KING SAUD UNIVERSITY FELLOWSHIP
IN OTORHINOLARYNGOLOGY
HEAD & NECK SURGERY
SPECIALTY
(FIVE-YEAR PROGRAM)

Department of Otorhinolaryngology
Postgraduate Center
College of Medicine
King Saud University
Riyadh, Saudi Arabia
I. Introduction

How time flies and it’s been almost 2 decades when we established the King Saud University Fellowship in ORL specialty. We never felt the years have passed since the burning and/ardent passion of producing and molding a highly qualified and capable otorhinolaryngologist that will uplift the quality of health service to its people is in the hearts of the people behind the Fellowship.

Currently, the training program has its 5-year duration training period beginning in year 2000 from that of the 4 years in its previous years to enable to extend the needed exposures and trainings of the Candidates that will hasten their knowledge and technical skills.

The King Saud University is proud of being one of the instruments in attaining its primary goal of having a successful, productive, dedicated and highly qualified Otorhinolaryngologist and continue to carry on this goal for the betterment of health care service not unlike before that the Kingdom is heavily dependent with the expatriates in the field of ORL.

Lastly, the King Saud University is taking this opportunity to extend its appreciation to all concerned Teaching Institutions, Teaching Staff and other sectors in one way or another contributed to the success of its 5-year training program in ORL and Head and Neck specialty and hoping that the same enthusiasms will be extended and work hand-on-hand in attaining the same or surpass the success we have obtained through the years.
II. Objectives

The Department of ORL wants to

1. To produce competent, safe and skilled oto-rhino-laryngologist who will be able to deal efficiently with ORL problems.
2. To provide research environment and facilities for those who would be researchers or academic Staff of the specialty
3. To award a certificate of specialization (The Fellowship of King Saud University) after successful completion of the program.

III. Rules and regulations

Rules and regulations comply with the rules of the fellowship program of King Saud University. Some of them are briefly describe as follow:

Criteria for admission to the Fellowship Program

a. Applicant should be a graduate from King Saud University with the degree of MBBS or its equivalent from other University with minimum grade of "Good"
b. Successful completion of one year internship
c. Passing a personal interview and selection examination in accordance with the policy of Residency Board
d. The Candidate must provide a release letter from his sponsor for the whole 5-year duration of the program.

IV. Program outline

The 5-year program of the fellowship consists of the two integrating parts: Basic Science and Otorhinolaryngology and Head and Neck Surgery

a. Didactic lectures
b. Tutorial
c. Practical sessions

The curriculum of the Basic Science Part is enclose) (see Appendix I). The Candidate will be released from his clinical training and commitment to attend the lectures according to timetable to be announced by the Department

The Otorhinolaryngology and Head and Neck surgery is a 5 years rotation program based at King Saud University Hospitals (KAUH, KKH) and other affiliated Riyadh hospitals as included and approved by the Departments’ Residency Training Committee and the Postgraduate Center in the rotation subject to the prevailing staffing and facilities.
Continuous evaluation of these and other hospitals will be done regularly by the Department and by Residency Board.

A comprehensive curriculum of lectures and tutorial is given throughout the 5 years of the program. (see Appendix II).

The clinical training include seminars, ward rounds, clinical meeting and journal club in addition to the outpatients and operating theater teaching. The training program will provide the residents with increasing responsibilities and adequate exposures to clinical materials as follows:

First year:

The first year of the Residents will be for training in General Surgery Department at a recognized hospital(s) with the aim of the following objectives:

1. Provides the Resident with a sound knowledge of the principles of general surgery
2. Gives adequate experience in clinical diagnosis and methods of investigation in a wide range of general surgical conditions
3. Develop in the resident maturity of clinical judgment
4. Develop by progressive responsibility good technical and operative skills
5. Imparts an understanding of the ethics of surgical treatment
6. Emphasizes the importance of surgical team work and the necessity for consultation with other disciplines

The other 6 months will be for the completion of ORL training to be spent in Speech and Audiology Unit. The Resident is also expected and/required to participate actively in seminars and case presentation meeting.

Second year

The resident will be in ORL training proper and will be attached to senior staff in the outpatient and operating theater with no direct responsibility to the patient. The resident is expected to manage ENT primary care and outpatient Clinic and in OR first under the supervision and later independently towards the end of the year with cases on his level of residency and must log all his procedures performed / done as part of the requirement of the program same with his succeeding year of training. He is expected to clerk the inpatients and actively participate in the ward rounds. The resident will be given an on-call duty and the number will be in accordance to the hospital’s on-call protocol.
Third year

Third year (R3) will be given more responsibilities especially in clinics where he will see patients referred from the ORL primary care clinics. He or she will be given an on-call for emergencies cases. He is expected to participate in training students e.g. outpatient training and ward rounds.

Fourth and Fifth year:

The R4 and R5 shall be involved in teaching the R2 and R3 residents especially at the operating theater and outpatient

Tutorial to the undergraduate students may be given under supervision of senior staff by those who showed the potentials and the interest to be future teachers.

Evaluation

The evaluation of the residents will be quarterly and a continuous process throughout the entire training period with the following considerations

1. Satisfactory completion of each of the clinical rotation with regard to academic knowledge, clinical competence and professional behavior
2. Satisfactory attendance and active participation at lectures, tutorials, seminars and other academic activities
3. Satisfactory progress of the operative experience as shown in the log book where all the operations done, assisted or observed by the trainee are entered.
4. Performance at an annual examination which consists of written and oral and clinical parts.

Disciplinary action for unsatisfactory performance or behavior and other provisions will be taken according to the rules and regulations of the Residency training program that were based on the Residency Training Committee recommendations and King Saud University guidelines.

Other requirements:

1. Logbook – Candidate is expected to submit their logbook summary at the end of each rotation, ideally, the Residency Training Committee advises to submit every 3 months so as to assess their performance and/or evaluation in their training

2. Attendance - The Residency Training Committee requires that the Candidate should not exceed of 25% average absence in all the scientific activities of the training program (Clinical Meeting, Tutorial Meeting, Journal Club Meeting) otherwise, he/she will be allowed to sit in the yearly promotion
examination resulting for him/her to repeat the same level of Residency in the following academic year.

3. Other scientific activities – Candidate is as well required to attend other scientific activities including Seminars, Courses, Conference inside or outside the Kingdom

Rotation

Candidates’ rotations will be approved by the Residency Training Committee prior to the start of coming academic year which will be based on the Candidates’ level of residency and the needed exposures of the Candidates.

Elective rotation:

Candidate has the opportunity to select 1 elective rotation which is subject to the approval of the Department’s Residency Training Committee and upon completion of the needed documents in relation to his/her elective rotation in particular the acceptance letter form the hospital and/or training institution he/she would like to be.

Examination

a) Promotion Examination

This is a yearly examination of the Candidates to determine if the they are eligible to the next level of Residency in the training program. Other provisions with concerns to the promotion will be adopted and/or followed as approved by the Residency Training Committee.

b) Final Fellowship Examination

To be eligible for entry in this examination, the Candidate must complete satisfactory to the five years program, pass successfully the annual promotion examinations and complete the logbook.

The examination consists of:

1. Written examination
2. Clinical examination
3. Oral examination

The maximum number for sitting the promotion/annual or the final examination is three times in three successive years.

Upon successful completion of the final examination, the Candidate will be awarded the K.S.U. Fellowship in Otorhinolaryngology.
APPENDIX I

ANATOMY AND EMBRYOLOGY

1. Anatomy of the ear
2. Embryology and anatomy of the head, neck, face, palate, nose and paranasal sinuses
3. Embryology and anatomy of salivary glands
4. Neuroanatomy for the laryngologist
5. Anatomy of the larynx and tracheo-bronchial tree

PHYSIOLOGY

1. Physics of sound
2. Physiology of auditory system including Eustachian tube
3. Physiology of Equilibrium
4. Physiology of the nose and paranasal sinuses
5. Physiology of the mouth, pharynx and oesophagus
6. Physiology of salivary gland
7. Physiology of the larynx
8. Generation and reception of speech
9. Physiology of the respiratory tract
10. Neurophysiology for the parathyroid
11. Physiology of thyroid and parathyroid
12. Basic principles of cellular metabolism
13. Physiology of shock
14. Blood clotting

HISTOLOGY AND PATHOLOGY

1. Histology and pathology of the ear
2. Histology and pathology of the nose and paranasal sinuses
3. Histology and pathology of the throat, larynx, oesophagus, tracheo-bronchial tree and thyroid
4. Fluid and electrolytes
5. Wound healing
6. Shock
7. Basic immunology and allergy
8. Microbiology:
   Bacteriology: basic and applied to ORL
   Viral disease or O.R.L.
   Mycoses
9. Antimicrobial therapy
10. Staging classification
11. Nutritional management of head and neck cancer
12. Haematology
RADIOLOGY

1. Radiology of temporal bone
2. Radiology of the nose and paranasal sinuses
3. Radiology of salivary glands
4. Radiology of lungs and tracheo-bronchial tree
5. Advanced Radiology in O.R.L.

APPENDIX II

AUDIOLOGY AND SPEECH PATHOLOGY

1. Clinical examination of aural infection
2. Diagnostic audiometry
3. Objective tests of hearing
4. Diagnostic tests of balance
5. Audiological rehabilitation
6. Hearing aids
7. Cochlear implant
8. Noise balance disorders
9. Tinnitus
10. Speech Disorders

OTOLOGY

1. Diseases of external ear, congenital, trauma, infection, otalgia, tumor and cyst
2. Disease of the middle ear, congenital, trauma, infection, otosclerosis, tumours and facial nerve disorders
3. Disease of the inner ear and retrocochlear region: Labyrinthitis, sensorineural hearing loss, sudden deafness, vertigo, acoustic tumour
4. Skull base: neoplasm and operative procedure

RHINOLOGY

1. Congenital defects of the nose
2. Infection and granuloma nose and sinuses
3. Trauma
4. Epistaxis
5. Allergy and nasal polyps
6. The nasal septum
7. Tumour of nose and sinuses
8. Endoscopy of nose and sinuses
9. Abnormalities of the smell
10. Rhinoplasty
11. Headache and facial pain
12. Transsphenoidal hypophysectomy

ORAL AND PHARYNGEAL DISEASES
1. Congenital, trauma, inflammation, neoplasm of salivary glands
2. Diseases of the pharynx and oesophagus
3. Neck mass
4. Diseases of the larynx
5. Tracheostomy
6. Neck spaces infection
7. Lower respiratory condition in
8. Surgery of thyroid and parathyroid

RADIOThERAPY
1. Principles of radiotherapy in O.R.L.
2. Basic principles of chemotherapy
3. Chemotherapy in O.R.L.

ANAESTHESIA
1. General anaesthesia for O.R.L. procedure
2. Local and regional block anaesthesia for ORL dprocedures
3. Intensive care and resuscitation in ORL

MISCELLANEOUS
1. Laser in O.R.L.
2. Cryosurgery in O.R.L.
# APPENDIX III

## CONTENT OF THE LOG BOOK

### I. Operations to be Performed by the Resident

<table>
<thead>
<tr>
<th>Operation</th>
<th>Minimum Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tonsillectomy</td>
<td>150</td>
</tr>
<tr>
<td>2. Adenoidectomy</td>
<td>100</td>
</tr>
<tr>
<td>3. Nasal polypectomy</td>
<td>30</td>
</tr>
<tr>
<td>4. Partial turbinectomy</td>
<td>30</td>
</tr>
<tr>
<td>5. Myringotomy and Ventilation tube insertion</td>
<td>30</td>
</tr>
<tr>
<td>6. Submucous diathermy</td>
<td>10</td>
</tr>
<tr>
<td>7. Direct and microlaryngoscopy</td>
<td>16</td>
</tr>
<tr>
<td>8. Examination and biopsy of the nasopharynx</td>
<td>8</td>
</tr>
<tr>
<td>9. Antrostomies</td>
<td>12</td>
</tr>
<tr>
<td>10. Submucous resection</td>
<td>50</td>
</tr>
<tr>
<td>11. Septoplasty</td>
<td>20</td>
</tr>
<tr>
<td>12. Oesophagoscopy and Bronchoscopy</td>
<td>16</td>
</tr>
<tr>
<td>13. Tympanoplasty</td>
<td>20</td>
</tr>
<tr>
<td>14. Mastoidectomy</td>
<td>10</td>
</tr>
<tr>
<td>15. Tracheostomy</td>
<td>10</td>
</tr>
</tbody>
</table>

### II. Operations to be observed and assisted by the surgeon

1. Salivary gland surgery
2. Laryngectomy
3. Block dissection of the neck
4. Rhinoplasty