

2.5.3

Reforms & Assessment



**Dr. Vasant Rao Pawar Medical College, Hospital & Research
Centre, Adgaon, Nashik – 03.**

Department of Otorhinolaryngology

OSCE Stations for Undergraduate students

Station 1: Demonstration of ear examination with Bull's Eye Lamp

Checklist:

Step	Yes/No	Marks
Introduces oneself to patient		1/2
Explains the procedure to patient		1/2
Sterilize the aural speculum		1/2
Adjusting Head mirror to focus the light of Bull's eye lamp on the ear		1/2
Pulls the Pinna backward and outwards during examination		1/2
Asking Patient to Do Valsalva		1/2
Repeat procedure on other side		1
Draw the diagram		1

Station Requirements: Table, chair, Bull's eye lamp, Head mirror, aural speculum, paper and patient.

Time: 3-4 mins



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Station 2: Demonstration of Indirect Laryngoscopic Examination

Checklist:

Step	Yes/No	Marks
Greet the Patient		1/2
Takes a brief History		1/2
Explain the procedure		1/2
Wear Head mirror and adjust bull lamp		1/2
Warm the laryngeal mirror with spirit lamp		1/2
Check the warmth of mirror		1/2
Asking the patient to open the mouth, protrude the tongue, hold the tongue with gauze piece and introducing the mirror		1/2
Move the laryngeal mirror and ask the patient to speak 'ah' and 'ee'		1/2
Ask the patient to breathe		1/2
Draw the diagram		1/2

Station requirements: Table, chair, head mirror, bulls eye lamp, laryngeal mirror, spirit lamp, gauze pieces, kidney tray, paper, pen and patient

Time: 3-4 mins



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Station 3: Demonstration of Tuning Fork Examination: Rinnes Test

Checklist:

Step	Yes/No	Marks
Greet the patient		1/2
Explain the procedure		1/2
Take the tuning fork of 512 Hz and charge it by striking it on suitable surface		1
Place tuning fork in front of the EAM, approximately 2cm away from it and parallel to EAC. Ask the patient to hear.		1/2
Then Place the tuning fork on mastoid process on same side		1/2
Repeat the test on other side		1
Interpret the result		1

Station requirements: Table, chair, 512 Hz tuning fork and patient

Time: 3-4 mins

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Station 4: Demonstration of Tuning Fork Examination: Weber's Test

Checklist:

Step	Yes/No	Marks
Greet the patient		1/2
Explain the procedure		1/2
Take the tuning fork of 512 Hz and charge it by striking it on suitable surface		1
Place tuning fork on the centre of forehead or vertex and ask the patient to hear		1
Ask the patient if the sound is lateralized to one ear		1
Interpret the Result		1

Station requirements: Table, chair, 512 Hz tuning fork and patient

Time: 3-4 mins

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Station 5: Demonstration of Tuning Fork Examination: Absolute Bone Conduction Test

Checklist:

Step	Yes/No	Marks
Greet the patient		1/2
Explain the procedure		1/2
Take the tuning fork of 512 Hz and charge it by striking it on suitable surface		1/2
Occlude the EAC by pressing the tragus inwards and place tuning fork on the mastoid process.		1/2
Ask the patient to notify when he/she stops hearing the sound		1/2
Compare the bone conduction with that of the examiner		1/2
Repeat test on the other ear		1
Interpret the Result		1

Station Requirements: Table, chair, 512 Hz tuning fork and patient

Time: 3-4 mins

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OSCE for Postgraduate students

Station 1: Demonstration of Nasal Endoscopy

Checklist:

Steps	Yes/No/ Correct answer	Marks
Greet the patient		1/2
Explain the procedure to patient		1/2
Perform 3 passes of Nasal Endoscopy		1
What are the indications for nasal endoscopy?		1/2
Which agent is used for decongestion before endoscopy?		1/2
Which agent is used to prevent fogging during endoscopy?		1/2
How is the endoscope disinfected after the procedure?		1/2
Draw the findings		1

Station Requirements: Bed, Patient, 0 Degree/30 Degree Nasal endoscope, Gauze pieces, Chlorhexidine solution, pen and paper

Time: 5-10 mins

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Station 2: Demonstration of Otomicroscopic Examination

Checklist:

Steps	Yes/No/ Correct answer	Marks
Greet the patient		1/4
Explain the procedure to patient		1/4
Adjust the microscope into position to focus and visualize EAC and TM		1/2
Perform OME on the patient		1
What are the diagnostic indications of OME?		1/2
What are the therapeutic indications of OME?		1/2
Interpret the findings		1
Draw the diagram		1

Station Requirements: Bed, patient, otomicroscope, aural speculum, microsuction, aural forceps,
pen and paper

Time: 5-10 mins

Handwritten signature

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Station 3: Demonstration of Tuning Fork Examination: Rinne's Test

Checklist:

Step	Yes/No/ Correct Answer	Marks
Greet the patient		1/4
Explain the procedure		1/4
Perform Rinne's test		1/2
Interpret the result		1/2
What is the principle of Rinne's test?		1
What is positive Rinne and negative Rinne?		1
What is false negative Rinne?		1/2
Explain severity of Conductive Hearing Loss on the basis of Rinne's test		1

Station requirements: Table, Chair, 512 Hz tuning fork, Patient

Time: 5 mins.

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Station 4: Demonstration of Tuning Fork Examination: Weber's Test

Checklist:

Step	Yes/No/ Correct Answer	Marks
Greet the patient		1/4
Explain the procedure		1/4
Perform the Weber's test		1/2
Interpret the result		1/2
What is the principle of Weber's test?		1
What are the different sites of placing the tuning fork during Weber's test?		1/2
What are the outcomes of Weber's test in CHL and SNHL?		1
In case of both ears being diseased, what will be the result of Weber's test?		1

Station requirements: Table, Chair, 512 Hz tuning fork, Patient

Time: 5 mins

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Station 5: Demonstration of Tuning Fork Examination: Absolute Bone Conduction Test

Checklist:

Step	Yes/No/ Correct Answer	Marks
Greet the patient		1/4
Explain the procedure		1/4
Perform the ABC test		1/2
Interpret the result		1/2
What is the principle of Absolute Bone Conduction test?		1/2
Explain the mechanical conduction of sound		1
What are the outcomes of ABC Test?		1
Explain other tuning fork tests based on Bone conduction		1

Station Requirements: Table, chair, 512 Hz tuning fork, patient

Time: 5 mins

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Self-assessment

Self-assessment is practiced in clinical batch postings. One student is asked to demonstrate the correct technique of the following tests:

1. Ear examination with bull's eye lamp
2. Indirect Laryngoscopy
3. Otoscopy
4. Anterior Rhinoscopy

The peer students will comment on the discrepancies in the technique of the performing student. Finally the teacher summates the correct method of the technique Thus self-assessment enhances self-directed student learning.

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Ear examination with Bull's Eye lamp

Sr. No.	Checklist	Yes/No
1.	Introduce oneself to patient	
2.	Explain the procedure to patient	
3.	Sterilize the aural speculum	
4.	Adjusting Head mirror to focus the light of Bull's eye lamp on the ear	
5.	Pull the Pinna backward and outwards during examination	
6.	Asking Patient to Do Valsalva	
7.	Repeat procedure on other side	
8.	Draw the diagram	

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Indirect laryngoscopy

Sr. No.	Checklist	Yes/No
1.	Greet the Patient	
2.	Take a brief History	
3.	Explain the procedure	
4.	Wear Head mirror and adjust bull lamp	
5.	Warm the laryngeal mirror with spirit lamp	
6.	Check the warmth of mirror	
7.	Asking the patient to open the mouth, protrude the tongue, hold the tongue with gauze piece and introducing the mirror	
8.	Move the laryngeal mirror and ask the patient to speak 'ah' and 'ee'	
9.	Ask the patient to breathe	
10.	Draw the diagram	

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Otoscopy

Sr. No.	Checklist	Yes/No
1.	Introduce oneself to patient	
2.	Explain the procedure to patient	
3.	Sterilize the speculum of otoscope	
4.	Pull the Pinna backward and outwards, while introducing the otoscope	
5.	Asking Patient to Do Valsalva	
6.	Repeat procedure on other side	
7.	Draw the diagram	

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Anterior Rhinoscopy

Sr. No.	Checklist	Yes/No
1.	Introduce oneself to patient	
2.	Explain the procedure to patient	
3.	Sterilize the Thudicum's Nasal Speculum	
4.	Wear Head mirror and adjust bull's eye lamp	
5.	Position the patient	
6.	Introduce the nasal speculum in the nasal cavity	
7.	Examine the nasal cavity	
8.	Withdraw the speculum from the nasal cavity slowly	
9.	Repeat the procedure on the other side	
10.	Put the nasal speculum in kidney tray	
11.	Draw the diagram	



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Demonstration of Absolute bone conduction test

Introduction:

It is a type of tuning fork test for evaluation of hearing loss.

Objectives

1. Observe the correct method of doing absolute bone conduction test.
2. Tell the patient about the need and importance of the test.
3. Student must be able to perform the appropriate method of absolute bone conduction test.

Prerequisites

1. Knowledge of the anatomy and physiology of sound conduction system.
2. Knowledge of procedure of ABC test.

Indications Patient coming to ENT OPD with hearing impairment

Contraindications: none

Steps:

1. Take tuning fork and charge it by striking it on a suitable surface. *Close the ear canal.*
2. Place tuning fork on the mastoid tip of patient. Ask the patient to hear the sound till it lasts. Once the sound stops for the patient, place the tuning fork on examiners mastoid tip and listen to the sound.
3. Compare the sound of patient with examiner.
4. Repeat the test on the other side.
5. Interpret the results.

Complications: none

Assessment:

DOPS format and giving feedback by faculty

Recommended reading:

P.L Dhingra and Divya Prabhat



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Demonstration of Rinne's test

Introduction:

It is type of tuning fork test for evaluation of hearing loss.

Objectives

1. Observe the correct method of doing Rinne's test
2. Tell the patient need and importance of the test
3. Student must be able to perform the appropriate method of Rinne's test

Prerequisites:

1. Knowledge of the anatomy and physiology of sound conduction system
2. Knowledge of procedure of Rinne's test

Indications: Patient coming to ENT OPD with hearing impairment

Contraindications: none

Equipment: 2 chairs, tuning forks of 256 Hz, 512 Hz, 1024 Hz

Steps:

1. Take tuning fork, charge it by striking it on a suitable surface.
2. Place tuning fork in front of EAM approximately 2 cm away, parallel to EAC. Ask the patient to hear the sound then put the tuning fork on mastoid tip. Ask the patient to hear the sound.
3. Ask the patient to compare the two sounds.
4. Repeat the procedure on other side.
5. Repeat the test with other tuning forks.

Complications: none

Contraindications: none

Assessment:

DOPS format and giving feedback by faculty

Recommended reading:

P.L Dhingra and Divya Prabhat



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Demonstration of Weber's test

Introduction:

It is type of tuning fork test for evaluation of hearing loss.

Objectives:

1. Observe the correct method of doing Weber test.
2. Tell the patient about the need and importance of the test.
3. Student must be able to perform the appropriate method of Weber test.

Prerequisites:

1. Knowledge of the anatomy and physiology of sound conduction system.
2. Knowledge of procedure of Weber's test.

Indications: Patient coming to ENT OPD with hearing impairment

Steps:

1. Take tuning fork charge it by striking it on suitable surface.
2. Place tuning fork on the centre of forehead or vertex. Ask the patient if the sound is lateralized to one ear.
3. Interpret the result.

Complications: none

Assessment:

DOPS format and giving feedback by faculty

Recommended reading:

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Demonstration of Indirect laryngoscopy

Introduction –IDL is the visual examination of interior of larynx with the indirect laryngoscopy mirror and bull's lamp

Objectives:

1. observe the correct method of IDL
2. to tell the patient need and importance of IDL examination
3. student must be able to perform the appropriate method of IDL examination with IDL mirror & bulls lamp with proper aseptic precaution

Prerequisites

1. Knowledge of anatomy of oral cavity pharynx & larynx .
2. Knowledge of procedure of IDL

Indications

Patients coming to ENT OPD with voice complaints & swallowing problems

Contra- Indication

Children, trismus, severe stridor

Equipment required bulls lamp ,IDL mirror ,two chairs head mirror,lox10% spray, gauze pieces ,spirit lamp

Steps:

1. Greet the patient and introduce oneself.
2. Ask the patient to sit on examination chair and explain the procedure.
3. Examiner puts the head mirror switches on the Bull's eye lamp and focus light in the oral cavity
4. Ask the patient to relax and to protrude his tongue. Spray the local anaesthetic spray on posterior 1/3rd of tongue and posterior pharyngeal wall and wait for 1 minute.
5. Now ask the patient to protrude his tongue and cover the tongue with gauze piece. Hold it with the thumb and middle finger of your non dominant hand.
6. Warm the IDL mirror on spirit lamp, check the temperature on back of your palm. Then direct the mirror up to soft palate. Avoid touching to PPW in order to avoid gag reflex.
7. Ask the patient to breathe in and out, examine the structures of larynx.
8. Ask the patient to say 'aa' or 'ee'. Take note of vocal cord and their movements.
9. Draw the diagram of findings.



Complications: Acute laryngospasms in case of acute epiglottitis

Assessment:

DOPS format and giving feedback by faculty

Recommended reading:

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Demonstration of OME

Introduction:

OME is routine examination of External Auditory Canal and tympanic membrane through use of a surgical microscope.

Objectives:

1. To observe correct method of doing OME.
2. To tell the patient about the need and importance of the examination.
3. Student must be able to perform the appropriate technique of OME.
4. Student must be able to identify any pathologies of tympanic membrane and EAC at the end of examination.

Pre-requisites:

1. Knowledge of anatomy of EAC and tympanic membrane.
2. Knowledge of common pathologies like perforation, retraction pocket, aural polyp, etc.
3. Knowledge of the procedure of OME and handling of surgical microscope.

Indications:

1. Patient's requiring visualization of EAC, tympanic membrane or masses in these areas.
2. Cerumen disimpaction, tympanocentesis, foreign body removal or in post-operative debridement.

Contra-indications: stenosis of EAC

Equipment:

Otomicroscope, examination bed, aural speculum, micro-suction, aural forceps

Steps:

1. Greet the patient and introduce oneself.
2. Explain the procedure to patient and ask him to lie down on the examination bed.
3. Adjust microscope into position to focus and visualize EAC and TM.
4. Appropriate sized reflective speculum is inserted in the ear canal.
5. Diagnostic examination performed.
6. Any therapeutic interventions performed with appropriate instruments for cerumen or foreign body removal, etc.



Complications:

1. Trauma to EAC or TM
2. Giddiness

Assessment:

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Demonstration of Nasal endoscopy

Introduction:

It is a diagnostic procedure to examine nasal cavity and sinuses with endoscopes.

Objectives:

1. To observe correct method of doing DNE.
2. To tell the patient about the need and importance of the test.
3. Student must be able to perform the appropriate method of endoscopy.
4. Student must be able to understand any pathology of nasal cavity like DNS, nasal polyp after the endoscopy.

Prerequisites:

1. Knowledge of anatomy of nasal cavity, septum, lateral nasal wall and sinuses, blood supply of nose.
2. Knowledge of the common pathologies of nose like DNS, nasal polyp, sinusitis etc.
3. Knowledge of the procedure of the nasal endoscopy, handling of the endoscopes.
4. Knowledge about the sterilization methods of instruments and endoscopes.

Indications:

1. Patient coming to ENT OPD with chronic sino-nasal complaints like nasal obstructions, nasal discharge, etc.
2. To evaluate response to medical or surgical therapy in patients with chronic sinusitis.
3. To evaluate epistaxis.
4. To evaluate reoccurrence of nasal polyp.
5. For biopsy of nasal masses

Contraindications: any vascular growth

Equipment:

Examination bed, endoscopes, nasal decongestant, nasal packing forceps, suction elevators, local anaesthetic spray, chlorhexidine solution, video screen, ribbon gauze.

Steps:

1. Greet the patient and introduce oneself
2. Explain the procedure to the patient and ask him to lie down.
3. After applying nasal decongestant and local anaesthetic to nasal cavity, introduce the endoscope



4. Perform 1st pass i.e. endoscope is introduced along the floor of nasal cavity and into nasopharynx and examine structures.
5. Perform 2nd pass i.e. endoscope is passed between middle and inferior turbinates and structures are examined.
6. Perform 3rd pass i.e. examine the middle meatus by gently retracting the middle turbinate medially with Freer's elevator.
7. Perform same procedure on opposite side
8. Clean the scope with chlorhexidine solution
9. Draw diagram of the findings.

Complications:

1. Epistaxis
2. Nasal trauma

Assessment:

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Recommended reading:

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Skill Module Of Anterior Nasal Packing for undergraduate Students

Introduction:

A graduate student should be competent enough to do nasal packing in patients of epistaxis. He/she should have sound knowledge of technique of nasal packing as well as the instruments required.

Objectives:

By the completion of this Module, student should be able to

1. List the indications for anterior nasal packing.
2. Select the appropriate instruments and materials required for nasal packing
3. Communicate to patient as well as relative for the need of nasal packing.
4. Observe correct method of anterior nasal packing with strict aseptic technique in patient of epistaxis under presence of senior resident or lecturer.

Suggested teaching learning method:

Lecture and demonstration of procedure.

Pre-requisites:

Knowledge of anatomy of nasal cavity.

Knowledge of causes of epistaxis.

Knowledge of procedure of anterior nasal packing with different techniques.

Indications:

Active Nasal bleeding not responding to primary management.

Equipment:

Thudicum's nasal speculum.

Headlight

Nasal dressing forceps

Nasal pack

Liquid Paraffin

Betadine solution.

Adrenaline ampule

Botroclot Nasal drops

Gauze pieces

Micropore 1 inch.

Suction machine

Nasal suction cannula



Procedure:

1. Ask the patient to lie down on the bed. Explain the procedure to the patient.
2. Ask patient to breathe through the mouth.
3. Decongest the nose with adrenaline and xylocaine 4%
4. Using headlight and thudicum nasal speculum inspect the nasal cavity. Suction the clots if any.
5. Using nasal dressing forceps, start packing the nose from posterior to anterior end using paraffin and betadine soaked nasal pack.
6. Repeat similar in other nasal cavity.
7. Inspect for post-nasal bleeding.
8. Apply bandage with micropore

Complication:

Trauma in nasal cavity.

Assessment:

Ask to repeat the steps of anterior nasal packing.

Suggested reading:

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Demonstration of ear examination with bull's eye lamp

Introduction –

It is the examination of external ear and tympanic membrane.

Objectives – observe the correct method of examination of ear under bull's eye examination

1. To tell the patient about importance of doing ear examination
2. Student should be able to examine ear by appropriate method with all aseptic precautions under bull's eye lamp

Suggested teaching learning method –Demonstration on patient and tutorials

Prerequisites- knowledge of anatomy of external ear middle ear and tympanic membrane

-knowledge of procedure of doing ear examination with bull's lamp

Indications –patient coming to ENT OPD with ear complaints

Contraindications: uncooperative patient

Equipment required: bulls eye lamp aural speculum , two chairs ,head mirrors

Steps:

- 1 Greet the patient introduces oneself
- 2 Ask to sit on examination chair straight facing the examiner
- 3 Explain the procedure
- 4 Ask the patient to turn the head to opposite side
- 5 Examiner puts the head mirror on switches on the bulls lamp and focuses on the ear which is to be examined
- 6 Examiner gently pulls the pinna outwards and backwards with the opposite hands and inspects the external ear and EAC
- 7 Examiner puts the sterilized speculum into the EAC 3examine the bony part of EAC and tympanic membrane , all quadrants are examined
- 8 Patient is asked to do valsalva to see the mobility of tympanic membrane
- 9 Same procedure is repeated on opposite side

Complications minor trauma to ear

Assessment: DOPS format and giving feedback by faculty

Further reading: Dhingra, Divya Prabhat



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Skill Module of Otoscope Examination for Undergraduate Students.

Introduction

Otoscope examination is an examination of tympanic membrane with help of an instrument called otoscope.

Objectives:

By the completion of this module, the student will be able to:

- a. Perform the correct method of doing otoscopic examination.
- b. Communicate with the patient the need of doing the examination.
- c. Observe correct method of otoscopic examination with all proper aseptic precautions.

Suggested Teaching Learning Method: Demonstration on patients and tutorials

Pre-requisites:

Knowledge of anatomy of external ear and middle ear

Knowledge of procedure of doing otoscopy

Indications:

Patients coming to ENT OPD for ear examination and with complains of ear ailments.

Contraindication

Patient having otitis externa

Equipment required:

Otoscope

Steps:

Ask the patient to sit on examining chair.

The examiner holds the otoscope with one hand, switches it on, and sterilizes the speculum.

With other hand examiner gently pulls the pinna of patient outwards and backwards and introduces the otoscope.

All the quadrants are examined.

Patient is asked to do Valsava to examine the mobility of the drum.

Diagram of the findings is drawn.

Same is repeated on the other side.

Complication:

Minor trauma to external auditory canal.

Assessment:

DOPS format and giving feedback by faculty

Recommended reading:

P.L Dhingra and Divya Prabhat



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WORKPLACE BASED ASSESSMENT

The postgraduate resident students are assessed in the following procedures-

1. Indirect Laryngoscopy
2. Aural Syringing
3. Direct Laryngoscopy with 70 degree endoscope
4. Tracheostomy

1. The student is initially guided and explained by the Teacher in detail about the procedure.
2. The student observes the teacher performing the procedure.
3. The student performs the procedure under the teacher's guidance.
4. The student independently performs the procedure while the teacher observes.
5. The teacher finally gives feedback regarding the student's performance.

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Indirect Laryngoscopy

Sr. No.	Checklist	Marks
1.	Greets the Patient	
2.	Takes a brief History	
3.	Explains the procedure	
4.	Wears Head mirror and adjusts bull's eye lamp	
5.	Warms the laryngeal mirror with spirit lamp	
6.	Checks the warmth of mirror	
7.	Asks the patient to open the mouth, protrude the tongue and holds the tongue with gauze piece.	
8.	Introduces the laryngeal mirror into the mouth appropriately	
8.	Moves the laryngeal mirror and asks the patient to speak 'ah' and 'ee'	
9.	Asks the patient to breathe	
10.	Puts mirror in kidney tray	
11.	Draw the diagram	

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Aural Syringing

Sr. No.	Checklist	Marks
1.	Greets the Patient	
2.	Takes a brief History and asks about any history of ear discharge or pre-existing perforation	
3.	Explains the procedure	
4.	Proper positioning of the patient and kidney tray and draping of patient	
5.	Loading of syringe with boiled water which is cooled down to room body temperature	
6.	Wears Head mirror and adjusts bull's eye lamp	
7.	Examine ear to know the exact position of wax or any foreign body	
8.	Pull pinna upwards and backwards and direct stream of water appropriately	
8	Examine the ear for any remaining wax or foreign body	
9.	Drying of EAC and Tympanic membrane with cotton after syringing	

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Otomicroscopic Examination

Sr. No.	Checklist	Marks
1.	Greet the patient	
2.	Explain the procedure to patient	
3.	Positioning of patient	
4.	Adjust the microscope into position to focus and visualize EAC and TM	
5.	Introduce sterilized aural speculum and perform OME	
6.	Microsuctioning of any discharge or wax if present in EAC	
7.	Draw the diagram	

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Direct Laryngoscopy with 70 degree endoscopy

Sr. No.	Checklist	Marks
1.	Greets the Patient	
2.	Takes a brief History	
3.	Explains the procedure	
4.	Topical anasesthesia with anaesthetic spray given	
5.	Proper sitting position of patient	
6.	Asks the patient to open the mouth, protrude the tongue and holds the tongue with gauze piece.	
8.	Introduces the endoscope into the mouth slowly and appropriately	
9.	Examine and evaluate all structures of larynx	
10.	Moves the endoscope and asks the patient to speak 'ah' and 'ee'	
11.	Asks the patient to breathe	
12.	Disinfect the endoscope after the procedure and place it back safely	
13.	Draw the diagram	



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Tracheostomy

Sr. No.	Checklist	Marks
1.	Takes a brief History and rule out contraindications	
2.	Explain procedure to relatives and inform about temporary loss of patient's voice post-tracheostomy	
3.	Obtain proper consent	
4.	Place the patient in supine position with hyperextension	
5.	Disinfection and draping of the operative field under all aseptic precautions	
6.	Identification of trachea by palpation	
8.	Inject local anaesthesia (2% Lignocaine) subcutaneously	
9.	Vertical incision over midline of neck	
10.	Soft tissue dissection done till visualization of trachea	
11.	Incision taken over trachea and flap elevated	
12.	Tracheostomy tube inserted and and check for air blast from the cannula	
13.	Cuff inflated and tube fixed	
14.	Auscultation done to check for air entry bilaterally	
15.	Dressing done	

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Step-1 List of Topics

Sr. No	Topic
1	Otitis Media
2	Otosclerosis & conductive Hearing Loss
3	Vertigo & Diseases
4	Sensorineural Hearing Loss & Diseases
5	Rhinosinusitis & Polyps
6	Epistaxis
7	Tonsillitis
8	Dysphagia
9	Hoarseness of voice
10.	Stridor & Tracheostomy

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Step-2 Skeleton of the assessment tool

Question Pattern / Type	No of Items	Marks	Marks Including Options
MCQs	20 (0.5 Marks each)	10	10
LAQs	2 (7 Marks each)	14	14
SAQs	Any 4 out of 5 (4 Marks each)	16	20
Total	26	40	44

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Step-3 WEIGHTAGE of each topic

Sr. No	Topic	Impact (I)	Frequency (F)	W=I x F
1	Otitis Media	2	3	6
2	Otosclerosis & conductive Hearing Loss	2	1	2
3	Vertigo & Diseases	2	2	4
4	Sensorineural Hearing Loss & Diseases	2	3	6
5	Rhinosinusitis & Polyps	2	3	6
6	Epistaxis	2	2	4
7	Tonsillitis	1	3	3
8	Dysphagia	2	1	2
9	Hoarseness of voice	2	1	2
10	Stridor & Tracheostomy	3	1	3
Total				38

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Step-4 Marks Allotted to each topics

Sr. No.	Topic	W = I X F	Marks Allotted
1	Otitis Media	6	7
2	Otosclerosis & conductive Hearing Loss	2	2.5
3	Vertigo & Diseases	4	4.5
4	Sensorineural Hearing Loss & Diseases	6	7
5	Rhinosinusitis & Polyps	6	7
6	Epistaxis	4	4.5
7	Tonsillitis	3	3.5
8	Dysphagia	2	2.5
9	Hoarseness of voice	2	2.5
10	Stridor & Tracheostomy	3	3.5
Total		38	44

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Step-5 Types of Question as per allotted Marks

Sr. No	Topic	W = I X F	Marks Alloted	MCQs	SAQs	LAQs
1	Otitis Media	6	7			1
2	Otosclerosis & conductive Hearing Loss	2	2.5	5		
3	Vertigo & Diseases	4	4.5	1	1	
4	Sensorineural Hearing Loss & Diseases	6	7	5	1	
5	Rhinosinusitis & Polyps	6	7			1
6	Epistaxis	4	4.5	1	1	
7	Tonsillitis	3	3.5		1	
8	Dysphagia	2	2.5	4		
9	Hoarseness of voice	2	2.5	4		
10	Stridor & Tracheostomy	3	3.5		1	
Total		38	44			

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Step-6 Level of Assessment

Sr. No	Topic	W = I X F	Marks Alloted	MCQs (5R+10C+5A)	SAQs (5R+10C+5A)	LAQs (4R+6C+4A)
1	Otitis Media	6	7			1 (2R+3C+2A)
2	Otosclerosis & conductive Hearing Loss	2	2.5	5		
3	Vertigo & Diseases	4	4.5	1	1	
4	Sensorineural Hearing Loss & Diseases	6	7	5	1	
5	Rhinosinusitis & Polyps	6	7			1 (2R+3C+2A)
6	Epistaxis	4	4.5	1	1	
7	Tonsillitis	3	3.5		1	
8	Dysphagia	2	2.5	4		
9	Hoarseness of voice	2	2.5	4		
10	Stridor & Tracheostomy	3	3.5		1	
Total		38	44			

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Blue Print PG –Paper-I

Step-1 List of Topics

Sr. No	Topic
1	Anatomy and Physiology of Ear
2	Anatomy and Physiology of Nose
3	Anatomy and Physiology of Throat & Larynx
4	Recent Advances in ENT
5	General Surgery, Pharmacology

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Step-2 Skeleton of the assessment tool

Question Pattern / Type	No of Items	Marks	Marks Including Options
LAQs	2 (25 Marks each)	50	50
SAQs	Any 5 out of 6 (10 Marks each)	50	60
Total	8	100	110

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Step-3 WEIGHTAGE of each topic

Sr. No	Topic	Impact (I)	Frequency (F)	W=I x F
1	Anatomy and Physiology of Ear	3	3	9
2	Anatomy and Physiology of Nose	2	3	6
3	Anatomy and Physiology of Throat & Larynx	3	3	9
4	Recent Advances in ENT	2	3	6
5	General Surgery, Pharmacology	2	3	6
Total				36

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Step-4 Marks Allotted to each topics

Sr. No	Topic	W = I X F	Marks Allotted
1	Anatomy and Physiology of Ear	9	28
2	Anatomy and Physiology of Nose	6	18
3	Anatomy and Physiology of Throat & Larynx	9	28
4	Recent Advances in ENT	6	18
5	General Surgery, Pharmacology	6	18
Total		36	110

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Step-5 Types of Question as per allotted Marks

Sr. No	Topic	W = I X F	Marks Allotted	SAQs	LAQs
1	Anatomy and Physiology of Ear	9	28		25
2	Anatomy and Physiology of Nose	6	18	10,10	
3	Anatomy and Physiology of Throat & Larynx	9	28		25
4	Recent Advances in ENT	6	18	10,10	
5	General Surgery, Pharmacology	6	18	10,10	
	Total	36	110	60	50

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Checklist for Tympanoplasty

Sr. No.	Surgical steps	Yes/no
1	Proper Painting & Draping	
2	Microscope adjustment	
3	Suction clearance of ear	
4	Local infiltration of post-aural region and EAC	
5	Post-aural incision	
6	Temporalis fascia graft harvesting	
7	TM flap raising and meatotomy	
8	Canal incision at 12'o clock & 6'o clock	
9	Freshening of edges of perforation	
10	Annulus elevation posteriorly	
11	Removal of middle ear pathology and inspection of ossicular chain mobility	
12	Graft placement	
13	TM flap reposition and placement of gelform in ear canal	
14	Suturing in layers	
15	Mastoid dressing	



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Checklist for MRM

Sr. No.	Surgical steps	Yes/no
1	Proper painting & draping	
2	Microscope adjustment	
3	Ear suction and cleaning	
4	Local infiltration of postaural region and EAC	
5	Post aural incision and graft harvesting	
6	TM flap elevation and meatotomy	
7	Annulus raised ME entered	
8	ME and attic region inspected for pathology & status of ossicular chain confirmed	
9	Boundaries of MacEwen's triangle identified and drilling started, presence of cholesteatoma confirmed. Drilling is continued to follow the disease. Tegmen plate, sinus plate identified, drilling is continued towards attic	
10	Facial ridge lowered till the level of fallopian canal and bridge over additus removed, cholesteatoma sac removed in toto	
11	After removal of all diseased tissue, status of ossicular chain reviewed. Reconstruction of ossicular chain done, graft placed. Wide meatoplasty done, gelform kept	
12	Suturing done in layers	
13	Mastoid dressing given	



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Blue Print PG –Paper-II

Step-1 List of Topics

Sr. No	Topic
1	External Ear Diseases
2	CSOM, complications, management
3	Glue ear, management
4	Otosclerosis, management
5	Vertigo, Meniere's disease, Peripheral Vestibular Disorders
6	SNHL, Presbycusis, Ototoxicity, Noise-induced Hearing Loss
7	Hearing Aids, Cochlear Implants
8	Temporal Bone fracture and CSF Otorrhoea
9	Skull base tumors, Acoustic Neuroma
10.	Facial Palsy

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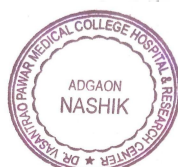
Step-2 Skeleton of the assessment tool

Question Pattern / Type	No of Items	Marks	Marks Including Options
LAQs	2 (25 Marks each)	50	50
SAQs	Any 5 out of 6 (10 Marks each)	50	60
Total	8	100	110

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Step-3 WEIGHTAGE of each topic

Sr. No	Topic	Impact (I)	Frequency (F)	W=I x F
1	External Ear Diseases	2	3	6
2	CSOM, complications, management	3	3	9
3	Glue ear, management	2	3	6
4	Otosclerosis, management	2	2	4
5	Vertigo, Meniere's disease, Peripheral Vestibular Disorders	3	3	9
6	SNHL, Presbycusis, Ototoxicity, Noise-induced Hearing Loss	2	3	6
7	Hearing Aids, Cochlear Implants	2	2	4
8	Temporal Bone fracture and CSF Otorrhoea	3	2	6
9	Skull base tumors, Acoustic Neuroma	3	1	3
10	Facial Palsy	2	2	4
Total				57

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Step-4 Marks Allotted to each topics

Sr. No	Topic	W = I X F	Marks Allotted
1	External Ear Diseases	6	12
2	CSOM, complications, management	9	16
3	Glue ear, management	6	12
4	Otosclerosis, management	4	8
5	Vertigo, Meniere's disease, Peripheral Vestibular Disorders	9	16
6	SNHL, Presbycusis, Ototoxicity, Noise-induced Hearing Loss	6	12
7	Hearing Aids, Cochlear Implants	4	8
8	Temporal Bone fracture and CSF Otorrhoea	6	12
9	Skull base tumors, Acoustic Neuroma	3	6
10	Facial Palsy	4	8
Total		57	110

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Step-5 Types of Question as per allotted Marks

Sr. No	Topic	W = I X F	Marks Allotted	SAQs	LAQs
1	External Ear Diseases	6	12	10	
2	CSOM, complications, management	9	16		25
3	Glue ear, management	6	12	10	
4	Otosclerosis, management	4	8		
5	Vertigo, Meniere's disease, Peripheral Vestibular Disorders	9	16		25
6	SNHL, Presbycusis, Ototoxicity, Noise-induced Hearing Loss	6	12	10	
7	Hearing Aids, Cochlear Implants	4	8	10	
8	Temporal Bone fracture and CSF Otorrhoea	6	12		
9	Skull base tumors, Acoustic Neuroma	3	6	10	
10	Facial Palsy	4	8	10	
Total		57	110	60	50

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Blue Print PG –Paper-III
Step-1 List of Topics

Sr. No	Topic
1	Conditions of external nose
2	Nasal injuries & facial injuries, CSF Rhinorrhea
3	Cosmetic surgery of nose
4	Nasal septum deformities
5	Epistaxis
6	Rhinitis-Vasomotor, allergic
7	Nasal polyps, FESS
8	Rhinosinusitis-Bacterial, fungal
9	Complications of sinusitis
10.	Granulomas of nose
11.	Tumors of nose & PNS

Answer

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Step-2 Skeleton of the assessment tool

Question Pattern / Type	No of Items	Marks	Marks Including Options
LAQs	2 (25 Marks each)	50	50
SAQs	Any 5 out of 6 (10 Marks each)	50	60
Total	8	100	110

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Step-3 WEIGHTAGE of each topic

Sr. No	Topic	Impact (I)	Frequency (F)	W=I x F
1	Conditions of external nose	2	2	4
2	Nasal injuries & facial injuries, CSF Rhinorrhea	3	2	6
3	Cosmetic surgery of nose	2	2	4
4	Nasal septum deformities	2	2	4
5	Epistaxis	3	3	9
6	Rhinitis-Vasomotor, allergic	1	3	3
7	Nasal polyps, FESS	3	3	9
8	Rhinosinusitis-Bacterial, fungal	3	2	6
9	Complications of sinusitis	3	2	6
10.	Granulomas of nose	2	2	4
11.	Tumors' of nose & PNS	3	2	6
Total				61



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Step-4 Marks Alloted to each topics

Sr. No	Topic	W = I X F	Marks Alloted
1	Conditions of external nose	4	7
2	Nasal injuries & facial injuries, CSF Rhinorrhoea	6	11
3	Cosmetic surgery of nose	4	7
4	Nasal septum deformities	4	7
5	Epistaxis	9	16
6	Rhinitis-Vasomotor, allergic	3	6
7	Nasal polyps, FESS	9	16
8	Rhinosinusitis-Bacterial, fungal	6	11
9	Complications of sinusitis	6	11
10.	Granulomas of nose	4	7
11.	Tumors' of nose & PNS	6	11
Total		61	110



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Step-5 Types of Question as per allotted Marks

Sr. No	Topic	W = I X F	Marks Alloted	SAQs	LAQs
1	Conditions of external nose	4	7		
2	Nasal injuries & facial injuries, CSF Rhinorrhea	6	11	10	
3	Cosmetic surgery of nose	4	7	10	
4	Nasal septum deformities	4	7	10	
5	Epistaxis	9	16		16
6	Rhinitis-Vasomotor, allergic	3	6		6
7	Nasal polyps, I/LSS	9	16		16
8	Rhinosinusitis-Bacterial, fungal	6	11	10	
9	Complications of sinusitis	6	11		11
10.	Granulomas of nose	4	7	10	
11.	Tumors' of nose & PNS	6	11	10	
Total		61	110		



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Step-1 List of Topics

Sr. No	Topic
1	Tonsillitis and Adenoids
2	Complications of Tonsillitis
3	Salivary gland tumors
4	Tumors of pharynx
5	Esophageal conditions
6	Vocal cord conditions
7	Vocal cord palsy
8	CA-Larynx
9	Stridor & Tracheostomy
10.	Neck Dissection
11.	Neck spaces diseases
12.	Thyroid diseases

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Step-2 Skeleton of the assessment tool

Question Pattern / Type	No of Items	Marks	Marks Including Options
LAQs	2 (25 Marks each)	50	50
SAQs	Any 5 out of 6 (10 Marks each)	50	60
Total	8	100	110

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Step-3 WEIGHTAGE of each topic

Sr. No	Topic	Impact (I)	Frequency (F)	W=I x F
1	Tonsillitis and Adenoids	2	3	6
2	Complications of Tonsillitis	3	2	6
3	Salivary gland tumors	2	2	4
4	Tumors of pharynx	3	2	6
5	Esophageal conditions	3	2	6
6	Vocal cord conditions	2	2	4
7	Vocal cord palsy	3	2	6
8	CA-Larynx	3	2	6
9	Stridor & Tracheostomy	3	3	9
10.	Neck Dissection	3	1	3
11.	Neck spaces diseases	3	2	6
12.	Thyroid diseases	2	3	6
Total				68

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Step-4 Marks Allotted to each topics

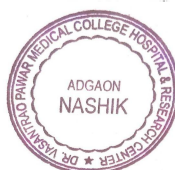
Sr. No	Topic	W = I X F	Marks Alloted
1	Tonsillitis and Adenoids	6	9
2	Complications of Tonsillitis	6	10
3	Salivary gland tumors	4	6
4	Tumors of pharynx	6	10
5	Esophageal conditions	6	10
6	Vocal cord conditions	4	6
7	Vocal cord palsy	6	10
8	CA-Larynx	6	10
9	Stridor & Tracheostomy	9	14
10.	Neck Dissection	3	5
11.	Neck spaces diseases	6	10
12.	Thyroid diseases	6	10
Total		68	110

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Step-5 Types of Question as per allotted Marks

Sr. No	Topic	W = I X F	Marks Allotted	SAQs	LAQs
1	Tonsillitis and Adenoids	6	9		9
2	Complications of Tonsillitis	6	10		10
3	Salivary gland tumors	4	6	10	
4	Tumors of pharynx	6	10	10	
5	Esophageal conditions	6	10	10	
6	Vocal cord conditions	4	6		
7	Vocal cord palsy	6	10	10	
8	CA-Larynx	6	10		10
9	Stridor & Tracheostomy	9	14		14
10.	Neck Dissection	3	5		5
11.	Neck spaces diseases	6	10	10	
12.	Thyroid diseases	6	10	10	
Total					

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