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UNIVERSITY OF COLOMBO



**POSTGRADUATE INSTITUTE
OF MEDICINE OF SRI LANKA**

**Regulations and Guidelines
for
MS Otorhinolaryngology**

2008

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Rules & Regulations pertaining to the Degree of Master of Surgery – Otorhinolaryngology (MS)

1. Eligibility Criteria

- (a) A Medical degree (MBBS or equivalent) registered with the Sri Lanka Medical Council
 - (b) Satisfactory completion of internship acceptable to the Sri Lanka Medical Council.
 - (c) Satisfactory completion of one year of post internship in Medical/Clinical practice in a university/public/private sector institution in Sri Lanka acceptable to the PGIM.
 - (d) The criteria prescribed in paragraphs (a) to (c) must have been satisfied by the applicants as at the date of closure of applications, provided that where a short-fall has occurred due to any reasons including Sick, Maternity or Other leave, the doctor concerned should complete such shortfall in order to become eligible to apply for the Selection examination.
 - (e) Success at the MS (Surgery) Part I examination and any other requirement/s stipulated by the Board of Study in Otorhinolaryngology and that has/have been approved by the Board of Management.
- * foreign nationals who seek to apply to register for selection examinations should possess a medical degree registrable with the Sri Lanka Medical Council. The decision of the Board of Management will be final in all such applications.
- A quota for the private sector is presently available for most courses.
- Candidates who possess the Fellowship of the Royal Colleges of Surgeons in UK, Ireland, Australia in Otorhinolaryngology or General Surgery or a similar recognised postgraduate qualification from any other country may apply to the Board of Study in Otorhinolaryngology for exemption from the selection test, along with documentation in support of the request.
 - The Board of Study shall scrutinise such applications and make recommendations to the Board of Management.
 - The number of trainees to be enrolled will depend on the number of slots available in the training units and as decided by the Board of Study.

- Allocation of trainees for prescribed Pre MS training will be effected in the order of merit at the MS (Surgery) Part I examination conducted by the PGIM.

2. Training Programme leading to the degree of MS Otorhinolaryngology and board certification as specialists in Otorhinolaryngology.

The training programme is conducted in three stages and at the end of satisfactory completion of the prescribed training a trainee would be Board certified as a specialist in Otorhinolaryngology.

2.1 Stage I

- (a) MS (Otorhinolaryngology) in-service training programme is of the duration of 36 months.

Appointments to be completed during the Pre MS training programme

Following appointments have to be completed during the Stage 1 training.

Otorhinolaryngology	24 months
General Surgery	6 months
Neurosurgery	2 months
Head and Neck Oncosurgery	4 months

at the Cancer Institute, Maharagama, or any other Cancer Surgery Unit recognized by the Board of Study.

- Of the 24 months of prescribed Otorhinolaryngology training appointment, 12 months have to be done as a continuous appointment under one trainer. This period is considered as the maximum period a trainee can work under one trainer in the capacity of a Registrar.
- Paediatric Otorhino-laryngology should be included in the training programme. The trainee should work for a period of 3 months in the ENT Unit of the Lady Ridgeway Hospital for Children, Colombo or any other ENT Unit with adequate paediatric ENT exposure approved by the Board of Study.

- (b) Preparation and submission of a case book (Annexure I)

2.2 Stage II

MS (Otorhinolaryngology) Part II examination.

2.3 Stage III

- (a) Successful completion of the training period of 24 months after passing the MS (Otorhinolaryngology) Part II examination.
- (b) Submission of a research paper, which needs to be approved by the Board of Study.

2.4 (i) Institutions approved for in service training for registrar and Senior Registrars

- The National Hospital of Sri Lanka
- Teaching Hospital, Kandy
- Colombo North Teaching Hospital (Ragama)
- Colombo South Teaching Hospital (Kalubowila)
- Teaching Hospital, (Karapitiya)
- Teaching Hospital, Jaffna
- Lady Ridgeway Hospital for Children (Teaching)
- Teaching Hospital Kurunegala
- General Hospital, Matara

(ii) Training for Registrars.

- Sri Jayewardanapura General Hospital
During the In-service training, the trainees will undergo training in rotational appointments as prescribed by the Board of Study.
- During this period the trainee is expected to participate in academic activities, present cases at clinical meetings and teach undergraduates, in addition to patient care.
- The trainee is expected to maintain a log book as evidence of different aspects of training he/she has undergone. The log book has to be produced at the viva voce examination.

- During the Otorhinolaryngology appointment, the trainer should submit trainee's assessment form at the end of each short appointment and at six months intervals for evaluation by the Board of Study.
- Trainee's unsatisfactory performance may result in the extension of the training period or termination of training as decided by the Board of Study, based on laid down criteria,

2.5. Case Book

- (a) The case book should contain 10 cases managed by the trainee during the training programme.
- (b) The case book should be submitted to the PGIM along with the application to sit the MS (Otorhinolaryngology) Part II examination. (See guidelines regarding prior approval of case discussions by the Board of Study.)
- (c) Guidelines for the casebook is given in annexure I.
- (d) General rules laid down by the PGIM on submission of the case books will also apply in addition to above.

Candidates residing abroad should submit the case book six months prior to date of closure of applications.

3. Master of Surgery (Otorhinolaryngology) Part II examination.

3.1 Eligibility criteria.

- (a) Candidates should produce
 - certificates obtained from the Supervisory Consultants.
 - duly completed log book
 - the trainee's Assessment Formas documentary evidence of satisfactory completion of the training programme
- (b) Approval for the Case book should be obtained from the Board of Study as a pre-requisite to sit the examination.

3.2 Candidates, who possess foreign postgraduate qualifications in Otorhinolaryngology which are recognized by the Board of Study in terms of clause 2.1(c) and seeking exemptions for period/s of the training programme, may apply along with certified documents from the consultants as proof for having undergone training equivalent to what is expected in the local training programme.

(to be considered for exemption, the said periods of training should have been done after the applicant has passed the examination which is equivalent (Surgery) Part I examination)

Period of exemption to be granted in the Otorhinolaryngology component of the training programme shall be limited to a maximum of nine months.

The Board of Study shall scrutinize such applications and make recommendations thereafter to the Board of Management whose decisions shall be final.

3.3 The examination shall consist of the following.

(a) Theory

Paper I - Otology, Audiology and Rhinology.

Paper II - Laryngology, Head and Neck Surgery.

Paper III - Principles of General Surgery.

(b) Clinicals

Otolaryngology and Head and Neck Surgery

Long case – 1 hour

Short cases – 45 minutes

(c) Orals

3.3.1 **The Otolaryngology/Head and Neck Surgery component** will consist of clinical aspects of the speciality and the relevant aspects of Anatomy, Physiology, Pathology and the operative surgery

Otorhinolaryngology, Head and Neck Surgery – 30 min

Operative otorhinolaryngology and Head and Neck Surgery – 30 min

3.3.2 **General Surgery component** will consist of the principles and practice of surgery with special emphasis on General Surgery in relation to Otorhinolaryngology.

General Surgery – 30 min

4. Training after successful completion of MS (Otorhinolaryngology) Part II examination

This training period shall be of 24 months duration and would consist of

- one year of local training
- and
- a mandatory overseas component of training of one years duration.

4.1 Local Training

Twelve months as a Senior Registrar in an approved institution in Sri Lanka under a Board certified Consultant or a consultant who is eligible for privileges of Board certification.

4.1.1 The local component of the training should be a continuous period unless interrupted by the overseas training.

4.1.2 The trainee is expected to carry out a research project and submit a scientific paper during this period. (See annexure II)

Evaluation of Senior Registrar Training

The Senior Registrar Training will be evaluated at the end of third month, ninth month and after the twelfth month of the senior registrar training.

The evaluation is done in two ways.

1. Senior Registrar evaluation form

(This form will be issued to the trainee at the beginning of each period, which will be completed and signed by the trainer who will submit it to the Board of Study at the end of each period.)

2. Viva voce examination – This is conducted by a panel of 3 trainers nominated by the Board of Study which should include the supervisory trainer.

The duration is 60 minutes. The Senior Registrar is expected to bring his log book for inspection.

The certification of satisfactory training is the responsibility of the Board of Study on account of the following.

- Recommendations by the Supervisory Trainer
- Results of the viva-voce examination

Format of the viva-voce examination

The examination will include all the aspects of knowledge and skills required to practice as a specialist. This broadly includes theoretical knowledge, surgical skills and knowledge of the surgical instruments, research, audit and attitudes.

4.2 Overseas Training

12 months of training in approved institutions abroad.

- 4.2.1 The trainee while undergoing training overseas should keep the PGIM informed of any change of posts and the PGIM will request the supervising consultants to send regular confidential progress reports.
- 4.2.2 Candidates with foreign postgraduate qualifications who were exempted from any period of training, before the Part II examination, shall undergo the full period of 24 months training in Sri Lanka. PGIM regulations laid down in respect of such candidates shall also be applicable in addition to the above.

5. Board Certification

5.1 Candidate will become eligible for Board Certification by fulfilling the following requirements.:-

- (a) Satisfactory completion of the prescribed training under Stage 3
- (b) Submission of a research paper on a project approved by the Board of Study.

- 5.2 These stipulations could be amended by the Board of Study as and when the Board of study deems such amendments are necessary. On matters pertaining to training programme, not mentioned herein, or on a matter of interpretation of the stipulations, the decision of the Board of Study subject to approval of the Board of Management shall be final.

The effective date of Board Certification could be delayed under the following circumstances.

- (a) Extension of Senior Registrar training period locally by the Board of Study due to unsatisfactory performances. The Board Certification is delayed by the corresponding period of such extension.
- (b) Receiving of Adverse reports from the overseas supervisory Consultant pertaining to overseas training. The Board of Study, on consideration such adverse reports would recommend the period of further training to be imposed locally. The effective date of Board Certification would be delayed by the corresponding period.
- (c) In case a candidate refuses to accept a placement in an overseas hospital being offered by the Board of Study or if the candidate concerned would be unable to commence his/her overseas training within a period of one year after completion of local training, the effective date of board certification may be delayed. The period of delay would be calculated from the date of completion of local training and the date of commencement of overseas training by the trainee.

Annexure I

GUIDELINES FOR THE PREPARATION AND SUBMISSION OF THE CASE BOOK

MASTER OF SURGERY (OTORHINOLARYNGOLOGY) EXAMINATION

1. Ten (10) case records should be submitted and of which, at least, six cases should have been totally managed by the trainee inclusive of surgical procedures, if any. Out of the ten cases a minimum of seven patients should have been from the Otolaryngology unit and a minimum of three cases should be related to diseases.
2. These cases should be derived from the training units of the Institutions which are recognised by the Board of Study.
 - (a) A training unit of a Teaching Hospital in Sri Lanka manned by a Board certified Consultant or a Consultant eligible for the privileges of Board certification and recognised by the Board of Study for training purposes.
 - (b) Institutions recognised by the Colleges of Surgeons in UK, Ireland and Australia for postgraduate training in Otorhinolaryngology. The candidate should produce proof of such recognition.
 - (c) Any other institution approved by the Board of Study at individual requests.

In the case of local trainees, all cases should have been managed during their period of training. In the case of foreign nationals the cases should have been managed after passing the relevant Part I examination.
3. The case records should be certified by the supervisory consultants.
4. A minimum of 2 case discussions which are deemed to be incorporated in the case book shall be submitted to the Board of Study for approval at six months intervals. The perfected case book in the form of loose leaf bound and

approved by the Board of Study should be submitted along with the application for the MS (Otolaryngology) Part II examination. Prospective candidates who are residing abroad should submit their completed case books six months prior to the date of closure of application of the MS (Otolaryngology) Part II examination. The book should be loose leaf bound.

5. Case records being considered unsatisfactory and are returned to the candidates should be re-submitted within a period of one month. In case the case book is rejected or not submitted in time; the candidate will not be allowed to sit the MS Part II examination.
6. The assessors will be nominated by the Board of Study.
7. In case of candidates who are unsuccessful the Case books accepted for previous MS Part II examinations, will still be valid for future attempts of the MS Part II examination.

Format of case records

Case No. :

Case Record:

Name of the Hospital:

Consultant:

Name of the patient:

Ward: BHT:

Address:

Age:

Date of admission:

Date of discharge:

History of presenting complaint, subsidiary complaints, relevant past history, family history, social history.

Examination findings:

Initial clinical diagnosis with differential diagnosis:

Investigations:

Diagnosis after investigations (with reasons) plan of management:

Treatment carried out, outcome, management of any complications, plan for follow up and rehabilitation.

The operating surgeons names should be mentioned in all operative procedures.

Discussion

Should be based on the following, giving reasons.

1. Clinical diagnosis
2. Value of Investigations (available and not available in the institution)
3. Reasons for pre operative work-up, any available alternate methods.
4. Operative technique - any alternate methods and why they were not used.
5. Postoperative management.
6. Plan for rehabilitation (ideal and practical)
7. New ideas on the management
8. Brief account of the pathology, including aetiology, relevant anatomy and physiology
9. References should be mentioned quoting the sources eg. Journals (as in Sri Lanka Medical Journal)

The case book should be submitted in English with the text typesetting and double spaced.

Annexure II

RESEARCH PROJECT

By carrying out a research project a trainee is expected to

- (a) recognize a problem and clearly outline a project in the field related to the practice of Otorhinolaryngology relevant to Sri Lanka.
- (b) critically evaluate the literature relevant to the problem
- (c) develop a rational plan to work on the project
- (d) carry out the research project under the supervision of the consultant and defend such report at a viva-voce examination.

A suitable research project should

- (a) be aimed at filling a gap in the scientific knowledge
- (b) have a methodology appropriate to the project
- (c) be feasible in the allocated time frame of six months
- (d) have facilities and funds to carry out the plan

The following procedure is recommended

1. The trainee is advised to initiate the project at the beginning of the final year and before the MS Part II examination by way of identifying the project and arranging funding and supervision.
2. Nomination of a supervisor and obtaining approval from the ethical committee and the Board of Study.
3. Submission of the project proposal to Board of Study through the supervisory Consultant for approval six months prior to the Part II examination and obtaining of ethical clearance.
4. Carrying out of the work on the project under regular guidance from the supervisory Consultant.
5. Submission of the completed project report to Board of Study for approval during the period of training along with a letter attestation by the supervisory Consultant.

Presentation of the project report

- (a) Loose leaf binding
- (b) Title page with the name of the trainee
- (c) Content page with title of sections
- (d) Summary of objectives, findings and conclusions (abstract)
Introduction
Materials and methods
Detailed findings
Discussions & conclusions
- (e) References

THE COURSE CONTENT OF MS (OTOLARYNGOLOGY) TRAINING PROGRAMME

Through the course content the trainee is intended to identify the scope of knowledge and the experience he/she is expected to gain during the period of training programme.

The course content comprises of the under mentioned the three broad categories

1. Principles of general surgical management
2. Diagnosis, assessment and management of common general surgical disorders
3. Detailed knowledge of diseases in the Otorhinolaryngological region and the head & neck region.

1. Principles of General Surgical management

- 1.1. Ability to obtain a proper history and elicit clinical signs, knowledge about methods of investigation and their relevance, assessment of the severity and extent of the patient's illness and other concomitant disorders.
- 1.2. Principles of Management of the injured; including assessment, diagnosis, transportation and initial emergency treatment.
- 1.3. Pre-operative preparation of patients with relevance to the surgical disorder and other concomitant diseases.
- 1.4. Principles of Asepsis, antisepsis prevention of cross infection special precautions needed for AIDS, Hepatitis B etc.
- 1.5. Principles of general and local anaesthesia and Management of pain
- 1.6. Factors affecting wound healing, effects of incision and other surgical wounds, methods of wound closure.
- 1.7. Materials used in surgical procedures
Eg: instruments, sutures, drains, prosthesis etc. Factors affecting choice of such items.
- 1.8. Effects of blood and fluid loss and correction
- 1.9. Life saving procedures eg: CPR, tracheostomy, chest drains, intubation for ventilation, control of bleeding , burr holes etc.

- 1.10. Principles of management of post-operative complications eg: Respiratory infection, deep vein thrombosis, pulmonary embolism, fluid imbalance shock, myocardial infarction and cardiac arrest, Retention of urine, Renal failure, infection and septicaemia, wound dehiscence etc.
- 1.11. Principles of management of concomitant disease eg: Diabetes.
- 1.12. Clinical Pharmacology of commonly used drugs.
- 1.13. Principles of fluid balance and nutrition
- 1.14. Non surgical treatment of malignant disease
Basic knowledge of methods used, their value and complications
- 1.15. Evaluation of surgical practice and Evidence based medicine, Audit, Designing of clinical trials, Evaluation of data
- 1.16. Medical ethics, Medico-legal issues, Communication with patients

2. Management of common general surgical disorders

- 2.1. The candidate's ability to apply his/her knowledge of basic sciences to the diagnosis, investigations and treatment of diseases affecting the following areas.
 1. Lumps/swellings/conditions of the skin and subcutaneous tissues
 2. External herniae of all varieties
 3. Common scrotal lumps
 4. Lesions/lumps of head and neck region
 5. Lumps/lesions of the breast
 6. Common Surgical problems affecting the following systems Hepato-biliary pancreatic Oesophago-gastric/small bowel Colo-rectal Urological – including Kidney, Bladder, Prostate
 7. Common conditions of the vascular system with special emphasis on lesions of upper limbs and neck
- 2.2. The extent of the knowledge should enable the candidate to recognize, differentiate, assess, advise/counsel patients and refer appropriately if indicated.
- 2.3. The candidate should be aware of the board outlines of operative surgery although details of operative procedures need not be known.

3. Otorhinolaryngology/Head & neck surgery

3.1. Embryology/Anatomy

Detailed anatomy of the region, aspects of embryology relating to developmental abnormalities and other diseases

3.2. Physiology of nose, paranasal sinuses, oral cavity, pharynx, larynx, tracheo-bronchial system, oesophagus, salivary glands, thyroid, parathyroid, cranial nerves, Hearing and balance.

3.3. Pathology

Pathological basis of diseases in the region including effects of trauma, congenital abnormalities, inflammations, neoplasms, autoimmune and degenerative disorders.

3.4. Methods of examination

Examination of the region and other relevant general systems. Correct use of instruments and interpretation of findings.

3.5. Investigations

Different types of investigations available and their relevance to individual patients. Basic interpretation of radiological findings, facial nerve function tests, endoscopic techniques, audiometry, tests of vestibular function and interpretation of findings.

3.6. Treatment

3.6.1. Assessment and planning of management of patient with available information.

Pre-operative counselling of patient pertaining to method of treatment to be adopted.

Pre-operative preparation

Surgical procedures

Post-operative management

Assessment of results of treatment

3.6.2. Management of Hearing Impaired.

Basic principles of hearing aids and other devices, their value and limitations.

Management of a Deaf child

Forensic Audiology

4. Knowledge in the usage and maintenance of equipment. ie. Operating table, diathermy machine, operating microscope, Audiometric equipments, laser, endoscopes, micro instruments etc.