

GPSTR ST1/ST2 Specialty Guide

ENT

Nottingham University Hospitals

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WEB RESOURCES

- British Deaf Association
www.britishdeafassociation.org.uk
- BMJ Topic collections ENT references
<http://bmj.bmjournals.com/cgi/collection/otolaryngology>
- British Sign Language
www.britishsignlanguage.com
- British Tinnitus Association
www.tinnitus.org.uk
- Clinical Evidence
www.clinicalevidence.com/cweb/conditions/ent/ent.jsp
- Ménière's Society
www.menieres.org.uk
- National Electronic Library for Health
- National Electronic Library for Public Health
- PRODIGY Guidance – head and neck cancer – suspected
www.prodigy.nhs.uk/head_neck_cancer_suspected/view_whole_guidance ... and ... other PRODIGY guidelines:
Allergic rhinitis
Aphthous ulcer
Common cold
Earwax
Gingivitis and periodontitis
Glue ear
Head and neck cancer
Herpes simplex – oral
Hiccups
Ménière's disease
Oral candida
Otitis externa
Otitis media – acute
Sinusitis
Sore throat – acute
Trigeminal neuralgia.
- Royal National Institute for Deaf People www.rnid.org.uk

PRIMARY CARE MANAGEMENT

In Primary Care you will need to know how to manage the following common presenting ENT *symptoms*:

- Hearing loss
- Ear wax
- Otagia
- Discharging ear
- Dizziness
- Tinnitus
- Epistaxis
- Sore throat
- Hoarseness
- Dysphagia
- Croup
- Goitre
- Lymph nodes and other neck swellings
- Speech delay
- Foreign bodies
- Facial weakness

Identify symptoms that are within the range of normal and can be managed simply with reassurance, e.g. small neck lymph nodes in well children.

INTRODUCTION

Many ENT symptoms including deafness are common in general practice. Inappropriate referrals to secondary care increase waiting times, consume resources and can be harmful to patients.

It is important to recognise cardinal symptoms of possible malignancy to appropriately refer them to the C2WW avoiding unnecessary delays adversely affecting their outcome. Early detection of head and neck cancer is vital.

In adults, external ear problems, especially hearing loss, are the most common reason for attendance.

Otitis media is the commonest presentation in ages 0–4 years. Hay fever affects around 1 in 10 people.

TRAINING AIMS

The Nottingham GP Training ENT ST1 or ST2 posts provides a job giving an ideal mix of experience for a future GP.

This guide is designed to help you identify the clinical learning opportunities within the post. The guide should be used in conjunction with the Logbook that the ENT department may provide you with.

The ENT teaching staff will be able to help you define and remedy any gaps in your knowledge or experience.

They will provide you with a series of clinical assessments (see below). You are responsible for making sure these take place and that they are properly documented.

The ENT team have kindly agreed to ensure that you will be able to attend the GP Training Half Day Release Teaching Sessions.

On some occasions this may clash with your on-call commitments. Apart from the Wednesday afternoon teaching sessions, you should make every effort to attend the departmental teaching sessions.

ASSESSMENTS

RECORDING ASSESSMENTS

All assessments should be recorded in your e-portfolio. This is your responsibility although your Clinical Supervisor and Educational Supervisor will also have to complete assessments on your e-portfolio. The e-portfolio forms a continuous record of your progress and will be submitted to the Deanery to “sign you off” at the end of your training. If you are having technical problems with the e-portfolio please contact the e-portfolio Enquiries/Help.

WORKPLACE BASED ASSESSMENTS

A series of workplace based assessments are needed. These are similar to the foundation post assessments you may have already done.

During your 4 months post you will need to do the following Assessments:

- ⇒ **2 x Mini-cex** (Clinical Examination exercises)
- ⇒ **2 x CBDs** (Case-based Discussions)
- ⇒ **1 x MSF** (Multi-source Feedback)
5 Clinicians only
- ⇒ **2 DOPS** (Direct Observation of Procedures)

PRACTICAL SKILLS

Know how to use an otoscope efficiently with due regard to patient comfort and safety	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Know how to perform simple anterior rhinoscopy	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Tuning fork tests when indicated	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Know how to remove a foreign body safely and when to refer	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Nasal cautery	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Safe removal of foreign bodies form ear/nose	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

CLINICAL MANAGEMENT SKILLS *continued*

Managing other ENT conditions

- Refer to evidence based guidelines whenever possible e.g. by using Prodigy, SIGN, NICE or Bandolier/Cochrane library

Recognise ENT presentation of other primary diseases

GORD	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
CVA	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
AIDS	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Motor neurone disease	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Anxiety / depression (e.g. globus / light-headedness)	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

Recognise problems needing urgent referral

Hoarseness persisting > 6 weeks	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Oral ulceration persisting > 3 weeks	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Understanding how to prioritise referrals accurately so that people are seen in order of clinical need	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

Your consultant will also need to complete a **Clinical Supervisor's** Report which he/she will discuss with you before submitting.

**Remember: “The E-portfolio is King”
You must keep a copy of all assessments as they will be needed in the future**

HOSPITAL JOB ASSESSMENTS

You will be contacted by the Deanery (via your E-portfolio) to complete an on-line assessment of your hospital post. (Bristol on-line Survey) This is mandatory and is a requirement of training.

INDUCTION AND INTRODUCTORY PERIOD

You will have a formal induction by the department make sure you are clear what your clinical responsibilities are. Be clear about who is providing supervision and support for you not just in the day time but also out of hours. Make sure you are aware of ward and clinic protocols especially for emergency problems.

- It is mandatory for you to attend the 1½ day course on managing ENT emergencies - this helps manage/deal with patients while on call more confidently. Information for this course can be obtained from the ENT Department.
- Be clear about what documentation is required not just for patient records but also for discharges, GP letters, etc.
- Be aware of the role of the nurses in clinic and on the wards. Know what problems you can ask for their help with and what problems they cannot advise you about.
- On a specialist unit you may find that you are working as the GP/Physician for the patient who may well have other non- ENT problems such as diabetes and ischaemic heart disease. You need to treat the patient holistically and may need to seek advice about these problems from time to time. If you are not sure ask.

EDUCATION IN ENT

Work-based learning – in primary care

It is important that trainers remember that basic examination skills may need to be taught. In a 1992 study of UK specialty registrars (GP), 50% of respondents commented that they had not experienced teaching or undertaken examination of the ear, nose and throat in adults or children at undergraduate level.

CLINICAL MANAGEMENT SKILLS *continued*

Nasal fracture, haematoma auris	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Snoring and sleep apnoea	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Suspected head and neck cancer	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Unilateral hearing loss in the absence of external ear pathology or obvious cause	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

Management of urgent problems

Tonsillitis and quinsy	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Nasal fracture	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Septal haematoma	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Epistaxis	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Nasal fracture - when to intervene	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Auricular haematoma / perichondritis	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Foreign body	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Severe otitis externa	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

CLINICAL MANAGEMENT SKILLS

Know how to manage the following ENT conditions

Otitis media (suppurative / secretory)	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Otitis externa	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Infective rhinitis, sinusitis, nasal polyps	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Pharyngitis, tonsillitis, laryngitis, glandular fever, oral candida, herpes salivary stones	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Perforated tympanic membrane	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Vertigo	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Cholesteatoma	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Ménière's disease	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Bell's palsy	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Temporo-mandibular pain	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Trigeminal neuralgia	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Reflux disease (GORD)	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

A symptom-based approach to teaching is useful using common symptoms.

An audit of referrals, by secondary care consultants, indicated a significant number of patients might not need a consultant.

Case discussions based on the referral decision for the following common ENT conditions may be profitable:

- Recurrent tonsillitis
- Epistaxis
- Glue ear
- Rhinitis
- Nasal polyps
- Sinusitis
- Snoring
- Sleep apnoea
- Swallowing disorders and neck lumps
- Otitis externa
- Chronic ear disease
- Hoarseness

Work-based learning – in secondary care

Specialist outpatient or clinic settings are ideal environments for seeing concentrated groups of patients with ENT and facial problems – particularly for patients who have rare conditions, require specialist treatments or have proven difficult to control in primary care.

Non-work-based learning

Reading, discussion and developing an understanding of the guidelines for ENT problems is an important aspect of learning

DEAFNESS

Deafness and the law: the Disability Discrimination Act 1995

The Disability Discrimination Act (DDA) aims to stop discrimination against people with disabilities. It gives people with disabilities equal and enforceable rights and access to all areas of life, including health care. The DDA says that service providers are not allowed to treat disabled people less favourably because of their disability.

This includes GPs and their teams, health centres, clinics, hospitals, etc.

Reasonable adjustments can include changing the way that the service is provided, for example allowing more time for appointments or having a display board to announce the next appointment. They can also include providing communications support, such as a BSL/English interpreter or purchasing helpful equipment, such as a converser.

Adjustments don't have to be expensive. Putting a prominent reminder on the patient's electronic and paper notes to tell staff she is deaf or remembering to face your patient and speaking clearly so that he can lip-read you could be a reasonable adjustment.

Making reasonable adjustments now can help patients, and save time and money that could be used for patient care.

Because head and neck cancer is relatively rare, the average GP would expect to see a new case only every six years. Early detection of head and neck cancer improves survival, and evidence-based referral guidelines exist but are not widely used.

SKILLS

The GP Curriculum is keen to divide skills into three categories.

- ⇒ **Communication Skills**
- ⇒ **Clinical Management Skills**
- ⇒ **Practical Skills**

There is obviously considerable overlap.

COMMUNICATION SKILLS

Describe strategies for communicating effectively with patients with hearing impairment and deafness, e.g. remembering to face the patient and speaking clearly so that they can lip read	Unsure	<input type="checkbox"/>
	Satisfactory	<input type="checkbox"/>
	Confident	<input type="checkbox"/>
Communicate effectively with parents with regards to concerns about their children with e.g. recurrent otitis media / deafness / recurrent tonsillitis, etc	Unsure	<input type="checkbox"/>
	Satisfactory	<input type="checkbox"/>
	Confident	<input type="checkbox"/>
Understanding and empathizing with the impact of deafness on peoples lives—Both the deaf and those who live with them	Unsure	<input type="checkbox"/>
	Satisfactory	<input type="checkbox"/>
	Confident	<input type="checkbox"/>
Empower patients to adopt self help strategies where appropriate e.g. hayfever, epistaxis, dizziness, tinnitus	Unsure	<input type="checkbox"/>
	Satisfactory	<input type="checkbox"/>
	Confident	<input type="checkbox"/>