2/3
	Liposuction Face and Lipotransfer		1	1/2
	Septal perforation repair		1	2/3
	Fractures of face		1	1/2
	Use of Lasers and other non invasive rejuvenation		1	/ <b>*</b>
			1	1/2
	techniques		1	1/2

SLEEP	DIAGNOSTIC			
DISORDERS		1	2	3
DISORDERS	Polysomnography (Level 1-4)	1	2	4
	Flexible Nasopharyngolaryngoscopy	*	1	2
	CPAP pressure titration		*	2
	THERAPEUTIC		1	2
	Drug induced Sleep Study		1	
	Palatal procedures for OSA		1	1/2
	Uvulopalatopharyngoplasty for OSA		1	1/2
FACIOMAXILL	DIAGNOSTIC	40.	_	
ARY	3D printing and planning		1	2
	THERAPEUTIC			
	Nasal bone fracture reduction	1	2	4
	Inter dental wiring		1	2
	Mandibular fracture fixation		1	1/2
	Maxillary, ethmoid and zygomatic bone fracture		1	1/2
	reduction.			
RESEARCH	Framing a research question	2	3	4
	Design a study	2	3	4
	Writing research proposal/ synopsis	2		
	Obtaining clearance from regulatory authorities	2	2	4
	(IEC, Scientific committee. DCGI in case of trails etc0			
	Submitting the dissertation to the university			
	Preparing a manuscript and sending it for		2	3
	publication			
TEACHING	Engaging undergraduate students with didactic	2	3	4
	lectures			
	Teaching undergraduates Clinical skills	2	3	4
	Involvement in Group discussions, seminars, journal			
69	club, grand rounds,	3	4	4
MEDICOLEGA	Certification of Hearing disability	1	2	3/4
L	Wound certification	1	2	4
4	Mock Expert witness( Mock court trials)	1	1	1/2
	Demonstrate the knowledge of the various			
	regulatory laws binding to the practice of	1	3	4
	Otorhinolaryngology( NMC, KPME, CPA etc)			
	Consenting process			
	Documentation	1	3	3
		1	3	4
LEADERSHIP	Demonstrating Leadership roles in various activities	2	3	3
	Camps/CME programs/organizing academic			
	activities			
FINANCIAL	Demonstrate the knowledge of Medical insurance,	1	2	2
	Professional indemnity insurance schemes and			
	other personal financial literacy			
ATTITUDE	Ability to take history in Outpatient/Emergency	3	4	4
AND	setting			
COMMUNICA	Ability to break the bad news	2	3	3/4

# **PERIPHERAL POSTINGS**

#### PG 1 yr: (3 months Duration)

General Surgery/Plastic Surgery 1 month Anesthesia and ICU 1 month. Oral Faciomaxillary surgery 2 weeks Neurosurgery 2 weeks

Audiology and Speech Pathology 1 month Head and neck Oncology 1 month Radiotherapy 2 weeks Cardiothoracic surgery 2weeks

TION	Ability to communicate different treatment options	2	3	3/4
	Risk Consent taking	2	3	4
	Counselling of patients for Medical treatment	2	3	3/4
	Counselling of patients for Surgical treatment	2	3	3/4

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# PG 2nd year; (3 months)

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#### **RECOMMENDED BOOKS AND JOURNALS**

#### **TEXT BOOKS**

1. Scott Brown's Otolaryngology - 2.

Endoscopic sinus surgery by PJ Womald

- 3. Ballenger Diseases of the Nose, Throat, Ear, Head and Neck
- 4. Mawson's Diseases of the Ear.
- 5. Glasscock and Shambaugh Surgery of the Ear.
- 6. Learning Ear Surgery by Temporal Bone Dissection by Dr. K.K. Ramalingam and Dr. B. Sreeramoorthy
- 7. Year Book of Otolaryngolgy, Head and Neck Surgery Edited by Michael M. Paperella and Byron J. Bailey.
- 8. Stell and Marana Text book of surgery, Hodder Arnold
- 9. Rob and Smith Operartive Surgery Three volumesRecent Advances in Otolaryngology.
- 10. Jacksons Textbook of Broncho Oesophagology.

#### REFERENCE BOOKS

- 1. Cummings Text Book Of Otorhinolaryngology
- 2. Lore's Atlas or Head and Neck Surgery
- 3. Microsurgery of the skull base by Ugo Fisch and Doughlas Matto.
- 4. Text Book of Operative Surgery by Lee.
- 5. Otology Neurology by D. Brachmann
- 6. Monto Gomer surgery of Larynx Saunders.

Note: The editions are as applicable and the latest editions shall be the part of the syllabus.

#### **JOURNALS**

- 1. Laryngoscope
- 2. Otolaryngology Clinics of North America

- 3. Annals of Otology, Rhinology and Laryngology
- 4. Acta Otolaryngologica
- 5. Archives of Otolaryngology, Head and Neck Surgery
- 6. International Journal of Paediatric Otolaryngology
- 7. Indian Journal of Oto-rhinolaryngology and Head & Neck Surgery
- 8. Journal of Facio-maxillary surgery



#### **REFERENCES**

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- Cate TO, Competency Based Education, Entrustable Professional Activities, and the Power of Language, Journal of Graduate Medical Education, 2013:6-7
- Karthikeyan P, Pulimoottil DT, Design and Implementation of Competency Based Post graduate Medical Education in Otorhinolarynology: The Pilot Experience in India, Indian J Otolaryngol Head Neck Surg: 2018: https://doi.org/10.1007/s12070-018-1474-5
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- Shaw E, Oandasan I, Fowler N, eds. CanMEDS-FM 2017: A competency framework for family physicians across the continuum. Mississauga, ON: The College of Family Physicians of Canada; 2017.
- Bussey Maria: Intercollegiate Surgical Curriculum Program: Otolaryngology Curriculum General Medical Council; Oct 2020: 42-44 (https://www.gmc-uk.org/-/media/documents/otolaryngology-curriculum-aug-2021-approved-oct-20 pdf-84480137)
- Jambure A, Jambure M, A study on awareness and knowledge about Medicolegal issues among interns and Post Graduates, Internal Journal of current Medical and Applied sciences, 2017,17(1)09-12
- Rutala DR, Evans A, Medico-Legal Education: A Pilot Curriculum to Fill the Identifies Knowledge Gap, Journal of Graduate Medical Education 2010:595-599
- Ahmad AF, White AJ, Hiller KM, Amini R, Jeffe DB, An assessment of residents' and fellows' personal finance literacy: an unmet medical education need. International Journal of Medical Education.2017;8:192-2014

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# nnexure I

NameoftheDepartment/Unit

# PostgraduateStudentsAppraisalForm Pre/Para/Clinical Disciplines

	dofTraining			•••••	
Sr. Io.	PARTICULARS	Not Satisfactory	Satisfactory	More Than Satisfactory	Remarks
10.		1 23	456	7 8 9	
1.	Journal based / recent	123	430	765	
٠.	advances learning				
2.	Patient based				
	/Laboratory or Skill based				
	learning				
3.	Self directed learning				
	and teaching			1000	
4.	Departmental and		1 7		
	interdepartmental				
	learning activity			100	
5.	External and Outreach		4	100	
	Activities / CMEs				
_	Thesis / Research work				
6.		1			The state of
7.	Log Book Maintenance				
7. Public	Log Book Maintenance				Yes/No
7. Public	Log Book Maintenance				Yes/No
7. Public	Log Book Maintenance				Yes/No
7. Public	Log Book Maintenance				Yes/No
7. Public	Log Book Maintenance	gative attributes of a pos	stgraduate student to	be mentioned.	Yes/No
7. Oublid	Log Book Maintenance	A WIND			
7. Oublid	Log Book Maintenance  ations  aks*  ARKS: Any significant positive or neg	A WIND			
7. Oublid	Log Book Maintenance  ations  aks*  ARKS: Any significant positive or neg	A WIND			
7. Oublid	Log Book Maintenance  ations  aks*  ARKS: Any significant positive or neg	A WIND			
7. Oublid	Log Book Maintenance  ations  aks*  ARKS: Any significant positive or neg	A WIND			
7. dublio	Log Book Maintenance  ations  aks*  ARKS: Any significant positive or neg	A WIND			
7. ublic	Log Book Maintenance  ations  aks*  ARKS: Any significant positive or neg	A WIND			

II

Reflections of the Activities (to be used for AETCom Topics, Teaching Activities, Surgical

Competencies, & Feed Back Sessions)

	Reflections	
Session Topic:		Date:
What happened?		
So What?		
What Next?		

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# **Self Directed Learning**

SI No	Date	Topic Learnt	Mode of Learning Project. Workshops Academic body meeting	Signature

IV

# Assessment of Certifiable Competencies

SI No	Name of the competency	No of the competenc	Date of Assessment	Cleared /review /remedial measures advised	Date of Clearance	Signature of the assessor

# **Port Folio Evaluation**

# PORTFOLIO (OVERALL ASSESSMENT)

Name of the Student:

Batch

	Theory Internal Assessment					Pra						Semin ars	Ward work	Journ al Clubs	UG teac hing	Case Prese ntatio n	Log Book	
	Topic and																	
	Date																	
	Max Marks																	
	Marks scored																	
			Da	te	V	enue/J	lourn	al					Title					
DI	ISSERTATION	١									7							
PC	OSTER																	
P/	APER						1											
Pl	JBLICATION																	

# **Annexure VI**

# PG Thesis Final Departmental Evaluation Form

Name of the Candidate

Year of Admission

Title of the Topic Guide Name:

SI No	Topics	Sub Topics	Deficiency found	Corrections suggested	Reviewed/ Recorrections suggested Date	Approved/Not approved
	Title	Appropriateness Clarity Justification of the topic				
	Introduction	Purpose of the study Mention of lacune in the current literature Hypothesis				
	Review of Literature	properly				
	Materials	Type of the study Details of the subjects( control/cases) Details of the materials ( instrument/Devices used Experimental design				
	Methodology	Procedure used for data collection Questionnaire Cases Statistical methods Statement of limitations Mention the ethical issues involved				
	Results and Observations	Logical organization in readily identifiable sections Correctness of data analysis Appropriate use of charts, tables, graphs, figures, etc Statistical interpretation Objectivity of interpretation				

Discussion	Relevance ( within framework of studyP and appropriateness for data Interpretation of implication of results. Statement of limitation of interpretation ( mention of appropriate caution while stating inferences) Mention of unanswered questions Mention of questions raised		
Conclusions	Rightly concluded Meets the objectives stated		
Annexures	Whether all required annexure and appendices are included, eg. The clinical proforma, the questionnaire used, etc.		

Remarks By the guide:	

# Remarks by the Head of the department:

Signature of the co guide Signature of the Guide Signature of the HOD Signature of Principal

# **Annexure VII**

# Internal Thesis Progress Report 1 / 2 Name of the candidate: Year of admission: Title of the topic: Guide/Evaluator Name: To be filled by the candidate Date of Submission: Status of the Dissertation work: Data collection / Article collection /statistical work / analysis of the data / results and interpretation / writing Thesis No of Cases studied: No of Articles reviewed: Is Data Collected in accordance with the objective stated: Any modifications/ additional data which needs to be collected. Difficulties /problems encountered during the data collection Any other Brief report of the Study till date:

Continued	
<u>To be</u>	filled by the Guide:
Data Reviewed:	complete/partly incomplete/incomplete
Articles Collected: Problems discussed:	Relevant/Partly irrelevant/ Irrelevant
Corrections Suggested / Remarks	
Status/Progress of the work :	Satisfactory/ Non Satisfactory
Signature of the Guide / Evaluator with Date:	
Signature of the Head of the Department	

# VIII

# Checklist for evaluation of the communication skills.

	Checklist	Rating 0-4	Brief Case Scenario
	Builds the relationships		
	Opens the discussion		
;	Gathers information		
ļ	Understands the patient's		
	perspective		
5	Shares information		
5	Reaches agreement		
7	Provides closure		
	Total		

Rating Scale 0-4 0=Did not made any attempt, 1= made an attempt but not satisfactory, 2=Satisfactory 3=Good, 4=Excellent

Name and Designation of the Evaluator:

Date: Signature of the Evaluator

IX

# CHECK-LIST FOR EVALUATION OF JOURNAL REVIEW PRESENTATIONS

Name of the Student:	ı	Date:
Name of the Faculty/Observer:		

SI. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Article chosen was					
2.	Extent of understanding of scope & objectives of the paper by the candidate					
3.	Whether cross references have been consulted					
4.	Whether other relevant publications consulted					
5.	Ability to respond to questions on the paper / subject	Y				
6.	Audio-Visual aids used					
7.	Ability to defend the paper					
8.	Clarity of presentation					
9.	Any other observation					
	Total Score					

# Check List - II. CHECK-LIST FOR EVALUATION OF **SEMINAR** PRESENTATIONS

Name of the Student:	Date:

Name of the Faculty/Observer:

SI.	Items for observation during presentation		Below Average	Average	Good	Very Good
No.			1	2	3	4
1.	Whether other relevant publications consulted					
2.	Whether cross references have been consulted					
3.	Completeness of Preparation					
4.	Clarity of Presentation					
5.	Understanding of subject					
6.	Ability to answer questions				)	
7.	Time scheduling					
8.	Appropriate use of Audio-Visual aids					
9.	Overall Performance					
10.	Any other observation					
	Total Score					

# ΧI

# Check List – III CHECK LIST FOR EVALUATION OF CLINICAL WORK IN WARD / OPD

(To be completed once a month by respective Unit Heads including posting in other departments)

Name of the Student: Date:

Name of the Unit Head:

SI.	Points to be considered:	Poor	Below Average	Average	Good	Very Good
No.		0	1	2	3	4
1.	Regularity of attendance					
2.	Punctuality					
3.	Interaction with colleagues and supportive staff					
4.	Maintenance of case records					
5.	Presentation of cases during rounds					
6.	Investigations work up					
7.	Bedside manners					
8.	Rapport with patients					
9.	Counseling patient's relatives for blood donation or Postmortem and Case follow up.					
10.	Overall quality of Ward work					
	Total Score					

# **Annexure XII**

# Check List – IV EVALUATION FORM FOR CLINICAL PRESENTATION

Name of the Student:	Date:
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Name of the Faculty:

SI. No.	Points to be considered	Poor 0	Below Average 1	Average 2	Above Average 3	Very Good 4
1.	Completeness of history					
2.	Whether all relevant points elicited					
3.	Clarity of Presentation					
4.	Logical order					
5.	Mentioned all positive and negative points of importance					
6.	Accuracy of general physical examination					
7.	Whether all physical signs elicited correctly					
8.	Whether any major signs missed or misinterpreted					
9.	Diagnosis: Whether it follows logically from history and findings					
	Investigations required Complete list					
10	Relevant order					
	Interpretation of investigations					
11.	Ability to react to questioning  Whether it follows logically from history and findings					
12.	Ability to defend diagnosis					
13.	Ability to justify differential diagnosis					
14.	Others					
	Grand Total				· · · · · · · · · · · · · · · · · · ·	

#### **Annexure XIII**

# Check List – V MODEL CHECK LIST FOR EVALUATION OF TEACHING SKILL PRACTICE

Name of the Student:	Date:
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Name of the Evaluator/Observer:

SI. No.		Strong Point	Weak Point
1.	Communication of the purpose of the talk		
2.	Evokes audience interest in the subject		
3.	The introduction		
4.	The sequence of ideas		
5.	The use of practical examples and/or illustrations		
6.	Speaking style (enjoyable, monotonous, etc., specify)		
7.	Attempts audience participation		
8.	Summary of the main points at the end		
9.	Asks questions		
10.	Answers questions asked by the audience		
11.	Rapport of speaker with his audience		
12.	Effectiveness of the talk		
13.	Uses AV aids appropriately		

# Rajiv Gandhi University of Health Sciences OTORHINOLARYNGOLOGY – HEAD AND NECK SURGERY

**Curriculum Co-coordinator** 

Dr Prashanth KB

# Expert committee members

Dr Venkatesha BK

Dr Manjunatha Rao SV

Dr Ravindra Gadag

Dr Mahesh Bhat

Dr Gangadhara KS

Dr Sanjay B Patil

Dr Deviprasad D

Dr Mallikarjuna swamy

Dr Prashanth H Patil