

MODULE TITLE:	HEAD & NECK	7-Nov-2016
DEVELOPED BY:	Kerwin Shannon, Richard Turner	
REVIEWED BY:	Alan Saunder (2010) Michael Donovan, Senarath Edirimanne, Brian Kirkby, Chris Pyke (2013). Michael Donovan, Julie Howle (2016).	
Module Rationale and Objectives	<p>General surgeons need to have a thorough knowledge of infections, tumours and lesions of the head and neck and be able to recognise and treat compromise of the upper airway. Trainees are also required to have a high level of knowledge of investigations, differential diagnosis, potential risks and/or complications and appropriate management strategies.</p> <p>The graduating trainee will be able to:</p> <ul style="list-style-type: none"> ▪ describe common surgical pathologies of deep neck space infections, congenital cysts and sinuses of the head and neck, metabolic and neoplastic conditions of salivary glands, and primary and secondary malignancies presenting in the head and neck ▪ identify and recognise the symptoms and signs of these conditions ▪ describe and select appropriate diagnostic testing ▪ identify appropriate treatment options, and their indications and contraindications ▪ recognise the symptoms of, accurately diagnose, and manage common problems in the head and neck ▪ select appropriate investigative tools ▪ adapt their skill in the context of each patient and each procedure ▪ identify and manage risk ▪ recognise the need to refer patients to other professionals, including multidisciplinary teams ▪ communicate information to patients (and their family) about procedures, outcomes, and risks associated with surgery in ways that encourage their participation in informed decision making (consent) 	
Anatomy, Physiology, Pathology	<p>Trainees should have thorough knowledge of the normal embryology, anatomy, physiology, and pathology, of:</p> <ul style="list-style-type: none"> ▪ the head (extracranial) ▪ the neck (upper aero-digestive tract and soft tissues) 	
Suggested Reading	<p>Trainees who are preparing to sit the Generic and Clinical Examinations need to refer to the recommended reading list on the RACS website at www.surgeons.org</p> <p>For the Fellowship examination, there are no prescribed texts.</p> <p>Trainees are expected to keep abreast of the current literature, including textbooks, journal articles, consensus guidelines and other on-line resources.</p>	
Learning Opportunities and Methods	<p>If state-based and/or local hospital courses/meetings are available, trainees are strongly advised to avail themselves of these opportunities. This also includes practising procedures on simulation equipment where applicable.</p> <p>Trainees are encouraged to present their research at national and/or accredited regional training days, in order to fulfil the research requirement.</p>	
How this module will be assessed	<p>The Generic and Clinical Examinations; Fellowship examination (written and viva voce sections); Trainee evaluation forms and logbooks; SEAM (where applicable).</p>	
Definitions	<p><i>Operative Management - Knows:</i> Trainees are required to be familiar with the indications, benefits and limitations of the procedure; trainees should be able to describe the relevant operative techniques involved in performing the procedure; trainees are encouraged to at least observe and preferably assist in these procedures.</p> <p><i>Operative Management - Does:</i> In addition to the above, trainees must be competent at performing the procedure.</p>	

SET LEVEL	MEDICAL EXPERTISE	JUDGEMENT / CLINICAL DECISION MAKING			TECHNICAL EXPERTISE	
	ANATOMY PHYSIOLOGY PATHOLOGY	CLINICAL ASSESSMENT	INVESTIGATIONS	PRINCIPLES OF MANAGEMENT	OPERATIVE MANAGEMENT - KNOWS -	OPERATIVE MANAGEMENT - DOES -
Upper aero-digestive tract neoplasia						
Early SET	<ul style="list-style-type: none"> Describe anatomy of the upper aerodigestive tract Classify neoplasms of the upper aerodigestive tract Describe biological behaviour including patterns of lymphatic spread Discuss epidemiology and risk factors 	<ul style="list-style-type: none"> Recognise symptoms and signs Perform a basic oral, oropharyngeal and cervical node examination 	<ul style="list-style-type: none"> Describe and interpret staging investigations Understand the role of FNAB 	<ul style="list-style-type: none"> Define the role of laryngopharyngoscopy Assess indications/contraindications of open cervical node biopsy (and complications) Discuss the role of multidisciplinary approach to management 		<ul style="list-style-type: none"> Cervical lymph node biopsy
Mid SET				<ul style="list-style-type: none"> Review principles of curative/palliative treatment (surgical and non-surgical): Plan and manage maintenance of airways and nutrition 		<ul style="list-style-type: none"> Open feeding gastrostomy or PEG Tracheostomy
Salivary gland pathology						
▪ tumour						
Early SET	<ul style="list-style-type: none"> Classify salivary neoplasms and biological behaviour 	<ul style="list-style-type: none"> Perform focused examination of parotid and submandibular glands 	<ul style="list-style-type: none"> Understand the role of FNAB Discuss the role of imaging 			
Mid SET				<ul style="list-style-type: none"> Describe indications for surgical treatment and possible complications Describe indications for radiotherapy 	<ul style="list-style-type: none"> Excision of submandibular gland Parotidectomy 	
Salivary gland pathology						
▪ infections						
▪ inflammatory disease						
▪ calculi						
Early SET	<ul style="list-style-type: none"> Describe pathogenesis and pathological complications 	<ul style="list-style-type: none"> Perform focused examination of parotid and submandibular glands 	<ul style="list-style-type: none"> Discuss the role of medical imaging 			
Mid SET		<ul style="list-style-type: none"> Palpate stone in submandibular duct 		<ul style="list-style-type: none"> Describe indications for surgical treatment and possible complications Discuss non-operative therapies Manage the condition 	<ul style="list-style-type: none"> Excision of submandibular gland Submandibular doctotomy and stone extraction 	<ul style="list-style-type: none"> Drainage of acute suppuration
Upper airway foreign body/occlusion/ trauma						
Early SET	<ul style="list-style-type: none"> Describe upper airway anatomy including vocal cords and upper trachea 	<ul style="list-style-type: none"> Diagnose upper airway compromise 	<ul style="list-style-type: none"> Interpret plain X-rays of cervical soft tissues 	<ul style="list-style-type: none"> Identify principles of surgical and non-surgical treatment Describe the role of direct/indirect laryngoscopy 		

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	ANATOMY PHYSIOLOGY PATHOLOGY	CLINICAL ASSESSMENT	INVESTIGATIONS	PRINCIPLES OF MANAGEMENT	OPERATIVE MANAGEMENT - KNOWS -	OPERATIVE MANAGEMENT - DOES -
Upper airway foreign body/occlusion/ trauma (continued)						
Mid SET				▪ Manage the condition	▪ Extracting foreign body	▪ Emergency tracheotomy ▪ Cricothyroidotomy
Cervical infections lymphadenitis/ abscess						
Early SET	<ul style="list-style-type: none"> ▪ Describe pathogenesis ▪ Describe fascial compartments of the neck 	<ul style="list-style-type: none"> ▪ Diagnose abscess formation on examination 	<ul style="list-style-type: none"> ▪ Describe and interpret appropriate imaging ▪ Describe and interpret appropriate microbiology 	<ul style="list-style-type: none"> ▪ Describe indications for surgical treatment and possible complications ▪ Prescribe medical treatment where indicated 		
Mid SET						<ul style="list-style-type: none"> ▪ Incision and drainage of cervical abscess ▪ Emergency tracheotomy
Lumps in the neck						
<ul style="list-style-type: none"> ▪ carotid body tumour (<i>See also Vascular Module</i>) ▪ branchial cyst/sinus ▪ thyroglossal cyst (<i>See also Endocrine Module</i>) ▪ pharyngeal pouch 						
Early SET	<ul style="list-style-type: none"> ▪ Understand the anatomy of the neck ▪ Explain embryological origin of thyroglossal cyst and branchial cyst/sinus ▪ Outline the pathology of carotid body tumours ▪ Outline the aetiology of pharyngeal pouch 	<ul style="list-style-type: none"> ▪ Describe clinical features of thyroglossal cyst, carotid body tumour, branchial cyst/sinus and pharyngeal pouch ▪ Perform a thorough neck examination 				
Mid SET		<ul style="list-style-type: none"> ▪ Formulate differential diagnosis ▪ Diagnose on examination 	<ul style="list-style-type: none"> ▪ Describe and interpret appropriate imaging 	<ul style="list-style-type: none"> ▪ Describe indications and complications of surgical management ▪ Manage the condition 	<ul style="list-style-type: none"> ▪ Excision of branchial cyst ▪ Excision of thyroglossal cyst/ fistula / Sistrunk procedure 	
Parathyroid						
<i>See Endocrine Module</i>						
Head and neck trauma						
<i>See Trauma Module</i>						
<i>See also Skin and Soft Tissue Module</i>						