STRUCTURED TRAINING IN OTORHINOLARYNGOLOGY- HEAD AND NECK SURGERY

R. Raychowdhury¹

ABSTRACT : *Although most ENT departments in India are now departments of Otolaryngology-Head and Neck surgery there is no uniform structured training programme to ensure that the postgraduates will receive a thorough grounding in the various subspecialties that make up modern otolaryngology. A model programme is presented which may serve as a basis for future discussion.*

Key Words : *Otorhinolaryngology-Head & Neck Surgery; Training.*

Otorhinolaryngology -Head and Neck Surgery is a vast field, encompassing such subspecialties as Neurotology, Skull Base Surgery, Head and Neck Oncosurgery, Paediatric Otorhinolaryngology and Equilibriometry, as well as the traditional fields of Otology, Rhinology and Laryngology. It is unrealistic to assume that three years of training leading to an M. S. degree or National Board Diploma, or two years of training leading to a D. L. O. diploma will make a fresh postgraduate student, with little or no prior clinical exposure to the subject, a master of the discipline. The aim of postgraduate training should be to give the medical graduate an adequate grounding in the fundamentals ; something to be further developed and built on. Subspecialties such as Skull Base surgery, Neurotology and Head and Neck Oncosurgery require close co-operation with colleagues in other surgical specialities. If we, as a speciality, do not ensure that our postgraduates receive thorough training, we will find our field being encroached upon by our colleagues in Neurosurgery, Plastic Surgery and Maxillo-facial Surgery. Given that the staffing patterns of Departments differ from State to State, I am suggesting a model scheme of structured training for postgraduate students in a Department with a bed strength of 30, a faculty consisting of Professor, Assistant Professor and Clinical Tutor, and two Residents of each year (i.e. First, Second and Third year, total 6). The total bed strength must be divided into beds for Rhinology cases, beds for Otology cases, beds for Laryngology cases and beds for Head and Neck cases (Salivary glands, Para pharyngeal, Para orbital, Maxillary and Thyroid problems, Branchial cysts, sinuses etc). Let us follow the progress of Resident 'X' through the Department. As a First Year Resident, 'X' is first assigned to the beds allotted for

Rhinology for three months. During this period he is responsible for the history, preoperative investigations, postoperative care, discharge and follow up of the patients admitted for Rhinological surgery. In the Operating Theatre he assists in the elective operations of all the Rhinology cases. For the first 4 weeks he is confined to clerking instruments, and at the end of this period he should be able to demonstrate to the Clinical Tutor his ability to set up a table for a typical rhinological procedure, and discuss the basic steps of the common procedures. In the next 3 weeks he will, under supervision, be allowed to make the incisions and assist in closure, and in the remaining 5 weeks he will be allowed to assist in some further steps depending upon the ability he demonstrates. In his Logbook, 'X' enters the cases at the end of each Theatre session, and once a week or once in two weeks he meets with the Clinical Tutor to discuss the difficulties he may have faced in assisting in the various procedures. After three months of Rhinology, 'X' is next assigned to the Laryngology beds and the same pattern repeated. Thus, at the end of his first year, 'X' has spent three months each in the four major subspecialties. The advantage of this is that 'X' can concentrate on each subspeciality for a reasonable period of time, and receives exposure to all the basic surgical procedures. While attached to a particular subspeciality, he will present interesting cases and relevant topics at the Departmental clinical meetings. When 'X' becomes a Second Year Resident he is given responsibility for two sets of beds, one of them being related to his thesis. Of the two theatre sessions each week he spends one assisting in his thesis related operations, and the other assisting in the operations of the two sets of beds he is allotted. In the wards he is

¹Assistant professor, Department of Otolaryngology-Head & Neck Surgery, Ramakrishna Mission Seva Pratishthan, Kolkata

responsible for supervising the First Year Resident allotted to his beds.

In his third year, 'X' is given the choice of spending 5 months each allotted to any two of the subspecialty beds, and one month each rotating through any two of the three allied specialities, namely, Neurosurgery, Plastic Surgery or Maxillo- facial Surgery.

Combined evening ward rounds are a must. The First year Residents will present the patients in their beds to the Second and Third Year Residents, who can then select a few interesting cases for further discussion after the rounds.

DISCUSSION

From the academic point of view, a structured training scheme of this nature has several advantages. Since the First and Second Year residents follow up their

Subspecialty cases in the Outpatients Clinic they can build up a series of cases, with follow up, for publication. Uniform exposure to all the major subspecialties will allow the postgraduates to make a choice as to whether he/she will pursue further training in a particular field or not. Even if they choose to remain 'general' Otolaryngologists, they will have received a thorough grounding in the speciality. No scheme will be applicable to each and every Department. It is hoped that the suggested scheme will provoke discussion and, perhaps, change resulting in improvement in the current system of training postgraduates in Otorhinolaryngology-Head and Neck Surgery.

Address for Correspondence :

Dr. R. Raychowdhury
842/9, Upen Banerjee Road
Kolkata - 700 060

Protatable Lightweight Diagnostic Audiometer Model 260

- Air, Bone and Speech audiometry
- Optional battery power function
- Threshold retention, ABLB and Stenger
- Optional NOAH interface

Middle Ear Analyzer: LCD Display, Printer And Windows Interface

- Tympanometry,
- Ipsi and Contra reflex tests,
- Reflex Decay test,
- Eustachian tube test

OAE screener : Portable Hand-Held Lightweight, LCD Display and Windows Interface

- TEOAE, DPOAE
- separate Printer unit
- Can store up to 50 test results

BERA with SSEP

- EchoG, ABR, SN10, MLR, LLR, P300/MMN modalities

MARKETING AND SERVICE BY:

CARE INTERNATIONAL MEDICAL DIVISION

N 19 GREEN PARK EXTN.
NEW DELHI - 110 016
TEL : 26186524, 26186724, 26100088
Fax : 091 - 11 - 26186573
e-mail : ci@vsnl.com
www.careinternational.com
• DELHI • MUMBAI • CHENNAI