

**T.C.**

**ISTANBUL MEDIPOL UNIVERSITY**

**INTERNATIONAL SCHOOL OF MEDICINE**



**OTORHINOLARYNGOLOGY CLERKSHIP GUIDE**

**2021-2022**

**OTORHINOLARYNGOLOGY** **CLERKSHIP GUIDE**

**CLERKSHIP DESCRIPTION**

|  |  |
| --- | --- |
| **Education Period** | Year V |
| **Clerkship Duration** | 3 Weeks |
| **Training Place** | İstanbul Medipol Mega University Hospital  |
| **Instrructors** | * Prof.Dr.Tolga KANDOGAN
* Assoc. Prof. Dr. Muhammed Fatih EVCİMİK
 |
| **The Head Instructor** | * Prof.Dr.Tolga KANDOGAN
 |

 There are practical applications in the afternoon for the use of theoretical knowledge in clinical applications, where students learn to benefit from the practical and theoretical experience of faculty members with more performance. With practical applications, student’s knowledge and experience will increase. At the same time, the ability of theoretical knowledge to be used in the clinical field will improve. For this purpose, the students who come to the internship are divided into 3 groups: outpatient clinic, operating room and per patient education during the practical application hours in the afternoon.

After the groups are organized, they perform patient examination, treatment and follow-up in the outpatient clinic with the responsible faculty members. They also participate in surgery and rounds with the responsible faculty member.

Theoretical lessons are held in the morning until lunchtime.

All students attend the clinical case council held on The Pavilion and the training meetings on Friday.

**THE AIM OF OTORHINOLARYNGOLOGY CLERKSHIP**

To gain knowledge and skills related to ear nose and throat diseases and head and neck surgery applications, correct use and interpretation of radiological and audiological examinations, approach to emergency ear nose and throat patients and implementation of surgical indication methods in the career of medicine.

**Learning Methods:**

* Application Course (Examination, Placement of Nasal Tampon, Diapozone Tests)
* Outpatient/Audiology/ Operating Room Training
* Theoretical Course (Online/Face to Face)
* Case-Based Learning

**OTORHINOLARYNGOLOGY CLERKSHIP LEARNING GOALS**

|  |  |  |
| --- | --- | --- |
| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| Examination Methods in ENT  | It sorts out the systematic ENT inspections. | 1 Hour |
| Explains the difference between pediatric examination and adult examination. |
| Explains how diapozon tests and balance tests are performed in outpatient conditions. |
| Anatomy of the Nose and Paranasal Sinus  | Functionally defines the anatomy of the nose and paranasal sinuses. | 1 Hour |
| It associates nasal and sinus diseases with anatomy. |
| Discusses the complications of nasal and sinus diseases. |
| When providing 1st step health care, it selects the conditions that require surgery and refers them to ENT. |
| Acute Otitis Media  | Defines Acute otitis media. | 1 Hour |
| List its symptoms and PrDisposing factors. |
| Performs acute otitis media staging. |
| Explains the principles of treatment and follow-up. |
| Sorts differential diagnoses. |
| Discusses complications of acute otitis media. |
| In acute otitits media,chooses the patients that requires referral to the ENT specialist. |
| Facial Paralysis | It recalls the anatomy of the facial nerve. | 1 Hour |
| Identifies the symptoms of facial nerve paralysis. |
| Among the fascial nerve paralysis, he chooses the patients he will refer to the ENT specialist. |
| Audiological Principles | Explains the interests of the scientist. | 1 Hour |
| Describes hearing. |
| Sorts the effects of hearing loss. |
| Describes the hearing screening program implemented in Turkey. |
| Defines balance. |
| Sorts the test methods of loss of balance. |
| Serous Otitis Media  | Defines the serous otitis media. | 1 Hour |
| Explains the etiology and risk factors of the media. |
| Lists its symptoms and symptoms. |
| Interprets autoscopic examination and diaposon tests for diagnosis. |
| Makes differential diagnoses. |
| Explains the principles of treatment of the media. |
| It distinguishes in which cases to refer the patient to the ear, nose and throat physician. |
| Epistaxis | It classifies the etiological factors of epistaxis | 1 Hour |
| It ranks the risk factors of the epistaxis according to its importance. |
| It establishes the link between age and etiology in epistaxis. |
| When he encounters the patient in emergency conditions, he first explains what to do. |
| Sorts the necessary steps to put. |
| In which cases it distinguishes the patient from the ear, nose and throat physician. |

|  |  |  |
| --- | --- | --- |
| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| Sudden Hearing Loss | Describes sudden hearing loss. | 1 Hour |
| Distinguishes sudden hearing loss as an emergency. |
| Describes the etiology of sudden hearing loss. |
| Interprets diapasone tests enoums to make a preliminary diagnosis of sudden hearing loss. |
| As a result of the clinical evaluation, it infers that the patient should be referred to the ear, nose and throat physician immediately. |
| Hoarseness  | Describes the mechanisms by which sound is formed. | 1 Hour |
| It sorts out the reasons for the hoarseness. |
| It outlines the basic principles of the treatment of diseases that cause sound disorders. |
| Obstructive Sleep Apnea Syndrome  | Describes the criteria that indicate terminology and the severity of apnea. | 1 Hour |
| Performs the necessary nose and throat physical examination in diagnosis. |
| He has preliminary knowledge of the gold standard "polysomnography" test. |
| Refers the patient to the specialist for treatment. |
| Has a general idea of treatment methods. |
| Neck Masses | It sorts the diseases that mass in the neck in order of importance. |  1 Hour |
| It tells you what to do about the approach to the patient who comes with a mass in the neck. |
| It analyzes the data that can lead to clinically differential diagnosis in these patients. |
| Nasal Congestion/Discharges  | It ranks the primary (congenital, physiological, physiological nonalergic, allergic, infectious, mechanical) and secondary (adrenoid) causes in differential diagnosis in the patient presenting with nasal congestion/whiteness. |  1 Hour |
| Explains the diseases requiring urgent intervention and its approach to diseases that cause nasal congestion/discharge. |
| Performs examination and anterior rhinoscopq in the patient who presents with nasal congestion/whiteness. Explains other diagnostic methods such as fiberoptic-rigid endoscopq and radiology imaging methods. |
| Makes a differential diagnosis of nasal congestion/discharge diseases. |
| It counts medical and surgical treatment options according to etiology in nasal congestion/discharge. |
| Prdicts the conditions that require a refere to a specialist in nasal congestion/discharge. |
| He applies all theoretically what he's learned in the clinic. |
| Sinüzitler | It listes the causes and risk factors that cause sinusitis. | 1 Hour |
| It tells the story of the types of sinusitis. |
| Identifies symptoms and clinical manifestations related to sinusitis. |
| Performs physical examination, anterior rhinoscopq and postnasal examination. |
| He has an idea of endoscopic examination, imaging methods and laboratory methods, which are advanced diagnostic methods. |
| In sinusitis, the agent sorts pathogens in order of frequency. |
| It treats sinusitis medically. |
| He is familiar with surgical indications in sinusitis. |
| In sinusitis, he estimates the conditions in which he will refer to the specialist. |

|  |  |  |
| --- | --- | --- |
| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| Sinusitis Complications  | Sorts by classifying sinusitis complications. | 1 Hour |
| Sinusitis identifies complication risks. |
| It listes complications of emergency sinusitis. |
| Knows the approach to the patient in the possible sinusitis complication, considers the points to be considered in the history and physical examination, and explains the imaging and laboratory methods. |
| What are medical and surgical treatments and how they are done, when they give inpatient treatment. He'll have an idea of the issues. |
| In case of sinusitis complications, he is informed about the time he will refer to the specialist. |
| Chronic Otitis Media Complications  | Explains the anatomy and functionality of the middle ear and neiMSboring structures. | 1 Hour |
| Sorts the symptoms of complications by severity and frequency. |
| Diagnoses patients with chronic middle ear complications. |
| Refers patients who come with media complications to the relevant specialist. |
| Salivary Gland Diseases  | Knows the anatomy and physiology of the salivaryglands. | 1 Hour |
| Lists the general findings in salivary gland diseases. |
| As a general practitioner, he learns about the diagnosis and treatment of acute sialadenitis and epidemic parotitis. |
| He learns about the examination and diagnosis methods of benign and malign diseases in the salivary glands and refers them to the relevant specialist. |
| Diagnoses congestion due to duct stenosis and stone and refers it to its specialist for treatment. |
| Head and Neck Cancers | Describes the functional anatomy of the head and neck region. | 1 Hour |
| Learn about the etiology of head and neck levels. |
| Identifies the symptoms of head and neck cancers. |
| Suspect and refers patients with tumors in the area to the relevant physician. |
| Allergic Rhinitis and Treatment | Explains the symptoms of allergic rhinitis  | 1 Hour |
| Learns about allergic clinical findings |
| Makes differential diagnoses |
| Lists the tests used in the diagnosis of allergic rhinitis  |
| Learns about the treatment of allergic rhinitis.  |
| In which cases it distinguishes the patient from the ear, nose and throat physician. |
| Head and Neck Traumas  | Describes important anatomical structures in the neck area. | 1 Hour |
| He has an idea and knowledge on how to give first aid to the patient who comes with head and neck injury. |
| Understands the areas of injury and its importance in the patient who comes with a neck injury. |
| Understands how to provide first aid in head base injuries and what disciplines should be consulted |
| Explains the reasons for emergency intervention in the patient who comes with head and neck injury respectively. |

|  |  |  |
| --- | --- | --- |
| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| Emergency Departments of Ear, Nose and Throat Diseases  | Sorts patient complaints that apply to ENT emergency departments. | 1 Hour |
| Shows the general practitioner approach to patients who present to ENT emergencies such as sore throat, earache, hearing loss, facial paralysis. estimates which patient to treat and which patient to refer. |
| Shows the general practitioner approach to patients who come with upper respiratory obstruction and has an idea of which patient to refer. |
| In the patient who comes with a nosebleed, the practitioner shows the approach and explains what to do in turn. |
| Congenital Diseases of Larynksin | It explains the anatomy of the larynx functionally with its neiMSbors. | 1 Hour |
| Learns about the etiology of larynx tumors. |
| Identifies the symptoms of larynx tumors. |
| Suspects a larynx tumor and refers it to the physician concerned. |
| Tracheotomy | Identifies the signs and symptoms of upper airway ssleaosis. | 1 Hour |
| Sorts the steps of emergency intervention to the patient who arrives with obstruction in 'emergency room conditions'. |
| Explains the steps of emergency intervention in 'terrain conditions' to the patient who arrives with airway obstruction. |
| Sorts the indications of a tracheotomy. |
| Skin and Neck Infections  | Anatomically sorts the neck fascias and the organs it contains. Topographically sorts the neck areas. Explains the boundaries of the parapharyngeal region. | 1 Hour |
| Explains the difference between deep neck infection and other infections. |
| Explains the causes of deep neck infection. Sorts out your symptoms. It classifies and pre-diagnoses. |
| Sorts the symptoms and symptoms to be encountered in complications of deep neck infection. |
| Physiology of Hearing | Discusses the physiology of hearing in detail. | 1 Hour |
| Defines how the frequency, intensity and temporal characteristics of sound are perceived by the auditory nervous system as physical essential components. |
| Describes how speech is perceived differently from other sounds. |
| Diseases With Hearing Loss | Explains the pathophysiology of diseases with hearing loss. | 1 Hour |
| Discusses clinical outcomes. |
| It associates external and middle ear pathologies with the findings of otoscope examination. |
| Discusses common causes of conductive hearing loss. |
| How to Maintain Balance  | Defines the mechanism of operation of systems and their functions in the healthy organism. | 1 Hour |
| Discusses the mechanism of operation of the vestibular system (the way the nerve arc is stimulated and recorded). |
| Defines the operating principles of the peripheral and central vestibular system. |
| Explains and analyzes the concepts of vertigo and imbalance.  |
| Describes the clinical results of mechanisms that deteriorate in the vestibular system in unilateral and bilateral peripheral vestibular diseases. |

|  |  |  |
| --- | --- | --- |
| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| Diseases Affecting Balance  | Describes the clinical results of mechanisms that deteriorate in the vestibular system in unilateral and bilateral peripheral vestibular diseases. | 1 Hour |
| Discusses the basic diseases (unilateral vestibular hypofunction, bilateral vestibular hypofunction, major vestibular pathology prototypes, etc.) that disrupt the operation of the vestibular system. |
| Discusses the complaints and mechanisms of formation and brief treatment of the most common diseases that disrupt the operation of the vestibular system. |
|  Head and Neck Injuries  | Describes important anatomical structures in the neck area. | 1 Hour |
| Has an idea and knowledge about how to give first aid to the patient who comes with head and neck injury. |
| Understands the areas of injury and its importance in the patient who comes with a neck injury. |
| Understands the disciplines to be first aided and consuld in head base injuries. |
| Explains the reasons for emergency intervention in the patient who comes with head and neck injury respectively. |
| Head-neck and ENT examination | Knows how to get the necessary anamnesis from the patient who presents with ear, nose and throat diseases  | 1 Hour |
| Pre-evaluates and creates the necessary plans |
| Conducts head and neck and ENT examination |
| Informs patients and their relatives about the process and its consequences |
|  Performing Rinne-Weber and Schwabach Test | Performs diapason tests | 1 Hour |
| Interprets the results of these tests |
| Analyzes the patient's symptoms and clinical findings as a whole |
| Ability to put and remove anterior packing on the nose | Counts in turn what to do in general regarding the approach to the patient with nose bleed | 1 Hour |
| Knows to perform anterior packing |
| Takes back buffer after bleeding control |

**ASSOCIATION OF LEARNING OBJECTIVES WITH PROGRAM COMPETENCIES AND KEY ROLES**

|  |  |  |  |
| --- | --- | --- | --- |
| **LEARNING GOAL** | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **MANAGEMENT SKILLS** |
| **R1- Medical Expert****R2-Collaborator****R3-Communicator****R4-Leader****R5-Health Advocate****R6-Scholar****R7-Professional** | **MS1- Analytical and Critical Thinking****MS2-Clinical Questioning-Reasoning****MS3-Problem Solving****MS4-Accessing and Using Information****MS5-Lifelong Learning****MS6-Communication and Teamwork** |
| He remembers anatomy, physiology, histology related to ear, nose and throat diseases. | PQ1 | R1 |   |
| Anamnesis, which is taken by using effective communication routes, creates a list of physical examinations and examinations and differential diagnosis. | PQ1, PQ6, PQ11, PQ14 | RI, R3, R7, | MS1, MS2, MS3, MS6 |
| Explains the physiology of symptoms related to ear, nose and throat diseases, their causes and their relationship with other systems. | PQ1, PQ2 | RI, R7 | MS1, MS2, MS3 |
| Explains the general epidemiological features and preventive medicine practices related to ear, nose and throat diseases. | PQ1, PQ3, PQ14 | RI, R5 | MS4, MS5 |
| Anamnesis of diseases caused by salivary gland diseases, mass-building diseases in the neck and hoarseness is considered as a preliminary diagnosis with the findings of physical examination. | PQ1, PQ2, PQ5, PQ6 | R1 | MS1, MS2, MS3 |
| Evaluates the patient who comes with dizziness, distinguishes between peripheral and central vertigo, recognizes nistagmus, diagnoses fascial paralysis, refers the patient to ear, nose and throat diseases and neurologist. | PQ1, PQ2, PQ6, PQ7, PQ8, PQ11, PQ14 | R1, R3 | MS1, MS2, MS6 |
| Interpreting the results of diagnostic tests for diseases of upper respiratory tract infections such as acute otitis and acute sinusitis, it makes diagnoses, advises and monitors risk factors and explains measures to reduce their frequency. | PQI, PQ2, PQ3, PQ4, PQ6, PQ7, PQ8, PQ14 | R1, R3, R7 | MS1, MS2, MS3, MS6 |

|  |  |  |  |
| --- | --- | --- | --- |
| **LEARNING GOAL** | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **MANAGEMENT SKILLS** |
| **R1- Medical Expert****R2-Collaborator****R3-Communicator****R4-Leader****R5-Health Advocate****R6-Scholar****R7-Professional** | **MS1- Analytical and Critical Thinking****MS2-Clinical Questioning-Reasoning****MS3-Problem Solving****MS4-Accessing and Using Information****MS5-Lifelong Learning****MS6-Communication and Teamwork** |
| It should set an example to society when it comes to not smoking and embraces the importance of fiMSting smoking. | PQ3, PQ8, PQ12, PQ14 | R4, R5 | MS4, MS6 |
| Diagnoses allergic rhinitis, ranks its treatment, explains the methods of prevention. | PQ1, PQ3, PQ8, PQ12, PQ14 | R1, R3, R7 | MS1, MS2, MS3, MS6 |
| It makes the diagnosis of nasal congestion and discharge diseases by selecting appropriate diagnostic tests and plans its treatment within the scope of rational drug use principles. | PQ1, PQ2, PQ3, PQ6, PQ7, PQ11, PQ14, PQ18 | R1, R5, R7 | MS1, MS2, MS3, MS6 |
| Evaluates audiological tests (pure sound, tympanometry, tympanometry) and distinguishes transmission and sensorineural hearing loss. | PQ1, PQ2, PQ3, PQ6, PQ7, PQ11, PQ14, PQ18 | R1 | MS1, MS2, MS3 |
| Explains the properties of life-threatening respiratory distress diseases and plans emergency treatment. | PQ1, PQ2, PQ3, PQ6, PQ7, PQ11, PQ14 | R1 | MS1, MS2, MS3, MS6 |
| Knows the pathologies of emergency ENT and refers patients to the appropriate unit, explains its principles. | PQ1, PQ2, PQ6, PQ7, PQ8, PQ11, PQ14 | R1, R3 | MS6 |
| Performs a system examination of ear, nose and throat diseases. | PQ1, PQ6, PQ7 | R1, R7 | MS2, MS6 |
| Performs, applies, measures diaposone tests (Rinne, Weber, Schwabach).  | PQ1, PQ6, PQ7 | R1, R7 | MS2, MS6 |
| In patients with epistaxis, it intervenes first and performs anterior packing. | PQ1, PQ2, PQ3, PQ4, PQ6, PQ7, PQ8, PQ14 | R1, R7 | MS2, MS6 |
| **LEARNING GOAL** | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **MEDICAL SKILLS** |
| **R1- Medical DoctorR2-Team EmployeeR3-CommunicaterR4-LiderR5-Health AdvocateR6-Scientist7-Professional** | **MS1- Analytical and Critical ThinkingMS2-Clinical Inquiry-ReasoningMS3-Problem SolvingMS4-Accessing and Using InformationMS5-Lifelong LearningMS6-Communication And TeamWork** |
| Diagnostic methods are simple and complex steps.  | PQ1, PQ2, PQ7, PQ8, PQ18 | RI, R5, R7 | MS1, MS2, MS3 |
| Applies the principles of rational drug use. | PQ1, PQ2, PQ3, PQ7, PQ8, PQ18 | RI, R5, R7 | MS1, MS2, MS3 |
| Explains the principles to be considered when providing community counseling services. | PQ4, PQ12, PQ13, PQ14, PQ15, PQ16, PQ17 | R1, R2, R4, R5, R7 | MS6 |
| It takes care of human and patient riMSts when providing medical services and adopts the principles of protection of personaldata. | PQ18, PQ19 | R1, R3, R7 | MS6 |
| Understands the importance of multidisciplinary approach in the diagnosis and treatment of ear, nose and throat diseases. | PQ12, PQ14, PQ20 | R2, R4, R7 | MS6 |
| Explains their legal responsibilities in trauma and emergency ear, nose and throat situations. | PQ11, PQ14, PQ18 | RI, R7 | MS6 |

**OTORHINOLARYNGOLOGY CLERKSHIP CEP TABLE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SYMPTOMS/CONDITIONS** | **CORE DISEASES / CLINICAL PROBLEMS** | **TERM 5 COURSE NAME** | **LEVEL OF LEARNING** | **MEASUREMENT EVALUATION METHOD** |
| **NETWORK DRYNESS** | Sjögren's Syndrome | Salivary Gland Diseases  | P | Written-Oral |
| **SCAR ON THE MOUTH** | Head and Neck Cancers | 1.Approach to Neck Masses 2.Larynx Tumors 3.Nasopharynx Cancer  | PrD P | Written-Oral |
| **APNE** | Sleep Apnea Syndrome | 1.Nasal Congestion/Discharges2.Obstructive Sleep Apnea Syndrome  | P | Written-Oral |
| **FIRE** | Upper Respiratory Tract Infections | 1.Nasal Congestion/Discharges2.Sinusitis3.Sinusitis Complications 4.Epistaxis 5.Skin Neck Infections  | DT P | Written-Oral |
| **BAŞAĞRISI** | Upper Respiratory Tract Infections | 1.Nasal Congestion/Discharges2.Sinusitis3.Sinusitis Complications 4.Epistaxsis5.Skin Neck Infections  | DT P | Written-Oral |
| **DIZZINESS** | Vehicle Holding | Dizziness  | DT P | Written-Oral |
| **DIZZINESS** | Benign Positional Paroxysmal Vertigo | 1.Vestibular System Physiopathology 2.Dizziness  | DT  | Written-Oral |
| **DIZZINESS** | Vestibuler Neuritis | 1.Vestibular System Physiopathology 2.Dizziness  | P | Written-Oral |
| **DIZZINESS** | Meniere's Disease | Dizziness  | P | Written-Oral |
| **SORE THROAT** | Diphtheria | Hoarseness  | P | Written-Oral |
| **SORE THROAT** | Upper Respiratory Tract Infections | 1.Nasal Congestion/Discharges2.Sinusitis3.Sinusitis Complications 4.Epistaxsis5.Skin Neck Infections  | DT P | Written-Oral |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SYMPTOMS/CONDITIONS** | **CORE DISEASES / CLINICAL PROBLEMS** | **TERM 5 COURSE NAME** | **LEVEL OF LEARNING** | **MEASUREMENT -EVALUATION** |
| **SORE THROAT** | Head and Neck Cancers | 1.Approach to Neck Masses2.Larynx Tumors 3.Nasopharynx Cancer  | PrD P | Written-Oral |
| **KIT ON THE NECK** | Mumps | 1.Sudden Hearing Loss2.Salivary Gland Diseases  | P | Written-Oral |
| **KIT ON THE NECK** | Head and Neck Cancers | 1.Approach to Neck Masses2 .Larynx Tumors 3.Nasopharynx Cancer  | PrD P | Written-Oral |
| **NOSE FLOW / NASAL CONGESTION** | Upper Respiratory Tract Infections | 1.Nasal Congestion/Discharges2.Sinusitis3.Sinusitis Complications 4.Epistaxsis5.Skin Neck Infections  | DT P | Written-Oral |
| **NOSE FLOW / NASAL CONGESTION** | Allergic Rhinitis | 1.Examination Methods in ENT 2.Nasal Congestion/Discharges 3.Nasal Polyposis | P | Written-Oral |
| **NOSE FLOW / NASAL CONGESTION** | Foreign Body / Aspiration | 1.Epistaxia2.Tracheotomy3.Emergency Departments of Ear, Nose and Throat Diseases  | D P | Written-Oral |
| **NOSE FLOW / NASAL CONGESTION** | Septal Deviation | 1.Examination Methods in ENT 2.Nasal Congestion/Discharges 3.Obstructive Sleep Apnea Syndrome  | D | Written-Oral |
| **NOSE FLOW / NASAL CONGESTION** | Head and Neck Cancers | 1.Approach to Neck Masses2.Larynx Tumors 3.Nasopharynx Cancer  | PrD P | Written-Oral |
| **NOSE FLOW / NASAL CONGESTION**  | Adenoid hypertrophy | 1.Serous Otitis Media 2.Nasal Congestion/Discharges 3.Obstructive Sleep Apnea Syndrome 4.Nasopharynx Cancer | P | Written-Oral |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SYMPTOMS/CONDITIONS** | **CORE DISEASES / CLINICAL PROBLEMS** | **TERM 5 COURSE NAME** | **LEVEL OF LEARNING** | **MEASUREMENT -EVALUATION** |
| **NOSEBLEEDS** | Upper Respiratory Tract Infections | 1.Nasal Congestion/Discharges2.Sinusitis3.Sinusitis Complications 4.Epistaxis5.Skin Neck Infections  | DT P | Written-Oral |
| **NOSEBLEEDS** | Foreign Body / Aspiration | 1.Epistaxia2.Tracheotomy3.Emergency Departments of Ear, Nose and Throat Diseases  | D E | Written-Oral |
| **PROBLEMS WITH BALANCE / MOVEMENT** | Meniere's Disease | Dizziness  | P | Written-Oral |
| **PROBLEMS WITH BALANCE / MOVEMENT** | Vestibuler Nörit | 1.Vestibular System Physiopathology 2.Dizziness  | P | Written-Oral |
| **DYSPHAGIA** | Upper Respiratory Tract Infections | 1.Nasal Congestion/Discharges2.Sinusitis3.Sinusitis Complications 4.Epistaxis5.Skin Neck Infections  | DT P | Written-Oral |
| **DYSPHAGIA** | Foreign Body / Aspiration | 1.Epistaxis2.Tracheotomy3.Emergency Departments of Ear, Nose and Throat Diseases  | D E | Written-Oral |
| **DYSPHAGIA** | Head and Neck Cancers | 1.Approach to Neck Masses2.Larynx Tumors 3.Nasopharynx Cancer  | PrD P | Written-Oral |
| **DİSPNE** | Foreign Body / Aspiration | 1.Epistaxia2.Tracheotomy3.Emergency Departments of Ear, Nose and Throat Diseases  | D E | Written-Oral |
| **DİSPNE** | Laryngeal Obstruction | 1.Tracheotomy2.Emergency Departments of Ear, Nose and Throat Diseases 3.Hoarseness 4.Larynx Tumors  | E | Written-Oral |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SYMPTOMS/CONDITIONS** | **CORE DISEASES / CLINICAL PROBLEMS** | **TERM 5 COURSE NAME** | **LEVEL OF LEARNING** | **MEASUREMENT -EVALUATION** |
| **LASSITUDE** | Cancer/Tumor Head Diseases (See List of Diseases, Clinical Problems) | 1.Approach to Neck Masses 2.Larynx Tumors 3.Nasopharynx Cancer  | P | Written-Oral |
| **WHEEZING** | Foreign Body / Aspiration | 1.Epistaxia2.Tracheotomy3.Emergency Departments of Ear, Nose and Throat Diseases  | D E | Written-Oral |
| **SNORE** | Upper Respiratory Tract Infections | 1.Nasal Congestion/Discharges2.Sinusitis3.Sinusitis Complications 4.Epistaxsis5.Skin Neck Infections  | DT P | Written-Oral |
| **SNORE** | Septal deviation | 1.Examination Methods in ENT 2.Nasal Congestion/Discharges 3.Obstructive Sleep Apnea Syndrome  | D | Written-Oral |
| **SNORE** | Sleep Apnea Syndrome | 1.Nasal Congestion/Discharges2.Obstructive Sleep Apnea Syndrome  | P | Written-Oral |
| **SNORE** | Adenoid Hypertrophy | 1.Serous Otitis Media 2.Nasal Congestion/Discharges 3.Obstructive Sleep Apnea Syndrome 4.Nasopharynx Cancer | P | Written-Oral |
| **UNWANTED EFFECTS OF DRUGS** | Drug Side Effects | Sudden Hearing Loss  | D | Written-Oral |
| **WORK DISORDER** | Occupational Health and Safety (such as Occupational Accidents, Occupational Diseases) (See Environmental / Global Situations) | Hearing Loss  | P | Written-Oral |
| **WORK DISORDER** | Drug Side Effects | 1.Sudden Hearing Loss 2.Hearing Loss  | D | Written-Oral |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SYMPTOMS/CONDITIONS** | **CORE DISEASES / CLINICAL PROBLEMS** | **TERM 5 COURSE NAME** | **LEVEL OF LEARNING** | **MEASUREMENT -EVALUATION** |
| **WORK DISORDER** | Otitis Media | 1.Examination Methods in ENT 2.Hearing Loss 3.Acute Otitis Media 4.Serous Otitis Media 5.Chronic Otitis Media Complications  | DT  | Written-Oral |
| **WORK DISORDER** | Eardrum Perforation | 1.Chronic Otitis Media Complications 2.Examination Methods in ENT  | D | Written-Oral |
| **WORK DISORDER** | Intracranial Infections  | Chronic Otitis Media Complications  | P | Written-Oral |
| **WORK DISORDER** | Intracranial Lesions  | Sudden Hearing Loss  | P | Written-Oral |
| **WORK DISORDER** | Multiple Sclerosis | Sudden Hearing Loss  | P | Written-Oral |
| **WORK DISORDER** | Otosclerosis | Hearing Loss  | P | Written-Oral |
| **İŞTAHSIZLIK** | Cancer-Titled Diseases (See List of Diseases, Clinical Problems)  | 1.Approach to Neck Masses 2.Larynx Tumors 3.Nasopharynx Cancer  | P | Written-Oral |
| **ACCIDENTS (Home, Work, Traffic, Electric Shock, Fall, Drownings)** | Trauma-Titled Diseases ( See List of Diseases, Clinical Problems ) | 1.Fascial Paralysis 2.Examination Methods in ENT 3.Head and Neck Traumas 4.Emergency Departments of Ear, Nose and Throat Diseases | D | Written-Oral |
| **LOCK LOSS** | Cancer/Tumor Head Diseases (See List of Diseases, Clinical Problems) | 1.Approach to Neck Masses 2.Larynx Tumors 3.Nasopharynx Cancer  | P | Written-Oral |
| **EARACHE / FLOW** | Otitis Media | 1.Examination Methods in ENT 2.Hearing Loss 3.Acute Otitis Media 4.Serous Otitis Media 5.Chronic Otitis Media Complications  | DT | Written-Oral |
| **EARACHE / FLOW** | Otitis Externa | 1.Examination Methods in ENT2.Hearing Loss  | D | Written-Oral |
| **EARACHE / FLOW** | Foreign Body / Aspiration | 1.Epistaxis 2.Tracheotomy3.Emergency Departments of Ear, Nose and Throat Diseases  | D E | Written-Oral |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SYMPTOMS/CONDITIONS** | **CORE DISEASES / CLINICAL PROBLEMS** | **TERM 5 COURSE NAME** | **LEVEL OF LEARNING** | **MEASUREMENT -EVALUATION** |
| **LENFADENOPATİ** | Cancer/Tumor Head Diseases (See List of Diseases, Clinical Problems) | 1.Approach to Neck Masses 2.Larynx Tumors 3.Nasopharynx Cancer  | P | Written-Oral |
| **COUMS** | Upper Respiratory Tract Infections | 1.Nasal Congestion/Discharges2.Sinusitis3.Sinusitis Complications 4.Epistaxsis5.Skin Neck Infections  | DT P | Written-Oral |
| **PARESIS / PARALYSIS** | Trauma-Titled Diseases (See List of DiseasedClar, ClinicalProblems) | Facial Paralysis | D | Written-Oral |
| **PARESIS / PARALYSIS** | Facial Paralysis | Facial Paralysis  | D | Written-Oral |
| **HOARSENESS** | Gastroesophageal Reflux Disease | Hoarseness  | P | Written-Oral |
| **HOARSENESS** | Upper Respiratory Tract Infections | 1.Nasal Congestion/Discharges2.Sinusitis3.Sinusitis Complications 4.Epistaxsis5.Skin Neck Infections  | DT P | Written-Oral |
| **HOARSENESS** | Laryngeal Obstruction | 1.Tracheotomy2.Emergency Departments of Ear, Nose and Throat Diseases 3.Hoarseness 4.Larynx Tumors  | E | Written-Oral |
| **HOARSENESS** | Head and Neck Cancers | 1.Approach to Neck Masses2.Larynx Tumors 3.Nasopharynx Cancer  | PrD P | Written-Oral |
| **SYMPTOMS/CONDITIONS** | **CORE DISEASES / CLINICAL PROBLEMS** | **TERM 5 COURSE NAME** | **LEVEL OF LEARNING** | **MEASUREMENT -EVALUATION** |
| **CYANOSIS** | Laryngeal Obstruction | 1.Tracheotomy2.Emergency Departments of Ear, Nose and Throat Diseases 3.Hoarseness 4.Larynx Tumors  | E | Written-Oral |
| **STRİDOR** | Upper Respiratory Tract Infections | 1.Nasal Congestion/Discharges2.Sinusitis3.Sinusitis Complications 4.Epistaxsis5.Skin Neck Infections  | DT P | Written-Oral |
| **STRİDOR** | Laryngeal Obstruction | 1.Tracheotomy2.Emergency Departments of Ear, Nose and Throat Diseases  | DT | Written-Oral |
| **STRİDOR** | Innate Structural Anomalies | Congenital Diseases of Larynx | P | Written-Oral |
| **TINNITUS** | Otitis Media | 1.Examination Methods in ENT 2.Hearing Loss 3.Acute Otitis Media 4.Serous Otitis Media 5.Chronic Otitis Media Complications  | DT | Written-Oral |
| **TINNITUS** | Eardrum Perforation | Chronic Otitis Media Complications  | D | Written-Oral |
| **TINNITUS** | Meniere's Disease | Dizziness  | P | Written-Oral |
| **TOBACCO USE** | Head and Neck Cancers | 1.Approach to Neck Masses2.Larynx Tumors 3.Nasopharynx Cancer  | PrD P | Written-Oral |
| **SLEEP PROBLEMS** | Sleep Apnea Syndrome | 1.Nasal Congestion/Discharges2.Obstructive Sleep Apnea Syndrome  | P | Written-Oral |
| **FOREIGN SKIN (Swallowing / Aspiration / Ear / Nose)** | Foreign Body / Aspiration | 1.Epistaxia2.Tracheotomy3.Emergency Departments of Ear, Nose and Throat Diseases  | D E | Written-Oral |
| **FOREIGN SKIN (Swallowing / Aspiration / Ear / Nose)** | Laryngeal Obstruction | 1.Tracheotomy2.Emergency Departments of Ear, Nose and Throat Diseases  | E | Written-Oral |
| **FOREIGN SKIN (Swallowing / Aspiration / Ear / Nose)** | Eardrum Perforation | Emergency Departments of Ear, Nose and Throat Diseases  | D | Written-Oral |

|  |  |
| --- | --- |
| **LEARNING LEVEL** | **EXPLANATION** |
| **E** | Should be able to recognize the emergency and perform emergency treatment, and refer him/her to a specialist when necessary. |
| **PreD** | Should be able to make a preliminary diagnosis and make the necessary preliminary actions and direct them to the specialist. |
| **D** | Should be able to make a diagnosis and have knowledge about the treatment, and should direct them to the specialist by making the necessary preliminary procedures. |
| **DT** | He should be able to diagnose, treat. |
| **F** | Should be able to perform long-term follow-up and control in primary care conditions. |
| **P** | Prevention measures (primary, secondary, tertiary prevention as appropriate/ones) should be implemented. |

 **OTORHINOLARYNGOLOGY CLERKSHIP BASIC MANAGEMENT PRACTICES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICATION** | **APPLICATION NAME** | **DEPARTMENT** | **TERM 5 COURSE NAME** | **LEVEL OF LEARNING** |
| **GENERAL AND PROBLEM-ORIENTED PHYSICAL EXAMINATION** | Head and neck and ENT examination | Ear, Nose and Throat Diseases | Examination Methods in ENT  | 3 |
| **ENTREPRENEURIAL AND NON-ENTREPRENEURIAL APPLICATIONS** | Ability to put and receive front bumpers on the nose | Ear, Nose and Throat Diseases | Epistaxis | 3 |
| **ENTREPRENEURIAL AND NON-ENTREPRENEURIAL APPLICATIONS** | Performing Rinne-Weber and Schwabach Tests | Ear, Nose and Throat Diseases | 1.Examination Methods in ENT 2.Audiological Principles3.Serous Otitis Media | 3 |

**OTORHINOLARYNGOLOGY CLERKSHIP MEASUREMENT AND EVALUATION METHODS**

At the end of the three-week Ear, Nose and Throat diseases internship period, students will pass a two-step evaluation exam. Primary care is a written exam and consists of multiple choice question type. The exam takes a total of 60 minutes.

10% of exam questions are very easy compared to the general evaluation, 10% are very difficult and the remaining 80% have moderate difficulty questions. In the written exam, each question consists of a total of 5 elegants.

The lecturers who will take the oral exam are determined according to the number of students from the shelf.

50% of the oral exam and 50% of the theoretical exam are taken and the student’s meeting score is calculated. Students with a score of 60 or more are successful in the internship and receive a passing grade. Students with a score of sixty must take the make-up exam. The make-up exam is held every year at a jointly held time period at the chair board meeting. The make-up exam consists only of theoretical questions. Students who take 60 or more grades in this exam are successful in the internship. Students who take grades in sixty are obliged to repeat the internship the following year.

|  |  |
| --- | --- |
| **Exam Type** | **Percentage** |
| **Structured Oral Exam** | %50 |
| **Multiple Choice Exam** | %50 |

|  |  |
| --- | --- |
| **LESSON** | **SUBJECT** |
| **Case-Based Learning** | Hoarseness |

**RECOMMENDED RESOURCES FOR** **OTORHINOLARYNGOLOGY CLERKSHIP**

1. Can Koç, Ear, Nose and Throat Diseases and Head and Neck Surgery, Second edition, Sun Medical Bookstores, Ankara, 2013.
2. Jonas Johnson, Bailey's Head and Neck Surgery, Fifth edition, Wolters Kluwer Health/Lippicott Williams & Wilkins, 2013.
3. Nazım Korkut (translation editor), Bailey Head & Neck Surgery Otolarynology(Turkish), Fourth edition, Sun Medical Bookstores, Ankara, 2011.
4. K.J. Lee. K.J. Lee’s Essential Otolaryngology Head & Neck Surgery, Tenth Edition, Mc Graw Hill Medical, 2012.