

SRI BALAJI VIDYAPEETH

(Deemed - to be - University u/s 3 of UGC Act, 1956)

Pillaiyarkuppam, Puducherry - 607 402

Mahatma Gandhi Medical College and Research Institute

Shri Sathya Sai Medical College and Research Institute



COMPETENCY BASED POSTGRADUATE MEDICAL CURRICULUM M.S. OTO-RHINO-LARYNGOLOGY

(2020 Onwards)

(As approved at the 30th Academic Council Meeting held on 28th September 2020)

Preface

Following the promulgation of the much awaited CompetencyBased Medical Education (CBME) for post graduate by the Medical Council of India (MCI)(superseded by the Board of Governors), adoption of CBME for implementing post-graduate programs is a welcome move. Sri Balaji Vidyapeeth (SBV), Puducherry, Deemedtobe University, declared u/s 3 of the UGC Act. and accredited by the NAAC with A grade, takes immense privilege in preparing such an unique document in a comprehensive mannerand most importantly the onus is on the Indian setting for the first time,with regard to the competency based medical education for post graduate programs that are being offered in the broad specialty departments. SBV is committed to making cardinal contributions that would be realised by exploring newer vistas. Thus, post graduate medical education in the country could be made to scale greater heights and SBV is poised to show the way in this direction.

Prof. Subhash Chandra Parija,
MBBS, MD, PhD, DSc, FRCPATH, FAMS, FICPATH, FABMS,
FICAI, FISCd, FIAVP, FIATP and FIMSA.

Vice-Chancellor
Sri Balaji Vidyapeeth
Puducherry.

Preface

Following roll out of much awaited Competency-Based Medical Education (CBME) for undergraduate by the Medical Council of India (MCI)(superseded by the Board of Governors) , adoption of CBME for post-graduate by it is welcome move.

The MCI has laid down the syllabus in a manner that it proceeds course wise, competency wise describing teaching learning methods and probable methods of assessment also. This focuses on learner performance (learning outcomes) in reaching specific objectives (goals and objectives of the curriculum). The MCI describes competencies in three domain (knowledge, skill, attitude) .

It has laid down the syllabus course wise , competency wise to some extent, teaching learning methods and the assessment methods as well. However ,the most significant problem in competency-based training is the development of appropriate assessment tools. The salient feature of this document is defining the program educational objectives (PEO) for its postgraduate program as a whole, besides defining program outcomes (PO), course outcomes (CO) and program specific competencies in the form of entrustable professional activities(EPA) for individual postgraduate program. It also defines milestone in five levels, for each sub-competency. Although MCI has described three domains of competencies, followed here is the ACGME six competencies for residency education: Medical Knowledge, Patient Care, Practice Based Learning and Improvement, Systems Based Practice, Professionalism, Inter personal and Communication Skills for better clarity and in-depth explanation. To make the program more relevant, PEO, PO, CO and EPAs are mapped with each other. A great emphasis is given on monitoring the progress in acquisition of knowledge, skill and attitude through various appraisal forms including e-portfolios. during three years of residency period.



Prof. M .Ravishankar
MBBS, MD (Anaesthesia), FRCP
Dean, MGMCRI
Puducherry. 607402



Dr. Sukumaran Annamalai
MBBS, M.D., (GM), D.H.H.M.,
Dean, SSSMCRI Kancheepuram
District Tamil Nadu 603108

Preface

Post graduate curriculum has undergone immense changes in the last few years. It has been revisited and revised time and again in order to accommodate the newer ideas. The main aim of this curriculum is to set a defined protocol which will guide the postgraduates during the course. The introduction of competency based learning and teaching (COBALT) for medical post graduates has revamped the curriculum completely. The increasing realm of knowledge, the competency based assessment provides a comprehensive yet complete evaluation of the post graduates. It divides the whole duration of post graduation residency into several entrusted professional activities (EPAs) which one has to achieve during their course duration. This form of assessment evaluates the students in both theoretical as well as practical domains. This will provide the post graduates with a blueprint to the course and its objectives.

This revised post graduate curriculum reflects the continued expansion of our vast experience and knowledge in setting the curriculum for last few decades. Inspirations and ideas drawn from different departments were processed and compiled under the guidance of various senior experts in medical education. Thus these collaborative ideas paved through the conception and formulation of this innovative and competency based curriculum.

Prof. **Prof. P Karthikeyan,**
D.L.O., DNB (ENT)
Head of the Department
Otorhinolaryngology
MGMCRI,
Pondicherry.

Prof. **Gurumani,**
M S (ENT)
Head of the Department
Otorhinolaryngology
SSSMCRI,
Chennai.

List of contributors for PG ENT curriculum

1. Dr P Karthikeyan, Prof.& HOD Dept of ENT, MGMCRI, Puducherry.
2. Dr.Gopalakrishnan S, Professor, MGMCRI, Puducherry.
3. Dr. V NirmalCoumare , Professor, MGMCRI, Puducherry
4. Dr Gurumani , Prof & HOD , Dept of ENT, SSSMCRI, Chennai.
5. Dr Valli, Prof, SSSMCRI, Chennai.
6. Dr.Vijayasundaram S, Assoc. Professor, MGMCRI, Puducherry.
7. Dr Devendra Tiwari, Assistant Professor, MGMCRI, Puducherry
8. Dr.NeelimaVijayan, Assistant Professor, MGMCRI, Puducherry.
9. Dr MuhammedNabeelLatheef, SR MGMCRI,Puducherry
10. Dr Nikhil Sivanand, SR, MGMCRI, Puducherry.

Acknowledgement

1. Dr R Venkataramanan ,Prof.& HOD, Dept of ENT, SriLakshminarayana Institute of Medical Sciences , Puducherry.
2. Dr. V Prabu , Prof.& HOD Dept of ENT,Sri Venkateshwara Medical College Hospital and Research Centre , Puducherry

Table of Contents

1. Preamble	7
2. Program Educational Objectives (PEO)	7
3. Program Outcome (PO).....	7
4. Course and Course objectives.....	8
4.1 Course 1 (C1):Applied Basic science related to otorhinolaryngology	8
4.2 Course 2 (C2):Principles and practices of oto-rhinology.....	8
4.3 Course 3 (C3): Recent advance in otorhinolaryngology and head and neck.....	8
4.4 Course 4 (C4): General surgical principles in laryngology and head and neck.....	8
5. Competencies, Sub-competencies and Milestone.....	9
6. Syllabus	17
6.1. Course 1: Applied Basic science related to otorhinolaryngology	17
6.2 Course 2: Principles and practices of oto-rhinology	18
6.3 Course 3: Recent advance in otorhinolaryngology and head and neck	19
6.4 Course 4: General surgical principles in laryngology and head and neck	20
7. Teaching and learning methods.....	21
8. Assessment.....	23
8.1 Formative Assessment.....	23
8.2 Summative Assessment.....	54
9. Blue print of Weight of the system.....	55
10. Model question paper.....	60
11. Recommended Reading.....	62
12. Annexures.....	63

1. Preamble

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training. The purpose of MS ENT is to standardize Otorhinolaryngology teaching at Post Graduate level throughout the country so that it will benefit in achieving uniformity in undergraduate teaching as well and resultantly creating competent ENT Surgeons with appropriate expertise. The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment. This document was prepared by various subject-content specialists. The Reconciliation Board of Academic Committee has attempted to render uniformity without compromise to purpose and content of the document. Compromise in purity of syntax has been made in order to preserve the purpose and content. This has necessitated retention of “domains of learning” under the heading “competencies”.

2. Program Educational Objectives (PEO)

- PEO1:** Specialist who can provide comprehensive care related to Otorhinolaryngology and Head & Neck Surgery over and above the physician of first contact.
- PEO2:** Leader and team member who understands health care system and act to provide safe patient care with accountability and responsibility.
- PEO3:** Communicator possessing adequate communication skill to convey required information in an appropriate manner in various health care setting.
- PEO4:** Lifelong learner keen on updating oneself regarding the advancement in the health care field and able to perform the role of researcher and teacher
- PEO5:** Professional who understands and follows the principle of bio-ethics / ethics related to health care system.

3. Program Outcome (PO)

After three years of residency program candidate should be able to :

- PO1:** Practice his or her specialty efficiently and ethically, keeping in mind the requirement of the patient and maintain a good rapport with the patients.
- PO2:** He/she should gain adequate skills to individually manage Otorhinolaryngological diseases both medically and surgically.
- PO3:** Manage all kinds of emergencies in otorhinolaryngology and Head and Neck
- PO4:** Develop good learning and teaching skills along with communication skills with stake holders of the health care system
- PO5 :** Take part in National Health program and take an active role in prevention and rehabilitation of Otolaryngology related diseases.
- PO6 :** Know the basic concept of research methodology, plan a research project, plan and write a dissertation/ thesis with a fair knowledge of statistics
- PO7 :** Acquire in depth knowledge of the subject, latest diagnostic and therapies available and recent advances.
- PO8 :** They should be able to perform common Audio – vestibular tests like, Pure tone audiometry, BERA, etc.
- PO9 :** Identify patient safety and system approach to medical errors.

4. Course Objectives (CO):

4.1 Course 1 (C1): Applied Basic science related to otorhinolaryngology

Objectives: At the end of three years post graduate student should be able to

- C1.1** Apply the knowledge of anatomy, physiology, biochemistry, microbiology, pathology, pharmacology related to ENT and to integrate such knowledge in his/her clinical practice.
- C1.2** Develop basic knowledge of various anaesthetic techniques related to otorhinolaryngology, radiology and allied surgical specialities related to ENT.
- C1.3** Perform and interpret the results of invasive procedures such as FNAC, Biopsy, Throat swabs, Ear swabs, various culture media etc.
- C1.4** Perform research activities in the Post graduate course in the form of dissertation, paper and poster presentation and publications.

4.2 Course 2 (C2): Principles and practices of oto-rhinology

Objectives: At the end of three years post graduate student should be able to

- C2.1** Examination of the ear and allied diseases, complications of diseases of the ear and its management.
- C2.2** Diagnosis and rehabilitation of the hearing handicapped including, dispensing of hearing aid and other vibrotactile aids along with the idea of spreading awareness regarding neonatal hearing difficulties, early diagnosis and management
- C2.3** Performing and interpreting audiograms, nystagmograms, tympanograms and evaluation of the audio-vestibulo-neurological system in connection with ENT diseases and disorders.
- C2.4** Performing basic otological surgeries like – myringotomy, myringoplasty, tympanoplasty and mastoid surgeries and assisting in advanced otological surgeries
- C2.5** Examination of the nose and paranasal sinuses, identification of related diseases and their management
- C2.6** Use endoscopes in various surgeries like maxillectomy, orbital decompression, DCR and other minimally invasive surgeries and its extended use for skull base surgeries

4.3 Course 3 (C3): Recent advance in otorhinolaryngology and head and neck

Objectives: At the end of three years post graduate student should be able to

- C3.1** Understand the recent advances in the field of otorhinolaryngology, advancement in investigation modalities, development of new surgical modalities and better outcome for the patient in terms of reduced morbidity, cost effectiveness and better rehabilitation , thus ensuring a better future.

4.4 Course 4 (C4): General surgical principles in laryngology and head and neck

Objectives: At the end of three years post graduate student should be able to

- C4.1** Examination of the larynx and complications of diseases of the larynx and its management while spreading awareness regarding language pathologies and their prevention.
- C4.2** Uses and performing laryngoscopy, esophagoscopy and bronchoscopy in visualizing and diagnosing various diseases involving larynx, oesophagus and trachea.

- C4.3** Identify and manage difficult airways and be able to perform procedures like Tracheostomy, mini tracheostomy, cricothyroidotomy to secure the airway.
- C4.4** Foster diagnostic skills for Head & Neck malignancies, to be adaptable decision makers about the management of such cases and to be trained for risk assessment, explaining the latest treatment modalities available to provide the best patient outcome.
- C4.5** Basics of General surgery topics involved in the field otorhinolaryngology.

The PEO, PO and the CO are mapped with each other. (Table 1)

Table1. Mapping of PEO, PO and CO

	PEO 1				PEO2	PEO3		PEO 4	
	PO1	PO2	PO3	PO4	PO5	PO6		PO7	PO8
C1	Y	Y	Y	Y		Y			Y
C2	Y	Y	Y	Y	Y	Y		Y	Y
C3	Y	Y	Y	Y		Y	Y		Y
C4	Y	Y	Y	Y		Y			Y

All courses run concurrently for 3 years with a summative assessment at the end of 3 years. The program is competency based and the competencies, sub-competencies and milestones are detailed. These are mapped to the Entrustable professional activities (EPA) identified as essential for a specialist. Formative assessment is carried out every three months using appropriate tools, for identifying eligibility for transfer of trust.

5. Competencies, Sub-competencies and Milestone:

At the end of the MS course in Otorhinolaryngology, the student should have acquired various competencies i.e. medical knowledge, patient care, interpersonal communication skill, system based practice, practice based learning and implementation and professionalism . Details of each with milestone as level is described below. (Table 2)

Table 2. Description of Competencies, Sub-competencies and Milestone

Medical Knowledge (MK): (Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences, as well as the application of this knowledge to patient care)

MK 1: Knowledge about anatomy, physiology & other basic sciences of ear, nose, throat and head & neck

	Level 1	Level 2	Level 3	Level 4	Level 5
MK 1	Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat	Knowledge of any anomalies related to anatomy, embryology, physiology etc in Ear nose and throat	Able to clinically identify these anomalies because of adequate knowledge of the same	Able to provide accurate treatment options for such anomalies based on the knowledge	Able to educate others about the basic sciences related to ENT & Head and neck

MK 2: Proficiency in identifying symptoms and signs highlighting abnormality associated with ear, nose , throat , head& neck with help of proper knowledge about the subject

	Level 1	Level 2	Level 3	Level 4	Level 5
MK 2	Basic knowledge about symptomatology and signs of diseases in Ent&Head and neck	Able to identify symptoms and signs of common diseases related to ENT & Head and neck	Able to arrive at a diagnosis after going through the symptoms and signs of the presenting disease	Able to explain the causation of such symptoms to the patient based on the previously acquired knowledge about the subject	Able to educate others about the symptomatology of the disease

MK 3: Early appropriate diagnosis and relevant treatment to be decided based on knowledge about the subject.

	Level 1	Level 2	Level 3	Level 4	Level 5
MK 3	Knowledge about principles of basic diagnostic tools used in the field of ENT	Knowledge about performing basic diagnostic procedures in ENT	Knowledge of accurate and early treatment modalities justifying the diagnostic procedures	Teaching others about different spectrum of diagnostic modalities available and related treatment options	Exhibiting new and innovative ideas about various diagnostic tools based on previously acquired knowledge

MK4: Knowledge of social-behavioural sciences and communication skills to explain the patient about the disease process.

	Level 1	Level 2	Level 3	Level 4	Level 5
MK 4	Basic knowledge about social-behavioural sciences and communication skills	Exhibiting such skills in daily patient doctor communication	Explaining the importance of social behavioural sciences and communication skills amongst the healthcare fraternity	Teaching others about practical usage of social behavioural sciences and communicative skills	Providing new and innovative ideas or techniques to improve the current doctor patient relationship

MK 5: Learning about epidemiological sciences to identify health problems, risk factors, disease prevention/health promotion efforts for patients and populations along with knowledge of translation, creation, dissemination of such new health care knowledge and practices

	Level 1	Level 2	Level 3	Level 4	Level 5
	Basic knowledge about epidemiological sciences, health promotion schemes, new health care projects and practices	Implying the knowledge in prevention, early diagnosis and appropriate treatment of common ENT problems encountered on a day to day basis	Implying the knowledge in prevention, early diagnosis and appropriate treatment of common ENT problems amongst the local population	Able to get an effective feedback about the health care programmes provided and to improve on the current practices	Teaching the healthcare personnel and the masses about the importance of epidemiological sciences and its accurate usage in preventing and treating common ENT Problems

Patient Care

(Provide patient-centred care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health)

PC 1: Ability to acquire adequate, accurate and concise information about patients and their condition through proper history-taking and physical examination

	Level 1	Level 2	Level 3	Level 4	Level 5
PC 1	Have basic knowledge about basic history taking and ENT examination	Exhibiting the required history taking and examination skills in the field of Otorhinolaryngology	Able to arrive at a provisional clinical diagnosis at the end of basic history taking and examination	Able to provide possible differential diagnosis justifying the history and the findings during ENT examination	Teaching others the accurate methods of eliciting history and ENT examination

PC 2: Efficiency in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.

	Level 1	Level 2	Level 3	Level 4	Level 5
PC2	Able to recall basics about medical, diagnostic and surgical procedures related to ENT	Performing the basic medical, diagnostic and surgical procedures in the field of otorhinolaryngology under strict supervision.	Performing the basic medical, diagnostic and surgical procedures in the field of otorhinolaryngology under loose supervision	Performing the basic medical, diagnostic and surgical procedures in the field of otorhinolaryngology independently	Teaching others about the basic medical, diagnostic and surgical procedures in the field of otorhinolaryngology

PC 3: Proficiency in interpreting laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology.

	Level 1	Level 2	Level 3	Level 4	Level 5
PC 3	Have basic knowledge about interpreting laboratory data, imaging studies, and other tests	Able to interpret accurately laboratory data, imaging studies, and other tests commonly used in the field of otorhinolaryngology.	Able to correlate the investigative findings with the clinical findings to arrive at a accurate diagnosis	Able to follow up with the investigative data and findings post treatment, in order to evaluate effectiveness of the treatment modality	Able to teach other about the interpretation of laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology.

PC 4: Rationally and ethically developing and carrying out patient management plans.

	Level 1	Level 2	Level 3	Level 4	Level 5
PC 4	Exhibits basic awareness about the moral values associated with management of patients	Provide patient with necessary management ethically and rationally	Establishing patient trust and belief towards current health-care systems by circulating the message of	Able to identify lapses and errors in the ethical aspect while providing necessary management	Teach others about the importance of such moral values in order to gain the trust of masses towards ethical

			rational and ethical modalities of management		healthcare
--	--	--	---	--	------------

PC 5 : To provide health care services with the aim of preventing health problems or maintaining health and to provide appropriate referral of patients whenever warranted.

	Level 1	Level 2	Level 3	Level 4	Level 5
PC 5	Having knowledge about prevention of diseases, maintenance of good health via healthy lifestyle choices	Able to counsel patients about the role of regular follow up and routine check-ups for promoting healthy and disease-free life	Able to counsel population already exposed to risk factors about maintaining health via proper education about prevention and lifestyle modifications	Able to provide best possible solutions in the interest of patient care to already diagnosed cases, in the current healthcare scenario	Teaching the importance of preventive measures and healthy lifestyle choices in view of maintaining a good health

Interpersonal Communication Skill

(Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals)

ICS 1 : Capable to communicate effectively with patients, families, and the public, as appropriate.

	Level 1	Level 2	Level 3	Level 4	Level 5
ICS 1	Having the necessary expertise to communicate effectively	Able to effectively communicate about the disease and the related treatment modalities to the patient and the family	Able to effectively communicate about the post treatment scenario for the patient and necessarily follow up in an accurate yet compassionate manner	To collect feedback in view of shortcomings while communicating with the patient and family	To Spread awareness about the importance of effective communication in the field of healthcare

ICS 2 : To develop effective communication with colleagues within specialty, other health professionals, and health-related agencies

	Level 1	Level 2	Level 3	Level 4	Level 5
ICS 2	Knows the importance of inter-personnel communication in the field of healthcare	Effectively communicating within the health care system to provide best management possible to the patient	To look for the errors found within the communication, causing loss to the patient and hence rectify them	Develops a better understanding about the various tiers of health-care system as well as gain some knowledge about other subjects	To stress on importance of inter personnel communication and communication within health care systems and to educate others about the same

ICS 3 : Properly counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.

	Level 1	Level 2	Level 3	Level 4	Level 5
ICS 3	Have the necessary skills to counsel and educate patients and the family	Able to emphasize the role of shared decision making and encourage them to participate in patient care for better care of the patient	Able to get the consent of the patient and the family about the planned mode of management, clearly explaining about the pros and cons of the modality	To counsel the patient and the family about possibilities of modality not being effective and hence take a informed choice	To teach other about the importance of consent taking and necessity of joined decision making

ICS 4 : Demonstrate compassion in difficult conversations (e.g. about issues such as death, adverse events, disclosure of errors, end-of-life issues)

	Level 1	Level 2	Level 3	Level 4	Level 5
ICS 4	Have the awareness about being compassionate in sensitive situations	Act in a sensitive and compassionate manner while dealing with difficult conversations	To diffuse a tensed situation in a professional yet compassionate way to avoid anger amongst patient relatives	To sensitize the health care professionals about dealing with difficult tense situations in a compassionate manner	To teach importance of compassion and sensitivity while dealing with difficult situations

ICS 5 :To exhibit leadership qualities and team work as a member or leader of a health care team or other professional group and to execute supervisory responsibilities commensurate with one's roles, abilities and qualifications, while displaying traits of a role model

	Level 1	Level 2	Level 3	Level 4	Level 5
ICS 5	To know basics of team dynamics and importance of roles in a team during management of a patient	Able to show leadership qualities and supervisory role along with maintaining healthy relationship within the team	Able to accept shortcomings and take valuable feedback from the errors committed while exhibiting team leader roles	To supervise roles of other personnel and explain them about their shortcomings	To impart leadership qualities and skills to younger subordinates and colleagues

Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

SBP1 : Work in tandem amongst various health care delivery systems related to otorhinolaryngology

	Level 1	Level 2	Level 3	Level 4	Level 5
SBP1	Have the basic awareness about various health-care delivery systems in ENT	Able to work in tandem along with 1st tier of healthcare i.e. in camps, Rural healthcare centres etc	Able to work in tandem along with senior faculty and consultants while attending OPDs	Able to provide inputs in a super speciality set up, such as headache clinic, allergy clinic	Able to portray leadership qualities when given independent role

SBP2 : Managing efficient patient care within these health care systems.

	Level 1	Level 2	Level 3	Level 4	Level 5
SBP2	To know the abilities & limitations of management modalities within these healthcare systems	To work towards betterment of facilities and bridge any gaps found in the healthcare chain	To execute at base level the for the betterment of management modalities	To monitor the progress in the betterment of the system	Is able to transfer this management skills to others

SBP3 : To play an active role in identifying errors within these health care systems and implementing potential solutions

	Level 1	Level 2	Level 3	Level 4	Level 5
SBP3	Able to recognize errors in the healthcare system	Able to recognize the causes behind the errors	Able to rectify the error with appropriate solutions	Able to implement and execute the solutions at various levels of health care system	Able to portray such problem-solving skills to subordinates and teach others

SBP4 : Contemplate cost versus risk-benefit while providing patient care

	Level 1	Level 2	Level 3	Level 4	Level 5
SBP4	Is able to recognize the absolute essential cost required for the management	Is able to compare the cost vs risk for each patient individually	Is able to provide the correct path, balancing the cost vs risk ratio	Is able to justify the outcome based on the decision making	Is able to impart knowledge to others regarding managing a patient while keeping a perfect balance

SBP5 : Perform administrative and practice management responsibilities according to one's role, abilities, and qualifications and to portray appropriate

	Level 1	Level 2	Level 3	Level 4	Level 5
SBP5	Is able to recognize one's role and abilities according to one's qualification	Is able to recognize one's administrative and executive responsibilities	Is able to perform administrative and executive responsibilities	Is able to perform his/her functions and roles at multiple health care levels	Is having adequate leadership skills to guide others about their roles and functions

(Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning)

PBLI 1 : Identify strengths, weakness, and limits of one's knowledge and skill and set learning and improvement goals.

	Level 1	Level 2	Level 3	Level 4	Level 5
PBLI 1	Has a basic idea about one's own strength, weakness and limits	Is working towards identifying the lacunae causing such limitations	Has identified the limitations in the skill set & knowledge and is working towards its improvement	Has achieved a level of improvement in the skill set and knowledge	Is able to guide others with personal experience of identifying weakness and limitations and correcting them

PBLI 2 : Identify and perform learning activities that address one's gaps in knowledge, skills, or attitudes

	Level 1	Level 2	Level 3	Level 4	Level 5
PBLI 2	Is able to identify learning activities that can enhance gaps in knowledge skills or attitude	Is performing the learning activities to fill the lacunae at a basic level	Is performing the learning activities to fill the lacunae at adequate levels	Has improved in the field of knowledge, skills or attitude	Is able to teach others about various learning activities

PBLI 3 A : Systematically analyse practice using quality-improvement methods and implement changes with the goal of practice improvement along with incorporating feedback into practice

	Level 1	Level 2	Level 3	Level 4	Level 5
PBLI 3 A	Is able to analyse the lack in quality of practice	Is able to find possible improvement methods to improve the quality	Is implementing changes in order to better the practice skills	Has achieved practice improvement after implementing adequate changes.	Incorporates feedback in the improvement methods

PBLI 3 B : Find, evaluate and imbibe evidence from scientific studies into practice related to patients' health problems

	Level 1	Level 2	Level 3	Level 4	Level 5
PBLI 3 B	Is able to search for scientific data related to current patient care practices	Evaluates scientific data related to patient care	Is able to incorporate new methods of care derived from scientific studies	Is able to derive benefits from the newer methods benefitting patient care	Is able to convince others about the implementation of such scientific studies into practice

PBLI 4 : Use information technology to optimize learning and to utilize information from all domains to improve care

	Level 1	Level 2	Level 3	Level 4	Level 5
PBLI 4	Has basic idea about usage of information technology. In terms of patient care	Is able to implement IT to optimize learning and improve patient care	Is able to utilize the inputs from IT in betterment of patient care	Is able to monitor the correct usage of IT in the field of patient care.	Is able to describe the correct usage of IT in betterment of patient care

PBLI 5 : Participate in the education of patients, families, students, trainees, peers, and other health professionals

	Level 1	Level 2	Level 3	Level 4	Level 5
PBLI 5	Is aware of role of the teaching role imparted to him	Is able to participate in educational role given to him/her under strict supervision	Is able to participate in educational role given to him/her under loose supervision	Is able to participate in educational role given to him/her under no supervision	Is able to educate others about the educational role.

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles

P 1: Demonstrate compassion, integrity, and respect for others

	Level 1	Level 2	Level 3	Level 4	Level 5
P 1	To learn the values compassion, integrity and respect	To discuss values of compassion, integrity and respect with colleagues and subordinates	To discuss values of compassion, integrity and respect with experts from outside department	To demonstrate such values under supervision of senior faculty	To demonstrate such values without supervision of senior faculty

P2 : Demonstrate responsiveness to patient needs that supersedes

	Level 1	Level 2	Level 3	Level 4	Level 5
P2	Is able to identify the patient needs in view of patient care	Is responsive to patient needs in view of patient care	Is responsive to patient needs even if it supersedes personal interest	Is able to exhibit such behaviour at multiple instances	Is able to teach others about such behaviour and its need in patient care

P 3 : Demonstrate respect for patient privacy and autonomy

	Level 1	Level 2	Level 3	Level 4	Level 5
P 3	Knows about the importance of patient privacy and autonomy	Knows one's boundaries when considering patient privacy	Is able to keep patient privacy and autonomy intact at most of the times	Is able to protect privacy and autonomy of patients against factors violating it	Is able to educate others about the values of patient privacy and autonomy

P 4 : Demonstrate accountability to patients, society, and the profession while demonstrating a commitment to ethical principles

	Level 1	Level 2	Level 3	Level 4	Level 5
P 4	Is aware about one's accountability to patients, society, and the profession	Is able to demonstrate one's accountability to patients, society, and the profession under strict supervision	Is able to demonstrate one's accountability to patients, society, and the profession under loose supervision	Is able to demonstrate one's accountability to patients, society, and the profession under no supervision	Is able to Demonstrate others about this accountability

P 5 : Demonstrate sensitivity and responsiveness to a diverse patient population

	Level 1	Level 2	Level 3	Level 4	Level 5
P 5	Is aware about the values such as sensitivity and responsiveness to a diverse population	Is able to exhibit such moral values of sensitivity and responsiveness in day to day service	Is able to implement these values for better patient care and service	Is Able to teach others about the role of these values in patient care	Is Receptive to any feedback attained regarding these values

6. Syllabus

6.1 Course 1 :Applied Basic science related to otorhinolaryngology

Course contents:

1. Anatomy and Physiology of Ear, Nose and Throat, Trachea and oesophagus.
2. The generation and reception of speech
3. Radiographic anatomy of the ear, nose, throat and imaging.
4. Bacteriology in relation to Otorhinolaryngology
5. Allergy and rhinitis- its symptomatology & management.
6. Haematology in relation to Otolaryngology
7. Anaesthesia for Otolaryngology
8. Pharmacology of drugs used in ENT
9. Electrolyte, fluid balance/shock conditions and in emergencies
10. Use of teaching aids
11. Routine blood, urine testing required in diagnosis and pre-operative workups
12. Preparation of slides, extraction of various histopathological samples
13. Facial nerve stimulation test
14. Audiometric tests like pure tone Audiometry, Impedance Audiometry, Free field Audiometry, Specialized tests of hearing including SISI, Tone decay, ABLB, Speech discrimination score etc.
15. Vestibular tests like caloric testing (Water and Air) stopping test, Fukuda's test,
16. Evoked response audiometry.

General:

1. Physiology of circulation, regulation of blood pressure, reactions of body to haemorrhage, patho- physiology of shock, fluid balance, blood transfusion and its hazards, fluid replacement therapy, burns
2. Agents used in shock like states

Drugs used in ENT:

1. Antibiotics Antihistaminic commonly used in the field of otorhinolaryngology.
2. Nasal vasoconstrictors- variants, dosages, indications, contraindications, side effects.
3. Local anaesthetics – uses, dosages, indications, contraindications, side effects
4. Corticosteroids - uses, topical /systemics, dosages, indications, contraindications, side effects
5. Cyto-toxic agents - uses, dosages, indications, contraindications, side effects
6. Antibiotics – various classes, sensitivity to organisms, dosages, side effects, resistance,contraindications.
7. Radioactive isotopes – uses in radiology and imaging, uses in medical management of diseases of head and neck
8. Antifungal agents - various classes, sensitivity to organisms, dosages, side effects, resistance, contraindications
9. Vassopressive and other agents used in shock like states.

6.2 Course 2:Principles and practices of oto-rhinology

1. The physical and functional examination of the ear
2. The functional and physical examination of the vestibular system.
3. Tinnitus- etiopathogenesis, classification, symptomatology, audiometric assessment, modes of management
4. Affections of external ear
5. Repair of deformities of the external ear.
6. Congenital conditions of the middle ear cleft
7. Traumatic conductive deafness
8. Acute inflammation of the middle ear cleft
9. Non-suppurative otitis media
10. Chronic suppurative otitis media
11. Management of chronic suppurative otitis media
12. Complications of infections of middle ear.
13. Tumours of the middle ear cleft and temporal bone
14. Diseases of the otic capsule-otosclerosis
15. Diseases of the otic capsule-other diseases
16. The deaf child- assessment and management
17. Acoustic neuroma – early diagnosis and appropriate intervention
18. Ototoxicity – culprit drugs, reversal and rehabilitation
19. Presbycusis – evaluation, assessment, hearing aids and rehabilitation.
20. Diagnosis and management of sudden and fluctuant sensorineural hearing loss

21. Meniere's disease – etiopathogenesis, symptomatology, investigations and treatment aspects
22. Neurologic aspects of vertigo – identification, classification and its management
23. Facial paralysis – Lower vs Upper Motor Neuron Classification, Identification, Etiology, Medical vs Surgical Management, Rehabilitation and Follow up
24. Rehabilitation of adults with acquired Hearing loss -Hearing aids
25. The cochlear Implants- ideal candidates, indications,
26. Nystagmus – Classification, Etiology & management
27. Otoacoustic emissions

RHINOLOGY:

1. Examination of the nose
2. Conditions of the external nose
3. Injuries of the facial skeleton
4. Congenital diseases of the nose
5. The nasal septum – anatomy, blood supply, surgical landmarks, fractures, deviated nasal septum, surgical management and related complications.
6. Foreign bodies in the nose, rhinolith
7. Epistaxis – causes, site of bleeding, various modes of management.
8. Acute chronic inflammations of the nasal cavities
9. Vasomotor rhinitis-allergic and non-allergic
10. Nasal polyposis- etiopathogenesis, clinical features, investigations, medical and surgical management
11. Abnormalities of smell – evaluation and assessment with management
12. Acute sinusitis- etiopathogenesis, symptomatology, investigations, management
13. Chronic sinusitis- etiopathogenesis, symptomatology, investigations, medical and surgical management
14. Nasal Allergy/Fungal allergic sinusitis - symptomatology, investigations, medical and surgical management
15. Complications of acute and chronic sinusitis
16. Tumours of nose and sinuses- etiopathogenesis, symptomatology, investigations, medical and surgical management, chemo-radiotherapy
17. Facial pains – causes, site, management
18. Trans-ethmoidalhypophysectomy
19. Functional endoscopic sinus surgery (FESS)

6.3 Course 3 - Recent advance in otorhinolaryngology and head and neck

1. Implantable hearing aids

2. Advances and application of otoendoscopy,
3. Lasers in ENT,
4. Cochlear implant and brainstem implant,
5. Imaging modalities of Temporal bone,
6. Radio surgeries in otology
7. Recent advances in surgical management of giddiness
8. Image guided sinus surgery,
9. Application of embolization techniques in ENT,
10. Imaging in rhinology,
11. Rhinoplasty in nasal trauma.
12. Phono surgery
13. contact endoscopies
14. Radiotherapy and radiosensitisers in Head and neck,
15. Chemotherapy in head and neck,
16. USG in head and neck
17. PET,
18. Biomaterials used in ENT,
19. Stem cells in ENT
20. HIV infection/AIDS and ENT manifestation.
21. Cryosurgery, Robotic surgeries
22. Basic surgical techniques,
23. Suture material in surgery,
24. Sterilization,
25. wound healing,
26. burns,
27. initial management of polytrauma cases,
28. shock and fluid management,
29. blood transfusion.

6.4 Course 4 - General surgical principles in laryngology and head and neck

1. Methods of examination of the mouth and pharynx
2. Diseases of the mouth
3. Diseases of the salivary glands
4. Pharyngeal lesions associated with general diseases

5. Diseases of the tonsils and adenoids (excluding neoplasms)
6. Tumours of the pharynx – etiopathogenesis, symptomatology, investigations and management
7. Hypopharyngeal diverticulum (Pharyngeal Pouch)
8. Methods of examining and larynx and tracheobronchial tree
9. Congenital diseases of the larynx
10. Laryngeal disorders in singers and other voice users
11. Neurological affections of larynx and pharynx
12. Intubation of the larynx, laryngotomy and tracheostomy
13. Cervical node dissection
14. Skin grafts in Otolaryngology and reconstructive methods including regional and distant flaps for repair of defects after excision of tumours or trauma.
15. Micro laryngeal surgery/thyroplasty

Miscellaneous and head and neck:

1. Cranial nerves – presentations in field of ENT, identification and management
2. Raised intracranial tension-causes, diagnosis, management with particular reference to otitis hydrocephalus
3. Head injuries and I.C. Haemorrhage
4. Pituitary gland, anatomy, physiology hypo - and hyper - pituitarism, new growths.
5. Intracranial venous sinuses and their affections
5. Osteology: skull, mandible cervical and thoracic vertebral sternum
6. Cervical fascia, facial spaces in neck, retro-pharyngeal and parapharyngeal Abscesses
7. Anatomy and physiology of thyroid gland, goitre, diseases of the thyroid and carcinoma of thyroid
8. Large blood vessels in neck, thoracic duct development of major cervical and thoracic blood vessels.
9. Head and neck reconstructive surgery

7. Teaching and learning methods

Postgraduate Training

Teaching methodology should be imparted to the students through:

- Lectures, seminars, symposia, Inter- and intra- departmental meetings (clinic- pathological, Radio-diagnosis, Anaesthesia), journal club. Records of these are to be maintained by the department.
- By encouraging and allowing the students to attend and actively participate in CMEs, Conferences by presenting papers.
- Maintenance of log book: E-portfolio:- It is an electronic portfolio to be maintained by the resident to record their activities under the section:

- EPA,
 - Daily log
 - Patient care
 - Procedure
 - Dissertation
 - Academic activities(Seminar, symposium, case presentation, journal club)
 - Co-curricular activities (Conference, CME, Workshop),
 - Teaching Assignments,
 - Awards and achievements
 - Outreach activities.
- E-portfolio shall be checked and assessed periodically by the faculty members. This will enable to monitor progress of the resident, his level of attainment of milestone and impart the training accordingly
 - WritingDissertation following appropriate research methodology, ethical clearance and good clinical practice guidelines.
 - The postgraduate 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 specialities/super specialities would be required to present one poster presentation, to read one paper at a 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.
 - Department should encourage e-learning activities.

Practical and Clinical Training

- Emphasis should be on self-directed learning, group discussions and case presentations.
- Student should be trained about proper History taking, Clinical examination, advising / ordering relevant investigations, their interpretation and instituting medical / surgical management by posting students in OPD, specialty clinics, wards, operation theatres, and other departments like anaesthesiology, radiology. Students should be able to perform and interpret X RAYS, CT SCANS AND MRIs related to field of otorhinolaryngology.

Rotations:

- Details of 3 years posting in the PG programme (6 terms of 6 months each)

FIRST YEAR

Total Duration:12 months

E. N. T	10 Months
Anesthesia	15 Days
Radiology	15 Days
Plastic Surgery	15 Days
General Surgery	15 Days

SECOND YEAR

Total Duration:12 months

Audiology and Neurotology	3 Months
Pediatric Otolaryngology	1 Month
Advanced training in MERF, Chennai	1 Month
Head and Neck Oncology and Radiotherapy	1 Month
ENT	6 Months

THIRD YEAR

Total Duration :12 months

ENT	12 Months
-----	-----------

*Allied posts should be done during the course – for

Details of training in the subject during resident posting The student should attend to the duties (Routine and emergency) and will be attending Outpatient department and special clinics, Inpatients, Operation Theatre, Also, will be writing clinical notes regularly and maintains records.

8. Assessment

8.1 Formative Assessment:

Formative assessment is continual and assess medical knowledge, patient care, procedural & academic skills, interpersonal communication skills, system-based practice, self-directed learning and professionalism of the activities mentioned every 3/6 monthly. EPAs are listed as bellow (Table 3) with description of each EPA (Table 4). Progress of the students is recorded after discussion with the student in Entrustable Professional Activity (EPA) assessment form Annexure-1. These EPAs are also mapped with PO and CO. (Table 5)

List the of Entrustable Professional Activity

Sl.No	EPAs
1.	Gathering a history and performing a physical examination
2.	Prioritizing a differential diagnosis following a Clinical encounter
3.	Recommending and interpreting common diagnostic and screening tests
4.	Entering and discussing orders and prescription and giving the necessary instructions to the patients
5.	Documenting a clinical encounter in patient records while providing an oral presentation of this encounter
6.	Form clinical questions and retrieve evidence to advance patient care
7.	Give or receive a patient hand-over to provide smooth transition care & thus collaborating as a member of an inter professional team
8.	Obtain informed consent for tests and/or procedures
9.	Identify system failures and contribute to a culture of safety and improvement
10.	Recognise a patient requiring urgent or emergency care and initiate evaluation and management like management of dizzy patient, management of epistaxis, stridor, foreign body removal in aerodigestivetract , and foreign body of ear& nose, nasal fracture reduction.
11.	Post-operative care, evaluation and counselling

12.	Performing basic surgeries such as Adenotonsillectomy, septoplasty, middle meatalantrotomy, myringoplasty, cortical mastoidectomy.
13.	Performing basic office procedures like diagnostic nasal endoscopy, video laryngoscopy, post nasal examination, throat swabs, ear swabs, nasopharyngeal swabs, FNACs
14.	Day care procedures like lobuloplasty, keloid excision, etc
15.	Assisting in advanced surgeries such as modified radical mastoidectomy, stapedotomy, facial nerve decompression frontal sinusotomy, sphenoidotomy, orbital decompressions, Transphenoidal excision of pituitary macroadenoma, optic nerve decompression, Head & Neck Surgeries, Laryngectomies
16.	Reading and interpreting X-rays, e.g. X ray PNS, Mastoids, Nasopharynx, soft tissue neck etc
17.	Reading and interpreting CT PNS, HRCT Temporal Bone, CT & CECT Neck, CT CP angle, MRI, Barium Studies
18.	Reading , Doing and Interpreting Audiological investigation like PTA, Impedence, BERA, OAE, SiSi, Tone decay etc
19.	Research methodology and writing of paper, Poster presentation and publications
20.	Performing cadaveric dissection to learn temporal bone dissection

EPA 1: Gathering a history and performing physical examination	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block for patient evaluation and management.
2. Most relevant domains of competence:	MK, PC, ICS, P
3. Competencies within each domain critical to entrustment decisions:	MK1.3 MK2.3 MK3.3 MK4.3 PC1.3 ICS1.3 P1.3 & P3.3
4. Methods of assessment	1. Periodic written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK 1	Lack of knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat.	Demonstrates and explain knowledge of normal knowledge of Basic knowledge about anatomy , physiology & other basic sciences related to Ear nose and throat
MK2	Not Able To identify symptoms and signs highlighting abnormality associated with ear, nose , throat , head& neck with help of proper knowledge about the subject	Able to arrive at a diagnosis after going through the symptoms and signs of the presenting disease
MK 3	Fails Early appropriate diagnosis and relevant treatment to be decided based on knowledge about the subject.	Has Knowledge of accurate and early treatment modalities justifying the diagnostic procedures
MK 4	Fails to have basic knowledge about social-behavioural sciences and communication skills	Explain the importance of social behavioural sciences and communication skills amongst the healthcare fraternity
PC 1	Lack Ability to acquire adequate, accurate and concise information about patients and their condition through proper history-taking and physical examination	Able to arrive at a provisional clinical diagnosis at the end of basic history taking and examination
ICS 1	Lacks capability to communicate effectively with patients, families, and the public, as appropriate.	Able to effectively communicate about the post treatment scenario for the patient and necessarily follow up in an accurate yet compassionate manner
P1	Fails to demonstrate compassion, integrity, and respect for others	Able to demonstrate such values under supervision of senior faculty
P3	Fails to demonstrate respect for patient privacy and autonomy	Able to demonstrate respect for patient privacy and autonomy

EPA 2: Prioritizing a differential diagnosis following a clinical encounter	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis
2. Most relevant domains of competence:	MK, PC, ICS, PBLI, P
3. Competencies within each domain critical to entrustment decisions:	MK1.3, 2.3, 3.3 PC 1.3, 3.3 ICS 1.3 PBLI 3B.3 , 4.3 P1.3

4. Methods of assessment	4. 1. Written exam (Every 6 months) 5. 2. Workplace assessment by Faculty 6. 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers
--------------------------	---

Competency	Pre-Entrustable	Entrustable
MK 1	Lack of knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat.	Demonstrates and explain knowledge of normal knowledge of Basic knowledge about anatomy , physiology & other basic sciences related to Ear nose and throat
MK 2	Not Able To identify symptoms and signs highlighting abnormality associated with ear, nose , throat , head& neck with help of proper knowledge about the subject	Able to arrive at a diagnosis after going through the symptoms and signs of the presenting disease
MK 3	Fails Early appropriate diagnosis and relevant treatment to be decided based on knowledge about the subject	Has Knowledge of accurate and early treatment modalities justifying the diagnostic procedures
PC 1	Lacks Ability to acquire adequate, accurate and concise information about patients and their condition through proper history-taking and physical examination	Able to arrive at a provisional clinical diagnosis at the end of basic history taking and examination
PC 3	Lacks Proficiency in interpreting laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology.	Able to correlate the investigative findings with the clinical findings to arrive at a accurate diagnosis
ICS 1	Not Capable to communicate effectively with patients, families, and the public, as appropriate.	Able to effectively communicate about the post treatment scenario for the patient and necessarily follow up in an accurate yet compassionate manner
ICS 3	Not able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.	Able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.
PBLI 3B	Fails to find, evaluate and imbibe evidence from scientific studies into practice related to patients' health problems	Able to find, evaluate and imbibe evidence from scientific studies into practice related to patients' health problems
PBLI 4	Unable to use information technology to optimize learning and to utilize information from all domains to improve care	Uses information technology to optimize learning and to utilize information from all domains to improve care
P 1	Fails to demonstrate compassion, integrity, and respect for others	Demonstrate scompassion, integrity, and respect for others

EPA 3: Recommending and interpreting common diagnostic and screening tests	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles as one approaches a patient in any setting.
2. Most relevant domains of competence:	MK, PC, ICS, PBLI, P
3. Competencies within each domain critical to entrustment decisions:	MK1.3, MK2.3, MK3.3 PC1.3, PC2.3, PC3.3, PC4.3 ICS 1.3, ICS 2.3, ICS 3.3 PBLI 3A.3 P1.3
4. Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK 1	Lack of knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat.	Demonstrates and explain knowledge of normal knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat
MK 2	Not Able To identify symptoms and signs highlighting abnormality associated with ear, nose , throat , head& neck with help of proper knowledge about the subject	Able to arrive at a diagnosis after going through the symptoms and signs of the presenting disease
MK 3	Fails Early appropriate diagnosis and relevant treatment to be decided based on knowledge about the subject	Has Knowledge of accurate and early treatment modalities justifying the diagnostic procedures
MK 4	Lacks Knowledge of social-behavioural sciences and communication skills to explain the patient about the disease process.	Exhibits social-behavioural sciences and communication skills in daily patient doctor communication
PC 1	Lacks Ability to acquire adequate, accurate and concise information about patients and their condition through proper history-taking and physical examination	Able to arrive at a provisional clinical diagnosis at the end of basic history taking and examination
PC 2	Inefficient in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.	Efficient in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.

PC 3	Not Proficient in interpreting laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology.	Proficient in interpreting laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology
PC 4	Unable in rationally and ethically developing and carrying out patient management plans.	Able to rationally and ethically developing and carrying out patient management plans.
ICS 1	Not Capable to communicate effectively with patients, families, and the public, as appropriate	Able to effectively communicate about the post treatment scenario for the patient and necessary follow up in an accurate yet compassionate manner
ICS 2	Unable to develop effective communication with colleagues within specialty, other health professionals, and health-related agencies .	Able to develop effective communication with colleagues within specialty, other health professionals, and health-related agencies .
ICS 3	Not able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.	Able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care
PBLI 3A	Unable to systematically analyse practice using quality-improvement methods and implement changes with the goal of practice improvement along with incorporating feedback into practice	Is implementing changes in order to better the practice skills
P 1	Fails to demonstrate compassion, integrity, and respect for others	Able to demonstrate compassion, integrity, and respect for others

EPA 4: Entering and discussing orders and prescriptions and giving the necessary instructions to the patients	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to prescribe therapies or interventions beneficial to patients. Entering residents will have a comprehensive understanding of some but not necessarily all of the patient’s clinical problems for which they must provide orders. They must also recognize their limitations and seek review for any orders and prescriptions they are expected to provide but for which they do not understand the rationale. The expectation is that learners will be able to enter safe orders and prescriptions in a variety of settings (e.g., inpatient, ambulatory, urgent, or emergent care).
2. Most relevant domains of competence:	MK, PC, ICS, SBP, PBL
3. Competencies within each domain critical to entrustment decisions:	MK 2.3, MK 3.3, MK 4.3 PC4.3 ICS1.3, ICS 2.3, ICS 3.3 SBP 4.3 PBLI 3A.3 P 1.3, P4.3

4. Methods of assessment	<ol style="list-style-type: none"> 1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback <ol style="list-style-type: none"> a. Patient b. Nurses c. Health care workers d. Peers
--------------------------	--

Competency	Pre-Entrustable	Entrustable
MK 2	Not Able To identify symptoms and signs highlighting abnormality associated with ear, nose , throat , head& neck with help of proper knowledge about the subject	Able to arrive at a diagnosis after going through the symptoms and signs of the presenting disease
MK 3	Fails in Early appropriate diagnosis and relevant treatment to be decided based on knowledge about the subject	Has Knowledge of accurate and early treatment modalities justifying the diagnostic procedures
MK 4	Lacks Knowledge of social-behavioural sciences and communication skills to explain the patient about the disease process.	Exhibits social-behavioural sciences and communication skills in daily patient doctor communication
PC 4	Unable to rationally and ethically develop and carry out patient management plans.	Able to rationally and ethically develop and carryout patient management plans
ICS 1	Not Capable to communicate effectively with patients, families, and the public, as appropriate	Able to effectively communicate about the post treatment scenario for the patient and necessarily follow up in an accurate yet compassionate manner
ICS 2	Unable to develop effective communication with colleagues within specialty, other health professionals, and health-related agencies .	Able to develop effective communication with colleagues within specialty, other health professionals, and health-related agencies .
ICS 3	Not able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.	Able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care
SBP 4	Fails toContemplate cost versus risk-benefit while providing patient care	Able to Contemplate cost versus risk-benefit while providing patient care
PBLI 3A	Unable to systematically analyse practice using quality-improvement methods and implement changes with the goal of practice improvement along with incorporating feedback into practice	Is implementing changes in order to better the practice skills
P 1	Fails to demonstrate compassion, integrity, and respect for others	Able to demonstrate compassion, integrity, and respect for others
P 4	Fails to demonstrate accountability to patients, society, and the profession while demonstrating a commitment to ethical principles	Demonstrates accountability to patients, society, and the profession while demonstrating a commitment to ethical principles

EPA 5: Documenting a clinical encounter in patient records while providing an oral presentation of a clinical encounter	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to provide accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats. Performance of this EPA is predicated on the ability to obtain information through history, using both primary and secondary sources, and physical exam in a variety of settings (e.g., office visit, admission, discharge summary, telephone call, email). Residents should be able to concisely present a summary of a clinical encounter to one or more members of the health care team (including patients and families) in order to achieve a shared understanding of the patient's current condition. A prerequisite for the ability to provide an oral presentation is synthesis of the information, gathered into an accurate assessment of the patient's current condition
2. Most relevant domains of competence:	MK ,PC, ICS, PBLI , P.
3. Competencies within each domain critical to entrustment decisions:	MK 2.3, MK 3.3 PC1.3 ICS2.3 PBLI 1.3 PBLI 4.3 PBLI 5.3 P1.3 P3.3
4. Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK 2	Not Able To identify symptoms and signs highlighting abnormality associated with ear, nose , throat , head& neck with help of proper knowledge about the subject	Able to arrive at a diagnosis after going through the symptoms and signs of the presenting disease
MK 3	Fails in Early appropriate diagnosis and relevant treatment to be decided based on knowledge about the subject	Has Knowledge of accurate and early treatment modalities justifying the diagnostic procedures
PC 1	Lack Ability to acquire adequate, accurate and concise information about patients and their condition through proper history-taking and physical examination	Able to arrive at a provisional clinical diagnosis at the end of basic history taking and examination

ICS 2	Unable to develop effective communication with colleagues within specialty, other health professionals, and health-related agencies .	Able to develop effective communication with colleagues within specialty, other health professionals, and health-related agencies .
PBLI 1	Unable to identify strengths, weakness , and limits of one’s knowledge and skill and set learning and improvement goals.	Has identified the limitations in the skill set & knowledge and is working towards its improvement
PBLI 4	Unable to use information technology to optimize learning and to utilize information from all domains to improve care	Able to use information technology to optimize learning and to utilize information from all domains to improve care
PBLI 5	Fails to participate in the education of patients, families, students, trainees, peers, and other health professionals	Participates in the education of patients, families, students, trainees, peers, and other health professionals
P1	Fails to demonstrate compassion, integrity, and respect for others	Demonstrate compassion, integrity, and respect for others
P 3	Fails to demonstrate respect for patient privacy and autonomy	Demonstrate respect for patient privacy and autonomy

EPA 6: Form clinical questions and retrieve evidence to advance patient care	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions. Residents should have basic skill in critiquing the quality of the evidence and assessing applicability to their patients and the clinical context. Underlying the skill set of practicing evidence-based medicine is the foundational knowledge an individual has and the self-awareness to identify gaps and fill them.
2. Most relevant domains of competence:	MK, PC, ICS ,SBP, PBLI , P
3. Competencies within each domain critical to entrustment decisions:	MK1.3, MK2.3, MK 3.3, MK4.3 PC 1.3, PC 4.3 ICS 1.3, ICS 3.3 SBP4.3 PBLI 3A.2, PBLI 5.3 P 1.3, P 2.3, P 5.2
4. Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK 1	Lack of knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat.	Demonstrates and explain knowledge of normal knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat
MK 2	Not Able To identify symptoms and signs highlighting abnormality associated with ear, nose , throat , head& neck with help of proper knowledge about the subject	Able to arrive at a diagnosis after going through the symptoms and signs of the presenting disease
MK 3	Fails in Early appropriate diagnosis and relevant treatment to be decided based on knowledge about the subject	Has Knowledge of accurate diagnosis and early treatment modalities justifying the diagnostic procedures
MK 4	Doesn't have knowledge of social-behavioural sciences and communication skills to explain the patient about the disease process.	Have knowledge of social-behavioural sciences and communication skills to explain the patient about the disease process.
PC 1	Lack Ability to acquire adequate, accurate and concise information about patients and their condition through proper history-taking and physical examination	Able to arrive at a provisional clinical diagnosis at the end of basic history taking and examination
PC 4	Unable to rationally and ethically develop and carry out patient management plans.	Able to rationally and ethically develop and carryout patient management plans
ICS 1	Not Capable to communicate effectively with patients, families, and the public, as appropriate	Able to effectively communicate about the post treatment scenario for the patient and necessary follow up in an accurate yet compassionate manner
ICS 3	Not able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.	Able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care
SBP 4	Unable to contemplate cost versus risk-benefit while providing patient care	Able to Contemplate cost versus risk-benefit while providing patient care
PBL 3A	Unable to Systematically analyse practice using quality-improvement methods and implement changes with the goal of practice improvement along with incorporating feedback into practice	Able to implement changes in order to better the practice skills
PBL 5	Unable to participate in the education of patients, families, students, trainees, peers, and other health professionals	Able to participate in the education of patients, families, students, trainees, peers, and other health professionals
P1	Unable to demonstrate compassion, integrity, and respect for others	Able to discuss values of compassion, integrity and respect with experts from outside department
P2	Unable to demonstrate responsiveness to patient needs that supersedes self-interest	Is responsive to patient needs even if it supersedes personal interest
P5	Unable to Demonstrate sensitivity and responsiveness to a diverse patient population	Is able to implement these values for better patient care and service

EPA 7: Give or receive a patient handover to transition care responsibility as well as collaborates as a member of an interprofessional team	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	<p>Effective and efficient handover communication is critical for patient care. Handover communication ensures that patients continue to receive high-quality and safe care through transitions of responsibility from one health care team or practitioner to another. Handovers are also foundational to the success of many other types of interprofessional communication, including discharge from one provider to another and from one setting to another. Handovers may occur between settings (e.g., hospitalist to PCP; discharges to lower-acuity settings) or within settings (e.g., shift changes).</p> <p>Effective teamwork is necessary to achieve the Institute of Medicine competencies for care that is safe, timely, effective, efficient, and equitable. Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to fully embracing the value that teamwork adds to patient care outcomes.</p>
2. Most relevant domains of competence:	PC/ ICS/ SBP/PBLI/ P
3. Competencies within each domain critical to entrustment decisions:	PC 5.3 ICS2.3, ICS 5.2 SBP 1.3, SBP 2.3, SBP 3.3 PBLI 3A.2 P1.3
4. Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback <ul style="list-style-type: none"> a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
PC 5	Unable to provide health care services with the aim of preventing health problems or maintaining health and to provide appropriate referral of patients whenever warranted.	Able to provide health care services with the aim of preventing health problems or maintaining health and to provide appropriate referral of patients whenever warranted.
ICS 2	Fails to develop effective communication with colleagues within specialty, other health professionals, and health-related agencies .	Able to look for the errors found within the communication, causing loss to the patient and hence rectify them
ICS 5	Unable to exhibit leadership qualities and team work as a member or leader of a health care team or other professional group and to execute supervisory responsibilities commensurate with one’s roles, abilities, and qualifications, while displaying traits of a role model	Able to exhibit leadership qualities and team work as a member or leader of a health care team or other professional group and to execute supervisory responsibilities commensurate with one’s roles, abilities, and qualifications, while displaying traits of a role model

		Able to accept shortcomings and take valuable feedback from the errors committed while exhibiting team leader roles
SBP 1	Fails to work in tandem amongst various health care delivery systems related to otorhinolaryngology	Able to execute at base level the for the betterment of management modalities
SBP 2	Fails in managing efficient patient care within different health care systems.	Manages efficient patient care within these health care systems.
SBP 3	Unable to play an active role in identifying errors within these health care systems and implementing potential solutions	Able to play an active role in identifying errors within these health care systems and implementing potential solutions
PBLI 3A	Fails to systematically analyse practice using quality-improvement methods and implement changes with the goal of practice improvement along with incorporating feedback into practice	Able to systematically analyse practice using quality-improvement methods and implement changes with the goal of practice improvement along with incorporating feedback into practice
P1	Unable to demonstrate compassion, integrity, and respect for others	Able to discuss values of compassion, integrity and respect with experts from outside department

EPA 8: Obtain informed consent for tests and/or procedures	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to perform patient care interventions that require informed consent for interventions, tests, or procedures they order or perform (e.g. diagnostic nasal endoscopies, indirect laryngoscopy, audiometry, otoendoscopy, ear under microscopy, swabs for culture etc) but should not be expected to obtain informed consent for procedures or tests for which they do not know the indications, contraindications, alternatives, risks, and benefits.
2. Most relevant domains of competence:	MK, PC, ICS, SBP, PBLI, P
3. Competencies within each domain critical to entrustment decisions:	MK 4.3PC 2.3, PC4.2 ICS1.3, ICS 3.3 SBP 4.3 PBLI 1.3, PBLI 2.3 P1.3
4. Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
PC 5	Has no knowledge of social-behavioural sciences and communication skills to explain the patient about the disease process.	Has knowledge of social-behavioural sciences and communication skills to explain the patient about the disease process.
PC 2	Inefficient in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.	Efficient in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.
PC 4	Unable to rationally and ethically develop and carry out patient management plans.	Able to rationally and ethically develop and carryout patient management plans
ICS 1	Not Capable to communicate effectively with patients, families, and the public, as appropriate	Able to effectively communicate about the post treatment scenario for the patient and necessary follow up in an accurate yet compassionate manner
ICS 3	Not able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.	Able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care
SBP 4	Fails toContemplate cost versus risk-benefit while providing patient care	Able to Contemplate cost versus risk-benefit while providing patient care
PBLI 1	Unable to identify strengths, weakness , and limits of one’s knowledge and skill and set learning and improvement goals.	Has identified the limitations in the skill set & knowledge and is working towards its improvement
PBLI 2	Fails to identify and perform learning activities that address one’s gaps in knowledge, skills, or attitudes	Is performing the learning activities to fill the lacunae at adequate levels
P1	Unable to demonstrate compassion, integrity, and respect for others	Able to discuss values of compassion, integrity and respect with experts from outside department

EPA 9:Identify system failures and contribute to a culture of safety and improvement	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Post-graduates should be well equipped in recognizing any fallacies in the healthcare system. He/she should have the basic knowledge about how healthcare functions at multiple levels and should be able to recognize any failures I the working system. Whilst identifying the errors and shortcomings, he/she should also be able to find the most appropriate solution to resolve the issue in hand. Thus should contribute towards the betterment of the healthcare system while developing a culture of safety.
2. Most relevant domains of competence:	ICS, SBP, PBLI ,P
3. Competencies within each domain critical to entrustment decisions:	ICS 2.3, ICS 5.3 SBP 1.3, SBP 3.3, SBP 5.3 PBLI 3A.3, PBLI 5.3 P1.2

4. Methods of assessment	<ol style="list-style-type: none"> 1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback <ol style="list-style-type: none"> a. Patient b. Nurses c. Health care workers d. Peers
--------------------------	--

Competency	Pre-Entrustable	Entrustable
ICS 2	Unable to develop effective communication with colleagues within specialty, other health professionals, and health-related agencies.	Able to develop effective communication with colleagues within specialty, other health professionals, and health-related agencies .
ICS 5	Unable to exhibit leadership qualities and team work as a member or leader of a health care team or other professional group and to execute supervisory responsibilities commensurate with one's roles, abilities, and qualifications, while displaying traits of a role model	Able to exhibit leadership qualities and team work as a member or leader of a health care team or other professional group and to execute supervisory responsibilities commensurate with one's roles, abilities, and qualifications, while displaying traits of a role model Able to accept shortcomings and take valuable feedback from the errors committed while exhibiting team leader roles
SBP 1	Fails to work in tandem amongst various health care delivery systems related to otorhinolaryngology	Able to execute at base level the for the betterment of management modalities
SBP 3	Unable to play an active role in identifying errors within these health care systems and implementing potential solutions	Able to play an active role in identifying errors within these health care systems and implementing potential solutions
SBP 5	Unable to perform administrative and practice management responsibilities according to one's role, abilities, and qualifications and to portray appropriate role modelling	Able to perform administrative and practice management responsibilities according to one's role, abilities, and qualifications and to portray appropriate role modelling
PBLI 3A	Fail sto systematically analyse practice using quality-improvement methods and implement changes with the goal of practice improvement along with incorporating feedback into practice	Is implementing changes in order to better the practice skills
PBLI 5	Fails to participate in the education of patients, families, students, trainees, peers, and other health professionals	Participates in the education of patients, families, students, trainees, peers, and other health professionals
P 1	Unable to demonstrate compassion, integrity, and respect for others	Able to discuss values of compassion ,integrity and respect with experts from outside department

EPA 10: Recognise a patient requiring urgent or emergency care and initiate evaluation and management like management of dizzy patient, management of epistaxis, stridor, foreign body removal in aerodigestivetract , and foreign body of ear& nose, nasal fracture reduction.	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to promptly recognize a patient who requires urgent or emergent care, initiate evaluation and management, and seek help is essential. New residents in particular are often among the first responders in an acute care setting, or the first to receive notification of an abnormal lab or deterioration in a patient's status. Early recognition and intervention provide the greatest chance for optimal outcomes in patient care. This EPA often calls for simultaneously recognizing need and initiating a call for assistance. Includes management of some of the emergency conditions dealt in the field of otorhinolaryngology and the role of the post graduate in the process. These include giddy patient, epistaxis, stridor, foreign body removal in aerodigestive tract , and foreign body of ear& nose, nasal fracture reduction
2. Most relevant domains of competence:	MK,PC, ICS
3. Competencies within each domain critical to entrustment decisions:	MK 1.3,MK2.3, MK 3.3 PC1.3, PC2.3, PC 3.3, PC 5.3 ICS1.2, ICS 3.3, ICS 4.3 PBLI 1.3 P1.3
4. Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK 1	Lack of knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat.	Demonstrates and explain knowledge of normal knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat
MK 2	Not Able To identify symptoms and signs highlighting abnormality associated with ear, nose , throat , head& neck with help of proper knowledge about the subject	Able to arrive at a diagnosis after going through the symptoms and signs of the presenting disease
MK 3	Fails in Early appropriate diagnosis and relevant treatment to be decided based on knowledge about the subject	Has Knowledge of accurate diagnosis and early treatment modalities justifying the diagnostic procedures
PC 1	Lacks Ability to acquire adequate, accurate and concise information about patients and their condition through proper history-taking and physical examination	Able to arrive at a provisional clinical diagnosis at the end of basic history taking and examination

PC 2	Inefficient in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.	Efficient in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.
PC 3	Not Proficient in interpreting laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology.	Proficient in interpreting laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology
PC 5	Unable to provide health care services with the aim of preventing health problems or maintaining health and to provide appropriate referral of patients whenever warranted.	Able to provide health care services with the aim of preventing health problems or maintaining health and to provide appropriate referral of patients whenever warranted.
ICS 1	Not Capable to communicate effectively with patients, families, and the public, as appropriate	Able to effectively communicate about the post treatment scenario for the patient and necessary follow up in an accurate yet compassionate manner
ICS 3	Not able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.	Able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care
ICS 4	Fails to demonstrate compassion in difficult conversations (e.g. about issues such as death, adverse events, disclosure of errors, end-of-life issues)	Able to diffuse a tensed situation in a professional yet compassionate way to avoid anger amongst patient relatives
PBLI 1	Unable to identify strengths, weakness , and limits of one’s knowledge and skill and set learning and improvement goals.	Has identified the limitations in the skill set & knowledge and is working towards its improvement
P 1	Unable to demonstrate compassion, integrity, and respect for others	Able to discuss values of compassion ,integrity and respect with experts from outside department

EPA 11:Post-operative care,evaluation and counselling	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Post graduates must have adequate knowledge about the post-operative period, the events that follow, the care that is required and / or expected. Post graduate should provide adequate patient care in the post-operative duration of stay in the hospital. He/she should also be well versed in counselling the patient about the post procedural outcomes, what to expect, recovery and any rehabilitation.
2. Most relevant domains of competence:	MK,PC, ICS, SBP, PBLI,P

3. Competencies within each domain critical to entrustment decisions:	MK 1.3, MK 4.3 PC4.3 ICS 1.3, ICS 3.3, ICS 4.3 SBP 4.3 PBLI 5.3 P1.3, P2.3, P4.3
4. Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK 1	Lack of knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat.	Demonstrates and explain knowledge of normal knowledge of Basic knowledge about anatomy , physiology & other basic sciences related to Ear nose and throat
MK 4	Fails to have basic knowledge about social-behavioural sciences and communication skills	Explain the importance of social behavioural sciences and communication skills amongst the healthcare fraternity
PC 4	Unable to rationally and ethically develop and carry out patient management plans.	Able to rationally and ethically develop and carryout patient management plans
ICS 1	Not Capable to communicate effectively with patients, families, and the public, as appropriate	Able to effectively communicate about the post treatment scenario for the patient and necessary follow up in an accurate yet compassionate manner
ICS 3	Not able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.	Able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care
ICS 4	Fails to demonstrate compassion in difficult conversations (e.g. about issues such as death, adverse events, disclosure of errors, end-of-life issues)	Able to diffuse a tensed situation in a professional yet compassionate way to avoid anger amongst patient relatives
SBP 4	Unable to contemplate cost versus risk-benefit while providing patient care	Able to Contemplate cost versus risk-benefit while providing patient care
PBLI 5	Fails to participate in the education of patients, families, students, trainees, peers, and other health professionals	Participates in the education of patients, families, students, trainees, peers, and other health professionals
P 1	Fails to demonstrate compassion, integrity, and respect for others	Demonstratescompassion, integrity, and respect for others
P 2	Unable to demonstrate responsiveness to patient needs that supersedes self-interest	Demonstrates responsiveness to patient needs that supersedes self-interest

P 4	Unable to demonstrate accountability to patients, society, and the profession while demonstrating a commitment to ethical principles	Demonstrates accountability to patients, society, and the profession while demonstrating a commitment to ethical principles
------------	--	---

EPA 12: Performing basic surgeries such as Adenotonsillectomy, septoplasty, middle meatal antrostomy, myringoplasty, cortical mastoidectomy.		
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Post graduates should have the basic knowledge about basic surgical anatomy and related surgical steps regarding some commonly performed surgeries in ENT. Post graduate should have the general idea of managing a particular patient with the best suitable treatment modality. Also Post graduate should be well versed in both , pre-operative workup and post operative management	
2. Most relevant domains of competence:	MK ,PC, ICS, PBLI, P	
3. Competencies within each domain critical to entrustment decisions:	MK 1.3, PC4.3 ICS 3.3, ICS 5.3 PBLI 1.3, PBLI 2.3, PBLI 3A.3 P1.3	
4. Methods of assessment	<ol style="list-style-type: none"> 1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback <ol style="list-style-type: none"> a. Patient b. Nurses c. Health care workers d. Peers 	

Competency	Pre-Entrustable	Entrustable
MK 1	Lack of knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat.	Demonstrates and explain knowledge of normal knowledge of Basic knowledge about anatomy , physiology & other basic sciences related to Ear nose and throat
PC 4	Unable to rationally and ethically develop and carry out patient management plans.	Able to rationally and ethically develop and carryout patient management plans
ICS 3	Not able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.	Able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care
ICS 5	Unable to exhibit leadership qualities and team work as a member or leader of a health care team or other professional group and to execute supervisory responsibilities commensurate with one's roles, abilities, and qualifications, while displaying traits of a role model	Able to exhibit leadership qualities and team work as a member or leader of a health care team or other professional group and to execute supervisory responsibilities commensurate with one's roles, abilities, and qualifications, while displaying traits of a role model Able to accept shortcomings and take

		valuable feedback from the errors committed while exhibiting team leader roles
PBLI 1	Unable to identify strengths, weakness , and limits of one’s knowledge and skill and set learning and improvement goals.	Has identified the limitations in the skill set & knowledge and is working towards its improvement
PBLI 2	Fails to identify and perform learning activities that address one’s gaps in knowledge, skills, or attitudes	Is performing the learning activities to fill the lacunae at adequate levels
PBLI 3A	Unable to systematically analyse practice using quality-improvement methods and implement changes with the goal of practice improvement along with incorporating feedback into practice	Is implementing changes in order to better the practice skills
P 1	Fails to demonstrate compassion, integrity, and respect for others	Demonstrate scompassion, integrity, and respect for others

EPA 13:Performing basic office procedures like diagnostic nasal endoscopy, video laryngoscopy, post nasal examination, throat swabs, ear swabs, nasopharyngeal swabs, FNACs	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Post graduates must have the basic knowledge behind the principles of common diagnostic modalities used in the field of ENT.They should be well versed in performing some common outpatient based diagnostic procedures such as diagnostic nasal endoscopy, video laryngoscopy, post nasal examination, throat swabs, ear swabs, nasopharyngeal swabs, FNACs etc. They should also be considerate about pre procedural counselling and consent taking.
2. Most relevant domains of competence:	MK,PC, ICS, SBP, PBLI, P
3. Competencies within each domain critical to entrustment decisions:	MK 1.3, MK 3.3 PC 2.3 PC 3.3 ICS1.3, ICS 3.3 SBP 4.3 PBLI 1.3, PBLI 3B.3 P1.2
4. Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK 1	Lack of knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat.	Demonstrates and explain knowledge of normal knowledge of Basic knowledge about anatomy , physiology & other basic sciences related to Ear nose and throat

MK 3	Fails in Early appropriate diagnosis and relevant treatment to be decided based on knowledge about the subject	Has Knowledge of accurate and early treatment modalities justifying the diagnostic procedures
PC 2	Inefficient in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.	Efficient in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.
PC 3	Not Proficient in interpreting laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology.	Proficient in interpreting laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology
ICS 1	Not Capable to communicate effectively with patients, families, and the public, as appropriate	Able to effectively communicate about the post treatment scenario for the patient and necessary follow up in an accurate yet compassionate manner
ICS 3	Not able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.	Able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care
SBP 4	Unable to contemplate cost versus risk-benefit while providing patient care	Able to Contemplate cost versus risk-benefit while providing patient care
PBLI 1	Unable to identify strengths, weakness , and limits of one’s knowledge and skill and set learning and improvement goals.	Has identified the limitations in the skill set & knowledge and is working towards its improvement
PBLI 3B	Fails to find, evaluate and imbibe evidence from scientific studies into practice related to patients’ health problems	Able to find, evaluate and imbibe evidence from scientific studies into practice related to patients’ health problems
P 1	Fails to demonstrate compassion, integrity, and respect for others	Able to demonstrate compassion, integrity, and respect for others

EPA 14:Performing Day care procedures like lobuloplasty, keloid excision, etc	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Post graduates should have the basic knowledge about basic day care surgeries commonly performed surgeries in ENT. Post graduate should have the general idea of managing a particular patient with the best suitable treatment modality. Also Post graduate should be well versed in both , pre-operative workup and post operative management
2. Most relevant domains of competence:	MK,PC, ICS, SBP, P
3. Competencies within each domain critical to entrustment decisions:	MK 1.3 PC4.2 ICS 3.3, ICS 5.3 PBLI 1.3, PBLI 2.3, PBLI 3A.3 P1.3

4. Methods of assessment	<ol style="list-style-type: none"> 1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback <ol style="list-style-type: none"> a. Patient b. Nurses c. Health care workers d. Peers
--------------------------	--

Competency	Pre-Entrustable	Entrustable
MK 1	Lack of knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat.	Demonstrates and explain knowledge of normal knowledge of Basic knowledge about anatomy , physiology & other basic sciences related to Ear nose and throat
PC 4	Unable to rationally and ethically develop and carry out patient management plans.	Able to rationally and ethically develop and carryout patient management plans
ICS 3	Not able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.	Able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care
ICS 5	Unable to exhibit leadership qualities and team work as a member or leader of a health care team or other professional group and to execute supervisory responsibilities commensurate with one's roles, abilities, and qualifications, while displaying traits of a role model	Able to exhibit leadership qualities and team work as a member or leader of a health care team or other professional group and to execute supervisory responsibilities commensurate with one's roles, abilities, and qualifications, while displaying traits of a role model Able to accept shortcomings and take valuable feedback from the errors committed while exhibiting team leader roles
PBLI 1	Unable to identify strengths, weakness , and limits of one's knowledge and skill and set learning and improvement goals.	Has identified the limitations in the skill set & knowledge and is working towards its improvement
PBLI 2	Fails to identify and perform learning activities that address one's gaps in knowledge, skills, or attitudes	Is performing the learning activities to fill the lacunae at adequate levels
PBLI 3A	Unable to systematically analyse practice using quality-improvement methods and implement changes with the goal of practice improvement along with incorporating feedback into practice	Is implementing changes in order to better the practice skills
P 1	Fails to demonstrate compassion, integrity, and respect for others	Demonstratescompassion, integrity, and respect for others

EPA 15:Assisting in advanced surgeries such as modified radical mastoidectomy, stapedotomy, facial nerve decompression frontal sinusotomy, sphenoidotomy, orbital decompressions, Transphenoidal excision of pituitarymacroadenoma, optic nerve decompression, Head & Neck Surgeries, Laryngectomies	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Post graduates should assist in few above mentioned advanced surgeries in the field of otorhinolaryngology. They should be well versed with basic surgical anatomy and the procedural steps. They should be sensitized about the intra and post-operative events that might be encountered upon while assisting. They should also know about the care to be provided after the procedure.
2. Most relevant domains of competence:	MK,PC, ICS, SBP, P
3. Competencies within each domain critical to entrustment decisions:	MK 1.3 PC4.3 ICS 1.3, ICS 2.3, ICS 3.3 SBP2.2 PBLI 1.3, PBLI 2.3, PBLI 3A.3 P1.3
4. Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK 1	Lack of knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat.	Demonstrates and explain knowledge of normal knowledge of Basic knowledge about anatomy , physiology & other basic sciences related to Ear nose and throat
PC 4	Unable to rationally and ethically develop and carry out patient management plans.	Able to rationally and ethically develop and carryout patient management plans
ICS 1	Not Capable to communicate effectively with patients, families, and the public, as appropriate	Able to effectively communicate about the post treatment scenario for the patient and necessary follow up in an accurate yet compassionate manner
ICS 2	Unable to develop effective communication with colleagues within specialty, other health professionals, and health-related agencies .	Able to develop effective communication with colleagues within specialty, other health professionals, and health-related agencies .
ICS 3	Not able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.	Able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care

SBP 2	Fails in managing efficient patient care within different health care systems .	Manages efficient patient care within these health care systems .
PBLI 1	Unable to identify strengths, weakness , and limits of one’s knowledge and skill and set learning and improvement goals.	Has identified the limitations in the skill set & knowledge and is working towards its improvement
PBLI 2	Fails to identify and perform learning activities that address one’s gaps in knowledge, skills, or attitudes	Is performing the learning activities to fill the lacunae at adequate levels
PBLI 3A	Unable to systematically analyse practice using quality-improvement methods and implement changes with the goal of practice improvement along with incorporating feedback into practice	Is implementing changes in order to better the practice skills
P 1	Fails to demonstrate compassion, integrity, and respect for others	Demonstrates compassion, integrity, and respect for others

EPA 16:Reading and interpreting X-rays, e.g.: X ray PNS, Mastoids, Nasopharynx, soft tissue neck etc	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Post graduates must have the basic knowledge about X ray mechanism. They should be able to interpret and diagnose common ENT related x ray films such as X ray PNS, Mastoids, Nasopharynx, soft tissue neck etc. They should be well trained in pointing out abnormalities and hence arrive at a conclusive diagnosis.
2. Most relevant domains of competence:	MK,PC, ICS, SBP, P
3. Competencies within each domain critical to entrustment decisions:	MK 1.3, MK 3.3 PC2.3 PC 3.3 ICS1.3, ICS 3.3 SBP 4.2 PBLI 1.3, PBLI 2.3, PBLI 3B.3 P1.3
4. Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK 1	Lack of knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat.	Demonstrates and explain knowledge of normal knowledge of Basic knowledge about anatomy , physiology & other basic sciences related to Ear nose and throat

MK 3	Fails in Early appropriate diagnosis and relevant treatment to be decided based on knowledge about the subject	Has Knowledge of accurate and early treatment modalities justifying the diagnostic procedures
PC 2	Inefficient in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.	Efficient in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.
PC 3	Not Proficient in interpreting laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology.	Proficient in interpreting laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology
ICS 1	Not Capable to communicate effectively with patients, families, and the public, as appropriate	Able to effectively communicate about the post treatment scenario for the patient and necessary follow up in an accurate yet compassionate manner
ICS 3	Not able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.	Able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care
SBP 4	Unable to contemplate cost versus risk-benefit while providing patient care	Able to Contemplate cost versus risk-benefit while providing patient care
PBLI 1	Unable to identify strengths, weakness , and limits of one's knowledge and skill and set learning and improvement goals.	Has identified the limitations in the skill set & knowledge and is working towards its improvement
PBLI 2	Fails to identify and perform learning activities that address one's gaps in knowledge, skills, or attitudes	Is performing the learning activities to fill the lacunae at adequate levels
PBLI 3B	Fails to find, evaluate and imbibe evidence from scientific studies into practice related to patients' health problems	Able to find, evaluate and imbibe evidence from scientific studies into practice related to patients' health problems
P 1	Fails to demonstrate compassion, integrity, and respect for others	Able to demonstrate compassion, integrity, and respect for others

EPA 17: Reading and interpreting CT PNS, HRCT Temporal Bone, CT &CECT Neck, CT CP angle, MRI, Barium Studies etc	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Post graduates must have the basic knowledge about mechanism behind some imaging modalities such as CT scan, MRI, contrast imaging studies. They should be able to interpret and diagnose common ENT related imaging studies. They should be well trained in pointing out abnormalities and hence arrive at a conclusive diagnosis.
2. Most relevant domains of competence:	MK,PC, ICS, SBP, P
3. Competencies within each domain critical to entrustment decisions:	MK 1.3, MK 3.3 PC 2.3 PC 3.3 ICS 1.3, ICS 3.3 SBP 4.2 PBLI 1.3, PBLI 2.3, PBLI 3B.3, PBLI 4.3 P1.3

4. Methods of assessment	<ol style="list-style-type: none"> 1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback <ol style="list-style-type: none"> a. Patient b. Nurses c. Health care workers d. Peers
--------------------------	--

Competency	Pre-Entrustable	Entrustable
MK 1	Lack of knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat.	Demonstrates and explain knowledge of normal knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat
MK 3	Fails in Early appropriate diagnosis and relevant treatment to be decided based on knowledge about the subject	Has Knowledge of accurate and early treatment modalities justifying the diagnostic procedures
PC 2	Inefficient in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.	Efficient in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.
PC 3	Not Proficient in interpreting laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology.	Proficient in interpreting laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology
ICS 1	Not Capable to communicate effectively with patients, families, and the public, as appropriate	Able to effectively communicate about the post treatment scenario for the patient and necessary follow up in an accurate yet compassionate manner
ICS 3	Not able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.	Able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care
SBP 4	Unable to contemplate cost versus risk-benefit while providing patient care	Able to Contemplate cost versus risk-benefit while providing patient care
PBLI 1	Unable to identify strengths, weakness , and limits of one's knowledge and skill and set learning and improvement goals.	Has identified the limitations in the skill set & knowledge and is working towards its improvement
PBLI 2	Fails to identify and perform learning activities that address one's gaps in knowledge, skills, or attitudes	Is performing the learning activities to fill the lacunae at adequate levels
PBLI 3B	Fails to find, evaluate and imbibe evidence from scientific studies into practice related to patients' health problems	Able to find, evaluate and imbibe evidence from scientific studies into practice related to patients' health problems
PBLI 4	Unable to use information technology to optimize learning and to utilize information from all domains to improve care	Uses information technology to optimize learning and to utilize information from all domains to improve care
P 1	Fails to demonstrate compassion, integrity, and respect for others	Able to demonstrate compassion, integrity, and respect for others

EPA 18: Reading, Doing and Interpreting Audiological investigation like PTA, Impedance, BERA, OAE, SiSi, Tone decay etc	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Post graduates must have the basic knowledge about various types of audiometry and other hearing assessment tests. They should know about the indications as well as the applications of these diagnostic tests in the field of otology. Interpretation and arriving at the diagnosis should be learnt during the course
2. Most relevant domains of competence:	MK,PC, ICS, SBP, P
3. Competencies within each domain critical to entrustment decisions:	MK 1.3, MK 3.3 PC 2.3 PC 3.3 ICS 1.3, ICS 3.3 SBP 4.2 PBLI 1.3, PBLI 2.3, PBLI 3B.3, PBLI 4.3 P1.3
4. Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK 1	Lack of knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat.	Demonstrates and explain knowledge of normal knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat
MK 3	Fails in Early appropriate diagnosis and relevant treatment to be decided based on knowledge about the subject	Has Knowledge of accurate and early treatment modalities justifying the diagnostic procedures
PC 2	Inefficient in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.	Efficient in performing all medical, diagnostic, and surgical procedures considered essential for the field of otorhinolaryngology.
PC 3	Not Proficient in interpreting laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology.	Proficient in interpreting laboratory data, imaging studies, and other tests required for the field of otorhinolaryngology
ICS 1	Not Capable to communicate effectively with patients, families, and the public, as appropriate	Able to effectively communicate about the post treatment scenario for the patient and necessary follow up in an accurate yet compassionate manner

ICS 3	Not able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care.	Able to counsel and educate patients and their families to enable shared decision making and empower them to participate in their care
SBP 4	Unable to contemplate cost versus risk-benefit while providing patient care	Able to Contemplate cost versus risk-benefit while providing patient care
PBLI 1	Unable to identify strengths, weakness , and limits of one's knowledge and skill and set learning and improvement goals.	Has identified the limitations in the skill set & knowledge and is working towards its improvement
PBLI 2	Fails to identify and perform learning activities that address one's gaps in knowledge, skills, or attitudes	Is performing the learning activities to fill the lacunae at adequate levels
PBLI 3B	Fails to find, evaluate and imbibe evidence from scientific studies into practice related to patients' health problems	Able to find, evaluate and imbibe evidence from scientific studies into practice related to patients' health problems
PBLI 4	Unable to use information technology to optimize learning and to utilize information from all domains to improve care	Uses information technology to optimize learning and to utilize information from all domains to improve care
P 1	Fails to demonstrate compassion, integrity, and respect for others	Able to demonstrate compassion, integrity, and respect for others

EPA 19: Research methodology and writing of paper, Poster presentation and publications	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be sensitized towards the field of research contributing to publications in otorhinolaryngology, They should know the basics of research methodology, how to write a paper, poster or contribute into any publication. At the end of 3 years, resident must have one paper, poster and presentation each being published into renowned journals.
2. Most relevant domains of competence:	MK,PC, ICS, SBP, P.
3. Competencies within each domain critical to entrustment decisions:	MK1.3, MK 5.3 PC 5.3 ICS 2.3 SBP 5.3 PBLI 1.3, PBLI 3B.3, PBLI 4.3, PBLI 5.3 P1.3
4. Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK 1	Not Able To identify symptoms and signs highlighting abnormality associated with ear, nose , throat , head& neck with help of proper knowledge about the subject	Able to arrive at a diagnosis after going through the symptoms and signs of the presenting disease
MK 5	Fails in learning about epidemiological sciences to identify health problems, risk factors, disease prevention/health promotion efforts for patients and populations along with knowledge of translation ,creation, dissemination of such new health care knowledge and practices	Learns about epidemiological sciences to identify health problems, risk factors, disease prevention/health promotion efforts for patients and populations along with knowledge of translation ,creation, dissemination of such new health care knowledge and practices
PC 5	Fails to provide health care services with the aim of preventing health problems or maintaining health and to provide appropriate referral of patients whenever warranted.	Able to provide health care services with the aim of preventing health problems or maintaining health and to provide appropriate referral of patients whenever warranted.
ICS 2	Unable to develop effective communication with colleagues within specialty, other health professionals, and health-related agencies .	Able to develop effective communication with colleagues within specialty, other health professionals, and health-related agencies .
SBP 5	Unable to perform administrative and practice management responsibilities according to one's role, abilities, and qualifications and to portray appropriate role modelling	Able to perform administrative and practice management responsibilities according to one's role, abilities, and qualifications and to portray appropriate role modelling
PBLI 1	Unable to identify strengths, weakness , and limits of one's knowledge and skill and set learning and improvement goals.	Has identified the limitations in the skill set & knowledge and is working towards its improvement
PBLI 3B	Fails to find, evaluate and imbibe evidence from scientific studies into practice related to patients' health problems	Able to find, evaluate and imbibe evidence from scientific studies into practice related to patients' health problems
PBLI 4	Unable to use information technology to optimize learning and to utilize information from all domains to improve care	Able to use information technology to optimize learning and to utilize information from all domains to improve care
PBLI 5	Fails to participate in the education of patients, families, students, trainees, peers, and other health professionals	Participates in the education of patients, families, students, trainees, peers, and other health professionals
P1	Fails to demonstrate compassion, integrity, and respect for others	Demonstrate compassion, integrity, and respect for others

EPA 20:Performing cadaveric dissection to learn temporal bone dissection	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Post graduates should have the basic knowledge about basic surgical anatomy and related surgical steps temporal bone dissection. Cadaveric dissection of temporal bone will provide real like simulation to further advanced ear surgeries
2. Most relevant domains of competence:	MK,PC, ICS, SBP, P

3. Competencies within each domain critical to entrustment decisions:	MK 1.3 PBLI 1.3, PBLI 2.3, PBLI 3A.3 P 1.3
4. Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK 1	Lack of knowledge of Basic knowledge about anatomy, physiology & other basic sciences related to Ear nose and throat.	Demonstrates and explain knowledge of normal knowledge of Basic knowledge about anatomy , physiology & other basic sciences related to Ear nose and throat
PBLI 1	Unable to identify strengths, weakness , and limits of one’s knowledge and skill and set learning and improvement goals.	Has identified the limitations in the skill set & knowledge and is working towards its improvement
PBLI 2	Fails to identify and perform learning activities that address one’s gaps in knowledge, skills, or attitudes	Is performing the learning activities to fill the lacunae at adequate levels
PBLI 3A	Unable to systematically analyse practice using quality-improvement methods and implement changes with the goal of practice improvement along with incorporating feedback into practice	Is implementing changes in order to better the practice skills
P 1	Fails to demonstrate compassion, integrity, and respect for others	Demonstrates compassion, integrity, and respect for others

MAPPING

Table 5.Mapping of PO,CO, EPA, Competency and Sub-competency with level

EPA		General									Domains and levels of competency
		Program outcomes									
		P o 1	P o 2	P o 3	P o 4	P o 5	P o 6	P o 7	P o 8	P o 9	
1	Gathering a history and performing a physical examination	Y	Y		Y						MK1.3,MK2.3,MK3.3, MK4.3 PC1.3 ICS1.3 P1.3 & P3.3
2	Prioritizing a differential diagnosis following a Clinical encounter	Y	Y		Y			Y			MK1.3, 2.3, 3.3 PC 1.3, 3.3 ICS 1.3 PBLI 3B.3 , 4.3 P1.3

3	Recommending and interpreting common diagnostic and screening tests	Y	Y		Y				Y	Y		MK1.3, MK2.3, MK3.3 PC1.3, PC2.3, PC3.3, PC4.3 ICS 1.3, ICS 2.3, ICS 3.3 PBLI 3A.3 P1.3
4	Entering and discussing orders and prescription and giving the necessary instructions to the patients	Y	Y		Y						Y	MK 2.3, MK 3.3, MK 4.3 PC4.3 ICS1.3, ICS 2.3, ICS 3.3 SBP 4.3 PBLI 3A.3 P 1.3, P4.3
5	Documenting a clinical encounter in patient records while providing an oral presentation of this encounter	Y	Y		Y							MK 2.3, MK 3.3 PC1.3 ICS2.3 PBLI 1.3 PBLI 4.3 PBLI 5.3 P1.3 P3.3
6	Form clinical questions and retrieve evidence to advance patient care	Y	Y		Y				Y	Y	Y	MK 1.3, MK 2.3, MK 3.3, MK4.3 PC 1.3, PC 4.3 ICS 1.3, ICS 3.3 SBP4.3 PBLI 3A.2, PBLI 5.3 P 1.3, P 2.3, P 5.2
7	Give or receive a patient hand-over to provide smooth transition care & thus collaborating as a member of an inter professional team	Y	Y								Y	PC 5.3 ICS 2.3 , ICS 5.2 SBP 1.3, SBP 2.3, SBP 3.3 PBLI 3A.2 P1.3
8	Obtain informed consent for tests and/or procedures	Y	Y		Y						Y	MK 4.3 PC 2.3, PC 4.2 ICS 1.3, ICS 3.3 SBP 4.3 PBLI 1.3, PBLI 2.3 P 1.3
9	Identify system failures and contribute to a culture of safety and improvement										Y	ICS 2.3, ICS 5.3 SBP 1.3, SBP 3.3, SBP 5.3 PBLI 3A.3, PBLI 5.3 P1.2
10	Recognise a patient requiring urgent or emergency care and initiate evaluation and management like management of dizzy patient, management of epistaxis, stridor, foreign body removal in aerodigestivetract , and foreign body of ear& nose, nasal fracture reduction.	Y	Y	Y								MK 1.3, MK2.3, MK 3.3 PC 1.3, PC 2.3, PC 3.3, PC 5.3 ICS 1.2, ICS 3.3, ICS 4.3 PBLI 1.3 P1.3

11	Post-operative care, evaluation and counselling	Y	Y						Y	MK 1.3, MK 4.3 PC 4.3 ICS 1.3, ICS 3.3, ICS 4.3 SBP 4.3 PBLI 5.3 P1.3, P2.3, P4.3
12	Performing basic surgeries such as Adenotonsillectomy, septoplasty, middle meat-alantrostomy, myringoplasty, cortical mastoidectomy.	Y	Y		Y				Y	MK 1.3, PC 4.3 ICS 3.3, ICS 5.3 PBLI 1.3, PBLI 2.3, PBLI 3A.3 P 1.3
13	Performing basic office procedures like diagnostic nasal endoscopy, video laryngoscopy, post nasal examination, throat swabs, ear swabs, nasopharyngeal swabs, FNACs	Y	Y		Y					MK 1.3, MK 3.3 PC 2.3 PC 3.3 ICS 1.3, ICS 3.3 SBP 4.3 PBLI 1.3, PBLI 3B.3 P1.2
14	Day care procedures like lobuloplasty, keloid excision, etc	Y	Y		Y					MK 1.3 PC 4.2 ICS 3.3, ICS 5.3 PBLI 1.3, PBLI 2.3, PBLI 3A.3 P1.3
15	Assisting in advanced surgeries such as modified radical mastoidectomy, stapedotomy, facial nerve decompression frontal sinusotomy, sphenoidotomy, orbital decompressions, Transphenoidal excision of pituitary macroadenoma, optic nerve decompression, Head & Neck Surgeries, Laryngectomies	Y	Y		Y				Y	MK 1.3 PC 4.3 ICS 1.3, ICS 2.3, ICS 3.3 SBP 2.2 PBLI 1.3, PBLI 2.3, PBLI 3A.3 P1.3.0
16	Reading and interpreting X-rays, eg X ray PNS, Mastoids, Nasopharynx, soft tissue neck etc	Y	Y		Y					MK 1.3, MK 3.3 PC 2.3 PC 3.3 ICS 1.3, ICS 3.3 SBP 4.2 PBLI 1.3, PBLI 2.3, PBLI 3B.3 P 1.3
17	Reading and interpreting CT PNS, HRCT Temporal Bone, CT & CECT Neck, CT CP angle, MRI , Barium Studies	Y	Y		Y					MK 1.3, MK 3.3 PC 2.3 PC 3.3 ICS 1.3, ICS 3.3 SBP 4.2 PBLI 1.3, PBLI 2.3, PBLI 3B.3, PBLI 4.3 P1.3

18	Reading, Doing and Interpreting Audiological investigation like PTA, Impedance, BERA, OAE, SiSi, Tone decay etc	Y	Y									MK 1.3, MK 3.3 PC 2.3 PC 3.3 ICS 1.3, ICS 3.3 SBP 4.2 PBLI 1.3, PBLI 2.3, PBLI 3B.3, PBLI 4.3 P1.3
19	Research methodology and writing of paper, Poster presentation and publications	Y				Y	Y	Y				MK1.3, MK 5.3 PC 5.3 ICS 2.3 SBP 5.3 PBLI 1.3, PBLI 3B.3, PBLI 4.3, PBLI 5.3 P1.3
20	Performing cadaveric dissection to learn temporal bone dissection	Y	Y		Y							MK 1.3 PBLI 1.3, PBLI 2.3, PBLI 3A.3 P 1.3

8.2 Summative Assessment

Eligibility for appearing in the final university exam

- Attendance: 75 % in each year
- One poster presentation in International/National/ State level conference.
- One oral presentation International/National/ State level conference.
- Submission of one scientific paper for publication to an indexed journal

Postgraduate Examination shall be in three parts:

1. Dissertation

Every post graduate student shall carry out work on an assigned research project under the guidance of a recognised Post Graduate 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 post graduate student 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 and will be evaluated by two external. A post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

2. Theory Examination:

There should be four theory papers, as given below:

- Paper I : Applied Basic science related to otorhinolaryngology
- Paper II: Principles and practices of oto-rhinology
- Paper III: Recent advance In otorhinolaryngology and head and neck
- Paper IV: General surgical principles in laryngology and head and neck

Each theory paper will be of 100 marks i.e. 4 papers – 100 marks each (Total 400). Each paper will have 10 short essay answer questions of 10 marks each.

3. Clinical, Oral/viva voce Examination including Dissertation and Spotters: shall be as given below:

The summative examination would be carried out as per the rule given in the **Post Graduate Medical Education Regulations, 2000**.

Each student will be evaluated with all the components of clinical and viva-voce

- Clinical (200)
 - Long Case: 1 case (80)
 - Short Case: 3 cases (40)
- Viva-voce: (100)
 - Instruments (20)
 - Pathology specimens and operative surgery (20)
 - Radiology (20)
 - Audiology (20)
 - General Viva (20)

Pass criteria : The examination MS shall be held at the end of 3rd academic year. There will be four evaluation for each theory paper. The examinations shall be organised on the basis of ‘Marking system’ to evaluate and to certify post graduate student'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. Student must secure minimum of 40% in each paper and in aggregate 50% overall as far as theory is concerned .

9. Blue print of Weight of the system

Paper I: Applied Basic science related to otorhinolaryngologySl.N0	Discipline	Topics	Weight-age	Marks Allotted	No. of Question
1	Anatomy	Anatomy & Embryology of Ear Anatomy & Embryology of Nose and Paranasal sinuses & orbit Anatomy & Embryology of throat, trachea, and deep neck spaces Anatomy & Embryology of Salivary glands, Thyroid and Parathyroid Anatomy of skull base and cranial fossa's, cerebellum and brainstem Anatomy and embryology of pleura, pleural cavity and bronchopulmonary segments .	30%	30	3

2	Biochemistry	Fluid and electrolyte balance, biochemistry of perilymph and endolymph, csf , saliva ,nasal secretion ,etc	10%	10	1
3	Physiology	Physiology of Perception of sound & equilibrium; Perception of sound at the auditory cortex Physiology of nose and paranasal sinuses& smell; Physiology of salivary glands; Physiology of speech; Physiology of Respiration; Physiology of deglutition	10%	10	1
4	Pharmacology	Pharmacokinetics, Pharmacodynamics and adverse effects of antihistamines, decongestants, steroids (especially topical), Anti-microbial agents, cancer chemotherapeutic agents, antifungals, anti -vertiginous drugs, nsoids ,electrolyte and fluids and drugs related to anaesthesia	10%	10	1
5	Microbiology	Bacteriology, Virology and Mycology in Otolaryngology Sterilisation techniques in OT	10%	10	1
6	Anaesthesia	Various anaesthetic techniques used in ENT such as Jet ventilation , Airway management, Pain management, Local anaesthesia related to ENT Pharmacology related to anaesthesia	10%	10	1
7	Pathology	Ear, Nose & Throat Pathology Various pathological techniques such as Preparation of slides in relation to biopsy & FNAC	20%	20	2

Paper II:Principles and practices of oto-rhinology

Sl.NO	Section	Topics	Weightage	Marks Allotted	No.of Question
1	External Ear	Infections of external ear, Repair of deformities of external ear, Tumours of external ear ,	10%	10	1

2	Middle Ear	Congenital conditions of middle ear cleft, Traumatic conductive deafness Acute inflammations of the middle ear cleft, Non suppurative otitis media Chronic suppurative otitis media and its management Complications of infections of middle ear , Tumours of middle ear cleft and temporal bone, Disease of otic capsule -otosclerosis and other diseases Facial nerve palsies and its	20%	20	2
3	Inner Ear	Ototoxicity Presbycusis Sudden sensorineural hearing loss diagnosis and its management Noise induced hearing loss Meniere's disease Tinnitus and hyperacusis Superior semi-circular syndrome Autosomal dominant no syndromic SNHL Cochlear implants Brainstem implants	10%	10	1
4	Neuro-otology	Evaluation of vertigo Neurological aspects of vertigo Vestibular rehabilitation BPPV Peripheral cause of vertigo Nystagmus Vestibular rehabilitation Vestibular migraine Clinical tests like positional tests, Gaze test, Romberg test , Stepping test, Craniocoprography, Electronystagmography, Posturography	10%	10	1
5	Audiology	Evaluation of Deaf child Pure tone audiometry Masking Impedance audiometry Recruitment Tone decay test SISI, ABLB, Tests for functional deafness, Speech audiometry, Auditory evoked response audiometry,BERA Bekesy audiometry, Oto-acoustic emissions, Electrocochleography, etc, Examination of the nose Conditions of the nose Injuries of the	20%	20	2

		facial skeleton Congenital diseases of the nose The nasal septum, nasal			
6	Rhinology	The nasal septum, nasal valve Foreign bodies in the nose, rhinolith Epistaxis, Disorders of orbit Acute chronic inflammation of the nasal cavities Vasomotor rhinitis -allergic and non – allergic Nasal polyposis Abnormalities of smell Acute and chronic sinusitis and its complications Nasal allergy/fungal allergic sinusitis CSF leak, Relation b/w upper and lower respiratory tract. Granulomatous conditions of nose, Tumors of nose and sinuses Facial pains, FESS Trans-ethmoidalhypophysectomy	30%		3

Paper III: Recent advance In otorhinolaryngology and head and neck

SL.NO	Section	Topics	Weightage	Marks Allotted	No.of Question
1	Otology	Implantable hearing aids cochlear implants, Advances and application of otoendoscopy, Lasers associated in otology, Cochlear implant and brainstem implant, Imaging modalities of Temporal bone, Radio surgeries in otology, Recent advances in surgical management of giddiness.	30%	30	3
2	Rhinology	Image guided sinus surgery, Application of embolization techniques in ENT, Imaging in rhinology, Rhinoplasty in nasal trauma.	20%	20	2
3	Laryngology	Phonosurgery, contact endoscopies	30%	30	3
4	Head and Neck	Radiotherapy and radiosensitisers in Head and neck, Chemotherapy in head and neck, USG in head and neck PET,	10%	10	1

5	General ENT	Biomaterials used in ENT, Stem cells in ENT HIV infection/AIDS and ENT manifestation. Cryosurgery,	10%	10	1
---	-------------	--	-----	----	---

Paper IV: General surgical principles in laryngology and head and neck

Sl.NO	Section	Topics	Weightage	Marks Allotted	No.of Question
1	Laryngo- pharyngology	Methods of examination of the mouth and pharynx Diseases of the mouth, salivary glands, tonsils and adenoids Pharyngeal lesions associated with general diseases Tumors of the pharynx Hypopharyngeal diverticulum Methods of examining the larynx and tracheobronchial tree Congenital disease of larynx Laryngeal disorders in singers and other voice abusers Neurological affections of larynx and pharynx Intubation of the larynx, laryngotomy and tracheostomy Cervical node dissection Skin grafts in otolaryngology and reconstructive methods including regional and distant flaps for repair of defects after excision of tumours or trauma Micro laryngeal surgery/thyroplasty	30%	30	3
2	Head and neck oncology	Acute and chronic cervical lymphadenopathy Benign neck disease Metastatic neck diseases Neck dissection Diseases of thyroid gland Thyroidectomy Inflammatory diseases of salivary glands Benign and malignant salivary gland tumours Parotidectomies Submandibular gland surgeries Infection and tumours of parapharyngeal space, retropharyngeal space and infra temporal fossa Diseases of jaw Mandibulectomies Reconstructive surgery of head and neck	30%	30	3

3	General	Basic surgical techniques, Suture material in surgery, Sterilization, wound healing, burns: initial management of polytrauma cases, shock and fluid management, blood transfusion	20%	20	2
---	---------	---	-----	----	---

10. Model Question Paper

PAPER I - BASIC SCIENCES

Time :3 hours

(Marks – 10 x 10 =100marks)

Draw labelled diagram wherever required)

ANSWER ALL QUESTIONS

1. Osteomeatal complex.
2. Anatomy of Jugular foramen.
3. Write a short note on Laryngeal cartilages and membranes. Enumerate the differences between paediatric and adult larynx.
4. Describe the Olfactory pathway. Classify odours. Enumerate the theories of olfaction. Add a note on electronic nose.
5. Ototoxic agents.
6. Describe the inner ear fluids. What is the composition of endolymph and perilymph.
7. Pathology of Juvenile nasopharyngeal angiofibroma.
8. Pathology of cholesteatoma.
9. Write a short note on Epstein Barr virus and the diseases caused by it in relation to ENT head and neck.
10. Anaesthesia in nasal surgery

PAPER II- Principles and practices of oto-rhinology

Time :3 Hours

(10X10=100 marks)

(Draw labelled diagram wherever required)

ANSWER ALL QUESTIONS

1. Classify temporal bone fractures, their clinical importance and management
2. Write a note on Myringotomy. What are tympanostomy tubes and various types of tympanostomy tubes. Draw labelled diagrams of different types of tympanostomy tubes.
3. Enumerate the complications of sinusitis. How will you manage a case of orbital cellulitis?
4. What are the causes of delayed post- traumatic CSF rhinorrhea?
5. How will you evaluate and manage such a case?
6. Describe the prevention and treatment of Iatrogenic facial palsy.

7. Define Atrophic Rhinitis. Write a note on its etiopathogenesis. What are the surgical options for Atrophic Rhinitis? Add a note on Slavic facies.
8. Define tinnitus. What are the causes of tinnitus? What are Tinnitus
9. Describe BPPV, its diagnosis and management
10. Write a short note on VEMP
11. What is BERA? What are its applications?

PAPER III-.Recent advance in otorhinolaryngology and head and neck

3 Hours

(10X10=100 marks)

ANSWER ALL QUESTIONS

(Draw labelled diagram wherever required)

1. What are biofilms? Describe the stages of Biofilm development.
What are the bacterial biofilm infection in otology.
2. What are the imaging modalities to diagnose residual cholesteatoma.
3. What is Robotic surgery? What are the principles of Robotic surgery? Enumerate its uses in ENT.
4. Auditory Mid Brain Implant.
5. Sial endoscopy in the management of salivary gland diseases.
6. Discuss the principles of Image guided surgery. What are the applications of Image guided surgery in ENT practice? Add note on the advantage of image guided surgery.
7. Superior semi-circular canal dehiscence syndrome- clinical features, diagnosis, management and differential diagnosis.
8. What are the current techniques in sleep disordered breathing surgery?
9. Optical Coherence Tomography of larynx.
10. Describe the 4-distinct phase of wound healing their mechanisms. What is the role of collagen and cytokines in wound healing.

PAPER IV –General surgical principles in laryngology and head and neck

Time :3 Hours (10X10=100 marks)

ANSWER ALL QUESTIONS

(Draw labelled diagram wherever required)

1. Unknown Primary and its evaluation?
2. Suture materials
3. Blood transfusion.
4. Describe Pharyngeal pouches and its surgical management.
5. Staging for pyriform sinus carcinoma.Management of a patient with pyriform sinus carcinoma.
6. How will you evaluate and manage a 50-year-old male patient with a solitary thyroid nodule.

7. Write a note on left recurrent laryngeal nerve palsy.
8. What is Brachytherapy? Discuss the clinical applications of Brachytherapy in head and neck malignancies.
9. Describe the voice rehabilitation following laryngectomy. Add a small note on the rehabilitation of smell following laryngectomy.
10. Write a note on etiopathogenesis of Nasopharyngeal carcinoma.
11. Enumerate the clinical features and complications of Nasopharyngeal carcinoma. Add a short note on IMRT

11. Recommended Reading

A: Books

(Latest editions of the following books are recommended)

1	Scott-Browns Otorhinolaryngology and Head & Neck Surgery
2	Cummings Otolaryngology -Head & Neck surgery
3	Otolaryngology, otology&Neurotology BYPaparella and Michael
4	Glasscock'sShambugh's surgery of the Ear
5	Essentials of Functional Sinus surgery By Heinz stammberger
6	Colour atlas of Head and neck surgery by Jatin P Shah
7	Handbook of clinical audiology by Jack katz
8	Stell&Maran's textbook of head and neck surgery and Oncology
9	Anirbanbiswas's clinical audiovestibulometry
10	Donald's skull base surgery
11	Brackman's otologic surgery
12	Montgomery's surgeries of upper respiratory system
13	Ballanger's disease of ear, nose and throat
14	Rob and Smith's clinical surgery of ear, nose and throat
15	Jackson's paediatric otolaryngology
16	Bluestone's paediatric otolaryngology
17	Kleinsasser's microlaryngoscopy and endolaryngeal microsurgery
18	Harnsberger's head and neck surgery
19	Bailey and Biller; surgery of larynx
20	Mar's nasal and sinus surgery

B: Journals

1. Journal of otolaryngology and head and neck surgery
2. Journal of laryngology and otology
3. Laryngoscope
4. Archives of otolaryngology head and neck surgery
5. Indian journal otorhinolaryngology and head and neck surgery
6. Otolaryngologic clinics of North America
7. Annals of otology, rhinology and laryngology
8. Journal of facio maxillary surgery

12. Annexures

Annexure-1: Entrustable Professional Activities Assessment

Mahatma Gandhi Medical College And Research Institute

Department of Otorhinolaryngology

Entrustable Professional Activities Assessment Form Ms Otorhinolaryngology

Residents

Name of the Resident:

UNI No:

Levels of competence:

- Level I: Knowledge only; can observe
- Level II(A): Can assist properly
- Level II(B): Can do under strict supervision
- Level III: Can do under loose supervision (Entrustability decision to be made based on milestones)
- Level IV: Can do independently
- Level V: Has expertise to teach others

First year of the residency

Otorhinolaryngology		1st Quarter		2 quarter		3rd Quarter		4th quarter	
		Resident	Faculty	Resident	Faculty	Resident	Faculty	Resident	Faculty
1	Gathering a history and performing a physical examination								
2	Prioritizing a differential diagnosis following a Clinical encounter								
3	Recommending and interpreting common diagnostic and screening tests								
4	Entering and discussing orders and prescription and giving the necessary instructions to the patients								
5	Documenting a clinical encounter in patient records while providing an oral presentation of this encounter								
6	Form clinical questions and retrieve evidence to advance patient care								
7	Give or receive a patient hand-over to provide smooth transition care & thus collaborating as a member of an inter professional team								

8	Recognise a patient requiring urgent or emergency care and initiate evaluation and management like management of dizzy patient, management of epistaxis, stridor, foreign body								
	removal in aerodigestivetract , and foreign body of ear& nose, nasal fracture reduction.								
9	Obtain informed consent for tests and/or procedures								
10	Identify system failures and contribute to a culture of safety and improvement								
11	Post-operative care, evaluation and counselling								
12	Performing basic surgeries such as Adenotonsillectomy, septoplasty, middle meatalantrostomy ,myringoplasty, cortical mastoidectomy.								
13	Performing basic office procedures like diagnostic nasal endoscopy, video laryngoscopy, post nasal examination, throat swabs, ear swabs, nasopharyngeal swabs, FNACs								
14	Assisting in advanced surgerie such as modified radical mastoidectomy, stapedotomy, facial nerve decompression frontal sinusotomy, sphenoidotomy, orbital decompressions, Transsphenoidal excision of pituitarymacroadenoma, optic nerve decompression, Head & Neck Surgeries, Laryngectomies								
15	Reading and interpreting X-rays, e.g. X ray PNS, Mastoids, Nasopharynx, soft tissue neck etc								
16	Reading and interpreting CT PNS, HRCT Temporal Bone, CT & CECT Neck, CT CP angle, MRI, Barium Studies								
17	Reading, Doing and Interpreting Audiological investigation like PTA, Impedance, BERA, OAE, SiSi, Tone decay etc								
18	Research methodology and writing of paper, Poster presentation and publications								
19	Day care procedures like lobuloplasty, keloid excision, etc								

20	Performing cadaveric dissection to learn temporal bone dissection								
	Signature of the resident								
	Signature of the faculty								
	Signature of the HOD								

Second year of the residency

Otorhinolaryngology		1st Quarter		2 quarter		3rd Quarter		4th quarter	
		Resident	Faculty	Resident	Faculty	Resident	Faculty	Resident	Faculty
1	Gathering a history and performing a physical examination								
2	Prioritizing a differential diagnosis following a Clinical encounter								
3	Recommending and interpreting common diagnostic and screening tests								
4	Entering and discussing orders and prescription and giving the necessary instructions to the patients								
5	Documenting a clinical encounter in patient records while providing an oral presentation of this encounter								
6	Form clinical questions and retrieve evidence to advance patient care								
7	Give or receive a patient hand-over to provide smooth transition care & thus collaborating as a member of an inter professional team								
8	Recognise a patient requiring urgent or emergency care and initiate evaluation and management like management of dizzy patient, management of epistaxis, stridor, foreign body removal in aerodigestivetract , and foreign body of ear& nose, nasal fracture reduction.								
9	Obtain informed consent for tests and/or procedures								
10	Identify system failures and contribute to a culture of safety and improvement								
11	Post-operative care, evaluation and counselling								
12	Performing basic surgeries such as Adenotonsillectomy, septoplasty, middle meatalantrostomy ,myringoplasty, cortical mastoidectomy.								

14	Assisting in advanced surgeries such as modified radical mastoidectomy, stapedotomy, facial nerve decompression frontal sinusotomy, sphenoidotomy, orbital decompressions, Transsphenoidal excision of								
	pituitarymacroadenoma, optic nerve decompression, Head & Neck Surgeries, Laryngectomies								
15	Reading and interpreting X-rays, e.g. X ray PNS, Mastoids, Nasopharynx, soft tissue neck etc								
16	Reading and interpreting CT PNS, HRCT Temporal Bone, CT & CECT Neck, CT CP angle, MRI, Barium Studies								
17	Reading, Doing and Interpreting Audiological investigation like PTA, Impedance, BERA, OAE, SiSi, Tone decay etc								
18	Research methodology and writing of paper, Poster presentation and publications								
19	Day care procedures like lobuloplasty, keloid excision, etc								
20	Performing cadaveric dissection to learn temporal bone dissection								
	Signature of the resident								
	Signature of the faculty								
	Signature of the HOD								

Third year of the residency

Otorhinolaryngology		1st Quarter		2 quarter		3rd Quarter		4th quarter	
		Resident	Faculty	Resident	Faculty	Resident	Faculty	Resident	Faculty
1	Gathering a history and performing a physical examination								
2	Prioritizing a differential diagnosis following a Clinical encounter								
3	Recommending and interpreting common diagnostic and screening tests								
4	Entering and discussing orders and prescription and giving the necessary instructions to the patients								

5	Documenting a clinical encounter in patient records while providing an oral presentation of this encounter								
6	Form clinical questions and retrieve evidence to advance patient care								
7	Give or receive a patient hand-over to provide smooth transition care & thus collaborating as a member of an inter professional team								
8	Recognise a patient requiring urgent or emergency care and initiate evaluation and management like management of dizzy patient, management of epistaxis, stridor, foreign body removal in aerodigestivetract, and foreign body of ear& nose, nasal fracture reduction.								
9	Obtain informed consent for tests and/or procedures								
10	Identify system failures and contribute to a culture of safety and improvement								
11	Post-operative care, evaluation and counselling								
12	Performing basic surgeries such as Adenotonsillectomy, septoplasty, middle meatalantrostomy ,myringoplasty, cortical mastoidectomy.								
13	Performing basic office procedures like diagnostic nasal endoscopy, video laryngoscopy, post nasal examination, throat swabs, ear swabs, nasopharyngeal swabs, FNACs								
14	Assisting in advanced surgeries such as modified radical mastoidectomy, stapedotomy, facial nerve decompression frontal sinusotomy, sphenoidotomy, orbital decompressions, Transsphenoidal excision of pituitarymacroadenoma, optic nerve decompression, Head & Neck Surgeries, Laryngectomies								
15	Reading and interpreting X-rays, e.g. X ray PNS, Mastoids, Nasopharynx, soft tissue neck etc								
16	Reading and interpreting CT PNS, HRCT Temporal Bone, CT & CECT Neck, CT CP angle, MRI, Barium Studies								

17	Reading, Doing and Interpreting Audiological investigation like PTA, Impedance, BERA, OAE, SiSi, Tone decay etc								
----	---	--	--	--	--	--	--	--	--

18	Research methodology and writing of paper, Poster presentation and publications									
19	Day care procedures like lobuloplasty, keloid excision, etc									
20	Performing cadaveric dissection to learn temporal bone dissection									
	Signature of the resident									
	Signature of the faculty									
	Signature of the HOD									

Annexure 2: Postgraduate Students

Appraisal Form

Sri BalajiVidyapeeth

Mahatma Gandhi Medical College and Research Institute

Department of Otorhinolaryngology and Head & Neck

Postgraduate Students Appraisal Form

Name of the Resident: **UIN No.:**

Period of Training FROM **To**

Sr. No.	PARTICULARS	Not Satisfactory			Satisfactory			More Than Satisfactory			Remarks
		1	2	3	4	5	6	7	8	9	
1.	Journal based / recent advances learning										
2.	Patient based /Laboratory or Skill based learning										
3.	Self-directed learning and teaching										
4.	Departmental and interdepartmental learning activity										
5.	External and Outreach Activities / CMEs										
6.	Thesis / Research work										
7.	E-portfolio Maintenance										

Publications

Yes/ No

Remarks* _____

***REMARKS:** Any significant positive or negative attributes of a postgraduate student to be

mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.

SIGNATURE OF ASSESSEE

SIGNATURE OF CONSULTANT

SIGNATURE OF HOD

Annexure 3: Multisource feedback

Sri BalajiVidyapeeth

Mahatma Gandhi Medical College and Research Institute

Department of Otorhinolaryngology

Multisource feedback

EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK

(To be completed by Nurse / Technician / Other Health Professionals)

Name of the Resident: **UIN No.:**

Name of the Respondent: **Date:**

Sl. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1	Shows a caring attitude to patients			
2	Is respectful towards patients			
3	Shows no prejudice in the care of patients			
4	Communicates effectively with patients			
5	Empathetic counseling of patient's relatives			
6	Communicates effectively with colleagues			
7	Communicates effectively with other health professionals			
8	Allows them to express their doubts or concern regarding clinical decisions			
9	Proper and complete documentation			

10	Works constructively in the health care system			
		Total score:		
	General Comments:			
	Highlights in performance (strengths)			
	Possible suggested areas for improvement (weakness)			
	Signature:			

MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE

PILLAIYARKUPPAM, PUDUCHERRY – 607 402

EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK

(To be completed by Peer)

Name of the Resident: **UIN No.:**

Name of the Respondent: **Date:**

Sl. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1	Shows a caring attitude to patients			
2	Is respectful towards patients			
3	Shows no prejudice in the care of patients			
4	Communicates effectively with patients			
5	Empathetic counseling of patient's relatives			
6	Communicates effectively with colleagues			
7	Communicates effectively with other health professionals			
8	Allows them to express their doubts or concern regarding clinical decisions			

9	Proper and complete documentation			
10	Works constructively in the health care system			
		Total score:		
	General Comments:			
	Highlights in performance (strengths)			
	Possible suggested areas for improvement (weakness)			
		Signature:		

MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE

PILLAIYARKUPPAM, PUDUCHERRY – 607 402

EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK

(To be completed by Patient/Relative)

Name of the Resident: **UIN No.:**

Name of the Respondent: **Date:**

Sl. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1	Shows a caring attitude to patients			
2	Is respectful towards patients			
3	Shows no prejudice in the care of patients			
4	Communicates effectively with patients			
5	Empathetic counseling of patient's relatives			
6	Effectively counsels patients preoperatively and postoperatively			
7	Takes religious and social considerations into account when making decisions			
8	Allows patients to make an informed decision regarding management and allows them to express their doubts and concerns			

9	Takes financial situation of patient into consideration when making decisions			
10	Discusses each step of the management with the patient and relatives			
		Total score:		
General Comments:				
Highlights in performance (strengths)				
Possible suggested areas for improvement (weakness)				
		Signature:		

MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE

PILLAIYARKUPPAM, PUDUCHERRY – 607 402

EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK

(To be completed by respective Unit Head)

Name of the Resident: UIN No.:

Name of the Faculty: Date:

Sl. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1	History taking and physical examination			
2	Regularity and punctuality			
3	Ability to identify patient's problems			
4	Patient management skills			
5	Procedural skills / range of clinical technical skills			

6	Self directed learning							
7	Communication skills							
8	Proper and complete documentation							
9	Relationship with peers							
10	Works constructively in the health care system							
		Total score:						
General Comments:								
Highlights in performance (strengths)								
Possible suggested areas for improvement (weakness)								
		0	1	2	3	4	5-9	>9
OPD		IP		Signature		A&E		

Annexure 4: Work Place Based Assessment							
Low		Avg.		High			
Sri Balaji Vidyapeeth							
0	1	2	3	4	5-6	>9	

Mahatma Gandhi Medical College and Research Institute

Department of Otorhinolaryngology

Work Place Based Assessment

EVALUATION SHEET FOR POSTGRADUATE (WPBA)

Name of the Resident: UIN No.:

Name of the Faculty: Date:

Designation :

No. of Mini-CEX Observed:

Clinical setting New / Follow up :

Clinical problem: _____

Complexity of the case:

No. of times patient seen by the student :

	Below ex- pectation	Borderline	Meet expec- tation	Above ex- pectation	Not ob- served
History taking skill					
Physical examination skill					
Communication skill					

Clinical judgement					
Professionalism					
Organisational efficiency					
Overall clinical care					
Anything good:			Suggestions for improvement:		
Agreed upon action:					
Signature of the resident			Signature of the Accessor		

Annexure 5: Feedback for Journal club

Sri BalajiVidyapeeth

Mahatma Gandhi Medical College and Research Institute

Department of Otorhinolaryngology

Feedback for Journal club

EVALUATION SHEET FOR POSTGRADUATE JOURNAL CLUB

(To be marked individually by each faculty)

Name of the Resident: UIN No.:

Name of the Faculty: Date:

Sl. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1	Relevance of article chosen			
2	Identifies the problem addressed in the paper			
3	Completeness of presentation			

4	Analyses and gives comments on methodology and statistics			
5	Brief summary of results			
6	Comparison of work with other published work			
7	Merits and demerits of the paper			
8	Summary and take home message			
9	Time management			
10	Overall performance – relevant answers to questions, attitude during presentation and confidence			
		Total score:		
	General Comments:			
	Highlights in performance (strengths)			
	Possible suggested areas for improvement (weakness)			
	Signature:			

Annexure 6: Feedback for Seminar

Sri BalajiVidyapeeth

Mahatma Gandhi Medical College and Research Institute

Department of Otorhinolaryngology

Feedback for Seminar

EVALUATION SHEET FOR POSTGRADUATE SEMINAR

(To be marked individually by each faculty)

Name of the Resident: UIN No.:

Name of the Faculty: Date:

Sl. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1	Introduction of subject and its importance / Objectives			

2	Completeness of presentation			
3	Cogency of presentation			
4	Consulted all relevant literature			
5	Use of audio-visual aids			
6	Understanding of subject			
7	Summary and take home message			
8	Cites appropriate references / suggests further reading			
9	Time management			
10	Overall performance – relevant answers to questions, attitude during presentation and confidence			
		Total score:		
General Comments:				
Highlights in performance (strengths)				
Possible suggested areas for improvement (weakness)				
		Signature:		

Annexure 7: Feedback for Case presentation

Sri BalajiVidyapeeth

Mahatma Gandhi Medical College and Research Institute

Department of Otorhinolaryngology

Feedback for Case presentation

EVALUATION SHEET FOR POSTGRADUATE CASE PRESENTATION

(To be marked individually by each faculty)

Name of the Resident: UIN No.:

Name of the Faculty: Date:

Sl. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1	Logical order in presentation (History taking)			
2	Cogency of presentation			
3	Accuracy and completeness of general and local physical examination			

4	Other systemic examination			
5	Summarizes the case and analyses the appropriate differential diagnoses			
6	Whether the diagnosis follows logically from history and findings			
7	Investigations required : Completeness of list, relevant order, interpretation of investigations			
8	Management principles and details			
9	Time management			
10	Overall performance – relevant answers to questions, attitude during presentation and confidence			
		Total score:		
General Comments:				
Highlights in performance (strengths)				
Possible suggested areas for improvement (weakness)				
		Signature:		

BOARD OF STUDIES FOR PG CURRICULUM 2020

Sl No:	Members	Type of Experts	Signature
1.	Dr. M Ravishankar, Dean, MGMCRI, Puducherry	External Experts	
2.	Dr P Karthikeyan, Prof & HoD, Dept of ENT, MGMCRI, Puducherry.		
3.	Dr. Gopalakrishnan S, Professor, MGMCRI, Puducherry.		
4.	Dr. V Nirmal Coumare, Professor, MGMCRI, Puducherry		
5.	Dr Gurumani, Prof & HoD, Dept of ENT, SSSMCRI, Chennai.		
6.	Dr Valli, Prof, SSSMCRI, Chennai.		
7.	Dr. Vijayasundaram S, Assoc. Professor, MGMCRI, Puducherry.		
8.	Dr Devendra, Assistant Professor, MGMCRI, Puducherry		
9.	Dr. Neelima V, Assistant Professor, MGMCRI, Puducherry		
10.	Dr. V Prabu, Prof. HoD, Dept of ENT, SVMCHRC, Puducherry.		
11.	Dr R Venkataramanan, Prof & HoD, Dept of ENT, SLIMS, Puducherry.		