

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

**PHONiatricS -  
Medical Speech, Voice and Language Pathology,  
and Hearing and Swallowing Disorders**

**Training Programme and Logbook**

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## **CONTENT OF THE LOGBOOK**

INTRODUCTION

DEFINITION

STRUCTURE OF BASIC TRAINING

TRAINING IN PHONiatrICS

THE TRAINING PROGRAMME

ASSESSMENT AND EXAMINATION

### **LOGBOOK OF TRAINING SECTIONS**

- (1) Basic Objectives**
- (2) Voice Disorders**
- (3) Speech/Articulation Disorders**
- (4) Developmental Language Disorders**
- (5) Acquired Language Disorders**
- (6) Dyslexia and Dysgraphia**
- (7) Fluency Disorders**
- (8) Hearing Disorders**
- (9) Swallowing Disorders**

### **APPENDIX (FORMS)**

- I. IDENTIFICATION OF TRAINEE
- II. BASIC TRAINING PERIODS
- III. PHONiatrIC TRAINING SITES
- IV. CLINICAL SPECTRUM AND PATIENT GROUPS OF THE TRAINING CENTRE
- V. ATTENDANCE AT ACCREDITED COURSES AND MEETINGS
- VI. SCIENTIFIC ENGAGEMENT
- VII. SELF – EVALUATION OF SOFT SKILLS
- VIII. TRAINER – EVALUATION OF SOFT SKILLS
- IX. SELF-ESTIMATION OF THE INDIVIDUAL EMPHASES IN PHONiatrIC TRAINING
- X. COMPLETION OF TRAINING

## **INTRODUCTION**

The Union of the European Phoniaticians (UEP) has developed a European training programme for Phoniatics as a draft version of a prospective UEMS guideline for Phoniatic training centres within Europe. This programme will serve as a guideline for Trainers and Trainees in this Speciality moving towards a continuous and expanding overall standard of knowledge and competency.

## **DEFINITION**

Phoniatics is the medical field for communication disorders, concerned with functions and diseases of voice, speech, language, hearing (especially in so far as hearing impairment has its effects on any of the areas previously mentioned), and swallowing. In practise, Phoniatics is a multidisciplinary discipline combining information from medical and non-medical sciences. In addition to general medical investigations and treatment procedures, Phoniatics encloses complex competencies in the fields of cognition, learning abilities, psychological behaviour, and rehabilitation procedures. The most important medical fields for the clinical practise are otorhinolaryngology (ENT), neurology, neuropediatrics, (child) psychiatry, pediatrics, radiology, genetics, endocrinology, dentistry and gerontology. On the other hand, the fundamentals of many non-medical disciplines as, for instance, linguistics, phonetics, (neuro-) psychology, pedagogy, acoustics, informatics, and communication sciences are also necessary to be included in phoniatic training programmes.

For historical reasons the status of Phoniatics varies internationally from an independent Specialty to a Subspecialty of Otorhinolaryngology approved by national health care authorities or medical associations. In some countries there are no established training programmes at all. Therefore, it is the goal of this European training programme to support those physicians who are interested to specialize in phoniatics by visitation and rotation activities of the UEP/UEMS. The emphasis put on various fields of phoniatics, in those countries having developed this specialty, shows international and national variation. For instance, in some phoniatic units the diagnostics and rehabilitation of developmental language disorders or hearing impairment of children comprise the main work-load. It is also common that the phoniaticians are mainly responsible for diagnostics and conservative and/or surgical treatment of voice-disordered patients. When a training programme for an individual medical doctor is planned it should take into account the national and local demands of the society as well as the special interests of the attendee. In fact, the field is so wide that *de facto* sub-specialisation is highly recommended.

## **STRUCTURE OF BASIC TRAINING**

In general, before entering the Specialist training programme basic studies are required. These may include service in public health care system and always training in ENT and Audiology (when not included in the specialist training programme). The ENT service can be realized as a full ENT training programme or as an appropriate

training period which goal is at least to teach the trainee to master the examination methods and the most common treatments of the discipline. After the audiological training period (when applicable) the trainee should master at least the most common audiological examination and rehabilitation methods and organisation of audiological services. In addition, the basic training may include training periods in many other disciplines depending on the outlines of the special training program. Also (scientific) work at a department of phonetics, logopedics or physiology or other adequate institutions can be accepted as basic training in some cases.

## **TRAINING IN PHONIA TRICS**

The trainee should enter the specialist training program after passing the basic training period usually at a Phoniatic Department of a University Hospital. The training includes supervised clinical work and theoretical studies (literature, training classes and courses). It is recommended that, in addition to a supervisor (director of training) the trainee has several trainers with different focuses on the field. The trainee and the supervisor are mutually responsible so that after the training the

### **Specialist in Phoniatics has the following knowledge, experiences and skills:**

- He/She masters the preventative, diagnostic, treatment and rehabilitation principles of the discipline for each age of patients
- He/She knows the structures, functions and dysfunctions of the communications organs and masters the treatment and rehabilitation methods as well as most important methods of alternative and augmentative communication (AAC)
- He/She understands the geriatric aspects of the discipline
- He/She masters instrumental examination methods of the discipline
- He/She is able to work in multidisciplinary teams
- He/She is able to teach health care and non-health care professionals on Phoniatic issues
- He/She has learnt methods for finding and adopting new phoniatic information
- He/She is able to participate in the development and planning processes of the discipline
- He/She is able to give information to the public on phoniatic issues
- He/She understands the importance and application of evidence-based treatment
- He/She is familiar with the administration and legislation of the health care system

## **THE TRAINING PROGRAMME**

The training programme will consist of the following elements and sections:

- (1) Basic Objectives
- (2) Voice Disorders
- (3) Speech/Articulation Disorders
- (4) Developmental Language Disorders
- (5) Acquired Language Disorders
- (6) Dyslexia and Dysgraphia
- (7) Fluency Disorders
- (8) Hearing Disorders
- (9) Swallowing Disorders

In respect of the kind of knowledge or skills that are demanded within this training programme, there are different categories to record the stepwise stages of competence of the trainees. The different stages of experience and independent competence are not structured along a defined course of years of education yet, to respect the present variety of education within the different countries.

In respect of fundamental knowledge and background the skills of the trainee are recorded with date of achievement in respect of the following two categories:

- (b) Trainee has basic theoretic knowledge and experience in respect of basics of phoniatics as such or of a special training section.
- (a) Trainee has advanced theoretic knowledge and experience in respect of basics of phoniatics as such or of a special training section.

For the majority of contents the knowledge, the advisory competence, the performance ability of special skills, etc. are recorded with date of achievement in respect of the following three categories:

- (b) Trainee has basic knowledge by theory or demonstration in respect of certain diagnostic or therapeutic procedures, computerized training, biomedical/prosthetic fitting, and multidisciplinary patient management
- (s) Trainee can perform certain procedures but requires supervision/assistance by the trainer in respect of diagnostic or therapeutic procedures, computerized training, biomedical/prosthetic fitting, and multidisciplinary patient management
- (i) Trainee performs the procedures/management independently/alone with the trainer available

The logbook will be used in relation to European training exchange programmes and will provide an introduction into advanced skills of the Phoniatic Specialty.

## **ASSESSMENT AND EXAMINATION**

1. Assessment 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 European Board before being eligible to practise as an independent Phoniatician.
3. Each trainee must be familiar with all diagnostic, preventative, therapeutic and rehabilitative management associated with the discipline of Phoniatics.
4. The trainer will be responsible for confirming the competence of the trainee for the procedures and management outlined in the logbook in the columns headed "general". He/she will sign on the date when competency is achieved in the final column.
5. **The contents of the logbook will be continuously updated by the European Board with respect to new developments.**

## **LOGBOOK OF TRAINING SECTIONS**

The starting point of this logbook is to introduce the various areas of Phoniatics within which a training programme can be tailored to meet the national and local demands as well as when ever possible the special interests of the trainee. After all, it is the great versatility of our discipline that has offered fascinating challenges for many generations before us and, no doubt, also will for those to come.

The trainee is expected to know in detail the anatomy, physiology and pathology of voice, speech, language, hearing, and swallowing functions, as well as, the influence of genetic, immunologic, endocrinologic, environmental, social, psychological, behavioural, and developmental factors on these functions. In addition, the neurophysiological principles of memory, language and speech motor processes of the central nervous system should be mastered when language and learning disorders are emphasized in the training program.

The supervisor has to follow up the trainee's progress and development of the contents of the training together with the trainee and other trainers. The progress is reported using the following logbook.

**(1) Basic Objectives**

<b>Theoretical Fundamentals</b>	<b>Performance Category (b), (a)</b>	<b>Date</b>	<b>Signature Trainer</b>
history of the discipline			
acoustics of articulation			
voice and room acoustics			
aerodynamics of voice and speech			
biomechanics of ear function, voice, and speech			
ergonomics			
phonetics and linguistics			
neurolinguistics and neuropsychology			
neurocognitive sciences			
fundamentals of singers' training			
special knowledge about speech training			
effectiveness of treatment/rehabilitation			
WHO classification of diagnosis and functioning			
knowledge of legislation relating to national and european health care systems			
knowledge of legislation relating to national and european rehabilitation programs			
knowledge of legislation relating to national and european occupational safety and health			
other			

**(2) Voice Disorders**

<b>Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
diagnostic interview			
auditory/visual/palpatory examination			
voice-related quality of life questionnaires			
perceptual evaluation (GRBAS, RBH)			
indirect laryngoscopy			
rigid video/digital laryngoscopy			
rigid video/digital laryngostroboscopy			
flexible transnasal video/digital laryngoscopy			
flexible transnasal video/digital laryngostroboscopy			
high-speed recordings			
videokymography			
insufflation test			
laryngeal electromyography			
electroglottography			
field recordings of voice production			
stability of sustained phonation			
maximum phonation time			
mean fundamental frequency			
voice range profile (phonetography)			
speaking voice profile			
aerodynamic measurements			
glottal flow waveform analysis			
voice perturbation measurements			
CT/MRI of vocal tract/larynx			
nasalance measurement			
other			



**UEP/UEMS TRAINING LOGBOOK OF PHONIA TRICS**

<b>Prevention</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
general principles and risk analysis			
vocoergonomics			
professional speakers/singers			
AAC: voice amplifiers, phone technology			
room acoustics			
other			
<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
coordination of rehabilitative measures			
initiation and supervision of voice therapy executed by logopedist/SLP			
voice therapy by phoniatician			
initiation and supervision of physiotherapy/osteopathy			
physiotherapy/osteopathy by phoniatician			
voice prosthesis/electrolarynx			
AAC: voice amplifiers, phone technology			
computerized voice training			
knowledge of national legal regulation of invalidity and special care programmes			
voice fitting in transsexuals			
other			
<b>Medical Treatment</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
general principles of drug treatment in dysphonia			
basic knowledge in respect of general drug treatment influences on voice function			
basic understanding of hormonal medication			
botulinum toxin treatment			
other			

**UEP/UEMS TRAINING LOGBOOK OF PHONIATRICS**

<b>Phonosurgery/Surgery</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
general principles of indications and techniques			
(understanding ) anesthesiological methods: endotracheal intubation, JET ventilation, spontaneous respiration			
anaesthesiological methods: local anaesthesia			
use of cold instruments			
use of LASER			
indirect vocal fold surgery			
suspension microlaryngoscopic vocal fold surgery: exophytic lesions			
suspension microlaryngoscopic vocal fold surgery: intracordal lesions			
laryngeal framework surgery: approximation			
laryngeal framework surgery: expansion			
laryngeal framework surgery: tensioning			
laryngeal framework surgery: relaxation			
pitfalls and complications of phonosurgery			
understanding consequences of various surgical procedures on voice function			
other			

**(3) Speech/Articulation Disorders**

<b>Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
diagnostic interview			
auditory/visual/palpatory examination			
evaluation of speech, phonetic level			
phonological evaluation of speech			
evaluation of speech, prosodic level			
evaluation of speech intelligibility			
examination of cranial nerve function			
speech motor examination protocol			
oral motor examination protocol			
classification of dysarthria			
evaluation of velopharyngeal function, perceptual			
evaluation of velopharyngeal function, aerodynamic			
evaluation of velopharyngeal and laryngeal function, fiberoptic			
classification of cleft palate			
spectral speech analysis			
objective speech motor analysis			
nasometrics/nasalance (acoustic)			
electromyography			
ultrasonography (B-Mode, M-Mode)			
CT/MRI and other radiology			
other			
<b>Prevention</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
genetic counselling			
diagnostics of hearing impairments (cf. (8))			
basical knowledge in dentistry			
basical knowledge in psychomotoric development			

**UEP/UEMS TRAINING LOGBOOK OF PHONIATRICS**

<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
coordination of rehabilitative measures			
supervision of speech therapy executed by logopedics/SLP			
speech therapy by phoniatician			
supervision of physiotherapy			
physiotherapy by phoniatician			
biofeedback i.e. by sonography			
AAC: communicators and strategies			
oral motor devices			
prosthesis			
computerized rehabilitation			
deep brain stimulation			
other			
<b>Medical Treatment</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
general principles of drug treatment			
other			
<b>Surgery</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
principles of cranio-facial surgery			
principles of maxillo-oral surgery			
principles of velo-pharyngeal surgery			
understanding consequences of various surgical procedures on articulation			
other			

**(4) Developmental Language Disorders**

<b>Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
psychomotor, cognitive, auditory and language stages of normal children of different ages			
diagnostic interview of parents			
developmental questionnaires			
evaluation of verbal communication: phonetic, phonological, prosodic, morphological, syntactic, semantic, and pragmatic level			
evaluation of speech perception			
evaluation of non-verbal communication			
estimation of linguistic and general cognitive developmental stage			
estimation of behaviour and attention			
neurological examination of children			
speech motor examination protocol			
oral motor examination protocol			
scaling of psychomotor, vestibular and kinaesthetic development			
differential diagnostics and subtypes of primary and secondary language impairment			
syndromes associated with language impairment			
multilingual speech and language acquisition			
genetics of language impairment (i.e. Fox P2-gene)			
objective speech motor analysis			
interpretation of the results of logopedics/SLP examinations			
interpretation of results of occupational therapy			
laboratory examinations of developmentally delayed children			
clinical neurophysiology			

**UEP/UEMS TRAINING LOGBOOK OF PHONIATRICS**

sonography of the tongue (B-Mode, M-Mode)			
basics on Electro-Encephalography (EEG)			
Sonography/CT/MRI of the brain and other radiologic procedures			
other			
<b>Prevention</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
linguistic enrichment principles			
principles of augmentative communication methods			
genetic counselling			
diagnostics of hearing impairments (cf. (8))			
other			
<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
coordination of rehabilitative measures			
planning and supervision of speech therapy executed by logopedist/SLP			
speech therapy by phoniatrix			
supervision of physiotherapy			
linguistic enrichment principles			
principles of augmentative communication methods			
principles of computerized rehabilitation			
oral motor devices			
other			

**(5) Acquired Language Disorders**

<b>Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
evaluation of verbal communication: phonetic, phonological, prosodic, morphological, syntactic, semantic, and pragmatic level			
examination of writing and reading skills			
evaluation of non-verbal communication			
estimation of linguistic and general cognitive state			
speech perception protocol			
speech motor examination protocol			
oral motor examination protocol			
standard neurological examination			
objective speech motor analysis			
special testing on dysphasia (i.e. AAT)			
laboratory examinations (i.e. serology, immunology)			
CT/MRI of the brain and other radiologic imaging			
differential diagnosis in respect of various neurological diseases and subtypes of language disorders			
genetics of acquired language impairment			
syndromes causing acquired language disorders			
clinical neurophysiology			
interpretation of results of (neuro-)psychological examinations			
interpretation of results of logopedics/SLP examination			
interpretation of results of occupational therapy			
other			

**UEP/UEMS TRAINING LOGBOOK OF PHONiatrics**

<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
coordination of rehabilitative measures			
planning and supervision of speech therapy executed by logopedist/SLP			
speech therapy by phoniatician			
linguistic enrichment principles			
principles of augmentative communication methods			
principles of computerized rehabilitation			
deep brain stimulation			
oral motor devices			
other			
<b>Medical Treatment</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
general principles on drug treatment			
other			



**(6) Dyslexia and Dysgraphia**

<b>Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
psychomotor, cognitive, auditory, language, and academic stages of normal individuals of different ages			
diagnostic data collection from parents, teachers etc.			
estimation of linguistic, general cognitive and academic developmental stage			
neurological examination			
diagnostics in attention deficit disorders			
differential diagnostics in respect of auditory processing disorders (cf. (8))			
genetics of learning disorders			
interpretation of results of (neuro-)psychological examinations			
interpretation of results of logopedic/SLP and pedagogic examinations			
other			
<b>Prevention</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
understanding the importance of early diagnosis and therapy of language impairment			
diagnostics and treatment of auditory processing disorders (cf. (8))			
close cooperation with child psychiatrists in children with attention deficit disorders			
other			

**UEP/UEMS TRAINING LOGBOOK OF PHONIATRICS**

<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
coordination of rehabilitative measures			
neuropsychological therapy principles			
logopedics/SLP therapy principles			
principles of pedagogic training in dyslexic and dysgraphic pupils			
principles of computerized rehabilitation			
oral motor devices			
other			

**(7) Fluency Disorders**

<b>Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
diagnostic interview and visual/auditory examination (children and adults)			
fluency disorder-related quality of life questionnaire (children and adults)			
psychomotor, cognitive and language stages of normal children of different ages (children)			
diagnostic interview of parents/partners/other relatives			
evaluation of verbal and non-verbal communication: primary features (repetitions, elongations, blocks) and secondary features (mimic movements etc.) (children and adults)			
evaluation of voice quality and respiratory function			
estimation of psychosocial and psychobehavioural state			
speech motor examination protocol (qualitative and quantitative)			
oral motor examination protocol			
objective speech motor analysis			
neurological examination			
classification of fluency disorders			
genetics of fluency disorders			
other			
<b>Prevention</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
parent guidance (children)			
early intervention			
other			

**UEP/UEMS TRAINING LOGBOOK OF PHONiatricS**

<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
coordination of rehabilitative measures			
basic knowledge about the different concepts and indications of fluency therapy			
planning and supervision of therapy executed by logopedist/SLP			
fluency therapy by phoniatician			
basic knowledge of psychological treatment in fluency disorders			
principles of computerized rehabilitation			
<b>Medical Treatment</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
basic principles in drug treatment			
other			

## **(8) Hearing Disorders**

<b>Theoretical Fundamentals, Physiology</b>	<b>Performance Category (b), (a)</b>	<b>Date</b>	<b>Signature Trainer</b>
anatomy of the ear, the auditory pathways, and the auditory cortex			
physiology and pathology of hearing			
embryologic development of the ear and the auditory pathways			
normal development stages of hearing and auditory processing			
normal development of behavioural responses to sound in children			
signs and symptoms of hearing impairment/deafness			
etiology of hearing disorders and the likelihood of involvement of other systems			
differential diagnostics of hearing impairment			
syndromes associated with hearing impairment			
genetics of hearing impairment			
psychomotor and cognitive stages of normal children of different ages			
speech and language stages of normal and hearing impaired children			
physics, acoustics, psychoacoustics			
technical standards and calibration			
disinfection and sterilisation of test equipment			
<b>Pathology/Subtypes and special courses of hearing disorders</b>	<b>Performance Category (b), (a)</b>	<b>Date</b>	<b>Signature Trainer</b>
sensorineural hearing loss			
conductive hearing loss			
combined sensorineural and conductive hearing loss			
auditory neuropathy/auditory dyssynchrony			

**UEP/UEMS TRAINING LOGBOOK OF PHONIATRICS**

auditory processing disorders			
hyperacusis/tinnitus especially in children			
sudden/progressive/fluctuating hearing loss			
non-organic psychological hearing loss			
other			
<b>Clinical Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
diagnostic interview of parents including family history and recording of family tree in case of familial deafness			
clinical examination including endoscopy/ear microscopy			
<b>Audiometric and electro-physiologic testing (indication of tests and interpretation of results)</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
behavioural observation audiometry			
visual reinforcement audiometry			
tactile reinforcement audiometry for visually impaired children			
play audiometry			
conditioning techniques for sound field (multiple loudspeakers in a half circle) and ear specific audiometry (use of insert earphones)			
distraction testing on normal and handicapped or disturbed children			
pure tone audiometry (air conduction, bone conduction with or without masking)			
determining uncomfortable loudness thresholds			
tests to determine dead regions			
loudness scaling procedures			
tinnitometric investigations			
speech audiometry including speech in noise			

**UEP/UEMS TRAINING LOGBOOK OF PHONiatrics**

using recorded speech samples			
speech audiometry including speech in noise using open and closed set paradigms			
speech audiometry including speech in noise using age related speech audiometry with and without pictures			
speech audiometry including speech in noise using adaptive, computer controlled procedures			
auditory processing tests of intensity, frequency and phonetic discrimination			
auditory processing tests of temporal resolution (i.e. gap detection)			
low redundancy speech tests, i.e. speech in noise, filtered, compressed, expanded, interrupted or reverberated speech signals			
dichotic speech tests			
acoustic immittance measures: (high frequency) tympanometry, stapedius reflex measures,			
otoacoustic emissions (transient, distortion product, spontaneous, contralateral suppression			
bone-conduction ABR			
frequency specific ABR (Notched-Noise, Tone-Burst, Chirp etc.)			
indication and interpretation of auditory steady state responses (ASSR)			
promontory test			
electro-audiometry			
audiometry to evaluate hearing aid fitting: comparison of subjective audiometric results obtained with and without hearing aids			
verification measurements of hearing aid function: insertion gain measurements, measuring real ear to coupler difference, SPL-o-gram			

**UEP/UEMS TRAINING LOGBOOK OF PHONIATRICS**

transforming ABR-results from dB (HLn) in dB (HLe) for the fitting of hearing aids			
ERA-measurements with hearing aids			
other			
<b>Diagnostics of communication skills</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
indicating and evaluating a developmentally appropriate balance assessment of the child including an appropriate eye movement examination			
evaluation of speech communication: phonetic, prosodic, phonological, morphological, syntactic, semantic, and pragmatic levels			
evaluation of receptive language/comprehension (with/without lip reading)			
evaluation of communication mode (oral-aural, manual, combined, total)			
evaluation of literacy: phonological awareness, reading, writing			
evaluation of non-verbal communication			
speech and oral motor examination protocol			
evaluation of voice function and nasality			
evaluation of auditory, visual, kinaesthetic, and tactile perception			
other			
<b>Indication and interpretation of interdisciplinary diagnostic procedures</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
occupational therapy examinations			
evaluation of general cognitive developmental stage			
child psychological examinations including tests to rule out attention deficit disorders			
laboratory examinations including serologic and autoimmunologic investigations			



**UEP/UEMS TRAINING LOGBOOK OF PHONiatrics**

allergy tests			
examination of extra-oesophageal reflux			
neurological examination of children			
clinical neuro- and electrophysiological examinations			
paediatric, urologic, and ophthalmologic examinations of children			
radiologic diagnostics			
genetic testing			
special diagnostic needs of multiply handicapped or disturbed children			
management of psychological sequels for parents after diagnosis			
other			
<b>Prevention</b>	<b>Performance Category (b), (a)</b>	<b>Date</b>	<b>Signature Trainer</b>
epidemiology of hearing disorders in children			
newborn hearing screening: <ul style="list-style-type: none"> <li>▪ using screening principles and methods</li> <li>▪ dealing with screen failures</li> <li>▪ setting up a screening program in a district</li> <li>▪ monitoring and audit the screening program</li> </ul>			
early hearing detection and intervention programs			
management of control intervals			
early aetiological investigations			
role of immunisation			
parent guidance programs; enhancing parental communication skills			
preverbal and linguistic enrichment principles			

**UEP/UEMS TRAINING LOGBOOK OF PHONIATRICS**

family audiometry			
genetic counselling			
Parental guidance in respect of hearing conservation, preventing head trauma, diminishing stress etc.			
hearing tests in institutions for multiply handicapped children			
other			
<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
initiation and coordination of multidisciplinary rehabilitation			
therapeutic parental guidance programs, especially in respect of intra-familial communication skills			
fitting and evaluation of hearing devices, even in multiply handicapped or disturbed children			
special knowledge of conventional hearing aids			
special knowledge of bone anchored hearing aids and implantable hearing aids			
special knowledge of frequency transposition aids, CROS and BICROS aids, wireless communication systems			
cochlear implant indication (monolateral, bilateral, binaural-bimodal fitting)			
special knowledge of cochlear implant technology i.e. analogous-digital, speech processor strategies			
knowledge of electro-acoustic stimulation			
measuring the benefit of cochlear implant devices			

**UEP/UEMS TRAINING LOGBOOK OF PHONiatrics**

knowledge of the assistive devices available, including the radio aid and FM soundfield systems, alarm systems, loop systems			
knowledge of various hearing aid fitting formulae and real ear measurements			
knowledge of tinnitus masking			
training in handling hearing devices/CI			
knowledge of aural rehabilitation programs: oral-aural (e.g. auditory-verbal, natural interactional), manual, combined, total			
special needs for early intervention and parent guidance in babies and toddlers			
auditory training principles			
speech and language therapy in hearing disabled			
preverbal and linguistic enrichment principles in hearing disabled			
alternative modes of communication, principles of augmentative communication methods			
voice therapy principles in hearing disabled			
principles of computerized rehabilitation			
principles of literacy training in hearing disabled			
training in respect of specific deficits, i.e. training of compensatory strategies and improving the signal/noise ratio in children with auditory processing disorders			
knowledge of tinnitus therapy (training, masker)			
educational needs			
knowledge of educational placement opportunities (mainstream, inclusionary or special education; support services)			
inclusion principles			
management of psychological and socio-emotional sequels for child and its family			

**UEP/UEMS TRAINING LOGBOOK OF PHONIATRICS**

management of cultural influences on the rehabilitation			
rehabilitation of multiply handicapped children			
knowledge of national legal regulation of special support			
other			
<b>Medical Treatment</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
general therapeutic principles in respect of infection, sudden hearing loss, acoustic trauma, tinnitus etc.			
management of auditory tube dysfunction including antiallergic therapy, antireflux therapy, remediation of the paranasal sinuses			
other			
<b>Otologic Surgery</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
indication and surgical procedures of tube dysfunction including grommets and adenoidectomy			
indication and surgical procedures concerning congenital malformations of the ear			
indication and surgical procedures concerning bone anchored hearing aids, implantable hearing aids, cochlear implants			
cooperation in the surgical management in children with different stages of cleft palate			
other			

**(9) Swallowing Disorders**

<b>Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
diagnostic interview with patient and relatives			
auditory/visual/palpatory examination			
clinical evaluation of swallowing (bedside examination)			
nutritional evaluation			
swallowing-related quality of life questionnaires			
basics of the physiology of swallowing including fetal swallowing, neonatal swallowing, reflex control, phase classification etc.			
clinical terminology of drooling, leaking, penetration, retention, regurgitation, aspiration etc.			
functional swallowing studies using fiberoptics and/or a rigid laryngoscope			
FEES rating			
manometry			
speech motor examination protocol			
oral motor examination protocol			
standard neurological examination			
sonographic examination of tongue movements during swallowing (B-Mode and M-Mode)			
differentiation of morphologic structural and sensomotoric neurologic dysphagia			
interpretation of videofluoroscopic recordings			
automatic digital swallowing recording (acoustic or electric devices)			
other			

**UEP/UEMS TRAINING LOGBOOK OF PHONiatrICS**

<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
coordination of rehabilitative measures			
concepts of swallowing therapy (restitutive, compensatory, and adaptive methods), diatetics			
planning and supervision of swallowing therapy executed by logopedist/SLP or physiotherapist			
swallowing therapy by phoniatician			
auxiliary devices			
other			
<b>Medical Treatment</b>			
basic principles of drug treatment in dysphagia			
oral and parenteral nutrition management in dysphagic patients			
influence of various drugs used for therapy of other diseases on swallowing function			
botulinum toxin treatment of sphincter diseases			
other			
<b>Surgery</b>			
indication for surgical procedures in dysphagia (such as laryngeal elevation, aerodigestive tract diversion, UES myotomy)			
pharyngeal-esophageal sphincterotomy			
PEG			
understanding consequences of various surgical procedures on swallowing function			

APPENDIX

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

**Phoniatrics -  
Medical Speech, Voice and Language Pathology,  
and Hearing and Swallowing Disorders**



**IDENTIFICATION OF TRAINEE**

**Surname** \_\_\_\_\_

**Forenames** \_\_\_\_\_

**Nationality** \_\_\_\_\_

**Place and date of birth** \_\_\_\_\_

**Professional address** \_\_\_\_\_

**Private address** \_\_\_\_\_

**Date of commencement of training** \_\_\_\_\_

**End of training** \_\_\_\_\_

**Director of training  
(overall responsibility  
for training program)** \_\_\_\_\_









## CLINICAL SPECTRUM AND PATIENT GROUPS OF THE TRAINING CENTRE

Name and address of the training Centre:

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Date

<b>Patients and Disorders</b>	<b>case frequency none-low</b>	<b>case frequency medium</b>	<b>case frequency high</b>
<b>Voice Disorders</b>			
Conservative Treatment			
Professional Voice			
Phonosurgery/BOTOX			
Rehabilitation of Laryngectomees			
<b>Speech/Articulatory Disorders</b>			
Developmental			
Dysarthria/Apraxia			
Post-operative or Traumatic			
Cleft palate			
<b>Oral Language Disorders</b>			
Developmental			
Acquired			
<b>Dyslexia and Dysgraphia</b>			
<b>Fluency Disorders</b>			
<b>Swallowing Disorders</b>			
Early-Child Feeding Disorder			
Structural Dysphagia			
Neurogenic Dysphagia			
<b>Hearing Disorders</b>			
Neonatal Hearing Screening			
Hearing-Aid-Fitting			
Auditory Processing Disorders			
Rehabilitation after Cochlear Implantation			
<b>Other</b>			

Please mark the appropriate column by "x". Additional copies can be made of this page if required.



**SELF – EVALUATION OF SOFT SKILLS** (to be filled in by the trainee)

Scale : 1 = unsatisfactory; 2 = I need further training; 3 = satisfactory; 4 = good; 5 = excellent

Name of trainee: \_\_\_\_\_

Name of trainer: \_\_\_\_\_

Training subject or period: \_\_\_\_\_

Date: \_\_\_\_\_

Self-evaluation	Points	Comments
<u>Specialized knowledge</u>		
1. Medical knowledge		
2. Functional networks of the working place		
3. Active information seeking		
4. Participation in working place seminars		
5. Knowledge of the medico-legal aspects		
<u>Clinical skills</u>		
1. Clinical examination		
2. Counselling and communication		
3. Staff support and team dynamics		
4. Diagnostics		
5. Treatment		
6. Referral		
7. Rehabilitation		
<u>Attitudes</u>		
1. Attitude towards working community		
2. Attitude towards own work		
3. Attitudes to patients and their families		
4. Attitude to teaching		
5. Attitude to research		

## TRAINER – EVALUATION OF SOFT SKILLS

(to be filled in by the trainer)

Scale : 1 = unsatisfactory; 2 = needs further training; 3 = satisfactory; 4 = good; 5 = excellent

Name of trainee: \_\_\_\_\_

Name of trainer: \_\_\_\_\_

Training subject or period: \_\_\_\_\_

Date: \_\_\_\_\_

Self-evaluation	Points	Comments
<u>Specialized knowledge</u>		
1. Medical knowledge		
2. Functional networks of the working place		
3. Active information seeking		
4. Participation in working place seminars		
5. Knowledge of the medico-legal aspects		
<u>Clinical skills</u>		
1. Clinical examination		
2. Counselling and communication		
3. Staff support and team dynamics		
4. Diagnostics		
5. Treatment		
6. Referral		
7. Rehabilitation		
<u>Attitudes</u>		
1. Attitude towards working community		
2. Attitude towards own work		
3. Attitudes to patients and their families		
4. Attitude to teaching		
5. Attitude to research		



## COMPLETION OF TRAINING

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

\_\_\_\_\_  
Place and Date of Birth Nationality

\_\_\_\_\_  
Identity Card No.

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

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

Lead Training Centre	
Name of Trainer in charge	

I, the trainer in charge, certify that the register of diagnostic, preventative and therapeutic/rehabilitative management shown below is correct.

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

I, the trainee certify that the details given refer to diagnostic, preventative and therapeutic/rehabilitative management were carried out by me personally or were procedures executed by members of medical assistant professions supervised by myself.

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