

# Elective: Otolaryngology – Head & Neck Surgery

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## OVERVIEW

The Otolaryngology-Head and Neck Surgery elective at the University of Manitoba aims to provide students with a comprehensive and engaging experience in Otolaryngology. Electives will include clinic, OR, emergency department, and ward exposure in General ENT, Head and Neck Surgery, Rhinology, Otology, Pediatric Otolaryngology, and facial plastics.

## INTRODUCTION

### Location(s)

Health Sciences Centre/Children's Hospital and St. Boniface hospital are the principal teaching sites. Students will occasionally attend private clinics outside these hospitals.

### Preceptors

UGME ENT Director:	Dr. Darren Leitao
Head and Neck Surgical Oncology:	Drs. N. Viallet, D. Sutherland, P. Kerr
Otology:	Drs. J. Hochman, L. Garber, B. Blakley
Pediatric Otolaryngology:	Drs. D. Leitao, J. Jones
Rhinology:	Drs. R. Gall, F.G. Osler
Laryngology:	Dr. A. Darnbrough, M. Barker
Facial Plastics:	Dr. A. Esmail
General Otolaryngology	

### Contact Person

Emi Okamoto  
Administrative Assistant  
Department of Otolaryngology - Head & Neck Surgery  
GB421 - 820 Sherbrook Street  
Winnipeg, Manitoba Canada R3A 1R9  
[EOkamoto@exchange.hsc.mb.ca](mailto:EOkamoto@exchange.hsc.mb.ca)  
Phone Number: 204-787-7773  
Fax Number: 204-787-1727

## LEARNING OBJECTIVES (CanMEDS)

### Medical Expert

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills and professional attitudes in their provision of patient-centered care.

The student can expect to be actively involved in the service. This will encompass:

- By the end of the elective the student will be able to:
  - Identify and manage common Otolaryngology problems
  - Recognize urgent Otolaryngology situations

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## **Communicator**

Physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

As Communicators, students will facilitate the doctor-patient relationship:

- By the end of the elective the student will be able to:
  - Know when to refer to an Otolaryngologist.

## **Collaborator**

Physicians effectively work within a healthcare team to achieve optimal patient care.

As Collaborators, students will work effectively within the surgical team to achieve optimal patient care:

- By the end of the elective the student will be able to:
  - Work with other health care team members, including audiology, speech language and pathology, nursing, and administration

## **Leader**

Physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

As Leaders, students will participate in the activities of the surgical service, making decisions, allocating resources, and contributing to the effectiveness of the health care team:

- By the end of the elective the student will be able to:
  - Recognize which patients are indicated for Otolaryngology referral and Otolaryngology testing (MRI, CT, Audiology, etc)

## **Health Advocate**

Physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities and populations.

As Health Advocates, students will responsibly use their expertise and influence to advance the health and well-being of individual patients, communities and populations:

- By the end of the elective the student will be able to:
  - Promote smoking cessation to help prevent Otolaryngology cancers and disease

## **Scholar**

Physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

As Scholars, students will demonstrate a lifelong commitment to learning:

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- By the end of the elective the student will be able to:
  - Apply the medical literature and guidelines in management of Otolaryngology problems

## **Professional**

As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

As Professionals, students are committed to health and well-being of individuals through ethical practice, profession-led regulation and high personal standards of behavior:

- By the end of the elective the student will be able to:
  - Work with patients and health care team members in a respectful, collaborative, and professional manner.

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## **INFORMATION**

### **Required Reading**

American Academy of Otolaryngology-Head and Neck Surgery Clinical Practice Guidelines:  
<http://www.entnet.org/content/clinical-practice-guidelines>

Canadian Society of Otolaryngology-Head and Neck Surgery Learning Modules:  
<https://www.entcanada.org/education/medical-students/>

We have a well-equipped library in our department for your resource that you are welcome to use.

### **Evaluations**

Residents and staff will contribute to an evaluation which will be completed by the UGME director following an exit interview. Students are invited to keep a journal of their experiences and learning activities during their elective to contribute to the assessment. They are further invited to present an interesting case they saw during their elective.

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## **WARD ACTIVITIES**

### **Expectations**

Students will be exposed to both medical (clinical) and surgical aspects. Electives can be tailored based on the student's objectives.

### **Orientation**

Elective students will be contacted prior to the elective by the program administrator and the chief resident to facilitate a smooth arrival and start. On the first day there will be a meeting with the UGME director to discuss rotation expectations and any specific student requests or interests.

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## **Schedule**

Electives of 2, 3, or 4 weeks can be accommodated, and will consist of one week each of Pediatrics, Otolaryngology, Rhinology/General ENT, and Head and Neck Surgery. A 2-week elective will typically include 1 week of Pediatric ENT, Otolaryngology, and Rhinology, with a second week of Head and Neck surgery and inpatient consults. Mornings will begin with team rounds on the relevant inpatient service, with the second week dedicated to the head and neck service.

## **OR Exposure**

Students will spend multiple OR days with different staff surgeons, in the role of first or second assist. Emphasis on procedural skills (e.g. wound closure, vessel ligation) and anatomy teaching.

## **Clinic**

Students are encouraged to see patients independently and present to the senior resident or staff surgeon. Emphasis on physical exam, differential diagnosis development, and presentation.

## **Inpatient Consults**

Students are encouraged to see appropriate inpatient consults independently before reviewing with the consult resident, and participate in procedures. Emphasis on focused history and physical exam, communication, and management plan development.

## **Call**

Students are invited to assist with on-call consults and ward duties on weekends and evenings, rounding and reviewing with the on-call resident.

## **Procedures**

Instruction and opportunities for flexible nasal laryngoscopy, fine needle aspiration biopsy, epistaxis management, and external ear debridement, among other procedures, can be anticipated on most rotations.