Acknowledgements:
The Department of Otolaryngology - Head and Neck Surgery is grateful to Al Chiodo, Audrea Martin, Sandra Kellogg and Joel Davies for the development of this handbook. This publication represents the efforts of many individuals who contributed and verified the content, and also provided feedback on the design of the publication.

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COURSE OVERVIEW: CLERKSHIP

The one-week Otolaryngology - Head and Neck Surgery block is part of the Anesthesia / Emergency Medicine / Ophthalmology / Otolaryngology - Head and Neck Surgery rotation. This year, about half the clerks will be doing their week rotation in a community site such as Toronto East General Hospital, North York General Hospital, the Scarborough Hospital, Humber River Regional Hospital, Markham Stouffville Hospital or William Osler Hospital (Etobicoke Site). Each hospital develops and distributes a site-specific schedule of teaching sessions and clinical experience in the outpatient clinics. The remainder of the time will be spent on the wards, in the operating room, on seminars and self-directed learning with otoscopy simulators at the academy and online cases. The rotation includes a series of online seminars, covering common and important topics in Otolaryngology - Head and Neck Surgery including hearing loss, vertigo, epistaxis, rhinosinusitis, emergencies, and head and neck malignancies. Students are also given a paediatrics otolaryngology - head and neck surgery seminar, an otosim seminar and an audiology lecture at the Hospital for Sick Children.

In clinic, students will be responsible for taking complete otolaryngologic histories and performing relevant head and neck examinations on patients, as well as formulating differential diagnoses and plans of management, which will be presented to preceptors. Attendance in the operating room is available to students.

Students are not expected to take call, but may do so if interested. Call may be arranged with the otolaryngology - head and neck surgery residents at each hospital/Academy.
COURSE OBJECTIVES: CLERKSHIP

Goals:

By the end of the Otolaryngology-Head & Neck Surgery Clerkship Rotation, the clinical clerk will demonstrate the foundation of knowledge of medical conditions involving the ears, nose, neck and upper aerodigestive tract necessary for the practice of otolaryngology - head and neck surgery from the perspective of the primary care physician. In addition, the clinical clerk will demonstrate the skills necessary to perform a thorough head and neck examination.

The Otolaryngology-Head & Neck Surgery clerkship course follows the CanMEDS Guidelines through both didactic and clinical teaching. The course also provides an opportunity to develop collaborator and manager skills through interprofessional collaboration with nursing, audiology and speech-language pathology services.

A. General Competencies

1. Medical Expert/ Skilled Clinical Decision Maker
2. Communicator/Doctor-Patient Relationship
3. Collaborator
4. Manager
5. Health Advocate/Community Resources
6. Scholar
7. Professional

B. Educational Core Objectives

1. Skills (Clinical and Technical)
2. Problem based
A. General Competencies

1. Medical Expert/ Skilled Clinical Decision Maker

The clinical clerk will be able to:

1. Demonstrate the ability to evaluate and manage common ear, nose and throat problems presenting to the primary care physician

2. Demonstrate the ability to rapidly recognize airway and head and neck oncologic emergencies that require immediate referral to an otolaryngologist

3. Demonstrate a focused history and physical examination for patients presenting with common ear, nose and throat symptoms.

4. Develop plans for investigations (diagnostic imaging and audiometry) and interpret those investigations.

5. Develop a differential diagnosis and management plan.

2. Communicator/Doctor-Patient Relationship

The clinical clerk will be able to:

1. Communicate effectively and empathetically with patients and their families.

2. Demonstrate thorough and clear documentation and charting, with concise recording of pertinent positive and negative findings.

3. Demonstrate the ability to council and educate patients and families.

4. Demonstrate the ability to present a patient case in a clear, concise and complete manner.

3. Collaborator

The clinical clerk will be able to:

1. Establish and maintain effective working relationships with colleagues and other healthcare professionals commonly treating otolaryngology - head and neck surgery patients (nursing, audiology, speech language pathology).

2. Demonstrate knowledge of community resources available to the otolaryngologist-head & neck surgeon.
4. Manager

The clinical clerk will be able to:

1. Demonstrate appropriate and cost-effective use of investigations and treatments.
2. Develop organizational skills and efficiency in managing patients and maintaining patient flow.
3. Develop an understanding of the factors contributing to resource issues in the otolaryngology-head & neck surgery clinic.

5. Health Advocate/Community Resources

The clinical clerk will be able to:

1. Demonstrate an awareness of the underlying psychosocial and socioeconomic problems that contribute to otolaryngologic-head & neck surgery problems.
2. Identify opportunities for primary and secondary prevention strategies (smoking cessation, alcohol intake, etc.).

6. Scholar

The clinical clerk will be able to:

1. Access and critically appraise the literature relevant to otolaryngology-head & neck surgery.
2. Understand the many unique learning and teaching opportunities available in otolaryngology-head & neck surgery.

7. Professional

The clinical clerk will be able to:

1. Recognize and accept his or her limitations and know when to ask for help.
2. Protect information provided by or about patients, keeping it confidential, and divulge it only with the patient's permission except when otherwise required by law.
3. Be reliable and responsible in fulfilling obligations.
4. Recognize situations where common medical errors may occur in the Otolaryngology-Head & Neck Surgery clinic.
B. Educational Core Objectives

I. Skills

By the end of the Otolaryngology-Head & Neck Surgery Clerkship rotation, the student should be able to demonstrate basic proficiency in the following skills:

Clinical Examination Skills:

1. Head and neck examination
2. Thyroid examination
3. Oral examination
4. Cranial nerve examination
5. Balance testing

Technical Skills:

1. Otoscopy
2. Nasal packing (simulation)

II. Problem based

By the end of the Otolaryngology-Head & Neck Surgery Clerkship rotation, the student should understand the following concepts and/or be able to demonstrate an approach to patients presenting to the Emergency Department (based on real or simulated encounters) with the following problems or conditions:

1. Hearing Loss
2. Vertigo
3. Nasal Obstruction
4. Epistaxis
5. Neck Mass
6. Stridor
Trillium Health Partners

Preceptor(s)  Dr. Glenn Beard  Contact Information:

412-2300 Eglinton Ave. W.
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Fax: (905) 820-9699

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Education Coordinator
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Sinus Surgery
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Fax: (905) 273-6419

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Dr. Lorne Segall  
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**Fax:** (905) 607-0036

Dr. Adam Toth  
**MAM Otolaryngology Post-Graduate Medical Education Coordinator**  
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**Fax:** (416) 695-2199

**Otolaryngology clinic – THP Credit Valley Hospital Site**  
2200 Eglinton Avenue West, Mississauga, L5M 2N1  
**TTC Directions**  
Take University-Spadina line South to Union station. Board GO bus at terminal (Milton - bus towards 21P), Get off bus at Eglinton Avenue and Credit Valley Boulevard (Credit Valley Hospital).

**THP Mississauga Site**  
100 Queensway, Mississauga, L5B 1B8  
Take University-Spadina line South to Union station. Board GO bus at terminal (Milton - bus towards 21P), Get off at Cooksville GO station, walk to Confederation Parkway at Hillcrest Avenue and take bus 28 Southbound. Get off at Trillium Hospital Bus Terminal.

**THP West Toronto Site**  
150 Sherway Gardens, Etobicoke, M9C 0A5  
Take Bloor-Danforth subway Westbound to Kipling station. Board bus at Kipling station (Shorncliffe towards Long Branch - 123), Get off bus at Sherway Gardens road at Sherway Gate (mall) and walk to West Toronto Trillium Health Partners site.

**Clinical Experience/ Strengths**  
- General otolaryngology  
- Pediatric otolaryngology  
- Rhinology  
- Head and neck endocrine surgery  
- Facial plastic and reconstructive surgery
T-RES

Documentation and Electronic logging of clinical experiences through T-Res is mandatory for the Otolaryngology - Head and Neck Surgery Clerkship Rotation. Given the short nature of the course, interim reports (062) are not required. Final reports (064) are required and must be logged in online on the T-Res site. The course director at the end of the block will review the final reports online.

The required clinical encounters include one each of the following: dizziness/vertigo, hearing loss, nasal obstruction and neck mass. The required procedure is performing otoscopy at least once. Students are also encouraged to work on the otoscopy simulator available at each of the teaching sites as well as review the online cases available in the Course Materials Section. The required clinical encounters and procedures are listed in the T-Res Quick Reference guide.

It is the expectation of the course director that achieving all of the T-Res requirements is feasible as all of the encounters are common. If the student anticipates that it does not appear likely that the encounters will occur, they are encouraged to inform the preceptor, site coordinator or course director of this possibility. Students will then be advised on how they can seek out the required clinical encounters.

Students are expected to have 80% of the encounters or procedures on real patients. However, each of the required encounters are also available as online cases and can be reviewed by clicking on the Course Materials button on the menu to the left. Reviewing these cases can serve to remedy any gaps in clinical encounters, again provided that at least 80% of the encounters occur on real patients.

If a student is unable to achieve 100% of the required clinical encounters by the end of the rotation (including the use of the online cases), the course director will contact the student to work out a satisfactory solution to remedy the gaps, including assigning an extra clinic with focused objectives.
Example of card to be entered into T-Res.

<table>
<thead>
<tr>
<th>ENCOUNTERS</th>
<th>Goal</th>
<th>Real</th>
</tr>
</thead>
<tbody>
<tr>
<td>dizziness/headache</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>hearing loss</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>nasal obstruction</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>neck mass</td>
<td>1</td>
<td>R</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>Goal</th>
<th>Real</th>
<th>Level of Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>otoscopy</td>
<td>1</td>
<td>R</td>
<td>C</td>
</tr>
</tbody>
</table>

**Legend**

- **Goal**: Number of Encounters/Procedures
- **Real**: "R" - must be a real patient
- **Level of Involvement** (Minimum)
  - **A**: Observe procedure
  - **B**: Perform with assistance or assist someone else
  - **C**: Perform independently

---

**Student**

1. Please input all entries into T-Res system on a regular basis.
2. Mid Rotation - Please bring an updated T-Res Report 062 to your mid rotation meeting.
3. End Rotation - Please send an updated T-Res Report 064 to your Course Director.
ENCOUNTER CARDS

The encounter cards are a mechanism to foster interaction between academy site directors or faculty and students. They are not designed to be used for deriving the student's clinical mark and the academy site director can use them to discuss the rotation with students at their exit encounter or interview. In a similar way, the medication list should also be discussed with students to introduce the most common pharmacologic agents used in our specialty with indications, contraindications, side effects etc. mentioned.

Otolaryngology-Head & Neck Surgery Rotation Encounter Card

Clinical skills feedback:

Goal is that each skill is observed at least once during the rotation

<table>
<thead>
<tr>
<th>Skill</th>
<th>Needs Improvement</th>
<th>Done adequately</th>
<th>Done well</th>
<th>Preceptor</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain HPI in OTOHNS patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General head and neck exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cranial nerve exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Otoscopy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinical problem discussion summary:

When was approach to the problem discussed?

Goal is that each problem is discussed at least twice

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epistaxis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stridor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vertigo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck mass</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal obstruction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# DRUGS OF ROTATION

Clinically Relevant Drugs of the Rotation – Otolaryngology-Head & Neck Surgery

<table>
<thead>
<tr>
<th>Drug</th>
<th>Mechanism</th>
<th>Possible Clinical Scenarios</th>
<th>Caution!!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxymetazoline hydrochloride (Otrivin®)</td>
<td>α1 and α2 adrenergic agonist</td>
<td>Treat nasal congestion by vasoconstriction</td>
<td>Rebound congestion if used more than 3 days</td>
</tr>
<tr>
<td>Mometasone Furoate (Nasonex®)</td>
<td>Anti-inflammatory glucocorticosteroid</td>
<td>Allergic rhinitis, rhinosinusitis</td>
<td>Nasal drying and epistaxis possible with prolonged use</td>
</tr>
<tr>
<td>Ciprofloxacin/Dexamethasone (Ciprodex®)</td>
<td>Anti-bacterial and anti-inflammatory</td>
<td>Otitis externa, otitis media</td>
<td>Prolonged use may cause fungal otitis externa, not to be used in the eyes</td>
</tr>
<tr>
<td>Omeprazole (Losec®)</td>
<td>Proton pump inhibitor - inhibition of the H+/K+-ATPase in the gastric parietal cell</td>
<td>Gastroesophageal reflux, laryngopharyngeal reflux</td>
<td>Prolonged use increases risk of community acquired pneumonia, fractures</td>
</tr>
<tr>
<td>Clindamycin</td>
<td>Lincosamide antibiotic – inhibits bacterial protein synthesis</td>
<td>Various head and neck polymicrobial infections</td>
<td>Risk of Clostridium difficile diarrhea</td>
</tr>
</tbody>
</table>
## PAEDIATRIC OTOHNS/AUDIOLOGY/OTO-SIM SEMINAR SCHEDULE

<table>
<thead>
<tr>
<th>Week of Block</th>
<th>Date</th>
<th>Lecture/Seminar</th>
<th>Room</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sept. 13</td>
<td>peds ophthalmology</td>
<td>room 2232 Barton Wing</td>
<td>9am-12pm</td>
</tr>
<tr>
<td>2</td>
<td>Sept. 20</td>
<td>peds otohns/otosim/audiology</td>
<td>room 2232 Barton Wing</td>
<td>1pm-4pm</td>
</tr>
<tr>
<td>3</td>
<td>Sept. 27</td>
<td>peds ophthalmology</td>
<td>room 2232 Barton Wing</td>
<td>9am-12pm</td>
</tr>
<tr>
<td>3</td>
<td>Sept. 27</td>
<td>peds otohns/otosim/audiology</td>
<td>room 2232 Barton Wing</td>
<td>1pm-4pm</td>
</tr>
<tr>
<td>4</td>
<td>Oct. 4</td>
<td>exams</td>
<td>room 2232 Barton Wing</td>
<td></td>
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<tr>
<td>1</td>
<td>Nov. 8</td>
<td>peds ophthalmology</td>
<td>room 2232 Barton Wing</td>
<td>9am-12pm</td>
</tr>
<tr>
<td>2</td>
<td>Nov. 15</td>
<td>peds otohns/otosim/audiology</td>
<td>room 2232 Barton Wing</td>
<td>1pm-4pm</td>
</tr>
<tr>
<td>3</td>
<td>Nov. 22</td>
<td>peds ophthalmology</td>
<td>room 2232 Barton Wing</td>
<td>9am-12pm</td>
</tr>
<tr>
<td>3</td>
<td>Nov. 22</td>
<td>peds otohns/otosim/audiology</td>
<td>room 2232 Barton Wing</td>
<td>1pm-4pm</td>
</tr>
<tr>
<td>4</td>
<td>Nov. 29</td>
<td>exams</td>
<td>room 2232 Barton Wing</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Jan. 17</td>
<td>peds ophthalmology</td>
<td>room 2232 Barton Wing</td>
<td>9am-12pm</td>
</tr>
<tr>
<td>2</td>
<td>Jan. 24</td>
<td>peds otohns/otosim/audiology</td>
<td>room 2232 Barton Wing</td>
<td>1pm-4pm</td>
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<tr>
<td>3</td>
<td>Jan. 31</td>
<td>peds ophthalmology</td>
<td>room 2232 Barton Wing</td>
<td>9am-12pm</td>
</tr>
<tr>
<td>3</td>
<td>Jan. 31</td>
<td>peds otohns/otosim/audiology</td>
<td>room 2232 Barton Wing</td>
<td>1pm-4pm</td>
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<tr>
<td>4</td>
<td>Feb. 7</td>
<td>exams</td>
<td>room 2232 Barton Wing</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Mar. 21</td>
<td>peds ophthalmology</td>
<td>room 2232 Barton Wing</td>
<td>9am-12pm</td>
</tr>
<tr>
<td></td>
<td>Date</td>
<td>Location</td>
<td>Time</td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>-----------</td>
<td>------------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Mar. 28</td>
<td>peds otohns/otosim/audiology</td>
<td>1pm-4pm</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Apr. 4</td>
<td>peds ophthalmology</td>
<td>9am-12pm</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Apr. 4</td>
<td>peds otohns/otosim/audiology</td>
<td>1pm-4pm</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Apr. 11</td>
<td>exams</td>
<td></td>
<td></td>
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<tr>
<td>1</td>
<td>May. 16</td>
<td>peds ophthalmology</td>
<td>9am-12pm</td>
<td></td>
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<tr>
<td>2</td>
<td>May. 23</td>
<td>peds otohns/otosim/audiology</td>
<td>1pm-4pm</td>
<td></td>
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<tr>
<td>3</td>
<td>May. 30</td>
<td>peds ophthalmology</td>
<td>9am-12pm</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>May. 30</td>
<td>peds otohns/otosim/audiology</td>
<td>1pm-4pm</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>June. 6</td>
<td>exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>July.11</td>
<td>peds ophthalmology</td>
<td>9am-12pm</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>July.18</td>
<td>peds otohns/otosim/audiology</td>
<td>1pm-4pm</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>July.25</td>
<td>peds ophthalmology</td>
<td>9am-12pm</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>July.25</td>
<td>peds otohns/otosim/audiology</td>
<td>1pm-4pm</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aug.1</td>
<td>exams</td>
<td></td>
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</tbody>
</table>
EVALUATIONS

Evaluations are based on performance on a written exam in MCQ format (80%), and preceptor evaluations (20%). The written exam is given on the final day of the combined 4 week OTL/OPHTHO/Anaesthesia block. The written exam is one hour duration (50 questions) and is separate from the ophthalmology and anesthesia examinations. See the Schedules for specific dates and location of exams. In order to obtain a credit in the Otolaryngology - Head and Neck Surgery course, students must receive a grade greater than 60% on both the written examination and preceptor evaluation.

Sample written exam questions are presented below:

The indications for ventilation tube insertion in acute otitis media include all but which of the following?

a. Mastoiditis
b. Failed response to medical therapy
c. Adenoid hypertrophy
d. Febrile seizures of AOM
e. CN VII paralysis

What is the most common thyroid malignancy?

a. Follicular thyroid carcinoma
b. Anaplastic carcinoma
c. Papillary thyroid carcinoma
d. Medullary thyroid carcinoma
e. Lymphoma

What is the most common cerebellopontine angle tumour?

a. Acoustic neuroma
b. Meningioma
c. Epidermoid tumour
d. Gliobastoma
## EXAMINATION SCHEDULE

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Room</th>
<th>Start Time</th>
<th>End Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/04/2013</td>
<td>Friday</td>
<td>MS 3281</td>
<td>9:30AM</td>
<td>12:00PM</td>
</tr>
<tr>
<td>11/29/2013</td>
<td>Friday</td>
<td>MS 3281</td>
<td>9:30AM</td>
<td>12:00PM</td>
</tr>
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<td>02/07/2014</td>
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RESOURCES

The following resources will be useful throughout the Otolaryngology - Head and Neck Surgery rotation. Please look at portal for additional resources and course content.

Online Resources:

ENT Physical Examination (American Academy of Otolaryngology - Head and Neck Surgery): 
http://www.entnet.org/EducationAndResearch/The-ENT-EXAM.cfm

Baylor College of Medicine: http://www.bcm.edu/oto/gr-archive

Otolaryngology Houston: http://www.ghorayeb.com/pictures.html

Martindale's the "Virtual" Medical Centre: 
http://www.martindalecenter.com/MedicalAudio_2_C.html

E-Books:

American Academy of Otolaryngology - Head and Neck Surgery: 
http://www.entnet.org/mktplace/ebooks.cfm

Textbook: