

ENT

GP Curriculum statements – 3.15

Care of People with ENT, Oral and Facial Problems

Learning Outcomes that could be delivered in ITP Post

1. Manage primary contact with patients who have a common/important ENT, oral or facial problem, e.g. benign positional vertigo and Ménière's disease
2. Know the epidemiology of head and neck cancers, including the risk factors, and identify unhealthy behaviour
3. Identify symptoms that are within the range of normal and require no treatment such as small neck lymph nodes in healthy children and 'geographic tongue'
4. Understand how to recognise rarer but potentially serious conditions such as oral, head and neck cancer⁴
5. Understand when watchful waiting and the use of delayed prescriptions are indicated
6. Carry out appropriate examination including more detailed tests where indicated, e.g. audiological tests and the Dix–Hallpike manoeuvre to help diagnose benign paroxysmal positional vertigo (BPPV)
7. Know the skills which can be used in primary care to effect a cure, e.g. nasal cautery and the Epley manoeuvre for treating BPPV
8. Understand the relationship between factors in the patient's environment, such as smoking or noise levels, and the cause and management
9. Appreciate that pathology in other systems may lead to ENT-related symptoms. Examples include gastro-oesophageal reflux disease (GORD) and cerebrovascular accident (CVA)
10. Understand when urgent (or semi-urgent) referral to secondary care may be indicated, e.g. in trauma, epistaxis, quinsy (peritonsillar abscess), severe croup
11. Understand that ENT pathology can lead to developmental delay, e.g. 'glue ear' can impair a child's learning
12. Understand that systemic disease such as haematological, dermatological and gastrointestinal problems may present with oral symptoms, e.g. glossitis caused by iron deficiency anaemia

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-3-15-ENT-Oral-and-Facial-Problems.ashx>

Ophthalmology ITP post

GP Curriculum statements – 3.16

Care of People with Eye Problems

Learning Outcomes that could be delivered in ITP Post

1. Recognise ophthalmic emergencies and refer appropriately, e.g. new visual distortion in wet age-related macular degeneration, sudden loss of vision
2. Understand the use of medications for eye problems including mydriatics, topical anaesthetics, corticosteroids, antibiotics and glaucoma agents, and be able to explain these to your patient
3. Manage superficial ocular trauma, including assessment of foreign bodies, abrasions and minor lid lacerations
4. Recognise ocular manifestations of neurological disease, e.g. hemianopia, nystagmus
5. Manage the underlying systemic disease to reduce further complications, e.g. diabetes, vascular disease, connective tissue disorders and infections such as herpes
6. Understand the significance of visual impairment for a patient's ability to self-manage other chronic illness

Top Tips

What to expect

- There is a useful handover booklet to help you in ENT.
- Organise your own timetable between ENT and Ophthalmology clinics – to fit in with your learning objectives.
- You are on call for ENT between 8.30 and 5, shared with FY2. You get bleeped for GP referrals and A&E patients. Ask the consultants if unsure.
- You also see elective post-op patients every day, except Monday, with or without the consultant.
- You may do a short ward round for a few inpatients and ward referrals.
- You may have to help in theatre one day a week.
- Always carry bleep, even when doing Ophthalmology.
- You are working with one of your FY2 colleagues - who covers ENT and Breast Surgery. You may need to do more ENT if it is busy or if the FY2 is on Annual Leave. Liaise with each other for annual leave and study leave, and ask Mr Hasan to sign the form. This is a good job for study leave.
- 2 clinical supervisors (from both ENT & Ophthalmology). At the end of your post you need to obtain a clinical supervisors report from each supervisor (although ENT provides more evidence as you have more responsibility there and some Trainees have only be able to get a CS report from ENT)
- Your consultants are always there to supervise you over the phone as needed and are very helpful.
- You have to update a tonsillectomy audit regularly and present this at the 2 monthly M and M meeting
- There is a consultant on call every night and weekend. The Surgical FY1 covers junior doctor jobs out of hours – so you may need to handover to them.
- For GP and A&E referrals who need to be seen in clinic – speak to the consultant and the ENT secretary

Learning tips

- Attend Ophthalmology Clinics – best ones are Emergency Eye Clinic, Ms Shiew, Ms Akerele - ask to look in all dilated pupils, using ophthalmoscope.
- In clinic initially shadow your consultant to get experience. Things you need to pick up include: otoscopy, micro-suction, interpreting audiogram and tympanometry, nasal speculum, (nasoendoscopy), nose packing (in theatre once/wk), arranging investigations especially CT and MRI relevant to ENT & allergy tests.
- It is worth liaising with the audiology dept to try and sit in on children's hearing tests, vestibular function tests and tinnitus counselling and also with speech and language therapy for hoarseness.

Additional tips

For your clinical supervision you will need to:

- a. Start early!

- b. Make sure consultant has password for the GP login (not the foundation one)
- c. Arrange times to sit down with the consultant and long them on to fill in CBDs etc – they do not answer emails!
- d. Ensure log entries are regularly reviewed and up to date and that CSRs are completed by the end of the post

Ophthalmology

- Skills to learn early are use of the ophthalmoscope (practice on patients with dilated pupils) and how to measure vision properly
- Best Clinics – Emergency Eye Clinic (every morning), Oculoplasty Clinic
- Try and go to a few Ophthalmology theatre sessions. One cataract is probably enough. Seeing Lucentis injection is interesting
- In this job, you need to make your own learning happen – so think about what opportunities you can create