

## Sub-Internship Description

**Campus:** Southeast (Fargo)

**Department:** Surgery

**Sub-Internship Title:** Otolaryngology Sub-Internship

**Course Number:** SURG 9504

**Location of Sub-Internship:** Sanford Medical Center – Fargo, ND

**Preceptor(s):** Dr. Brent Nichols, Dr. Andrew Terrell, Dr. Yusuf Agamawi

**Period(s) offered:** All

**Number of students:** 1-2 students per year

**Purpose:** To provide an educational opportunity for students to participate in the care of Otolaryngology patients at the level of an acting intern. This will include preoperative, intraoperative, and postoperative patient care experiences.

**Objectives:** After completing the sub-internship, the student will be able to

1. Obtain a history and perform a physical exam.  
*EPA #1; Competency 3.1*
2. Present the history and physical in a concise, well-organized format.  
*EPA #6; Competency 3.7*
3. Form and prioritize a differential diagnosis. Select a working diagnosis.  
*EPA #2; Competency 3.3*
4. Discuss orders and prescriptions and construct evidence-based management plans.  
*EPA #4; Competency 3.4, 3.8*
5. Select screening and diagnostic studies and labs and interpret the results of these tests.  
*EPA #3; Competency 3.2, 3.3*
6. Recognize patients who are critically ill or require emergent care and initiate the appropriate initial steps in that care. Reassess patients on an ongoing basis and adjust plan of care as appropriate.  
*EPA #10; Competency 3.5*
7. Document the clinical encounter in a timely fashion.  
*EPA #5; Competency 3.7, 5.7*
8. Communicate effectively with patients and their families regarding diagnoses and plans of care with respect for cultural and socioeconomic backgrounds.  
*Competency 3.9, 4.1*
9. Work effectively as a member of the interprofessional healthcare team including giving and accepting patient handoffs at transitions of care.  
*EPA #8, #9; Competency 3.5, 7.5*
10. Research a clinical question relating to patient care with appropriate evaluation of resources and use of evidence-based information.  
*EPA #7; Competency 1.6, 1.10, 2.7*
11. Formulate or update an accurate problem list for patients under his or her care.  
*EPA #5; Competency 3.3, 3.7*

### **Specialty Specific Objectives:**

12. Demonstrate the ability to obtain informed consent for procedures, including hypoglossal nerve stimulator (HGNS), cochlear implant (CI), parotidectomy, tonsillectomy, laryngoscopy, and myringotomy tubes. (Competency 4.9)
13. Execute flexible nasopharyngoscopy under supervision. (Competency 3.6)
14. Execute or assist in simple wound closures. (Competency 3.6)
15. Demonstrate the ability to manage post-operative head and neck patients including recognition of common complications. (Competency 3.3, 3.4, 3.5)

### **Instructional Activities:**

During this elective, the student will be involved in/experience:

1. The student will assume primary responsibility for assigned patients under the supervision of an upper-level resident or attending. (EPA 9)
2. Rounding on head and neck cancer post-op patients monitoring for surgical site infections, airway compromise, and nutritional needs. (EPA 10)
3. Participate in inpatient ENT Neonatal ICU airway evaluation.
4. Participation in outpatient clinic evaluations of common ENT complaints (e.g., hearing loss, sinusitis, neck mass). (EPA 1, 3)
5. Observing and assisting (when appropriate) in operating room procedures such as tonsillectomies, myringotomy, HGNS, neck mass excision and rhinoplasty. (EPA 12)
6. Participation in multidisciplinary tumor board discussions for head and neck oncology cases. (EPA 7, 9)
7. Student will pick a topic and give 7-10 minute presentation in 3 or 4<sup>th</sup> week of rotation

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### **Evaluation Methods:** The preceptor will:

1. By direct observation, evaluate the student's ability to perform a complete history and physical pertinent to the Sub-I specialty and present findings. (EPA 1, 6)
  - a. *Recurrent AOM*
  - b. *Sleep disordered breathing/recurrent tonsillitis*
  - c. *Chronic sinusitis*
  - d. *Adult Neck mass*
  - e. *Pediatric neck mass*
  - f. *Congenital hearing loss*
  - g. *Nasal obstruction*
  - h. *Ear pain (otalgia)*
  - i. *Tinnitus*
  - j. *Dizziness*
  - k. *Dysphonia (hoarse voice)*
  - l. *Epistaxis (nosebleeds)*
2. By direct observation or review of written work, evaluate the student's ability to form a complete differential diagnosis and select a working diagnosis. (EPA 2)
3. By direct observation or verbal discussion, evaluate the student's formulation of patient management plans, including those for patients requiring emergent management. (EPA 4, 10)

4. By direct observation, verbal discussion, or review of written work, evaluate the student's selection and interpretation of screening and diagnostic laboratory tests. (EPA 3)
5. By direct observation, evaluate the student's documentation of clinical encounters. (EPA 5)
6. By direct observation and via feedback from the healthcare team, patients, and families, evaluate the student's communication skills, including patient handoffs. (EPA 8, 9)
7. By review of written or verbal presentation made by the student, evaluate the student's use of evidence-based information to research a patient care question. (EPA 7)

### **Specialty Specific Evaluation Methods:**

8. Have student obtain informed consent for at least 2 of the procedures under specialty specific objectives #12 while preceptor observes. Student will demonstrate process for the remaining procedures with case-based scenarios (EPA 11).
9. Supervised performance of flexible nasopharyngoscopy and minor procedures. (EPA 12)
10. Case-based discussions and direct observation for post-operative complication management. (EPA 10)

### **Assessment:**

Evaluation methods #1-10 will be assessed using the Entrustability scale.

Level	Descriptor	Example
1	"I had to do"	Requires complete hands on guidance, did not do, or was not given the opportunity to do
2	"I had to talk them through"	Able to perform tasks but requires constant direction
3	"I had to prompt them from time to time"	Demonstrates some independence, but requires intermittent direction
4	"I need to be there in the room just in case"	Independence but unaware of risks and still requires supervision for safe practice
5	"I would not have needed to be there other than to fulfill regulatory requirements"	Complete independence, understand risks and performs safely, practice ready

\*This scale was adapted from the Ottawa surgical competency operating room evaluation (O-SCORE): A tool to assess surgical competence. Acad Med. 2012; 87:1401-407.

Please indicate who will be completing the assessment. If more than one preceptor, how will scores be compiled?

Primary preceptor (either Nichols, Terrell, or Agamawi) will provide summative evaluation and grade after obtaining input from all participating faculty.

### **Grading Criteria:**

To receive honors, the student must: Perform at a level greater than 4.5 (average).

To pass the Sub-I, the student must: Perform at a level greater than 2.0 average up to 4.5 (average).

If the student does not pass, remediation will consist of:

If a student fails an Sub-I, the Sub-I director and campus dean will work with the student to form a written remediation plan (signed by all 3) that specifically addresses the competencies that the student did not meet during the rotation. A copy of this plan will be sent to Student Affairs. In order to pass the Sub-I, the student will be required to meet the original passing requirements. A student may not receive honors on an Sub-I that was initially failed.