

**MUĞLA SITKI KOÇMAN UNIVERSITY FACULTY of MEDICINE**

**PHASE 6**

**ENGLISH MEDICINE PROGRAM**

**COURSE of Otorhinolaryngology**

**COURSE GUIDEBOOK**

**PREFACE**

**Dear Students,**

Welcome to the Otorhinolaryngology course which is an important part of your education.

This guide describes what you will learn and perform during your course, the rules you must follow in our clinic, and the working conditions. We wish you all success with the belief that this guide will guide you sufficiently through your course studies.

 **Department of Otorhinolaryngology**

**GENERAL INFORMATION on COURSE**

**Course Title :** Otorhinolaryngology

**Main Department of Course :** Surgical Medical Sciences

**Department Responsible for Course :** Otorhinolaryngology Department

**Course Code :** MED-6511

**Course Topic Code** : MED-
**Course Type :** Elective

**Duration of the Course :** 1 month

**Teaching Method of the Course :** Formal

**ECTS :**

**Language :** English

**TEACHING METHODS-TECHNIQUES**

**a. Applied training methods**

* Inpatient bedside (service) trainings / Inpatient bedside (service) practical applications
* Participation in outpatient services / Practical applications at the outpatient clinic
* Bedside Training / Practical Practices at the Bedside
* Instructor visits (Story taking, file preparation and presentation, interactive discussion, monitoring)
* Operating room applications
* Medical record keeping and evaluation practices
* Participation in Branch Informatics Applications

**b. Interactive learning activities:**

* Meetings, panels, group discussions,
* Case-based discussion sessions, problem-based training sessions with small groups, critical situation discussions, councils, gamification, structured case discussions,
* Readings and interpretations of works/articles
1. **Vocational Skills applications**
* The minimum number of practices/studies required for reinforcing the proficiency gained in the previous education periods in the defined vocational skills is determined and it is ensured that each intern does it.

**d. Teamwork**

**e. Independent learning**

* Independent working hours

**f. Other Educational Events**

* Clinical Case Reports
* Article Presentations
* Seminar/Lesson Presentations
* Literature Presentations
* Research and Presentation

**PHYSICAL SPACES**

|  |  |  |
| --- | --- | --- |
| **Teaching Activity** | **Physical Space** | **Explanation** |
| Theoretical lessons | Morphology campus |  |
| Inpatient bedside practice | Mugla Training and Research Hospital | Otorhinolaryngology Department |
| Policlinic | Mugla Training and Research Hospital | Otorhinolaryngology polyclynics |
| Case analysis | Mugla Training and Research Hospital | Otorhinolaryngology Department and Polyclynics |
| Problem-based teaching | - |  |
| Special audit applications | Mugla Training and Research Hospital |  |
| Private field applications | Mugla Training and Research Hospital |  |

**RELATED LEGISLATION**

<http://www.tip.mu.edu.tr/tr/ilgili-mevzuat-6641>

**AIM(S) of the COURSE**

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| **1** | In this course, it is aimed that students can evaluate the signs and symptoms of common diseases in the head and neck region, diagnose these diseases in primary care conditions, create / implement / monitor a treatment plan, make emergency intervention when necessary or provide referral to an otorhinolaryngologist. |

**OBJECTIVE(S) of the COURSE**

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| **1** | To be able to diagnose otitis media types, to be able to decide on treatment, to be able to recognize otitis media complications and to be able to refer to a specialist when necessary. |
| **2** | To be able to diagnose acute upper respiratory tract infections (rhinosinusitis, acute otitis, tonsillitis, epiglottitis, etc.), to be able to give the treatment (prescribing), to be able to recognize the complications (deep neck infections –retropharyngeal / peritonsillar abscess) and to be to refer to the specialist when necessary. |
| **3** | To be able to evaluate situations causing nasal obstruction (nasal obstruction) / discharge, to be able to distinguish primary (allergic, infective, mechanical) and secondary (adrenoid) causes in differential diagnosis, to be able to explain medical and surgical treatment options according to etiology. |
| **4** | To be able to count the etiology of hearing loss, to be able to make differential diagnosis of related diseases and to be able to direct them to a specialist by making emergency intervention when necessary. |
| **5** | To be able to explain the etiological factors of nose bleeding and to be able to make the differential diagnosis. |
| **6** | To be able to put front nose bumper. |
| **7** | To be able to make the differential diagnosis of ear pain, to be able to count the causes of referred pain, to be able to explain the approach to / diagnose the patient presenting with the symptom of ear pain, to be able to make the treatment and to be able to refer the patient to the specialist physician after the emergency intervention when necessary. |
| **8** | To be able to make the differential diagnosis of the patient who applied with the complaint of sore throat, to be able to make the treatment when necessary, and to be able to refer the patient to the specialist when necessary. |
| **9** | To be able to evaluate of the patient presenting with upper respiratory tract obstruction and related breathing difficulties̈ in emergency and elective conditions. |
| **10** | To be able to explain tracheotomy and its indications. |
| **11** | To be able to explain the differential diagnosis of hoarseness. |
| **12** | To be able to manage laryngopharyngeal reflux treatment. |
| **13** | To be able to suspect head and neck tumors and to be able to refer to a specialist. |
| **14** | To be able to evaluate the patient presenting with a mass in the neck, to explain the possible causes and to refer the patient to a specialist when necessary. |
| **15** | To be able to evaluate maxillofacial traumas and to be able to refer them to specialists. |
| **16** | To be able to make a preliminary diagnosis of the patient who applied with the complaint of tinnitus. |
| **17** | To be able to make the differential diagnosis of patients presenting with dyspnea and stridor, to be able to intervene in emergencies, to be able to refer them to a specialist when necessary. |
| **18** | To be able to evaluate the patient with dizziness, to be able to distinguish between peripheral and central vertigo, to be able to recognize nystagmus, to able to diagnose benign paroxysmal positional vertigo, to be able to perform Dix-Hallpike and Epley maneuvers, to be able to make differential diagnosis of peripheral vertigo, to be able to perform medical treatment in acute vertigo. |
| **19** | To be able to distinguish between peripheral and central facial paralysis, to be able to explain the differential diagnosis, to be able to distinguish between medical and surgical patients, and to be able to treat Bell's palsy medically. |
| **20** | To be able to recognize the symptoms of snoring and sleep apnea syndrome. |
| **21** | To be able to recognize and manage otorhinolaryngology emergencies. |

**INTENDED LEARNING OUTCOME(S)**

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| --- | --- |
| **1** | Can diagnose otitis media types, Can decide on treatment, Can recognize otitis media complications and Can refer to a specialist when necessary. |
| **2** | Can diagnose acute upper respiratory tract infections (rhinosinusitis, acute otitis, tonsillitis, epiglottitis, etc.), Can give the treatment (prescribing), Can recognize the complications (deep neck infections –retropharyngeal / peritonsillar abscess) and to be to refer to the specialist when necessary. |
| **3** | Can evaluate situations causing nasal obstruction (nasal obstruction) / discharge, Can distinguish primary (allergic, infective, mechanical) and secondary (adrenoid) causes in differential diagnosis, Can explain medical and surgical treatment options according to etiology. |
| **4** | Can count the etiology of hearing loss, Can make differential diagnosis of related diseases and Can direct them to a specialist by making emergency intervention when necessary. |
| **5** | Can explain the etiological factors of nose bleeding and Can make the differential diagnosis. |
| **6** | Can put front nose bumper. |
| **7** | Can make the differential diagnosis of ear pain, Can count the causes of referred pain, Can explain the approach to / diagnose the patient presenting with the symptom of ear pain, Can make the treatment and Can refer the patient to the specialist physician after the emergency intervention when necessary. |
| **8** | Can make the differential diagnosis of the patient who applied with the complaint of sore throat, Can make the treatment when necessary, and Can refer the patient to the specialist when necessary. |
| **9** | Can evaluate of the patient presenting with upper respiratory tract obstruction and related breathing difficulties̈ in emergency and elective conditions. |
| **10** | Can explain tracheotomy and its indications. |
| **11** | Can explain the differential diagnosis of hoarseness. |
| **12** | Can manage laryngopharyngeal reflux treatment. |
| **13** | Can suspect laryngeal cancer and Can refer to a specialist. |
| **14** | Can evaluate the patient presenting with a mass in the neck, to explain the possible causes and to refer the patient to a specialist when necessary. |
| **15** | Can evaluate maxillofacial traumas and Can refer them to specialists. |
| **16** | Can make a preliminary diagnosis of the patient who applied with the complaint of tinnitus. |
| **17** | Can make the differential diagnosis of patients presenting with dyspnea and stridor, Can intervene in emergencies, Can refer them to a specialist when necessary. |
| **18** | Can evaluate the patient with dizziness, Can distinguish between peripheral and central vertigo, Can recognize nystagmus, Can perform Dix-Hallpike and Epley maneuvers, Can make differential diagnosis of peripheral vertigo, Can perform medical treatment in acute vertigo. |
| **19** | Can distinguish between peripheral and central facial paralysis, to be able to explain the differential diagnosis, Can distinguish between medical and surgical patients, and Can treat Bell's palsy medically. |
| **20** | Can recognize the symptoms of snoring and sleep apnea syndrome. |
| **21** | Can recognize and manage otorhinolaryngology emergencies. |

**DUTIES AND RESPONSIBILITIES OF STUDENTS**

**Please read:** MSKU Medical Faculty Pre-Graduation Education Rules, Students' Responsibilities and Duties (MSKÜ Tıp Fakültesi Mezuniyet Öncesi Eğitiminde Öğrencilerin Uyması Gereken Kurallar, Öğrencilerin Sorumlulukları ve Görevleri)

**Web Site:** https://tip.mu.edu.tr/tr/ilgili-mevzuat-6641

**RECOMMENDED RESOURCE(S)**

**KEY RESOURCE(S)**

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| **KEY RESOURCE(S)** | **Matched Course Outcome(s)**  |
| Essential Otolaryngology Baş Boyun Cerrahisi | 1,2,3,4,5,6,7,8,9,10 |
| Baş&Boyun Cerrahisi, Byron J. Bailey& Jonas T. Johnson | 1,2,3,4,5,6,7,8,9,10 |
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**ADDITIONAL RESOURCE(S)**

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| --- | --- |
| **ADDITIONAL RESOURCE(S)** | **Matched Course Outcome(s)** |
| KBB Hastalıkları ve Baş Boyun Cerrahisi, Can KOÇ | 1,2,3,4,5,6,7,8,9,10 |
| Kulak Burun Boğaz, M Tayyar Kalcıoğlu | 1,2,3,4,5,6,7,8,9,10 |
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**ASSESMENT and EVALUATION**

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| **Phase 6 Student Internship Success Criteria:** (**All criteria must be met)**1. The student must fulfill the internship continuity criteria.
2. Candidate Physician Qualification Certificate scoring of 60 and above is considered successful.
3. Candidate Physician Logbook scoring of 60 and above is considered successful.
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| **Faculty of Medicine** **English Medicine Program****Phase 6****Otorhinolaryngology Course****Competence Matrix** |
| **The Name of the Course** | **Po1** | **Po2** | **Po3** | **Po4** | **Po5** | **Po6** | **Po7** | **Po8** | **Po9** | **Po10** | **Po11** | **Po12** | **Po13** |
| **Otorhinolaryngology** | **5** | **4** | **5** | **4** | **5** | **5** | **5** | **5** | **3** | **2** | **4** | **4** | **5** |
| **\* Completed according to the following program outcomes. (Score from 0 to 5.)** **PO: Program Outcomes of Faculty of Medicine****PO Link: https://muweb.mu.edu.tr/tr/program-yeterlilikleri-6598?site=tip.mu.edu.tr** |

**CANDIDATE PHYSICIAN QUALIFICATION CERTIFICATE**

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| **MUGLA SITKI KOCMAN UNIVERSITY****MEDICAL SCHOOL****OTORHINOLARYNGOLOGY INTERNSHIP****CANDIDATE PHYSICIAN QUALIFICATION CERTIFICATE** |
| **Student's name and surname: Number:** | **Beginning:/......./.....** **End: …./…../………** |
| **A** | **Participation in Internship Training Programs (25 points)*** Seminar, article, case report etc.
* Report-Homework Preparation etc.
* Research etc.
 |  |
| **B\*** | **Internship Logbook Score (50 points) \**** Fulfilling the applications specified in the internship logbook in the desired number and level etc.
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| **C** | **Fulfilling Intern Physician Work Responsibilities: (25 points)*** Learning the seizure system, taking over, and transferring patients, obeying the hours
* Service Activities
* Polyclinic Activities
* Fulfillment of assigned tasks
* Adaptation and Participation in Teamwork
* Communication with patients and their relatives
* Compliance with working hours etc.
 |  |
| **CONTINUITY:**  | **Continuous (….)** | **Discontinuous (.....)** |
| **RESULT:**  | **Successful (….)**  | **Unsuccessful (…..)** |
| **EVALUATION SCORE:****(With numbers and text)****Score: …… (out of 100)** | **INTERNSHIP COORDINATOR ACADEMIC STAFF:**Date:Signature: | **HEAD OF DEPARTMENT**Date:Signature: |
| **Phase 6 Student Internship Success Criteria:** (**All criteria must be met)**1. The student must fulfill the internship continuity criteria.
2. Candidate Physician Qualification Certificate scoring of 60 and above is considered successful.
3. Candidate Physician Logbook scoring of 60 and above is considered successful.
 |
| **\* Half of the Candidate Physician Internship Logbook Score must be reflected in the B field.** |

**CANDIDATE PHYSICIAN INTERNSHIP LOGBOOK**

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| **MUGLA SITKI KOCMAN UNIVERSITY****MEDICAL SCHOOL****OTORHINOLARYNGOLOGY** **CANDIDATE PHYSICIAN INTERNSHIP LOGBOOK** |
| **Student's name and surname:**  | **Number:** | **Performed** |
| **Beginning:/......./.....**  | **End: …../…../………** | **Level** |
| 1. 1
 | Patient file preparation | 4 |  |
| 1. 2
 | Taking general and problem-oriented history | 4 |  |
| 1. 3
 | Systematic physical examination | 4 |  |
| 1. 4
 | Evaluation of general condition and vital signs | 4 |  |
| 1. 5
 | Interpreting the results of screening and diagnostic examinations | 3 |  |
| 1. 6
 | Differential Diagnosis |  |  |
| 1. 7
 | Reading and evaluating direct radiographs | 3 |  |
| 1. 8
 | Requesting rational laboratory and imaging examination | 4 |  |
| 1. 9
 | Applying the principles of working with biological material | 4 |  |
| 1. 0
 | Obtaining a biological sample from the patient | 3 |  |
| 1. 1
 | Taking the laboratory sample under appropriate conditions and delivering it to the laboratory | 4 |  |
| 1. 2
 | Providing decontamination, disinfection, sterilization, antisepsis | 4 |  |
| 1. 3
 | Hand washing | 4 |  |
| 1. 4
 | Opening vascular access | 4 |  |
| 1. 5
 | IM, IV, SC, ID Injection  | 4 |  |
|  | Preparing the drugs to be applied correctly | 3 |  |
| 1. 7
 | Administering oral, rectal, vaginal, and topical drugs | 3 |  |
| 1. 8
 | Applying the principles of rational drug use | 4 |  |
| 1. 9
 | Treatment planning and prescription | 4 |  |
| 1. 0
 | Preparing patient discharge report | 4 |  |
| 1. 1
 | Properly referring the patient | 4 |  |
| 1. 2
 | Providing sufficient and understandable information to the patient and his/her relatives about the disease | 4 |  |
| 1. 3
 | Providing accurate and adequate information to the patient and/or patient relatives about possible interventions/treatment options, obtaining consent for treatment | 4 |  |
| 1. 4
 | Communicating effectively with the work team, colleagues, and trainers | 4 |  |
| 1. 5
 | Internship-specific item\* Ability to perform ENT and head and neck examination | 4 |  |
| 1. 6
 | Internship-specific item\* Ability to examine the facial nerve fonctions | 4 |  |
| 1. 7
 | Internship-specific item\* Ability to perform Dix Hallpike test and Epley Maneuver | 3 |  |
| **RESULT:** **Successful (….)** **Unsuccessful (…..)** | **EVALUATION SCORE:****(With numbers and text)****Score: …… (out of 100)** | **INTERNSHIP COORDINATOR ACADEMIC STAFF:**Date:Signature: | **HEAD OF DEPARTMENT**Date:Signature: |
| **Phase 6 Student Internship Success Criteria:** (**All criteria must be met)**1. The student must fulfill the internship continuity criteria.
2. Candidate Physician Qualification Certificate scoring of 60 and above is considered successful.
3. Candidate Physician Logbook scoring of 60 and above is considered successful.
 |
| **\*The Department can remove the item(s) from the Internship Logbook and/or add the item(s) specific to the internship by specifying the level to the** **Internship Logbook. It is recommended that the department check that all NCEP-2020 Basic Medicine Practices and levels related to the internship are stated in the Internship Logbook.** |

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| **LEARNING LEVEL OF BASIC MEDICAL PRACTICES\*** |
| **Level** | **Explanation** |
| 1 | Knows how the application is done and explains the results to the patient and / or their relatives |
| 2 | Makes the application in accordance with the guide / directive in an emergency |
| 3 | Makes the application\* in uncomplicated, common, cases/cases |
| 4 | Makes the application\*\* including complex situations/phenomenons |
| \*Denotes the minimum level of performance, and therefore learning, that a physician who graduated from the faculty of medicine should exhibit during basic medicine practices. It is determined separately for each skill/application in the minimum level list. The faculties ensure that each student is able to perform the medical practice in question at the minimum level determined during the education period they apply. |
| \*\* Makes the preliminary evaluation/evaluation, creates, and implements the necessary plans, and informs the patient and their relatives/society about the process and its results. |
| **\*Source: NCEP 2020** |