RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Ear, nose, throat and oral health

RACGP Curriculum and syllabus for Australian general practice (7th edition): Ear, nose, throat and oral health.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Ear, nose, throat and oral health

Context

Ear, nose, throat (ENT) and oral conditions are common presentations in general practice.[1] These conditions cause significant morbidity and disability in the community, directly impacting on communication, social inclusion and participation in employment and education.[2] General practitioners (GPs) can play an integral role in screening, early intervention and advocating for patient care.

The most common ear disease affecting children in Australia is otitis media, presenting as a spectrum of disease from otitis effusions to chronic suppurative otitis media.[3] Intervention prevents secondary hearing loss which has a significant impact on speech and language development and is a cause of behavioural issues, early school leaving, and limited employment options in later years.[3] Access to timely ENT surgical intervention remains a challenge, especially in rural areas.

Aboriginal and Torres Strait Islander adults and children, have significantly higher rates of long-term ear or hearing problems than the non-Aboriginal population.[3,4] A number of initiatives co-designed with Aboriginal Community Controlled Health Services are in place to reduce the incidence of hearing loss and improve oral health status in Aboriginal and Torres Strait Islander patients. It is important for all Australian GPs to have a strong knowledge of screening recommendations, early treatment recommendations, additional PBS criteria for prescription medications and the PBS Close the Gap co-payment program.[5,6]

Common ENT presentations include vertigo (with or without hearing loss) acute or chronic nasal obstruction, allergies (allergic rhinitis) and sore throat.[7,8,9] Sore throat, whilst common, requires careful assessment, especially for high-risk groups. Management must observe appropriate antibiotic stewardship but not miss the rare (and serious) complications of Group A streptococcus.[9]

Poor oral health causes significant morbidity in the community.[10] This includes poor dietary intake with subsequent malnutrition, impact on chronic diseases and reduced social well-being.[10,11] Smoking and alcohol contribute to poor dentition as well as increased risk of head and neck cancer. GPs have an important role to play in early detection and supporting healthy lifestyle changes.[12]

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Learning outcomes

The GP is able to:

- diagnose, treat and manage common ear, nose, throat and oral presentations
- identify and manage urgent ear, nose, throat and oral presentations
- identify and screen for actual or potentially life-threatening conditions including quinsy and acute rheumatic fever
- articulate the evidence base for prescribing pharmacological treatment and consider non-pharmacological options in management of common ENT and oral presentations
- demonstrate the ability to act in the patient's best interest when antibiotics are requested inappropriately for conditions including childhood otitis media and acute sore throat
- discuss preventable causes of complications associated with such conditions including deafness, rheumatic disease, tooth loss and early detection of malignancy
- effectively communicate and establish a culturally safe therapeutic relationship with parents/carers of Aboriginal and Torres Strait Islander children at risk of chronic ear disease
- describe opportunistic screening practices for patients at risk of hearing loss
- promote the importance of good oral hygiene and its association with chronic illness and adequate nutrition.

Key areas of learning

Have a structured approach to common ear, nose, throat and oral health presentations, including screening high-risk populations such as Aboriginal and Torres Strait Islander peoples.

Identify common ear, nose, throat and oral health conditions and manage them appropriately.

Assess and manage ear presentations:

- hearing loss:
    - from various causes (eg conductive and sensorineural loss, malignancy)
    - occupation-related
    - in children, including speech and developmental delay
    - outer ear:
    - auricular disease (eg perichondritis)
    - canal disease (eg exostoses)
    - ear wax
    - otitis externa
    - foreign body
    - trauma
    - canal eczema
- middle ear disease
    - otitis media
    - tympanic perforation
    - bullous myringitis
    - other (eg otosclerosis)
    - labyrinthitis
    - Meniere's disease
- referred pain/non-aural causes of ear pain:
    - dental problems (abscess, impacted molar)
    - temporomandibular joint syndrome
    - pharyngeal disorders (eg malignancy, foreign body)
    - carotidynia
    - cervical spine problems, including osteoarthritis and spondylosis
    - neurological problems (herpes zoster, trigeminal neuralgia, glossopharyngeal neuralgia)
    - any cranial nerve lesion affecting nerves V, VII, IX or X
    - upper cervical lesions
    - ear malignancies (eg acoustic neuroma, cholesteatoma)
    - facial nerve paralysis (Bell's palsy)
    - vertiginous syndromes:
        - benign paroxysmal vertigo
        - chronic vertiginous syndrome (eg tinnitus, Meniere's disease)
        - vestibular neuritis
        - Ramsay Hunt syndrome.

Assess and manage nose presentations:

- rhinitis, including allergic rhinitis
- sinusitis
- epistaxis
- nasal polyps
- foreign bodies.

Assess and manage oral presentations:

- acute:
  - gingivitis
  - periodontitis
  - dental abscess
  - mouth ulcers (aphthous)
  - leucoplakia
  - lichen planus
  - angular cheilitis
  - tongue changes (eg smooth, geographical, sore tongue)
  - acute parotitis and salivary stones
  - acute manifestation of systemic disease (eg systemic lupus erythematosus)
- chronic:
  - oral mucosal lesions
    - benign ulcers
    - oral cancers (mouth, lip and tongue)
    - salivary gland tumours
  - xerostomia.

Assess and manage throat presentations:

- pharyngitis
- tonsillitis
- infectious mononucleosis (EBV)
- hoarseness (dysphonia)
- epiglottitis
- foreign bodies
- odynophagia
- dysphagia
- laryngopharyngeal reflux.

Identify, through history and examination, oral, head and neck cancer, and appropriately investigate and manage these.

Identify and assess ear, nose, face and oral cavity structural abnormalities:

- prominent ears
- facial deformity
- cleft lip and cleft palate

- tongue-tie
- pre-auricular sinus
- brachial cyst.

Identify, and appropriately manage, ear, nose and throat emergencies:

- barotrauma
- sudden hearing loss
- tympanic perforation
- temporal bone fractures
- foreign bodies in ear
- mastoiditis
- epistaxis
- nasal trauma
- septal haematoma
- nasal fracture
- post-tonsillectomy bleed
- palatal/laryngeal trauma
- quinsy.

Identify, and appropriately manage, oral emergencies:

- trauma such as management of avulsed, luxated or broken tooth
- maxillofacial trauma
- complication after dental procedures (eg acute infections).

Competently carry out certain ear, nose and throat procedures:

- use of auroscope
- Weber and Rinne tests (demonstration and interpretation)
- removal of foreign bodies
- nasal packing
- ear wax removal (syringing versus suction)
- interpretation of audiograms
- demonstration of use of nasal sprays.

Opportunities for learning

Words of wisdom

- Hearing loss affects both children and adults. It is important to assess hearing in patients presenting with conditions that may be associated with hearing loss, such as speech and behavioural concerns in a child, or adults presenting with an unsteady gait and tinnitus.

- Nasal obstructions are a common presentation in general practice; remember to examine the nasal cavity for evidence of any inflammatory changes suggestive of acute or chronic allergic rhinitis and screen for possible causes of obstructive sleep apnoea.

- Most ear and throat conditions in general practice present as ear pain or as a sore throat secondary to an upper respiratory tract infection, requiring rational prescribing of oral antibiotics. A careful throat examination needs to be conducted to avoid a missed diagnosis of an early quinsy that would require emergency management. Also consider the patient presenting with a persistent sore throat or with dysphonia, requiring further investigations and prompt referral to a non-GP specialist.

- Consider non-prescription medications (over-the-counter preparations) to help in the management of common ear, nose and throat conditions; for example, the use of sinus rinses in the management of sinusitis.

- Become familiar with common dental presentations, such as bleeding gums as a result of gum disease, or the patient presenting with severe dental pain after a tooth extraction as a result of a dry socket or acute infection.

- Always look at the tongue and buccal mucosa when carrying out an ear, nose and throat examination to look for any suspicious lesion in high-risk groups, for example, smokers.

Learning strategies

On your own

Identify what you find challenging about oral health presentations; for example, how do you manage an avulsed baby tooth or adult tooth? Review guidelines about how to manage these conditions. Consider spending some time with your local dentist.

- *What did you learn? How will this new information help you manage patients presenting with dental concerns, such as a toothache?*
- *How might your management be different if you worked in a rural or remote location?*

Identify one of your patients who has had a hearing assessment. Review the office tests you could carry out during a consultation with a patient presenting with hearing loss. Review an audiogram and reflect on what you would expect to find on an audiogram.

- *Do the results of an audiogram correlate with your clinical findings?*
- *Who is responsible for performing audiograms in your practice? Could you learn this skill?*

Identify the clinical concerns in two patients (one child, one adult) who present with signs and symptoms of obstructive sleep apnoea secondary to nose and throat pathology.

- *When and how do you screen for sleep apnoea during a consultation?*
- *When do you suspect a nose or throat pathology?*
- *What guidelines or questionnaires do you need to be aware of to make an appropriate referral to a non-GP specialist?*
- *What advice do you give to patients who drive private or commercial vehicles?*

With a supervisor

Discuss how you would approach management of intra-oral swelling.

- *What feedback did your supervisor give you? Did they have any tips for management?*
- *How might your management be impacted if you worked in a rural or remote location? What are your limitations? What are your local referral pathways?*
- *What are the specific challenges for Aboriginal and Torres Strait Islander peoples seeking access to dental services?*

Observe your supervisor inserting an ear wick.

- *What are the indications for an ear wick? What equipment do you need? What are the steps involved in the process? What general advice do you give to the patient? When would you remove an ear wick?*
- *Is your supervisor willing to observe/help you practise this skill the next time either of you has an appropriate patient?*

Observe microsuction of ear canal (if this is available in your clinic).

- *What are the safety considerations for removal of ear wax? How is this presentation managed in your clinic?*
- *What would you do if the tympanic membrane is perforated?*
- *Is your supervisor willing to observe/help you practise this skill the next time either of you has an appropriate patient?*

In a small group

Role-play how you might approach a patient with vertigo. Take turns demonstrating an appropriate clinical examination, including a dix-Hallpike manoeuvre.

- *What are the steps involved in carrying out a dix-Hallpike manoeuvre, and how would you explain the examination to a patient? Watch a YouTube video to further refine your clinical skills.*
- *What are the common cause of vertigo, and how would you explain these to a patient?*

Discuss the serious conditions that should not be missed in a patient presenting with an ear, nose, throat or oral health complaint.

- *What red flag signs and symptoms were you able to come up with?*
- *Describe these possible presentations with your group. Did they have any others?*

Discuss case scenarios involving the role of oral antibiotics in the management of a sore throat. Discuss how you could rationalise your prescribing of oral antibiotics to patients.

- *What guidelines are available to manage sore throats in children and adults? Are there any guidelines for managing sore throats in over-represented groups such as Aboriginal and Torres Strait Islander peoples?*
- *What clinical features do you look for to help with your decision? Would you do any investigations? If so, would the results influence your ongoing management?*

With a friend or family member

Explain to a friend or family member the symptoms of benign paroxysmal positional vertigo and the exercises to help treat and manage it.

- *What educational leaflets or patient information sheets could you use to help with your explanation?*
- *Did your friend or family member understand your explanation? Is there anything you could do differently?*

Explain to a friend or family member what good dental hygiene is, and its role in avoiding dental caries and tooth decay.

- *Ask your friend or family member for feedback on how well you explained the importance of good oral hygiene. Will they change their dental hygiene practice? How could you motivate them to change their current habits?*
- *Consider oral hygiene as part of your opportunistic preventive care. How could you incorporate it in your health check-up/assessment for patients of all ages?*

Explain to a friend or family member how to use a nasal spray in allergic rhinitis.

- *What tools could you use to help with your explanation? How could you check whether they understood your advice?*
- *Consider spending some time with your local pharmacist to discuss over-the-counter medications and preparations that may help in managing certain conditions.*

Case example

Barbara, 71 years old, presents to you with her husband Peter with concerns about her hearing. Peter has noticed that she is unable to hear him, and he needs to yell for her to understand. Barbara thinks that her hearing is fine, and her husband tends to speak softly.

In a case-based discussion, questions relating to each role could be:

Communicator

- What communication strategies could you use to communicate if Barbara had hearing loss or hearing impairment?
- What if Barbara was four years old and brought in by her parents with concerns about her hearing and speech development? How would you assess her hearing and speech during the consultation?
- What if her parents thought she had an ear infection and asked you for antibiotics, but you didn't feel they were indicated – how would you explain your rationale for not prescribing them?

Clinician

- What further information do you need from Barbara? What examination would you perform?
- What if Barbara had dysphonia rather than decreased hearing – what information would you need to know?
- What differential diagnoses would you consider with Barbara's presentation, and what are the diagnoses not to miss? What investigations would you do to help confirm your most likely diagnosis?
- What if Barbara was a 25-year-old pregnant lady presenting with hearing loss?
- What if Barbara presented to you with hearing loss and an unsteady gait and tinnitus? What serious conditions should you not miss?
- What is your approach to managing Barbara's possible hearing loss?
- What is your approach to managing a six-year-old child with a one-day history of a sore ear secondary to an upper respiratory tract infection? How can you rationalise your prescribing of oral antibiotics in children?
- Would your management change for a child presenting with persistent otitis media or for a child from an over-represented population, for example, Aboriginal and Torres Strait Islander peoples?
- What would your approach be if Barbara had a persistent ear discharge? What other serious conditions should not be missed? What if she were a child? Would your approach to management change? When do you refer a patient with a perforated ear drum?
- What if Barbara's hearing loss was contributed to by wax in her ear? What do you need to consider when getting consent from Barbara for an ear syringe?
- What would your approach be for a five-year-old child who presents at the emergency department with a suspected foreign body in their ear?
- What if Barbara's hearing loss was unilateral, what would your differential diagnoses be? How would you manage this consultation?
- What if Barbara's hearing loss was associated with persistent ear pain? How would you approach this?
- What if Barbara's hearing loss was associated with vertigo, nausea and vomiting?
- What if this was a 55-year-old truck driver who presented with poor sleep, snoring and tiredness?

Health advocate and leader

- What are the specific risks of an elderly patient with hearing loss? What opportunistic screening strategies could you implement for hearing loss in older people?
- What specific health concerns do you need to consider in adults or children in high-risk populations presenting with ear and throat complaints?

- What if this was a 54-year-old man working in a remote mining town presenting to you with hearing loss after working in a loud work environment?

Professional

- What if Barbara was 82 years old, deaf but refused to wear a hearing aid, and presented for a medical assessment to renew her driver license?

Scientist educator and researcher

- What guidelines may be relevant to Barbara's care for this presentation?
- What learning objectives and methods would you use if you were developing an education session for first year medical students on communication with patients such as Barbara?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise
RCA – Random case analysis
MSF – Multi source feedback
CBD – Case-based discussion
AKT – Applied knowledge test
KFP – Key feature problem
CCE – Clinical competency exam