

Effective for residents who enter training on or after July 1st 2017.

DEFINITION

Otolaryngology – Head and Neck Surgery is the surgical specialty concerned with the screening, diagnosis, and management of medical and surgical disorders of the ear, the upper aerodigestive tract, and related structures of the face, head, and neck, including the special senses of hearing, balance, taste and olfaction.

OTOLARYNGOLOGY – HEAD AND NECK SURGERY PRACTICE

The practice of Otolaryngology - Head and Neck Surgery (Oto – HNS) entails the provision of medical and surgical care to patients of all ages, in both academic and community settings.

Otolaryngology – Head and Neck Surgeons manage the medical and surgical aspects of a variety of patient presentations, including but not limited to: airway conditions; benign and malignant neoplasms of the head and neck; sinonasal and anterior skull base disorders; hearing, balance, and other conditions related to the external, middle and inner ear, and lateral skull base; laryngeal, voice and swallowing disorders; and conditions requiring facial plastic and reconstructive surgery of the head and neck. Oto – HNS surgeons provide initial assessment, operative and followup care, as well as chronic and longitudinal care, as applicable to their patients' unique needs.

To optimize patient care, Oto – HNS Surgeons collaborate with other physicians, including anesthesiologists, radiation and medical oncologists, respirologists, pediatricians, and other surgical specialists. They also work closely with interprofessional colleagues, including speech language pathologists and audiologists.

Oto – HNS Surgeons contribute to the advancement of the field through: advocacy for populations in need of otolaryngology – head and neck surgery care, such as hard of hearing and disadvantaged populations at risk for head and neck malignancies; leadership in the administration of surgery departments, health care institutions, and related health care delivery programs; and through the conduct of relevant research, and dissemination of expertise, with the goal of advancing knowledge and improving individual and community outcomes.

OTOLARYNGOLOGY – HEAD AND NECK SURGERY COMPETENCIES

Medical Expert

Definition:

As Medical Experts, Otolaryngology – Head and Neck Surgeons integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician’s clinical scope of practice.

Key and Enabling Competencies: Otolaryngology – Head and Neck Surgeons are able to...

1. Practice medicine within their defined scope of practice and expertise

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Oto – HNS
- 1.3. Demonstrate the competencies of Surgical Foundations
- 1.4. Apply knowledge of the clinical and biomedical sciences relevant to Oto – HNS
 - 1.4.1. Embryology, anatomy, histology, physiology, genetics and immunology as they relate to the development, and function of the ear, the upper aerodigestive tract, and related structures of the face, head, and neck, including the special senses of hearing, balance, taste, and olfaction
 - 1.4.2. Physics of sound, voice and speech production
 - 1.4.3. Neurophysiology and neuropsychology of hearing
 - 1.4.4. Biomechanical characteristics of skin and bone in the facial region and skull base
 - 1.4.5. Microbiology and antimicrobial resistance as relevant to Oto – HNS
 - 1.4.6. Pathology and pathophysiology as relevant to disorders of the ear, the upper aerodigestive tract, the related structures of the face, head, and neck, and the special senses of hearing, balance, taste, and olfaction
 - 1.4.6.1. Endocrinologic and metabolic pathophysiology of the head and neck region, including the thyroid and parathyroid glands
 - 1.4.7. Pharmacology of topical and systemic medications
 - 1.4.8. Psychology of addiction, including but not limited to smoking cessation and alcohol withdrawal
 - 1.4.9. Principles of oncology as they apply to neoplasms of the face, head, and neck, and skull base
 - 1.4.9.1. Risk factors, incidence and prevalence, genetic predisposition, growth and dissemination patterns, and prognostic variables

- 1.4.9.2. Staging of neoplasms using TNM (tumour node metastasis) staging system or other relevant classification system, and applicable predictive and prognostic indices
- 1.4.10. Diagnosis, natural history, and medical and surgical management of the following:
 - 1.4.10.1. Congenital, inflammatory, infectious, traumatic and neoplastic disorders, and lesions of the nose, paranasal sinuses, and anterior skull base
 - 1.4.10.2. Congenital, inflammatory, infectious, traumatic and neoplastic disorders of the upper aerodigestive tract, including but not limited to those causing dysphonia, dysphagia, and airway obstruction
 - 1.4.10.3. Congenital, inflammatory, infectious, metabolic, traumatic and neoplastic disorders of the external, middle and inner ear, as well as the temporal bone, lateral skull base and cerebellopontine angle, including but not limited to disorders causing hearing loss, tinnitus, facial weakness, and balance disequilibrium
 - 1.4.10.4. Congenital, traumatic and neoplastic lesions of the scalp and face, as well as acquired malformations and the effects of aging
 - 1.4.10.5. Benign and malignant neoplasms and inflammatory, infectious, and traumatic disorders and lesions of the skin, mucosa, and skeletal structures of the head and neck, as well as the salivary, thyroid, and parathyroid glands
- 1.4.11. Diagnostic techniques and procedures relevant to Oto – HNS:
 - 1.4.11.1. Medical imaging
 - 1.4.11.2. Endoscopy
 - 1.4.11.3. Diagnostic specimen collection and sampling techniques
 - 1.4.11.4. Pulmonary function tests
 - 1.4.11.5. Esophageal manometry
 - 1.4.11.6. Methods used to assess nasal function and olfaction
 - 1.4.11.7. Voice and swallowing assessments
 - 1.4.11.8. Hearing assessment
 - 1.4.11.9. Vestibular assessment
 - 1.4.11.10. Electrophysiological assessment of the facial and other cranial nerves
 - 1.4.11.11. Sleep disorder assessment, including but not limited to oximetry, polysomnography, and sleep endoscopy
 - 1.4.11.12. Methods specific to the assessment of speech, hearing, voice, and swallowing disorders in children

- 1.4.12. Therapeutic modalities relevant to Oto – HNS:
 - 1.4.12.1. Topical and systemic medications, including both therapeutic and ototoxic implications
 - 1.4.12.2. Non-invasive ventilation, including continuous positive airway pressure (CPAP), bilevel positive airway pressure (BIPAP), and Heliox therapy
 - 1.4.12.3. Image guidance systems and their application to surgery
 - 1.4.12.4. Endoscopic and open surgical approaches
 - 1.4.12.5. Laser therapy and microsurgical resection
 - 1.4.12.6. Cryotherapy and electrosurgery, and their applications
 - 1.4.12.7. Oncologic treatment modalities, including surgery, radiation therapy, chemotherapy, and immunotherapy
 - 1.4.12.8. Principles of restoration and enhancement of form and function as they relate to techniques used in facial plastic and reconstructive surgery
 - 1.4.12.9. Reconstructive surgical options and their advantages, disadvantages, risks, and complications
- 1.4.13. Adverse effects and complications of interventions and treatments
- 1.4.14. Psychological impact on patients and families¹ of cancer, and disorders of hearing, balance, taste, and olfaction
- 1.4.15. Surgical and non-surgical auditory rehabilitation, including hearing aids and assistive devices, bone conduction hearing devices, cochlear implants, and middle ear implants
- 1.4.16. Rehabilitation principles relevant to patients treated for head and neck cancer, including but not limited to principles for rehabilitation of speech and swallowing
- 1.5. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- 1.6. Carry out professional duties in the face of multiple, competing demands
- 1.7. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in Oto – HNS practice

¹Throughout this document, phrases such as “patients and their families” are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient’s circumstances, family members, partners, caregivers, legal guardian, and substitute decision-makers.

2. Perform a patient-centred clinical assessment and establish a management plan

- 2.1. Prioritize issues to be addressed in a patient encounter
 - 2.1.1. Respond appropriately to life threatening or emergent issues, including but not limited to:
 - 2.1.1.1. Upper airway obstruction
 - 2.1.1.2. Hemorrhage
 - 2.1.1.3. Severe systemic effects of sepsis
 - 2.1.1.4. Dehydration
 - 2.1.1.5. Deep space neck infection
 - 2.1.1.6. Extension of infection from the paranasal sinuses and middle ear
- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
 - 2.2.1. Utilization of headlight
 - 2.2.2. Anterior rhinoscopy
 - 2.2.3. Flexible or rigid nasopharyngolaryngoscopy with or without topical anesthesia
 - 2.2.4. Otoscopy
 - 2.2.5. Otomicroscopy
 - 2.2.6. Audiological testing
 - 2.2.6.1. Puretone audiogram and tympanogram
 - 2.2.6.2. Tuning fork tests
 - 2.2.7. Neuro-vestibular exam, including but not limited to head thrust, gait tests, cranial nerve, cerebellar and oculomotor exams, and the Dix-Hall-Pike test
 - 2.2.8. Videostroboscopy
 - 2.2.9. Voice and airway analysis
 - 2.2.10. Pulmonary function tests
 - 2.2.11. Sleep disorder assessments
 - 2.2.12. Esophageal manometry
 - 2.2.13. Medical imaging, including:
 - 2.2.13.1. Barium swallow
 - 2.2.13.2. Computerized tomography (CT)
 - 2.2.13.3. Magnetic Resonance Imaging (MRI)
- 2.3. Establish goals of care in collaboration with patients and their families, which may

include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation

- 2.4. Establish a patient-centred management plan which may include nonsurgical/medical management and/or pre-operative, peri-operative, and post-operative care
 - 2.4.1. Nutritional support, including but not limited to enteral therapy
 - 2.4.2. Pharmacologic therapy
 - 2.4.3. Behavioural modification

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

- 3.1. Determine the most appropriate procedures or therapies
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize a procedure or therapy, taking into account clinical urgency and available resources
- 3.4. Perform a procedure in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances

General Otolaryngology

- 3.4.1. Regional and local anesthesia of the larynx, face, head, and neck
- 3.4.2. Sampling of lesions, including incisional, excisional, fine needle aspiration, (FNA), shave, punch, and open biopsies, as well as resections
- 3.4.3. Upper aerodigestive flexible endoscopies with or without foreign body extraction and/or biopsy
- 3.4.4. Rigid sinonasal endoscopy, laryngoscopy, esophagoscopy and bronchoscopy with or without foreign body extraction and/or biopsy, and/or dilatation
- 3.4.5. Diagnostic tympanocentesis
- 3.4.6. Wound closure
- 3.4.7. Incision and drainage of deep neck space infections
- 3.4.8. Abscess drainage
- 3.4.9. Epistaxis management, including nasal packing and cautery
- 3.4.10. Hematoma evacuation
- 3.4.11. Excision of lymph nodes or other masses of the neck
- 3.4.12. Surgery for penetrating and blunt neck trauma
- 3.4.13. Tonsillectomy, adenoidectomy, and adenotonsillectomy
- 3.4.14. Tracheostomy, including elective, awake, emergent, and complex

- 3.4.15. Cricothyroidotomy
- 3.4.16. Tracheo-cutaneous fistula repair
- 3.4.17. Myringotomy and tube insertion
- 3.4.18. Myringoplasty
- 3.4.19. Raising of skin flaps
- 3.4.20. Procedures for sleep disordered breathing, including nasal optimization, simple tongue base procedures, and uvulopharyngopalatoplasty (UPPP)

Pediatric Otolaryngology

- 3.4.21. Upper aerodigestive flexible endoscopy in infants and children with or without foreign body extraction, and/or biopsy
- 3.4.22. Tracheostomy in infants
- 3.4.23. Frenuloplasty
- 3.4.24. Otoplasty
- 3.4.25. Tympanoplasty
- 3.4.26. Mastoidectomy
- 3.4.27. Pre-auricular sinus excision
- 3.4.28. Branchial cleft cyst excision
- 3.4.29. Thyroglossal duct cyst excision
- 3.4.30. Endoscopic sinus surgery such as ethmoidectomy and uncinectomy
- 3.4.31. Surgical management of floor-of-mouth lesions, including ranula and sublingual gland excision
- 3.4.32. Management of vascular anomalies, both surgical excision and sclerotherapy

Otology

- 3.4.33. Cerumen removal
- 3.4.34. Cleaning of mastoid cavity
- 3.4.35. Meatoplasty
- 3.4.36. Tympanotomy
- 3.4.37. Canaloplasty
- 3.4.38. Ossiculoplasty
- 3.4.39. Tympanomastoidectomy
- 3.4.40. Mastoidectomy

Neurotology

- 3.4.41. Intratympanic therapeutic injections

- 3.4.42. Particle repositioning maneuvers, including Epley maneuver and log roll maneuver
- 3.4.43. Stapedotomy
- 3.4.44. Cochlear implantation

Rhinology

- 3.4.45. Endoscopically-directed sampling for culture
- 3.4.46. Debridement of the nasal cavities
- 3.4.47. Debridement of post-surgical sinonasal cavities
- 3.4.48. Biopsy of intranasal masses
- 3.4.49. Surgical management of epistaxis, including but not limited to cauterization of anterior septum
- 3.4.50. Endoscopic sinus surgery (ESS), including nasal polypectomy, uncinectomy, maxillary antrostomy, and anterior ethmoidectomy
- 3.4.51. Revision ESS
- 3.4.52. Complete sphenoidectomy
- 3.4.53. Turbinate surgery
- 3.4.54. Rhinoplasty, septoplasty, and revision septoplasty
- 3.4.55. Open sinus procedures, including Caldwell-Luc and trephine

Laryngology

- 3.4.56. Microlaryngoscopy with or without removal of laryngeal and tracheal lesions
- 3.4.57. Vocal fold injection
- 3.4.58. Laser procedures on the larynx

Head and Neck Surgery

- 3.4.59. Simple transoral mucosal resection
- 3.4.60. Branchial cleft cyst excision
- 3.4.61. Thyroglossal cyst excision
- 3.4.62. Submandibular gland excision
- 3.4.63. Parotidectomy
- 3.4.64. Laryngectomy
- 3.4.65. Parathyroidectomy
- 3.4.66. Thyroidectomy
- 3.4.67. Neck dissection

Facial Plastic and Reconstructive Surgery

- 3.4.68. Skin graft
- 3.4.69. Cartilage graft
- 3.4.70. Auricular composite graft
- 3.4.71. Calvarial bone graft
- 3.4.72. Local and regional flaps
- 3.4.73. Reconstructive surgery for facial trauma
- 3.4.74. Scar revision
- 3.4.75. Cervicofacial cosmetic surgery

4. Establish plans for ongoing care and, when appropriate, timely consultation

- 4.1. Implement a patient-centred care plan that supports ongoing care, followup on investigations, response to treatment, and further consultation
 - 4.1.1. Provide nutritional support
 - 4.1.2. Manage acute and chronic pain
 - 4.1.3. Recognize and manage complications of interventions and treatments
 - 4.1.4. Identify indications for consultation with other health care professionals
 - 4.1.4.1. Provide referral for advanced Oto – HNS procedures
 - 4.1.4.2. Identify indications and timing of interoperative pathology consultation
 - 4.1.5. Address end-of-life issues in patients with head and neck cancer

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
 - 5.1.1. Apply knowledge of the steps for disclosure of adverse events, including post analysis disclosure, and the role of apology
- 5.2. Adopt strategies that promote patient safety and address human and system factors

Communicator

Definition:

As *Communicators*, Otolaryngology – Head and Neck Surgeons form relationships with patients and their families that facilitate the gathering and sharing of information for effective health care.

Key and Enabling Competencies: Otolaryngology – Head and Neck Surgeons are able to...

1. Establish professional therapeutic relationships with patients and their families

- 1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
- 1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the values, biases, or perspectives of patients, physicians, or other health care providers may have an impact on the quality of care, and modify the approach to the patient accordingly
- 1.4. Respond to a patient's non-verbal communication to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations
- 1.6. Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances
 - 1.6.1. Adapt to the unique communication needs of children
 - 1.6.2. Adapt to the unique communication needs of patients who are deaf or hard of hearing, and/or who have speech and/or voice disorders

2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
 - 2.1.1. Explore patients' beliefs, concerns, and expectations about the origin, nature, and management of their illness
 - 2.1.2. Assess the impact of such factors as age, gender, ethno-cultural background, social support, and emotional influences on a patient's illness
 - 2.1.3. Recognize the psychological, occupational, and social consequences of disorders of the head and neck, including chronic debilitating conditions and end-of-life discussions
 - 2.1.4. Recognize the psychological, occupational and social consequences of speech and voice disorders particularly relevant to vocational demands

- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

3. Share health care information and plans with patients and their families

- 3.1. Share information and explanations that are clear, accurate, and timely while checking for patient and family understanding
- 3.2. Disclose harmful patient safety incidents to patients and their families accurately and appropriately

4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- 4.2. Assist patients and their families to identify, access and make use of information and communication technologies to support their care and manage their health
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health
 - 4.3.1. Use translation services as needed

5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients and others in a manner that respects patient privacy and confidentiality, and enhances understanding

Collaborator

Definition:

As *Collaborators*, Otolaryngology – Head and Neck Surgeons work effectively with other health care professionals to provide safe, high-quality patient-centred care.

Key and Enabling Competencies: Otolaryngology – Head and Neck Surgeons are able to...

1. Work effectively with physicians and other colleagues in the health care professions

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
 - 1.2.1. Recognize, value, and utilize the expertise of other team members, including but not limited to audiology, speech language pathology, radiation oncology, pediatrics, medical imaging, and anesthesiology
 - 1.2.2. Contribute individual expertise to interprofessional teams
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
 - 1.3.1. Contribute to discussions at interprofessional conferences

2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts

- 2.1. Show respect toward collaborators
- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture

3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care

- 3.1. Determine when care should be transferred to another physician or health care professional
- 3.2. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care

Leader

Definition:

As *Leaders*, Otolaryngology – Head and Neck Surgeons 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.

Key and Enabling Competencies: Otolaryngology – Head and Neck Surgeons are able to...

1. Contribute to the improvement of health care delivery in teams, organizations, and systems

- 1.1. Apply the science of quality improvement to contribute to improving systems of patient care
- 1.2. Participate in a culture that promotes patient safety
- 1.3. Analyze patient safety incidents to enhance systems of care
- 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

2. Engage in the stewardship of health care resources

- 2.1. Allocate health care resources for optimal patient care
- 2.2. Apply evidence and management processes to achieve cost-appropriate care

3. Demonstrate leadership in professional practice

- 3.1. Demonstrate leadership skills to enhance health care systems
- 3.2. Facilitate change in health care to enhance services and outcomes

4. Manage career planning, finances, and health human resources in a practice

- 4.1. Set priorities and manage time to integrate practice and personal life
- 4.2. Manage a career and a practice
- 4.3. Implement processes to ensure personal practice improvement

Health Advocate

Definition:

As *Health Advocates*, Otolaryngology – Head and Neck Surgeons contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Key and Enabling Competencies: Otolaryngology – Head and Neck Surgeons are able to...

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment

- 1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources
 - 1.1.1. Facilitate patient access to local and national resources available for patients who are deaf or hard of hearing
- 1.2. Work with patients and their families to increase their opportunities to adopt healthy behaviours
- 1.3. Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients
 - 1.3.1. Promote protection and conservation of hearing at home and at work
 - 1.3.2. Promote risk reduction of malignancy of the head and neck through smoking cessation, responsible alcohol use, ultraviolet A and B (UVA/UVB) protection, and human papillomavirus (HPV) vaccination for girls and boys
 - 1.3.3. Promote screening for and management of early childhood hearing and communication disorders
 - 1.3.4. Promote choking prevention in children
 - 1.3.5. Minimize risk of otitis media by encouraging a healthy environment, including smoking cessation, and encouraging breastfeeding for newborns

2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner

- 2.1. Work with a community or population to identify the determinants of health that affect its members
- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 2.3. Contribute to a process to improve health in the community or population they serve
 - 2.3.1. Promote policies that encourage early identification of patients presenting with disorders of the head and neck through screening programs for hearing impairment and malignancy

- 2.3.2. Educate other health care professionals and the public regarding common head and neck problems that benefit from early intervention
- 2.3.3. Educate and advocate for recommended management strategies (for example, use of guidelines) to prevent antimicrobial resistance by encouraging rational antibiotic use
- 2.3.4. Encourage adherence to immunization schedules

Scholar

Definition:

As *Scholars*, Otolaryngology – Head and Neck Surgeons demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: Otolaryngology – Head and Neck Surgeons are able to...

1. Engage in the continuous enhancement of their professional activities through ongoing learning

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Teach students, residents, the public, and other health care professionals

- 2.1. Recognize the influence of role-modeling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver a learning activity
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

3. Integrate best available evidence into practice

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters, and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources

- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision making in their practice

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

Professional

Definition:

As *Professionals*, Otolaryngology – Head and Neck Surgeons are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behavior, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: Otolaryngology – Head and Neck Surgeons are able to...

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
- 1.3. Recognize and respond to ethical issues encountered in practice, including but not limited to Deaf culture, end-of-life issues, consent in children, and driving restrictions related to vertigo or obstructive sleep apnea (OSA)
- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication

2. Demonstrate a commitment to society by recognizing and responding to the social expectations in health care

- 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
- 2.2. Demonstrate a commitment to patient safety and quality improvement

3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation

- 3.1. Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
- 3.3. Participate in peer assessment and standard-setting

4. Demonstrate a commitment to physician health and well-being to foster optimal patient care

- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

This document is to be reviewed by the Specialty Committee in Otolaryngology – Head and Neck Surgery by December 2018.

APPROVED – Specialty Standards Review Committee – January 2017