How to make the most of your SHO years if you want to be an ENT trainee

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We have put together information that we would have liked to know at the beginning of our CT1/SHO appointments. This is not an exhaustive list and your colleagues will also be a fantastic source of help and advice.

The basic outcome of early SHO experience in ENT is to become familiar with common ENT presentations and basic procedures; be able to recognise when anatomy is not normal (then escalating to seniors when appropriate) and pathologies requiring emergency management eg supraglottitis, parapharyngeal abscess, epistaxis management, microsuction, and foreign body removal. Going to clinics to watch consultants can be useful for learning management of conditions, and for developing communication and scoping skills - especially if they have stack systems, and you will be able to practice on head and neck patients who are used to the procedure.

Useful resources for learning are:

- *www.entsho.com - fantastic resource for common conditions, practical skills, operations, useful textbooks etc;*
- *www.entuk.org - patient leaflets and other guidelines*
- *www.entacademy.co.uk/for-doctors-1 - spot diagnosis management and radio-opacities of foreign bodies;*
- *www.e-lefent.org.uk for helpful learning modules.*

Once you have got a grip on the basics, the next step is to further your experience and prepare yourself for ST3 application and becoming a safe junior registrar.

ENT CT/SHO placements

Be careful not to do too much ENT as this can also mean that you lose points on your ST3 application eg. >18 months. The optimum time in ENT posts after foundation training is 5-18 months, so do take your F3 year into consideration too.

During your ENT placements, make sure you log your basic procedures:
- **elogbook** accepts many procedures that you may not automatically think you can log (see appendix list). **Try to keep on top of this – after each acute clinic or on call, log the patient details on the app or online.** Also remember that you can log all the procedures you "observe" in theatre even if you do not get scrubbed.

As part of the JCST, there are certain Quality Indicators for Surgical Training relevant to an ENT placement, which should be discussed with your clinical supervisor and rota co-ordinator when you start your job. Some of these may not be possible especially when you are on call or nights but gives you guidelines to aim for.

- At least 2 hours of facilitated formal teaching each week on average (eg locally provided teaching, regional meetings, annual specialty meetings, journal clubs and x ray meetings)
- Eligible to half a day per week to allow personal study, audit and research
- Have the opportunity to attend three operating lists (at least one as principle trainee) and three outpatient clinics (inc emergency clinics) each week
- At least one consultant ward round each week
- Should have the opportunity to perform all the procedures in the early years curriculum to the specified level as defined in the curriculum - minimum is insertion of grommets, reduction of nasal fracture, adult tonsillectomy and paediatric adenotonsillectomy.
- Be involved with the management of patients presenting as an emergency at least once each week (on average) under supervision
- Should have the opportunity to regularly attend ward rounds dealing with the management of emergency admissions.
- Have the opportunity to attend one MDT or

equivalent per week where appropriate

Don't worry if you're spending lots of time on call. You need this to become a competent ST3 and the more you are on call the better you get at managing the basics. Be efficient with your time so that you can go to theatre for the emergency operating. Ask your registrar if you can do a specific part of the operation eg separating the straps for a tracheostomy.

Theatre

Remember that first impressions count! Ensure that when you are attending a consultant's theatre list that you know all the details of the patients eg. indications for surgery, co-morbidities, scans, and turn up early to consent the patients (if appropriate). They are more likely to teach you and let you get involved if they have seen you are enthusiastic and dedicated on day 1.

Basic procedures that you will be expected to be competent at when you start as a junior registrar, include:

- **Grommet insertion**
- **Tonsillectomies**
- **Adenoidectomies**
- **Reduction of nasal fractures**
- **Basic nasal endoscopy skills**
- **Basic direct laryngoscopy and panendoscopy** (especially important for foreign body removal as an on call junior registrar).

Of note, at ST3 application you score points for performing <u>one</u> or more of each of the indicative procedures:

- **Tonsillectomy**
- **Grommet insertion**
- **Reduction of nasal fractures**
- **Direct pharyngoscopy OR laryngoscopy**
- **Nasal polypectomy**

You cannot score any further points for further surgical exposure, but it shows dedication to the specialty if you have a more extensive logbook, and will significantly lessen the steepness of the learning curve at ST3 if you can already perform basic procedures competently.

It is very useful to try to learn operative skills from a variety of seniors as they all have different tips and tricks to teach you, and different ways of describing concepts. Of course, consultants are often fantastic teachers but they will frequently have registrars attached to their operative lists. We would recommend finding some operative lists with small cases where no registrars are assigned – commonly booked for senior middle grades/associate specialists where you may have more of an opportunity to perform the majority of the cases. Registrars have to perform a certain number of procedures to gain competencies each year of training so if you are sharing a list, have a discussion with your registrar and work out if there are any procedures where they are less desperate for numbers, or that they are willing to teach you (also good for their portfolio). Try not to get down hearted if you do not get a chance to operate on a certain list though as observing colleagues operate is incredibly useful – try to analyse their techniques as compared to yours or others that you have seen, and use the opportunity to revise and appraise the referral guidelines for that procedure, the differential diagnoses and work up for the condition, or to review the imaging for the case - you can always send your musings and further reading to your seniors as CBDs on ISCP and make your work based assessments into a very useful learning opportunity.

If you are observing or assisting a procedure you are not familiar with the following two resources can be helpful to revise the procedure prior to the theatre session:

- *<u>http://www.entdev.uct.ac.za/guides/open-access-atlas-of-otolaryngology-head-neck-operative-surgery</u> - describes indications, pre-operative work up, anatomy, instruments and procedure*
- *<u>https://www.entacademy.co.uk/</u> - short procedural videos*

ST3 application

I would recommend looking at the **ST3 application** criteria at the beginning of your core surgical training years, if not before, particularly if you are interested in taking an F3 year. This is available on the **Yorkshire and Humber Deanery website** and useful

documents include the person specification (required and desired criteria), applicants handbook and the self-assessment guidelines. Note that there will be changes to the curriculum coming in August 2020, which may change the points given in the ST3 application, so pay close attention to the updated documents.

At the beginning of your CT1 download the portfolio document (self-assessment guidelines) and compare your CV to work out your provisional scoring. This allows you to identify gaps in you portfolio and to bring a plan of action to your initial educational meeting. You will not be able to score full points but try to formulate a realistic action plan of what areas can be further optimised prior to your interview.

Specific areas to get "quick points" can be ensuring you have attended enough **courses (book early!),** completed at least **3 closed loop audits since leaving medical school** and **four first author publications** - at the moment this still includes case studies.

Courses

Courses are divided into **5 compulsory courses** (ie. ATLS; BSS; CCrISP; ALS or ALERT; and PLS or other paediatric life saving) as well as at least **2 craft courses** which can include temporal bone dissection, FESS, ENT radiology, or a head and neck dissection course. The CCrISP course may not remain compulsory after the new curriculum is implemented so the scoring in this section may change.

Audits

If you need to perform more audits, talk to your consultant audit lead and have a discussion about anything the department needs that has a realistic quick turnover with scope for re-audit. Be picky about what you do and don't feel pressurised into doing something if you do not think it is possible to complete and second cycle**. Only do audits with manageable second loops within a 6 month job.** It does not have to be ground breaking, but interesting enough that you don't loose steam with the hours that you will be putting in.

As part of CST you are expected to complete and present **one audit project in every twelve months**. Audits from any specialty do count in this section but try to get at least one in ENT.

Here you can be clever about optimising your portfolio – you may be able to find some quick and easy closed loop audits; then at least one interesting topic for an audit (either single or closed loops) that you can submit to regional/national meetings to present (oral or poster) or write up and publish boosting points in multiple sections. **You need to aim for all your projects to be at least presented at regional/national conferences and published.** BMJ quality improvement journals will accept good quality improvement projects for publication – and this can maximise your points per project.

Publications

When submitting articles for publication, consider the sort of articles that each journal publish, the impact of the journal, the turnover of the journal and ensure that a publication will give you a PubMedID if that is what you need. BMJ *Images In…* is publication with only a 500 word abstract that has a high turnover.

You can also use https://thinkchecksubmit.org/ to check you are using a trusted journal.

First author non-PubMedID publications include ENTSHO.com, E-lef ENT, or your regional training website. Published abstracts from conference programmes do not count.

Teaching

Teaching is a vital part of medical and surgical training – you can get involved in running your regional bootcamp (counting as contributing to a course as a faculty member) or setting up a course if there is a scope to do so with appropriate facilities and facaulty available.

The other section for teaching is qualifications so if there is time and you are interested, sign up to a **PGCert or MSc in medical education** or if not possible, you can also get involved by doing a

Training the Teachers course, or **IFME** which is run by the University of Cambridge and is a free qualification if you supervise Cambridge students (both count as 1 point).

Research

Getting involved in research is an excellent activity for anyone interested in surgical training which can be as years out of training in formal degrees, or running alongside clinical work. You can also get involved in regional and national ENT research projects. East of England holds a NIHR Dragons Den Research Workshop where selected projects are invited to present research proposals to a panel of NIHR experts; INTEGRATE is a National ENT Trainee Led Research Collaborative which develops a comprehensive annual, trainee-led, collaborative research or audit project.

It is important to be aware of national research projects being currently undertaken, and is good practice to regularly read published articles. I would highly recommend subscribing to **Read by QxMD** via your hospital's library service as it emails you regularly with new publications from your selection of journals. It is excellent experience to volunteer yourself to present a critical appraisal of a paper at your local audit meeting.

Presentations and Conferences

Meetings and conferences do not necessarily give you extra points on your application (unless you are presenting) but are often incredibly interesting, are a fantastic opportunity to meet peers and seniors in the region and nationally, and show dedication to the specialty. Posters and oral presentations at conferences all get you points for ST3 applications. We would recommend submitting research/audits/quality improvement projects/case reports to as many conferences as possible, as you may be surprised as to what gets accepted. Some suggested national and regional events are listed in the appendix at the end. To keep up to date with upcoming meetings it is useful to subscribe to regular emails from **ENT UK** and **ENT & Audiology News**. Association of Otolaryngologists in Training (AOT) also has an extensive list of useful resources, and has a google groups email forum that often announces courses and conferences that you may be interested in.

If you sign up to their newsletters you will get contacted as soon as they are accepting abstracts and it will give you plenty of time to prepare. Many of them offer prizes for best poster/oral presentation, which also gets you extra points in ST3. To increase your chances of winning prizes it would help to present these at your departmental audit meeting prior to the conference to get senior peer feedback.

Societies offering prizes (by no means an exhaustive list!)

- Royal Society of Medicine
- Royal College of Surgeons
- ENT UK
- ENTSHO.com
- Best performance prizes on dissection courses

Management

If you're in a DGH it's pretty easy to get points for the management station. There are lots of committees in hospitals and they're always keen for junior doctors to show an interest. Examples include: the **Junior Doctors Forum** which is often looking for surgical department representatives; local and regional **British Medical Association** representatives; **Association of Otolaryngologists in Training Committee**; **local training representative**; and **Mess President**. Note that rota co-ordinator does not count.

Extracurricular

There are two points available for outstanding extracurricular activities since leaving medical school, which have to be 6 months or more. They suggest sporting or cultural activity at a regional or national level, or outstanding charity work.

Exams

You can't complete core surgical training or apply for ST3 unless you have MRCS. For ENT ST3 applications you need MRCS (ENT), which is MRCS part A plus DOHNS part 2; or DOHNS plus MRCS, by the time of the interview (which is March of CT2). If you know you want to do ENT then don't bother with full MRCS – it's a waste of time and money to do both parts! Try to get part A done before you start CST so you can do DOHNS part B in CT1. Don't leave it too late, and you will need to work hard for these exams so make sure you give yourself enough time to revise for them.

Useful resources include eMRCS and Past Test – both fantastic question banks for MRCS A; and various books for DOHNS available in your hospital library or amazon (including ENT Tzar "DO-HNS and MRCS (ENT) OSCE guide", MasterPass "MCQs and EMQs" and "ENT OSCEs", "ENT OSCEs: a Guide to Passing the DO-HNS and MRCS (ENT)" and Doctors Academy "DOHNS OSCE Book").

ENTSHO.com also has DOHNS past papers and mock exam. There are revision courses for exams, which some people find helpful but they are not compulsory to pass.

ISCP Portfolio

This is used by all core surgical trainees. It is important to familiarise yourself with this early on so you can stay on top of it throughout the rotation. We know that everyone told you during foundation years to upload CBDs, CEXs throughout the year rather than at the last minute, and it seems obvious, but it is even more important for core surgical training because you have more to do and HALF must be signed off by consultants. Also if you want to look like a good surgical trainee then its advisable to get more than the requirements and this will be recognised during your ARCP. PBAs have a curriculum of procedures and try to get through as many of these as possible during your core training years. Don't forget about CEXs for consent which are fairly easy to get as when you are operating/assisting on consultant's theatre lists it gives you an opportunity to get them to sign you off. **Send at least one ISCP case per week then there won't be a rush at the end.**

Appendix:

Useful links:

https://entsho.com
https://entuk.org including https://www.entuk.org/webinars
https://aotent.org/resources
https://www.yorksandhumberdeanery.nhs.uk/recruitment/national-recruitment/national-otolaryngology-ent-st3-recruitment
https://www.yorksandhumberdeanery.nhs.uk/sites/default/files/ent_2020_self-assessment.pdf
https://www.jcst.org/quality-assurance/quality-indicators/
https://thinkchecksubmit.org
https://www.entandaudiologynews.com/development/trainee-matters/post/integrate-uniting-collaborative-research-in-ent
http://www.entdev.uct.ac.za/guides/open-access-atlas-of-otolaryngology-head-neck-operative-surgery
https://www.entacademy.co.uk
https://www.rsm.ac.uk
https://www.bapo.co.uk
https://www.entuk.org/bso-british-society-otology
http://www.britishlaryngological.org
https://www.entuk.org/head-neck-society
http://www.britishrhinologicalsociety.org.uk
https://www.entuk.org/facial-plastic-surgery-section

Elogbook-able procedures

Acute clinic and on call exposure:

- suction clearance of external ear
- biopsy of lesion of external ear
- nasal cautery (and emergency)
- removal of nasal packing
- drainage of abscess external ear
- drainage of haematoma external ear
- removal of foreign body external ear
- suture of external ear
- nasal fracture reduction*
- packing of nasopharynx
- packing of nose
- removal of nasal foreign body
- suturing of laceration to nose
- quinsy drainage
- drainage neck haematoma
- drainage of neck abscess
- suture skin of neck

Basic surgery lists:

- EUA ears
- EUA nose
- MUA nasal fracture*
- nasal polypectomy*
- outfracture of inferior turbinates
- turbinate cautery
- submucosal diathermy (of turbinates)
- direct laryngoscopy +/- foreign body removal*
- microlaryngoscopy +/- biopsy
- FNE (paediatric)
- adenoidectomy and grommets**
- aural polypectomy
- removal of grommet
- excision lymph node neck for diagnosis
- excision of benign neck lesion
- excision neck lesion for diagnosis
- adenoidectomy*
- adenotonsillectomy**
- EUA PNS +/- biopsy
- panendoscopy, EUA mouth and PNS
- pharyngoscopy +/- biopsy*
- tonsillectomy (also for diagnosis)*
- antral washout
- diagnostic sinus endoscopy
- endoscopic nasal polypectomy*
- middle meatal antrsostomy
- uncinectomy
- tracheostomy
- rigid bronchoscopy
- oesophagoscopy
- tonsil haemorrhage arrest
- arrest haemorrhage after adenoidectomy, pharyngoscopy +/- FB
- endoscopic nasal cautery
- oesophagoscopy rigid + FB
- oesophagoscopy rigid + biopsy

* ST3 indicator procedures
** unbundling these procedures (ie logging an adenotonsillectomy as an adenoidectomy and tonsillectomy) bulks out your portfolio without doing more procedures

Conferences and meetings

International events include: biennial *BACO* (British Academic Conference in Otolaryngology) conference, annual *CEORL-HNS* (Confederation of European Otorhinolaryngology - Head and Neck Surgery) Congress, and biennial *ESPO* (European Society of Pediatric Otorhinolaryngology) Congress

National events include: *ENT UK* biannual meeting, annual *AOT* (Association of Otolaryngologists in Training) conference, regular events at the *Royal Society of Medicine* (four per year), biannual *BOARS* (British Otorhinolaryngology & Allied Sciences Research Society) meetings, *National Teaching ENT* conference, *ENT UK & BSA Global Health Meeting*, *Cambridge Anatomy Demonstrators* national meeting, *British Society for History of ENT* Annual Meeting, and also *SFO* (Student and Foundation Doctors in Otolaryngology) if you are still in foundation school.

Regional meetings include *The Semon Club* for Eastern and London regions for biannual presentations and discussions of unusual cases and *East of England Quality Improvement, Research and Audit day* (which is mandatory if you are an East of England CST).

Subspecialist societies also have regular meetings useful websites: *BAPO* (British Association for Paediatric Otolaryngology), *BSO* (British Society of Otology), *BLA* (British Laryngological Association), *HNSOC* (Head and Neck Society), *BRS* (British Rhinological Society), *BSFPS* (British Society of Facial Plastic Surgery), and *BTA* (British Thyroid Association) amongst many more.