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## 1. Goals and Philosophy

The Department of Otolaryngology at St. Michael's Hospital is fully affiliated with the University of Toronto. It provides a broad range of clinical services, including diagnosis and treatment, teaching and research. Many of the staff are recognized internationally for the contributions to improved clinical care and research.

## 2. Otolaryngology Clinic

The Otolaryngology clinic at St. Michael's Hospital provides consultation services on a referral basis to both registered patients of the hospital and as a tertiary referral centre for patients from throughout the province. It is also a teaching unit for medical students and residents at the University of Toronto. Medical students from other universities also attend as elective rotations. The clinic provides complete diagnostic and treatment services for problems related to the specialty of Otolaryngology and Head and Neck surgery. Two full time and eight part-time specialists in Otolaryngology supervise the clinic and provide emergency care as well as teach and pursue academic interests. Academic appointments at the University of Toronto are held by all. Many of the Otolaryngologists have subspecialty interests and skills, including the evaluation of the larynx and voice, the assessment and treatment of nasal and sinus disease, evaluation of the ear, hearing and balance disorders, etc.

## 3. Facilities

The Ear, Nose & Throat Clinic (Otolaryngology) and Related Services are located on the 8<sup>th</sup> Floor of the Cardinal Carter Wing and have eight fully equipped examining rooms, a large treatment room for minor procedures, and several ancillary areas with specialized equipment including LASERS and operating microscopes. Many examinations are conducted with the latest in video and endoscopic equipment.

### I. Audiology Clinic

Audiologists are hearing health care professionals educated at the university graduate level in the study of hearing processes, hearing loss, and effects on communication. Audiologists are regulated by the College of Speech Language Pathologists and Audiologists of Ontario (CASLPO). Audiologists determine if there is a hearing loss, identify the type and severity of the hearing loss, and determine how to effectively manage the remaining hearing. If there is potential to benefit from using hearing aids or assistive listening devices, the audiologist will write a prescription for the most appropriate technology and monitor its effectiveness. Audiology services an outpatient population on an appointment only basis. A physician's referral is not mandatory. Services provided by the audiologists include the following:

1. Hearing assessments\*
2. Auditory brainstem response (ABR) tests\*
3. Hearing aid evaluations, selection, fitting, verification & adjustments
4. Screening/audiometric assessments during busy ENT clinics\*

*\* indicates assessments that are covered by OHIP*

Hearing aid evaluation appointments are done for the purpose of assessing appropriate amplification for potential hearing aid users. It is an opportunity for the audiologist to discuss the types of technology, the different sizes of hearing aids, and other specifics relevant to the patient. Based on the appointment, a

hearing aid prescription can be written. The patient does not receive new hearing aids during this appointment.

If the patient already owns hearing aid(s), a hearing aid re-check appointment can be scheduled. This is an opportunity to re-asses the patient's hearing and to clean, check, and make adjustments to the patient's current hearing aid(s) if necessary.

St. Michael's Hospital Hearing Aid Dispensary opened in 1998. Various hearing aids are sold through the hearing aid dispensary, as well as assistive listening devices and batteries. Patients are seen on an appointment only basis.

## **II. Voice Disorders Clinic**

The Voice Disorders Clinic was created to provide tertiary voice care in an ambulatory setting. A team approach is used in providing services. The staff is composed of an Otolaryngologist with research emphasis in voice, a registered speech-language pathologist with masters level training and a degree in voice performance, along with a diagnostic singing specialist also with masters level training.

The Voice Disorders Clinic includes such facilities as a fully equipped voice laboratory that houses state of the art computerized equipment for the acoustic analysis of the voice, two aerodynamic assessment systems for the measurement of laryngeal airflow and air pressures, electroglottography, visual feedback computerized systems and digital audio recording capabilities. Two separate endoscopy suites are available within the Otolaryngology clinic.

The Voice Disorders Clinic provides services to patients referred by family physicians or specialists (respirologists, other otolaryngologists in private practice). The team will see patients who are 14 years of age and older. The clinic focuses its scope of practice on the treatment of patients with the following conditions:

- Vocal hyperfunction
- Benign vocal fold lesions
- Vocal fold paresis or paralysis
- Iatrogenic vocal fold problems
- Spasmodic dysphonia
- Presbylaryngeas or senile dysphonia
- Occupational voice disorders
- Chronic cough and paradoxical vocal cord dysfunction

Surgical services include phonosurgery using microlaryngeal instrumentation, laryngeal framework surgery procedures, laryngeal augmentation procedures and CO2 coherent laser ablation.

Voice assessment: The clinicians in the Voice Disorders Clinic work as a team to complete a comprehensive voice evaluation of each patient referred to the clinic. This may include, but is not limited to: a thorough interview, videostroboscopic examination using a rigid or flexible endoscope, digital voice recording of the patient during speech, non-speech and singing tasks, acoustic analysis of voice samples and laryngeal airflow and air pressure studies and trial therapy.

Voice therapy, as a primary or adjunct treatment is provided by a registered Speech-Language Pathologists with expertise in voice. Therapy includes the design and implementation of an individualized program to achieve the target voice. Depending on the nature of the voice problem, patients may be seen one-on-one or in a small group. Therapy sessions occur weekly and typically last for up to 2 months. Voice recording and analysis is used to monitor patient progress.

#### **a) The Singer's Voice Clinic**

The Singer's Voice Clinic is an exclusive service of the Voice Disorders Clinic, which has been developed for singers of all musical styles, amateur and professional who have voice problems that have not responded through routine medical care. Patients are referred to the Singer's Clinic after an initial assessment by the Voice Team. All sessions with the Singing Voice Specialist, Mary Enid Haines, (MusBach, MMus, ARCT, Cert. Vocology) take place on site, in a soundproof booth and are videotaped for documentation and analysis. Treatment and strategies are tailored to the needs of the individual singer, including analysis of voice technique, breathing, physical and vocal tension.

#### **b) Spasmodic Dysphonia – Botox Injection Treatment Clinic**

Spasmodic dysphonia (SD) is considered a type of focal dystonia. The exact cause of this dystonia is currently unknown, but is believed to involve a region deep in the brain called the basal ganglia. This area of the brain is sending incorrect messages to the muscles controlling the movement of the vocal cords, causing them to contract inappropriately, usually too strongly, resulting in a strained voice. The effect of the botulinum toxin is to weaken the involved muscles. Although the 'problem area' appears to be at the base of the brain, we are only able to treat the disorder by injecting the involved muscle. Therefore, it is important to remember that botox does not treat the cause of the dystonia, but only provides temporary symptomatic relief.

The effects of botox are usually noticed within 48-72 hours and the full effect is established usually by one week. It generally lasts from 6 weeks up to 6-7 months. In most, the time between botox injections is three to four months.

### **III. Nasal Airflow Laboratory**

The Nasal Airflow Laboratory, developed by Dr. Philip Cole, is dedicated to the diagnosis of the various forms and causes of nasal obstruction.

Our clients are requested to sit in a head-out enclosed chamber for two individual short one to two minutes periods of time. A small nasal catheter is inserted into the most patent nasal passage in order to measure their breathing.

No preparations or precautions are required.

### **IV. Vestibular Laboratory**

The Vestibular Laboratory is a technical service provided by the Department in order to assist Otolaryngologists and Neurologists with the difficult task of diagnosing the numerous causes of vertigo, dizziness and imbalance.

Patients are requested to discontinue the usage of medications that control nausea, pain or vertigo and alcohol, sedatives, tranquilizers and anti-depressants for a full 48 hours prior to the examination in order to ensure the validity of the test results.

## 4. RESIDENT ORIENTATION

### I. OBJECTIVES

The objective of the Otolaryngology Residency Training Program is to provide a comprehensive educational experience in adult otolaryngology emphasizing:

- 1) Rhinology
- 2) Otology
- 3) Endocrine surgery
- 4) Voice Disorders
- 5) Trauma to the head & neck

Supported by investigational and research laboratories in these key areas the staff are able to offer the residents exceptional exposure to clinical problems and their management.

### II. ORGANIZATION

The service is based on full utilisation of the clinic facilities - the point of entry for most patients - and the place where most day-to-day teaching will take place. An average of two beds in a short stay unit (open from 9:30 a.m. on Monday to 9:00 a.m. Saturday by which time all patients must be discharged or arrangements made for transfer to another unit) have been allocated to Otolaryngology for in-patient care. Except where prior arrangements have been made these patients will be for "first day" surgery. The majority of patients going to the operating room will be admitted through the Surgical Day Care unit and discharged the same day.

In order to offer optimum patient care and effective teaching, patients scheduled for the operating room are assessed in the Pre-admission Facility (PAF) by the Pre-admission Facility doctor. Since this is an opportunity for residents and clinical clerks to see additional clinical material you are encouraged to make arrangements with the PAF to be called when patients are there so that these patients may be examined in the ENT unit and the clinical findings verified with the clinician in attendance. Residents may be required to attend this clinic at other times when patients are rescheduled for the O.R. and when there is no regular PAF doctor available prior to their surgery. Patients should not be detained if you are unable to attend the unit.

One operating room (OR #9) has now been allocated for the use of Otolaryngology on Monday to Thursday except during reduced service times (such as Christmas holidays) when it will be available Monday, Tuesday and Thursday).

There are a number of speciality labs/clinics which residents are expected to attend according to a separate schedule. These include:

- a) the nasal airflow laboratory
- b) the voice assessment clinic
- c) laryngeal electro-myography/botulinum therapy clinic
- d) audiology practical clinic
- e) vestibular function laboratory
- f) sleep/upper airway assessment clinic

There will also be opportunities to partake in a Northern Outreach program. Details of this program are appended to this document - this program is entirely voluntary and will require travel in a light aircraft. Make sure you understand and accept the waiver of liability before volunteering.

### **III. OPERATING ROOM**

Residents are expected to have seen the patients before they arrive in the OR and be familiar with the type of surgery planned if they are to be involved with the operative procedure. Unless excused by the staff surgeon the resident must be in the OR prior to arrival of the patient and see the patient out of the OR at the end.

Patients are usually booked in the OR by the staff surgeon's office but other booking must be Ad Hoc List submitted at ext. 5902 before 12 noon on the day prior to surgery. Late bookings for patients already in hospital may be made on a wait-and-see basis at 7:30 a.m. sharp on the morning of planned surgery. Emergency cases can be booked at any time by calling ext. 5901.

### **IV. ON CALL**

Residents are expected to provide 24 hour coverage 7 days a week according to a mutually agreed schedule drawn up by the Chief Resident. This must be submitted to the dept. secretary two weeks prior to its effective date (PAIRO agreement). When taking call from out of the hospital a Resident must be available within 15 minutes.

### **V. CLINICS**

One resident is required to attend each of the scheduled regular clinics unless excused by the attending surgeon. When one resident is on vacation (or absent for other reasons) the remaining resident must confer with the staff surgeons in the clinic and OR to determine which is the most appropriate place to be.

### **VI. CLINICAL RESPONSIBILITIES**

Each resident must abide by the Statement of Principles and Guidelines Regarding Supervision Of Postgraduate Clinical Trainees as promulgated by The College of Physicians of Ontario. It is essential that the Staff Surgeon in charge of a patient or on call be made known of any significant change in a patient's condition. The resident must also make known to the Emergency Physician in charge his/her plans for disposition of a particular patient prior to that patient's discharge from the Emergency Department. In cases where any misjudgment could result in serious harm to a patient (such as airway obstruction, foreign body in the aerodigestive tract, haemorrhage, severe sepsis or possible intracranial complications) it is imperative that a Staff Otolaryngologist be consulted.

In-hospital consultations should be seen promptly but may await the next suitable clinic for discussion with Staff unless deemed urgent when the Staff Surgeon should be contacted immediately.

Communication between residents, nurses and attending staff is of the utmost importance in all aspects of patient care and cannot be over emphasised. Difficulties often arise through poor communication with the patient and their relatives. It is important that they know how their condition is perceived and what plans

have been made for both further care and discharge whenever possible. It is also extremely important that family physicians and the referring physicians are adequately kept informed as it is often to them that patients and their families refer.

## VII. CONSENT TO TREATMENT

The Resident is often required to obtain written consent for treatment. It is the patient's right to be informed of all the material risks of treatment. This must be done in a way so as not to lead to unnecessary anxiety but to give all the information a reasonable person would want before proceeding, especially with regards to necessity of treatment and alternatives, if any. Do not allow a patient to modify the consent in any way without discussing their wishes with the Staff Surgeon.

Residents should be familiar with the Consent to Treatment and associated Acts.

## RECORD KEEPING & DISCHARGE SUMMARIES

Legible clinical records made on a regular basis are essential for good clinical care and are expected of all residents. **Discharge summaries may be brief but must include all the pertinent information for required hospital statistics i.e. all complications and conditions that may increase a patient's stay or level of acuity must be noted**, and be sufficient for a primary care physician to be fully aware of the patient's present status and medications. A copy must be sent to the primary care physician immediately the patient is discharged. This discharge summary is required for all patients including those receiving treatment in the Surgical Day Care unit. It is not necessary to dictate a separate a summary providing the standard discharge summary can provide adequate information. A sample discharge summary is attached.

## VIII. SENIOR RESIDENT

We expect the final year resident to organise and direct the work of the other residents in consultation with the staff. The appended schedule outlines resident service and teaching schedules.

## IX. RESIDENT EVALUATIONS

These evaluations will be conveyed to each resident mid-way and at the end of each rotation and will be according to University, Departmental, Royal College and Hospital criteria. Where it is felt that a resident is deficient in any area more frequent evaluation will occur. Input will be obtained from Staff Surgeons, ward, outpatient unit, Emergency and operating room staff.

## X. VACATIONS

The Senior Resident should co-ordinate vacation and statutory days off and notify the Chief of the department. Please ensure that it is not CLERKS Week when planning vacations, absences.

## XI. CONVENTIONS

The Department of Otolaryngology at St. Michael's will consider financial support for travel to conventions when a paper is to be presented on behalf of the department and in when it fulfills a University Department obligation.

## XII. SPECIFIC EDUCATIONAL OBJECTIVES

The specific educational objectives here listed are supplemental to those described in the Departmental Handbook of the Department of Otolaryngology of the University. Practical Objectives are graded by PG year. Each successive year includes the objectives of the preceding years. Cognitive objectives apply to all years but degree of the knowledge base will be appropriate to year of training.

### RHINOLOGY

#### Cognitive

Airway assessment - clinical & laboratory  
Mucosal assessment/treatment  
Sinus evaluation, clinical, imaging

Principles of antibiotic/steroid use in rhinology  
Recognition of bacterial, viral, fungal, allergic and autoimmune inflammatory disease of the nose/sinuses

Recognition/treatment of complications of sinus disease and surgery

#### Practical

Septoplasty (3) & Rhinoplasty (5)  
Cryotherapy/turbinal diathermy (2)  
Nasal/sinus endoscopy (2)

Endoscopic sinus surgery (4)  
External approach sinus surgery (5)

### OTOLOGY

#### Cognitive

Evaluation by history, clinical, imaging and other appropriate investigations of:  
- conductive v sensorineural hearing loss  
- chronic ear disease and evaluation by microscopy  
- fluid in middle ear tube insertion  
- Indications for surgery in chronic ear disease

Indications for surgery in conductive hearing loss

Recognition of complications of ear disease/surgery

#### Practical

Use of tuning forks (2)  
Performance of audiogram (3)  
Microdebridement of ear (3)  
Myringotomy/ventilation (3)

Tympanoplasty (4)

Tympanotomy (3)

Mastoidectomy - open/closed cavity (5)

Stapedectomy (5)

## ENDOCRINE SURGERY

### Cognitive

Evaluation of a neck mass - clinical, imaging  
Evaluation of endocrine status of patient/  
function of mass  
Indications for surgery of thyroid/parathyroid

Complications of surgery

### Practical

Fine needle aspiration biopsy (2)

Thyroidectomy-total/partial (5)

Parathyroidectomy (5)

## PHONIASTRY

### Cognitive

Evaluation of voice disorders by:  
- history  
- laryngeal examination including  
stroboscopy  
- phoniastry airflow measurements  
- electrolaryngology

### Practical

Laryngeal videostroboscopy (2)

Microlaryngoscopy (3)

Endolaryngeal surgery (4)

Thyroplasty (5)

Botulinum therapy (4)

## XIII. RESIDENT ROUNDS

The Residents present Rounds on a weekly basis, currently on Mondays at 7:30 am. The Resident presenting is responsible for a **Notice**, advertising 1) naming the presenter; 2) the subject and date of the Rounds; 3) the learning objectives. The Notice must also have the following statement on it: *"this event is an accredited group learning activity as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada"*. As well, the Resident should distribute and collect the **Evaluation Form**. Both the Notice and Evaluations should be given to the departmental secretary. The Resident must also complete the attendance sheet hanging in the departmental secretary's office. A copy of overheads and other materials should be saved to 3.5 in disk and given to the departmental secretary for inclusion with this document. They should provide a useful resource for future residents.

### Morbidity and Mortality Rounds

The senior resident is expected to present morbidity and mortality rounds at our standard weekly morning academic rounds, once every two months. Please follow the above procedure.

The total surgical experience for the previous two months should be reviewed together with any nonsurgical cases where there was either mortality or significant morbidity. Any such cases should be presented in depth so that the total management can be reviewed.

A copy of these rounds should be given to the departmental secretary either on disk or via email (Pat Green, greenp@smh.toronto.on.ca) who may provide a copy to the Program Director. Patients and

surgeons may be identified for discussion within our hospital but should not appear on the documents that go to the Program Director. Any recommendations made by members of the staff during the rounds should be placed on record.

#### **XIV. PAPERS**

The writing of papers for publication is an important part of professional development. PGY 2 and above are encouraged to write at least one paper during their rotation at St Michael's Hospital. Case reports are acceptable. Selection and support should be sought from the attending staff. Weekly round preparation provides a good starting place.

## 5. Staff Listing

### Full-time Physicians

**Dr. Ronald S. Fenton, Otolaryngologist-in-Chief**

Telephone: (416) 864-5279

Fax: (416) 864-5367

Special Clinical Interests: Otology, Sinus surgery

**Dr. Jennifer A. Anderson, Director – Voice Disorders Clinic**

Telephone: (416) 864-5278

Fax: (416) 864-5367

Special Clinical Interests: Head & Neck, Endocrine (thyroid & parathyroid), Voice & Skull base surgery

### Part-time Physicians

**Dr. Albino Chiodo**

Special Clinical Interests: Endoscopic sinus surgery, Endocrine surgery (thyroid & parathyroid)

**Dr. Andres Gantous**

Special Clinical Interests: Facial plastic & reconstructive surgery, Head & neck Surgery, Otolaryngology

**Dr. James Haight**

Special Clinical Interests: Nose & sinuses, Cosmetic nose surgery, Sleep related disorders, and Medical/legal assessments

**Dr. Anil Katyal**

Special Clinical Interests: Head & neck surgery, Facial cosmetic surgery

**Dr. Richard Rival**

Special Clinical Interests: Adult & Pediatric E.N.T., Head & Neck surgery, and Facial cosmetic surgery

**Dr. Oakley Smith**

Special Clinical Interests: General E.N.T.

**Dr. Philip Solomon**

Special Clinical Interests: Nasal & facial plastic surgery, Thyroid surgery

### Speech Pathology:

**Marta DeLuca**

Telephone: (416) 864-6060 ext: 2714

Bookings: (416) 864-5282

### Audiology:

Pam Cooke

Sean Smith

Sabrina De Toma

## Clinic Schedule

	<b>AM Clinics (9:00am – 12:00pm)</b>	<b>PM Clinics (1:00pm – 4:00pm)</b>
<b>Monday</b>	Dr. R. Fenton (new patients only)	Dr. R. Fenton (new patients only) Dr. O. Smith
<b>Tuesday</b>	Dr. J. Anderson	Dr. J. Anderson Dr. P. Solomon (alternate weeks) Dr. A. Chiodo (alternate weeks)
<b>Wednesday</b>	Dr. R. Fenton (followups only) Dr. A. Katyal	Dr. A. Gantous (alternate weeks)
<b>Thursday</b>	Dr. J. Anderson (voice clinic)	Dr. J. Anderson Dr. R. Rival (alternate weeks)
<b>Friday</b>	Dr. J. Haight	

**Spasmodic Dysphonia – Botox Injection Treatment Clinic:** The Botox injection clinic (for treatment of spasmodic dysphonia) takes place on the 3<sup>rd</sup> Wednesday of each month.

### 5. Contact Us – How to schedule an appointment

**To Book an Appointment:**

Otolaryngology Clinic (E.N.T.) & Related Services

Telephone: (416) 864-5276

Fax: (416) 864-5694