

## SAC IN OTOLARYNGOLOGY

### INDEX EMERGENCY CASES

This document sets out the competencies expected at different levels of training for the management of common and/or key emergency cases in Otolaryngology. It should be used by trainees and their supervisors to guide acquisition of competencies with suggestions for accrual of appropriate evidence. It is expected that the majority of trainees should be able to acquire these competencies at the stated levels of training.

The main aim of this is formative i.e. to give trainees an idea of their expected level of competence during their training, in order to identify areas for development in a planned manner. Setting expected standards for different levels will also enable targets to be set in learning agreements which can be reviewed with educational supervisors and at ARCP. In certain circumstances these standards can be used to advise upon targeted training for trainees who require additional support for their training programme.

#### 1. Management of Epistaxis

##### ST4

At ST4 trainees should have extensive experience of the management of epistaxis, both surgical and non-surgical. They should be able to manage complex epistaxis independently, without usually needing to seek advice from consultant supervisors. They should be confident in supervising more junior staff in managing epistaxis. They should be proficient in nasal packing and the medical management of such patients. They should have been involved in the surgical management of patients, having attended theatre and at least observed an SPA ligation. They should be able to provide evidence against curricular objectives at the following levels:

	Expected ISCP level	Evidence	Comments
Knowledge	4	Teaching session attendance Teaching session delivered Elearning (eg e-lefENT) Reflection	Certificate available through e-lefENT
Clinical Skills	3	CBD, miniCEX Emergency log	At least 1 CBD and 1 miniCEX (level 3) to cover this topic by end ST4
Technical Skills	Nasal packing 4 SPA Ligation 1	Logbook DOPS PBA FESS Course attendance incl. simulated PBA	At least 1 DOPS at level 4 on nasal packing

## ST6

Trainees at ST6 should have developed their skills to become expert in the management of epistaxis. It will be the exception for trainees at ST6 to need to involve consultant supervisors in the management of epistaxis, apart from cases going to theatre. They will be able to supervise junior colleagues in the management of epistaxis. They should have performed SPA ligations under supervision. They should be able to provide evidence against curricular objectives at the following levels:

	Expected ISCP level	Evidence	Comments
Knowledge	4	Teaching session attendance Teaching session delivered Elearning (eg e-lefENT) Reflection	Certificate available through e-lefENT
Clinical Skills	4	CBD, miniCEX Emergency log	At least 1 CBD and 1 miniCEX (level 4) to cover this topic between ST4 and ST6
Technical Skills	Nasal packing 4 SPA Ligation 2	Logbook DOPS PBA FESS Course attendance incl. simulated PBA	At least 1 PBA for SPA ligation

## ST8

By certification trainees will be expected to be expert in the management of epistaxis, both surgical and non-surgical. They will have achieved all curricular requirements as set out in the syllabus. They will be able to demonstrate through their logbook, emergency log and evidence within their portfolio that they have continued to develop their skills in this area. They should have a PBA for SPA ligation at Level 3. They should be able to supervise junior colleagues in the management of epistaxis.

### 2. Management of Airway Obstruction

#### ST4

At ST4 trainees should be competent in the recognition of and the initial management of patients presenting as an emergency with upper airway obstruction. They should be able to take a focused history and examination and be expected to make a diagnosis, with differentials. They should be expected to discuss the case with their consultant supervisor and accurately advise on the severity of the situation. They should be able to work with other health professionals as a team to manage the patient effectively. They will be expected to have attended theatre and performed, under

supervision, an emergency tracheostomy, (depending upon opportunities available) as well as developing their skills in a simulated environment. They should be able to provide evidence against curricular objectives at the following levels:

	Expected ISCP level	Evidence	Comments
Knowledge	3	Teaching session attendance Teaching session delivered Elearning (eg e-lefENT) Reflection	Certificate available through e-lefENT
Clinical Skills	3 (to include team working) Non-surgical Mx of stridor 3 Flexible nasendoscopy 4	CBD, miniCEX Emergency log, Human Factors training	At least 1 CBD and 1 miniCEX (level 3) to cover this topic by end ST4
Technical Skills	Surgical tracheostomy 2 Endotracheal intubation 2	Logbook DOPS PBA H&N Course attendance incl. simulated PBA	At least 1 PBA for Surgical Tracheostomy

## ST6

At ST6 trainees should be proficient in the management of patients presenting with upper airway obstruction. They would be expected to take a leading role in managing these patients, coordinating care within a team. They should be able to make a diagnosis and manage straightforward patients at least initially without direct consultant supervision. They would be expected to be able to perform an emergency tracheostomy as the main surgeon (S-TS or S-TU) and be able to teach junior colleagues in the management of such patients.

They should be able to provide evidence against curricular objectives at the following levels;

	Expected ISCP level	Evidence	Comments
Knowledge	4	Teaching session attendance Teaching session delivered Elearning (eg e-lefENT) Reflection	Certificate available through e-lefENT
Clinical Skills	3 (to include team working) Non-surgical Mx of stridor 4 Flexible nasendoscopy 4	CBD, miniCEX Emergency log, Human Factors training	At least 1 CBD and 1 miniCEX (level 3) to cover this topic between ST4 and ST6
Technical Skills	Surgical tracheostomy 3 Endotracheal intubation 2	Logbook DOPS PBA H&N Course attendance incl. simulated PBA	At least 1 PBA for Surgical Tracheostomy

## ST8

Trainees at ST8 should be able to manage such patients independently (although consultants should be informed of the case), and be able to lead a team managing such patients. They should be able to make an accurate diagnosis and consider differentials. They will be able to perform an emergency tracheostomy at Level 4, and be able to supervise junior trainees in performing tracheostomies in the appropriate situation. They should be aware of, and have some experience of, alternative methods of securing an obstructed airway e.g. debulking procedures. They will have achieved all curricular requirements as set out in the syllabus. They will be able to demonstrate through their logbook, emergency log and evidence within their portfolio that they have continued to develop their skills in this area.

### 3. Management of Tonsillitis & Its complications

## ST4

Trainees at ST4 should have extensive experience of managing acute tonsillitis, and peri tonsillar abscesses. They should be able to manage such cases independently and supervise more junior trainees in managing these conditions. They will be able to drain difficult quinsies e.g. in children and more complex patients with other co morbidities. They will be able to demonstrate that they can consider appropriate differential diagnoses.

Trainees at ST4 should be at a level 4 for straightforward tonsillectomy and be able to perform tonsillectomy on young children under supervision.

Trainees at ST4 will be able to manage post tonsillectomy haemorrhage safely. Depending upon opportunities they will have managed a post tonsillectomy haemorrhage in theatre under supervision.

They should be able to provide evidence against curricular objectives at the following levels:

	Expected ISCP level	Evidence	Comments
Knowledge	4	Teaching session attendance Teaching session delivered Elearning (eg e-lefENT) Reflection	Certificate available through e-lefENT
Clinical Skills	3 Management & differential diagnosis 4 Drainage of quinsy	CBD, miniCEX Emergency log,	At least 1 CBD and 1 miniCEX (level 3) to cover this topic DOPS for quinsy drainage to Level 4
Technical Skills	4 Tonsillectomy 2 Surgical management of post tonsillectomy haemorrhage 1 Drainage of parapharyngeal abscess	Logbook DOPS PBA	At least 1 PBA for Tonsillectomy (Level 4)

## ST6

Trainees at ST6 will be proficient at the management of tonsillitis and its complications. They should not normally need to call upon senior advice for managing these conditions. They should reliably consider and manage differential diagnoses and be able to teach junior colleagues in managing tonsillitis and their complications.

ST6 trainees should have extensive experience and be proficient in tonsillectomy, including in complicated cases such as very young children, difficult adult tonsillectomy and in patients with syndromes and co morbidities. They should be competent in the management of post tonsillectomy haemorrhage and should be able to manage post tonsillectomy haemorrhage in theatre unsupervised (although the on call consultant should be aware of this emergency).

They should be able to provide evidence against curricular objectives at the following levels:

	Expected ISCP level	Evidence	Comments
Knowledge	4	Teaching session attendance	Certificate available through e-lefENT

		Teaching session delivered Elearning (eg e-lefENT) Reflection	
Clinical Skills	4 Management & differential diagnosis 4 Drainage of quinsy	CBD, miniCEX Emergency log, Reflection.	At least 1 CBD and 1 miniCEX (level 4) to cover this topic
Technical Skills	4 Tonsillectomy 4 Surgical management of post tonsillectomy haemorrhage 2 Drainage of parapharyngeal abscess	Logbook DOPS PBA	At least 1 PBA for Tonsillectomy (Level 4)  At least 1 PBA for tonsillar haemorrhage arrest (Level 3))

### ST8

Trainees at ST8 will be able to demonstrate that they have met all the curricular requirements in order to be recommended for certification and be an emergency safe consultant capable of supervising junior colleagues in the management of this condition.