

Otorhinolaryngology- Head and Neck Surgery Postgraduate Training in Malaysia



GUIDE FOR APPLICANTS
VERSION 1, 2023

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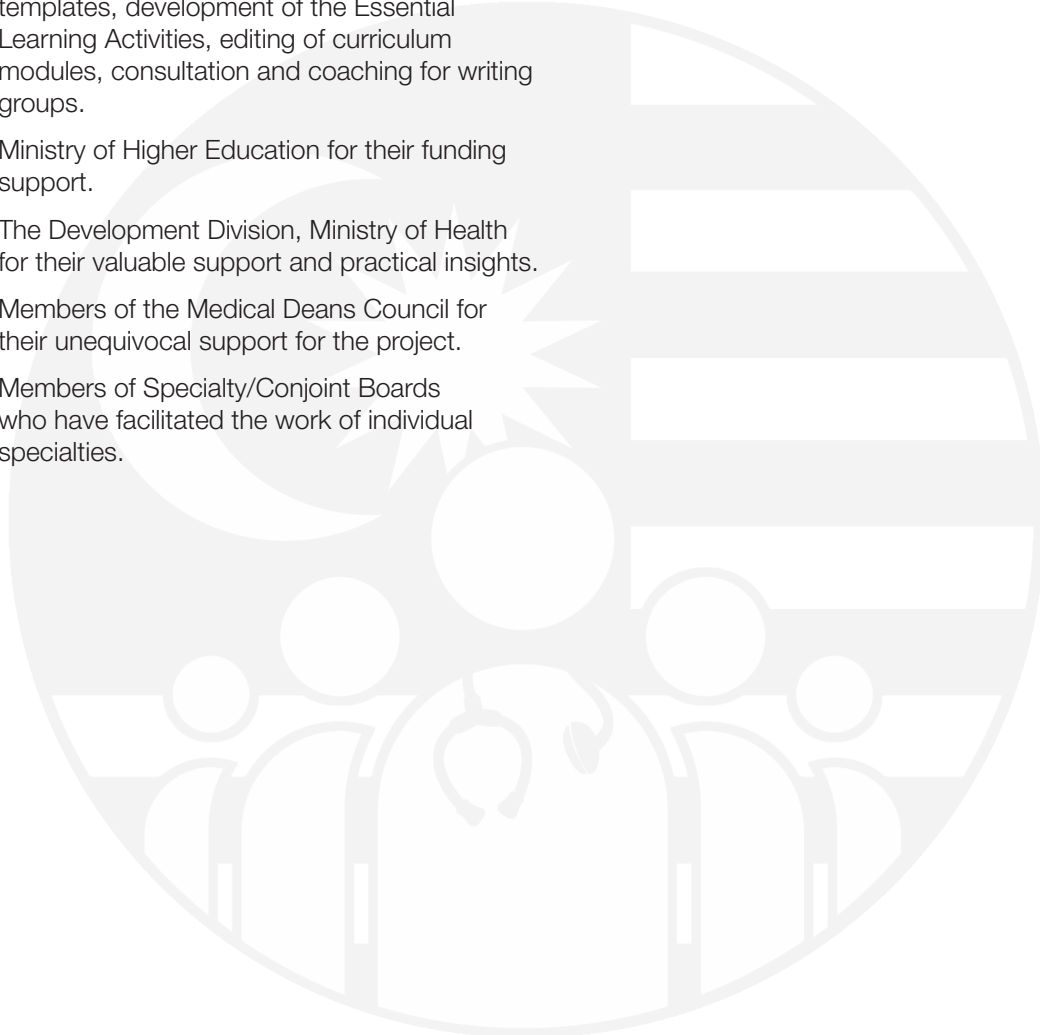


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Preface

What is this document?

This document is a guide for those applying to enter postgraduate training in Otorhinolaryngology- Head and Neck Surgery (ORL-HNS). It contains information on the entry requirements for the specialty training programme, the selection process and what the training entails. It is an extract from the NPMC Postgraduate Curriculum for ORL-HNS and provides key summaries about the training, structure, syllabus and assessments.

The National Postgraduate Medical Curriculum

The ORL-HNS curriculum is part of the National Postgraduate Medical Curriculum (NPMC) project and is the culmination of a collaboration between the Conjoint Board and the Curriculum Committee which consists of members from the Ministry of Higher Education (MOHE), the Ministry of Health (MOH), and the KPJ Healthcare University.

This will be the single common curriculum for all ORL-HNS training programmes in Malaysia, which should conform to the minimum requirements described in this document. It provides a structured and unified curriculum for the training of ORL-HNS specialists throughout the country aligned with the national strategy for healthcare. It is intended to ensure that specific standards are met to produce specialists who are highly skilled, competent, and ethical in clinical practice.

National Curriculum Writing Group

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Introduction

Purpose of this guide

The purpose of this guide is to inform prospective applicants seeking a career in ORL-HNS. It summarises the key aspects of the curriculum, (entry requirements, process, training structure, assessments, some documentation and exit criteria), and provides a guide as to how to prepare and proceed with the application.

What is Otorhinolaryngology-Head and Neck Surgery?

ORL-HNS is a specialty that manages a myriad of diseases pertaining to the ear, nose, throat, and related structures of the head and neck. ORL-HNS surgeons diagnose, evaluate, and provide both medical and/or surgical treatment of disorders, abnormalities, and injuries in the field of ORL-HNS. It is a very broad specialty with four subspecialties: otology, rhinology, head and neck surgery/laryngology, and paediatric ORL-HNS.

Size of Specialty

In 2022, the number of NSR registered ORL-HNS surgeons in Malaysia was 496, with 269 in the public and teaching hospitals, and 227 in private practice with a ratio of 1:66,000 of otorhinolaryngologist to population. This ratio is short of the 1:50,000 ratio as required by the 11th Malaysia Plan (2016-2020), and the WHO developed country specialist: population ratio of 1:30,000. There are now 140 trainees in the ORL-HNS specialist training programme, with four public universities [(Universiti Kebangsaan Malaysia (UKM), Universiti Malaya (UM), University Sains Malaysia (USM), International Islamic University Malaysia (IIUM)], and one private institution, the KPJ Healthcare University conducting the training. Most recently, approximately 250 doctors have applied for 40 places in the ORL-HNS training programme. Senior academicians from these institutions and consultant surgeons from the Ministry of Health make up the ORL-HNS Conjoint Board, which oversees the training programme across all the participating institutions.

Unique Features of Otorhinolaryngology-Head and Neck Surgery

ORL-HNS is unique in that it is one of the few specialties that allows the clinician to practice both as a physician and surgeon. All trained ORL-HNS surgeons should have excellent hand-eye coordination, spatial awareness, and dexterity. This specialty also requires the ability to engage with a wide range of patients, from neonates to the elderly who present with acute and chronic problems related to the ear, nose, and throat. The field of ORL-HNS is diverse and involves managing a wide variety of elective conditions, life-threatening emergencies, and complex oncology work which requires a multidisciplinary approach in the comprehensive management of patients. This includes ORL-HNS surgeons often work with many specialties, including plastic surgeons, neurosurgeons, geriatricians, and paediatricians, leading to excellent opportunities for collaborative patient care practices. ORL-HNS is a specialty that embraces and evolves alongside rapidly advancing technology. For the academically oriented, it provides ample clinical and laboratory research opportunities.

Why Choose ORL-HNS as a Career?

ORL-HNS surgeons differ from many physicians in that they are qualified to perform a variety of surgeries on the delicate and complex issues of the ear, nose, throat, and head and neck region. Life as an ORL-HNS surgeon is especially gratifying in numerous aspects ranging from the practical and procedural nature of the specialty to the diversity and complexity of the patients encountered. There are also many clinic-based procedures that can be performed, such as myringotomy, grommet insertion, biopsy, foreign body removal, fine needle aspiration, diagnostic/therapeutic endoscopic procedures, etc.

ORL-HNS is at the forefront of technological advancements such as robotic surgery and the minimally invasive 2D or 3D endoscopic

surgical procedures. As technology evolves and the spectrum of disease and the number of treatment modalities expand, ORL-HNS practise is rapidly evolving. This keeps the practice progressive in parallel with technological innovations.

Additionally, this specialty has the potential to develop in newer sub-specialisations that can bring significant changes in the system of healthcare delivery.

Is ORL-HNS for you?

All physicians aspiring to be ORL-HNS surgeons must develop and acquire the necessary competencies across the key areas of knowledge, skills and behaviours.

Candidates should exhibit certain qualities and traits, including a high degree of manual dexterity and excellent visuospatial awareness, a high aptitude for problem-solving, and the ability to think and plan in three dimensions are vital. You will also need to demonstrate physical stamina and emotional resilience to cope with the demands of surgery and the ability to remain calm and level-headed in stressful situations.

With such a demanding job scope and responsibilities, ORL-HNS surgeons must be equipped with a wide range of skills and competencies in all clinical areas, including perfusion services and intensive care. It is a multi-skilled specialty requiring medical and surgical knowledge, skill, leadership, and the ability to cope and communicate in sometimes difficult emergencies. The surgeon must regard their career as a vocation and be capable and self-motivated to further develop their skills, especially as techniques and technology advance. They must be a competent surgeon, have detailed knowledge, be excellent teachers, and know about ORL-HNS surgical education.

Do you have the qualities above and want a satisfying and gratifying career? If you want to significantly change an individual's quality of life and save lives, then ORL-HNS is definitely for you.

1. The ORL-HNS Programme

Training Pathways

The Masters of ORL-HNS of the Ministry of Higher Education (MOHE) pathway is a postgraduate programme that involves supervised competency-based training for a duration of a minimum of FOUR (4) years and a maximum of SEVEN (7) years. It is a clinical coursework programme in which the research component comprises less than 30% of the whole programme of study. Other (parallel) pathways (e.g., training towards the FRCS Otolaryngology) may require additional years of training in accredited centres. This document focuses on the 4-year training programme leading to the Masters of ORL-HNS of the MOHE pathway.

The programmes available from various appointed higher learning institutions are currently as follows, (the programme name and provider may be subject to change according to accreditation by MQA in the future)

- Master of ORL-HNS from Universiti Malaya
- Master of Surgery (ORL-HNS) from International Islamic University of Malaysia
- Master of Medicine (ORL-HNS) from Universiti Sains Malaysia
- Doctor of ORL-HNS from Universiti Kebangsaan Malaysia
- Master of ORL-HNS from KPJ Healthcare University

Phases of Training

The programme is made up of TWO (2) Phases and the trainee is evaluated at each phase for progression to the next phase.

Phase I is a minimum of ONE (1) year in duration. The general objective is for trainees to acquire the knowledge of applied medical sciences in ORL-HNS, the basic principles of General ORL-HNS, and to apply this in

clinical problem solving and decision-making. Trainees will be involved, under supervision, in the management of patients with ORL-HNS conditions. In addition, trainees will also be introduced to the basic principles of surgery which lead to safe surgical practice. The applied medical sciences in ORL-HNS examinations are held within the first year and passing this examination is a prerequisite for proceeding to Phase II of the programme.

Phase II is a minimum of THREE (3) years in duration. The general objective for Phase II, is to undertake training for the development of essential surgical skills in the various ORL-HNS subspecialties, such as: Rhinology, Otology, Head & Neck/Laryngology, and Paediatric ORL-HNS. In addition, trainees are also expected to attend non-ORL-HNS training for a period not exceeding 1-year in subspecialties such as: Neurosurgery, Oral Maxillofacial Surgery, and Plastic Surgery. Trainees are expected to acquire the necessary knowledge, skills, professional behaviours and attitudes appropriate for the management of patients in these subspecialties.

Phase II ORL-HNS training is focused on trainees functioning as registrars managing patients as well as assisting the consultant/lecturer. They are also encouraged to teach junior postgraduate students and take on more responsibilities.

Trainees are expected to start their research/audit/quality improvement (RAQI), project at the start of Phase II, (year two), and are required to submit their research dissertation at least six months before the Final Examination.

Training Pathway Diagram



*ORL-HNS training: Rotations in four subspecialty areas namely Otolaryngology, Rhinology, Head and Neck/ Laryngology, and Paediatric ORL-HNS

**Non-ORL-HNS: Rotations in Oral Maxillofacial Surgery, Neurosurgery, and Plastic Surgery subject to respective university requirements.

Figure 1: Phases of Training

		Phase I	Phase II
		Applied Medical Sciences in ORL-HNS & General ORL-HNS (Surgical Anatomy, Applied Physiology, Pathology, Medical Microbiology and Principles of Surgery)	*Non-ORL-NHS Training (Oral Maxillofacial Surgery, Plastic Surgery and Neurosurgery) ORL-HNS Training (Rhinology, Otology, Head & Neck Surgery/Laryngology and Paediatric ORL-HNS)
Duration		Year 1	Year 2, 3 and 4
Objectives		Training in basic ORL-HNS competencies Acquire sufficient knowledge in applied medical sciences Evaluation of suitability to Phase II	Training in Non-ORL-HNS and advanced ORL-HNS competencies Evaluation of suitability for independent practice
Competencies		Knowledge Skills Professional Behaviours	Knowledge Skills Professional Behaviours
Assessments/ Documentation	Formative Assessment	Case Base Assessment (CBD) Direct Procedural Observational Skills (DOPS) Clinical Specialist Report (CSR) Procedure Logbook	Case Base Assessment (CBD) Direct Procedural Observational Skills (DOPS) Clinical Specialist Report (CSR) Academic Progress Report (APR) One Publication Three Case Write-ups Procedure Logbook RAQI Project Report
	Summative Assessment	Applied Medical Sciences in ORL-HNS Examination	ORL-HNS Specialist Exit Examination
Courses		Preparatory course in Applied Medical Sciences in ORL-HNS	Temporal Bone Dissection Course Endoscopic Sinus Surgery Dissection Course Head & Neck Dissection Course Good Clinical Practice Course Preparatory Course in ORL-HNS Specialist Exit Examinations Optional: Paediatric ORL-HNS Airway Course, Laryngology Course, Audiology Course
Training Centres		Accredited training centres as approved by the Malaysian Quality Assurance (MQA)	

* Non-ORL-NHS Training is subject to respective university requirements.

2. Entry Requirements

Applicants who are eligible to enter the ORL-HNS specialist training programme must meet all the requirements stated and ensure that all are accompanied by original copies of certification as evidence.

Table 1: Summary of Entry Requirements

Entry requirement	ORL-HNS specialist training programme	Evidence
Degree in Medicine recognised by MMC	Mandatory	Original certificate
Full registration with MMC or equivalent medical council	Mandatory	Current certificate of registration
English language proficiency requirement (obtaining at least minimum score) MUET or IELTS or TOEFL for international candidates	Mandatory	Original certificate
Professional clinical working experience	Mandatory At least 1-year post full registration with MMC or equivalent medical council	Reports from clinical attachment
Essential Learning Activities (ELA)	Mandatory	Original verified Entry Level Essential Learning Activity (ELA) Assessment Forms for ELA 1-4 *verification by ORL-HNS surgeon or a clinical specialist appointed by Head of Department
Service record	Mandatory Confirmation of satisfactory levels of clinical and professional services by the employer. Satisfactory reports from two (2) relevant referees, at least one (1) of whom is an ORL-HNS Surgeon. No record of disciplinary action. No previous or pending medico-legal or civil case against the applicant.	Letter from previous employer/ service record Original referee's report Service record Letter of good standing
Special requirement	Mandatory	Certified medical fitness report
Pre-Entrance Examination	Mandatory	Pass (subject to examination provider)
Desirable	Participation in ORL-HNS related courses, workshops, and conferences Presentations, posters, and publications on pertinent topics Completion of a closed-loop audit in an ORL-HNS related field ORL professional exams (e.g., MRCS)	Attendance certificate Abstracts; publication front page with DOI number; audit report

Entry Essential Learning Activities (Entry ELAs)

Entry ELAs are clinical activities that prospective trainees should be able to perform in a trustworthy manner by the time they enter postgraduate training in ORL-HNS. The Entry ELAs have been selected to represent the typical and basic day-to-day work in ORL-HNS. They indicate the knowledge, skills and attitudes that the trainees need to be aware of when carrying out the tasks and responsibilities. They also serve as learning opportunities for prospective trainees when they are tasked to undertake the activities and then receive feedback regarding their performance. There are four entry-level ELAs for Otorhinolaryngology-Head and Neck Surgery:

ELA 1	Otorhinolaryngology-Head and Neck Surgery history taking
ELA 1	Otorhinolaryngology-Head and Neck Surgery examination
ELA 3	Toilet and suturing
ELA 4	Taking consent for surgical procedures

Applicants for the postgraduate training in ORL-HNS are expected to present their logbook of procedures and activities as evidence that they have completed all Entry ELAs and may expect to be asked questions during the selection process about their Entry ELAs.

Each Entry ELA describes the knowledge, skills and attitudes that a prospective trainee is expected to possess, as well as the desired positive and undesired negative and negative passive behaviours. Entry ELA1 is presented in Table 2 as an example. The complete set of the four Entry ELAs can be found in the appendices of this document.

Table 2: ENTRY ELA1: Otorhinolaryngology-Head and Neck Surgery history taking

Entry Essential Learning Activity 1		
Activity	Otorhinolaryngology-Head and Neck Surgery history taking	
Description	Assessment of history taking for ORL-HNS cases	
All items on the table below are examples, they do not constitute an exhaustive list in any aspect		
Knowledge <u>Know</u> , Facts, Information	Skill <u>Do</u> , Practical, Psychomotor, Techniques	Attitudes + Values <u>Feel</u> , behaviours displaying underlying values or emotions
Identifies the relevant positive and negative symptoms and signs for common ORL-HNS complaints. Able to provide appropriate provisional and differential diagnoses. Able to describe the basic pathophysiology of common ORL-HNS diseases.	Able to communicate effectively with patients using open ended questions. Able to obtain information using appropriate questions. Able to synthesise the information obtained to arrive at a diagnosis.	Establishes a good rapport and addresses patients with appropriately respectful salutations in a polite manner. Demonstrates empathy during history taking. Demonstrates good listening skills and good eye contact.
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard care, things a trainee forgets to do
Presents the history in an organised manner relevant to the case. Uses appropriate terms.	Gives diagnosis irrelevant to the history obtained.	Shows insensitivity to certain aspects during history taking (e.g., sexual history). Fails to obtain crucial information relating to ORL-HNS emergencies. Fails to identify important comorbidities.
Assessment / Evidence		
Supervisor assessment forms		

3. Entry Process

Eligible candidates (as determined by the criteria above), should apply online either through MOH <http://ehlp.moh.gov.my/> (government-MOH sponsored candidates) or to the university of their choice (private Malaysian and international candidates). Applications will be screened, and eligible candidates will be called for an examination. Following a successful examination and evaluation of the application and submitted documents, the applicants will attend a national selection interview held in January. The results of the applications will be determined in April and applicants will then be informed accordingly. Successful applicants must attend a briefing in May and report to the universities in June. Decisions are final.

Scholarship Application (Master of ORL-HNS - MOE Pathway)

The application process differs between scholarship holders, (Hadiah Latihan Persekutuan, HLP), and private and self-funded trainees. The HLP entitles MOH doctors to take paid study leave and covers the university tuition fees. Intake to the programme is twice a year and takes place on the 1st of June and 1st of December. All applications are screened by an appointed panel.

Table 3: Summary of the application process

HLP applicants	University trainee/self-funded applicants
Applicants will either receive a full or partial scholarship. The applicants will be registered through the Central Registry and their placement will be decided by the Malaysian ORL-HNS Training Committee.	International/university trainee/ self-funded applicants will apply to their respective universities. Their university of choice will be responsible for their placement.
Application process	
<p>Eligible applicants applying for a scholarship should apply through the MOH Postgraduate Training Management Division. The application for the scholarship is open annually and is advertised in mainstream newspapers and official government portals for MOH and MOE in the months of May to June.</p> <p>Applicants must apply at http://ehlp.moh.gov.my/ before the closing date for HLP applications.</p> <p>Successful applicants will be registered through the Central Registry and given an applicant number.</p> <p>The selection committee will review and screen applicants through a formal interview (see below) for suitability for admission. The same committee will review the evidence for recognition of previous training.</p> <p>The successful applicant will be informed via email, (usually within 3-months). The prospective trainee will also be assigned a host university. While training, centre preferences may be expressed, the final placements will be determined by the Malaysian ORL-HNS Training Committee.</p> <p>Selection of the scholarship recipients are made by the MOH and the Public Services Department, Jabatan Perkhidmatan Awam (JPA). Successful applicants who receive a scholarship will usually enter the programme in the June intake to the university.</p>	<p>Applicants who wish to enrol into the programme should apply directly to their higher learning institution of choice. Applicants may apply to multiple universities but will only enter the university that has accepted their application. In the event of more than one higher learning institution accepting their application, the applicant is allowed to choose their preferred higher learning institution. Please refer to the respective higher learning institution for further information.</p>

Induction Process

The induction process is a series of activities to help introduce the institutional facilities, trainers, and the programme to the trainee. It is a protected time for all trainees registering on the first day of the training programme or when they

first present themselves to a new hospital and is conducted within the first week of reporting in.

The content of the induction process may vary between different higher learning institutions but should include the following:

Initial induction	
Introduction	Department staff including the Head of Department, programme co-ordinators, mentors, trainers and peers.
Briefing	Essential clinical procedures within the centre, such as referral processes, on-call duties, day-to-day responsibilities, Continuous Medical Education (CME) activities.
Hospital/Training centre facilities	Library, educational facilities, (lecture theatres, seminar rooms, etc.), on-call rooms, hospital orientation (wards/emergency department/clinics/operating theatre/day-care facilities/catering facilities) etc.
Hospital Standard Operating Procedures (SOPs)	Infection control, hand washing, operating theatre etiquette, Code Blue calls, occupational health, needle stick injuries, patient charter, laser safety, medical gas safety etc.
Administrative SOPs	Computer access, training on IT systems, fire/ evacuation procedures, credentialing and privileging, and Annual Practice Certificate (APC).
Information on support	If a trainee is having difficulty during the training.
Sponsorship	Trainees on the HLP scholarship will have a short briefing by the MOH Postgraduate Training Management Division, (BPL) on the terms and bond of the award.
Departmental induction	
University/ Department/ Hospital Postgraduate Handbook	As trainees subsequently rotate through their placements, there may be individual division/unit inductions that outline the key procedures, activities, guidelines, and expectations within the placement.
Programme curriculum	
Trainee logbook/ portfolios	

4. Syllabus

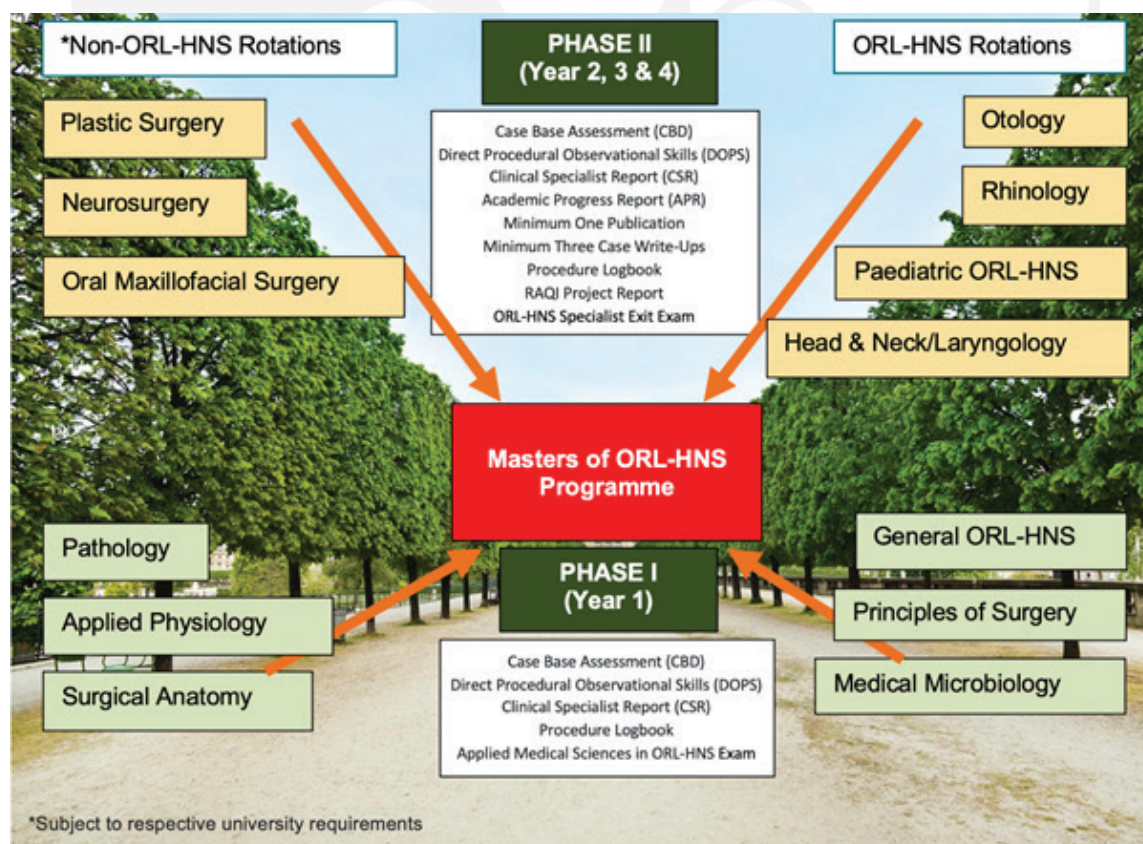
This syllabus defines what will be taught or learned throughout training in the Postgraduate ORL-HNS programme. It is a list of topics and the competency levels at which they must be understood by the trainee in each phase of the programme. It helps to set the expectations for the trainer and trainee on what should be achieved during a rotation. The syllabus describes three key aspects of what must be learned:

1. Expectations for the level of knowledge and skills that should be attained *prior* to entering and *during* specialty level training for the conditions, procedures and principles underpinning the practice of ORL-HNS in Malaysia.
2. Competencies that must be demonstrated by a trainee before the end of the programme in specific procedures identified as essential in each subspecialty.
3. Attitudes and values that must be demonstrated by an ORL-HNS practising in Malaysia.

The syllabus organises the four main themes to be learnt in the following way:

1. Syllabus Overview. An explanation of the ORL-HNS syllabus and a description of the way in which the content is organised.
2. Level Descriptors. The definition and examples of the different levels of knowledge, skills, and attributes that each trainee is expected to achieve at each phase of the programme.
3. Training Syllabus Content. Detailed content of the clinical blocks in the programme and the level of progress required at each phase. See Appendix 2 for a summary.
4. Research and Publication (Project).

The syllabus is divided into two (2) main sections: Phase I and Phase II. Each section is further divided into various elements. This following diagram illustrates the main content and breakdown of the ORL-HNS syllabus.



Knowledge Levels Descriptors

No.	Knowledge Levels (K)	Example: Sore throat
K1	No specific knowledge	Able to identify that sore throat is a cause for concern
K2	Knows of	Able to list the possible causes of the sore throat (tonsillitis, pharyngitis, laryngitis, GERD, muscle strain, tumour)
K3	Knows basic concepts	Able to link the symptoms and signs with possible diagnosis (otalgia, lymphadenopathy, grey exudate, petechiae of palate)
K4	Knows generally	Able to diagnose and identify potentially life-threatening causes of sore throat (epiglottitis). Able to institute initial management.
K5	Knows specifics of diagnosis, subtypes, and treatment options	Able to correctly diagnose (e.g., EBV infection), investigate, and give specific treatment.
K6	Knows specifically & broadly	Identify and manage the conditions appropriately using evidence-based medicine. Able to identify and manage related complications accordingly without supervision.

Skill Levels Descriptors

No.	Skill Levels (S)	Example: Tonsillectomy
S1	No experience expected	Not applicable
S2	Has observed (live or recorded) or knows of	Has observed the procedure and knows of the steps of the surgery
S3	Can manage part or parts with assistance	Able to perform tonsillectomy with acceptable result
S4	Can manage whole but may need assistance	Able to recognise underlying factors contributing to difficult tonsillectomy
S5	Able to manage without assistance, including supervision of others and managing potential common complications	Able to choose appropriate method and explain the treatment modality
S6	Able to manage complex cases and their associated potential complications	Final decision making for complex cases (e.g., oropharyngeal cancer)

5. Assessment Tools

Introduction

Assessment is an essential part of training and reflects the clinical activities that the trainee will perform as an ORL-HNS specialist. These include clinical activities relating to the care of individual patients, and non-clinical activities relating to administrative and organisational tasks, and academic skills.

Assessments described in this curriculum are aimed at:

1. ensuring that trainees acquire the necessary knowledge, skills and attitudes essential to ORL-HNS practice.
2. providing guidance for both the trainer and the trainee about the trainee's ongoing learning needs, and to support the trainee's development of competencies.
3. informing the trainee of any gaps between their current knowledge and skills level and the expected level of performance to be achieved at a particular stage of their training.
4. providing the judgement of whether the trainee has reached the appropriate level of knowledge and skills and is ready to progress to the next stage.

It is the responsibility of each trainee to maintain a training portfolio of these activities as evidence that assessment of learning has taken place. Inability to provide such records (e.g., loss of electronic records), may require the trainee to repeat parts, or the whole, of the training programme.

Purpose of the Assessment System

The purpose of the assessment system is to:

1. Assess trainees' actual performance in the workplace.
2. Enhance learning by enabling trainees to receive immediate feedback, understand

their own performance and identify areas for development.

3. Drive learning and enhance the training process by making it clear what is required of trainees, and motivating them to ensure they receive suitable training and experience.
4. Enable supervisors to reflect on trainee needs and tailor their approach accordingly.
5. Provide robust, summative evidence that trainees are meeting the curriculum requirements during the training programme.
6. Ensure that trainees possess the essential underlying knowledge required for their specialty.

The Entrance Assessment

Some programmes may not require an entrance assessment. However, candidates who intend to enter the Master programme are usually assessed as follows:

Item	Description
Pre-entrance examination	The pre-entrance examination is a common examination consisting of multiple-choice questions on all ORL-HNS topics and disease management aspects. This examination allows for ranking of the scores and there is no predefined pass mark.
Letters of reference	Letters of reference from two appropriately qualified referees are also required to check suitability of the potential trainee.
Entry level assessment (ELA) forms	Candidates will be required to undergo an entry level assessment by their respective supervisors (certified specialists), at their current position, prior to the interview at their respective hospitals.
Interview	The interview is conducted to provide an opportunity to engage directly with the candidate and for them to demonstrate their level of knowledge and passion for the discipline. It gives the interviewer an opportunity to assess the candidate's attitude, aptitude and communication skills. It also allows candidates the opportunity to clarify any concerns and discuss personal circumstances that may be taken into consideration in deciding the placement for training.

Summary of Assessment Tools

Formative Assessments	
Workplace Based Assessments	
Case Based Discussion (CBD)	Throughout Training
Direct Observation of Procedural Skills in Surgery (DOPS)	Throughout Training
Clinical Specialist Report (CSR)	Throughout Training
Procedure Logbook The trainee must keep a log of every procedure they have been involved in, (including observed), showing the level of competency.	A summary is reviewed at the completion of each rotation and phase
Academic Progress Report	
This is carried out by the university department's academic supervisors to monitor the overall progress of the trainee, by going through the trainee's overall progress and achievement, e.g., formative assessment, RAQI projects, case reports, publications, oral presentation, and procedure logbooks prior to registration for the new semester.	4-6 Monthly Intervals Final assessment 4-6 months prior to the Final Examination
Portfolio	
Evidence of the full body of learning and achievement compiled and maintained by the student throughout training. <ul style="list-style-type: none"> All of the above are to be included Learning agreement records Reflective notes Records of attendance at courses/conferences Records of presentations Publications Case write-ups 	Regular Intervals Final assessment 4-6 months prior to the Final Examination
Summative Assessments	
Applied Medical Sciences for ORL-HNS Examination <ul style="list-style-type: none"> Written Paper (e.g., Essay/MCQ/SBA) Oral examination (e.g., OSCE/ Viva-Voce) Passing marks: 50% for each component 	End of Phase I
ORL-HNS Specialist Exit Examination <ul style="list-style-type: none"> Written Component (Essay/MCQ/SBA) Clinical Examinations (e.g., Long Case, Short Case, Viva-Voce) Passing marks: 50% for each component 	End of Phase II

6. Appendices

Appendix 1: Entry Essential Learning Activities

Entry Essential Learning Activity 1		
Activity	Otorhinolaryngology-Head and Neck Surgery history taking	
Description	Assessment of history taking for ORL-HNS cases	
All items on the table below are examples, they do not constitute an exhaustive list in any aspect		
Knowledge <u>Know</u> , Facts, Information	Skill <u>Do</u> , Practical, Psychomotor, Techniques	Attitudes + Values <u>Feel</u> , behaviours displaying underlying values or emotions
Identifies the relevant positive and negative symptoms and signs for common ORL-HNS complaints. Able to provide appropriate provisional and differential diagnoses. Able to describe the basic pathophysiology of common ORL-HNS diseases.	Able to communicate effectively with patients using open ended questions. Able to obtain information using appropriate questions. Able to synthesise the information obtained to arrive at a diagnosis.	Establishes a good rapport and addresses patients with appropriately respectful salutations in a polite manner. Demonstrates empathy during history taking. Demonstrates good listening skills and good eye contact
Behavioural Markers		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard care, things a trainee forgets to do
Presents the history in an organised manner relevant to the case. Uses appropriate terms.	Gives diagnosis irrelevant to the history obtained.	Shows insensitivity to certain aspects during history taking (e.g., sexual history). Fails to obtain crucial information relating to ORL-HNS emergencies. Fails to identify important comorbidities.
Assessment / Evidence		
Supervisor assessment forms		

Entry Essential Learning Activity 2		
Activity	Otorhinolaryngology-Head and Neck Surgery examination	
Description	Assessment of performing basic ORL-HNS physical examination. Supervisor may choose either ear, nose, throat or head and neck examination.	
All items on the table below are examples, they do not constitute an exhaustive list in any aspect		
Knowledge <u>Know</u> , Facts, Information	Skill <u>Do</u> , Practical, Psychomotor, Techniques	Attitudes + Values <u>Feel</u> , behaviours displaying underlying values or emotions
<p>Able to describe the basic anatomy of the ear, nose or throat.</p> <p>Able to describe basic physiology of hearing / smell and taste / voice / swallowing.</p> <p>Able to provide correct provisional and differential diagnosis based on physical examination findings.</p>	<p>Performs ear nose and throat examination correctly.</p> <p>Handles the ORL-HNS instrument correctly (Otoscope, nasal speculum, tongue depressor).</p> <p>Gives the correct findings.</p>	<p>Shows patience.</p> <p>Establishes a good rapport and addresses patients with appropriately respectful salutations in a polite manner.</p> <p>Good communication skills.</p> <p>Identifies the patient's level of literacy and their understanding of the test.</p>
Behavioural Markers		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard care, things a trainee forgets to do
<p>Obtains correct findings and presents in an organised standard manner.</p> <p>Uses the appropriately sized tools for the patient (correct ear speculum, tuning fork, Thudicum speculum).</p>	<p>Causes pain to the patient.</p> <p>Uses the wrong instrument.</p> <p>Falsifies findings.</p> <p>Inappropriate physical contact during examination.</p>	<p>Did not give proper instructions to the patient.</p> <p>Improper positioning of the patients.</p>
Assessment / Evidence		
Supervisor assessment forms		

Entry Essential Learning Activity 3		
Activity	Toilet and Suturing	
Description	Assessment of suturing skills	
All items on the table below are examples, they do not constitute an exhaustive list in any aspect		
Knowledge <u>Know</u> , Facts, Information	Skill <u>Do</u> , Practical, Psychomotor, Techniques	Attitudes + Values <u>Feel</u> , behaviours displaying underlying values or emotions
Understands the pathophysiology of wound healing. Understands the principles of local anaesthesia. Identifies appropriateness of suturing the wound. Identifies and describes different suture types and its appropriate use.	Performs procedures under aseptic technique. Uses appropriate instruments. Demonstrates meticulous tissue handling using appropriate suturing technique. Ensures proper suture placement and knot tying. Applies appropriate dressing.	Ensures that patient is comfortable. Discusses and describes the procedure to the patient. Demonstrates empathy during the procedure.
Behavioural Markers		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard care, things a trainee forgets to do
Observes universal precautions of aseptic technique. Ensures the use of appropriate local anaesthesia, cleansing solutions and dressing materials. Advises patient on appropriate wound care.	Introduces anaesthetic agent accidentally into blood vessel. Employs poor soft tissue handling technique. Selects the wrong suture material or needle. Performs incorrect suturing technique.	Places sutures too close to each other. Does not dispose sharp instrument safely causing potential harm to self/ team/ patient. Fails to counsel patient on appropriate wound care.
Assessment / Evidence		
Logbook/ Supervisor assessment forms		

Entry Essential Learning Activity 4		
Activity	Taking consent for surgery	
Description	Assessment of consenting for surgery Supervisor may choose any surgery	
All items on the table below are examples, they do not constitute an exhaustive list in any aspect		
Knowledge <u>Know</u> , Facts, Information	Skill <u>Do</u> , Practical, Psychomotor, Techniques	Attitudes + Values <u>Feel</u> , behaviours displaying underlying values or emotions
<p>Discusses the diagnosis with the patient.</p> <p>Discusses the procedure that requires an informed consent.</p> <p>Discusses the indication for the procedures, complications or implications that may result from the procedure.</p> <p>Discusses alternative treatment or procedure if available.</p> <p>Ascertain the legal age and clinical condition of the patient that can give informed consent and knows what other alternatives there are.</p>	<p>Demonstrates proper documentation of the whole process of consent taking in the patient's medical record.</p> <p>Able to explain the procedure and its complications in simple terms.</p> <p>Discusses with the patient and next of kin and addresses their views and concerns.</p>	<p>Ensures that patient is comfortable.</p> <p>Demonstrates appropriate communication skills.</p> <p>Demonstrates empathy towards patient and family during consent taking.</p> <p>Is non-judgmental during consent taking.</p> <p>Demonstrates cultural sensitivity when counselling.</p>
Behavioural Markers		
Discusses the indication for the procedures, complications or implications that may result from the procedure.	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard care, things a trainee forgets to do
<p>Have good communication skills and use of simple language.</p> <p>Ensures the patient understands the explanation provided.</p>	<p>Use of medical jargon to simplify the discussion.</p> <p>Unable to explain the procedure to the patient and family clearly.</p> <p>Causes confusion in consent taking by providing contradictory facts related to the procedure and complications.</p> <p>Gives incorrect facts about the procedure.</p> <p>Talks down to patients.</p>	<p>Ignores the patient or family's concerns or questions.</p> <p>Fails to ensure that the patient and family has adequately understood the procedure and complications.</p>
Assessment / Evidence		
Supervisor feedback form		

Appendix 2: Clinical Knowledge Syllabus Summary

Applied Medical Sciences in ORL-HNS	
Surgical Anatomy	Thorax Head and neck Nervous system Tissue and structures
Applied Physiology	Cell physiology Cardiovascular system Respiratory system Endocrine system Acid-base balance Nervous system
Basic and Clinical Pathology	Cellular injury and tissue response to injury Fluid and haemodynamic derangements Immune system Neoplasia Otology Head and neck Rhinology Laryngology
Medical Microbiology	Basic immunology Bacterial infections Mycology Organ system infections Infections in transplant patients Immunodeficiency Nosocomial infections

Principles of Surgery	<p>Perioperative management</p> <p>Clinical microbiology</p> <p>Surgical site infection</p> <p>Surgical techniques</p> <p>Diagnostic and surgical technology</p> <p>Operating theatre</p> <p>Critical care</p> <p>Trauma</p> <p>Good clinical practice and medicolegal issues</p> <p>Surgical oncology principle</p> <p>Others</p>
Clinical Non-ORL-HNS Knowledge	
Neurosurgery	<p>Applied neurophysiology</p> <p>Neuropathology</p> <p>Neuroradiology</p> <p>Neuropharmacology</p> <p>Neurology</p> <p>Neurocritical care</p> <p>Basic neurosurgery</p> <p>Paediatric neurosurgery</p>
Oral Maxillofacial Surgery	<p>Trauma</p> <p>Dentoalveolar surgery</p> <p>Oncology</p> <p>Dentofacial sepsis</p> <p>TMJ disorders</p> <p>Salivary gland disease</p> <p>Orthognathic surgery</p> <p>Reconstructive surgery</p> <p>Craniofacial</p> <p>Cleft</p>

Plastic Surgery	Aesthetic Cleft Craniofacial Ear reconstruction Head and neck Skin surgery
ORL-HNS Clinical Knowledge	
Rhinology	Epistaxis Nasal trauma and deformity Acute and chronic rhinosinusitis Nose and sinus inflammation, including allergy Congenital abnormalities of the nose and sinuses Facial pain Pituitary diseases Disorders of olfaction Sinonasal neoplasm Cerebrospinal fluid leaks and skull base defects Orbital disorders Septorhinoplasty Congenital abnormalities of the face
Otology	Lesions of the pinna and external ear canal Trauma to the external, middle, inner ear, and temporal bone Acute otitis media and its complications Chronic suppurative otitis media and its complications Adult hearing loss Tinnitus Facial palsy Vertigo and disorders of balance Lateral skull base tumours

Head & Neck/Laryngology	<p>Adenoid and tonsillar pathology</p> <p>Airway obstruction</p> <p>Craniocervical trauma</p> <p>Disorders of swallowing</p> <p>Cervical infections</p> <p>Congenital abnormalities of the head and neck</p> <p>Cervical lymphadenopathy in adults</p> <p>Head and neck malignancies</p> <p>Neck lump</p> <p>Neoplastic salivary gland disease</p> <p>Non-neoplastic salivary gland disease</p> <p>Thyroid and parathyroid disease</p> <p>Oral pathology</p> <p>Sleep-related breathing disorders</p> <p>Tracheostomy</p> <p>Laryngeal pathology: benign and malignant</p> <p>Voice disorders and its rehabilitation</p> <p>Airway surgery</p> <p>Airway anaesthesia</p> <p>Laryngopharyngeal reflux</p>
Paediatric ORL	<p>Foreign bodies in the ear, nose and throat</p> <p>Trauma to the head and neck</p> <p>Epistaxis</p> <p>Rhinosinusitis and its complications</p> <p>Airway disorders</p> <p>Drooling child</p> <p>Acute tonsillitis, diseases of adenoids and its complications</p> <p>ORL-HNS related syndromes and cleft palate</p> <p>Craniofacial anomalies</p> <p>Congenital and acquired neck masses</p> <p>Language delay and dysphonia in childhood</p> <p>Head and neck malignancy in childhood</p> <p>Congenital abnormalities of the ear</p> <p>Congenital deafness</p> <p>The dizzy child</p> <p>Otitis media and its complications</p> <p>Facial palsy in childhood</p> <p>Nasal obstruction</p> <p>Obstructive sleep apnoea</p>

Glossary of Terms

APC	Annual Practice Certificate
APR	Academic Progress Report
CBD	Case-Based Discussion
CME	Continuous Medical Education
CSR	Clinical Specialist Report
DOPS	Direct Observation of Procedural Skills
ELA	Essential Learning Activities
IELTS	International English Language Testing System
IUM	International Islamic University Malaysia
MMC	Malaysian Medical Council
MOH	Ministry of Health
MOHE	Ministry of Higher Education
MUET	Malaysian University English Test
NPMC	National Postgraduate Medical Curriculum
NSR	National Specialist Registry
ORL-HNS	Otorhinolaryngology, Head and Neck Surgery
TOEFL	Test of English as a Foreign Language
UKM	Universiti Kebangsaan Malaysia
UM	Universiti Malaya
USM	Universiti Sains Malaysia
WBA	Workplace-Based Assessments

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