

No	Competency (Student should be able to:)	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/S	Suggested teaching method	assessment method	No. re- quired to certify P	Vertical Integ- ratio- n	Horizontal integrati- on		Horizontal Integrati- on
EN1.1	<p>Describe the Anatomy & physiology of ear, nose, throat, head & neck Student should be able to</p> <ol style="list-style-type: none"> 1. Define anatomy of Ear- <ol style="list-style-type: none"> a. Anatomy of Pinna, External auditory canal ,Tympanic membrane ,Middle ear ,Inner ear , Facial Nerve b. Development of Ear (Embryology) 2. Define Anatomy of Nose and Para-nasal sinuses <ol style="list-style-type: none"> a. Anatomy of nasal cavity ,septum ,Lateral wall of nose ,Para nasal sinuses b. Development of Nose and para-nasal sinuse 3. Define anatomy of Head and Neck <ol style="list-style-type: none"> a. Anatomy of Oral cavity ,Oro-pharynx, Naso-pharynx ,Larynx ,Hypo-pharynx b. Development of Oral cavity ,Oro-pharynx, Naso-pharynx ,Larynx ,Hypo-pharynx 2. <ol style="list-style-type: none"> a. Define Physiology of hearing ,balance 	K K K K	KH KH KH	Y Y Y	Lecture, Small group discussion, Demonstratio n	Writte n/Viva/ skill assesm ent					

	b. Define Physiology of nasal cycle, Eustachian tube c. Define Physiology of Voice production, swallowing										
EN1.2	Describe the patho-physiology of common diseases in ENT Student should be able to Define Patho-physiology of- a. ASOM ,CSOM, Vertigo, Meinere,s disease, Otoscelorosis b. Tonsillitis, Sinusistis, Laryngitis c. Malignancy of Head & Neck	K	KH	Y	Lecture, Small group discussion, Demonstratio n	Writte n/Viva/ skill assesm ent	Pa th ol og y				
EN2.1	Elicit document and present an appropriate history in a patient presenting with an ENT complaint Student should be able to Elicit a history of a. Ear discharge ,decrease hearing , vertigo, tinnitus, facial palsy, complications of CSOM b. Nasal blockage, discharge, sneezing ,sinusitis ,epistaxis, anosmia c. Hoarseness of voice ,dysphagia, stridor, aispiration Swelling neck	K/S/A/C K/S/A/C K/S/A/C	SH SH	Y Y	Lecture, Small group discussion, Demonstratio n	Skill assesm ent/OS CE					
EN2.2	Demonstrate the correct use of a headlamp in the examination of the ear, nose and throat -Student should be Able to wear head lamp and adjust the position the mirror on right side of face with light coming from left shoulder of patient and reflect the light through concave mirror and reflect light on part to be examined	S	SH	Y	DOAP session	skill assesm ent/OS C					
EN2.3	Demonstrate the correct technique of examination of	K/S/A	SH	Y	DOAP	skill					

	<p>the ear including Otoscopy</p> <p>-Student should be able to</p> <p>a. Hold the Otoscope in pen holding position and use the right hand to examine right ear and vice versa</p> <p>b. Pulls the pinna backwards and upwards in adult and downwards in infants</p> <p>c. Introduce the speculum gently and describe ear canal and tympanic membrane e.g. cone of light ,pars tens ,Flaccida, handle of Malleus</p> <p>-</p>	K/S/A K/S/A			session/Bedside teaching	assessment/OS C					
EN 2.4	<p>Demonstrate the correct technique of performance and interpret tuning fork tests</p> <p>-Student should be able to</p> <p>Use Appropriate Tuning fork 512 Hz and performs Rinne and Weber test e.g.</p> <p>-Explain the procedure to patient</p> <p>-takes consent</p> <p>-strikes over bony prominences ,checks vibration of fork keeps in front of canal and then over mastoid process and compares the intensity</p> <p>-after striking keep in centre of forehead and ask pt to which side it is louder</p>	K/S/A	SH	Y	DOAP session/Bedside teaching	skill assessment/OS CE					

NO	Competency	Domain K/S/A/ C	Level K/KH/S H/P	Core Y/N	Suggested teaching method	Suggested exam method	No required to certify	Vertical intergr ation	Horizo ntal Integra tion
EN2.5	Demonstrate the correct technique of examination of the nose & para-nasal sinuses including the use of nasal speculum -Student should be able to -Explain the procedure to patient -takes consent -Uses nasal speculum and introduces with smooth surface facing septum and other to inferior turbinate -describes septum inferior turbinate and middle turbinate	S	SH	Y	DPOE/bedside teaching	Skill assessment/ OSCE			
EN 2.6	Demonstrate the correct technique of examining the throat including the use of a tongue depressor Student should be able to -Explain the procedure to patient -takes consent -Ask the patient to open mouth and uses clean tongue depressor to press the anterior 2/3 tongue and uses head light to examine	S	SH	Y	DPOE/bed side teaching	Skill assessment/ OSCE			
EN2.7	Demonstrate the correct technique of examination of neck including elicitation of laryngeal crepitus Student should be able to -Explain the procedure to patient -takes consent -Sits behind the patient and flexes neck to examine the neck examine each side at one time	S	SH	Y	DPOE/bed side teaching	Skill assessment/ OSCE			

	<ul style="list-style-type: none">-Uses tip of fingers to palpate and examine all level of neck nodes-examine the thyroid gland-elicits laryngeal crepitus by rubbing the thyroid cartilage over vertebra by side movement without causing discomfort to th patient								
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EN2.8	<p>Demonstrate the correct technique to perform and interpret pure tone audiogram & impedance audiogram</p> <p>Student should be able to</p> <ul style="list-style-type: none"> -Explain the procedure to patient -takes consent -uses air and bone conduction method to check hearing thresholds at all frequencies -Able to interpret PTA e.g. Conductive ,Sensi-neural and mixed hearing loss -Able to differentiate different types of tympano-gram e.g A,B,C and Dtype - 	K/S	SH	Y	DPOE/bed side clinics	Skill assessment			
EN 2.9	<p>Choose correctly and interpret radiological, microbiological & histological investigations relevant to the ENT disorders</p> <p>-Student should be able to explain the indication</p> <p>Radiological investigations in ENT e.g. Xray ,CT scan ,MRI ,Thyroid scan , PET scan</p> <p>-Explain the findings of e.g Xray Mastoid -dural and sinus plate ,antrum and mastoid air cells</p> <p>-Explain the need of swab from ear ,nose and wound and explain the correct method to take sample</p> <p>-explains the need of histopathology in excised specimen ,correct labelling e.g side and upper and lower margins and marks with either ink or thread.</p>	K/S	SH	Y	Lecture, Small group discussion, DPOE	Written, Viva voce/skill assessment			
EN2.10	Identify and describe the use of y common instruments used in ENT Surgery								

	-Student should be able to Correct identifications and uses of common ENT instruments e.g.Nasal speculum , Mouth Davis gag, tracheal Dilator, Tonsillar dissector	K/S	SH	Y	DPOE, bedside clinics	Skill assessment			
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EN2.11	Describe and identify by clinical examination malignant & pre- malignant ENT diseases -Student should be able to Describe the correct method of using clinical examination e.g. Indirect Laryngoscopy , anterior rhinoscopy to diagnose the malignant lesions	K/S	SH	Y	Lecture ,small group discssion,demonstration	Skill assessment			
EN 2.12	Counsel and administer informed consent to patients and their families in a simulated environment -Student should be able to Explains about the diagnosis of patient ,treatment options medical /surgical, steps of surgery ,complciations and follow up in patients own words	S/A/C	SH	Y	DPOE, Bedside clinic	Skill assessment			
EN 2.13	Identify, resuscitate and manage ENT emergencies in a simulated environment (including tracheostomy, anterior nasal packing, removal of foreign bodies in ear, nose, throat and upper respiratory tract) -Student should be able to Identify, resuscitate and manage ENT emergencies in a simulated environment (including tracheostomy, anterior nasal packing, removal of foreign bodies in ear, nose, throat and upper respiratory tract)	K/S/A	SH	Y	DPOE, Bedside clinic	Skill assessment			
EN2.14	Demonstrate the correct technique to instilling topical medications into the ear, nose and throat in a simulated environment -Student should be able to demonstrate the method of installation of nasal drops by putting patient in supine position and tip of nose facing upwards and in ear by turning head upright and pulling pinna backwards and laterally	K/S	SH	Y	DPOE, Bedside clinic	Skill assessment/OSCE			
EN2.15	Describe the national programs for prevention of deafness, cancer, noise & environmental pollution	K	KH	Y	Lecture, Small group	Written			

	Student should be able to describe deafness control programme - early identification by neonatal screening ,early referral and treatment-cancer early detection and screening of high risk etc				discussion, Demonstration	test/Viva voce			
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	Topic: Diagnostic and Therapeutic procedures in ENT				Number of competencies:(06)		Number of procedures that require certification: (NIL)		
EN3.1	<p>Observe and describe the indications for and steps involved in the performance of Otomicroscopic examination in a simulated environment</p> <p>-Student should be able to -Explain the procedure to patient and take consent.</p> <p>-Pulls the pinna backwards and upwards and otoscope in pen holding position and introduce gently in canal and describe the finding of tympanic membrane.</p>	S	KH	N	Lecture, Small group discussion, Demonstration	Written test/Viva voce			
EN3.2	<p>Observe and describe the indications for and steps involved in the performance of diagnostic nasal Endoscopy</p> <p>-Student should be able to Explain the procedure to patient and take consent.</p> <p>-anesthetize & decongest the nasal cavity and introduce 0 degree nasal endoscope and goes along floor of nasal cavity till naso-pharynx and then withdraws partially and goes lateral to middle turbinate and then medial to it</p>	S	KH	N	Lecture, Small group discussion, Demonstration	Written test/Viva voce			

EN3.3	<p>Observe and describe the indications for and steps involved in the performance of Rigid/Flexible Laryngoscopy.</p> <p>-Student should be able to Explain the procedure to patient and take consent. -anesthetize & decongest the nasal cavity and introduce flexible naso-pharyngoscopy in nasal cavity and goes along floor of nasal cavity till nasopharynx and then change the direction tip downwards and reaches oro-pharynx and ask patient to phonate and goes behind epiglottis to visualize larynx and describe movement of vocal cords , pyriform sinus</p>	S	KH	N	Lecture, Small group discussion, Demonstration	Written test/Viva voce			
EN 3.4	<p>Observe and describe the indications for and steps involved in the removal of foreign bodies from ear nose & throat.</p> <p>-Student should be able to describe -Etiopathogenesis of F.body Ear , nose and throat -NATURE OF FOREIGN BODY,- CLINICAL FEATURES -DIAGNOSIS AND MANAGEMENT OF FOREIGN BODIES IN EAR NOSE AND THROAT.</p>	K	KH	N	Lecture, Small group discussion, Demonstration	Written test/Viva voce			
EN 3.5	<p>Observe and describe the indications for and steps involved in the surgical procedures in ear, nose & throat</p> <p>Student should be able to understand the</p>								

	<p>indications and steps of -</p> <p>-Ear Surgeries -MYRINGOPLASTY, CORTICAL MASTOIDECTOMY, RADICAL MASTODECTOMY, MODIFIED RADICAL MASTODECTOMY, MYRINGOPLASTY,</p> <p>-Nasal surgeries-PROOF PUNCTURE, INTRA NASAL INFERIOR MEATAL ,ANTROSTOMY CALDWELL-LUC OPERATION, SUBMUCOUS RESECTION OF NASAL SEPTUM, SEPTOPLASTY, DIAGNOSTIC NASAL ENDOSCOPY, ENDOSCOPIC SINUS SURGERY</p> <p>- Head & Neck surgeries-DIRECT LARYNGOSCOPY, BRONCHOSCOPY, OESOPHOSCOPY, TONSILLECTOMY, ADENOIDECTOMY,NECK DISSECTION ,LARYNGECTOMY</p>	K	KH	N	<p>Lecture, Small group discussion,</p> <p>Demonstration</p>	<p>Written test/Viva voce</p>			
EN3.6	<p>-Observe and describe the indications for and steps involved in the skills of emergency procedures in ear, nose & throat. Student should be able to describe Emergencies procedures-</p> <p>e.g.TRACHEOSTOMY, DIRECT LARYNGOSCOPY/ BRONCHOSCOPY, ESOPHOSCOPY, LARYNGOTRACHEAL TRAUMA, TRAUMA FACE, FOREIGN BODY EAR AND NOSE, NECK SPACE ABCCESS</p>	K	KH	N	<p>Lecture, Small group discussion,</p> <p>Demonstration</p>	<p>Written test/Viva voce</p>			

Topic: Management of diseases of ear, nose & throat No of competency -53 Number of procedures that require certification : (NIL)

EN 4.1	<p>-Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Otolgia Student should be able to -Define Otolgia</p> <p>-Etiology of Otagias-LOCAL CAUSES, REFERRED CAUSES, PSYCHOGENIC CAUSES</p> <p>-Examination of ear & Throat</p> <p>-Investigations and management</p>	K/S	SH	Y	<p>Lecture, Small group discussion, DOAP session,</p> <p>Bedside clinic</p>	<p>Written/ Viva voce/ Skill assessment</p>			
EN4.2	<p>Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of diseases of the external Ear. Student should be able to Define-</p> <p>1.DISEASES OF PINNA , CONGENITA DISORDERS , TRAUMA TO AURICLE, INFLAMMATORY DISORDERS, TUMOURS-Benign & Malignant</p> <p>2. DISEASES OF EXTERNAL AUDITORY CANAL</p> <p>CONGENITAL DISORDERS e.g. stenosis , TRAUMA TO EAR CANAL</p> <p>INFLAMMATIONS OF EAR CANAL ,TUMOURS</p>	K/S	SH	Y	<p>Lecture, Small group discussion, DOAP session,</p> <p>Bedside clinic</p>	<p>Written/ Viva voce/ Skill assessment</p>			
		K/S	SH	Y					
		K/S	SH	Y					

	MISCELLANEOUS CONDITIONS (IMPACTED WAX, FOREIGN BODIES, KERATOSIS OBTURANS, ATRESIA AND STENOSIS OF MEATUS). 3. DISEASES OF TYMPANIC MEMBRANE.e.g Myringitis bullosa ,perforation TM	K/S	SH	Y					
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EN4.3	<p>Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of ASOM.</p> <p>Student should be able to describe -The defination of ASOM -</p> <ul style="list-style-type: none"> -ATIOLOGICAL AGENTS E.G BACTERIAS - PREDISPOSING FACTORS - PATHOPHYSIOLOGY -CLINICAL FEATURES & STAGES OF ASOM - TREATMENT OF ASOM -COMPLICATIONS OF ASOM 	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
EN4.4	<p>Demonstrate the correct technique to hold visualize and assess the mobility of the tympanic membrane and its mobility and interpret and diagrammatically represent the findings.</p> <p>Student should be able to -</p> <ul style="list-style-type: none"> -Hold the Siegel in correct position able to seal canal - Increase the presure by pneumatic bulb 	K/S/ A	SH	Y	Clinical demonstration	Written/ Viva voce/ Skill assessment			

	and check the mobility of TM								
EN 4.5	<p>Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of OME</p> <p>Student should be able to describe</p> <ul style="list-style-type: none"> -Defination of OME ,Types of OME -Elicit history of Hearing loss and block ear sensation -Choose PTA & Impedence Audiometry -Treatment -Medical and surgical including Ventilation tube 	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
EN4.6	<p>Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Discharging ear</p> <p>Student should be able to describe</p> <ul style="list-style-type: none"> -OTORRHEA (TYPES OF DISCHARGE AND THEIR CAUSE e.g discharge is from canal ,middle ear or inner or brain fluids) -INVESTIGATIONS- e.g swab ,culture , glucose 	K/S	SH		Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			

	and sugar or beta 2 transferrin for CSF - MANAGEMENT- Medical 7 Surgical	K/S ,	SH					
EN4.7.	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of CSOM. Student should be able to describe- -EPIDEMOLOGY-incidence ,-TYPES- Safe & Unsafe -PATHO-PHYSIOLOGY&- CLINICAL FEATURES- INVESTIGATIONS e.g.PTA,Swab, Xray and HRCT temporal bone -TREATMENT OF CSOM including surgery e.g Mastoidectomy and Tmpanoplasty	K/S K/S K/S K/S	SH SH SH SH	,Y Y Y Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment		
EN4.8.	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of CSOM	K/S	SH	Y	Lecture , Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment.		

	<p>Student should be able to describe-</p> <ul style="list-style-type: none"> -Defination of Cholesteatotma Type of Cholesteatotma -AETIO- PATHOGENESI -Clinical signs and symptoms - INVESTIGATIONS -PTA ,Xray and HRCT Temporal bone - Treatment-.Mastoidectomy-types and Indications and complications of surgeries -COMPLICATIONS Of CSOM unsafe-Intratemporal & extratemopral complications. 								
EN4.9	<p>Demonstrate the correct technique for syringing wax from the ear in a simulated environment</p> <p>Student should be able to perform the syringing.Choose 50 cc syring fill it saline ,retract the pinna and direct the jet of waters towards poserosuperioly.</p>	S	SH	Y	DOAP session	Skill assessment			
EN4.10	Observe and describe the indications for and steps involved in myringotomy and								

	<p>myringoplasty</p> <p>-Student should be able to Explain the procedure to patient and take consent</p> <p>Student should be able to describe</p> <p>-INDICATIONS,(ASOM,SOM,ATELECTATIC EAR)</p> <p>- CONTRAINDICATIONS,(GLOMUS TUMOR)</p> <p>-ANAESTHESIA- GA/LA(2%XYLOCAIN+ADR)</p> <p>-STEPS OF SURGERY,</p> <p>-POST OPERATIVE CARE, (DAILY MOPPING, KEEP EAR DRY)</p> <p>-COMPLICATIONS (INJURY TO IS JOINT)</p>	S	SH	Y	DOAP session	Written/Vivavoce			
EN4.11	<p>Enumerate the indications describe the steps and observe a mastoidectomy</p> <p>Student should be able to Explain the procedure to patient and take consent</p> <p>Student should be able to describe</p> <p>TYPES OF MASTOIDECTOMY (CORTICAL, RADICAL AND MODIFIED RADICAL MASTODECTOMY)</p> <p>INDICATIONS(ACUTE MASTOIDITIS,DECOMPRESSION OFFACIAL NERVE)</p> <p>ANAESTHESIA(GA)</p> <p>POSITION (SUPINE)</p>	K/S	KH	Y	DOAP session	Written/ Viva voce			

	<p>APPROACHES(POST-AURAL,ENDAURAL,TRANSCANAL)</p> <p>STEPS OF OPERATION,</p> <p>POSTOPERATIVE CARE AND</p> <p>COMPLICATIONS OF CORTICAL, RADICAL AND MODIFIED RADICAL MASTODECTOMY.</p>							
EN4.12	<p>Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Hearing loss CLASSIFICATION,</p> <p>Student should be able to describe</p> <p>-CONDUCTIVE HEARING LOSS (AETIOLOGY,INVESTIGATIONS AND MANAGEMENT)</p> <p>-SENSORYNEURAL HEARING LOSS(AETIOLOGY, INVESTIGATIONS AND MANAGEMENT)</p> <p>-OTOTOXICITY.-NOISE TRAUMA,-AUTOIMMUNE</p> <p>-SUDDEN HEARING LOSS</p> <p>-PRESBYCUSIS</p> <p>-NON-ORGANIC HEARING LOSS</p>	K/S	SH	Y	<p>Lecture, Small group discussion, , Bedside clinic</p> <p>DOAP session</p>	<p>Written/ Viva voce/ Skill assessment</p>		
EN4.13	<p>Describe the clinical features, investigations and principles of management of Otosclerosis Student should be able to describe</p>				<p>Lecture, Small group discussion; Demonstration</p>	<p>Written/ Viva voce/ Skill assessment.</p>		

	-AETIOLOGY(HERIDITY,VIRAL INFECTION) -TYPES,(STAPEDIAL,COCHLEAR) -PATHOLOGY -CLINICAL FEATURES(HEARING LOSS,TINNITUS,VERTIGO) -INVESTIGATIONS(TUNING FORK,PTA) - DIFFERENTIAL DIAGNOSIS -TREATMENT(MEDICAL,SURGICAL-STAPEDECTOMY)	K	KH	Y					
		K	KH	KH					

EN4.14	<p>Describe the clinical features, investigations and principles of management of Sudden Sensorineural Hearing Loss</p> <p>Student should be able to describe: DEFINITION</p> <ul style="list-style-type: none"> - AETIOLOGY(CONGENITAL,ACCQUIRED) -DIAGNOSIS(CLINICAL,RADIOLOGICAL, AUDIOMETRY) -MANAGEMENT -PROGNOSTIC FACTORS 	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.15	<p>Describe the clinical features, investigations and principles of management of Noise Induced Hearing Loss</p> <p>Student should be able to describe:</p> <ul style="list-style-type: none"> ----DEFINITION -AETIOLOGY(ACOUSTIC TRAUMA,) - EFFECTS OF NOISE(TEMPORARY AND PERMANENT THRESHOLD SHIFT) -MANAGEMENT 	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.16.	<p>Observe and describe the indications for and steps involved in the performance of pure tone audiometry</p>								

	Student should be able to describe -METHOD,AC,BC - USES, - MASKING	SK	H	Y	DOAP session	Written/ Viva			
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EN4.17	<p>Enumerate the indications and interpret the results of an audiogram</p> <p>Student should be able to describe:INDICATION</p> <p>-TECHNIQUES,</p> <p>-INTERPRETATION,</p> <p>-AC,BC,AC-BC GAP,DEGREE OF HEARING LOSS</p>	S	SH	Y	DOAP session	Skill assessment			
EN4.18	<p>Describe the clinical features, investigations and principles of management of Facial Nerve palsy Student should be able to describe</p> <ul style="list-style-type: none"> -Pertinent Anatomy -Surgical Landmarks -Clinical Evaluation of Facial Palsy -Pathophysiology of Nerve Injury -Sunderland Classification -Differences between Upper and Lower Motor Neuron Palsy - Investigations -Causes of Facial Nerve Paralysis -Sequelae/Complication of Facial Nerve Palsy -Bell's Palsy -Recurrent Facial Palsy -Melkersson's Syndrome -Ramsay Hunt Syndrome or Herpes Zoster Oticus (Varicella-Zoster Virus) -Temporal Bone Fracture -Iatrogenic or Surgical Trauma -Hyperkinetic Disorders of Facial Nerve -Medical Treatment of Facial Nerve Palsy -Surgical Treatment of Facial Nerve Palsy 	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ SkillAssessment			

EN4.19	<p>Describe the clinical features, investigations and principles of management of Vertigo Student should be able to describe</p> <p>Evaluation–General Outline HISTORY -Description of Vertigo -Onset, Duration and Progression -Provoking Factors -Associated Symptoms -Personal, Family and Past History -Spontaneous Nystagmus EXAMINATION -Dynamic Ocular Examination TESTS -Fistula Test -Valsalva Maneuver -Dix-Hallpike Maneuver -Optokinetic Test -Rotation Tests -Caloric Test -Tandem Walking -Romberg’s Test -Cerebellar Tests -Orthostatic Hypotension -Special Vestibular Investigations D/D -Differences between Central and Peripheral Vertigo -Benign Paroxysmal Positional Vertigo -Acute Vestibular Neuritis -Labyrinthine Fistula -Serous Labyrinthitis -Suppurative (Purulent) Labyrinthitis</p>	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill Assessment			
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	<ul style="list-style-type: none">-Perilymphatic FistulaCentral Vestibular Disorders-Migraine-Vertebrobasilar Insufficiency- Subclavian Steal Syndrome-Wallenberg's Syndrome-Cerebellar Infarction-Cerebellar Hemorrhage- Multiple Sclerosis-Motion Sickness								
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EN4.20	<p>Describe the clinical features, investigations and principles of management of Meniere's Disease Student should be able to describe</p> <ul style="list-style-type: none"> -Introduction -pathophysiology -Clinical Features -Eamination -Investigation -Variants -Diagnosis -Staging -Treatment -General measures -Treatment of acute attack -Treatment of chronic disease -Surgical treatment 	K	KH	N	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill Assessment			
EN4.21	<p>Describe the clinical features, investigations and principles of management of Tinnitus Student should be able to describe</p> <p>Introduction</p> <ul style="list-style-type: none"> -Definitions and classification -Non-pulsatile tinnitus -Pulsatile tinnitus -Investigations -Treatment -Sound therapies -Intratympanic drug Treatment 	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill Assessment			

	-Surgical								
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EN4.22	<p>Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Nasal Obstruction Introduction Student should be able to describe</p> <ul style="list-style-type: none"> -definition - history taking Examination -External nose -Vestibule -Anterior rhinoscopy: <ul style="list-style-type: none"> -rhudicum nasal speculum, septum, inferior and middle turbinates and meatuses -floor of nose -Topical nasal decongestant -Probe test -Posture test -Infant's examination -Posterior rhinoscopy -Patency of nasal cavities: spatula test, cotton-wool test and alae nasi movements -Special investigations of nasal complaints smell -Factors Affecting Olfactory Testing -Causes of Olfactory Problems -Tests for Smell: Electro-Olfactogram (Eog) -Measurement of mucociliary flow -Indigo-Carmine Test/Saccharin Sodium Test -Nasal obstruction 	K/S	SH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill Assessment			
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	<ul style="list-style-type: none">-Unilateral Nasal Obstruction-Bilateral Nasal Obstruction-Differential Diagnosis-Measurement of Nasal Obstruction: Acoustic Rhinometry and Rhinomanometry (Rhinometry)-Nasal valves disorders-Internal and External Nasal Valves-Cottle Test-Treatment: Spreader Grafts, Nasal FlaringX ray PNS Various views-CT Nose and PNS-Medical management-Surgical management								
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EN4.23	<p>Describe the clinical features, investigations and principles of management of DNS Student should be able to describe</p> <ul style="list-style-type: none"> -Pertinent anatomy -Etiology -Types: caudal, c-shaped, s-shaped, spurs, thickening -Clinical features: nasal obstruction, headache, external -Deformity, epistaxis, hyposmia/anosmia -Complications: mouth breathing, sleep apnea, recurrent -Or chronic rhinosinusitis, middle ear infection, atrophic -Rhinitis, asthma -Investigations -Medical Treatment -Surgical Treatment 	K	KH	y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill Assessment			
EN4.24	<p>Enumerate the indications observe and describe the steps in a Septoplasty Student should be able to describe</p> <ul style="list-style-type: none"> -Indications, Contraindications -Anesthesia -Techniques -Instruments -Submucous Resection of Nasal Septum -Septoplasty -Postoperative Care 	S	KH	Y	DOAP session	Written/ Viva voce			

	-Complications								
EN4.25	<p>Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Nasal Polyps b/l ethmoidal and antrochoanal polyps Student should be able to describe</p> <p>-Introduction describe-Incidence and prevalance -Bilateral ethmoidal polypi/antrochoanal polyp -Aetiology -Site of origin -Pathogenesis -Symptoms -Signs -Diagnosis -Treatment -Conservative -Surgical</p> <p>-Differences between antrochoanal and ethmoidal polypi</p>	K/H	SH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			

EN4.26	<p>Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Adenoids</p> <p>Student should be able to describe</p> <ul style="list-style-type: none"> -Pertinent anatomy -Features of Chronic adenoid hypertrophy -Etiology ,Clinical features <p>Adenoid facies and craniofacial growth abnormalities</p> <ul style="list-style-type: none"> -Airway obstruction -Diagnostic assessment of tonsils and adenoids -Obstructive sleep apnoea -Treatment <p>Medical Surgical</p>	K/H	SH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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EN4.27	<p>Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Allergic Rhinitis</p> <p>Student should be able to describe</p> <ul style="list-style-type: none"> -Allergy and Immunology Humoral Immunity: IgE, IgG, IgA, IgM and IgD -Mediators Released by Sensitized Mast Cells and their Effects: Histamine, Prostaglandins, Leukotrienes -Cell-Mediated Immunity Natural Killer Cells Complement -Types of immunologic (hypersensitivity) Mechanism Type I Immediate (IgE-Mediated Hypersensitivity): Atopy And Anaphylaxis Type 2 Cytotoxic (Antibody-Mediated Hypersensitivity) Type 3 Immune Complex-Mediated Hypersensitivity Type 4 Delayed (T Cell-Mediated Hypersensitivity) Allergic Rhinitis <ul style="list-style-type: none"> -Etiology -Predisposing Factors ,Pathogenesis Mediators Released by Sensitized Mast Cells and their Effects <ul style="list-style-type: none"> -Classification: Seasonal (Hay Fever, Summer Colds And Rose Fever) and -Perennial Allergic Rhinitis -Clinical Features ,Symptoms 	K/S	SH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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	<p>-Examination: Allergy Salute, Edematous Inferior Turbinate, Thin Watery Discharge, Polyps and Superadded Infection</p> <p>-Complications/Associated Conditions</p> <p>- Investigations</p> <p>Specific-Ig E Antibody Tests</p> <p>Skin Tests</p> <p>In Vitro Tests of Ig E Antibody</p> <p>Treatment</p> <p>Avoidance Therapy</p> <p>Drug Therapy</p> <p>New Therapies</p> <p>Immunotherapy</p> <p>Surgery</p>								
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EN4.28	<p>Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Vasomotor Rhinitis</p> <p>Student should be able to describe</p> <ul style="list-style-type: none"> -Pathophysiology -Classification -Nonallergic Rhinitis with Eosinophilia (Nare) -Drug-Induced Rhinitis -Rhinitis Medicamentosa -Honeymoon Rhinitis -Emotional Rhinitis -Hormone-Related Rhinitis -Gustatory rhinitis -Non airflow rhinitis -Idiopathic or vasomotor rhinitis <p>Clinical features Investigations Treatment Medical: avoidance of inciting factors, antihistaminics and Oral Decongestants, Topical Steroids (Beclomethasone Dipropionate, Budesonide or Fluticasone), Systemic Steroids, Psychological Counseling for Emotional</p>	K/S	SH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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	Adjustment, Exercise, and Tranquilizers Surgical								
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EN4.29	<p>Elicit, history, describe the clinical features, choose the correct investigations and describe the principles of management of Acute & Chronic Rhinitis Student should be able to describe</p> <p>Acute rhinitis Viral rhinitis Common cold (coryza) Aetiology Clinical features Treatment Complications Influenzal rhinitis Rhinitis associated with exanthemas Bacterial rhinitis Nonspecific infections Diphtheritic rhinitis Irritative rhinitis</p> <p>Chronic rhinitis Chronic simple rhinitis Hypertrophic rhinitis Atrophic rhinitis Rhinitis sicca Rhinitis caseosa</p>	K/S	SH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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EN4.30	<p>Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Epistaxis</p> <p>Student should be able to describe</p> <p>Pertinent anatomy Little's area/kiesselbach's plexus Causes Evaluation: history and examination Sites of epistaxis: anterior and posterior Investigations Treatment General measures Nasal cautery Anterior nasal packing Posterior nasal packing Arterial embolization Arterial ligation Surgical treatment</p>	K/S	SH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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EN4.31	<p>Describe the clinical features, investigations and principles of management of trauma to the face & neck</p> <p>Student should be able to describe</p> <p>Introduction Etiology Classification General principles Airway Breathing Circulation Evaluation History and Examination Radiology Laboratory Soft tissue injuries Facial Lacerations Parotid Gland Facial Nerve Frontal sinus Anterior Wall Fractures Posterior Wall Fractures Injury to Frontonasal Duct Supraorbital ridge Frontal bone Nasal bones and septum Naso-Orbital Ethmoid Zygoma (Tripod fracture) Zygomatic arch</p>	K/S	KH	N	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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	<p>Orbit (Blow-out fracture) Pure Blowout Fracture Impure Blowout Fracture (Rim Fracture) Naso-maxillary complex (lefort fractures) Mandible Factors Affecting Displacement Mode of Injury Oroantral fistula Sites and Pathways Localization of CSF Leak (CSF Tracers) CSF rhinorrhea</p>								
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EN4.32	<p>Describe the clinical features, investigations and principles of management of nasopharyngeal Angiofibroma</p> <p>Student should be able to describe</p> <p>Etiology Pathology Site of origin Growth and Extensions Clinical Features Diagnostic Radiology Staging Diagnosis Treatment: Surgical approaches, Measures to reduce the vascularity, Endoscopic resection, Radiation therapy Recurrence</p>	K	KH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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EN4.33	<p>the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Acute & Chronic Sinusitis</p> <p>Student should be able to describe</p> <p>-Introduction -Classification Viral rhinosinusitis Acute bacterial rhinosinusitis Chronic rhinosinusitis Pediatric rhinosinusitis -Complications of rhinosinusitis Mucocele/Pyocele Orbital Complications Cavernous sinus thrombosis Osteomyelitis Intracranial Complications</p>	k	KH	S	discussion, Demonstration Assessment				
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EN4.34	<p>34 Describe the clinical features, investigations and principles of management of Tumors of Maxilla</p> <p>Student should be able to describe</p> <p>-Benign neoplasms Osteomas Fibrous dysplasia Ossifying fibroma Ameloblastoma</p> <p>-Malignant neoplasms Incidence Aetiology Histology Carcinoma of maxillary sinus -Clinical features -Diagnosis Radiograph of sinuses Computed tomography (ct) scan Biopsy Classification Ohngren's classification Ajcc (american joint committee on cancer) classification -Treatment -Prognosis</p>	K	KH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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EN4.35	<p>Describe the clinical features, investigations and principles of management of Tumors of Nasopharynx</p> <p>Student should be able to describe</p> <ul style="list-style-type: none"> -Introduction Benign tumors of nasopharynx Malignant tumors of nasopharynx juvenile nasopharyngeal angiofibroma -Etiology -Pathology -Site of origin Growth and extensions -Clinical features -Diagnostic radiology -Staging -Diagnosis -Treatment: surgical approaches, measures to reduce The vascularity, endoscopic resection, radiation therapy Recurrence nasopharyngeal carcinoma -Dietary -Pathology -Spread -Clinical features: jugular foramen syndrome, collet- Sicard syndrome, horner's syndrome, trotter's triad 	K	KH	N	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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	<ul style="list-style-type: none">-Endoscopy and biopsy-Serology-Radiology-Tnm classification-Treatment: irradiation, systemic chemotherapy, radicalNeck dissectionRecurrent diseaseTeratomasThornwaldt's disease (pharyngeal bursitis)Proptosis (exophthalmos)								
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EN4.36	<p>Describe the clinical features, investigations and principles of management of diseases of the Salivary glands</p> <p>Student should be able to describe</p> <ul style="list-style-type: none"> -Introduction -Inflammatory disorders <ul style="list-style-type: none"> mumps -Acute suppurative sialadenitis -Parotid abscess -Neonatal suppurative parotitis -Recurrent parotitis of childhood -Chronic sialadenitis -Benign lymphoepithelial lesion -Kuttner's tumor -Tuberculous mycobacterial disease -Nontuberculous mycobacterial disease -Actinomycosis -Cat scratch disease -Toxoplasmosis -hiv-associated salivary gland disease -Obstructive disorders <ul style="list-style-type: none"> -sialolithiasis -Neoplasms of salivary glands <ul style="list-style-type: none"> Histogenesis of neoplasms pleomorphic adenoma warthin's tumor oncocytoma hemangioma lymphangiomas 	K	KH	N	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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	<p>Mucoepidermoid carcinoma adenoid cystic carcinoma Acinic cell carcinoma Squamous cell carcinoma malignant mixed tumor Adenocarcinoma Lymphoepithelial carcinoma -Xerostomia -Sjögren's syndrome -Diffuse infiltrative lymphocytosis syndrome -frey's syndrome</p>								
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EN4.37	<p>Describe the clinical features, investigations and principles of management of Ludwig's angina</p> <p>Student should be able to describe</p> <ul style="list-style-type: none"> -Pertinent anatomy Peritonsillar space,neck space and facia Parapharyngeal space Retropharyngeal space Danger space Prevertebral space Submandibular space Space of Body of Mandible Masticator space Submandibular space Masticator space -Sources of infections Microbiology Clinical features Investigations -Treatment Antibiotic Therapy Surgical Drainage - Peritonsillar infections Parapharyngeal space abscess Acute retropharyngeal abscess Prevertebral space abscess Ludwig's angina Abscess of space of body of mandible 	K	KH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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	Masticator space abscess Trismus								
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En4.38	<p>Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of type of dysphagia</p> <p>Student should be able to describe</p> <ul style="list-style-type: none"> -Aetiology Preoesophageal causes Oesophageal causes -Investigations -history -Clinical examination -Blood examination -Radiography -Manometric and ph studies -oesophagoscopy -other investigations 	K/S	SH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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EN 4.39	<p>Describe the principles of management of squamosal type of acute and chronic tonsillitis.</p> <p>Student should be able to describe</p> <ul style="list-style-type: none"> -Evaluation-introduction -Correct history -clinical features -bacteriology -investigations -complications -principles of management 	K/S	SH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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EN 4.40	<p>Describe the indications of tonsillectomy /adenoidectomy</p> <p>Student should be able to describe</p> <p>Evaluation-introduction</p> <p>-indication(absolute,relative,as a part of other surgery)</p> <p>-contraindication</p> <p>-anesthesia</p> <p>-position,steps involved in tonsillectomy/adenoidectomy</p> <p>-different methods of tonsillectomy,complicationsof tonsillectomy/adenoidectomy,post-op care</p>	s	KH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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EN4.41	<p>Describe the clinical features of acute and chronic abscesses in relation to pharynx.</p> <p>Student should be able to describe</p> <p>Evaluation-introduction</p> <ul style="list-style-type: none"> -parotid abscess,ludwigs angina,peritonsillar abscess,retropharyngeal abscess,parapharyngeal abscess,masticator space infection -correct history -bacteriology -investigations -principles of management medical/surgical 	K/S	KH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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EN 4.42	<p>Describe principles of management of hoarseness of voice</p> <p>Student should be able to describe</p> <p>Evaluation-introduction</p> <p>-aetiology</p> <p>-correct history</p> <p>-indirect laryngoscopy</p> <p>-neck examination,demonstration and description of clinical features,correct investigations,direct laryngoscopy,bronchoscopy,oesophagoscopy</p>	K/S	SH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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EN 4.43	Describe the clinical features of acute and chronic laryngitis	K	KH	Y	Lecture, Small group discussion, DOAP	Written/ Viva voce/ Skill assessment Bedside clinic			
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