1. **Goals & Objectives of ENT Department**

**Objectives:**

* Promote and increase diversity in higher education
* Produce qualified health practitioners
* Provide high standard ORL healthcare

**Goals:**

* To provide high quality but tailored educational experience for our residents.
* To superior clinical teaching, the department emphasizes academic and research aspects of our specialty.
* To maintain a strong commitment to stimulating a portion of the residents to enter academic medicine
* To provide education and experience in clinical Otolaryngology-Head and Neck Surgery, and basic sciences and research as they relate to diseases of the ears, nose, throat, head, and neck.
* To communicate clearly, considerately and sensitively with patients, relatives, doctors, nurses, other health professionals and the community.
* The ability to council sensitively and effectively and to provide information in a manner that ensures patients and families can be truly informed when consenting to any procedure.
* To respect for every human being with appreciation of the diversity of human background and cultural values.
* To run continuance educational programs to educate teaching staff on new ideas and techniques in medical education.
* To maintain an efficient and high standards scientific research board and ethics committee.
* To develop a portfolio that reflects clinical, administrative, social, or psychological problems that have been encountered, how such problems should be solved relevant literature, and how future practice will be affected

**2. Achievement in the last year (2016)**

1. Opening of the new ENT Specialized clinic with the latest highly equipped machines & techniques. The Capacity of ENT & units were expanded as follows:

|  |  |  |
| --- | --- | --- |
| **ENT** | **CSDU** | **Audiology** |
| Examination rooms | 19 | Voice rooms | 3 | ABR | 3 |
| Treatment rooms | 2 | Therapy rooms | 9 | Hearing Assessment rooms | 11 |
| Tracheostomy room | 1 | Psychometry  | 3 | Recovery Room | 1 |
| Endoscopy room | 1 | FEES room | 1 | CI programming room | 1 |
| Disinfection rooms | 1 | Disinfection rooms | 2 | Posturography room | 1 |
| Vital signs room | 4 | Vital signs room | 1 | Vital signs room | 1 |
| Minor room | 1 |  |  | VTE rooms | 2 |
| Scopes storage  | 1 |  |  |  |  |

 Also, there are 23 Beds allocated for ENT in wards 7A, 7B, 5B in building one.

1. Increase of ENT department staff:
* 3 doctors promoted to consultant
* 1 ENT registrar in the primary care
* 1 Administrative Assistant for Research
* 1 Administrative Assistant for the ENT unit in KKUH

3. The Postgraduate Unit is proud to states that in the last academic year, 1436-1437 (2015-2016),

* KSU F in ORL specialty has it 11 graduates – Batch 24 and has a total of 111 graduates since 1992 (Academic year 1412-1413 {1991-1992).
* KSUF in Rhinology has 1 graduate though it has 4 Graduates in its clinical attachment
* KSUF in Pediatric ORL has 1 graduate with 3 in its clinical attachment
* KSUF in Facial plastic has 1 graduate with 2 its clinical attachment
* KSUF in Head and Neck has 1 graduate
* Simulation lab was launched by our Unit this year where Junior Residents were benefited, it only stops because no venue for it is under construction
* Review Course initiated by the Residency Training Committee before and continued by the
* Postgraduate Unit has a benefits and it was fruitful to the final year residents.
* Big accomplishment is that NO FAILURE in this batch – only those 2 in the last batch who took the exam this year for their 2nd try /sit

4. Two Demonstrators were accepted last academic year, 1436-1437 (2015-2016).There are 16 ENT doctors & one CSDU Demonstrator who are currently in different countries for their scholarship.

5. Different scientific activities were held this year with good amount of attendance:

* 10th International Bronchoesophagoscopy & Laser Course 14 - 15 February 2016
* 2nd Pediatric & Laryngology: What an Otolaryngologist MUST Know 13 February 2016
* The 35th Temporal Bone Surgical Dissection Course 12-14 March 2016
* 27th ENT Updates Conference 12-13 October 2016
* 8th FESS Course 28 – 29 November 2016

**3. Current Staffing of ENT Department**

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| --- | --- | --- | --- |
| **Staff** | **ENT** | **CSDU** | **Audiology** |
| Consultants | 19 | 2 | 1 |
| Registrars | 7 (1 scholarship) | - | 1 |
| Fellows | 7 | - | - |
| Demonstrators:   | Working in the dept: 3 | 1 | - |
| Scholarship: 15 | 1 | - |
| Nurses allocated for ENT & units | Clinic: 31 | 5 | 5 |
| Primary care: 3 | - | - |
| Administrate Assistants & Medical secretaries | 7 | 3 | 0 |
| Audiologist | - | - | 8 |
| Speech & Language Pathologist | - | 13 | - |
| Psychologist | - | 3 | - |
| Informatics Register | - | - | 1 |
| Porters | 1 | 1 | 0 |
| Health Workers | 1 | 1 | 0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Project** | **Resources required/Utilized****4. Current Projects/Activities** | **Barriers/Challenges Encountered** | **Current status of achievement** | **Action Taken** |
| 1. Implementation of specific care maps for common ENT procedures in ESIHI. | Consultants of each Sub-Specialty provided us with their care map of each procedure. |  | 1. Care maps are at final stage of implementation in ESIHI
2. Care map for FESS & Thyroidectomy were made & requested for implementation.
 |  |
| 2. Creation & Implementation of more Clinical Practice Guidelines. | Implementing data for current CPGs | Difficulty in obtaining data from ESIHI | 1. Having 1 fully adapted approved CPG for Acute Bacterial Rhinosinusitis.
2. Having 4 algorithms for Otitis Externa, Cerumen Impaction, Laryngoepharyngeal Reflux & Speech Dysfluencies.
 | Generation of power insight report for the usability of the CPG power plan included in ESIHI |
| 3. Developing clinical outcome KPIs’ for all surgical subspecialties. | 1. Statistics of the ENT OPCs and OR2. Distributed questionnaires | 1. Monitoring and assessing the problems2. Prioritizing the problems3. Developing at team to put an action plan to encounter the detected problems4. Coaching the team to develop the needed KPIs.5. Cascading the KPIs to be aligned with the medical city’s strategic plan. |  Development and implementation of the final version of the clinical outcome KPIs | 1.Continuous monitoring of staff performance2. Staff education about the importance of continuous care monitoring3. Disseminating the reports to the QMD |
| 4. Monitoring all categories of patient waiting lists. | Statistics from ENT OR admission coordinators. | Difficulty of contacting some patient on the waiting list. | Regularly monitor the Surgical Waiting List for all categories. |  |
| 5. Update Sub-specialty Research & Benchmarking in ORL department. | Research outcome statistics. | Encoring staff to be involved in Research Projects. | 1. Providing annual research report regularly for the past 4 years.

2. Positive trending of research outcome of department’s achievements3. Reaching up the ISI publication per year4. Obtaining grants from the NPST (Co-I) 1. Initial registration of 2 patent in Derwent Innovations Index
 | 1. Continue monitoring Research outcome of the department.
2. Proper recognition for Best performance in research.
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| 1. Opening new audiology clinics in the new building
 | Space and equipment |  | Project was accomplished. Our audiology unit is state of the art and considered to be a leading audiology unit in the kingdom and the region. |  |
| 1. Promote the knowledge and skills of our staff by postgraduate studies in audiology. This year one of our audiologists received her master degree from UK. Another one is in the process.
 | They were sponsored from the university. | It was difficult to get an acceptance in the programs due to –in part- to English language proficiency scores.  | One audiologist already received master degree in audiology from UK. The next one is in the process.  |  |
| 8. Increase research publication for the Audiology staff | Allocating time for the staff to conduct research  | Busy clinic was a barrier | In 2016 the Audiology unit has published 4 articles in an ISI peer reviewed journals. | Reorganizing the clinic in a way that allows for more time allocated toward research activities. |
| 9. Establish a unit based continuous education program( Audiology) | Lecture hall and data show | none | In 2016 our continuous education program started and every Wednesday there is a presentation done in the unit.  |  |
| 10 .Final Residents’ Review Course | Teaching Staff of the Department and invited Guest from the affiliated hospitals as well as in the other Region(s) | Non for all supports were given  | Doing fine and beneficial to the final year Residents | Organization each year thru the chief Residents, the Program Director & program coordinator |
| 11 .To have fellows in all ENT subspecialties | More consultants in subspecialtiesSupport of college for approval | The program Director would like to initiate of having the elective rotation in other countries particularly in Western e.g. H & N Surgery. However, a big amount of money is required and it took time to get an approval from the Institution |  | Write a supporting letter address to the sponsor for the fellow desire to have an elective rotation especially this elective rotation in part of the Fellowship’s program structure |
| 12. Assembling of Tracheostomy team  |  |  | 1. Identified nurses for the team
2. Tracheostomy room was located & equipped in ENT specialized clinic.
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**5. Future Plans:** Included in the above table