

# **GUIDELINES FOR TRAINEE 2026/2027 DOCTOR OF OTORHINOLARYNGOLOGY- HEAD AND NECK SURGERY**







DOCTOR OF OTORHINOLARYNGOLOGY - HEAD AND NECK SURGERY  
(DR ORL-HNS)

# GUIDELINES FOR TRAINEE 2026/2027



## MESSAGE FROM HEAD OF DEPARTMENT

The Department of Otorhinolaryngology and Head & Neck Surgery (ORL HNS), UKM Medical Centre treats a wide range of patients who need surgical or conservative treatment for the nasal cavity, sinuses, ears, mouth, pharynx and throat and head and neck regions.

It runs widespread academic activities, including classes for medical students, paramedics and specialists in various fields of ENT surgery. We also conduct an intensive research program in otology, rhinology, laryngology and head & neck cancer and paediatric ORL.

We conduct complex range surgical procedures such as skull base surgery, septorhinoplasty, cochlear implant, bone anchored hearing aid (BAHA) implant, thyroplasty, extensive head and neck tumors and laryngotracheal resection. In addition to that our department also co-manage patients with the departments of neurosurgery, maxillofacial and plastic surgery. The Department also offers various types of auditory surgery, endoscopic sinus surgery, pharynx, thevocal cords, snoring, reconstruction of the nose, and pediatric surgery. Departmental clinics deal with diagnosis, advice and treatment of various diseases.

***Professor Madya Dr. Mawaddah Azman***

*Head of Department Otorhinolaryngology-Head and Neck Surgery*

*Faculty of Medicine*

*Jalan Yaacob Latif, Bandar Tun Razak*

*56000 Cheras, Kuala Lumpur*

*Malaysia*

*Office: +603 9145 6043/6045*

*Fax: +603 9145 6675*

*Email: [mawaddah@ukm.edu.my](mailto:mawaddah@ukm.edu.my)*

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## **PART A:**

### **GENERAL INFORMATION ON THE HIGHER EDUCATION PROVIDER (HEP)**

1. Name of Higher Education Provider (as approved by the relevant Ministry): Universiti Kebangsaan Malaysia (UKM)
2. Address of the Higher Education Provider: Department of Otorhinolaryngology Head & Neck Surgery
3. Location where the programme is to be delivered if applicant is a branch campus: UKM Medical Centre, Jalan Yaacob Latif, Bandar Tun Razak, Cheras, 56000 Kuala Lumpur.
4. Total number of staff :
  - Academic staff - 15 (lecturers)
  - Support staff - 5
  - Clinical Staff – 19
5. Name of Chief Executive/Vice Chancellor: Prof. Dato' Gs. Ts. Dr. Mohd Ekhwan Hj. Toriman
6. HEP Liaison Officer for this application
  - a. Name: Prof. Madya Dr. Mawaddah Azman
  - b. Telephone No.: +603-9145 6045/6043
  - c. Fax no.: +603-9145 6675
  - d. E-mail: mawaddah@ukm.edu.my

## **PART B:**

### **PROGRAMME DESCRIPTION**

#### ***Description***

1. Name of the award (as in the scroll to be awarded): Doctor of Otorhinolaryngology – Head & Neck Surgery (UKM)
2. MQF Level: 7
3. Credit Value: 80
4. Type of award: Master
5. Field of Study: Otorhinolaryngology
6. Language of Instruction :English
7. Mode of Study :Fulltime either in campus or outcampus
8. Duration of Study: 4 years

	In-campus	Out-campus	
		Out-side UKMMC	UKMMC
No. of Semesters	8	4	4
No. of Years	4 years	2 years	2 years

9. Admission Criteria: Completed 2 years Housemanship and 2 years as Medical Officer, successful in entrance examination and Interview.
10. Estimated Date of first intake: June (every year)
11. Number of student per intake: 10 to 15
12. Estimated Date of pioneer graduation: May or November (every year)
13. Likely occupation of graduates: Specialist in Otorhinolaryngology
14. Awarding Body: UKM

#### ***Student Selection***

1. In December/ January every year the department will organize conjoint entrance examination and interview.
2. The entrance examination consists of 30 questions of MCQ. The questions are regarding common and basic ENT questions.
3. Priority is given to those candidates who have experienced in ENT posting.

### **Support Service**

1. Clinical skills lab (temporal bone, rhinology, laryngology, phonosurgery, head and neck)
2. Library
3. Virtual library
4. Specialized clinics (allergy centre, allergic rhinitis, smell and taste, immunotherapy, voice, OSA, Botox, NPC cleft lip and palate clinics, audiology, speech & swallowing)
5. Statistical consultation
6. Sukmaria
7. Seminar room with computers and LCD

### **Subject Classification**

No	Subject Classification		Year	Duration
1.	Compulsory courses	Otology Rhinology Head & Neck Laryngology Paediatric ORL Maxillo-Facial Neurosurgery Plastic Surgery	Year 1-year 4	4 years
2.	Core: <ul style="list-style-type: none"><li>• Log Book</li><li>• Research/ Dissertation</li></ul>		Year 1-year 4	4 years
			Year 2-year 4	2 years
3.	Rotation posting	Maxillofacial posting	During Year 2 or Year 3	1 month
4.	Rotation posting	Plastic	During Year 2 or Year 3	1 month
5.	Rotation posting	Neurosurgery	During Year 2 or Year 3	1 month
6.	Pass part 1 Examination		Year 1	-
7.	Pass Part II Examination		Year 4	-

### **Compulsory Basic Dissection Course**

1. Temporal Bone Course
2. Basic Endoscopic Sinus Surgery Course (FESS)
3. Laryngeal and Phonosurgery Workshop
4. Head & Neck Dissection Course

## **PART C: EVIDENCE OF MEETING THE STANDARDS FOR PROGRAMMERS IN THE NINE QUALITY ASSURANCE AREAS**

### ***Institutional Vision, Mission and Education Goals***

#### 1.1 Vision of UKM

UKM is committed to be a leading university that pioneers innovation in the construction of knowledge to achieve the aspiration of producing a society imbued with dynamic, learned and civic leadership.

#### 1.2 Mission of UKM

To be a premier university which ennobles the Malay language and disseminate knowledge encapsulated in the national culture.

### ***Program Aims***

At the end of 4 years program, our student able

- i. to manage common Otorhinolaryngological emergencies and elective surgery independently.
- ii. to be compassionate and be guided by ethical principles in decision-making.
- iii. to recognize their limitations and seek proper consultation.
- iv. to develop interest and further training in Otorhinolaryngological subspecialties.
- v. to continue their lifelong education in these subspecialties.
- vi. to demonstrate leadership skills in managing the otorhinolaryngological team and service.
- vii. to continue lifelong education in these subspecialties.
- viii. to advance the practice of Otorhinolaryngology through research, audit and scientific writing.

### ***Learning Outcomes and Delivery***

#### **Curriculum Design**

The program is divided into 4 years aimed at progressive mastery of knowledge, skills and attitude, increasing responsibilities and independence. At least two years must be spent at the Department of Otorhinolaryngology UKMMC for exposure in subspecialties in Otorhinolaryngology. It would benefit the candidates to spend a minimum of 6 months in general surgery prior to commencing the program.

## Year 1

The general objective is to enable students to acquire knowledge of the basic sciences and principles of surgery. Students are needed to apply this knowledge in clinical practice and decision-making process in the management of patients and performance of operative procedures under supervision.

### Special Objectives

At the end of Year 1, trainee will be able to demonstrate their ability to:

- Acquire and apply the knowledge of the principles of surgery and basic medical sciences in the clinical reasoning process of diagnosis and management of otorhinolaryngological disorders.
- Provide appropriate patient care by:
  - Performing a general assessment and instituting initial management (routine investigation and basic resuscitation)
  - Arranging for further management of the patient in consultation with senior colleagues.
  - Performing the following procedures with supervision:
    - Biopsy of nasal masses
    - Reduction of nasal bone fracture
    - Rigid nasal endoscopy
    - Flexible nasopharyngolaryngoscopy
    - Tracheostomy
    - Myringotomy
    - Grommet Insertion
    - Tonsillectomy
    - Adenoidectomy
    - Excision biopsy neck lumps
- Critically appraise and apply information from the literature and other published data in cases write-up and scientific writing.
- Identify the areas of deficiency in their performance, find appropriate educational resources, use the new knowledge and skills in the care of patients and evaluate their personal learning progress.

## Year 2

The general objective is to enable students to acquire basic otorhinolaryngological knowledge, skills and appropriate attitude towards the management of patients.

### Special Objectives

- Acquire and apply the knowledge of the principles of surgery and basic medical sciences in the clinical reasoning process of diagnosis and management of Otorhinolaryngological disorders.
- Provide appropriate patient care by
  - Performing a general assessment and instituting initial management (routine investigation and basic resuscitation)
  - Performing the following operative procedures on their own
    - Biopsy of nasal masses
    - Reduction of nasal bone fracture
    - Rigid nasal endoscopy
    - Flexible nasopharyngolaryngoscopy
    - Tracheostomy
    - Myringotomy
    - Grommet Insertion
    - Tonsillectomy
    - Adenoidectomy
    - Excision biopsy neck lumps
    - Assist major operations
    - Inferior turbinate procedures
    - Septoplasty
    - Myringoplasty
    - Swallowing assessment
    - Other ENT operations

- Critically appraise and apply information from the literature and other published data in case write-ups, formulation of research protocol and other scientific writing.
- Identify the areas of deficiency in their performance, find appropriate educational resources, use the new knowledge and skills in the care of patients and evaluate their personal learning progress.

### Year 3

The general objective is to enable the trainee to acquire knowledge, skills and attitude in the management of patients.

#### Special Objectives

- To acquire detailed knowledge in Otorhinolaryngological diseases and apply this knowledge in the management of patients.
- To manage patient competently with appropriate attitudes and communication skills.
- To perform the following operative procedures competently at the level of first Assistant or Surgeon under direct supervision.
  - Tympanoplasty
  - Meatoplasty
  - Cortical mastoidectomy
  - Submandibulectomy
  - Uncinectomy
  - Septoplasty
  - Direct laryngoscopy
  - Oesophagoscopy
  - Facial Fracture Reductions
  - Assist in major operations
- Be a role model in teaching and training junior doctors and other health personnel.
- Assist the registrar in performing the managerial duties of the ward (conduct ward rounds, maintain discipline, duty roster)

### Year 4

The general objective is to enable the trainee to function as the registrar of the Otorhinolaryngological team and make decisions on management of patients, under supervision.

#### Special Objectives

- To acquire detailed knowledge in otorhinolaryngological diseases and apply this knowledge in the management of patients.
- To manage patient competently with appropriate attitudes and communication skills.
- To perform the following operative procedures competently at the level of first Assistant or Surgeon under direct/indirect supervision.
  - Tympanoplasty
  - Meatoplasty
  - Mastoidectomy
    - Cortical
    - Modified Radical
    - Radical
  - Bronchoscopy
  - Parotidectomy
    - Superficial & Total
  - Other Salivary Gland Excision
  - Endoscopic sinus surgery (Anterior)
  - Septoplasty
  - Direct laryngoscopy
  - Oesophagoscopy
  - Lateral Rhinotomy

- Maxillectomy
    - Partial
    - Total
    - With Orbital Exenteration
  - Laryngectomy
  - ELMS
  - Neck Dissection
  - Facial Fracture Reductions
  - Flaps and Fistula Closure
  - Transoral biopsy
  - Assists in major operations
- To be a role model in teaching and training junior doctors and other health personnel
  - To assist the consultant in performing managerial duties of the ward (ensures academic activities are conducted: ward rounds, journal club, X-ray conference, CPC, etc, maintains discipline and unit cohesiveness, arranges duty roster, prepare theatre list)
  - To critically appraise and apply information from the literature and other published data in case write-ups, research project and other scientific writing.
  - To identify areas of deficiency in their performances, find appropriate educational resources, use the new knowledge and skills in the care of patients and evaluate their personal learning progress.

At the end of each subspecialty posting the supervisor must fill in the evaluation form (Appendix i)

## ***Teaching and learning***

Course Name	Activities
<b>Year 1 semester 1</b>	
<b>Pembelajaran Teori Asas</b>	<ul style="list-style-type: none"> <li>• Learning and teaching activities for Part 1 exams</li> <li>• CPC, HPE Radiology conference</li> <li>• Grand rounds</li> <li>• Intensive course for Part 1</li> <li>• Penilaian teori: Part 1 exams</li> </ul>
<b>Pembelajaran Klinikal Asas I</b>	<ul style="list-style-type: none"> <li>• CPC, HPE Radiology conference</li> <li>• Grand rounds</li> <li>• Able to performe scopes,</li> <li>• Emergency ENT during on call</li> <li>• Ward and Grand ward rounds</li> <li>• Friday CME</li> <li>• Penilaian formatif: direct supervision of procedures as listed in guidebook, able to do calls, on ward duty, able to run MO clinics</li> </ul>
<b>Perkembangan Profesional dan Personal I</b>	<ul style="list-style-type: none"> <li>• Lecture by Prof Har on registration day</li> <li>• Penilaian formatif peer and supervisor PPD assessment</li> <li>• Able to consult cases with registrar</li> </ul>
<b>Year 1 semester 2</b>	
<b>Pembelajaran Klinikal Asas II</b>	<ul style="list-style-type: none"> <li>• Pre and post operative optimization and management</li> <li>• Presentations: CME, Mn M, Journal Club, HPE, Radiology conference</li> <li>• Case write up</li> </ul>
<b>Pembelajaran Pembedahan Asas I</b>	<ul style="list-style-type: none"> <li>• Basic Suturing Course</li> <li>• Perform basic ENT procedures as listed in guidebook</li> </ul>
<b>Perkembangan Profesional dan Personal II</b>	<ul style="list-style-type: none"> <li>• Able to work in a team ie ward work with nurses and staff in the clinic</li> <li>• Penilaian formatif peer and supervisor PPD assessment</li> </ul>
<b>Year 2 Semester 1</b>	
<b>Pembelajaran Pembedahan Asas II</b>	<ul style="list-style-type: none"> <li>• Perform part of ENT procedures as listed in guidebook as surgeon or first assistant</li> <li>• Penilaian formatif: direct supervision of procedures</li> </ul>
<b>Penyelidikan I (Sorotan literatur)</b>	<ul style="list-style-type: none"> <li>• Minggu penyelidikan</li> <li>• Statistical consultation</li> <li>• Contact hours with Principle Investigator</li> <li>• Pembentangan proposal peringkat jabatan (objective assessment)</li> </ul>
<b>Pembelajaran Klinikal Asas III</b>	<ul style="list-style-type: none"> <li>• Go through elective posting in Plastics, Neurosurgery, OMFS</li> </ul>
<b>Perkembangan Profesional dan Personal III</b>	<ul style="list-style-type: none"> <li>• Taking consent in routine low risk procedures under LA</li> <li>• Penilaian formatif peer and supervisor PPD assessment</li> </ul>

<b>Year 2 semester 2</b>	
<b>Pembelajaran Klinik Asas IV</b>	<ul style="list-style-type: none"> <li>• Presentations: CME, Mn M, Journal Club, HPE, Radiology conference</li> <li>• Case write up</li> <li>• Penilaian formatif: Viva kenaikan tahun (to refer to criteria for promotion in guidebook)</li> </ul>
<b>Penyelidikan II (Pembentangan Cadangan Penyelidikan dan Kelulusan JK Etika)</b>	<ul style="list-style-type: none"> <li>• Contact hours with Principle Investigator</li> <li>• Pembentangan proposal peringkat ERB</li> <li>• Penilaian formatif</li> </ul>
<b>Perkembangan Profesional dan Personal IV</b>	<ul style="list-style-type: none"> <li>• Taking consent in routine low to moderate risk procedures under GA</li> <li>• PPD peer and supervisor assessment</li> </ul>
<b>Year 3 Semester 1</b>	
<b>Pembelajaran Teori Lanjutan I</b>	<ul style="list-style-type: none"> <li>• Temporal Bone Dissection</li> <li>• Endoscopic Sinus Surgery Course</li> <li>• Salivary gland and Neck Dissection</li> <li>• Laryngeal and Phonosurgery Course</li> </ul>
<b>Pembelajaran Pembedahan Khusus I</b>	<ul style="list-style-type: none"> <li>• Perform part of ENT procedures as listed in guidebook as surgeon or first assistant</li> <li>• Penilaian formatif: direct supervision of procedures</li> </ul>
<b>Perkembangan Profesional dan Personal V</b>	<ul style="list-style-type: none"> <li>• Perform managerial duties like conducting evening rounds, maintain discipline and duty roster.</li> <li>• PPD peer and supervisor assessment</li> </ul>
<b>Year 3 Semester 2</b>	
<b>Pembelajaran Klinik Lanjutan I</b>	<ul style="list-style-type: none"> <li>• Presentations: CME, Mn M, Journal Club, HPE, Radiology conference</li> <li>• Case write up</li> <li>• Penilaian formatif: Viva kenaikan tahun (to refer to criteria for promotion in guidebook)</li> </ul>
<b>Pembelajaran Pembedahan Khusus II</b>	<ul style="list-style-type: none"> <li>• Perform part of ENT procedures as listed in guidebook as surgeon or first assistant</li> <li>• Penilaian formatif: direct supervision of procedures</li> </ul>
<b>Penyelidikan III (Pengumpulan dan Penganalisaan Data)</b>	<ul style="list-style-type: none"> <li>• Contact hours with Principle Investigator</li> <li>• Subject recruitment and Data analysis</li> </ul>
<b>Perkembangan Profesional dan Personal VI</b>	<ul style="list-style-type: none"> <li>• Clinical Examination in ENT: role model in teaching junior doctors and medical students</li> <li>• PPD peer and supervisor assessment</li> </ul>
<b>Year 4 semester 1</b>	
<b>Pembelajaran Klinik Lanjutan II</b>	<ul style="list-style-type: none"> <li>• Conjointly run specialised clinics: allergy, voice, thyroid, vertigo, CLP, OSA, NPC, Oncology)</li> </ul>
<b>Pembelajaran Pembedahan Khusus III</b>	<ul style="list-style-type: none"> <li>• Perform part of ENT procedures as listed in guidebook as surgeon or first assistant</li> <li>• Penilaian formatif: direct supervision of procedures</li> </ul>
<b>Penyelidikan IV (Penulisan dan Pembentangan Tesis)</b>	<ul style="list-style-type: none"> <li>• Penyediaan tesis</li> <li>• Pembentangan disertasi peringkat jabatan</li> <li>• Pembentangan disertasi peringkat interuniversiti (ASM)</li> <li>• Penilaian formatif dan objektif (markah semasa pembentangan disertasi)</li> </ul>

<b>Perkembangan Profesional dan Personal VII</b>	<ul style="list-style-type: none"> <li>• Lecture medicolegal</li> <li>• PPD peer and supervisor assessment</li> </ul>
<b>Year 4 Semester 2</b>	
<b>Pembelajaran Teori Lanjutan II</b>	<ul style="list-style-type: none"> <li>• Final year teaching with lecturers</li> <li>• Grand ward rounds</li> <li>• Kursus Intensif</li> <li>• Penilaian teori: Part 2 exams</li> </ul>
<b>Pembelajaran Pembedahan Khusus IV</b>	<ul style="list-style-type: none"> <li>• Perform part of ENT procedures as listed in guidebook as surgeon or first assistant</li> <li>• Penilaian formatif: direct supervision of procedures</li> </ul>
<b>Perkembangan Profesional dan Personal VIII</b>	<ul style="list-style-type: none"> <li>• Demonstrate effective communication with peers, junior doctors, doctors of different speciality and patient family</li> <li>• PPD peer and supervisor assessment</li> </ul>

## **Examination**

There are two examinations in the program

1. **Part I:** The examination is aimed at assessing the trainee's knowledge in anatomy, physiology, pathology, principles of surgery and application of this knowledge in problem solving and decision-making.

It consists of multiple-choice questions of true or false (MCQ), one best answer (OBA) questions, Viva Voce and OSCE examination. There are two theory papers which consist of Paper 1 (60 MCQ of true or false) and Paper 2 (60 OBA). Only candidates who managed to score an average mark of 50% and above in Paper 1 and 2 will sit for the Viva Voce and OSCE. The components of the Viva Voce examinations are applied anatomy, physiology and pathology (20 minutes each station), and the component for OSCE examination is clinical skills. The candidate passes the Viva Voce and OSCE examination if the candidate passes all the components independently with average mark of 50% and above.

The candidate is eligible to sit for the examination 12 months after registration. This examination is conducted every 6 months

A candidate is allowed a maximum of 3 attempts for Part I within a period of 2 years. Candidates are required to pass the Part I exam to proceed to Year 2.

2. **Part II:** This examination comprises 4 components: the theory, long case, short case and viva voce.

Prior permission must be obtained from the Head of Department and Secretariat of Post Graduate Studies 'Pusat Pengajian Siswazah' at least 6 months before the examination if the student cannot sit for the examination because of medical illness.

Failure to sit for the exam due to medical reason following approval from the Secretariat of Post Graduate Studies is not considered an attempt.

If the student is not eligible to sit for the examination due to non-fulfillment of the academic criteria i.e. completion of dissertation or incomplete case write up or fail semester viva, it is considered as one attempt.

- i. The **theory component** comprises 2 papers:

**Paper 1** is a written paper consisting of 2 long essay questions and 5 short notes. Candidates are required to answer both essays and choose 3 out of 5 short notes. This exam is aimed at testing the trainee's ability to demonstrate appropriate decision-making in critically analyzing and synthesizing information.

**Paper 2** consists of 60 Multiple-Choice questions. 60 questions consist of

- |                   |              |
|-------------------|--------------|
| a) Otology        | 15 questions |
| b) Audiology      | 5 questions  |
| c) Rhinology      | 12 questions |
| d) Laryngology    | 8 questions  |
| e) Head & Neck    | 13 questions |
| f) Paediatric ORL | 5 questions  |
| g) Maxillo-facial | 2 questions  |

Criteria to pass the theory component:

- Average mark of Paper 1 and Paper 2 is 50% and above
- Mark for Paper 2 must be 40% and above

Only candidates who pass the theory component are eligible to sit for the three remaining components. Appeal policies for the theory component cannot be initiated prior to formal announcement of the examinations results by the awarding body.

- ii. The **long case component** consists of one long case examined by at least three independent examiners from the conjoint board of otorhinolaryngology. A candidate is required to clerk and examine a vetted patient for 20 minutes. Following that, the candidate is required to present the case and outline its management to the panel of examiners within 30 minutes.

Criteria to pass long case component:

- Average mark of 3 independent examiners is 50% and above

- iii. The **short case component** consists of examining patients at 4 different stations- otology, rhinology, laryngology and head and neck. The candidate is expected to arrive to a reasonable working diagnosis at the end of the 7-minute examination time allocated for each station.

Criteria to pass short case component:

- Average mark of 3 independent examiners at at least 3 short case stations is 50% and above.
- If a candidate fails one short case station, the average mark for that particular station must be 40% and above

- iv. The **viva voce component** consists of two parts Viva I consists of otology, audiology and paediatric ORL questions. Viva II consists of laryngology, head & neck and rhinology questions

Criteria to pass viva component:

- Average mark of Viva I and Viva II is 50% and above
- If a candidate fails one viva station, the average mark for that particular station must be 40% and above

Criteria to pass the Part II Exam is by achieving all criterias to pass each components (Theory, Long Case, Short Case and Viva)

Criteria for best student award:

- Anugerah Marhakim (May)/ Ummi Surgical (November)
  - This yearly award is given to the best candidate from any university involved in the conjoint otorhinolaryngology Part 2 examination.
  - The candidate must score the highest overall marks for all the components of the examination.
  - The candidate must not fail any of the components of the examination.
  - The candidates first attempt at Part 2 Examination
  - If more than one candidate score the highest mark, the best student award will be given to:
    - The candidate with highest Paper 2 mark, then
    - The candidate with highest Paper 1 mark.
  - Exemplary supervisor/HOD report

## **Criteria For Promotion**

A trainee is promoted to **Year II** if he/she satisfies the following criteria:

- Satisfactory completion of log book entries
- Completes one (1) case write up
- Passed the Part I examination

A trainee is promoted to **Year III** if he/she satisfies the following criteria:

- Satisfactory completion of log book entries
- Completed five (5) cases write up in each subspecialty or five (5) points (Publication must be indexed in WOS).
- Completed research protocol and accepted by the department
- Pass the semester viva

A trainee is promoted to Year IV if he/she satisfies the following criteria:

- Satisfactory completion of log book
- Completed altogether five (5) cases write up from all specialties (otology, rhinology, laryngology, head and neck surgery, pediatric ORL) and total eight (8) points. One of which has been accepted for publication in any WOS/ ISI journal
- Satisfactory progress report of the research project (data collection)
- Pass the semester viva

A trainee is eligible to take Part II examination if he/she satisfies the following criteria:

- Completed altogether five (5) cases write up from all specialties (otology, rhinology, laryngology, head and neck surgery, pediatric ORL) and total eight (8) points. One of which has been accepted for publication in any WOS/ ISI journal.
- Completed dissertation/research project satisfactorily and presented to the department and internal examiners six (6) months before exam
- Log book completion from the entries and checked by the head of department
- Must show proof of submission thesis to WOS journal 1 month before exam
- Submitted soft copy of the dissertation (Log Book, Raw data, Thesis, Manuscript, PowerPoint presentation) (if applicable)

If the trainee does not satisfy the above requirement he/she will not be allowed to take the Part II examination and is deemed as having failed one attempt.

## **PPD**

- 1.1 Attached is a guideline for the acquisition of the required competencies as developed through the sequential acquisition of clinical and operative skills over the entirety of the training programme. Some competencies are similar across all years of residency and will not be repeated for each year. They include:

1.1.1 **Medical Knowledge:**

Through reading suggested text materials (Appendix ii), specific to the clinical cases encountered, the trainee will begin to acquire a basic knowledge which should continue to increase during the 4 years training period. Specific assessments of this knowledge will be attained during informal ward rounds, clinic encounters and continuous medical education sessions.

1.1.2 **Interpersonal and Communication Skills:**

The ability to communicate with patients, their families, professional colleagues, ancillary medical staffs and the various other departments which interact with the medical professional is a vital skill for the successful and competent practice of Otorhinolaryngology-Head and Neck Surgery. Through one-on-one exposure to the clinical faculty, senior residents, and other professionals the trainee will gain an appreciation for the importance of these skills and will begin to apply them during daily interactions and communications with other professionals, paraprofessionals, patients and family members. These skills will be assessed on an informal basis by individual lecturer during their daily interactions with the trainee. By providing feedback to the trainee both through informal means, as well as through formal evaluations, competence in the area will be achieved and demonstrated by the trainee. A 360-degree evaluation will also be solicited from various non-physician personnel with whom the trainee comes into contact with during clinical activities.

1.1.3 **Professionalism:**

Professionalism is manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Honesty, compassion, teamwork, and the ability to accept responsibility for self-improvement are all features important to the image of medicine as well as the basis for image projected by the physician to those with whom they interact. All aspects of professionalism are important to a successful trainee in ORL-HNS and will be assessed both informally during lecturer-trainee encounters as well as through the formal evaluation process. A 360-degree evaluation will also be solicited from various non-physician personnel with whom the trainee comes into contact during their clinical activity.

1.1.4 **Practice-based learning:**

The ability to understand the outcomes of medical practice and to tailor future practice which forms the basis for continual medical self-education. Certainly, early in the training process, the knowledge and judgment needed to make meaningful and appropriate decisions is often lacking. However, medical practice patterns can be improved by reading and discussing the review of previous cases, interpretation of appropriate studies in the literature and review of errors and misjudgments. This is an invaluable source of continued medical learning. Through Mortality and Morbidity meetings, Journal Clubs the trainee will begin to attain competence in this area. This will be evaluated through informal faculty assessments.

### 1.1.5 **System-based Practice:**

The medical environment as it currently exists is a compilation of various systems, all interacting with each other. Computer laboratory systems, computer order-entry, the insurance pre-certification, patient procedure coding and billing, medical literature acquisition through on-line formats, discharge planning, home-healthcare systems, clinical pathways, extended care facilities and pharmacy formulary systems are all but a few of the many systems which must interact successfully to allow the healthcare system to provide meaningful and appropriate care for our patients. The trainee will become familiar with these systems through formal training, hands-on interaction and observation of other trainee, faculty and ancillary medical staff to develop a proficiency in their appropriate orchestration to attain maximum patient benefit. Through informal evaluations as well as through formal evaluations by faculty, the ability of the trainee to become competent in these various arenas will be assessed.

- 1.2 The minimum academic staff necessary for implementing the program must achieve a ratio of 1 lecturer to 4-5 trainees (1:5).
- 1.3 The academic staffs are directly and continuously involved in continuous education meeting, journal club, radiology conference, Histopathology conference, Onco-Combined clinic, bedside teaching.

### ***Case Reports***

- a. All trainees are required to write at least five (5) case reports from each subspecialty and must fulfill eight (8) points (1 point per case report)
- b. Three (3) points will be awarded to case reports accepted for publication in ISI journal (Q1-Q4).
- c. Two (2) points for Scopus /ESCI.

### ***Educational Resources***

- a. The lecturers are required to obtain subspecialty training with renowned ORL consultants in their respective fields.
- b. Each lecturer is provided with personal computers and internet access. Seminar and tutorial rooms are also available in the department. The rooms are equipped with audiovisual facilities.
- c. The trainees have access to computers and internet available in the department library.
- d. The students are allowed to borrow up to 10 books for 1 month from the UKMMC library.

### ***Research And Development***

- a. All trainees are required to undertake one research project as part of the program.
- b. The research priority is on cutting edge technology in Otorhinolaryngology. Each research is provided with university grant.
- c. All research proposals must be presented during the Academic meeting and vetted by the Research and Ethics Committee to ensure quality.

### ***Program Monitoring And Review***

- a. The trainees are monitored through their log books, case write ups and weekly CME presentation. All the feedback from supporting staff will be considered especially when complaints have been issued against the trainee.
- b. The department holds regular Academic and Research meetings.
- c. At the end of the posting/semester there is a **feedback from the Supervisor** for the trainee. This form will be kept in their personal file. The trainee is allowed to know the feedback from the Supervisor for their personal improvement (see appendix I,II,III).
- d. The stakeholders of this program evaluation include representatives from the Ministry of Health, Academy of Medicine, Malaysian Society of ORL Surgeons and representatives from USM, UM, UKM, KPJUC and IIUM. These form the conjoint board.
- e. The stakeholders in the form of the conjoint board hold regular meetings minimum 3 times per year

## ***Program Leadership And Administration***

### ***Leader***

- a. The academic leader for the program is the Head of Department of ORL-HNS. The criteria for appointment are seniority and the ability to lead and manage. His/her responsibility is to oversee the overall running of the department.
- b. The program leader is responsible to set and maintain the highest standards of teaching learning methodologies. He/her is also responsible to set future directions of the program.
- c. The program leader holds regular meetings where all staff and students are required to give useful feedback on the running of the program.
- d. The program leadership is directly evaluated by the Deputy Dean of Postgraduate Studies and Dean of the Faculty of Medicine.
- e. The program quality assurance is reviewed every 3 years.
- f. Liaise with programme supervisor regarding trainees (postings, problems etc) Carries out regular interviews with the trainees together with the head of department and programme supervisor to decide on their eligibility for promotion to the next academic year and to make appropriate recommendations to the UKM department of Otorhinolaryngology.
- g. Participate in programme evaluation.

### ***Tasks- Postgraduate Co-Ordinator***

- i. Organizes tutorial and other academic activities such as CPC, X-ray conference, morbidity/mortality conference, journal club, etc.
- ii. Liaise with programme supervisor regarding trainees (postings, problems etc) Carries out regular interviews with the trainees together with the head of department and programme supervisor to decide on their eligibility for promotion to the next academic year and to make appropriate recommendations to the UKM department of Otorhinolaryngology.
- iii. Participate in programme evaluation.

### ***Mentor***

The mentor is the specialist who is directly in charge of the trainee or group of trainees assigned to him for the duration of the programme (4 years). The mentor is an academic staff of the Dept. of Otorhinolaryngology, UKM.

### ***Tasks***

- i. Provides guidance and mentoring by ensuring student needs are met (e.g required clinical practice, adequate time for study and rest etc), guides and supervises the trainee's research project or dissertation, including correcting the first draft before submission to UKM 6 months prior to the Part 2 examination.
- ii. Obtains feedback about the trainee's progress from the candidate supervisor.
- iii. Liaise with programme supervisor regarding trainees (postings, problems etc).
- iv. Participate in programme evaluation.
- v. Supervises the trainee's progress by assessing the skills performance, log book entries and other criteria contained in the Supervisors Evaluation forms.
- vi. Evaluates case write-ups and promptly returns the comments to the trainees within 4 weeks.
- vii. Conducts informal assessment and participates in formal examinations.
- viii. Submit supervisor's assessment reports to UKM through the head of department.
- ix. Provides guidance and mentoring by ensuring student needs are met (e.g required clinical practice, adequate time for study etc), guides and supervises the trainee's research project or dissertation, including correcting the first draft before submission to UKM 6 months prior to the Part 2 examination.

### ***UKM Liaison Supervisor***

A UKM academic staff in Otorhinolaryngology will be appointed as the liaison supervisor for all accredited hospitals..

#### ***Tasks:***

To make site visits when necessary to:

- i. assess the progress of the trainees together with the candidate and programme supervisor.
- ii. assess the activities carried out in the unit and to identify problems in implementation.
- iii. discuss the implementation of the programme with the trainees.
- iv. to make recommendations in consultation with the supervisors and clinical coordinator on ways to improve the implementation.
- v. to report to the head of Otorhinolaryngology, UKM.

### ***Head of ORL Department, Ministry of Health***

Each head of Department of Ministry of Health is responsible for ensuring that **all** postgraduate programmes are implemented smoothly in the hospital. Any ensuing problems with the trainee will result in the HOD MOH contacting the HOD ORL UKM clarification.

#### ***Functions***

Ensures the hospital fulfills all the requirements of accreditation.

- i. Reviews the number of training positions.
- ii. Keeps a register of trainees and supervisors.
- iii. Provides information to the National Coordinating Committee regarding trainees and placements, transfers of trainees and supervisors, through or with the knowledge of the Dean of the Faculty of Medicine Coordinates the training programmes in the hospital and assists in its evaluation.
- iv. Provides the necessary assistance to facilitate the programmes.
- v. Provides adequate support system for trainees and supervisors.

## **PART D: RESPONSIBILITIES OF THE TRAINEE**

### ***Values***

There are values which trainees must develop and process from the start of the programme. While acknowledging that the trainees have specific learning needs, the trainee nevertheless must develop a sense of belonging to the unit they are attached to and to be committed as an integral part of the service team), and function as an effective apprentice to the supervisor. Trainees should not perceive "service" load as an obstacle to their learning and must place patient care first and foremost in all his/her approaches, conscious of the aim to develop professional as well as managerial and leadership skills. Trainees must accept that they have an obligation to provide service to the nation while undergoing and after graduating from the in-service programme.

### ***Training Objectives***

Trainees are responsible for their learning. Learning is defined as the process that results in a relatively permanent change in behavior because of the acquisition of new knowledge, skills and attitudes.

### ***Tasks:***

Each trainee is expected to:

- i. provide holistic and comprehensive patient care appropriate to the level of training, with full commitment and appreciation of the patient as human beings with feelings, families, and other responsibilities.
- ii. appreciate cost of care by appropriately selecting investigations and treatment
- iii. be directly responsible to the senior colleagues and consultant in patient care and other duties.
- iv. be aware and acknowledge the limitation in providing care and to seek and respect the guidance and consultation in the performance of duties from all members of the surgical team.
- v. develop effective interpersonal skills and mutual respect in the relationship with all members of the surgical team.
- vi. participate actively in all activities of the unit (CME, journal club, morbidity/mortality, HPE Conference). **Students must obtain at least 80% attendance in department educational activity (CME, HPE conference, Census, Journal club), failing to do so without reason, will be prevented from progressing to next academic session.**
- vii. continue learning as self-directed learners who are stimulated by problems presented by patients.
- viii. satisfy course requirement according to schedule and to constantly assess their own progress with the supervisor every 2-4 weeks.
- ix. develop professional qualities of responsibility, trustworthiness, availability, caring etc as described in the supervisor evaluation form.
- x. report leaves including annual and medical leaves to the administrative office. Each trainee is allocated 14 days of annual leave each semester (Non transferable). Trainees with significant medical problems are eligible for an additional 14 days of medical leave each semester with permission from the department and graduate secretariat should they have exhausted the granted 14 days annual leave.

## **PART E: ORGANIZATIONAL SUPPORT AND LINKAGES**

There are several parties involved in the Open System:

- i. the Conjoint Board
- ii. the University Academic Departments and academic staff
- iii. the Joint UKM/MOH Otorhinolaryngology Implementation Committee
- iv. the MOH National Coordinating Committee
- v. the Hospital Postgraduate Committee
- vi. the MOH unit and its programme supervisor and candidate supervisors
- vii. the UKM postgraduate secretariat

The organizational linkages suggested for the implementation of this Open System are concerned with OPERATIONS: i.e. the smooth and efficient execution of the programme including monitoring, evaluation, feedback and further improvement. It is not concerned with decisions about the academic programmes and accreditation, which are the functions of the Conjoint Board or academic departments.

Good communication at the operational level is the basic foundation for the success of the Open System. Therefore, it is strongly recommended that bureaucracy is minimized at the operational level and that formal as well as informal linkages or channels be established and encouraged between the university academic department and the hospital postgraduate committee as well as the Otorhinolaryngology unit, the programme and candidate supervisor and the candidate themselves. To facilitate communication and better working relationships, it is recommended that Fellowship activities be conducted regularly between the universities and the MOH specialists.

### ***Joint UKM/MOH Otorhinolaryngology Implementation Committee***

The committee consists of the hospital heads of the department of Otorhinolaryngology, programme supervisors, liaison supervisor and the head and senior members of the UKM department of Otorhinolaryngology. The committee meets at least once a year. "Fellowship" activities are organized in conjunction with the meeting.

### ***Tasks***

- i. To review the progress and achievement of trainees and decide on promotion as well as eligibility for the Part 2 examination
- ii. To discuss the trainees with problems and to suggest remedial actions
- iii. To suggest the rotations for trainees
- iv. To evaluate the programme

### ***National Coordinating Committee***

At the pinnacle of the implementation of the Open System in the MOH is the National Coordinating Committee. The members consist of the deans of the medical schools and the hospital and training divisions of the MOH.

### ***Functions:***

- i. Decide on the equitable placement of trainees vis-à-vis supervisors, with minimal disruption to the service.
- ii. Inform and liaise with the State Pengarah and Hospital Pengarah to ensure the smooth transfer of trainees (interstate, within the state, within the hospital and with the universities).
- iii. Ensure that the supervisors are fully committed to the programme and are aware of the needs of the programme (training, supervision, monitoring, assessing, providing feedback and counseling) and the needs of the trainees.
- iv. Ensure that the accredited hospitals fulfill the accreditation criteria (physical facilities, equipment, books and journals, postgraduate secretariat and committees, etc).

- v. Ensures needs of the supervisor are met:
  - Update information on the programme
  - Opportunities for CME with reimbursement (e.g once a year for local programmes, once in 2 years for ASEAN region)
  - Computers and electronic links/network
  - Facilities for literature search
  - Postgraduate centre with secretarial facilities
  - Academic recognition
  - Training in research methodology, teaching methods, assessment techniques, computer literacy management
  - Suitable remuneration and incentives
- vi. Ensures that the needs of the trainees are met:
  - Minimum disruption to family life caused by transfers for placements
  - A conducive environment for learning (culture of learning and scholarship, rest room and study area etc)
  - Proper library
  - Accommodation for short-term rental
  - Time to reflect, study and discuss
  - Opportunities to present paper
  - Network with each other
  - Loans and allowances, mileage claims, call allowances, course fees, book allowance

### ***Hospital Postgraduate Committee***

If not already present and active, each accredited hospital must form new committees or activate existing ones. The committee is chaired by the Pengarah Hospital, and consists of the clinical coordinator and programme supervisors with representatives from the universities.

### ***Functions***

- i. Ensures the hospital fulfill all the requirements of accreditation
- ii. Reviews the number of training positions
- iii. Keeps a register of trainees and supervisors
- iv. Provides information to the National Coordinating Committee regarding trainees and placements, transfers of trainees and supervisors, through or with the knowledge of the State Pengarah
- v. Coordinates the training programmed in the hospital and assists in its evaluation
- vi. Provides the necessary assistance to facilitate the programme
- vii. Provides adequate support system for trainees and supervisors

### ***Programme Supervisor***

The responsibilities are discussed in page 8.

### Learning in the Open System

As postgraduate students you are expected to continue learning as motivated self-directed learners. SDL is essential for the following reasons:

- *Learning can become a **lifelong** process utilizing every available resource;*
- *Learning becomes **efficient and effective**, so that people take initiatives in their own learning, retain more of what they learn and make use of this knowledge longer;*
- *Provides **equality of opportunity**, so that each person can go as far as his/her aptitude will permit in fundamental skills and knowledge; they are then motivated to continue their own self-development;*
- *Enables people to cope with initiatives in education, so that they can deal successfully with the nontraditional study programmes such as distance learning, external studies, etc.*

Underlying SDL are the assumptions that firstly an individual would have the capacity for "self-initiative, self-discipline, resourcefulness, productivity and self-evaluation" (Beggs and Buffie, 1965); secondly that the natural orientation for learning is task or problem-centred; and thirdly, that values such as individualism, democratic participation, personnel authority and responsibility and freedom of choice are held to apply to students as well as the general population. On the basis of these assumptions, SDL requires a climate where students can be motivated to take on more responsibilities for their own learning and progress at their unique rate and creating a more desirable relationship between teachers and students. Indeed SDL would result in teachers not having to push students to study, complete their projects, etc because they make their own plans to do so.

Dressel and Thompson (1973) has defined self-directed learning (SDL) as "the student's pursuit of academic competence in as **autonomous a manner as he/she is able to exercise** at any particular time" "As autonomous a manner as he/she is able to exercise" implies learning which is independent or in isolation without the help of others, or in association with teachers, tutors, mentors, resource people and peers.

To facilitate SDL, you should aimed at developing the following skills:

- **Perceptive skills** in detecting ambiguity, gaps in knowledge, ability, etc
- **Skills of of inquiry:** knowing what, how and where to look for information. This includes skills in managing information technology. The sources for information include people (*consultation, discussion, teleconference, lecture, tutorial, etc*), books, journals, internet, drug literature
- **Analyzing skills:** ability to break up problems in components parts, interpret new information and evaluate the usefulness
- **Synthesing skills:** integrating new information to meaningfully fit into the memory store of knowledge, to solve problem and to generalize to new situations

The most difficult skill is the skill in perceiving or recognizing your deficiencies. This is because most doctors solve problems according to the solutions they already have and most times these solutions do not give rise to problems. But problems due to inadequate knowledge or skills may exist without them being detected. Therefore you must make an active effort to detect these deficiencies. Various techniques can be used:

- *Reflection-look back at the patients you have seen for the day and think about how their management could have been different.*
- *Active challenge by others such as in case presentation, journal club, seminars, teleconferences.*
- *Performing self assessment tests*
- *Chart stimulated recall*
- *Practice profiling*
- *Audit*
- *Problem-based learning*
- *Self-learning packages and computer-aided instruction*
- *Teaching others, collegial networking*
- *Keeping personal information system*

## PART F: CONTACT US

Department of Otorhinolaryngology – Head & Neck Surgery  
 Level 9, Clinical Block  
 Universiti Kebangsaan Malaysia Medical Centre  
 Jalan Yaacob Latif, Bandar Tun Razak  
 56000 Cheras  
 Kuala Lumpur

Tel: 03-9145 5555 (General Line) ext: 6045/6046  
 Faks: 03-9145 6675

TITLE	NAME	PHONE NO.	E-MAIL
Head of Department	Assoc. Prof. Dr. Mawaddah Azman	03-9145 6836 0163061959	mawaddah@ukm.edu.my
Coordinator	Assoc. Prof. Dr. Farah Dayana Zahedi	03-9145 6065 0196228207	farahdayana@ukm.edu.my
Professor/ Lecturer	Prof. Dr. Asma Abdullah	03-9145 6599 0192194166	asmappukm@gmail.com
	Prof. Dr. Goh Bee See	03-9145 6054 0193209305	beesee@hctm.ukm.edu.my
	Prof. Dato' Dr. Marina Mat Baki	03-9145 6055 0196534308	marinamb@ukm.edu.my
	Prof. Dr. Salina Husain	03-9145 6845 0167775732	drsalina_h@ukm.edu.my
	Prof. Dr. Mohd Razif Mohd Yunus	03-9145 6840 0193212198	razif72@gmail.com
	Assoc. Prof. Dr. Aneeza Khairiyah W. Hamizan	03-9145 6525 0193363103	draneeza@ukm.edu.my
	Assoc. Prof. Dr. Noor Dina Hashim	03-9145 6839 012383501	dinahashim@ukm.edu.my
Lecturer	Assoc. Prof. Dr. Hardip Singh Gendeh	03-9145 6576 0123727275	hardip.gendeh@hctm.ukm.edu.my
	Dr. Lum Sai Guan	03-9145 6841 012-615 7826	lumsg@ukm.edu.my
	Dr. Nadhirah Mohd Shakri	03-9145 6068 0179777567	drnadhirah.ent@ukm.edu.my
	Dr. Wan Nabila Wan Mansor	03-9145 6068 0124120610	wannabila.wanmansor@ukm.edu.my
	Dr. Khairil Afif Mahmud	0196676397	khairilafif@ukm.edu.my
	Dr. Anna Fariza Jumaat	017-8460069	annajumaat@ukm.edu.my
<b>SPECIALIST UNDER UKMMC</b>			
Specialist	Dr. Fahrin Zara Mohammed Nasser	03-9145 6841 0124841322	zaranasserework@gmail.com
	Dr. Farah Liana Lokman	03-9145 0193355631	farahliana@hctm.ukm.edu.my

## PART G: APPENDIX

### i. Supervisor feedback form (Subspecialty posting)



**UNIVERSITI KEBANGSAAN MALAYSIA**  
*The National University of Malaysia*

DEPARTMENT OF OTORHINOLARYNGOLOGY- HEAD & NECK SURGERY  
HOSPITAL CANSELOR TUANKU MUHRIZ

### DOCTOR OF OTORHINOLARYNGOLOGY- HEAD & NECK SURGERY ASSESSMENT FORM FOR SUBSPECIALTY ROTATION

**INSTRUCTION: THIS FORM MUST BE FILLED UP BY THE RESPECTIVE SUPERVISORS AND RETURNED TO PROGRAM COORDINATOR WITHIN A WEEK UPON COMMENCEMENT OF POSTING**

Student Name : \_\_\_\_\_

Matric Number : \_\_\_\_\_

Year of Study : \_\_\_\_\_ Sem : \_\_\_\_\_

Duration of Posting : From \_\_\_\_\_ to \_\_\_\_\_

Supervisor : \_\_\_\_\_

Posting : \_\_\_\_\_

Please mark the box which corresponds with your observations in each category. Please make judgments according to the scoring below:

1-very poor (unsafe), 2-poor, 3-satisfactory, 4-good, 5-excellent

COMPONENTS	1	2	3	4	5
<b>SCORE</b>					
<b>1. CLINICAL COMPETENCE</b>					
i. Elicits problem-related data from patient and other relevant sources, stresses important points, well organized approach.					
ii. Makes careful reasoned deductions from available data (history, physical examination, investigations) to arrive at the appropriate diagnosis					
iii. Suggests appropriate management, exhibits awareness of the role and possible complications of the proposed intervention (e.g. adverse drug reaction, surgical morbidity), self-reliant and conscientious in approach, involves patient and family in management decisions.					

iv. Carries out procedures and operative tacks with an appropriate level of technical skill and with due consideration for the patient.					
<b>2. KNOWLEDGE</b>					
Applies appropriate knowledge of basic and clinical sciences to the solution of patient problems.					
<b>3. PROFESSIONAL</b>					
Shows evidence of professional qualities: accepting responsibility, being caring, thorough, reliable, available, punctual, trustworthy and respecting confidentiality.					
<b>4. LEARNING &amp; ASSESSMENT</b>					
Manages own learning by asking questions and searching for the answers in journals, books and consultation, improves progress as a learner and as a future surgeon by seeking feedback and acting on the latter, willing to teach others, conscientious in completing assignments : case write ups, audits, logbook, dissertation.					
<b>5. CONDUCT &amp; COMMUNICATION SKILLS</b>					
i. Develops proper communication with patients, listens and is sensitive to the needs of the patient; comforts the patient; gives equal priority to the person and the illness; establishes and maintains an open but objective relationship with the patient; recognizes that the patient's attitude to the doctor affects management and co-operations; is aware that own personality affects patient's reactions/behavior, provides clearly understood information.					
ii. Develops proper communication and collaboration with other professionals, is courteous, sensitive to need of others; fulfils role in the team appropriately by collaborating readily with others; provides clear information, instruction/advice to others; readily accepts reasonable advice/criticism from others.					
<b>6. PARTICIPATION IN TEACHING ACTIVITIES (PHYSICAL/ONLINE)</b>					
Ward round					
Clinic					
Radioconference					
Operation Theater					
CME					
CPC, morbidity/ mortality conference, Journal club, HPE conference, Onco-combined clinic.					

**OVERALL ASSESSMENT**

Is the candidate a safe:  Yes  No

Overall assessment of the candidate : 1-very poor (unsafe), 2-poor, 3-satisfactory, 4-good, 5-excellent

Clinical supervisor feedback:
Trainee's comment:
Agreed actions for improvement (if required):

---

Name and signature of supervisor

Date :

## ii. Supervisor feedback form (Rotation Posting)



UNIVERSITI KEBANGSAAN MALAYSIA  
The National University of Malaysia

DEPARTMENT OF OTORHINOLARYNGOLOGY, HEAD & NECK SURGERY (ORL-HNS)  
HOSPITAL CANSOLOR TUANKU MUHRIZ

### DOCTOR IN ORL-HNS CANDIDATE ASSESSMENT FORM

**INSTRUCTIONS:** THIS FORM MUST BE FILLED UP BY RESPECTIVE ACADEMIC SUPERVISORS AND RETURNED TO PROGRAM SUPERVISOR UPON COMPLETION OF THE ELECTIVE POSTING

Candidate Name : \_\_\_\_\_  
 Student Matrix Number : \_\_\_\_\_  
 Academic Year : \_\_\_\_\_ Semester: \_\_\_\_\_  
 Hospital : \_\_\_\_\_  
 Date of Posting : From \_\_\_\_\_ to \_\_\_\_\_  
 Supervisor : \_\_\_\_\_  
 Posting :  OMFS  Neurosurgery  Plastic  ORL Out-posting

A. PERSONAL	WEAK		AVERAGE		GOOD		EXCELLENT	
	1	2	3	4	5	6	7	8
Willingness to help/assist								
Trustworthiness in performing duties								
Seriousness in improving ones potential								
Proactive								
Ability to work in a group								
Patient contact and communication								
Performs duties efficiently with dedication								

B. CLINICAL	WEAK		AVERAGE		GOOD		EXCELLENT	
	1	2	3	4	5	6	7	8
Patient history taking								
Physical examination								
Clinical assessment								
Accuracy of diagnosis								
Requesting correct investigations								
Case discussion and presentation								
Correct treatment								
Clinical Knowledge								

Dikemaskini 15.02.2022

C. ORL OPERATIVE SKILLS	WEAK		AVERAGE		GOOD		EXCELLENT	
	1	2	3	4	5	6	7	8
Pre-operative preparation								
Operative skills								
Knowledge on complications								
Post-operative care								

**D: OVERALL ASSESSMENT**

Kindly select the overall assessment of the candidate :  Excellent  Good  Average  Weak

**Comments** : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Supervisor's Signature

Date:

Chop:

\_\_\_\_\_

### iii. Appraisal for Advanced Trainee in ORL-HNS UKM (PPD feedback)

#### PERSONAL & PROFESSIONAL DEVELOPMENT (PPD)

##### INSTRUCTION TO SUPERVISORS:

1. This form contains **10 questions**. Each question has maximum **3 marks**. Total marks for this evaluation form is **30 marks**. Trainee/student needs to achieve more than **15 marks** to pass.
2. This assessment form is to be completed **ONCE** in **SIX (6)** months especially in the last month of each semester.
3. Trainee/Student needs to **make an appointment** with you for this assessment.
4. During this assessment, both trainee/student and supervisors need to discuss regarding the findings of the assessment form and any issues relevant to **Personal & Professional Development**.
5. Give your suggestion for improvements in the **'Feedback'** section.

Student Name : \*

---

Student's Matric Number : \*

---

Program : \*

---

Year of Study : \*

---

Semester : \*

---

Assessor : \*

---

Place of Practice (Department/Hospital):\*

---

## **CRITERIA**

### **Decision-Making\***

**Poor (1)** - Demonstrates minimal understanding of decision-making theories and lacks application to diverse contexts.

**Satisfactory (2)** - Displays a basic understanding of decision-making theories but struggles to apply them consistently in diverse situations.

**Good (3)** - Shows a comprehensive understanding of decision-making theories and consistently applies them effectively, taking into account the diversity of individuals involved.

Poor (1)      1      2      3      Good (3)  
                 ○      ○      ○

### **Ethics and Professional Conduct\***

**Poor (1)** - Demonstrates minimal understanding of ethics and professional conduct.

**Satisfactory (2)** - Displays a basic understanding of ethics and professional conduct but struggles to apply them consistently.

**Good (3)** - Shows a comprehensive understanding of ethics and professional conduct, consistently applying and fostering trust.

Poor (1)      1      2      3      Good (3)  
                 ○      ○      ○

### **Communication in Clinical / Laboratory Conduct\***

**Poor (1)** - Lacks effective communication in clinical / laboratory conduct, potentially causing misunderstandings. Poorly communicates ideas, making it challenging to follow the thought process.

**Satisfactory (2)** - Demonstrates some improvement in communication in clinical / laboratory conduct, but may struggle with consistency or effectiveness in certain situations. Communicates ideas adequately but may lack clarity or coherence.

**Good (3)** - Exhibits strong communication skills in clinical / laboratory conduct, creating a positive and comfortable environment while adhering to ethical standards. Communicates ideas clearly and coherently,

Poor (1)      1      2      3      Good (3)  
                 ○      ○      ○

Leadership\*

**Poor (1)** - Demonstrates minimal understanding of effective communication and leadership principles.

**Satisfactory (2)** - Displays a basic understanding of communication and leadership principles and apply them consistently in team settings.

**Good (3)** - Shows a comprehensive understanding of effective communication and leadership, consistently applying principles in team interactions, fostering cohesion, and guiding the team towards best practices.

Poor (1)      1      2      3      Good (3)  
                 ○      ○      ○

Empathy in Professional Conduct\*

**Poor (1)** - Lacks empathy in professional conduct, potentially contributing to a negative experience and hindering trust-building.

**Satisfactory (2)** - Demonstrates some improvement in empathy but may struggle with consistency or may require reminders to consistently display empathy in professional conduct.

**Good (3)** - Exhibits a high level of empathy in professional conduct, creating a positive and supportive environment, and consistently considering their emotional needs.

Poor (1)      1      2      3      Good (3)  
                 ○      ○      ○

Continuous Learning in Technology\*

**Poor (1)** - Demonstrates resistance to continuous learning in technology, potentially falling behind in the adoption of new and innovative digital practices.

**Satisfactory (2)** - Displays some adaptability but may be slow to embrace continuous learning, occasionally requiring encouragement to stay updated.

**Good (3)** - Embraces continuous learning in technology, staying updated on new developments and proactively incorporating innovative digital practices into medical care.

Poor (1)      1      2      3      Good (3)  
                 ○      ○      ○

**Medical Data Evaluation\***

**Poor (1)** - Struggles to safely and accurately evaluate medical data, leading to potential misinterpretation and incorrect risk assessments.

**Satisfactory (2)** - Demonstrates a basic understanding but inconsistently evaluates medical data, with occasional lapses in accuracy and thoroughness.

**Good (3)** - Safely and accurately evaluates medical data, consistently demonstrating a high level of precision in data interpretation and contributing to reliable risk assessments.

	1	2	3	
Poor (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Good (3)

**Lifelong Learning Skill\***

**Poor (1)** - Fails to demonstrate commitment to lifelong learning, potentially hindering personal and professional growth.

**Satisfactory (2)** - Shows some efforts in lifelong learning but may require reminders or occasional encouragement to sustain consistent commitment.

**Good (3)** - Consistently engaging in lifelong learning, and inspiring others to do the same, contributing to continuous personal and professional development.

	1	2	3	
Poor (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Good (3)

**Patient / Laboratory Safety Consideration\***

**Poor (1)** - Lacks a comprehensive understanding of patient/laboratory safety considerations, leading to unsafe practices during the implementation of practical skills.

**Satisfactory (2)** - Demonstrates a basic awareness of patient /laboratory safety but may struggle to consistently apply it in the context of practical skills, potentially overlooking certain aspects.

**Good (3)** - Prioritizes patient/laboratory safety in the implementation of practical skills, demonstrating a comprehensive understanding and consistently applying safety measures according to regulations.

	1	2	3	
Poor (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Good (3)

**Interpersonal Skills\***

**Poor (1)** - Displays poor interpersonal skills and failing to establish trust with patients and/or team members, resulting formal/informal complaints.

**Satisfactory (2)** - Demonstrates some improvement in interpersonal skills but may struggle with consistency in applying moral values in interpersonal interactions.

**Good (3)** - Exhibits strong interpersonal skills, effectively building trust and establishing positive relationships with patients and/or team members.

	1	2	3	
Poor (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Good (3)

**Total marks (/30) \***

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**Pass / Fail \***

- Pass (more than 15 marks)
- Fail ( less than 15 marks)

#### iv. List of textbook reference

##### Year 1

Title	Author	Publisher
Last's Anatomy	Chummy Sinnatamby	Churchill Livingstone
Physiology	Linda Costanzo	Saunders
Robbins & Cotran Pathologic Basis of Disease	Vinay Kumar Abul Abbas Jon Aster	Elsevier
Atlas of Human Anatomy	Frank H. Netter	Elsevier Health Sciences
Revision Notes on Principles of Surgery	Peng Kok Tan	APAC Publishers
Surgical Critical Care Vivas	Mazyar Kanani	Cambridge University Press
Ganong's Review of Medical Physiology	Kim E. Barrett, Susan M. Barman, Scott Boitano, Heddwen L. Brooks	McGraw-Hill
Neuroanatomy	Alan Crossman David Neary	Churchill Livingstone
BD Chaurasia's Human Anatomy Regional and Applied Dissection and Clinical	B. D. Chaurasia	CBS Publishers & Distributors

Year 2 to Year 4

<b>Title</b>	<b>Author</b>	<b>Publisher</b>
Stella & Maran's Textbook of Head and Neck Surgery and Oncology	John Watkinson Ralph W Gilbert	CRC Press
Schuknecht's Pathology of the Ear	Saumil N. Merchant Joseph B. Nadol	PMPH-USA
Diseases of the Ear: A Textbook of Otolaryngology	Stuart R. Mawson Harold Ludman	Hodder Arnold
Surgery of Larynx and Trachea	Marc Remacle Hans Edmund Eckel	Springer-Verlag Berlin Heidelberg
Scott-Brown's Otorhinolaryngology: Head and Neck Surgery	Michael J Gleeson Ray C Clarke	CRC Press
Diseases of the Sinuses: Diagnosis and Management	David W. Kennedy William E. Bolger S. James Zinreich	PMPH-USA
Sleep Apnea and Snoring	<i>Michael Friedman</i>	Elsevier B.V.
Surgical Anatomy of the Head and Neck	Parviz Janfaza	Harvard University Press
Endoscopic Sinus Surgery	Peter John Wormald	Thieme
Operative Otolaryngology (Vol 1 & 2)	Eugene N. Myers	Saunders/Elsevier
Surgery of the Ear and Temporal Bone	Joseph B. Nadol Michael J. McKenna	Raven Press
Head and Neck Surgery and Oncology	Jatin P. Shah Snehal G. Patel Bhuvanesh Singh	Elsevier Health Sciences
Operative Techniques in Laryngology	Clark A. Rosen BLAKE SIMPSON	Springer Berlin Heidelberg
Diseases of the Ear	Stuart Radcliffe Mawson Harold Ludman	E. Arnold
Endolaryngeal Surgery	Bruce Benjamin	CRC Press
Surgery of Larynx and Trachea	Marc Remacle Hans Edmund Eckel	Springer Science & Business Media

## **PART H: HISTORY OF UNIVERSITI KEBANGSAAN MALAYSIA (UKMMC) MEDICAL CENTER**

*Universiti Kebangsaan Malaysia (UKM) Medical Center is an academic medical centre established by the merger of the Faculty of Medicine and its teaching hospital, Hospital UKM. This merger brings together the excellent educational and research capabilities of its academicians, and superb clinical facilities and staff of the hospital. This innovative move transforms the institution to be one of Malaysia's finest academic medical centre.*

*The history of this centre began when the Faculty of Medicine, Universiti Kebangsaan Malaysia was founded on 30th May 1972. Its establishment was based on the aspiration of the people to have a national medical school using Bahasa Malaysia as its medium of instruction. The aspiration then was to produce local doctors, well trained and competent, to overcome the shortage of doctors in Malaysia, especially to serve the rural areas. In the beginning, Hospital Kuala Lumpur was used as its teaching hospital. In 1997, Universiti Kebangsaan Malaysia established its own teaching hospital, Hospital UKM and the Faculty of Medicine was co-located within the Hospital UKM at Cheras, Kuala Lumpur.*

*On 20th February 2008, the Vice-Chancellor of Universiti Kebangsaan Malaysia, Prof. Tan Sri Dato' Dr. Sharifah Hapsah Syed Hasan Shahabudin announced the decision of the UKM Board of Directors to combine the Faculty of Medicine and Hospital UKM into a unified academic medical centre called the UKM Medical Centre. Prof. Dato' Dr. Lokman Saim was appointed as its Dean and Director on 28th February 2008. The Dean and Director is assisted by a Chief Operating Officer (COO) and 5 Deputy Deans. The COO ensures an uninterrupted and smooth running of the hospital services to the satisfaction of patients and other clients while the deputy deans have specific responsibilities as designated in their posts – Deputy Dean of Undergraduates and Community Relations, Deputy Dean of Postgraduate and International Relations, Deputy Dean of Development and Professional Human Resource, Deputy Dean of Clinical Services and Deputy Dean of Research.*

*The mission of UKM Medical Centre is to provide quality education for health professionals and services of the highest standard based on research, evidence-based medicine, innovation and social sensitivities. Our vision to become the leading and competitive academic medical hub based on knowledge, innovation and dedicated teams of health professionals for the development of a healthy and informed society.*

*UKM Medical Centre, through its Faculty of Medicine has an established undergraduate medical programme. It has an 5-year integrated medical curriculum based on sound biomedical knowledge and clinical skills, emphasizing the importance of medicine and society and the personal and professional development of the students. The faculty is also the first choice centre for postgraduate training for specialist doctors with over 15 clinical postgraduate specialty and sub-specialty programmes. We have well established and highly regarded research groups amongst our academicians covering a wide range of biomedical science and medical disciplines.*

*We have 2 outstanding research centres co-existing within our campus, the United Nations University – International Institute of Global Health (UNU-IIGH) and UKM Medical Molecular Biology Institute (UMBI). UKM Medical Centre take pride in achieving excellence in medical services. Our specialists bring advanced medical treatment and management to Malaysia through their overseas training and clinical experience in areas such as organ and stem cells transplantation, surgical implants, laparoscopic surgery, and neurology, endocrine and cardiovascular diseases. We support Malaysia's drive to become a major regional medical hub to offer local and foreign patients the latest in medical treatment.*

*In the early 1990's, the success of the cochlear implant in rehabilitating hearing and facilitating language development among individuals with hearing impairment was widely reported across many medical centers in Australia, America and Europe. This news of progress sent some parents of deaf children in Malaysia, to clinics in Australia and America, so their child could also benefit from cochlear implant surgery and rehabilitation, albeit at a very high financial cost.*

*About this time, the Otorhinolaryngology Department (ORL) at the Medical Faculty of the University Kebangsaan Malaysia (UKM) was becoming recognized as a center that provided specialist audiological and speech-language therapy services for the management of deafness in adults and children. From all over the country, many children with hearing impairment were referred to the audiologists and speech-language pathologist that were attached to this department. It was thus inevitable, that UKM should take the initiative in starting the cochlear implant program in Malaysia.*

Department of Otorhinolaryngology

Head and Neck Surgery UKM

