

EDITORIAL

COPING THE NEW CHALLENGES IN OTORHINOLARYNGOLOGY IN UNDER AND POST GRADUATE TRAINING AND ASSESSMENT

Otorhinolaryngology is a rapidly advancing specialty. It is important both at undergraduate and post graduate levels. Challenges differ at both the levels, for under graduates we and PMDC focus on salient topics which are important for a general practitioner in the community especially emergencies in ENT for example how to deal with a patient suffering from epistaxis, respiratory tract obstruction, sudden deafness, dysphagia or foreign bodies in ear, nose and throat. Unfortunately, there is decreasing importance given to ENT at undergraduate levels. But one cannot ignore the prevalence and increase of ear, nose and throat diseases in the community. In this context it is of paramount importance to review and expand the curriculum¹⁻³ of ENT. Curriculum must include recent advances in otolaryngology as advanced hearing management especially cochlear implant and speech rehabilitation. Advances in rhinology especially management of nose and sinus diseases by functional endoscopic sinus surgery cannot be under estimated. Voice rehabilitation and use of laser in laryngology need to be stressed. Management of infections and their manifestations in ENT especially viral infections, hepatitis B and C, and their impact on ear nose and throat. Prevention of viral and bacterial infections pre and post operatively should be stressed. Because of rising use and increased resistance of antibiotics their judicious use should be encouraged. Early manifestations of cancer in otolaryngology, its recent and advanced management should be taught to the students.

Post graduate training and assessment⁴ in otolaryngology requires thorough re-consideration and renewal. Training requires comprehensive revamp of the curriculum. From the very beginning they must be trained not only

to become good general ENT and head and neck surgeons with choice of super-specialty e.g. otology laryngology or rhinology. The reason being that now a days we have a lot of general ENT surgeons but we lack super specialists. They must be trained in their super specialty in local institutes or they can be sent abroad according to the national needs on soft loans from CPSP or by govt of Pakistan. They must do their research work according to their selected specialty. They require structured training and assessment in all the training years. The Residency Programme in otolaryngology/head and neck surgery should aim to train the residents in a comprehensive manner and produce ethically sound and skilled specialists, who should be the role model teachers for the young trainees. The FCPS part-2 examination includes long case, short case and TOACS examination. The examination must also include Workplace based assessment^{5,6} to assess their clinical skills in wards OPDs and operation theatre and that should also be assessed by senior local and international faculty. Moreover it is suggested that every FCPS part-2 resident must be exposed to two or more than two supervisors so that his training may be strengthened, because every supervisor is interested in different types of cases and operations.

All the otolaryngologists who want to work in tertiary care hospitals and choose to become teachers, must be encouraged to do MCPS in Medical education⁷ to enlighten themselves with new teaching methodology and to master them how to administer the examination material and to conduct the different types of examinations according to the national and international requirements. So that our graduates should be able to compete in the international markets.

We must encourage research culture in our institutions⁸. The research must be original, authentic, and have major impact on the concepts and clinical management of the cases. The environment in the colleges should be academic, and conducive to learning.

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