

Kuwait Institute for Medical Specialization

Otolaryngology Residency Training Program

Program Manual

February, 2013

Table of content

S.NO	TOPIC	PAGE NO
1	Faculty of E.N.T	4
2	Goals & Objective of the residency program	5
3	Selection Criteria for the residency program	6
	a) Eligibility	
	b) Method of Selection	6-7
4	Description of Rotations	7
5	First Year Rotations	8-9
	a) POS	
	b) Format of the Examination	9-10
	• Written Examination	
	• Objective Structural Clinical examination	
	c) General rules & regulations for POS examination	11-12
	d) List of topics for POS examination	12-19
	e) Recommended Textbooks for POS examination	20-21
	f) Terms of reference for the principle of surgery examination	22-24
	g) Duties & Responsibility of the examination committee	24-25
6	Second Year Rotations	26-28
	a) Rotational Objectives	
	b) Operative objectives	
	c) Didactive objectives	
7	Third Year Rotations	29-31
	a) Rotational Objectives	

	<ul style="list-style-type: none"> b) Operative objectives c) Didactic objectives 	
8	Fourth Year Rotations <ul style="list-style-type: none"> a) Rotational Objectives b) Goals & Objectives c) Program Outline 	32-33
9	Fifth Year Rotations <ul style="list-style-type: none"> a) Didactics & Resident Education b) Operative experience 	34-35
10	Protected Teaching Activities	36-37
11	Evaluation <ul style="list-style-type: none"> a) Method of Evaluation 	37-38
12	Board Examination <ul style="list-style-type: none"> a) Principle of General Surgery b) Board Final Exam 	38-39
13	Certification	39
14	Leave Policies	40-43
15	OTR Library	44-45

Faculty of E.N.T

Head of Faculty - Dr. Abdul Mohsin Ibrahim

Program Director - Dr. Mohammad Al Eisa

Assistant Program Director - Dr. Homoud AlNoumas

2nd Assistant Program Director- Dr. Mohammed Al Hajry

In House Training Coordinators -

Dr. Basel Al Sabah - Zain Hospital

Dr. Hussain Al Shemmari -Adan Hospital

Dr. Tammam Abu Ali - Farwaniya Hospital

Dr. Brook Assefa - Jahra Hospital

Dr. Mohammed Al Hajry-Salim Al Ali

Kuwaiti Board
Of
Otorhinolaryngology, Head and Neck Surgery
Post Graduate Residency Training Program

Goals and Objectives:

The Overall goals and objectives of the residency program are:

- To graduate competent, knowledgeable, and compassionate otolaryngology - Head and Neck Surgeon trained in all areas of specialty.
- To develop in our graduates an appreciation and understanding of basic research and statistical methodology and the skills to comprehend and analyze and criticize the medical literature.
- To provide the necessary experience through which to learn the practice of cost-effective medicine within the framework of current medical and socioeconomic issues.

- To do so in an environment that will foster personal growth and intellectual curiosity resulting in the development of future potential future leaders in the academic and community settings.

Selection criteria for resident in the program:

I. Eligibility:

Individuals applying for the residency programs must have:

- MBBS Degree from an institution recognized by the Kuwait medical specialization center (KIMS).
- One year experience as house officer / intern with six months each in medicine, surgery and allied specialties.
- A valid license certificate for at least one year at the time of joining.
- Must be registered with CME

II. Method of Selection

Candidates who apply to enter the training program will be selected based upon the:

- An acceptable medical record.
- A convincing demonstration of sincere interest in otolaryngology as a career choice. A candidate's chances of reaching the formal selection interviews are increased by

his/her having done one or two electives in otolaryngology generating good references, and by approaching the program director in person, or (from a distance) by letter to discuss the details of the program.

- References from academic physicians attesting to enthusiasm, learning ability, proficiency and exemplary interpersonal skills.
- Publication on any topic as an indication of industry and preservice (any scientific paper)
- Candidates with a demonstrated interest in clinical or basic science research are encouraged.
- Demonstrated or presumed sufficient bimanual dexterity and hand eye coordination to perform delicate surgery.
- Empathy, sensitivity, maturity and excellent communication ability.
- The number of resident required for providing the clinical services effectively and efficiently can be 2 to 3.
- The selection interviews will be held every year on dates to be announced by KIMS.

Description of Rotations:

Academic year will start from 1st of October each year till the end of September the following year (01/10/12 - 30/09/13). The residency consists of one year which will be equivalent of 12 period

(1 period = 4 weeks) which is required of Basic science of surgery and four required years of otolaryngology training.

First-Year Rotation (PGY 1):

- Five period rotations in *General Surgery*.
- Two period rotations in ICU.
- Two period rotations in *Plastic surgery*.
- One period rotation in *Neurosurgery*.
- One period rotation in *Pediatric surgery*.
- One period rotation in *Oro-maxillofacial surgery*.

The first year of residency is concerned with core training. In this year, the emphasis is on the Principles of Surgery. During the first year of residency, the program provides a core of broad surgical exposure for individuals who intend to pursue advanced training in the specialty of surgery. This involves a didactic lecture program, clinical rotations, and surgical technique laboratories.

Principles of Surgery Examination (POS)

Definition

The Principles of Surgery (POS) examination is a summative assessment for candidates in the generality of specialists training with programs in Kuwait Institute for Medical Specialization (KIMS). It encompasses the core foundational surgical competencies that are required for the following surgical specialties:

- General Surgery
- Orthopedic Surgery
- Neurosurgery
- Urology
- Otolaryngology (ENT)

The Principle of Surgery Training is that initial period of postgraduate training required to acquire the knowledge, skills and attitudes underlying the basics to the practice of surgery in general and preparatory to further training in surgical specialties or subspecialty. Passing the POS examination is mandatory to be enrolled into year 4 of training.

Format of the Examination:

The examination is in two parts:-

I. Written Examination:

- Paper 1 tests Applied Basic Sciences and Principles of Surgery, and has 100 single best answer questions.

- Paper 2 tests Systemic Surgery and has 100 single best answer Questions.
- Carries an overall weightage of 60% of the whole examination.

II. Objective Structural Clinical Examination (OSCE):

- There are 16-20 stations
- The stations assess knowledge and skills in five main subject areas:
 1. Anatomy and Surgical Pathology
 2. Surgical skills and patient safety
 3. Communication Skills and History taking
 4. Applied Physiology and Critical Care
 5. Clinical Skills and examination
- There are at least 4 specialty stations
- In each of the five subject areas, six domains are tested
 1. Clinical knowledge
 2. Clinical Skill
 3. Technical Skill

4. Communication
 5. Decision making and problem solving
 6. Organization and Planning
- There is a structural mark sheet for each station.
 - Carries an overall weightage of 40% of the whole examination.

General Rules and Regulations for POS Examination:

- All parts of the examination will be conducted in English.
- Candidates must complete the examination within 3 years of their first attempt at the end of R2 in Postgraduate Training Program at Kuwait Institute for Medical Specialization (KIMS). After completion of R2 the resident will write the POS examination, if the resident is successful at the examination he/she will move to R3 and continue their training. However, if the resident was not successful, they will still move to R3 and write their second attempt. If the second attempt was not successful then at the discretion of home program director, a remediation plan **MUST** be put in place for 12 months in order to write the POS examination for the final third attempt.
- If the resident fails the final third attempt of the POS examination, then he/she will be **NO Longer** enrolled in the residency training program
- Candidates **MUST** complete Principle of Surgery Examination prior to R4

- If the candidate chooses not to write the POS examination in any of the three attempts allowed without any written valid reason, then it will be considered as **Fail** attempt.
- The written valid reason for not writing the examination has to be submitted to the home program director and be reviewed by POS Examination Committee.
- The pass mark for the POS examination has been set at 60% of whole examination.
- The Principle of Surgery Examination is set up by the POS Examination Committee in KIMS.
- The Principle of Surgery Examination is held once annually and examination dates are set on a yearly basis by KIMS.

LIST OF TOPICS FOR PRINCIPLES OF SURGERY EXAMINATION

I. Applied Basic Sciences

Applied Surgical Anatomy

Development, organs and structures, surface and imaging Anatomy of the:

1. Thorax
2. Abdomen, pelvis and perineum
3. Upper limb
4. Lower limb
5. Head, neck and spine
6. Nervous system (central, peripheral and autonomic)

Physiology

General Physiology

1. Homeostasis
2. Thermoregulation
3. Metabolic pathways
4. Sepsis and septic shock
5. Fluid balance and fluid replacement therapy
6. Metabolic abnormalities

System Specific Physiology

1. Respiratory system
2. Cardiovascular system
3. Gastrointestinal system
4. Renal system
5. Endocrine system
6. Central nervous system
7. Thyroid and parathyroid
8. Glucose homeostasis

Pathology

General Pathology

1. Inflammation
2. Cellular injury other than by infection
3. Wounds and wound healing
4. Vascular disorders
5. Disorders of growth, differentiation and morphogenesis
6. Neoplasia
7. Surgical immunology
8. Surgical haematology
9. Surgical microbiology
10. Surgical biochemistry

II. Principles of Surgery

1. Preoperative evaluation of surgical patient
2. Fluid & Electrolytes. GI secretion or body fluid compartments
3. Nutrition
4. Principles of anaesthesia
5. Physiological monitoring of surgical patient

6. Trauma initial resuscitation and management of multitrauma patient, ATLS
7. Shock
8. Burns
9. Surgical complications
10. Neoplasim (biology of CA & treatment of Modalities)
11. Principles of radiotherapy, chemotherapy, immunotherapy
12. Bleeding disorders & blood replacement
13. Surgical infection
14. Pain
15. Wounds & wound healing
16. a) Bone injury, repair & healing
b) Metabolic bone disease
17. Pulmonary embolism & deep venous thrombosis
18. Basic techniques of biopsy, FNAC, trucut
19. Transport of O₂ and Co₂ - blood gases interpretation, acid base balance, acidosis, alkalosis
20. Adult Respiratory distress syndrome
21. Basis of ventilator support
22. Thyroid, parathyroid and calcium metabolism
23. Metabolic response to trauma

24. Scoring system in ICU
25. Respiratory failure
26. Renal failure, management of oliguria, anuria. Renal function
27. Molecular targeted therapy of cancer and current therapies
28. Asepsis, sterilization
29. Suture materials, techniques, drains
30. Principles of Diathermy, and laser
31. Use of Tourniquet, effects and complications
32. Wound healing, dehiscence, wound infection, classification of wounds
33. Septicaemia, Bacteremia, Sepsis syndrome, Multiple organ failure
34. Antibiotics: prophylaxis - therapeutic - antibiotic policy
35. Airway management
36. Venous access, CVP line, cut down
37. Role of Palliative care in malignant disease
38. Ethics and professionalism in Surgery

III. Systemic Surgery

Trauma

1. Principles of facial trauma
2. Vascular trauma & acute arterial occlusion
3. Head injury, raised intracranial pressure
4. Abdominal Trauma liver and splenic injury
5. Abdominal trauma: rectal and retroperitoneal
6. Thoracic trauma
7. Abdominal trauma: pancreaticoduodenal, large and small bowel
8. Common Orthopaedica trauma
9. Upper Genitourinary tract trauma
10. Lower Genitourinary tract trauma
11. Management of spinal cord injury
12. Penetrating neck injury

General Surgery

1. G.I. bleeding : upper and lower
2. Acute Abdomen and peritonitis
3. Intestinal obstruction
4. Hernia and scrotal swelling
5. Peptic ulcer disease

6. Common thyroid and parathyroid diseases
7. Appendicitis
8. Acute cholecystitis and complication of gall bladder stone - acute pancreatitis
9. Abdominal incisions, closure technique
10. Soft tissue infections
11. Lymphnode biopsy
12. Lympho proliferative diseases and lymphomas

Orthopedic Surgery

1. Orthopaedic infections (bone & joint infections)
2. Management of pelvic fracture
3. Management of compound fracture, peripheral nerve injury
4. Compartment syndrome
5. Common Orthopaedic emergencies

Plastic Surgery

1. Skin neoplasia and melanoma
2. Flaps & grafts
3. Soft tissue sarcoma
4. Skin graft techniques, split skin graft

Vascular Surgery

1. Aneurysms & chronic occlusive arterial disease

Head and Neck Surgery

1. Tracheostomy
2. Stridor and upper airway obstruction
3. Epistaxis - Principles of management
4. Head and neck masses and intracranial mass
5. Brain stem death, diagnosis
6. Surgical aspects of meningitis: presentation and surgical consideration

Thoracic Surgery

1. Chest drainage
2. Cardiac tamponade, drainage

Genitourinary and transplantation

1. Principles of organ transplantation
2. Bladder catheterization, suprapubic catheter
3. Acute Urinary retention and benign prostate hypertrophy

4. Hematuria and urinary tract infections

Pediatric Surgery

1. Neonatal Emergencies

Recommended Textbooks for POS Examination

Basic Science Textbooks

Anatomy

- Netter FH, Atlas of Human Anatomy
5th Edition; Saunders, 2010
- Sinnatam by CS. Last's Anatomy.
Regional and Applied
12th Edition; Churchill Livingstone, 2011

Physiology

- Barret KE, Barman SM, Boitano S, Brooks HL. Ganong's
Review of Medical Physiology
23rd Edition; McGraw Hill, 2009

Pathology

- Kumar V, Abbas AK, Fausto N, Mitchell R.
Robbins Basic Pathology,
8th Edition; Saunders, 2007

Clinical Textbooks

- Garden Oj, Bradbury Aw, Forsythe JLR, Parks RW.
Principles and Practice of Surgery
5th Edition; Elsevier, 2007
- Courtney M, Townsend. Sabistan
Textbook of Surgery
18th Edition; Elsevier
- Brunnicardi F, Anderson D, Billiar T, Dunn D, Hunter J, Mathews J, Polluck RE,
Schwartz's Principles of Surgery
9th Edition; McGraw Hill Professional, 2010
- Emil Tanagho, Jack M

Smith's General Urology

17th Edition; (LANGE Clinical Medicine)

Terms of reference for the Principle of Surgery examination.

Purpose:

The Examination Committee, under the direction of the Examination office of Kuwait Institute for Medical Specialization (KIMS) is responsible to set the general standards for Principle of Surgery Examination for all eligible residents training in various surgical specialties who meet the rules and regulations for POS Examination.

Accountability:

The Examination Committee is a standing Committee of Surgical Faculties and is accountable directly to the Examination office in KIMS. Each member of the Examination Committee must sign a binding Confidentiality Agreement set up by the POS Examination Committee. A copy of Confidentiality Agreement must be forwarded to the Examination office in KIMS.

Kuwait Institute for Medical Specialization will do its best to ensure that members of the Examination Committee will receive training in

their role and to carry out responsibilities on the Committee (e.g Internal or external Examination workshops sponsorship).

Membership:

Because Principle of Surgery Examination Committee is newly developed in KIMS, therefore KIMS Secretary General will appoint Chair of Examination Committee for a period of two years, then it will move among each specialty member by voting system within the Examination Committee. For example every two years Chair of Examination Committee will be from a different surgical specialty.

Initially the Examination Committee shall be comprised of Chair of Examination Committee appointed by KIMS and the Program Directors for all other involved surgical specialties.

During their first meeting, the Examination Committee can invite no more than two members of each surgical specialty to become a member of Principle of Surgery Examination Committee.

The total period which an appointee may serve on the Examination Committee can be decided among the members themselves by a voting system.

Structure of the Examination Committee:

The committee will elect from among its members, those who are responsible for Written Examination and those who are responsible for OSCE Examination.

Expenses and Honorarium for Members:

Members will be paid an honorarium for their time in setting up the Principle of Surgery Examination. Rates are described in the Financial Bylaws of Kuwait Institute for Medical Specialization.

It is the duty of Chair of Examination Committee to submit the names of members to KIMS for honorarium after each Principle of Surgery Examination to the Secretary General of KIMS.

Duties and Responsibilities of the Examination Committee:

- Maintain yearly academic teaching and lectures for residents in the five involved surgical specialties for POS Examination
- Design and update proper exam profiles
- Prepare exams and submit them to the Head of Examination office in KIMS
- Evaluate the validity and reliability of the examination component so as to make the necessary improvement
- Ensure the questions of Principle of Surgery Examinations meet the general criteria for the POS training
- Ensure the questions are referenced from the recommended textbooks

- Maintain a Bank of Written Examination and OSCE Examination in KIMS
- Ensure that the exams are devoid of any typing errors and are of good quality in collaboration with the Examination Office in KIMS
- Review and take decision regarding candidates who request in writing not to attempt the POS Examination
- Based on the results of the Examination, the committee members give their feed-back regarding the content of the examination and the current curriculum if needs to be modified
- Make sure that exams are prepared one month in advance of the commencement of the final exam schedule
- Hold a Post Examination meeting with the Head of Examination Office in KIMS to hand over the results of candidates in order to post them on KIMS website using a secure user-name and password given to the candidates by KIMS prior to the examination.

Second Year Rotation (PGY2):

Period of rotations at

- Zain Hospital
- Farwaniya Hospital
- Jahra Hospital

Rotational objectives:

During the first year of residency in otolaryngology, residents are expected to develop proficiency in:

1. Obtaining the otolaryngological history and performing physical examination. This includes:
 - a) Use of headlight
 - b) Nasopharyngoscopy using the mirror, the flexible nasopharyngoscope, and the telescope
 - c) Indirect laryngoscopy using mirror and flexible nasopharyngolaryngoscope

d) Otoscopy

e) Use of the operating microscope in the examination and management of ear disease

f) Evaluation of facial nerve function

2. The performance and interpretation of audiological and vestibular tests

3. The interpretation of radiological and other imaging techniques

4. The management of common otolaryngological emergencies:

a) Epistaxis (cautery, anterior and posterior packing)

b) Airway problems (foreign bodies, epiglottitis, croup)

c) Esophageal emergencies (foreign bodies, caustic ingestion)

d) Deep neck infections

e) Facial trauma

f) The dizzy patient

5. Operative objectives:

a) Gain experience and proficiency in the following:

i. T&A

ii. Myringotomy and ventilation tubes

iii. Microdebridement of ears

iv. Development of principles of soft tissue surgery, e.g., suturing techniques

v. Tracheotomy

vi. Assistance at major head and neck surgery

vii. Direct laryngoscopy, bronchoscopy, and esophagoscopy

b) Acquire experience in the following procedures with adequate supervision near the end of the first year of training:

i. Septoplasty

ii. Nasal polypectomy

iii. Sinus surgery

iv. Removal of lumps and bumps

6. Residents should be introduced to the techniques of temporal bone surgery with a Drilling program in a temporal bone lab.

7. In this, the first year of otolaryngology, careful attention needs to be directed to matters of ethical and responsible behavior and the ability to work with and relate well to fellow members of the medical team.

8. Didactive Objectives: A one-year core-teaching program with mandatory resident participation. As well, the residents should be involved in seminars, lectures & rounds.

Third Year Rotation (PGY3):

Period of rotations at

- Zain Hospital (which includes two period with Trachoesomy Team) &
- Farwaniya Hospital
- Jahra Hospital

Rotational objectives:

During this third year, residents continue to develop their knowledge and technical skills encountered during their first year. More exposure in the management of patients with head and neck cancer and chronic ear disease will lead progressively to greater responsibility.

1. Operative objectives:

- a) In addition to acquiring greater proficiency in those procedures encountered during the first year, development should be acquired in the following skills:
 - i. Septal surgery (septoplasty)

- ii. Sinus surgery
 - iii. Cervical node biopsy
 - iv. Assistance at major head and neck surgery
- b) Some experience of the following procedures with adequate supervision should be obtained near the end of the second year:
- i. Nasal surgery (rhinoplasty, ethmoidectomy, functional endoscopic sinus surgery, facial trauma)
 - ii. Otologic surgery (myringoplasty, tympanoplasty, mastoidectomy)
 - iii. Head and neck surgery (submandibular gland excision)
 - iv. Radical neck dissection
 - v. Reconstructive surgery (flaps, skin graftings)
- c) Exposure to the following procedures:
- i. Otology (stapedectomy, facial nerve surgery, labyrinthine surgery, neuro-otologic procedures)
 - ii. Head and neck surgery (parotidectomy, laryngectomy, maxillectomy, thyroid and parathyroid surgery, Zenker's diverticulum)
 - iii. Facial plastic (otoplasty)

2. **Didactive objectives:**

Resident participation in seminars, lectures rounds, journal clubs will increase. Where possible, the residents should have an increasing

involvement in teaching junior medical staff and junior residents. The resident should be introduced to the methods of clinical research and ethics in clinical trials.

3. **Temporal Bone Dissection:**

The resident should complete his program of temporal bone dissection in preparation for the development of his clinical otological skills. A temporal bone course is mandatory for performing mastoid & middle ear surgery.

4. **FESS course:**

Mandatory for all residents to have attended a FESS course with hands on cadaver dissection in preparation for the development of their clinical sinonasal skills.

5. **Ethical and responsible behavior:**

With graduated responsibility, continued attention needs to be directed to identifying problems that could limit the resident in acquiring the necessary skills to become a consultant in otolaryngology.

Fourth Year Rotation (PGY4):

Period of rotations

- Rotation as Otolaryngology Senior Resident in Zain Hospital (which includes one period with Tracheostomy Team)
- Rotation in Jahra Hospital
- Rotation in Farwaniya Hospital
- Rotation in Salim Ali (One period for Stroboscope & one period for Audiology.)
- Rotation in KCCC (Tumor Board)

Rotational objectives:

The R4 year offers residents an exceptional opportunity to refine and demonstrate the ability to assume the role of consultant in the specialty. Their interactions throughout the year require professional behavior and good communicator skills. Attendance at academic activities and the following of a reading plan further enhance R4 residents as medical experts.

1. **Goals and objectives:**

- (a) To show residents the principles of good basic research
- (b) To encourage quality research in otolaryngology.

The resident will maintain certain clinical exposure and obligations. This will include mandatory duties as well as elective opportunities. The resident must be present at grand rounds, lectures, and journal clubs. The regular on-call schedule will be part of the enrichment year.

The resident with the approval of the Program Director may enroll in other elective courses.

2. Program outline:

Year-round activities of the enrichment year resident include:

- a) All departmental academic activities (lectures, rounds, research topic seminars, journal clubs, exams, etc.)
- b) On-call rotations
- c) Covering for vacationing residents, if required, when no other residents are available.
- d) Research activities ,as appropriate

Rotational Objectives:

By this year, the resident should possess sufficient basic and clinical knowledge and technical skills to undertake the management of patients under the supervision of the appropriate staff member.

- At this level, the resident will be responsible for the supervision and teaching of junior residents, the management of patients on the wards, and ensuring coverage of emergency and in-patient consultations.

- The senior resident will be responsible for many activities within the post-graduate program to include: sitting on post-graduate committees, organization of educational activities including rounds, journal clubs, and seminars.

Fifth Year Rotation (PGY5):

Period rotations

- Rotation as Chief Resident in head and neck in Zain Hospital.
- Rotations as Chief Resident in head and neck in KCC hospital.
- Rotations in Farwaniya Hospital.

Didactics and Resident Education:

The resident education program includes lecture series, conferences, and courses.

- Multidisciplinary Tumor Board: This board is conducted every week at KCC on Monday throughout the year.
- Ground Rounds: Are conducted weekly (Thursday) and each month.
- Morbidity and Mortality Rounds: Are held once every 3 months.
- Journal Clubs: Are held every 2 months.
- Histopathology and Radiology Lecture Series.
- Head and Neck Anatomy.

- Temporal Bone Lab.
- Annual courses and conferences.
- FESS Course

All residents take the annual training examination in otolaryngology as well as departmental examinations.

Operative experience:

1. Obtain proficiency in the following:
 - a) Otology: tympanoplasty, mastoidectomy, stapedectomy, facial nerve surgery
 - b) Head and neck: radical neck dissection, composite resection, laryngectomy, maxillectomy, thyroid surgery, parotidectomy, facial trauma, regional flaps, Zenker diverticulum
 - c) Facial plastics: rhinoplasty
2. Obtain some experience in the following:
 - a) Otology: endolymphatic shunts, vestibular neurectomy, and posterior fossa surgery
 - b) Facial plastics: facelift, blepharoplasty.

Protected Teaching Activities:

In Zain Hospital

- Every Thursday mornings 07:30a.m -9:00a.m Ground Rounds.
- Every Thursday morning 9:30 a.m-11:00 a.m lecture by tutors.
- Every Thursday morning 11:30 a.m-12:30 a.m Chapter Review.
- Teaching activities start from October until June.
- No Lectures during Ramadan.

The course requirement during the program:

1. Temporal Bone Course
2. FEES Course
3. Basic Surgical Skills course

Clinical teaching program

The clinical teaching program objectives will be accomplished in the setting listed below:

OTR Residency Training Program, Kuwait Institute for Medical Specialization, KIMS 2013

1. In-patient training:

The resident staff will be responsible for the admission and the continuing care of patients under the direct supervision of the attending staff. As well, they will be responsible for first-line emergency care of patients referred from the emergency department, in ICU and in-patient wards. As well, they will be responsible for seeing all in-patient consultations and reviewing them with the attending staff.

2. Operating experience:

Residents will acquire surgical skills commensurate with their level of training and under appropriate staff supervision.

3. Outpatient clinical training:

This training will take place in general otolaryngology clinics as well as, where applicable, specialty clinics to include head and neck oncology, neuro-otology, facial plastics, otology, laryngology, and pediatrics. As well, resident clinics are scheduled on a regular basis (Room #2 in Zain Hospital) where residents are directly responsible for the care of patients and where resident teaching of junior members of the team can take place.

Evaluation

Method of Evaluation:

A. Clinical Rotations: Faculty should provide formative comments to the residents on a daily basis throughout the clinical

rotations. At the conclusion of each rotation, 3 times yearly, all attending faculty will complete a summative written evaluation.

B. Board in training exam. : A yearly evaluation clinical and written examination is required for formal testing of cognitive skills and to promote to the next level. The chairman and program director review the results and take concerned actions.

- Residents who do not have higher score of attendance & who do not possess adequate academic & clinical skills are not eligible to sit for examinations.
- The exam will be at the end each year, residents has to pass the exam to be promoted to next level, whoever fail to do so will have to repeat the same year .
- The resident can repeat the same year only 3 times, after that they will be out the training program

C. Departmental Review: Review of resident performance occurs on a bi-annual basis (6 months). A mid year evaluation will be with the program director during a one-on-one meeting with full written evaluation placed in the resident's file.

Board examination

A. 1st Part (Principle of General Surgery Exam)

- After 1 year the residents will be eligible for the 1st part evaluation exam of principle G.S

- The exam will be held once in a year in a written form included applied B.S in surgery
- The residents passing the 1st part exam will be promoted to a registrar post
- The resident who fall this exam the 3rd time will be expelled from the program.

B. 2nd Part (Board Final Exam)

- Will be at the end of five year period of program
- Given to resident after successfully completion training & after satisfying the OTR HNs Board that they are ready to work as senior registrars interms of knowledge,Skills &temeparament
- It will be held once in a year
- Final exam will consists of two parts
 - i. Written part
 - ii. Clinical part
- National Kuwaiti Board Exam will be at the end of the five year program
- The Examiners for the final examination will be invited form different countries as North America, UK, Europe, GCC etc.

Certification:

The residents who complete training program satisfactorily and pass the stipulated examinations will be awarded the certificate of Kuwaiti Board Otorhinolaryngology Head & Neck Surgery (KB OTO H&N)

Leave Policies:

All the residents are obliged to abide by the rules & regulations of the leave policies & procedure prepared & announced by KIMS, which is as follows:

Rules and Regulations

1. Annual vacation leave:

- 4 weeks of vacation leave is allowed annually (including public holidays).
- It is not accumulative.
- The leave should be approved by the program director or his assistant in his/her absence.
- The vacation leave should not affect the structure and the objective of the rotation.
- It should be 1 week/month.

2. Study leave:

- A total of two weeks of study leave is allowed for each resident during his/her residency program
- It can be divided for Part 1 and Final Part or can be taken at once.

Scenario 1: One week for Part 1 Exam and one week for Final Part Exam

Scenario 2: Two weeks for Part 1 Exam

Scenario 3: Two week for Final Part Exam

3. Sick leave:

- Each resident is allowed for 15 days of interrupted sick leaves annually.
- If sick leaves were continuous or exceeded 15 days, the condition needs to be evaluated individually by a committee assigned by KIMS.

4. Maternity leaves:

- Two maternity leaves (30 days/leave) are allowed during the five year residency program.
- The resident is not allowed to take more than 60 days per year including the maternity and vacation leave.
- Resident has the right to take this leave as consecutive or divided.

Scenario 1: Maternity leave 30 days at once and no annual leave or

Scenario 2: Maternity leave 30 days at once and 1 week/month annual leave or

Scenario 3: Maternity leave 15 days at once and 15 days at once and no annual leave or

Scenario 4: Maternity leave 15 days at once and 15 days at once and 1 week/month annual leave.

5. On-call duties exemption:

- There are no on-call duty exemptions during the residency program. Unless the resident produces medical paper then this can be looked at by KIMS Committee.

6. Incidental leaves (Aridha):

- Are not allowed during the residency program.

7. Leave of absence (LOA):

- Should not exceed one year.
- Under the circumstances that it will exceed one year, the condition will be assessed by a committee formed by a secretary general of KIMS.
- Upon return from LOA the resident continue his/her residency from the last position left.
- The resident may only take the LOA from October - September not in-between. It must start at the

beginning of the academic year and end at the end of the academic year (October - September).

7. The total number of missed days during training will be assessed by a committee from KIMS (Assessment of training committee) for eligibility to write the final board examination (Part 2).

9. **Haj Leave:**

- Each resident is allowed to take 1 Haj leave per residency program (4 weeks); however it should not exceed 8 weeks/year inclusive of other leaves.

10. **Conference Leave:**

- Each resident is allowed 1 week conference leave per academic year approved by program director.

OTR - LIBRARY

The following books are available for the residents for their reference.

<u>1</u>	An Atlas of Investigation & Management (Esophsgeal Diseases)
<u>2</u>	Atlas of Regional and Free Flaps for Head and Neck Reconstruction: Flap Harvest and Insetting
<u>3</u>	Ballenger's Otorhinolaryngology Head & Neck Surgery
<u>4</u>	Classics in Voice Laryngology
<u>5</u>	Clinical Assessment of Voice
<u>6</u>	Clinical surgery in General , Royal college of surgeon of England manual Rmkirk
<u>7</u>	Clinical Voice Pathology (Theory & Management)
<u>8</u>	Color Atlas of ENT Diagnosis
<u>9</u>	Controversies in Otolaryngology
<u>10</u>	Cummings Otolaryngology Head & Neck Surgery 3 Volume Set

<u>11</u>	Cummings Otolaryngology Head & Neck Surgery 3 Volume Set
<u>12</u>	Cummings Otolaryngology Head & Neck Surgery 3 Volume Set
<u>13</u>	Diagnostic Imaging: Head and Neck (Diagnostic Imaging (Lippincott))
<u>14</u>	Ear Surgery
<u>15</u>	Manual of Dysphagia -Assessment in Adults
<u>16</u>	MCQs and EMQs for the Diploma in Otolaryngology: Head and Neck Surgery (Masterpass) (Paperback)
<u>17</u>	Operative Otolaryngology: Head and Neck Surgery: Expert Consult: Online, Print and Video, 2-Volume Set, 2e
<u>18</u>	Operative Otolaryngology: Head and Neck Surgery: Expert Consult: Online, Print and Video, 2-Volume Set, 2e
<u>19</u>	Otolaryngology and Head and Neck Surgery (Oxford Specialist Handbooks) (Paperback)
<u>20</u>	Otologic Surgery: with Video, Expert Consult - Online and Print
<u>21</u>	Pathology of the Head & Neck
<u>22</u>	Pediatric Dyshagia. Resource Guide
<u>23</u>	Pediatric ENT
<u>24</u>	Rhinoplasty - Book & DVD (3rd enlarged edition)
<u>25</u>	Scott-Brown's Otorhinolaryngology: Head and Neck Surgery (3 volume set)
<u>26</u>	Scott-Brown's Otorhinolaryngology: Head and Neck Surgery (3 volume set)
<u>27</u>	Scott-Brown's Otorhinolaryngology: Head and Neck Surgery (3 volume set)
<u>28</u>	Surgery of the Ear

<u>29</u>	Surgical Anatomy of the Head and Neck (Hardback)
<u>30</u>	The Child & Adolescent Stuttering treatment & Activity Resource Guide