

**UNION EUROPEENNE DES MEDECINS SPECIALISTES (UEMS)  
EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)**

**LOGBOOK OTO-RHINO-LARYNGOLOGY SURGERY**  
(revision 2020)

**TRAINING PROGRAMME**

**INTRODUCTION**

The UEMS ORL Section and Board of Otorhinolaryngology has revised the European training programme for the Specialty in 2020. This programme will serve as a guideline for training centres enabling them to meet the European Standard as set out by the European Board of UEMS. We are moving towards competency based assessments.

**DEFINITION**

Otorhinolaryngology (ORL)<sup>1</sup> is the specialty which deals with functions and diseases of the Ear, Nose, Throat, skull base, and Head and Neck. Disorders include trauma, malformations, tumours and other disorders in childhood and in adults; of the ear, temporal bone and lateral skull base, nose, paranasal sinuses and anterior skull base, oral cavity, pharynx, larynx, trachea, oesophagus, head, neck, thyroid, salivary and lacrimal glands and adjacent structures. It also includes investigation and treatment of conditions affecting the auditory, vestibular, olfactory and gustatory senses and disorders of the cranial nerves as well as human communication in respect of speech, language and voice disorders. Some of the conditions diagnosed by otorhinolaryngologists but located in adjacent areas will be treated with close cooperation with these related specialists.

(<sup>1</sup>Although defined as ORL in most European countries according to Annexe V of Directive 2005/36/EC, this specialty is also defined in a number of countries as Otorhinolaryngology and Head and Neck surgery in accordance with common practice of Departments around Europe since a significant proportion of curriculum and clinical practice of ORL deals with the Head and Neck structures)

## THE TRAINING PROGRAMME

The training programme will consist of the following elements:

1. Acquisition of the principles of surgery in general and theoretical knowledge of anatomy, physiology, pathology, aetiology and symptomatology and treatment of diseases of the ear, temporal bone and lateral skull base, nose, paranasal sinuses and anterior skull base, oral cavity, pharynx, larynx, trachea, oesophagus, head, neck, thyroid, salivary and lacrimal glands and adjacent structures. Special attention should also be given to the theoretical foundation of audiology, phoniatics, vestibular disease, allergy, immunology, oncology and the basic principles of plastic and reconstructive surgery.
2. Trainees should have access to facilities for temporal bone, paranasal sinus and head and neck dissection. They should be able to familiarize themselves with the basic techniques of surgery on the ear and lateral skull base, nose, paranasal sinuses and anterior skull base, oral cavity, pharynx, larynx, trachea, oesophagus, head, neck, thyroid, salivary and lacrimal glands and adjacent structures, with either real or virtual surgical and endoscopic techniques.
3. A graded increase in clinical responsibilities and surgical experience will be developed and should be recorded in the log book.
4. A list of diagnostic procedures, non-surgical management and surgical management is outlined in the new UEMS ORL Section and Board logbook.
5. The European training programme requires documentation of all skills and operative procedures/management itemized in the section of surgical management. Confirmation of the progression of the trainee to the required competency is necessary.
6. The Log Book will be used in relation to European training exchange programmes and will provide an introduction into advanced skills of the Specialty.
7. Subspecialty logbooks are available for advanced trainees.

## **ASSESSMENT AND EXAMINATION**

1. Examination of the theoretical and practical knowledge of the trainee may be included in the European Training Programmes. Trainees should refer to their National requirements.
2. To achieve the award of the certificate of recognition, the trainee must reach the expected level of knowledge and skills approved by the training programme Director before being eligible to practise as an independent ORL-Specialist.
3. Each trainee must be familiar with all diagnostic and therapeutic (surgical and non-surgical) management associated with the discipline of Otorhinolaryngology.
4. The trainer will be responsible for confirming the competence of the trainee for the procedures and management outlined in the log-book in the columns headed "general". He/she will sign on the date when competency is achieved in the final column 6.
5. The contents of the log book will be continuously updated by the European Board at least every 5 years with respect to new developments.
6. The recommended syllabus for the European Board Exam in ORL-HNS includes this logbook, produced by the UEMS ORL Section, and the Intercollegiate Surgical Curriculum Programme Syllabus.

## **CONTENT OF THE LOGBOOK**

The log book is divided into the following sections.

- I Basic objectives.
- II Otology and Neurotology
- III Nose and Paranasal sinuses
- IV Laryngology Head & Neck with Phoniatics
- V Facial Plastic and Aesthetic surgery
- VI Paediatric Otolaryngology

- A Diagnostic procedures
- B Non-surgical/Medical management
- C Surgical management

The trainee must have knowledge and understanding both the diagnostic, non-surgical and surgical management.

In the log-book general and advanced procedures are both listed:

**General procedures:**

Under this heading are listed all procedures which every ORL trainee must be competent in by the end of the training period, so as to guarantee a medical service which fulfils the recommendation of the UEMS Section and Board, to achieve and maintain the highest standards.

**Advanced procedures:**

Under this heading are listed the skills and operative managements which have to be provided by University centres or specialized departments. The trainee is not expected to be able to perform these procedures/managements during the European Training programme. However, all trainees should have seen and been familiar with these procedures.

The procedures are divided in three categories:

- (S) Trainee requires supervision/assistance by the trainer whilst he/she performs the procedure/management
- (I) Trainee performs the procedure/management independently/alone with the trainer available.
- (A) Trainee has seen/has been familiar with some advanced procedures

**The relevant trainer should endorse by signing and dating, when the trainee has achieved competency in each particular management or procedure.**

**It is recommended that for Trainees starting their programme as from 2022, they are also to have their competency assessed and marked on the logbook by their trainer in the box “signature trainer when competency achieved “ according to the criteria below.**

(A) Knowledge is to be graded according to the following levels 1 to 4:

- (1) Knows of
- (2) Knows basic concepts
- (3) Knows generally
- (4) Knows specifically and broadly

(B) Clinical skills and (C) Technical skills are to be graded according to the following levels 1 to 5:

[1] Has observed-the trainee acts as ‘Assistant’. From complete novice through to being a competent assistant. At the end of level 1 the trainee (a) has adequate knowledge of the steps through direct observation (b) demonstrates that he/she can handle the apparatus relevant to the procedure appropriately and safely (c) can perform some parts of the operation with reasonable fluency

[2] Can perform procedure with assistance (direct supervision). From being able to carry out parts of the procedure under direct supervision, through to being able to complete the whole procedure under lesser degrees of direct supervision (eg trainer immediately available). At the end of level 2 the trainee (a) knows all the steps and reasons behind the methodology (b) can carry out a straightforward procedure fluently from start to finish (c) knows and demonstrates when to call for assistance or advice from the supervisor so knows personal limitations.

[3] Can perform whole procedures but may need assistance (indirect supervision). A trainee is able to do the procedure ‘indirectly supervised’ From being able to carry out the whole procedure under direct supervision (trainer immediately available) through to being able to carry out the whole procedure without direct supervision (trainer available but not in direct contact with the trainee). At the end of level 3 the trainee (a) can adapt to well-known variations in the procedure encountered, without direct input from the trainer (b) recognizes and makes a correct assessment of common problems that are encountered (c) is able to deal with most of the common problems (d) knows and demonstrates when he/she needs help (e) requires advice rather than help that requires the trainer to intervene.

[4] Competent to perform procedures without assistance, including complications but may need occasional advice or help

[5] Can be trusted to carry out the procedure independently, without assistance or need of advice. This concept constitutes one Entrustable Professional Activity (EPA). An EPA is a ‘critical part of professional work that can be identified as a unit to be entrusted to a trainee one sufficient competence has been reached’. This would indicate whether one could trust the trainee to perform the job and not whether he is just competent to do it. At the end of level 5 the trainee (a) can deal with straightforward and difficult cases to a satisfactory level and without the requirement for external input to the level at which one would expect a consultant to function (b) is capable of instructing and supervising other trainees.

The EPA is defined as a 'critical part of professional work that can be identified as a unit to be entrusted to the trainee once sufficient competence has been reached. The trainee is not only capable of tackling the particular procedure independently but he /she can be trusted by the tutor. This is called 'independence competency'. The EPA is a tool for competence based assessment and the 5<sup>th</sup> level serves as a bridge between completion of the syllabus/curriculum and the eligibility assessment for the Specialty Examination Board. Due to the wide breadth of ORL specialty, one cannot expect all trainees to have achieved the 5<sup>th</sup> level in all the curriculum and the Specialty Examination Board may decide on a percentage of items in the syllabus that a trainee is expected of attaining their EPA competence. 'Advanced procedures ' may come under this category. This percentage may vary from year to year depending on the evaluation of the previous year's candidates but should be established by the time the examination applications for that year become available.

## **CHARTERS ON TRAINING AND VISITATION**

Trainees are advised to familiarize themselves with the UEMS Charter on Training of Medical Specialists [www.uems.eu](http://www.uems.eu) The UEMS ORL Section and Board amended this Charter in June 2001 in relation to the requirements for the Specialty of ORL-HNS. The amended document can be found on the Section Website [www.orluems.com](http://www.orluems.com).

The website also includes UEMS Charters on:

1. Continuing medical education
2. Quality assurance
3. Visitation of training centres.

The information for the Log Book may also be collected electronically.

## TRAINING CENTRE ROTATION

Trainee: \_\_\_\_\_  
Name Surname Birthdate

Dates of start and finish of training period	Training Centre	Name of Trainer	Signature of Trainer

Additional copies can be made of this page if required

**ATTENDANCE AT ACCREDITED COURSES AND MEETINGS**

Date	Course	Comments

Additional copies can be made of this page if required.



# UEMS TRAINING LOGBOOK OF OTO-RHINO-LARYNGOLOGY COMPLETION OF TRAINING

Trainee: \_\_\_\_\_  
Name Surname Birthdate

Date of commencement of training: \_\_\_\_\_

Date of completion of training: \_\_\_\_\_

Lead Training Center	
Name of Trainer in charge	

I, the trainer in charge, certify that the register of diagnostic, non-surgical and surgical management shown below is correct.

Date: \_\_\_\_\_ Signature of trainer: \_\_\_\_\_

I, the trainee certify that the details given refer to diagnostic, non-surgical and surgical management carried out by me personally or were operations at which I acted as assistant.

Date: \_\_\_\_\_ Signature of trainee: \_\_\_\_\_

## I. BASIC OBJECTIVES

### Knowledge of fundamentals in

	Signature trainer when competency achieved
emergency medicine and resuscitation	
infection control	
antimicrobial therapy	
transfusions medicine/blood grouping/cross-matching etc.	
haemostasis	
oncology	
wound healing	
general surgical techniques	
basics in plastic and reconstructive surgery	
transplantation medicine	
soft tissue and bone traumatology	
immunology	
endocrinology	
oral and parenteral nutrition	
basic psychosomatic investigation/management	
radiation protection	
medical quality control	
ethical principles/consent for operation	
social welfare legislation	
basic nutritional medicine	
basic laboratory procedures	
basic laboratory investigations,	
correct taking and handling of samples and interpretation of the results	
normal blood values	
bacteriology/mycology	

principal detection of fungi (cell culture)	
antimicrobial medication	
analysis of tumour-markers	
allergology laboratory investigations	

II. OTOLGY/NEUROTOLOGY		
Diseases/Disorders of the ear		
		Signature trainer when competency achieved
<b>Auricle</b>		
Congenital malformations		
Infections		
Inflammatory		
Benign & malignant tumours		
Traumatic injuries		
<b>Ear Canal</b>		
Congenital malformations		
Infections		
Inflammatory		
Benign & malignant tumours		
Exostoses		
Necrotizing otitis externa		
Keratosis obturans/external canal cholesteatoma		
Traumatic injuries		
<b>Ear Drum and Middle Ear</b>		
Congenital malformations		
Acute & chronic otitis media		
Benign & malignant tumours		
Traumatic injuries		
Barotrauma		
Eustachian tube dysfunction		

Conductive hearing loss in adults & children (congenital & acquired)		
<b>Inner Ear and Lateral Skull Base</b>		
Congenital malformations		
Sensorineural hearing loss in adults & children (congenital & acquired)		
Peripheral and central vestibular disorders		
Non-vestibular balance disorders		
Causes of tinnitus (including pulsatile tinnitus) & hyperacusis		
Benign & malignant tumours		
Infective disorders		
Traumatic injuries		
<b>History</b>		
		<b>Signature trainer when competency achieved</b>
<b>Specific</b>		
Hearing loss		
Tinnitus (including pulsatile tinnitus)		
Vertigo / Imbalance / Dysequilibrium		
Hyperacusis		
Otalgia (including referred otalgia)		
Otorrhoea		
Autophony		
Tullio phenomenon		
Facial paresis		
<b>General</b>		
Family history of hearing or balance disorders		
Past history of ear infections		
Past history of otological surgery		
Head trauma		
Noise exposure		
Ototoxic usage / exposure		
Barotrauma		

Migraine		
Perinatal history		
History of meningitis		
TORCH infection		
<b>A. Patient assessment and Diagnostic Procedures</b>		
<b>a) Clinical Examination</b>		
		<b>Signature trainer when competency achieved</b>
1. Otoscopy		
2. Microscopy		
3. Oto-endoscopy		
<b>b) Hearing Function</b>		
		<b>Signature trainer when competency achieved</b>
4. Tuning fork tests		
5. Clinical hearing tests		
<b>c) Vestibular function</b>		
		<b>Signature trainer when competency achieved</b>
6. Nystagmus		
7. Head Impulse test (Halmagyi test)		
8. Fistula test		
9. Dix Hallpike test		
10. Heel toe test (tandem gait test)		
11. Unterbergers test		
<b>d) Neurological function</b>		
		<b>Signature trainer when competency achieved</b>
12. Cranial nerve examination including facial nerve		
13. Cerebellar examination		
14. Rombergs Test		
<b>e) Others</b>		
		<b>Signature trainer when competency achieved</b>
15. Auscultation (for bruits)		
<b>B. Diagnostic Work-up</b>		

<b>a) Hearing Function Tests</b>		
		<b>Signature trainer when competency achieved</b>
1. Impedance audiometry		
2. Pure tone audiometry		
3. Speech audiometry		
4. Objective hearing tests		
4a. Oto-acoustic emissions (OAEs)		
4b. Evoked response audiometry (BSER, CERA, ASSR)		
5. Paediatric audiology		
5a. Screening methods		
5b. Subjective methods		
5c. Objective methods		
<b>b) Vestibular Function Tests</b>		
		<b>Signature trainer when competency achieved</b>
6. Caloric testing		
7. Video / Electronystagmography		
8. VEMPs		
9. Posturography (Balance platform)		
10. Rotating chair test		
<b>c) Facial Nerve Function Tests</b>		
		<b>Signature trainer when competency achieved</b>
11. Topodiagnostic testing		
11a. Schirmers test		
11b. Stapedial reflexes		
12. Neurophysiological testing		
12a. Electromyography (EMG)		
12b. Electroneurography (EnoG)		
12c. Maximal stimulation test (MST)		
<b>d) Imaging</b>		
		<b>Signature trainer when competency achieved</b>
13. Plain X-ray		

14. Computerized tomography (to include cone beam CT scanning of the temporal bones)				
15. Magnetic resonance imaging				
16. Angiography				
16a. CT Angiography				
16b. MR Angiography				
16c. Cerebral Angiography				
17. Positron Emission Tomography				
18. Radionuclide scanning eg technetium, gallium scanning				
<b>e) Laboratory Tests</b>				
		<b>Signature trainer when competency achieved</b>		
19. Relevant blood tests				
20. Cytology				
21. Histology				
22. Microbiology				
<b>C. Non-Surgical Management</b>				
		<b>Signature trainer when competency achieved</b>		
1. Pharmacological treatment				
2. Physical rehabilitation				
3. Ear infections				
4. Sensorineural hearing loss in adults and children (including screening)				
5. Conductive hearing loss in adults and children				
6. Hearing aid rehabilitation				
7. Tinnitus				
8. Vertigo and dysequilibrium				
9. Facial nerve paresis				
10. Peri-operative management of patients undergoing otological surgery				
11. Stereostactic radiosurgery				
<b>D. Surgical Management</b>				
	<b>S</b>	<b>I</b>	<b>A</b>	<b>Signature trainer when competency achieved</b>
12. Temporal bone dissection (laboratory)		X		

13. Management of oto-haematoma		X		
14. Excision of lesions of the auricle		X		
15. Wax removal		X		
16. Foreign body removal		X		
17. Removal of external auditory canal lesions		X		
18. Meatoplasty (Soft tissue & bony)	X			
19. Removal of osteomas/exostoses	X			
20. Myringotomy		X		
21. Ventilation tube insertion		X		
22. Myringoplasty (Type1 Tympanoplasty)		X		
23. Tympanotomy		X		
24. Mastoidectomy				
24a. Cortical	X			
24b. Modified radical / radical (Back to front approach)	X			
24c. Atticotomy / Attico-antrostomy (Front to back approach)	X			
24d. Combined approach tympanoplasty	X			
24e. Mastoid obliteration	X			
25. Bone anchored hearing aids	X			
26. Ossiculoplasty	X			
27. Implantation of prostheses				
27a. Middle ear prosthesis (ossicular prosthesis/implantable hearing aids)			X	
27b. Cochlear implants			X	
28. Stapes Surgery			X	
29. Facial nerve surgery				
29a. Decompression			X	
29b. Grafting. Anastomosis surgery			X	
30. Endolymphatic sac decompression			X	
31. Vestibular schwannoma surgery				
31a. Translabyrinthine approach			X	
31b. Retrosigmoid approach			X	
31c. Middle cranial fossa approach			X	
32. Vestibular neurectomy			X	



33. Glomus tumour surgery			X	
34. Petrosectomy			X	
35. Correction of malformations				
35a. Auricle			X	
35b. Peri-auricular fistulas			X	
35c. External auditory canal			X	
35d. Middle ear			X	
36. Repair of injuries				
36a. Auricle		X		
36b. External auditory canal			X	
36c. Middle and inner ear including nerves, vessels and middle cranial fossa / posterior cranial fossa dura			X	
37. Surgery of tumours				
37a. Auricle	X			
37b. External auditory canal			X	
37c. Middle and inner ear including nerves, vessels and middle cranial fossa / posterior cranial fossa dura and temporal bone resection			X	
38. Revision ear surgery			X	
<b>E. Postoperative complications</b>				
	<b>Signature trainer when competency achieved</b>			
Complications of general and local anaesthesia				
Bleeding / haematoma				
Infection				
Conductive hearing los				
Sensorineural hearing los				
Vertigo / imbalance				
Tinnitus				
Hyperacusis				
Facial nerve paresis				
Taste disturbance				
Numbness of the auricle				
CSF leakage				

Intracranial infection		
Lower cranial neuropathy		

### III. NOSE AND PARANASAL SINUSES

#### Diseases/Disorders

	<b>Signature trainer when competency achieved</b>
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#### Nose

congenital malformations of nose, mid-face (cleft lip, palate), including genetic anomalies	
infections of nose	
Neoplastic conditions:benign and malignant	
nasal and facial trauma	
Epistaxis	
inflammatory and allergic conditions (rhino-allergology)	

#### Paranasal Sinuses

congenital malformations	
rhinosinusitis: atopic, non-atopic, bacterial, fungal, allergic fungal etc	
Inflammatory and granulomatous systemic conditions including sarcoid, tuberculosis etc	
neoplastic conditions: benign and malignant	
Barotrauma	

#### A. Patient assessment and Diagnostic Procedures

##### a) History and Clinical Examination

	<b>Signature trainer when competency achieved</b>
1. Assessment of nasal symptoms	
Specific History: nasal obstruction, rhinorrhoea, anosmia, hyposmia, facial pain or headache, epistaxis	
2. Anterior and posterior rhinoscopy	
3. Nasal endoscopy	
4. visual documentation (example: photography, videoendoscopy)	

5. Ethnic variation, proportions of face, effects of aging			
<b>b) Tests of Function</b>			
			<b>Signature trainer when competency achieved</b>
6. Rhinomanometry			
7. Acoustic rhinomanometry			
8. Olfactory tests (subjective and objective)			
9. Ciliary function tests			
<b>c) Tests of Imaging</b>			
			<b>Signature trainer when competency achieved</b>
10. Conventional X-ray			
11. CT scan			
12. Cone beam CT			
13. MRI scan			
14. Isotope scan			
15. Angiography			
16. Understanding the use of navigation devices			
<b>d) Allergy Investigations</b>			
17. Understanding and performing clinical tests for atopy (such as skin prick tests, RAST, nasal provocation tests, etc)			
<b>B. Non-Surgical Management</b>			
			<b>Signature trainer when competency achieved</b>
18. pharmacological therapy			
19. specific immunotherapy (hyposensitisation), sublingual immunotherapy			
20. management of anaphylaxis			
<b>C. Surgical Management</b>			
<b>Nose</b>			
	S	I	A
			<b>Signature trainer when competency achieved</b>
21. local and regional anaesthesia		X	
22. Management of epistaxis			
22a. nasal packing		X	
22b. nasal cautery and other endoscopic management		X	
22c. Medical disease and epistaxis		X	

23. Foreign body removal		X		
24. Nasal Polypectomy		X		
25. Turbinate procedures (including coblation, radiofrequency etc)		X		
26. Septal surgery		X		
27. Revision septoplasty			X	
28. Septorhinoplasty (open and closed, reduction, augmentation, grafting techniques, cleft lip septorhinoplasty )				X
29. Rhinophyma operation			X	
30. Correction of congenital malformations (choanal atresia, fistulas, dermoids etc)			X	
<b>Paranasal Sinuses</b>				
		<b>S</b>	<b>I</b>	<b>A</b>
				<b>Signature trainer when competency achieved</b>
31. Sinus endoscopy		X		
32. Antral lavage		X		
33. Endoscopic antrostomy and sinus endoscopy		X		
34. Radical antrostomy			X	
35. Frontal sinus trephination			X	
36. External frontal sinus surgery			X	
37. External ethmoidectomy			X	
38. Endoscopic Sinus Surgery and its possible acute complications				
38a) anterior ethmoidectomy		X		
38b) posterior ethmoidectomy		X		
38c) frontal recess procedures			X	
38d) sphenoid sinus procedures			X	
39. Surgery of floor of maxillary sinus			X	
40. Ligation of maxillary, ethmoidal or sphenopalatine artery including endoscopic			X	
41. Orbital decompression procedures			X	
42. Endoscopic dacry-cysto-rhinostomy			X	
43. Management of CSF leak			X	
43. Tumour Surgery				
43a) maxillectomy (partial, total)			X	
43b) lateral rhinotomy			X	
43c) midfacial degloving			X	

43d) combined approach to anterior skull base			X
43e) orbitotomy			X
43f) exenteration of orbit			X
43g) surgery of anterior skull base (incl osteoplastic flap, duraplasty and endoscopic)			X
<b>44.Trauma</b>			
44a) soft tissue injuries		X	
44b) management of fractures of nasal bones/septum and septal haematoma under local or general anaesthesia		X	
44c) paranasal sinus fractures	X		
44d) fractures of orbit including blowout fractures	X		
44e) zygomatic fractures			X
44f) optic nerve decompression			X
44g) reconstruction of anterior skull base			X

#### IV. LARYNGOLOGY, HEAD & NECK, PHONiatrics

##### Diseases/Disorders of Head and Neck

##### Head and Neck Oncology

Oral Cavity

Pharynx

Larynx

Nose and Paranasal Sinuses

Neck and Unknown primary

Salivary glands

Thyroid gland

Skin

##### Benign diseases Head and Neck

Oral Cavity, including knowledge of causes of pain of dental origin related to head and neck

Pharynx

Larynx

Sinonasal		
Vascular malformations		
Trauma		
<b>1. LARYNGOLOGY/HEAD AND NECK ONCOLOGY</b>		
<b>Basic knowledge</b>		
		<b>Signature trainer when competency achieved</b>
1. Carcinogenesis, molecular biology and immunobiology in H&N oncology		
2. Epidemiology and biostatistics of cancer management		
3. TNM staging		
4. Basics of cancer management		
4a. Indications and limitations of surgery		
4b. Biophysics of radiotherapy - indications and side effects		
4c. Chemotherapy agents - indications and side effects		
4d. Biologic/Immuno therapy - indications and side effects		
5. Clinical trials in H&N oncology		
6. Prevention in H&N oncology		
7. Clinical databases in H&N oncology		
<b>General history</b>		
		<b>Signature trainer when competency achieved</b>
Age, gender		
First symptoms		
Weight loss		
Smoking tobacco, chewing tobacco, betel quid		
Alcohol consumption		
Viral infections		
Ethnicity		
History of previous tumours		
Previous head and neck irradiation		
Family history (oncology perspective)		
Occupation		
Co-morbidities		

Performance data		
Quality of life		
<b>Clinical examination</b>		
		<b>Signature trainer when competency achieved</b>
General ENT examination including videolaryngoscopy		
Palpation of the primary lesion		
Palpation of the neck		
Assesment of cranial nerves and swallowing		
<b>Additional examination and imaging</b>		
		<b>Signature trainer when competency achieved</b>
Biopsy of primary		
Knowledge of ultrasound of the neck		
Knowledge of cytological diagnosis of neck masses		
Panendoscopy		
Knowledge of CT / MRI		
Knowledge of PET-CT / PET-MRI		
Knowledge of Assesment Chest (x ray / CT)		
Knowledge of Additional assesments (audiogram, CT, US, OPG....)		
<b>Knowledge about Treatment and Treatment modalities</b>		
		<b>Signature trainer when competency achieved</b>
Multidisciplinary management of cancer patients		
Treatment planning – single versus multimodal Treatment		
Principles and safety of lasers in H&N management		
Reconstruction options for H&N defects		
Flap physiology and wound healing		
Knowledge of neural monitoring during thyroid, parotid, and neck surgery		
Single or mutiple non-surgical therapies:		
a. Radiotherapy		
b. Chemotherapy		
c. Immunological therapy		
d. Combination of the above with surgery		

Curative versus palliative therapy				
Surgery				
a. Primary surgery				
b. Salvage surgery				
c. Palliative surgery				
Knowledge about peri-operative support including nutrition and infection prevention				
Functional rehabilitation				
Best supportive (palliative) care				
<b>Knowledge of Side effects and complications of Treatment</b>				
		<b>Signature trainer when competency achieved</b>		
Management of side effects, toxicity, and infections				
Management of surgical complications (haematoma, bleeding, chyle leakage, infection, trismus, salivary fistula....)				
Management of non-surgical complications (voice, swallowing, prosthesis, cosmetics....)				
Management of side effects airway obstruction and airway management				
Oro- / pharyngo- cutaneous fistula				
Speech and swallowing impairment				
Mucositis, dermatitis				
Osteradionecrosis				
Hypothyroidism				
<b>1.A ORAL CAVITY</b>				
<b>Additional history</b>				
		<b>Signature trainer when competency achieved</b>		
Articulation				
Swallowing				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
1. Oral Biopsy		X		
2. Transoral partial glossectomy		X		
3. Transoral resection of floor of mouth tumour +/- submandibular duct reconstruction			X	
4. Transoral resection of buccal tuour +/- parotid duct reconstruction			X	



5. Wedge excision of lip		X		
6. Transoral excision of palate tumour		X		
7. Lip Split and cheek flap approach			X	
8. Visor flap approach			X	
9. Pull through approach			X	
10. Marginal mandibulectomy including dental extraction			X	
11. Segmental mandibulectomy			X	
12. Infrastructure maxillectomy			X	
Neck nodes (see section on neck)				
<b>1.B PHARYNX</b>				
<b>Nasopharynx</b>				
<b>Additional history</b>				
				<b>Signature trainer when competency achieved</b>
Unilateral middle ear effusion in the adult				
Nasal blockage				
Neck mass				
Nose bleeding				
Cranial nerve involvement				
Patients origin and ethnicity				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
1. Endoscopic surgery of nasopharynx		X		
2. Open surgery to nasopharynx (transmaxillary/maxillary swing)			X	
Neck nodes (see section on neck)				
<b>Oropharynx</b>				
<b>Additional history</b>				
				<b>Signature trainer when competency achieved</b>
Pain, otalgia				
Articulation				
Swallowing				

Snoring				
HPV infection				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
3. Tonsillectomy		X		
4. Tonsillectomy with base of tongue mucosectomy using TORS/TOUSS/TLM		X		
5. Pharyngotomy (lateral or suprahyoid)			X	
6. Mandibulotomy (mandibular split, mandibular swing)			X	
7. Neck nodes (see section on neck)				
<b>Hypopharynx</b>				
<b>Additional history</b>				
				<b>Signature trainer when competency achieved</b>
Swallowing				
Otalgia				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
8. Transoral surgery (TOLS, TOUSS, or TORS, including laser)	X			
9. Lateral or suprahyoid pharyngotomy			X	
10. Partial pharyngectomy with near total laryngectomy			X	
11. Partial pharyngectomy with total laryngectomy			X	
12. Total pharyngectomy with total laryngectomy			X	
13. Total pharyngo-laryngo-esophagectomy with reconstruction(to plastic surgery)			X	
Neck nodes (see section on neck)				
<b>1.C LARYNX</b>				
<b>Additional history</b>				
				<b>Signature trainer when competency achieved</b>
Pain, otalgia				
Dysphonia				
Swallowing				
Dyspnoea				

Neck mass				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
14. Microsurgery or endoscopic surgery of the larynx		X		
15. Removal of Laryngocoele	X			
16. Transoral laser microsurgery of vocal cord tumours or dysplasia		X		
17. Transoral surgery of supraglottis (TLM or TOUSS or TORS)			X	
18. Primary total laryngectomy			X	
19. Salvage (post-radiotherapy) total laryngectomy			X	
20. Open partial laryngectomy			X	
21. Primary or secondary placement of speech prosthesis		X		
22. Maintenance and change of speech prosthesis		X		
23. Pectoralis major flap for augmentation/bolstering of pharynx			X	
24. Reconstructon of post-laryngectomy fistula			X	
Neck nodes (see section on neck)				
<b>1.D NOSE AND PARANASAL SINUSES</b>				
<b>Additional history</b>				
				<b>Signature trainer when competency achieved</b>
Repeated rhino-sinusitis				
Obstruction				
Epistaxis				
Rhinorrhea				
Facial pain				
Cranial nerve involvement				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
25. Endonasal surgical procedures (including navigation systems)	X			
26. Maxillectomy (partial, total)			X	
27. Lateral rhinotomy			X	

28. Midfacial degloving			X	
29. Orbitotomy and Exenteration of orbit			X	
30. Surgery of anterior skull base (incl osteoplastic flap, duraplasty and endoscopic)			X	
Neck nodes (see section on neck)				
<b>1.E NECK AND UNKNOWN PRIMARY</b>				
<b>Additional history</b>				
				<b>Signature trainer when competency achieved</b>
Growth				
Pain				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
31. Single node resection		X		
32. Sentinal node procedures	X			
33. Selective neck dissection			X	
34. Radical/modified radical/comprehensive neck dissection			X	
35. Superselective neck dissection			X	
<b>1.F SALIVARY GLANDS</b>				
<b>Additional history</b>				
				<b>Signature trainer when competency achieved</b>
Mass within the salivary gland				
Persistent lesion consistent with an accessory salivary gland tumour				
Facial nerve paresis				
Pain				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
36. Submandibular gland surgery	X			
37. Parotid (partial or total) surgery (Levels I to V according to the ESGS classification)			X	
38. Reconstruction (local flaps, SCM and SMAS, Fat)			X	
39. Facial nerve repair/reconstruction			X	
Neck nodes (see section on neck)				
<b>1.G THYROID GLAND</b>				

<b>Additional history</b>		
		<b>Signature trainer when competency achieved</b>
Family history of thyroid disease		
Age <14 or >70, nodular goitre		
Dysphonia		
Symptoms of hypo- or hyperthyroidism		
Previous radiation (iodine, external radiation)		

<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
40. Hemithyroidectomy	X			
41. Total thyroidectomy			X	
42. Parathyroidectomy			X	
43. Central neck dissection			X	
Neck nodes (see section on neck)				

### 1.H SKIN

<b>Additional history</b>		
		<b>Signature trainer when competency achieved</b>
UV-light/ excessive sun exposure / history of sunburns		
Fair skin		
Moles		
Precancerous lesion/ (resected) skin tumours in past		

<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
44. Sentinel node technique in Melanoma	X			
45. Limited surgical excision (including local reconstruction)	X			
46. Extended surgical excision	X			
47. (Skin-) Reconstruction of the nose, lip and other structures	X			
48. Parotidectomy			X	
Neck nodes (see section on neck)				

## 2. LARYNGOLOGY/BENIGN DISEASE HEAD AND NECK

### 2.A ORAL CAVITY

<b>Knowledge</b>				
				<b>Signature trainer when competency achieved</b>
Epithelial lesions (leukoplakia, erythroplakia, papiloma, lichen planus....)				
Congenital malformations				
Glossal diseases				
Dental related diseases				
Infectious diseases				
Immunology diseases				
Halitosis				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
49. Excision biopsy		X		
50. Local surgery (incl. laser)		X		
51. Rerouting salivary duct	X			
52. Resection submandibular gland	X			
<b>2.B PHARYNX</b>				
<b>Nasopharynx</b>				
<b>Knowledge</b>				
				<b>Signature trainer when competency achieved</b>
Adenoid				
Thornwald cyst				
Juvenile angiofibroma				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
53. Adenoidectomy		X		
54. Endoscopic transnasal or transoral surgery (Thornwald cyst....)		X		
55. Juvenile angiofibroma: endoscopic or open surgery (+/- embolisation)			X	
<b>Oropharynx</b>				
<b>Knowledge</b>				
				<b>Signature trainer when competency achieved</b>
Epithelial lesions (leukoplakia, erythroplakia, papiloma, lichen planus....)				

Congenital malformations (schisis, cyst....)				
Infectious diseases				
Halitosis				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
56. Tonsillectomy, tonsillotomy		X		
57. Endoscopic surgery		X		
58. Transoral surgery	X			
59. Transoral robotic surgery			X	
60. Open surgery			X	
<b>Hypopharynx</b>				
<b>Knowledge</b>				
				<b>Signature trainer when competency achieved</b>
Globus				
Dysphagia (See also chapter on Phoniatics)				
Zenker's diverticulum				
Cricopharyngeal pathologies				
Foreign bodies				
Congenital malformations				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
61. Dilatation procedures		X		
62. Endoscopic Treatments of Zenker's diverticulum (stapler, laser)	X			
63. External surgery of Zenker's diverticulum			X	
64. Endoscopic myotomy of cricopharyngeal muscle	X			
65. External myotomy of cricopharyngeal muscle			X	
66. Foreign body removal		X		
67. Surgery of congenital anomalies	X			
68. Pharyngotomy			X	
<b>2.C LARYNX</b>				
<b>Knowledge</b>				

<b>See also chapter on Phoniatics</b>		<b>Signature trainer when competency achieved</b>
Benign intraepithelial lesions		
Granuloma, polyp, nodule, Reinke oedema, cyst		
Laryngocele		
Stenosis (congenital or acquired)		
Vocal cord paralysis		
Congenital malformations ( larynomalacia, cleft, web)		

<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
69. Endoscopic surgery (including laser) for benign intraepithelial lesions, granuloma, polyp, nodule, Reinke oedema, cyst	X			
70. Augmentation procedures	X			
71. Open surgery (laryngofissure, framework surgery)			X	
72. Closure tracheostomy		X		

**2.D NOSE AND PARANASAL SINUSES**

<b>Knowlegde</b>				
				<b>Signature trainer when competency achieved</b>
Inverted Papilloma				
Benign lesions and tumours (solid tumours, angiofibroma, fibrous dysplasia)				
Foreign body				
Congenital fistula				
Ozena/Atrophic Rhinitis				
Olfactory and gustatory disorders				
CSF leakage				
Trauma				
Nosebleed				

<b>Surgical Treatment</b>				
				<b>Signature trainer when competency achieved</b>
<b>See chapter on Rhinology</b>				

**2.E NECK**

<b>Knowledge</b>			
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				<b>Signature trainer when competency achieved</b>
Congenital neck masses (thyroglossal duct cyst, branchial anomalies, vascular malformations)				
Benign tumours (paraganglioma, schwannoma, lipoma, hemangioma)				
Infectious and inflammatory lymphadenopathies (tuberculosis, cat-scratch, actinomycosis, toxoplasmosis, HIV)				
Deep neck infections: microbiology, diagnoses and Treatment				
Neck trauma				
a.Clinical presentation				
b.Mechanisms of injury				
c.Neck trauma zones				
d.Mandatory vs. elective neck exploration				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
73. Diagnostic lymph node dissection		X		
74. Removal of lateral cervical (branchial) cyst or fistula		X		
75. Local tumour surgery		X		
76. Removal of thyroglossal cyst or fistula (Sistrunk's procedure)	X			
77. Removal laryngocele (included with Larynx section above)	X			
78. Drainage deep neck abcess		X		
79. Paraganglioma			X	
<b>2.F SALIVARY GLANDS</b>				
<b>Knowledge</b>				
				<b>Signature trainer when competency achieved</b>
ESGS classification of salivary ductal pathologies - LSD classification				
ESGS classification of parotid surgery				
Immunological disorders				
Infections				
Salivary stones				
Benign neoplasms				

<b>Surgical Treatment</b>				
	S	I	A	Signature trainer when competency achieved
80. Interventional sialendoscopy (stone related, dilatation, biopsy)	X			
81. Combination / open procedures stone removal	X			
82. Accessory salivary gland biopsy/ open biopsy salivary gland tumour		X		
83. Procedures of salivary ducts	X			
84. Submandibular surgery		X		
85. Parotid partial or total surgery	X			
86. Salivary gland wounds and ductal repair	X			
<b>2.G THYROID GLAND</b>				
<b>Knowledge</b>				
				Signature trainer when competency achieved
Goitre (normal or toxic thyroid function)				
Thyroid nodule (single/multiple, benign atoxic, benign toxic, malignant)				
Thyroiditis				
Parathyroid functional disorders and neoplasms				
<b>Surgical Treatment</b>				
	S	I	A	Signature trainer when competency achieved
87. Hemithyroidectomy	X			
88. Total thyroidectomy			X	
89. Parathyroidectomy			X	
90. Central neck dissection			X	
<b>3. AIRWAY DISORDERS (larynx and trachea)</b>				
<b>History</b>				
				Signature trainer when competency achieved
Dysphonia				
Hoarsness				
Swallowing problems				
Neck pain				

Infections/ neck diseases		
Trauma		
<b>Clinical examination</b>		
		<b>Signature trainer when competency achieved</b>
Palpation		
Fiberoptic (video-) laryngoscopy		
Transnasal fiberoptic (video-) tracheobronchoscopy		
Tracheobronchoscopic cytology/ histopathology		
Oesophagoscopy (rigid or fiberoptic)		
<b>Knowledge about additional diagnostics</b>		
		<b>Signature trainer when competency achieved</b>
Chest x-ray		
CT-scan / 3-D reconstruction		
MRI		
Lung function test		
Blood gasses		
<b>Knowledge of Diseases</b>		
		<b>Signature trainer when competency achieved</b>
Infectious diseases		
Vocal cord palsy		
Laryngocele		
Inhalation trauma		
Penetrating/ blunt trauma		
Posttraumatic stenosis		
Foreign bodies		
Congenital stenosis		
Benign tumours (fibroma, haemangioma, pseudotumour)		
Local tracheal compression (vascular diseases, mediastinal diseases/ tumours)		
<b>Surgical Treatment</b>		
	S   I   A	<b>Signature trainer when competency achieved</b>

91. Removal of foreign bodies (rigid and /or flexible endoscopes)	X	
92. Endotracheal intubation	X	
93. Tracheostomy	X	
94. Cricothyroidotomy	X	
95. Local closure of trachea	X	
96. Endoscopic laser and dilatation procedures	X	
97. Open procedures (larynx and) trachea		X
98. Closure of tracheostoma	X	
<b>Management of complications</b>		
		<b>Signature trainer when competency achieved</b>
Stridor/ dyspnoea		
Post-operative bleeding, infections		
Dysphagia, hoarseness		
<b>4. DIGESTIVE TRACT/OESOPHAGUS</b>		
<b>History</b>		
<b>See also chapter on Phoniatics</b>		<b>Signature trainer when competency achieved</b>
Swallowing problems		
Regurgitation		
Retrosternal pain		
Weight loss		
Coughing (nightly)		
Reflux		
<b>Clinical examination</b>		
		<b>Signature trainer when competency achieved</b>
Palpation		
Flexible (transnasal) laryngo-pharyngoscopy/ oesophagoscopy		
Functional tests of swallowing disorders		
FEES		
Rigid oesophagoscopy		
<b>Knowledge about additional diagnostics</b>		

				<b>Signature trainer when competency achieved</b>
Swallow x-ray / video				
Swallow CT-scan				
Chest CT-scan				
MRI in selected cases				
<b>Knowledge of Diseases</b>				
				<b>Signature trainer when competency achieved</b>
Traumatic perforations (iatrogenic)				
Chemical trauma				
Foreign bodies				
Infections				
Achalasia, hiatal hernia, benign and malignant tumours				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
99. Swallowing rehabilitation		X		
100. Removal of foreign bodies		X		
101. Endoscopic biopsy and tumour staging		X		
102. Repair of tracheoesophageal fistula			X	
<b>Manegement of Complications</b>				
				<b>Signature trainer when competency achieved</b>
Infection, post-operative bleeding				
Perforation, mediastinitis				
Vocal cord palsy				
<b>5. SNORING AND OTHER SLEEP RELATED BREATHING DISORDERS (SRBD)</b>				
<b>History</b>				
				<b>Signature trainer when competency achieved</b>
Non-restful sleep				
Excessive daytime sleepiness				
Loud snoring				
Observed Apnea				

Decreased cognitive functions, depression		
Headaches		
<b>Clinical examination</b>		
		<b>Signature trainer when competency achieved</b>
ENT basic examination including: transnasal flexible rhinolaryngoscopy (Müller manoeuvre), nasal obstruction, adenoids, tonsil hyperplasia, base of the tongue hyperplasia, maxillofacial malformations, pharyngeal and laryngeal obstructions		
Obesity		
<b>Additional diagnostics</b>		
		<b>Signature trainer when competency achieved</b>
Epworth sleepiness scale ESS/Friedmann Classification		
Polysomnographic sleep study, AH-index		
Pulmologist, cardiologist Consultation		
Options: pupillometry, cephalometry, spirometry, blood test, drug induced sleep endoscopy (DISE), daytime sleep studies		
<b>Diseases</b>		
		<b>Signature trainer when competency achieved</b>
Obstructive Snoring		
Upper Airway Resistance Syndrome		
Sleep Apnea Syndrome Obstructive, Central		
<b>Treatment</b>		
Surgical / Nonsurgical: according to the severity of the SRBD		
Primary surgery		
Positive airway pressure Treatment (PAP)		
Reduction of body weight		
<b>Non Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Drugs: Modafonil in cases of persisting daytime sleepiness symptoms after CPAP		
Oral appliances in mild to moderate OSA		

CPAP, APAP, Bi-level PAP, according to severity of OSA, positional and REM-stage related OSA, pressure demand			
<b>Surgical Treatment</b>			
	S	I	A
103. Septoplasty, turbinoplasty, FESS, adenoidectomy, tonsillectomy/tonsillectomy, UPPP, UP2, palatal radiofrequency, radiofrequency of the base of the tongue, tracheostomy		X	
104. Multi level surgery, soft palate stiffening implants			X
105. Hypoglossal nerve stimulation implants, hyoid suspension, maxillo-mandibular advancement (MMA)			X
<b>Management of Complications</b>			
			Signature trainer when competency achieved
Acute airway obstruction			
Dysphagia, Velopharyngeal Insufficiency (VPI) and retronasal reflux			
<b>6. VASCULAR MALFORMATIONS</b>			
<b>History</b>			
			Signature trainer when competency achieved
Age of onset, Progression, Symptoms			
Function cranial nerves			
Other diseases/ syndromatic			
Family history			
<b>Clinical examination</b>			
			Signature trainer when competency achieved
ENT- examination			
Palpation			
Cranial nerves			
<b>Knowledge about additional diagnostics</b>			
			Signature trainer when competency achieved
Ultrasound			
MRI			
Pharyngoscopy			

DNA analysis, Hormonal blood /urine test			
<b>Diseases according to Classification ISVA 2014</b>			
			<b>Signature trainer when competency achieved</b>
Vascular tumours:			
Infantile hemangioma			
Congenital hemangioma			
Pyogenic granuloma			
Others			
Vascular malformations:			
Venous malformation			
Capillary malformation			
Lymphatic malformation			
Arteriovenous malformations			
Combined malformations			
Others			
<b>Non Surgical Treatment</b>			
			<b>Signature trainer when competency achieved</b>
Intralesional			
Propanolol			
Low dose radiotherapy			
<b>Surgical Treatment</b>			
	S	I	A
106. Local excision			X
<b>Management of Complications</b>			
			<b>Signature trainer when competency achieved</b>
Bleeding			
Airway obstruction			
Abundant draining			
Cranial nerve damage			



**7. PHONIATRICS**

**7.A DYSPHAGIA**

**Diseases/Disorders**

**Signature trainer when competency achieved**

**Benign Disorder**

Oedema of tongue and/or larynx

**Malignant disorder**

Dysphagia after surgery for oral and oropharyngeal cancer

Dysphagia following hypopharyngeal and/or laryngeal resection

Dysphagia following radiotherapy of oropharyngeal cancer

Dysphagia following radiotherapy of hypopharyngeal and/or laryngeal cancer

Dysphagia following Infratemporal Fossa Approach Surgery

**Other – Dysphagia caused by...**

Apoplectic stroke

M. Parkinson

Myasthenia gravis

Lateral amyotrophic sclerosis

Dementia

DISH/M. Forrestier

Palsy of N. hypoglossus

**History**

**Signature trainer when competency achieved**

**Specific**

Disturbed swallowing for dry food, liquids

Coughing during food intake

Voice changes during food intake

Nasal regurgitation

**General**

Fever

Past history of pneumonia

Loss of body weight

<b>Clinical Examination</b>				
	S	I	A	Signature trainer when competency achieved
<b>General</b>				
Assessment of orofacial function		X		
Assessment of tongue coordination and motion		X		
Assessment of velar function		X		
Function of the Cranial Nerves. VII, IX, X, XII		X		
Assessment of oral bolus residue		X		
<b>Endoscopy</b>				
FEES – Fiberoptic endoscopic evaluation of swallowing		X		
Rigid Laryngoscopy (70°, 90°)		X		
Oesophagoscopy		X		
Oesophageal manometry			X	
<b>Ultrasonography</b>				
Sonography of tongue during swallowing			X	
<b>Other</b>				
Automatic digital swallowing recordings (acoustic or electric devices)			X	
Auscultation (neck & lung)		X		
<b>Diagnostic work up</b>				
				Signature trainer when competency achieved
<b>Imaging</b>				
Videofluoroscopy				
CT, MRI, PET, Scintigraphy				
<b>Laboratory tests</b>				
Blood tests				
Inflammation markers				
Cytology				
<b>Medical Treatment</b>				
				Signature trainer when competency achieved
Pharmacological treatment				
Artificial saliva				
Corticosteroids (cave: contraindications)				

Chemotherapy		
Radiotherapy		
Physical rehabilitation		
Logopedic therapy		
Physiotherapeutic therapy		
sEMG Biofeedback		
Additional therapy		
Definition of special nutrition		
Infusion or stomach tube nutrition		
<b>Surgical Treatment</b>		
	S	I A
PEG		X
Dilatation of esophageal sphincter/esophagus		X
<b>Complications</b>		
Aspiration		
Pneumonia		
Cachexia		
<b>7.B DYSPHONIA</b>		
<b>Diseases/Disorders</b>		
<b>Non-organic dysphonia</b>		
Hyperfunctional dysphonia		
Hypofunctional dysphonia		
Mixed dysphonia		
Psychogenic dysphonia		
Psychogenic aphonia		
<b>Organic dysphonia</b>		
Laryngitis		
Reinke's edema		
Vocal chord polyp/cyst		

Laryngeal papilloma				
Laryngeal cancer				
Larynx trauma				
<b>Other</b>				
Vocal palsy				
Luxation of Arytenoid				
Spasmodic dysphonia				
Dysarthroponia				
Mutational voice disorder				
Cervicogenic dysphonia				
<b>History</b>				
		<b>Signature trainer when competency achieved</b>		
<b>Specific</b>				
Hoarseness				
Vocal fatigue				
Reduced voice dynamics				
Throat=clearing				
<b>General</b>				
Stress				
Reflux				
Vertebral symptoms				
<b>Clinical Examination</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
<b>General</b>				
Auditory/visual/palpatory examination		X		
Maximum phonation time		X		
Perceptual voice assessment by GRBAS/RBH		X		
Phonetography		X		
Mean fundamental frequency		X		
<b>Endoscopy</b>				
Direct/indirect rigid laryngoscopy		X		

Laryngostroboscopy		X		
Flexible transnasal laryngoscopy		X		
High-speed recordings			X	
<b>Diagnostic work up</b>				
				<b>Signature trainer when competency achieved</b>
<b>Imaging</b>				
CT, MRI of vocal tract/larynx				
<b>Electrophysiology</b>				
Electroglottography				
Electromyography				
<b>Other</b>				
Gastroscopy/PH-analysis				
Audiometry				
Aerodynamic measurements				
<b>Medical Treatment</b>				
				<b>Signature trainer when competency achieved</b>
Logopedic therapy				
Corticosteroids (cave: contraindications)				
Inhalation therapy				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
Botulinum toxin treatment		X		
Phonosurgery		X		
Laryngeal framework surgery			X	
<b>Complications</b>				
				<b>Signature trainer when competency achieved</b>
Permanent Dysphonia/Aphonia				
Dyspnoea				
<b>7.C ACQUIRED LANGUAGE DISORDERS</b>				
<b>Diseases / Acquired Speech &amp; Language disorders</b>				
				<b>Signature trainer when competency achieved</b>

Dysphasia		
Dysarthria		
Apraxia		
Acquired Fluency Disorders		
Dysglossia		
<b>History</b>		
		<b>Signature trainer when competency achieved</b>
<b>Specific</b>		
Unintelligible Speech		
Total loss of verbal speech		
Anosmia		
<b>General</b>		
Stroke		
Trauma		
Diplegia/Hemiplegia/Quadroplegia		
<b>Clinical Examination</b>		
	S	I A <b>Signature trainer when competency achieved</b>
<b>General</b>		
Auditory/visual/palpatoary examination		X
Assessment of tongue coordination and motion		X
Assessment of velar function		X
Function of the Nn. VII, IX, X, XII		X
Perceptual evaluation of nasality		X
<b>Endoscopy</b>		
Fiberoptic endoscopic evaluation of velum function		X
<b>Ultrasonography</b>		
Sonography of tongue during speech		X
<b>Other</b>		
Audiometry		X
Nasalance measurement		X
<b>Diagnostic work up</b>		
		<b>Signature trainer when competency achieved</b>

<b>Imaging</b>		
CT, MRI		
PET, Scintigraphy		
<b>Laboratory tests</b>		
Serology of neurotropic germs		
<b>Neurologic assessment</b>		
EMG, ENG, contemporary methods		
<b>Medical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Pharmacological treatment		
Radiotherapy		
Logopedic/Linguistic therapy		
<b>Complications</b>		
		<b>Signature trainer when competency achieved</b>
Permanent loss of communication competence		
<b>7.D DEVELOPMENTAL LANGUAGE DISORDERS</b>		
<b>Diseases / Developmental Language disorders</b>		
		<b>Signature trainer when competency achieved</b>
Specific developmental language disorder		
Developmental language disorder caused by cerebral disease		
Developmental language disorder caused by hearing disorder		
Developmental language disorder caused by genetics and/or syndroma		
<b>History</b>		
		<b>Signature trainer when competency achieved</b>
<b>Specific</b>		
Unintelligible Speech/dyslalia		
Reduced expressive vocabulary		
Disturbed speech perception		
Dysgrammatism		
<b>General</b>		
Delayed psychomotor development		

Delayed cognitive development				
<b>Clinical Examination</b>				
	S	I	A	Signature trainer when competency achieved
<b>General</b>				
Auditory/visual/palpatory examination		X		
Assessment of tongue coordination and motion		X		
Assessment of velar function		X		
Assessment of face and jaw morphology		X		
Assessment of balance		X		
Complex speech assessment		X		
<b>Ultrasonography</b>				
Sonography of tongue during speech			X	
<b>Diagnostic work up</b>				
				Signature trainer when competency achieved
<b>Audiometry</b>				
Narrow band or pure tone audiometry				
Impedance measurements				
TEOAE, DPOAE, BERA				
<b>Imaging</b>				
Cerebral Sonography, CT, MRI				
<b>Laboratory tests</b>				
Metabolic diagnostics				
Genetic assessment				
<b>Neuropediatric assessment</b>				
Psychomotoric Testing				
EEG				
<b>Ophthalmologic assessment</b>				
Eyesight-test				
<b>Medical Treatment</b>				
				Signature trainer when competency achieved
Logopedic/Speech Language therapy				
Ergotherapy				



Physiotherapy				
<b>Complications</b>				
		<b>Signature trainer when competency achieved</b>		
Permanent deficit or loss of communication competence				
Illiteracy				
<b>7.E FLUENCY DISORDERS</b>				
<b>Diseases / Fluency disorders</b>				
		<b>Signature trainer when competency achieved</b>		
Stuttering				
Cluttering				
Mixed fluency disorder				
<b>History</b>				
		<b>Signature trainer when competency achieved</b>		
<b>Specific</b>				
Non-fluent speech				
Repetitions of phonemes, syllables, words, part of sentences				
Toni				
Respiratory Dyscoordination				
Facial symptoms				
<b>General</b>				
Non-voluntary movements				
Psychosocial problems				
<b>Clinical Examination</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
<b>General</b>				
Auditory/visual/palpatory examination		X		
Assessment of tongue coordination and motion		X		
Assessment of phonatory respiration		X		
Complex fluency assessment		X		
<b>Questionnaires</b>				
Fluency disorder-related quality of life questionnaire		X		

<b>Others</b>		
Audiometry	<input checked="" type="checkbox"/>	
<b>Diagnostic work up</b>		
		<b>Signature trainer when competency achieved</b>
<b>Imaging</b>		
Cerebral CT, MRI		
<b>Laboratory tests</b>		
Genetics		
<b>Neurologic assessment</b>		
EEG		
<b>Medical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Logopedic/Speech Language therapy		
Pharmacotherapy		
Psychotherapy		
<b>Complications</b>		
		<b>Signature trainer when competency achieved</b>
Permanent fluency disorder		
Social isolation		
<b>7.F HEARING IMPAIRMENTS AS PART OF COMMUNICATION DISORDERS</b>		
<b>Diseases / Hearing impairments</b>		
		<b>Signature trainer when competency achieved</b>
Conductive hearing loss and mixed hearing loss		
Sensorineural hearing loss (cochlear and retrocochlear)		
Sudden sensorineural hearing loss (SSHL)		
Central hearing loss		
Auditory processing disorder		
Tinnitus		
<b>History</b>		
		<b>Signature trainer when competency achieved</b>
<b>Specific</b>		

Time and dynamic of onset			
Description of impairment right/left ear			
Balance disturbances			
Known etiology			
Effects on voice, speech, and language communication abilities			
Previous diagnostic and therapeutic measures			
<b>General</b>			
Additional handicaps, diseases			
Delayed psychomotor development			
Delayed cognitive development			
<b>Clinical Examination</b>			
	S	I	A
ENT examination including binaural otoscopy/otomicroscopy, verbal acumatic test and tuning fork tests		X	
<b>Signature trainer when competency achieved</b>			
<b>Diagnostic work up</b>			
			<b>Signature trainer when competency achieved</b>
<b>Audiological tests</b>			
Age-specific subjective tests (free-field audiometry, pure-tone audiometry, speech audiometry)			
Newborn hearing screening			
Objective audiometry			
Vestibular testing			
<b>Imaging</b>			
CT, MRI			
<b>Laboratory tests</b>			
Serologic tests			
Genetic assessment if necessary			
<b>Indication of Consultant Diagnostics</b>			
Paediatrics/Neuropaediatrics			
Neurologist			
Psychologist			
Ophthalmologist			

Urologist		
<b>Medical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Supply with hearing devices		
(Re-) Habilitation procedures		
Disorder- specific advice e.g. in SSLH pharmacological treatment, hyperbaria		
<b>Complications</b>		
		<b>Signature trainer when competency achieved</b>
Permanent deficit or loss of communication competence		

## V. FACIAL PLASTIC AND AESTHETIC SURGERY

<b>Diseases/Disorders</b>		
		<b>Signature trainer when competency achieved</b>
Congenital malformations		
Infections		
Inflammatory		
Benign & malignant tumours		
Traumatic injuries		
<b>History</b>		
		<b>Signature trainer when competency achieved</b>
<b>Specific</b>		
Nasal deformity		
Nasal obstruction		
Prominent ear		
Aural atresia		
Fractures of the facial bones		
Facial paralysis		
Dermatochalasis		
Ptosis		
Volume loss of the soft tissues of the face		
Skin atrophy		

Pigmentary disturbances of the skin		
Skin wrinkles		
Aging face		
Aging neck		
Neurosensory disturbances		
<b>General</b>		
Family history of aging		
Past history of non-invasive procedures		
Past history of facial plastic surgery		
Facial trauma		
Sun exposure		
Ototoxic usage / exposure		
Migraine		
Perinatal history		
TORCH infection		
<b>Clinical Examination</b>		
		<b>Signature trainer when competency achieved</b>
<b>General</b>		
assessment of the face and ethnic variation		
facial analysis		
effects of aging process		
assessment of skin		
psychological assessment / screening		
photography		
investigation of the cranial nerves, clinical		
facial paralysis grading		
anterior rhinoscopy		
endoscopy		
microscopy		
computer imaging		
<b>Tests of Function</b>		
rhinomanometry		

acoustic rhinometry		
olfactory tests		
cytology of nasal mucosa		
allergy tests		
airstream simulation		
photography, videography		
<b>Interpretation of relevant imaging</b>		
ultrasound scan (a- and b-mode)		
X-ray conventional, OPG		
Cephalometry		
interpretation of		
a. CT-scan		
b. MR-imaging		
c. Isotope scan (szinti-scan)		
d. Angiography		
e. PET-CT		
digital volume tomography		
3D Analysis		
<b>Non-surgical management</b>		
		<b>Signature trainer when competency achieved</b>
pharmacological therapy		
topical drug application and mesotherapy		
chemical peels		
laser therapy		
intense light therapy		
noninvasive tissue therapy		
intense ultrasound and related methods		
percutaneous cryotherapy		
percutaneous, minimally invasive tissue ablation		
management of wounds		
application of botulinum toxins and neuromodulators		
a. for reconstructive purposes		

b. for the treatment fo facial paralysis and other neural deficits				
c. for cosmetic purposes including wrinkle treatment				
d. for wound healing and improved scarring				
application of fillers (temporary and permanent)				
wrinkle treatment, other methods				
management of scar tissue				
lipolysis				
wound dressings				
prosthetic options for ear, nose, etc.				
<b>Surgical Management</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
topical, local and regional anaesthesia		X		
suture techniques		X		
turbinate surgery		X		
excision techniques for cutaneous malignancies		X		
<b>Trauma</b>				
Repair Soft Tissue Injury/Lacerations		X		
Facial Nerve Repair			X	
Lacrimal Duct Repair			X	
Nasal Fracture		X		
Frontal Sinus Fracture			X	
Nasoethmoid Fracture			X	
Skull/Cranial Fracture			X	
Midface Fracture			X	
Malar (Zygoma) Fracture			X	
Orbital Fracture			X	
Mandibular Fracture			X	
Other			X	
<b>Congenital</b>				
Hemangioma/Lymphangioma				
Resection			X	
Treatment			X	

Choanal Atresia Repair			X	
Cleft Lip				
Unilateral Repair			X	
Bilateral Repair			X	
Alveolar Cleft Repair			X	
Cleft Palate Repair			X	
Craniofacial Procedure			X	
Microtia Reconstruction			X	
Otoplasty	X			
Other Auricular Revision			X	
Other			X	
<b>Reconstructive</b>				
Mandible Reconstruction			X	
Facial Bone Grafting/Reconstruction			X	
Orthognathic Procedures			X	
Grafts				
Split Thickness		X		
Full Thickness		X		
Composite	X			
Dermal/Dermal-Fat	X			
Cartilage Grafts				
Auricular			X	
Rib			X	
Septal		X		
Flaps				
Local	X			
Regional			X	
Distal			X	
Free			X	
Lip	X			
Detachment of Pedicle Flap	X			
Facial Nerve Reconstruction				



Nerve Graft			X
Gold Weight	X		
Lower Lid Tightening			X
Microneurovascular Flap			X
Muscle Sling			X
Static Sling			X
Other			X
Scar Revision Surgery			
Z-Plasty	X		
W-Plasty/Geometric Broken Line Closure	X		
Complex Other			X
Full Face Dermabrasion			X
Tissue Expanders			X
Other			X
<b>Cosmetic/Reconstructive</b>			
Rhinoplasty			X
Septorhinoplasty			X
Septoplasty	X		
Blepharoplasty (count bilaterals as 1 procedure only; count upper & lower blephs each as 1 procedure)			
Upper Cosmetic			X
Upper Functional			X
Lower w/ fat repositioning			X
Lower			X
Skin Pinch			X
Rhytidectomy:			
Extended SMAS			X
W/Smart Lipo Laser			X
Deep Plane			X
Mini-Lift			X
W/ Smart Lipo Laser			X
Plication Lift			X

W/ Smart Lipo Laser			X
Midface Lift			X
Mentoplasty (Chin)			
Augmentation			X
Reduction			X
Facial Implants (e.g. malar)			X
Coronal/Frontal Lift			X
Browlift			X
Endoscopic Forehead Lift			X
Transtemporal			X
Tricophytic			X
Cervicofacial Liposuction			X
Skin Resurfacing			
Dermabrasion (major-not scars)			X
Chemical Peel (medium & deep only)			X
Face, Eyelid, and/or Perioral Laser Resurf.			X
Laser Treatment of Vascular Lesions			X
Fat Transfer			X
Hair transplantation and Other			X
<b>Complications</b>			
			<b>Signature trainer when competency achieved</b>
Infection			
Asymmetry			
Prolonged edema			
Prolonged erythema			
Contour deformities			
Facial paralysis			
Implant extrusión			
Skin necrosis			
Keloid			
Chemosis			
Lagophthalmos			

Ptosis		
Subconjunctival hemorrhage		
Vision loss		
Anosmia		
Epistaxis		
Septal perforation		
Neurosensory deficits		
Malocclusion		

VI. PAEDIATRIC OTORHINOLARYNGOLOGY		
1. OTOTOLOGY		
<b>Diseases/Disorders</b>		
		<b>Signature trainer when competency achieved</b>
Acute otitis media		
Otitis media with effusion		
Chronic otitis media		
Chronic otitis media with cholesteatoma		
Sensorineural hearing loss of various causes and degrees		
Facial nerve disorders		
Syndromes and malformations		
<b>History</b>		
		<b>Signature trainer when competency achieved</b>
<b>Specific</b>		
Otalgia		
Otorrhea		
Hearing loss		
Tinnitus		
Vertigo and balance disorders		
Hyperacusis		
Facial nerve disorders		
<b>General</b>		

Family history of hearing or balance disorders				
Perinatal history				
History of otitis media				
Past history of infectious diseases				
Head/ear injury				
Noise exposure				
Ototoxic usage / exposure				
<b>Clinical Examination</b>				
		<b>Signature trainer when competency achieved</b>		
<b>General</b>				
General ORL examination				
Microscopy				
Oto-endoscopy				
<b>Diagnostic Procedures</b>				
Clinical hearing tests				
Laboratory tests				
Microbiology tests				
Audiometric evaluation				
Tympanometry				
Screening methods				
ABR,ASSR,OAE				
Imaging (x-ray, CT, MRI, angiography)				
Evaluate and identify complications				
<b>Medical Treatment</b>				
		<b>Signature trainer when competency achieved</b>		
Pharmacological treatment				
Referral for hearing aid placement				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
Foreign body removal		X		
Myringotomy		X		
Ventilation tube insertion		X		

Tympanoplasty	X		
Antrotomy	X		
Mastoidectomy – simple	X		
Cochlear implants, BaHa		X	
<b>2. LARYNGOLOGY &amp; PHONIATRICS</b>			
<b>Diseases/Disorders</b>			
			<b>Signature trainer when competency achieved</b>
Stridor of various causes ( congenital, infective, posttraumatic, tumours, iatrogenic, OSAS, foreign body)			
<b>History</b>			
			<b>Signature trainer when competency achieved</b>
Family history			
Prenatal			
Birth: method of delivery			
Respiratory compromise			
Post-natal: ICU stay/intubation?			
ER visits/hospital stays?			
Stridor: awake or asleep, posture			
Exercise (in)tolerance			
Sleep apnoea			
Quality of voice/cry			
Failure to thrive			
Eating/swallowing disorders			
<b>Clinical Examination</b>			
			<b>Signature trainer when competency achieved</b>
<b>General</b>			
General ORL examination			
Initial assessment of a patient with stridor – determine urgency/correlate with breathing/Failure to Thrive			
Nasal flaring			
Retractions: suprasternal, sternal, subcostal			
Cyanosis (perioral)			
Rapid respiratory rate, Bradypnoea			

Desaturation				
Discomfort/distress				
<b>Diagnostic Procedures</b>				
Flexible-endoscopy of the larynx, trachea, bronchi				
Rigid endoscopy				
Laryngomicroscopy				
Laboratory tests				
Microbiology tests				
Imaging (x-ray, MSCT, MRI, angiography, esophagography)				
<b>Medical Treatment</b>				
				<b>Signature trainer when competency achieved</b>
Pharmacological treatment (antibiotics, corticosteroids therapy, inhalations, propranolol therapy)				
<b>Surgical Treatment</b>				
	S	I	A	<b>Signature trainer when competency achieved</b>
Removal of foreign bodies from the larynx, trachea, bronchi and oesophagus	X			
Endotracheal intubation	X			
Tracheotomy – tracheostomy	X			
Endolaryngeal surgery of tumours of aerodigestive tract including endoscopic laser surgery			X	
Endoscopic supraglottoplasty for laryngomalacia			X	
Management of laryngo-tracheal stenosis			X	
<b>3. RHINOLOGY, ALLERGOLOGY &amp; FACIAL PLASTIC SURGERY</b>				
<b>Diseases/Disorders</b>				
				<b>Signature trainer when competency achieved</b>
Rhinosinusitis (with or without nasal polyps, acute, chronic, related to comorbidities)				
Rhinitis (infective and allergic)				
Epistaxis				
Trauma				
Septal deviation				
Choanal atresia				
Tumours				

<b>History</b>		
		<b>Signature trainer when competency achieved</b>
Familiar history Prenatal		
Birth: method of delivery		
Neonatal		
Nasal obstruction		
Nasal secretion		
Cough		
Headache		
Snoring		
Sleep disturbance		
<b>Clinical Examination</b>		
		<b>Signature trainer when competency achieved</b>
<b>General</b>		
General ORL examination		
Clinical assessment of patency, bradypnoea with submandibular retraction		
Nasal endoscopy		
Endoscopy of the nasopharynx		
<b>Diagnostic Procedures</b>		
Laboratory tests		
Microbiology tests		
Ciliary function tests		
Biopsy of the nasal mucosa and analysis of ciliary motility		
Allergy tests		
Imaging (CT, MRI)		
Sleep studies		
<b>Medical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Pharmacological treatment		
<b>Surgical Treatment</b>		
	S   I   A	<b>Signature trainer when competency achieved</b>

Control of epistaxis		X	
Nasal packing/cautery		X	
Foreign body removal		X	
Reposition of nasal fractures		X	
Incising abscess		X	
Septal hematoma		X	
Soft tissue injuries	X		
Otoplasty		X	
Septal surgery			X
Pediatric endoscopic surgery			X
Dacryocystorhinostomy in children			X
Cleft patient rhinoplasty			X
Corrections of malformations (e.g. choanal atresia, fistulae, dermoids, etc)			X
Juvenile angiofibroma endoscopic/open surgery			X

**4 LARYNGOLOGY/HEAD & NECK**

**Diseases/Disorders**

		<b>Signature trainer when competency achieved</b>
Oral cavity, pharynx Adenotonsillar disease		
Head and Neck swelling ( various causes: congenital, infective, tumours) and fistulae		
Injuries to the head and neck		

**History**

		<b>Signature trainer when competency achieved</b>
Prenatal		
Neonatal		
Nasal obstruction		
Sleep apnoea		
Recurrent tonsillitis		
Complications of tonsillitis		
Carrier state		
Drooling and speech problem		

**Clinical Examination**



			<b>Signature trainer when competency achieved</b>
<b>General</b>			
General ORL examination			
Nasopharyngoscopy			
Specific assessment of the complaint			
<b>Diagnostic Procedures</b>			
Laboratory tests			
Microbiology tests			
Sleep studies			
Ultrasound examination of the neck			
Imaging ( CT, MRI)			
FNA/biopsy as required			
Plain X-ray			
Computerized tomography (to include cone beam CT scanning of the temporal bones)			
Magnetic resonance imaging			
Angiography			
Positron Emission Tomography			
technetium, gallium scanning			
Relevant blood tests			
Cytology			
Histology			
Microbiology			
<b>Medical Treatment</b>			
			<b>Signature trainer when competency achieved</b>
Pharmacological treatment (antibiotics, steroids, propranolol)			
<b>Surgical Treatment</b>			
	S	I	A
			<b>Signature trainer when competency achieved</b>
Adenoidectomy		X	
Tonsillectomy and tonsillotomy		X	
Abscess tonsillectomy (hot tonsillectomy)		X	
Arrest of postadenotonsillectomy haemorrhage		X	

Foreign body removal		X		
Transoral removal of salivary calculi		X		
<b>Drainage of abscess</b>				
Peri- and retrotonsillar		X		
Para- and retropharyngeal	X			
<b>Correction of malformations</b>				
Lingual and labial frenulum		X		
Ranula	X			
Cysts inclusion			X	
Macroglossia			X	
Surgery of simple neck injuries		X		
<b>Surgery of tumours:</b>				
a) thyroglossal duct/cyst	X			
b) branchial cyst	X			
c) neck fistulae	X			
d) single lymph node excision	X			
e) benign tumours including salivary glands	X			
f) Incision and drainage of neck abscess		X		
g) Surgery of benign skin tumours		X		
h) Surgery of vascular tumours				
i) Surgery of malignant tumours			X	
<b>Surgery of the thyroid gland</b>				
Hemithyroidectomy			X	
Total thyroidectomy			X	
<b>5 POSTOPERATIVE COMPLICATIONS</b>				
				<b>Signature trainer when competency achieved</b>
Complications of general and local anaesthesia, dyspnoea, drowsiness				
Bleeding / haematoma				
Infection				
Conductive hearing loss				

Sensorineural hearing loss		
Vertigo / imbalance		
Tinnitus		
Hyperacusis		
Facial nerve paresis		
Taste disturbance, swallowing disorders, dysphagia		
Numbness of the auricle		
CSF leakage		
Intracranial infection, neuropathy		
Accidental decannulation		