

# CLERKSHIP GUIDE

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## OVERVIEW

- At general orientation:
  - You will be given a book, Primary Care Otolaryngology.
  - You will receive a handout on "Pediatric Otolaryngology" prepared by Drs. Jerome Thompson and Rose Mary Stocks.
  - You will be given a "Study Guide", which will give you most of the basic information you will need for the rotation.
  - You will be assigned to a resident.
- You will be expected to attend **ALL** lectures. **IN THE EVENT THAT LECTURES ARE CANCELLED, PLEASE SPEND THAT TIME READING.**
- You **MUST** complete the ENT CD in the Planetree Center (first floor Coleman). Be sure to sign the log. This is mandatory.
- Your clerkship rotation schedule shows the resident you will be assigned. Be sure and page the resident you are assigned so that you may set up a time and place for meeting to begin your rotation. Your designated resident will advise you concerning attendance of clinics, surgeries and night call.
- On the day of the final exam, you will be expected to return:**

- a. **an evaluation of the course\***
- b. **a nomination for most effective teacher among the residents\***
- c. **a nomination for most effective teacher among the faculty\***
- d. **a list of patient diagnoses\*\***

**\*Page 8 of the Study Guide**

**\*\*Page 10 of the Study Guide**

2. **Please contact Claudia Achkar (448-5885) with questions or problems that can't be handled by your resident. Also, let Claudia know when you cannot make lectures or your rotation with resident.**

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## **INTRODUCTION**

**The establishment of this senior experience in Otolaryngology-Head and Neck Surgery will allow the undergraduate medical trainee to improve his/her clinical acumen with regards to disease processes of the ears, nose and throat. An emphasis on teaching the pathophysiology, diagnosis and treatment of emergent and non-emergent disorders common to this discipline will be made.**

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## **GOALS AND OBJECTIVES**

1. **Take an adequate otolaryngology history**
2. **Demonstrate and appropriate level of competency in the following clinical skills:**
  - a. **otoscopy and pneumatic otoscopy**
  - b. **examination of the oral cavity**
  - c. **indirect laryngoscopy**
  - d. **observe rhinolaryngoscopy**
3. **Examine the neck including bimanual palpation:**
  - a. **observe fiberoptic rhinolaryngology**

**b. anterior and fiberoptic rhinoscopy**

**4. Be conversant about the pathophysiology of common otolaryngologic processes:**

**a. otitis media**

**b. sinusitis**

**c. upper aerodigestive tract neoplasms**

**d. tonsillitis**

**e. disorders of the vestibular system**

**f. hearing loss**

**g. hoarseness**

**5. Diagnose and treat the following disorders:**

**a. otitis media in children and adults**

**b. sinusitis**

**c. chronic tonsillitis**

**d. neoplasms of the upper aerodigestive tract**

**e. hearing loss**

**f. vestibular dysfunction**

**g. facial paralysis**

**6. Basically understand audiograms and tympanograms**

**7. Demonstrate the ability to evaluate cervical masses**

**8. Appreciate the scope of otolaryngology as a specialty**

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**METHOD OF INSTRUCTION**

**It is anticipated that the student will be able to satisfy these goals and objectives by utilizing the following modalities:**

- 1. Hands-on clinical experience in an ambulatory setting**
- 2. Attendance of resident lectures.**
- 3. Attendance of lectures and conferences:**
  - a. **Monday, 9:00 a.m. – 12:00 noon *Lecture by Dr. Francisco Vieira, Coleman Building, Conference Room B227.***
  - b. **Tuesday, 1:30 – 3:30 p.m. *Lecture by Dr. Francisco Vieira, Coleman Building, Conference Room B227***
  - c. **Tuesday, 4:00 p.m. – 7:00 p.m. *Lecture by Dr. Larry E. Duberstein, Coleman Building, Conference Room B227***
  - d. **Wednesday, 8:00 p.m. – 5:00 p.m. *Activities with assigned resident***
  - e. **Thursday, 2:00 p.m. – 3:00 p.m. *Head and Neck Infections and Tumors, Coleman Building, Conference Room B227, given by PGY 6 assigned to Med/Bowld***
  - f. **Thursday, 3:00 p.m. – 4:00 p.m. *M&M Conference, Patient Care Rounds, or Research Conference, U. T. Cancer Institute, 1331 Union Ave. 10th Floor Training Room***
  - g. **Thursday, 4:00 p.m. – 5:00 p.m. *Patient Treatment Conference, U. T. Cancer Institute, 1331 Union Ave. 10th Floor Training Room***
  - h. **Friday, 7:30 a.m. – 8:30 a.m. *Grand Rounds , Coleman Building, Conference Room B227***

**NOTE: Otherwise, call your assigned resident for instructions regarding remainder of the day's activities.**

- **Discussions with faculty and staff at bedside and clinic**
- **Completion of the ENT CD in the Planetree Center on the first floor of the Coleman Building.**
- **Consultation of referenced texts:**
  - **Clinical Manual of Otolaryngology by Terence M. Davidson**
  - **Fundamentals of Otolaryngology by Dewese and Saunders (available in ENT library).**
  - **Primary Care Otolaryngology by J. Gregory Staffel, M.D.; James C. Denny III, M.D.; David E. Eibling, M.D.; Jonas T. Johnson, M. D.; Margaret A. Kenna, M.D.; Karen T. Pitman, M.D.; Clark A. Rosen, M.D.; Scott W. Thompson, M.D.**

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## **CLERKSHIP ORGANIZATION**

### **Orientation**

**Students will gather on the first day of their rotation at 8:00 a.m. as instructed by Becky Adams in Orthopaedic Surgery, for orientation for the clerkships in orthopedics, ophthalmology, and otolaryngology. Otolaryngology's portion of this session is intended to acquaint the students with the following:**

- d. Objectives and structure of the clerkship**
- e. Clinic assignments**
- f. Required reading**
- g. Conference schedule**
- h. Evaluation process which is graded by residents and faculty and must attend all lectures.**

**Be prepared to stay for Monday's lecture (if it is your rotation), if orientation is on a Monday.**

#### **Faculty and Resident Lectures**

**Medical students will be expected to attend regularly scheduled resident lectures.**

**Monday, 9:00 a.m. – 12:00 p.m. Lecture by Dr. Francisco Vieira, Coleman Building, Conference Room B227.**

**Tuesday, 1:30 p.m. – 3:30 p.m. Lecture by Dr. Francisco Vieira, Coleman Building, Conference Room B227.**

**Tuesday, 4:00 p.m. – 7:00 p.m. Lecture by Dr. Larry E. Duberstein, Coleman Building, Conference Room B227**

**Wednesday, 3:00 p.m. – 5:00 p.m. Activities with assigned resident**

**Thursday, 2:00 p.m. – 3:00 p.m. Head and Neck Infections and Tumors, Coleman Building, Conference Room B227, given by PGY 6 assigned to Med/Bowld**

**Thursday, 3:00 p.m. – 4:00 p.m. M&M Conference, Patient Care Rounds, or Research Conference, U. T. Cancer Institute, 1331 Union Ave. 10th Floor Training Room**

**Thursday, 4:00 p.m. – 5:00 p.m., Treatment Planning Conference (TPC), U. T. Cancer Institute, 1331 Union Ave. 10th Floor Training Room**

**Friday, 7:30 a.m. – 8:30 a.m. Grand Rounds, Coleman Building, Conference Room B227**

## **Clinics**

**Students will be assigned to clinic rotations at one of the following sites:**

- i. LeBonheur Children's Medical Center**
- j. Methodist Hospital**
- k. MedPlex/Bowld**
- l. ENT Clinic - Germantown**
- m. ENT Clinic – 920 Madison**

**All of the above sites have active clinical services and should provide a wealth of experience for the rotating medical student. The placement of no more than two students per clinical site will allow for the most favorable resident/staff to student ratio. Development of basic otolaryngologic skills and comprehension of basic disease processes will be emphasized.**

## **Clinical Skills Check-off List**

**Each student will receive a clinical skills check-off list as part of the orientation package. This list is for you as a guideline as to what you should have done on the rotation in the Department of Otolaryngology-Head and Neck Surgery. Required skills are listed below:**

- 14. Be able to perform otoscopy and pneumatic otoscopy.**
- 15. Be familiar with the normal anatomy of the nose and perform anterior and fiberoptic rhinoscopy.**
- 16. Be able to perform a competent examination of the oral cavity.**
- 17. Be familiar with the technique of indirect laryngoscopy for inspection of the larynx and hypopharynx.**
- 18. Be able to perform a thorough examination of the neck including bimanual palpation.**
- 19. Be able to interpret basic audiograms and tympanograms.**

## **Night Call**

**Students will be required to accompany their resident on at least one night of call.**

## **Evaluations**

**The standard form, "Forms for Evaluation Students in Clerkships and Elective," will be used to document the students' performance on the rotation.**

**Final grades will be determined by attendance in clinic, lectures in Otolaryngology and final test grade.**

**A written examination will be given each month on the last day of the Specialty clerkship. The ENT written exam is for your personal evaluation of what you have learned and will contribute to your grade. This will be a 50-question computer generated examination to include 25 orthopedic questions, 13 otolaryngology questions and 12 ophthalmology questions.**

**Students will be given a numerical grade as follows:**

**A 100 - 85**

**B 84 - 70**

**C 69 - 50**

**Unsatisfactory – 49 or below**

**Student final clinical evaluation numerical grade will be determined as follows:**

**Orthopaedic Surgery 50%**

**Otolaryngology-Head & Neck Surgery 25%**

**Ophthalmology 25%**

**Written examination numerical grade and overall clinic evaluation numerical grade will be averaged to arrive at clerkship final grade.**

**A 90 – 100**

**B 80 – 89**

**C 70 – 79**

**Unsatisfactory – 69 or below**

**The written examination grade, clinical performance grade and overall course grade will be completed by the Clerkship Administrative Coordinator on the original University evaluation form for each student and forwarded to the Dean's office.**

**A student's final grade will be changed only by agreement of three faculty representatives.**

**OTOLARYNGOLOGY-HEAD AND NECK SURGERY**

**COURSE EVALUATION**

5 = Strongly Agree      4 = Agree      3 = Disagree      2 = Strongly Disagree      1 = Horrid

1.	Residents devote enough time and effort to teaching medical students.	
2.	Attendees devote enough time and effort to teaching medical students.	
3.	The quality of resident teaching is adequate.	
4.	The quality of attending physician teaching is adequate.	
5.	Students are actively involved in patient care.	
6.	There is a reasonable number of patients.	
7.	Residents treat students with respect.	
8.	Conferences were appropriate and relevant to patient care.	
9.	There was adequate time to read and view the videos.	
The "highlight" of the otolaryngology-head & neck surgery portion of the clerkship was:		
The "pits" of the of the otolaryngology-head & neck surgery portion of the clerkship was:		
My overall rating of the otolaryngology-head & neck surgery portion of the clerkship is:		

**Please select a resident from the list below for the MEDICAL STUDENTS' "RESIDENT TEACHING AWARD"**

- |                            |      |                       |      |
|----------------------------|------|-----------------------|------|
| 1. Ahmed, Asif             | PGY3 | 7. Mineck, Cory       | PGY5 |
| 2. Armstrong, David        | PGY2 | 8. Naidu, Sri         | PGY6 |
| 3. Costello, Tom           | PGY5 | 9. Whatley, W. Stites | PGY3 |
| 4. Glickstein,<br>Jonathan | PGY2 | 10. Zapata, Syboney   | PGY6 |
| 5. Hall, Chris             | PGY6 |                       |      |
| 6. Knipe, Thomas           | PGY3 |                       |      |

**PLACE NUMBER HERE** \_\_\_\_\_

**Please select a faculty member from the list below for the MEDICAL STUDENTS' "FACULTY TEACHING AWARD"**

- |                          |                     |                           |
|--------------------------|---------------------|---------------------------|
| 1. John M. Hodges        | 4. Sandeep Samant   | 7. Francisco Vieira       |
| 2. C. Bruce<br>MacDonald | 5. Merry Sebelik    | 8. Larry E.<br>Duberstein |
| 3. Phillip Langsdon      | 6. Rose Mary Stocks | 9. Rick Chandra           |

**PLACE NUMBER HERE** \_\_\_\_\_

**Return the completed form to Claudia Achkar in room B216, Coleman Building. Please feel free to include additional comments, negative and positive, on the back of this form.**

**OTOLARYNGOLOGY**

**Clinical Skills Check-off List (for the student to keep)**

1. Understand basic head and neck anatomy \_\_\_\_\_
2. Perform basic ear exam, otoscope, tuning forks, etc.
3. Attempt indirect mirror laryngoscopy \_\_\_\_\_
4. Perform basic oral; nasal and neck exams \_\_\_\_\_
5. Acquire basic understanding of:




**Please return the completed form to Claudia Achkar in room B216, Coleman Building.**

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**OTOLARYNGOLOGY STUDY QUESTIONS FOR MEDICAL STUDENTS**

**1. Indications for adenoidectomy include:**

- a. Nasal airway obstruction**
- b. Chronic sinusitis with nasal airway obstruction**
- c. Chronic serous otitis with nasal airway obstruction**
- d. All of the above**

**2. Indications for tonsillectomy include all of the following except:**

- a. Peritonsillar abscess**
- b. Recurrent pharyngitis/tonsillitis causing significant missed days from work or school**
- c. Large tonsils**
- d. Oropharyngeal airway obstruction**

**3. The following is true about Malignant Otitis Externa except:**

- a. Is a fulminate pseudomonas infection of the soft tissues**
- b. Can occur in immunocompromised hosts such as diabetics**
- c. Can be fatal**
- d. Can be diagnosed by CT alone**

**4. Indications for PE tubes include:**

- a. Chronic serous otitis media greater than 3 months**
- b. Recurrent otitis media with failure of prophylaxis**
- c. Persistent otitis media despite multiple antibiotics**
- d. All of the above**

**5. Which of the following are commonly seen in patients with peritonsillar abscess:**

- a. Trismus**
- b. Deviation of the uvula**
- c Ipsilateral otalgia**
- e. All of the above**

**6. The most common organism(s) causing external otitis are:**

- a. Pseudomonas**
- b. Hemophilus**
- c. Bacteroides**
- d. All of the above**

**7. The Rinne Test evaluates:**

- a. Air conduction**
- b. Bone conduction**
- c. Both**

**d. Neither**

**8. Which of the following are recognized complications of otitis media:**

**a. Sigmoid and cavernous sinus thrombosis**

**b. Subdural and brain abscesses**

**c. Meningitis**

**d. Facial nerve paralysis**

**e. All of the above**

**9. Sinuses which drain into middle turbinate are:**

**a. Anterior ethmoid & maxillary**

**b. Posterior ethmoid & sphenoid**

**c. Posterior ethmoid & maxillary**

**d. Anterior ethmoid & sphenoid**

**10. Which of the following commonly results in a "hot potato" voice?**

**a. Squamous cell carcinoma of the oropharynx**

**b. Peritonsillar abscess**

**c. Streptococcal pharyngitis**

**d. Viral pharyngitis**

**11. The most common cause of hearing loss in children is:**

**a. Noise exposure**

**b. Congenital anomalies of the head**

**c. Otitis media**

**d. Meningitis**

**e. Congenital TORCH infection**

**12. Which of the following is not a common etiologic organism of otitis media in children:**

- a. Hemophilus influenza**
- b. Streptococcus pneumonia**
- c. Streptococcus pyrogenes**
- d. Pseudomonas Sp.**

**13. In a patient in which a tympanic membrane perforation cannot be excluded, the best ear drops for treatment of otitis externa is:**

- a. Cortisporin otitis solution**
- b. Boric acid/Acid ETOH drops**
- c. Cortisporin otic suspension**
- d. Garamycin drops**
- e. ETOH/Acetic Acid drops**

**14. Salivary gland tumors occur most often in which gland:**

- a. Parotid gland**
- b. Submandibular gland**
- c. Sublingual gland**
- d. Minor salivary glands**

**15. Risk factors for head and neck cancer include:**

- a. Alcohol**
- b. Cigarettes**
- c. Both**
- d. Neither**

**16. Which is the least effective treatment for head and neck cancers?**

- a. Surgery**

**b. Chemotherapy**

**c. Radiation**

**d. All are equally effective**

**17. Most common anatomical obstruction of the nasal cavity:**

**a. Tumor**

**b. Septal deviation**

**c. Hematoma**

**d. Abscess**

**18. Cholesteatomas:**

**a. Most commonly form from tympanic membrane retraction pockets**

**b. Are treated with IV antibiotics**

**c. Does not progressively destroy the middle ear and temporal bone**

**d. Are malignant tumors**

**19. Acute Epiglottitis, though rare now, because of the vaccine:**

**a. Is almost never caused by H. influenza in children**

**b. Can safely be initially managed with epinephrine, to temporize**

**c. Should be initially managed in the operating room**

**d. Is usually associated with cough, hoarseness and expiratory stridor**

**20. Patients with Downs' Syndrome:**

**a. Are at relatively high risk for atlantoaxial joint subluxation during adenotonsillectomy**

**b. Often have airway obstruction which is not related to the adenoids or tonsils**

**c. Are at relatively high risk for hypernasality following adenoidectomy**

**d. All of the above**