

**The American Academy of Otolaryngology—
Head and Neck Surgery Foundation
(AAO-HNSF) Presents. . .**



Chapter 1: Introduction to Clinical Rotation

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Chapter 1: Introduction to Clinical Rotation

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Dr. Gregory Staffel first authored this short introduction to otolaryngology for medical students at the University of Texas School for the Health Sciences in San Antonio in 1996. Written in conversational style, peppered with hints for learning (such as "read an hour a day"), and short enough to digest in one or two evenings, the book was a "hit" with medical students.

Dr. Staffel graciously donated his book to the American Academy of Otolaryngology—Head and Neck Surgery Foundation to be used as a basis for this primer. It has been revised, edited and is now in the second printing. This edition has undergone an extensive review, revision and updating. We believe that you, the reader, will find this book enjoyable and informative. We anticipate that it will whet your appetite for further learning in the discipline that we love and have found most intriguing. It should start your journey into otolaryngology, the field of Head and Neck Surgery.

Enjoy!

Mark K. Wax, MD

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The goals of this book are to make you a good **clinician** and to teach you basic **Ear, Nose, and Throat (ENT) medicine and surgery**.

Sometimes individuals have trouble transitioning from being a 2nd-year medical student, where they are truly a student, to becoming a health care professional, which is that metamorphosis that occurs in the 3rd and 4th year of medical school. This involves learning to carry yourself and act as a health care professional.

The process starts with the student's appearance (clothing and grooming), punctuality, composure, **acceptance of responsibility**, and **interactions with patients and other health care team members**. You need to really listen to patients. It's helpful for students to be carefully observant of their professors in important but unnoticed activities such as their demeanor, comments, and interaction with house staff and patients. Students learn a lot through observing care of patients.

It is difficult to understand medical students' role in the health care team. Become an active member of the health care team. Interns, residents, and attendings are over-worked and spread quite thin. However, medical students frequently have extra time to spend with their patients, talking to the patients about their past medical problems, family, and social aspects as they pertain to their disease

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process and, most important, truly establishing a patient-doctor relationship. This type of relationship establishes the medical student as an important part of the health care team, beneficial to the overall care provided to the patient. It also establishes long-term behaviors for that medical student, which translates into the development of an excellent future physician.

A few basic rules will help you to become a good clinician. During the 3rd year, you may have conflicting responsibilities, such as being at a lecture while needing to draw a patient's blood. In general, the priority should be the care of the patient. If it is an important blood test and you can't get someone to do it for you, you may need to miss the lecture. These situations don't actually come up that often, and if patient care is your main goal over the long run, most people will see it.

There are two kinds of doctors: those who read and those who don't. Read about your patients. You should read textbooks because they cover the basics and 90% of people don't know what is in them. Articles are for later. It doesn't matter which textbook you read, because if the information is important, it will come up again and you will find it again in later reading. If the information is unimportant, it won't come up very often.

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So now you have 4 patients and you go home. You got up at 5:00 a.m. to make it to rounds. You get home at 7:00 p.m. after your last postop note. After you have petted the dog and made supper, it's 8:30. You deserve a break, so you watch TV for an hour. You are ready to read, and you realize your patient has hypertension (HTN), chronic obstructive pulmonary disease (COPD), diabetes, and a pleomorphic adenoma. There's no way you can read about all that tonight, and you have to get up at 5:00 a.m. tomorrow. So it's in the hay, and the next morning you don't really know why we even treat asymptomatic hypertension in the first place. Solution: Read for an hour every day. Afterward you can do whatever you want and not feel guilty or overwhelmed. You will also be amazed at how well you do. Most students don't average anywhere near that.

Read about your patients. Remember Darwin's theory of medical education: "It can't be that rare if you are seeing it."

We know that you, as medical students, aspire to the highest ideals of professionalism. We know that you will always have a neat appearance and a pleasant personality. We know that you will do completely thorough histories and physicals (H&Ps). You will be very compassionate to all your patients and coworkers, and you will always be willing and ready to learn. It has been our experience that all students know this is expected of them. However, there is one important caveat that is often not addressed in medical education. It is as much your responsibility to

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know your limitations as it is to know about treating patients. If you are trying hard, reading an hour every day, and truly interested, then if you are asked a question to which you don't know the answer, it's perfectly legitimate and indeed expected that you simply answer, "I don't know." Nobody knows everything.

If you use the information you already have, you will do surprisingly well if you guess at an answer. But if your answer is only a guess, qualify it by pointing out that you hadn't specifically known the answer. Integrity—an absolute commitment to honesty—is a prerequisite for becoming a physician.

Although you may not know that much quite yet in your clinical career, you do have one secret weapon as a student: enthusiasm. Residents are often tired and grouchy, as you probably have noticed, but having an enthusiastic student around makes a difference.

The 2nd goal of this book is to teach you a little about common ENT problems. Since the great majority of you won't be otolaryngologists, it becomes much more important for you to understand how to recognize potentially dangerous problems, which should be referred to an ENT doctor, as well as how to manage uncomplicated problems that don't require referral to an otolaryngologist.

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Questions, Chapter #1

1. Your highest professional priority throughout your 3rd year and the rest of your career should be_____.
2. One way to learn as much as possible, without feeling overwhelmed, during the 3rd year is to _____ .
3. When faced with two conflicting responsibilities, _____ should always be your highest priority.
4. If you guess at a question on rounds, you should _____.
5. The key to a happy career in medicine is to make _____ your highest professional priority.
6. The key to happiness in medicine is to keep in mind question #5 and _____ .
7. In all countries of the world, a common vein through medicine is to keep as the first priority _____ .
8. The key to a well-balanced and happy medical school career is to _____.

Answers

1. The care of the patient
2. Read for an hour every day
3. The care of the patient
4. Qualify your answer
5. The care of the patient
6. Read for an hour every day
7. The care of the patient
8. Read for an hour every day

More educational opportunities from the AAO-HNSF

The American Academy of Otolaryngology—Head and Neck Surgery Foundation offers many programs designed to keep you up-to-date without leaving your practice. Most activities offer Category 1 AMA/PRA credits. The Academy/Foundation also serves as a primary resource for otolaryngology/head and neck surgery activities and events, and serves as an online clearinghouse for patient education and specialty information.

Visit the Academy's website, <http://www.entnet.org> to learn more about these programs.