

LIST OF OTORHINOLARYNGOLOGY EPA TITLES

NO.	EPA TITLES	ENTRUSTMENT LEVEL BY EXIT
<u>EPA 1</u>	Managing patients with symptoms of facial palsy	Level 4
<u>EPA 2</u>	Managing patients with symptoms of vertigo	Level 4
<u>EPA 3</u>	Managing adult and paediatric patients presenting with hearing loss	Level 4
<u>EPA 4</u>	Assessing and providing initial management of paediatric patients presenting with acute or chronic upper airway obstruction	Level 4
<u>EPA 5</u>	Managing patients with symptoms of adult airway compromise	Level 4
<u>EPA 6</u>	Managing patients with symptoms of hoarseness	Level 4
<u>EPA 7</u>	Managing patients with symptoms of external nasal deformity	Level 4
<u>EPA 8</u>	Managing patients with thyroid nodules	Level 4
<u>EPA 9</u>	Managing patients with rhinosinusitis	Level 4
<u>EPA 10</u>	Managing patients with symptoms of sleep disordered breathing	Level 4

Level	Descriptors
1	Be present and observe, but no permission to enact EPA
2	Practice EPA with direct supervision
3	Practice EPA with indirect supervision
4	Unsupervised practice allowed
5	May provide supervision to junior learners

Otorhinolaryngology EPA 1 - Managing patients with symptoms of facial palsy

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Title	Managing patients with symptoms of facial palsy
Specifications and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant - (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. The specific functions which define this EPA include performing the following activities in the ambulatory clinic, emergency department, or inpatient setting: 1. Determining the likely diagnosis and the severity in context with the presenting complaints, taking a problem focused history and doing the appropriate facial and relevant examinations. 2. Interpreting the history, physical exam, and the initial investigations if available 3. Ordering relevant investigations to aid in diagnosis. The investigations include CT temporal bone, MRI brain and IAM, electroneuronography and electro-myography testing. 4. Interpreting the findings of CT temporal bone, MRI brain, ENOG and EMG investigations 5. Starting appropriate treatment based on evidence and clinical practice guidelines. 6. Reviewing the completed investigations and recommending a change in management, with appropriate referrals. 7. Deciding on the prognosis of facial recovery and whether timely surgical intervention is appropriate 8. Recognising when there is a need for surgical decompression of the facial nerve 9. Recognising when there is a need to escalate to another specialist or subspecialist (e.g., discussing patients with acute traumatic facial palsy with the otologists where appropriate). 10. Recognising potential complications from facial palsy and making appropriate referrals 11. Counselling and educating the patient regarding the condition of the facial palsy 12. Engaging in collaborative communication with the patient to formulate a management plan 13. Communicating and documenting the therapeutic plan and clinical reasoning in a manner that is transparent to the patient and all members of the health care team 14. Gauging patient's understanding of the condition, treatment plan and reasons for follow-up 15. Working with an inter professional framework to facilitate rehabilitation of the facial palsy 16. Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate.

	Limitations: 1. All patients with non-resolving facial palsy after 3 months should be discussed with the otologists. 2. All patients with a subsequent diagnosis of facial nerve tumors should be managed with the otologists.
EPA Entrustment Level to be Attained by Exit	Level 4

Otorhinolaryngology EPA 2 - Managing patients with symptoms of vertigo

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Title	Managing patients with symptoms of vertigo
Specifications and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant - (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. The specific functions which define this EPA include performing the following activities in the ambulatory clinic, emergency department, or inpatient setting: 1. Determining the likely diagnosis and the severity of vertigo, taking a problem focused history and doing the appropriate otologic and relevant neurological examinations. 2. Perform and interpret bedside clinical vestibular examination, including a. eye movement exam, use of Frenzel glasses b. head thrust, head shake c. cerebellar testing d. hallpike testing e. oscillopsia test f. sensory integration test 3. Interpreting the history, physical exam, and the initial investigations if available 4. Ordering relevant imaging or vestibular investigations to aid in diagnosis. The vestibular investigations include videonystagmography, video head impulse testing, vestibular evoked myopotentials and dynamic posturography. The imaging investigations include CT and MRI scans. 5. Referring appropriately for more specialized investigations 6. Interpreting the findings of CT temporal bone, MRI brain, vestibular investigations 7. Starting appropriate treatment based on evidence and clinical practice guidelines. 8. Reviewing the completed investigations and recommending a change in management, with appropriate referrals. 9. Counselling and educating the patient regarding the vestibular diagnosis 10. Prognosticating vestibular recovery and whether timely vestibular rehabilitation is needed 11. Referring appropriately for vestibular rehabilitation 12. Performing the various particle repositioning manoeuvres for Benign Paroxysmal Positional Vertigo (BPPV) 13. Managing the dizzy patient with appropriate medications and referring for appropriate surgical management 14. Communicating and documenting the therapeutic plan and clinical reasoning, in a manner that is transparent to the patient and all members of the health care team 15. Working with an inter professional framework to facilitate vestibular rehabilitation 16. Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate.

	Limitations: 1. Patients with vertigo due to cerebrovascular accidents should be managed by the stroke team.
EPA Entrustment Level to be Attained by Exit	Level 4

Otorhinolaryngology EPA 3 - Managing adult and paediatric patients presenting with hearing loss

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Title	Managing adult and paediatric patients presenting with hearing loss
Specifications and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant - (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. The specific functions which define this EPA include performing the following activities in the ambulatory clinic, emergency department or inpatient setting: 1. Analysing the likely diagnosis and cause of hearing loss by taking a problem focused history and physical examination. 2. Interpreting the history, physical exam, and selects initial investigations to aid in diagnosis 3. Interpreting audiological investigations accurately 4. Applying knowledge of common hearing loss syndromes and screens associated conditions, referring for specialised investigations e.g. genetic testing, eye screening, developmental assessment where appropriate 5. Ordering relevant investigations to aid in diagnosis. Investigations include the entire range of audiometric assessment, tympanograms, auditory brainstem response. 6. Interpreting the findings of CT temporal bone, MRI brain 7. Starting appropriate treatment based on evidence and clinical practice guidelines. 8. Reviewing the investigations and recommending management, with appropriate referrals. 9. Counselling patients and their families about diagnosis of hearing loss, goals of care and establishing a patient centred management plan 10. Ensuring patient and family are informed about risks and benefits of each treatment option in the context of best evidence and guidelines, including non-surgical management and surgical procedures 11. Emphasising the need for early intervention in congenital hearing loss for optimal outcomes 12. Prognosticating and communicating hearing recovery to patient 13. Referring appropriately for hearing rehabilitation and surgical management 14. Communicating and documenting the therapeutic plan and clinical reasoning, in a manner that is transparent to the patient and all members of the health care team 15. Coordinating care of a hearing loss patient and performing core ear procedures of a general otolaryngologist. 16. Leading an inter professional framework to facilitate access to services and resources available for patients 17. Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate. Limitations: Nil

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Otorhinolaryngology EPA 4 - Assessing and providing initial management of paediatric patients presenting with acute or chronic upper airway obstruction

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Title	Assessing and providing initial management of paediatric patients presenting with acute or chronic upper airway obstruction
Specifications and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant - (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. The specific functions which define this EPA include performing the following activities in the ambulatory clinic, emergency department or inpatient setting: 1. Performing focused history and physical examination, and evaluating possible diagnoses 2. Conducting succinct patient assessment, examination, and initial management plan in emergency settings, with supplementary history taking and further examination in elective setting. 3. Managing the team in an airway emergency 4. Counselling and educating the patient regarding the airway condition 5. Performing diagnostic procedures 6. Applying knowledge of syndromes and related conditions to look for associated anomalies and referring them to the relevant subspecialist 7. Formulating appropriate post procedure plan, understanding limitations and complications of procedure 8. Coordinating care with the other members of the healthcare team 9. Communicating and documenting the therapeutic plan and clinical reasoning, in a manner that is transparent to the patient and all members of the healthcare team 10. Working with an inter professional framework to facilitate discharge 11. Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate. Limitations: 1. Paediatric patients in acute airway distress are to have direct supervision by attending. 2. Specialised paediatric airway procedures are excluded from this EPA e.g., paediatric and neonatal tracheostomy, supraglottoplasty, vallecular cyst surgery, and removal of airway foreign body. Notwithstanding, the resident will be trained to assist in paediatric airway reconstruction & paediatric tracheostomy.
EPA Entrustment Level to be Attained by Exit	Level 4

Otorhinolaryngology EPA 5 - Managing patients with symptoms of adult airway compromise

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Title	Managing patients with symptoms of adult airway compromise
Specifications and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant - (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. The specific functions which define this EPA include performing the following activities in the ambulatory clinic, emergency department or inpatient setting: 1. Performing the initial assessment, including: a. Rapid assessment of airway, breathing, circulation. b. Taking history from patient or emergency department colleagues in a timely manner. c. Performing examination including reviewing of the vitals and completed investigations. 2. Performing nasoendoscopy in an atraumatic manner for evaluation of the airway. 3. Formulating and carrying out the initial management plan, including: a. Ordering necessary investigations for evaluation of the condition b. Starting appropriate treatment plan for the condition or preparing for emergency tracheostomy 4. Interpreting imaging correctly 5. Anticipating complex and difficult airways 6. Securing or establishing an airway for the patient while in close communication with the Emergency Medicine Physician or Anesthesiologist 7. Performing surgical airway for patients with airway emergency under local anesthesia or general anesthesia 8. Planning and documenting the post airway management 9. Communicating with colleagues from ENT, Emergency Medicine and Anesthesia in a timely and respectful manner if the patient is for awake fiberoptic intubation or tracheostomy under local anesthesia. 10. Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate. Limitations: 1. Patients presenting with airway emergency following trauma should be managed with the Trauma specialist team 2. Patients presenting with lower respiratory tract pathology resulting in airway compromise should be managed by the respiratory Physician/ Cardiothoracic surgeon.
EPA Entrustment Level to be Attained by Exit	Level 4

Otorhinolaryngology EPA 6 - Managing patients with symptoms of hoarseness

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Title	Managing patients with symptoms of hoarseness
Specifications and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant - (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. The specific functions which define this EPA include performing the following activities in the ambulatory clinic, emergency department, or inpatient setting: 1. Determining the diagnosis and severity of hoarseness, taking a comprehensive problem-focused history 2. Interpreting the history, physical examination, and the initial investigations if available 3. Performing complete head and neck examination, endoscopy, and video-stroboscope 4. Interpreting appropriate voice testing results 5. Ordering and interpreting appropriate investigations, for example CT neck and thorax to trace recurrent laryngeal nerves in vocal cord paralysis 6. Identifying and diagnosing unilateral vocal fold palsy 7. Counselling and informing patients the pathophysiology of their voice disorders and treatment options, educating patients on voice protection 8. Starting appropriate treatment based on evidence and clinical practice guidelines. 9. Recommending conservative or surgical treatment for patients with unilateral vocal fold palsy and making appropriate referral to speech therapists. 10. Deciding on medical or surgical therapeutic plan with considerations of being safe, patient-centred and the risk versus benefits to the patient. 11. Referring appropriately for stroboscopy, injection medialization or open laryngeal framework surgery. 12. Communicating and documenting the therapeutic plan, goals of care and clinical reasoning to the patient and all members of the healthcare team. 13. Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate. Limitations: 1. Patients with malignancies are jointly managed by the Head & Neck team
EPA Entrustment Level to be Attained by Exit	Level 4

Otorhinolaryngology EPA 7 - Managing patients with symptoms of external nasal deformity

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Title	Managing patients with symptoms of external nasal deformity
Specifications and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant - (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. The specific functions which define this EPA include performing the following activities in the ambulatory clinic, emergency department or inpatient setting: 1. Determining the likely deformity and functional deficit in context with the presenting complaints, taking a problem focused history and doing the appropriate facial aesthetics and nasal examinations 2. Recognising and managing complications of acute nasal deformity including septal hematoma 3. Taking clinical photographs in standard views and be competent with facial analysis 4. Interpreting clinical photographs of the face and nose 5. Interpreting the history, physical exam, and the initial investigations if available in the context of facial and nasal deformity 6. Ordering and reviewing relevant investigations, photography and recommending management. The investigations include nasal bone Xray, and possible CT scan of the face with 3D reconstruction if associated with suspected facial fractures. 7. Interpreting the finding of nasal bone Xray, CT face, MRI brain, and nasal airflow investigations including rhinomanometry (if appropriate and available) 8. Counselling and educating the patient regarding the condition of external nasal deviation and facial deformity 9. Engaging in collaborative communication with the patient to formulate a management plan 10. Gauging patient's understanding of the condition, treatment plan and reasons for follow-up 11. Starting appropriate treatment based on evidence and clinical practice guidelines. 12. Recognising when there is a need for and deciding on timely surgical intervention 13. Performing independently in acute management of nasal fracture and manipulation and reduction (M&R) of nasal fracture (i.e., level 4) 14. Communicating and documenting (including clinical photographs) the therapeutic plan and clinical reasoning in a manner that is transparent to the patient and all members of the health care team including surgical and non-surgical treatment options 15. Recognising potential associated orbital/facial injuries and deformities and coming up with appropriate management plans including making appropriate referrals 16. Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate. Limitations: 1. All patients with associated orbital/facial fractures should be discussed with the appropriate fellowship-trained specialist.

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Otorhinolaryngology EPA 8 - Managing patients with thyroid nodules

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Title	Managing patients with thyroid nodules
Specifications and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant - (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. The specific functions which define this EPA include performing the following activities in the ambulatory clinic, emergency department or inpatient setting: 1. Determining the likely diagnosis and the severity of the thyroid nodule, taking a focused history and performing an appropriate head and neck examination. This includes endoscopic examination for evaluation of vocal cord palsy. 2. Interpreting the history, physical exam, and preliminary investigations including thyroid function tests. 3. Ordering imaging or other relevant investigations to aid in diagnosis. The appropriate lab investigations include thyroid function tests, thyroglobulin panel, Fine needle aspiration cytology and histology. The appropriate imaging investigations include Ultrasound thyroid, CT, and RAI scans. 4. Referring appropriately for more specialized investigations and management, including CT of the neck. 5. Interpreting the findings of ultrasound thyroid and fine needle aspiration cytology. 6. Counselling and educating the patient regarding the diagnosis and prognosis of thyroid nodules, including the various therapeutic options. 7. Starting appropriate treatment based on evidence and clinical practice guidelines. 8. Reviewing the completed investigations and recommending appropriate management plans, with relevant referrals if needed. 9. Performing thyroidectomy surgery with identification and preservation of the recurrent laryngeal nerve, parathyroid glands, and the external branch of superior laryngeal nerve. 10. Communicating and documenting the therapeutic plan and clinical reasoning, in a manner that is transparent to the patient and all members of the health care team. 11. Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate. Limitations: 1. Patients with acute compressive symptoms from thyroid nodules should be discussed with the Head & Neck surgeon. 2. Patients with recurrent thyroid cancers and advanced thyroid cancers should be discussed with a Head & Neck surgeon.
EPA Entrustment Level to be Attained by Exit	Level 4

Otorhinolaryngology EPA 9 - Managing patients with rhinosinusitis

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Title	Managing patients with rhinosinusitis
Specifications and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant - (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. The specific functions which define this EPA include performing the following activities in the ambulatory clinic, emergency department or inpatient setting: 1. Determining the likely diagnosis and the severity of rhinosinusitis, taking a focused history and performing the appropriate examination. This includes endoscopic examination, endoscopic assisted swab culture of pus, and relevant ophthalmic investigations in the context of orbital complications of rhinosinusitis. 2. Interpreting the history, physical exam, and investigations 3. Ordering imaging or other relevant allergy or serological investigations to aid in diagnosis. The imaging investigations include CT and MRI scans. 4. Referring appropriately for more specialized investigations and management, including dentist, allergist, respiratory physician, and infectious disease specialist. 5. Interpreting the findings of CT and MRI of the paranasal sinuses. 6. Starting appropriate treatment based on evidence and clinical practice guidelines. 7. Reviewing the completed investigations and recommending appropriate subsequent management plans, with relevant referrals if needed. 8. Counselling and educating the patient regarding the diagnosis and prognosis of chronic rhinosinusitis, including the various therapeutic options. 9. Initiating appropriate medical therapy for rhinosinusitis. 10. Recommending appropriate surgery for chronic rhinosinusitis. 11. Performing endoscopic sinus surgery for chronic rhinosinusitis, including maxillary antrostomy, total ethmoidectomy, and sphenoidotomy. 12. Communicating and documenting the therapeutic plan and clinical reasoning, in a manner that is transparent to the patient and all members of the health care team. 13. Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate. Limitations: 1. Surgical management of patients with orbital/intracranial involvement of rhinosinusitis, suggestion of sinonasal malignancy, or persistent/recurrent rhinosinusitis after primary endoscopic sinus surgery (ESS) are discussed with an available rhinologist.
EPA Entrustment Level to be Attained by Exit	Level 4

Otorhinolaryngology EPA 10 - Managing patients with symptoms of sleep disordered breathing

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Title	Managing patients with symptoms of sleep disordered breathing
Specifications and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant - (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. The specific functions which define this EPA include performing the following activities in the ambulatory clinic or inpatient setting: 1. Performing assessment of risk factors for obstructive sleep apnoea (OSA): Taking a comprehensive medical history, including evaluating symptoms such as snoring, witnessed apnoea's, excessive daytime sleepiness, and other risk factors like obesity and family history. 2. Performing clinical examination: Performing a thorough upper airway assessment to evaluate anatomical factors that contribute to OSA, such as nasal obstruction, tonsillar hypertrophy, and craniofacial abnormalities. 3. Interpreting the history, physical exam, and the initial investigations if available 4. Reaching a reasonable primary and differential diagnosis 5. Performing basic interpretation of diagnostic sleep tests such as polysomnography (PSG) and home sleep apnoea tests (HSAT), to diagnose sleep disordered breathing. 6. Ordering and interpreting relevant investigations. The investigations include CT temporal bone, MRI brain and IAM, electroneuronography and electro-myography testing. 7. Reviewing the completed investigations and starting appropriate treatment or recommending a change in management based on evidence and clinical practice guidelines, with appropriate referrals. 8. Conducting patient education: Counselling and educating the patient regarding the condition, its consequences, and the various treatment options available, including lifestyle modifications, positive airway pressure (PAP) therapy, and surgical interventions. 9. Performing treatment planning: Developing a comprehensive treatment plan for OSA, including non-surgical and surgical options, considering individual patient characteristics and preferences. 10. Engaging in collaborative communication with the patients, family, and allied support staff to formulate a management plan 11. Communicating and documenting the therapeutic plan and clinical reasoning in a manner that is transparent to the patient and all members of the health care team 12. Gauging patient's understanding of the condition, treatment plan and reasons for follow-up 13. Advising and troubleshooting common CPAP issues 14. Recognising potential complications from sleep disordered breathing and making appropriate referrals 15. Performing surgical management of OSA: Participating in surgical procedures relevant to OSA management, such as tonsillectomy, adenoidectomy, turbinate reduction, pharyngoplasty, or other surgical interventions for patients with moderate to severe OSA. 16. Performing postoperative management: Providing postoperative care of patients who have undergone surgical interventions for OSA,

	including monitoring for complications and optimizing patient outcomes. 17. Providing long-term follow-up care for patients with OSA to assess treatment efficacy and address any ongoing symptoms or complications. 18. Collaborating with multidisciplinary team including other healthcare professionals, such as sleep specialists, respiratory physicians, and dentists, to manage complex cases of OSA and provide comprehensive care. 19. Working with an inter professional framework to facilitate the management of sleep disordered breathing 20. Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate.
	Limitations: 1. All complex and challenging cases should be seen and managed with an attending with a special interest in sleep surgery
EPA Entrustment Level to be Attained by Exit	Level 4