

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

**SUBSPECIALTY LOGBOOK HEAD & NECK**  
(revision 2024)

**TRAINING PROGRAMME**

**INTRODUCTION**

The UEMS ORL-HNS Section and the Board of Otorhinolaryngology has revised the European subspecialty training programme in 2024. 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 competence-based assessments.

**WORKING GROUP**

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**DEFINITION**

Otorhinolaryngology-Head & Neck Surgery (ORL-HNS) is the specialty which deals with functions and diseases of the ear, nose, throat, skull base, head and neck. Disorders include trauma, malformations, tumours and other disorders in childhood and in adults of the ear, temporal bone, lateral skull base, nose, paranasal sinuses, 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.

The subspecialty of head and neck is composed of surgeons who have acquired specialized knowledge and high surgical skills during their subspecialty training in the history-taking, examination, investigation and treatment planning (surgical and non-surgical treatment) of benign and malignant conditions, malformations and trauma in the head and neck as defined in the accompanying subspecialty log book.

## **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, symptomatology and treatment of diseases of the head and neck.
2. Trainees should have access to facilities for head and neck dissection and micro suture training. They should be able to familiarize themselves with the basic techniques of surgery in the head and neck, with either real or virtual surgical and endoscopic techniques, and microvascular and nerve suture techniques.
3. A list of diagnostic procedures, non-surgical management and surgical management is outlined in this subspecialty logbook.
4. The Subspecialty 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.
5. This subspecialty log book will be used in relation to European training exchange.

## **ASSESSMENT AND EXAMINATION**

1. Examination of the theoretical and practical knowledge of the trainee can be included in the training programme. Trainees should remember also 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 head and neck subspecialist.
3. Each trainee must be familiar with all diagnostic and therapeutic (surgical and non-surgical) management associated with the discipline of the head and neck.

4. The trainer will be responsible for confirming the competence of the trainee for the procedures and management outlined in the subspecialty logbook.
5. The contents of the log book will be continuously updated by the UEMS-ORL-HNS 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-HNS Section, and the Intercollegiate Surgical Curriculum Programme Syllabus.

## TRAINING CENTRE ROTATION

**Trainee:**

\_\_\_\_\_

Name

\_\_\_\_\_

Surname

\_\_\_\_\_

Birthdate

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

### ATTENDANCE AT ACCREDITED COURSES AND MEETINGS

Date	Course	Comments

## UEMS TRAINING LOGBOOK OF HEAD AND NECK COMPLETION OF TRAINING

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

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

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

<b>Lead Training Centre</b>	
<b>Name of Trainer in charge</b>	

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** certifies 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: \_\_\_\_\_

## **CONTENT OF THE HEAD AND NECK LOGBOOK**

The log book is divided into the following sections.

- 1: Head and neck oncology**
- 2: Benign diseases of the head and neck**
- 3: Airways disorders**
- 4: Digestive tract/Oesophagus**
- 5: Snoring and other sleep related breathing disorders**
- 6: Vascular malformations**
- 7: Traumatology**

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

## **TEXTBOOKS & LITERATURE**

1. Thawley SE, Panje WR, Batsakis JG, Lindberg RD. Comprehensive management of Head and Neck Tumours, Second Ed WB Saunders Company, Philadelphia (ISBN: 0-7216-5582-3).
2. Rhys Evans P, Montgomery P, Gullane P. Principles and practice of Head and Neck Oncology, Martin Duniz of Taylor & Francis Group, London 2003 (ISBN 1-89906-606-3 (h/b)).
3. Stell & Maran's Textbook of H&N Surgery and Oncology (ISBN 978-0-340-92916-2)
4. Gnepp D and Bishop J. Gnepp's Diagnostic Surgical Pathology of the Head and Neck 3<sup>rd</sup> Edition, Elsevier Health Science 2020 (ISBN -13: 9781416025894).
5. Jackson I T: Local Flaps in Head and Neck Reconstruction. Quality Medical Publishing Inc 2002. (ISBN 1-57626-163-8.).
6. Urken ML, Cheney ML, Blackwell KE, Harris JR, Hadlock TA, Futran N. Atlas of Regional and Free Flaps for Head and Neck Reconstruction 2nd Edition. Raven Press 2011 (ISBN 0-7817-0197-X)
7. Booth PW, Eppley BL, Schmelzeisen R: Maxillofacial trauma and esthetic facial reconstruction 2nd Edition. Springer Berlin 2011. (ISBN 0-443-071241
8. ATA Guideline
9. NCCN Guidelines

## HEAD & NECK

### 1. HEAD AND NECK ONCOLOGY

#### Basic knowledge

		<b>Signature trainer when competency achieved</b>
Carcinogenesis, molecular biology and immunobiology in H&N oncology		
Epidemiology and biostatistics of cancer management		
TNM staging and staging for specific neoplasms (e.g. Kadish system...)		
Basics of cancer management		
<ul style="list-style-type: none"> <li>• Indications and limitations of surgery</li> <li>• Biophysics of radiotherapy - indications and side effects</li> <li>• Chemotherapy agents - indications and side effects</li> <li>• Biologic/Immunotherapy - indications and side effects</li> </ul>		
Clinical trials in H&N oncology		
Prevention in H&N oncology		
Clinical databases in H&N oncology		
Comprehensive anatomy of the head and neck		

#### General history

		<b>Signature trainer when competency achieved</b>
Age, gender		
First symptoms		
Weight loss and nutritional screening		
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 upper aerodigestive tract endoscopy		
Palpation of the primary lesion		
Palpation of the neck		
Assessment of cranial nerves		
Ultrasound of the neck		
<b>Additional examination and imaging</b>		
		<b>Signature trainer when competency achieved</b>
Biopsy of primary		
US guided FNAB and/or core needle biopsy		
Pan endoscopy		
Knowledge of CT / MRI, Cone Beam CT scan		
Knowledge of PET-CT / PET-MRI		
Knowledge of Assessment Chest (x ray / CT)		
Knowledge of Additional assessments (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 (tumour board meeting)		
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 multiple non-surgical therapies:		
• Radiotherapy		
• Chemotherapy		
• Immunological therapy		
• Combination of the above with surgery		

Curative versus palliative therapy		
Surgery		
<ul style="list-style-type: none"> <li>• Primary surgery</li> </ul>		
<ul style="list-style-type: none"> <li>• Salvage surgery</li> </ul>		
<ul style="list-style-type: none"> <li>• Palliative surgery</li> </ul>		
Knowledge about peri-operative support including nutrition and infection prevention		
Functional rehabilitation		
Best supportive (palliative) care		
Understanding low value care in head and neck oncology		
Understanding the impact of patient's frailty in management of the head and neck pathology		
<b>Knowledge of sequels 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		
Osteoradionecrosis		
Hypothyroidism		
Hypoparathyroidism		
<b>1.A ORAL CAVITY</b>		
<b>Additional history</b>		
		<b>Signature trainer when competency achieved</b>
Articulation		
Swallowing		

Surgical Treatment	
Approach	Signature trainer when competency achieved
<ul style="list-style-type: none"> <li>a. Transoral</li> <li>b. Lip split and cheek flap</li> <li>c. Visor flap</li> <li>d. Pull through and lingual drop approach</li> <li>e. Mandibulotomy and lip split</li> </ul>	
Resection	Signature trainer when competency achieved
<ul style="list-style-type: none"> <li>f. Oral excision</li> <li>g. Floor of the mouth resection (+/- submandibular duct reconstruction)</li> <li>h. resection of buccal tumour (+/- parotid duct reconstruction)</li> <li>i. Glossectomies (transoral or other approaches)</li> <li>j. Compartmental resection of the tumours of the tongue and floor of the mouth</li> <li>k. Lip excision</li> <li>l. Mandibulectomy <ul style="list-style-type: none"> <li>i. Marginal</li> <li>ii. Sagittal</li> <li>iii. Segmental</li> <li>iv. Hemi mandibulectomy</li> <li>v. Subtotal/Total</li> </ul> </li> <li>m. Maxillectomy with/without orbital and skull management management (endoscope assisted)</li> </ul>	
Reconstruction of OP: types and indications of	Signature trainer when competency achieved
<ul style="list-style-type: none"> <li>n. Local flaps</li> <li>o. Regional, pedicle flaps</li> <li>p. Microvascular</li> </ul> <p>Transoral resection of floor of mouth tumour</p>	
<b>1.B PHARYNX</b>	
<b>Nasopharynx</b>	
<b>Additional history</b>	
Unilateral middle ear effusion in the adult	Signature trainer when competency achieved
Nasal blockage	

Neck mass		
Nose bleeding		
Cranial nerve involvement		
Patients' origin and ethnicity		
<b>Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
<ul style="list-style-type: none"> <li>• Endoscopic surgery of nasopharynx</li> </ul>		
<ul style="list-style-type: none"> <li>• Open surgery to nasopharynx (trans maxillary/maxillary swing)</li> </ul>		
<b>Oropharynx</b>		
<b>Additional history</b>		
		<b>Signature trainer when competency achieved</b>
Pain, otalgia		
Articulation		
Swallowing		
HPV infection		
<b>Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
<b>Approaches:</b> <ul style="list-style-type: none"> <li>• Transoral (TORS, TLM, TOUSS);</li> <li>• Pharyngotomy (lateral or suprahyoid),</li> <li>• Mandibulotomy (mandibular split, mandibular swing)</li> </ul>		
<b>Resections.</b> <ul style="list-style-type: none"> <li>• Palatectomy, partial</li> <li>• Palatectomy, total</li> <li>• (LO) Type I (tonsilectomy) Lateral Oropharyngectomy</li> <li>• LO Type II</li> <li>• LO type Iii</li> <li>• TOBOT Resection Type I (Transoral Base of Tongue)</li> <li>• TOBOT Resection Type II</li> <li>• TOBOT Resection Type III</li> </ul>		
Reconstruction of OP: types and indications of		

<ul style="list-style-type: none"> <li>Local flaps</li> <li>Regional, pedicle flaps</li> <li>Microvascular</li> </ul>		
<b>Hypopharynx</b>		
<b>Additional history</b>		
		<b>Signature trainer when competency achieved</b>
Swallowing		
Otalgia		
EBV		
<b>Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
<b>Approaches</b> <ul style="list-style-type: none"> <li>Transoral surgery (TOLS, TOUSS, or TORS)</li> <li>Open surgery</li> </ul>		
<b>Resection</b>		
<ul style="list-style-type: none"> <li>Lateral or suprahyoid pharyngotomy</li> <li>Partial pharyngectomy with near total laryngectomy</li> <li>Partial pharyngectomy with total laryngectomy</li> <li>Total pharyngectomy with total laryngectomy</li> <li>Total pharyngo-laryngo-esophagectomy with reconstruction (to plastic surgery)</li> </ul>		
<b>Reconstruction after resection or for pharyngocutaneous fistula types and indications of</b> <ul style="list-style-type: none"> <li>Local flaps</li> <li>Regional, pedicle flaps</li> <li>Microvascular</li> </ul>		
<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>		
		<b>Signature trainer when competency achieved</b>
<b>Approaches</b> <ul style="list-style-type: none"> <li>• Transoral: TOLS, Endoscopic, TORS, TOUSS</li> <li>• Open</li> </ul>		
<b>Resections</b> <ol style="list-style-type: none"> <li>a. Cordectomies (according to ELS classification) <ol style="list-style-type: none"> <li>i. Type I: Subepithelial resection.</li> <li>ii. Type II: Subligamental resection.</li> <li>iii. Type III: Transmuscular resection.</li> <li>iv. Type IV: Total vocal cord resection.</li> <li>v. Type V: Extended cordectomies</li> <li>vi. Type Va: Partial arytenoidectomy.</li> <li>vii. Type Vb: Total arytenoidectomy.</li> <li>viii. Type Vc: Resection of the ventricle.</li> <li>ix. Type Vd: Subglottic extension</li> </ol> </li> <li>b. Supraglottic laryngectomy <ol style="list-style-type: none"> <li>i. Partial supraglottic resection</li> <li>ii. Total supraglottic resection</li> </ol> </li> <li>c. Surgical organ preservation techniques (open partial) <ol style="list-style-type: none"> <li>i. Supraglottic Laryngectomy:</li> <li>ii. Supracricoid Partial Laryngectomy (SCPL): <ol style="list-style-type: none"> <li>1. SCPL with cricothyroidopexy (CHP):</li> <li>2. SCPL with cricothyroidoepiglottopexy (CHEP):</li> </ol> </li> <li>iii. Vertical Hemilaryngectomy:</li> <li>iv. Frontolateral Laryngectomy:</li> <li>v. Subtotal Laryngectomy:</li> </ol> </li> <li>d. Primary total laryngectomy</li> <li>e. Salvage (post-radiotherapy) total laryngectomy</li> </ol>		
<b>Reconstruction of Larynx: types and indications of</b> <ol style="list-style-type: none"> <li>f. Local flaps</li> <li>g. Regional, pedicle flaps</li> </ol>		

h. Microvascular		
<b>Primary or secondary placement of speech prosthesis</b>		
i. Maintenance and change of speech prosthesis		
<b>1.D NECK MANAGEMENT IN HEAD AND NECK MALIGNANT TUMORS</b>		
<b>Additional history</b>		
		<b>Signature trainer when competency achieved</b>
Growth		
Pain		
<b>Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Single node excisional biopsy		
Sentinel node procedures		
Selective neck dissections		
Radical/modified radical/comprehensive neck dissection		
Super selective neck dissection		
<b>Surgical management of the malignant parapharyngeal space tumours (prestyloid and retrostyloid)</b>		
• Intraoral approach		
• Submandibular approach		
• Transparotid - transcervical approach with/without mandibulotomy		
• Infratemporal approaches		
• Transfacial approaches (maxillary swing)		
Endoscopic approaches		
Management of the unknown primary neck metastases		
Diagnostic tonsillectomy and tongue base resection/biopsy		
Neck dissection (selective, comprehensive)		
<b>1.E 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>		
		<b>Signature trainer when competency achieved</b>
Submandibular gland surgery		
Parotid (partial or total) surgery (Levels I to V according to the ESGS classification)		
Reconstruction (local-regional flaps, SCM and SMAS, Fat)		
Facial nerve repair/reconstruction		
Neck nodes (see section on neck)		
Surgical management of the deep lobe parotid and parapharyngeal space parotid tumours (see section Neck 1.D)		
<b>1.F THYROID and PARATHYROID</b>		
<b>Additional history</b>		
		<b>Signature trainer when competency achieved</b>
Family history of thyroid disease		
Risk factor for men		
Age <14 or >70, nodular goitre		
Dysphonia and dysphagia		
Symptoms of hypo- or hyperthyroidism		
Previous radiation (iodine, external radiation)		
Hypercalcaemia symptoms		
<b>ADDITIONAL CLINICAL EXAMINATION</b>		
Neck Palpation		
Upper airway endoscopy with vocal cord assessment		
Ultrasound of thyroid and neck and Classification of the nodule (TIRADS or/and ATA)		
Fine needle aspiration (Bethesda or THY classification)		
Molecular genetic tests		
Lab tests		



Scintigraphy (Iodine and Tc SESTA-MIBI), PET-CT with choline		
<b>Knowledge about Treatment and Treatment modalities</b>		
		<b>Signature trainer when competency achieved</b>
Multidisciplinary management of treatment		
Treatment planning – if cancer tumour board meeting		
Radioactive Iodine Treatment		
Radiofrequency ablation		
Active Surveillance		
<b>Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Hemithyroidectomy (including remote access approaches, endoscopic or robotic)		
Total thyroidectomy (including remote access approaches, endoscopic or robotic)		
Parathyroidectomy (one or multiple glands), different approaches		
Central neck dissection		
Neck nodes levels II-V (see section on neck)		
<b>1.G SINONASAL AND ORBITAL NEOPLASMS</b>		
<b>Additional history</b>		
Alarming sinonasal symptoms		
Orbital symptoms		
Facial oedema, deformity		
Risk factors		
<b>Clinical Exam</b>		
Nasal endoscopy		
Cranial nerves and eye exam (movement, vision, position)		
Full ENT exam		
<b>Additional examination and imaging</b>		
CT, MRI, PET/CT, US		

<b>Knowledge of Diseases</b>		
Plan multidisciplinary (tumour board) management of sinonasal neoplasms		<b>Signature trainer when competency achieved</b>
Understand impact of histology on sinonasal tumour treatment planning		
Understand negative prognostic factors and impact on management		
Understand non-surgical treatment options of sinonasal neoplasms		
<b>Surgical Treatment</b>		
<b>Open approaches:</b>		<b>Signature trainer when competency achieved</b>
• Lateral rhinotomy		
• Midfacial degloving		
• Subcranial approach		
• transfacial approaches (Webber Ferguson, sublabial)		
• transorbital approaches		
<b>Combined endoscopic transnasal-transorbital/open approach</b>		
<b>Resection:</b>		
• Maxillectomy, medial		
• Maxillectomy, partial		
• Maxillectomy total		
• Septectomy		
• Rhinectomy, partial		
• Rhinectomy, total		
• Ethmoidectomy		
• Frontoethmoidectomy		
• SLOphenoidectomy		
• Endonasal endoscopic resection		
• Craniofacial resection		
• Orbital exenteration/clearance		
• Orbital ekstra/intraconal tumor removal		
<b>Reconstruction:</b>		
• Prostodontic obturator		

<ul style="list-style-type: none"> <li>Local flaps</li> </ul>		
<ul style="list-style-type: none"> <li>Free flaps</li> </ul>		
<b>1.G SKIN</b>		
<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>		
		<b>Signature trainer when competency achieved</b>
Sentinel node technique in Melanoma		
Limited surgical excision (including local reconstruction)		
Extended surgical excision with Mohs technique and/or peripheral histologic margin assessment		
Reconstruction of the nose, lip and other structures with local/regional and free flaps		
Parotidectomy		
Neck nodes (see section on neck)		
<b>2. BENIGN DISEASES OF THE HEAD AND NECK</b>		
<b>2.A ORAL CAVITY</b>		
<b>Knowledge</b>		
		<b>Signature trainer when competency achieved</b>
Epithelial lesions (leucoplakia, erythroplakia, papilloma, lichen planus)		
Congenital malformations		
Glossal diseases		
Dental related diseases		
Infectious diseases		
Immunology diseases		

<b>Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Excision biopsy		
Local surgery (incl. laser)		
Rerouting salivary duct		
Resection submandibular gland		
<b>2.B PHARYNX</b>		
<b>Nasopharynx</b>		
<b>Knowledge</b>		
		<b>Signature trainer when competency achieved</b>
Adenoid		
Thornwald cyst		
<b>Oropharynx</b>		
<b>Knowledge</b>		
		<b>Signature trainer when competency achieved</b>
Epithelial lesions (leucoplakia, erythroplakia, papilloma, lichen planus....)		
Congenital malformations (schisis, cyst....)		
<b>Surgical Treatment</b>		
Transoral surgery - TLS, TORS, TOUSS		
<b>Hypopharynx</b>		
<b>Knowledge</b>		
		<b>Signature trainer when competency achieved</b>
Globus		
Dysphagia		
Zenker's diverticulum		
Cricopharyngeal pathologies		
Congenital malformations		
<b>Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>

Treatments of Zenker's diverticulum a. Endoscopic (stapler, laser) b. Open		
Myotomy of cricopharyngeal muscle a. Endoscopic b. Open		
Surgery of congenital anomalies		
Pharyngotomy		
<b>2.C LARYNX</b>		
<b>Knowledge</b>		
		<b>Signature trainer when competency achieved</b>
Benign intraepithelial lesions		
<b>Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Endoscopic surgery (including laser) for benign intraepithelial lesions, granuloma, polyp, nodule, Reinke oedema, cyst		
Closure tracheostomy		
<b>2.D NECK</b>		
<b>Knowledge</b>		
		<b>Signature trainer when competency achieved</b>
Congenital neck masses (thyroglossal duct cyst, branchial anomalies, vascular malformations)		
Benign tumours (paraganglioma, schwannoma, lipoma, haemangioma)		
Infectious and inflammatory lymphadenopathies (tuberculosis, cat-scratch, actinomycosis, toxoplasmosis, HIV)		
Deep neck infections: microbiology, diagnoses and Treatment		
Neck trauma		
• Clinical presentation		
• Mechanisms of injury		
• Neck trauma zones		
• Mandatory vs. elective neck exploration		

<b>Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Management of benign neck pathology		
<ul style="list-style-type: none"> <li>• Diagnostic lymph node excisional biopsy</li> </ul>		
<ul style="list-style-type: none"> <li>• Removal of lateral cervical (branchial) cyst or fistula</li> </ul>		
<ul style="list-style-type: none"> <li>• Local tumour surgery</li> </ul>		
<ul style="list-style-type: none"> <li>• Removal of thyroglossal cyst or fistula (Sistrunk's procedure)</li> </ul>		
<ul style="list-style-type: none"> <li>• Removal of laryngocele (included with Larynx section above)</li> </ul>		
Management of the deep neck abscess with approaches to the deep neck fascial spaces		
Management of complex benign tumours of the neck		
Intracapsular dissection of cranial nerve schwannomas		
Carotid Paraganglionoma management (Shamblin I-III)		
Management of the benign tumours in parapharyngeal space through different approaches		
- intraoral approach		
- submandibular approach		
- transparotid - transcervical approach with/without mandibulotomy		
- infratemporal approaches		
- transfacial approaches (maxillary swing)		
- endoscopic approaches		
<b>2.E 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>		
		<b>Signature trainer when competency achieved</b>
• Interventional sialendoscopy (stone related, dilatation, biopsy)		
• Combination / open procedures stone removal		
• Accessory salivary gland biopsy/ open biopsy salivary gland tumour		
• Procedures of salivary ducts		
• Submandibular gland surgery		
• Parotid gland surgery		
extracapsular dissection of the benign tumours		
Parotid (partial or total) surgery (Levels I to V according to the ESGS classification)		
• salivary gland wounds and ductal repair		
• Surgical management of the deep lobe parotid and parapharyngeal space tumours		
- intraoral approach		
- submandibular approach		
- transparotid - transcervical approach with/without mandibulotomy		
- infratemporal approaches		
• Immediate Facial nerve repair		
direct end to end copatation		
interposition cable graft coaptation		
hypoglossal nerve transfer		
<b>2.F THYROID &amp; PARATHYROID GLAND</b>		
<b>Knowledge</b>		
		<b>Signature trainer when competency achieved</b>
Goitre (normal or toxic thyroid function)		
Thyroid nodule (single/multiple, benign atoxic, benign toxic, malignant)		
Retrosternal goitre		
Thyroiditis		

Parathyroid functional disorders and neoplasms		
HISTORY AND CLINICAL EXAMINATION		
Dysphonia and dysphagia		
Symptoms of hypo- or hyperthyroidism		
Previous radiation (iodine, external radiation)		
Hypercalcaemia symptoms		
ADDITIONAL CLINICAL EXAMINATION		
<ul style="list-style-type: none"> <li>• Neck Palpation</li> </ul>		
<ul style="list-style-type: none"> <li>• Upper airway endoscopy with vocal cord assessment</li> </ul>		
<ul style="list-style-type: none"> <li>• Ultrasound of thyroid and neck and Classification of the nodule (TIRADS or/and ATA)</li> </ul>		
Fine needle aspiration (Bethesda or THY classification)		
Lab tests		
Scintigraphy (Iodine and Tc SESTA-MIBI), PET-CT with choline		
<b>Knowledge about Treatment and Treatment modalities</b>		
Multidisciplinary management of treatment		
Radioactive Iodine Treatment		
Radiofrequency, Ethanol Ablation		
SURGICAL TREATMENT		
<ul style="list-style-type: none"> <li>• Hemithyroidectomy (including remote access approaches, endoscopic or robotic)</li> </ul>		
<ul style="list-style-type: none"> <li>• Total thyroidectomy (including remote access approaches, endoscopic or robotic)</li> </ul>		
Surgery for parathyroid glands (Minimally invasive, including remote access approaches, endoscopic or robotic)		



Surgery for retrosternal goitre including split sternotomy		
<b>3. AIRWAY DISORDERS</b>		
<b>History</b>		
		<b>Signature trainer when competency achieved</b>
Dysphonia		
Hoarseness		
Swallowing problems		
Neck pain		
Infections/ neck diseases		
Trauma		
<b>Clinical examination</b>		
		<b>Signature trainer when competency achieved</b>
Palpation		
Fibreoptic (video-) laryngoscopy		
Transnasal fibreoptic (video-) tracheobronchoscopy		
Tracheobronchoscopic cytology/ histopathology		
Esophagoscopy (rigid or fibreoptic)		
Rigid Bronchoscopy		
<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 or other pathologies		
Benign tumours (fibroma, haemangioma, pseudotumor)		
Local tracheal compression (vascular diseases, mediastinal diseases/ tumours)		
<b>Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Removal of foreign bodies (rigid and /or flexible endoscopes)		
Endotracheal intubation		
Difficult airway management		
<ul style="list-style-type: none"> <li>● Cricothyroidotomy</li> <li>● Tracheostomy</li> </ul>		
Endoscopic laser and balloon dilatation procedures of the trachea		
Open procedures (larynx and) trachea		
<ul style="list-style-type: none"> <li>● Cricotracheal resection (type A-D, Brescia Classification)</li> <li>● Segmental tracheal resection with end-to-end anastomosis and laryngeal tracheal release procedures</li> </ul>		
Closure/reconstruction of persistent tracheostomy		
Mediastinoscopy		
<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>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/ esophagoscopy		
Functional tests of swallowing disorders		
FEES		
Rigid esophagoscopy		
<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		F
Achalasia, hiatal hernia, benign and malignant tumours		
<b>Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Swallowing rehabilitation		
Removal of foreign bodies		
Endoscopic biopsy and tumour staging		
Repair of tracheoesophageal fistula		
<b>Management 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</b>		
<b>History</b>		
		<b>Signature trainer when competency achieved</b>
General history (comorbidities, medication, risk factors)		
Non-restful sleep		
Excessive daytime sleepiness		
Loud snoring		
Observed Apnoea		
Decreased cognitive functions, depression		
Headaches		
Nasal complaints		
GERD		
Swallowing difficulties		
Oropharyngeal complaints		
Allergies		
<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		
Pulmonology, cardiologist consultation		
Home sleep apnoea testing		
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 Apnoea 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		

Positional treatment		
Sleep habits		
<b>Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
<ul style="list-style-type: none"> <li>Septoplasty, turbinoplasty, FESS, adenoidectomy, tonsillectomy/tonsillectomy, UPPP, UP2, Barbed reposition pharyngoplasty, palatal radiofrequency, radiofrequency of the base of the tongue, tracheostomy</li> </ul>		
<ul style="list-style-type: none"> <li>Multi-level surgery, soft palate stiffening implants</li> </ul>		
<ul style="list-style-type: none"> <li>Hypoglossal nerve stimulation implants, hyoid suspension, maxillo-mandibular advancement (MMA), genioglossus advancement, TORS for base of tongue reduction</li> </ul>		
<b>Management of Complications</b>		
		<b>Signature trainer when competency achieved</b>
Acute airway obstruction		
Dysphagia, Velopharyngeal Insufficiency (VPI) and retro nasal reflux		
<b>6. VASCULAR MALFORMATIONS</b>		
<b>History</b>		
		<b>Signature trainer when competency achieved</b>
Age of onset, Progression, Symptoms		
Function cranial nerves		
Other diseases/ syndromic		
Family history		
<b>Clinical examination</b>		
		<b>Signature trainer when competency achieved</b>
ENT- examination		
Palpation		
Cranial nerves		
<b>Knowledge about additional diagnostics</b>		
		<b>Signature trainer when competency achieved</b>

Ultrasound		
MRI		
Pharyngoscopy		
DNA analysis, Hormonal blood /urine test		
<b>Diseases according to Classification ISVA 2014</b>		
		<b>Signature trainer when competency achieved</b>
<b>Vascular tumours:</b>		
• Infantile haemangioma		
• Congenital haemangioma		
• Pyogenic granuloma		
• Others		
<b>Vascular malformations:</b>		
• Venous malformation		
• Capillary malformation		
• Lymphatic malformation		
• Arteriovenous malformations		
• Combined malformations		
• Others		
<b>Non-Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Intralesional		
Propranolol		
Low dose radiotherapy		
<b>Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Local excision		
<b>Management of Complications</b>		
		<b>Signature trainer when competency achieved</b>
Bleeding		
Airway obstruction		

Abundant draining		
Cranial nerve damage		

## 7. TRAUMATOLOGY

History		
<b>Mechanism and energy of traumatic facial injury</b>		<b>Signature trainer when competency achieved</b>
Comorbidities		
Clinical examination		
		<b>Signature trainer when competency achieved</b>
Functional assessment of masticatory apparatus and occlusion		
Assessment of the facial skeleton buttresses and trajectories		
Eye movement and vision assessment		
Assessment of the cranial nerves		
Hearing and vestibular assessment		
Otomicroscopy (otoendoscopy)		
CSF leak assessment		
Knowledge about additional diagnostics		
		<b>Signature trainer when competency achieved</b>
Multidisciplinary care with Trauma Team (inc. knowledge of ATLS)		
CT scan of the facial skeleton		
CT of the skull base incl. temporal bone		
MRI		
Ortopan tomography, Cone Beam CT		
Multidisciplinary team approach (inc. ophthalmology, OMFS)		
Classification of facial and skull base fractures		
<ul style="list-style-type: none"> <li>• frontal sinus and frontobasal fractures</li> <li>• midfacial fractures (NOE type I-III, orbitomaxillozygomatic fracture, Le Fort I-III)</li> <li>• mandible fractures (condylar, angular/ramus, body and symphysis)</li> <li>• orbital fractures (inferior wall, medial wall, lateral and superior orbital wall)</li> <li>• orbital apex fractures including optic nerve canal</li> </ul>		



<ul style="list-style-type: none"> <li>temporal bone fractures (longitudinal, transverse, otic capsule involvement, facial nerve canal involvement)</li> </ul>		
Understand unfavourable mandibular (atrophic mandible, osteoporotic, edentulous)		
Understand principles of ORIF of the facial skeleton, incl. load bearing and load sharing osteosynthesis		
Plan surgical and non-surgical treatment of facial skeleton including 3D modelling		
Plan and understand sequence in management of pan facial fractures (airway management, sequence of facial fractures ORIF)		
Understanding specifics in paediatric facial and orbital fractures		
Understand the use of 3D planning and image guidance in management of facial skeleton fractures		
<b>Non-Surgical Treatment</b>		
		<b>Signature trainer when competency achieved</b>
Principles of conservative treatment of mandibular, midface, orbit, temporal bone		
Intermaxillary fixation (indications, limitations, contraindications)		
<b>Surgical Treatment</b>		
<b>Open reduction and internal fixation (ORIF) of the facial skeleton</b>		<b>Signature trainer when competency achieved</b>
<b>Mandible</b> <ul style="list-style-type: none"> <li>Endoscopic and/or open ORIF of the condylar fractures</li> <li>Intra/extraoral ORIF of the angular, body, symphysis mandibular fractures</li> </ul>		
<b>Midface</b> <ul style="list-style-type: none"> <li>ORIF of NOE fractures including medial canthal ligament reconstruction and fixation</li> <li>ORIF of zygomatic fractures</li> <li>Orbital floor and/or medial wall revision and reconstruction using open and/or endoscopic assisted technique</li> </ul>		
<b>Frontal sinus</b> <ul style="list-style-type: none"> <li>Endoscopic assisted transfacial/transorbital reduction of anterior wall fractures</li> </ul>		

<ul style="list-style-type: none"> <li>• ORIF of frontal sinus anterior wall fractures through coronary and/or transfacial incisions</li> <li>• Management of the posterior wall fractures</li> <li>• Frontal sinus endoscopic drainage procedures</li> <li>• Frontal sinus destructive procedures (cranialisation, obliteration)</li> <li>• Management of the dural tears and CSF leak</li> </ul>		
<b>Temporal bone fractures</b> <ul style="list-style-type: none"> <li>• Facial nerve decompression</li> <li>• Management of CSF leak in lateral skull base</li> </ul>		
<b>Orbital apex and optic canal fractures, orbital hematoma</b> <ul style="list-style-type: none"> <li>• Lateral canthotomy, cantholysis</li> <li>• Endoscopic orbital medial wall decompression</li> <li>• Endoscopic optic canal (medial) decompression</li> </ul>		
<b>Management of Complications</b>		
		<b>Signature trainer when competency achieved</b>
Bleeding		
Airway obstruction		
Abundant draining		
Cranial nerve damage		
fracture non union		
post traumatic enophthalmus		
posttraumatic facial deformity		
malocclusion		