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## **TRAINING ONCOLOGICAL HEAD-NECK SURGERY**

**a curriculum for MKA-surgeon and otolaryngologist**

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#### 1. INTRODUCTION

The quality of the Head and Neck Oncology in the Netherlands is at a high level. This high level is achieved because there is a concentration of such care in multidisciplinary head and neck oncology centers (HHOC) occurred. This process of concentration through cooperation between various professional groups within the organization of the Dutch Head and Neck Tumors (Cooperative Group) came into being.

To maintain this high level is - in addition to the concentration of care in special centers - training in head and neck oncology from the various disciplines of great importance. In this continuing are particularly scientific societies played an important role. The Dutch Association for Oral diseases, Jaw and Facial Surgery (NVMKA) and the Dutch Association of Ear, Nose and Throat Surgery of the Head and Neck Area (NVKNO) have in the 90s developed a training course in head and neck oncology. The programs were called "MKA-surgeon in continuing training Oncology" (KIVO) and "ENT physician in continuing training Oncology" (KNOVOO). Both associations have adopted a report in which the requirements are described in which the training, the trainer, the training specialist and must comply with the training program. For both courses is a register in the scientific societies.

The two year courses KIVO and KNOVOO prove a success, but after more than ten years reviewed. Due to the fact that both programs have a certain overlap and place the multidisciplinary treatments in Cooperative Group approved centers, found on this issue a consultation between the Cooperative Group, the NVKNO and NVMKA. These consultations showed that there is a need to explore the possibility of integrating wherever possible the training of KIVO and KNOVOO and to establish a training Oncology Head and Neck Surgery (OHHC).

The responsibility for training will continue at the "mother specialism", where also the registration will be accommodated. After the training, the KIVO and KNOVOO recorded respectively MKA-oncologist surgeon and otolaryngologist-oncologist. The KIVO and KNOVOO mentioned further Fellow in this piece.

The existing programs in the OHHC focus on the surgical treatment of oncological diseases of the upper respiratory and voedingsweg and the salivary glands. New developments, there are in the area of the reconstructive surgery, and the participation of head and neck surgeons in the treatment of skin tumors.

The developments in the head and neck oncology and diversity of disorders and new treatment techniques are likely to lead to an extension of the program. The modern, competence-based education offers the opportunity to deliver a personal training plan (PDP) customization. In this way the program can be adapted to the content of the function that will fulfill the fellow after training within a HHOC. After the training course to acquire other skills in the workplace. "Permanent Education" is an integral part of the work in health care.

## 2. ASSUMPTIONS

The starting point of the program is that the fellow is primarily trained as an Oncology Head and Neck Surgeon with knowledge of the biological behavior, diagnosis and curative and palliative treatment options for patients with malignant tumors in the head and neck area. In addition, there are a number of new developments in the field of reconstructive surgery and the treatment of malignancies of the skin in the face, which make expansion of the training necessary.

In addition to the new developments in the expert knowledge there are new educational principles in the meantime be used in the training to MKA-surgeon and otolaryngologist. This involves educating the competency. That means the content of the training in a PDP advance agreement of the fellow, the HHOC where he / she works and the instructor is established. Reporting on the progress of the training takes place on the basis of a portfolio. Theoretical knowledge and qualitative aspects of the practical skills are then tested by means of a Short Practice Assessment (KPB), Critical Appraised Topics (CAT) and Objective Structured Assessment of Technical Skills (OSATS). Also, there are minimum requirements with regard to the number of specific transactions.

The training builds on the training MKA surgery and training Throat, Nose and Throat. Both programs are already training based on competency. The duration of the training remains two years. The course will consist of a number of compulsory modules and a number of optional modules. As a fellow trained for a certain position within a HHOC, there may be provided by the customized option. POP offers the opportunity to capture this individualisation of further education. The focus is on oncology and surgical training. The PDP is in consultation with the trainer and the HHOC where the fellow will work prepared and submitted to the registration committee.

The educator is part of a recognized by the Cooperative Group HHOC. A part of the program, with a maximum of six months, may take place outside the center after approval by the registration committee. If part of the training takes place elsewhere for more than six months, it must be submitted to the registration committee.

In a PDP indicates which modules fellow in the HHOC and which modules he / she follows the outside HHOC. The requirements, including the compulsory modules, which are placed on the fellow and the requirements that the trainer and the training establishment must fulfill are set out in the General and Special requirements of the further training of the NVMKA and NVKNO. The trainer and the training device are inspected in accordance with these requirements.

Training a fellow takes place on the basis of need, ie an available position or a long term position available as OHHC in HHOC. The financing of the program is the responsibility of the HHOC which fellow OHHC trained.

### 3. OCCUPATIONAL oncological head and neck surgeon

The MKA-oncologist surgeon and otolaryngologist-oncologist are cutting specialists who have knowledge and skills in the field of diagnostics, surgical treatment and follow-up of patients with malignant abnormality in the head and neck. This mainly involves cancers of the upper respiratory and voedingsweg, salivary glands, bone and soft tissue of the face and metastases in the head and neck tumors elsewhere in the body. In addition, forms include tumors of the skin and certain benign tumors in the head and neck, the diagnosis and treatment speciële skills and often require a multidisciplinary approach, part of the interest.

The Cooperative Group and the Health Care Inspectorate (Inspectorate) have described conditions under which these highly complex, low volume care HHOC must take place (Note Cooperative Group in 2013 and notes Cooperative Group-Healthcare Inspectorate, 2011). The training and the functioning of the MKAchirurg oncologist and the otolaryngologist-oncologist, will take place within these frameworks.

## 4. STRUCTURE OF THE TRAINING

Training shall be given under the auspices of an accredited trainer by the NVMKA NVKNO or in an approved by the Cooperative Group HHOC, based on a PDP. The training lasts two years and takes on a fulltime basis with 80% of the time available for training OHHC and 20% for keeping the skills of the mother's specialty. A part-time training is possible, with a minimum stake of 60% for the training OHHC. When a part-time education, training duration is extended accordingly. Part of the training may also take place elsewhere after approval of the personal training plan (see 2).

### 4.1 training

Depending on the profile of the HHOC where OHHC going to work, prepared by the fellow a personal training plan in consultation with the instructor and submitted for approval to the registration committee that assesses the fellow and enroll in the registry of the relevant specialty. The modules from which the PDP can be assembled are described in the annexes.

### 4.2 themes

#### 4.2.1 Themes general

The personal training, the following general themes in conjunction with the modules to be addressed:

#### 1. Basics

- Basic course in oncology of the Dutch Society for Oncology
- spectroscopy Course
- imaging
- By training prescribed literature
- guidelines
- Epidemiology

#### 2. Communication

- Communication with the patient and family
- Presentation case within discipline
- Presentation case within group
- communications staff
  - nursing
  - medical administration
  - Paramedics (hygienist, speech therapist, nutritionist and physiotherapist)
  - psychosocial care provider
- communication colleagues
  - referrers
  - fellow practitioners

#### 3. Organization

- Within discipline (pathway)

- Within group (care program)
- **Referrals 1. and 2. line**
- transmural care
  - curative
  - palliative

#### 4. Science

- a nomination
- An article in an international peer-reviewed journal (see 5.2.7)

##### 4.2.2 Themes speciëel

serve in the RDP - the chosen modules - the following specific topics to be addressed

| 1. DIAGNOSTICS                            | Level* |
|---|--------|
| <b>physical diagnosis</b>                 |        |
| Face                                      | 5      |
| oral cavity                               | 5      |
| Naso / oro / hypopharynx / nose (sinuses) | 5      |
| larynx                                    | 5      |
| Neck                                      | 5      |
| salivary glands                           | 5      |
| <b>Imaging head and neck</b>              |        |
| CT  | 3      |
| MRI                                       | 3      |
| PET                                       | 3      |
| Echo                                      | 3      |
| <b>biopsy</b>                             |        |
| incisional biopsy                         | 5      |
| puncture                                  | 5      |
| Research in anesthesia / endoscopy        | 5      |
| Staging head and neck cancer              | 5      |

\* see 4.3 mastery level

| <b>2. THERAPY</b>                    | <b>Level*</b> |
|--------------------------------------|---------------|
| <b>treatment</b>                     |               |
| follow directive                     | 5             |
| considerations                       | 5             |
| alternatives                         | 5             |
| Morbidity                            | 5             |
| <b>treatment Modalities</b>          |               |
| Surgery                              | 5             |
| radiotherapy                         | 1             |
| medical Oncology                     | 1             |
| <b>Reconstruction</b>                |               |
| - local and regional                 | 5             |
| - Free transplantation (** elective) | 1-4 **        |
| special Dentistry                    | 1             |
| implantology                         | 1-4 **        |

\* see 4.3 mastery level

| <b>3. REVALIDATION</b> | <b>Level*</b> |
|------------------------|---------------|
| <b>supportive care</b> |               |
| Oral Hygiene           | 1             |
| Physiotherapy          | 1             |
| dietetics              | 1             |
| Speech therapy         | 1             |
| Psychosocial care      | 3             |

\* see 4.3 mastery level

#### **4.3 Mastery Levels**

In the PDP, the fellow must indicate at what level will be mastered a skill. KPB- and OSATS reviews in the portfolio serve as evidence for the achievement of the agreed level.

The following five levels of competency are applied:



1. the fellow has adequate knowledge of the subject;
2. The fellow can perform the duties attached to this theme, but under strict supervision;
3. The fellow can perform the duties under limited supervision with this theme;
4. The fellow can perform the duties without supervision in this theme;
5. the fellow supervises and teaches others to appropriate the belonging to this topic tasks.

#### **4.4 Characteristic professional situations (KBS)**

This document mentioned characteristic professional situations that can be used for assessment of the fellow. In the PDP, the KBS are going to be assessed included, together with the instruments that will be used (KPB, OSATS) and will be judged on what level (see 4.3).

#### **4.5 Skills and operations**

Besides a thorough theoretical knowledge the fellow will have to become proficient in skills and operations associated with the selected modules. In the RDP should be included and what skills are governed by the end of the training at any level. In addition to documentary evidence in the form of KPB and OSATS, a minimum number of transactions will be agreed in consultation with the trainer.

#### **4.6 Workplace Learning and Teaching Discipline Transcending (DOO)**

Because of its multidisciplinary nature, it is important that the fellow is also orients the content and **capabilities of the medical and paramedical disciplines in head and neck oncology participate**. This DOO in the form of placements is determined by a report in the RDP and the portfolio.

#### **4.7 Course program**

For some topics, there are courses that are well suited to follow OHHC as part of the training. Examples are the Basic Oncology of the Dutch Society for Oncology and microscopy courses. In consultation with the trainer, other courses, possibly abroad, are included in the RDP.

## 5. FEEDBACK, KEYS AND EVALUATE

### 5.1 Feedback

Feedback is a good tool to coach fellow at the goal, be a good OHHC. The training which is often characterized by a "master - apprentice" has situation lends itself well to provide feedback. Both the trainer and the fellow can engage a situation to give feedback or to ask for it. In addition to informal feedback, must be given to these structurally on the basis of a mandatory format (KPB, OSATS and CAT) and are used as examination or assessment time. is listed in the training for which aspects these documents must be provided and included in the portfolio.

### 5.2 Instruments for testing and assessment

#### 5.2.1 Short Practice Assessment (KPB)

The KPB is a tool to assess the fellow on the basis of the seven competencies.

The competencies are:

1. medical practice
2. Communication
3. Collaboration
4. Knowledge and science
5. social action
6. Organization
7. Professionalism

There are many situations that can be assessed on the basis of a KPB, such a history, bad news, presenting a case to the supervisor or a multidisciplinary consultation. When conducting a KPB is no need to assess all competencies. However, there should be sufficient so that eventually KPB'en finally reviewed all competencies. The initiative for conducting a KPB and responsibility that sufficient KPB'en are located in the portfolio at the fellow.

#### 5.2.2 Objective Structured Assessment of Technical Skills (OSATS)

Operations are always assessed with a OSATS. Skills can be assessed with a OSATS but also with KPB. The assessment of (surgical) skills and operations will take place immediately after the end of a (surgical) operation. It is a feedback tool that allows the fellow in a short time on important issues (eg fabric treatment, knowledge of the process, progress, use and control of assistance) can be assessed from the surgery. There is also space for tips and tricks. Eventually indicate the assessor or the fellow may have under, performed at or above level. The instrument is in itself formative but adequate reviews of a variety of transactions, the educator can

during the  
suitability assessment there on summative way use.

### **5.2.3 Critically Appraised Topic (CAT)**

CAT is a critical assessment of a situation related to a specific clinical scenario. This then leads to a standardized, based on recent literature, answer the clinical question. Such an exercise begins with the formulation of a useful question continues in turning the problem in a targeted literature review, and selection of relevant literature takes place. It then ends up with a conclusion which provides an answer to the initial question. This method responds to learn to read the need literature, interpret and appreciate in relation to the daily practice. The abstracts, clinical presentations and CATs are a specific assessment form evaluated in the form of a formative feedback.

### **5.2.4 360-degree assessment**

The 360-degree assessment is a method in which a representative group of stakeholders in the workplace will be asked to assess the functioning of the fellow according to a fixed format. This means that nurses, secretarial staff, facility employees, fellow colleagues, paramedics and staff members to a brief assessment is requested. It will be used in a formative way.

### **5.2.5 Self-reflection**

Reflection is a process of awareness and takes place after an experience or a period when experience is gained. It is the "reinterpretation of experience and knowledge" on the basis of which their own actions can be adjusted if desired. The reflection in writing (in a fixed format) recorded in the portfolio, this is a formative aspect.

### **5.2.6 Nomination**

The fellow must be present during the follow-up OHHC least once a presentation at a scientific conference. This is a formative aspect.

### **5.2.7 First author peer-reviewed article**

The fellow is at the end of the training OHHC least have offered one scientific paper for publication in a peer-reviewed journal. This is a formative aspect. Previous articles published in the oncology field work quite comforting.

### 5.2.8 When?

See Diagram 1, key matrix, education, keyboards, competencies and assessment.

#### Tier 1 Key Matrix, with state education and assessment tools, skills and assessments

| review   | year 1                                   | year 2                                   |
|--|--|--|
| <b>Progress Call All competences</b>   | 2 x                                      | 2 x                                      |
| <b>fitness Assessment all skills</b>   | 6 months                                 |  |
| <b>360-degree assessment Communication, cooperation, organization and professionalism</b>                          | 1 x                                      | 1 x                                      |
| <b>CAT ( Critical Appraised Topic) Knowledge and science, organization</b>   | 2 x                                      | 2 x                                      |
| <b>Multidisciplinary patient discussion Knowledge and science, communication, organization and professionalism</b> | 10 x KPB                                 | 10 x KPB                                 |
| <b>Abstracting knowledge and science, organization</b>   | 1 x                                      | 1 x                                      |
| <b>OSATS Medical practice, knowledge and science</b>   | • 15 per year                            | • 15 per year                            |
| <b>KPB All competences</b>   | • 20 per year                            | • 20 per year                            |
| <b>Course program</b>  | scientific meeting<br>association<br>DOO | scientific meeting<br>association<br>DOO |
| <b>Article and lecture Knowledge and science</b>   |  |  |

### 5.2.9 Portfolio and progress meetings

The portfolio should contain the approved RDP. The portfolio is the basis for the progress meetings. The portfolio and the reporting of the progress meetings are the evidence of training. The portfolio will likely continue to play a role in the recording of competences acquired upon completion of training. This is more than a directory data. It is intended to structure the training for the fellow and instructor, to encourage the fellow to self-reflection and active learning and to monitor progress and, if necessary, make adjustments in the program. For each progress meeting the fellow is a self-reflection, which is succinctly

look back on the period being reviewed. At the final interview will find the self-reflection throughout the training site. Finally, the portfolio has a log function. It is judged on the basis of the POP. By gathering (obligatory) documentation is a balanced and varied picture of the progress of training the fellow for both the fellows themselves and the trainer thus both will be better able to steer the training.

The portfolio is divided into a section for personal advancement, a section for feedback and evaluation forms and a section with a log function in accordance with the above-described objects of the portfolio.

The portfolio of the fellows includes at least the following components:

- an individual education plan (IDP), including training schemes;
- reflection reports;
- the documents for the review / assessment of the fellow (KPB, OSATS, CAT, 360-degree feedback, etc.);
- placement assessments;
- held lectures and / or presentations;
- published articles;
- the courses followed, including certificates;
- participation certificates regional and national education days;
- overview of operations.

## **Appendix 1. Modules**

For continuing the following modules have been formulated:

1. Lip, oral cavity
2. oropharynx
3. Nose and paranasal sinuses (endoscopic and endoscopic not)
4. nasopharynx
5. larynx
6. hypopharynx
7. Major salivary glands
8. skull Base
  - a. not endoscopically
  - b. endoscopically
9. Neck
10. skin tumors
11. Reconstructive surgery
  - a. stalked grafts
  - b. free vascularized grafts
12. Implantology and Special Dentistry

The compulsory modules for each specialty are formulated in the General and Particular requirements for this specialty.

For the module lip and oral cavity is also the module and special dental implantology at level 1 (the fellow has sufficient knowledge of the subject) required.

## Annex 2 Head and neck oncology

### A. description competencies

| competence area       | the fellow   |
|-----------------------|--|
| medical practice      | <ul style="list-style-type: none"> <li>- may take a biopsy in oncology responsibly;</li> <li>- can bring the patient effectively in the care process of HHOC and ensure adequate progress in the diagnosis and treatment;</li> <li>- is able to provide complicated peri-operative care in oncology patients;</li> <li>- is able to perform a tracheotomy;</li> <li>- is capable of a functional and aesthetic rehabilitation work out for patients with tumors in the head and neck area.</li> </ul>  |
| Communication         | <ul style="list-style-type: none"> <li>- can advise on a comprehensive and humane and counseling, with the goal of the patient and his / her relatives to involve as much as possible when deciding on the diagnostic and therapeutic policy;</li> <li>- is able to perform a bad news call.</li> </ul>  |
| Collaboration         | <ul style="list-style-type: none"> <li>- communicates with all other medical and paramedical specialties involved in the diagnosis and treatment of the patient in the first and second line and inside the HHOC.</li> </ul>   |
| Knowledge and science | <ul style="list-style-type: none"> <li>- know the guidelines or. Protocols of the Cooperative Group and the guidelines of the HHOC. Based on the guidelines and patient factors is drawn a treatment plan;</li> <li>- know the TNM classification system and can apply it;</li> <li>- knows the surgical anatomy of the head and neck area and can estimate on this basis when functional inoperability existence;</li> <li>- know the indications, mechanisms of action and side effects of chemotherapy and radiotherapy;</li> <li>- has knowledge of mechanism of action of hyperbaric oxygen.</li> </ul> |
| social action         | <ul style="list-style-type: none"> <li>- is at the height of the predisposing oncogenic risk of smoking, alcohol and HPV-infections and, where possible, performs a discouragement;</li> <li>- is able to organize from the hospital after discharge non-hospital patient care.</li> </ul>   |
| Organization          | <ul style="list-style-type: none"> <li>- contributes to effective interdisciplinary collaboration and integrated care oncology;</li> <li>- is aware of information related to head and neck oncology;</li> <li>- is aware of the role the Comprehensive Cancer Centre of the Netherlands (IKNL);</li> <li>- is aware of the guidelines of the Cooperative Group and Inspectorate in respect of head and neck oncology.</li> </ul>  |
| Professionalism       | <ul style="list-style-type: none"> <li>- verify that the patient understands what is being said and take into account if necessary. knowledge and fears about the nature of the disease and the consequences of the disease for all aspects of quality of life;</li> </ul>   |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>- is able to clarify the ethical arguments and positions opposite to justify colleagues patients and health professionals;</li> <li>- is able to coach the cancer patient in making decisions during the course of treatment.</li> </ul> |
|--|---|

**B. Characteristic professional situation Oncology**

| <b>Number</b> | <b>Characteristic professional situation</b>   | <b>KPB</b> |
|---------------|--|------------|
| 13.1.1        | Patients with malignant tumor of the skin or mucous membranes. Each site listed in the curriculum  | 2          |
| 13.1.2        | Patients with malignant bone or soft tissue tumor  | 2          |
| 13.1.3        | Patient with malignant salivary gland tumor. Each site listed in the curriculum                    | 2          |
| 13.1.4        | Patient with malignant lymphoma  | 2          |
| 13.1.5        | Patient with metastasis in the head and neck area from elsewhere in the body located primary tumor | 2          |

**c. Skills & operations, feedback Oncology**

| <b>Number</b> | <b>Skills &amp; operations</b>   | <b>KPB</b> | <b>OSATS</b> | <b>Number</b> |
|---------------|--|------------|--------------|---------------|
| 13.2.1        | incisional biopsy  |            |              | 1             |
| 13.2.2        | excisional biopsy  |            |              | 1             |
| 13.2.3        | Surgical treatment of malignant tumors in the head and neck region, a site mentioned in the curriculum |            |              | 2             |
| 13.2.4        | Neck dissection, by type   |            |              | 2             |
| 13.2.5        | Tracheotomy  |            |              | 3             |
| 13.2.6        | Carry bad news talk  |            |              | 10            |

The standard here is the level of control as indicated in 4.2.2 and 4.3



attachment 3     **Reconstructive surgery**

**A.     Description competencies reconstructive surgery**

| competence area       | the fellow   |
|-----------------------|--|
| medical practice      | <ul style="list-style-type: none"> <li>- know on the basis of expected defects in oncological surgery and the findings on physical examination of the complaints of the patient, to draw up an appropriate plan of action, taking into account the functional and aesthetic reconstructive ladder, with the expectations and wishes of the patient and the potential risks and morbidity;</li> <li>- is able to harvest free, non-vascularized tissues and to be transplanted;</li> <li>- is able to harvest freely vascularised tissues, and to be transplanted;</li> <li>- is able to carry out intra- and extra-oral pedicled regional plastics;</li> <li>- is able to make use of simple or compound grafts;</li> <li>- mastered the basic skills of maxillofacial prosthetics.</li> </ul> |
| Communication         | <ul style="list-style-type: none"> <li>- is capable of the tension between functional and aesthetic reconstruction on the one hand possible to make optimum other hand insight into a patient and his / her guidance.</li> </ul>   |
| Collaboration         | <ul style="list-style-type: none"> <li>- works well with colleagues and employees of adjacent specialties.</li> </ul>  |
| Knowledge and science | <ul style="list-style-type: none"> <li>- know the guidelines or. Protocols on the reconstructive surgery and is in its handle it.</li> </ul>   |
| social action         | <ul style="list-style-type: none"> <li>- is aware of its social responsibility, including cost consciousness, regarding the provision of reconstructive surgery.</li> </ul>  |
| Organization          | <ul style="list-style-type: none"> <li>- takes responsibility for the coordination of multidisciplinary treatment planning for functional and esthetic orofacial rehabilitation.</li> </ul>  |
| Professionalism       | <ul style="list-style-type: none"> <li>- verify that the patient understands what is being said and take into account if necessary. knowledge and fears about the nature of the disease and the consequences of the disease for all aspects of quality of life;</li> <li>- is able to clarify the ethical arguments and positions opposite to account for patients and health workers colleagues why is chosen for a specific reconstructive technique.</li> </ul>   |

**B. Characteristic professional situation reconstructive surgery**

| <b>Number</b> | <b>Characteristic professional situation</b>   | <b>KPF</b> |
|---------------|--|------------|
| 14.1.1        | Patient is scheduled for ablative tumor surgery resulting aesthetic and functional defects (primary reconstructions). By reconstructive technique mentioned in the curriculum. | 2          |
| 14.1.2        | Patient with worth due ablative tumor surgery aesthetic and functional defects (secondary reconstructions). By reconstructive technique mentioned in the curriculum.           | 2          |

**C. Skills & operations, feedback reconstructive surgery**

| <b>Number</b> | <b>Skills &amp; operations</b>  | <b>KPF</b> | <b>SATS</b> | <b>Number</b> |
|---------------|---|------------|-------------|---------------|
| 14.2.1        | Taking a mucosal or free skin graft   |            |             | 2             |
| 14.2.2        | Harvesting free bone graft. Each site listed in the curriculum.   |            |             | 2             |
| 14.2.3        | Bone graft reconstruction using free bone.  |            |             | 2             |
| 14.2.4        | Reconstruction with the aid of an individually produced allo lye implant.   |            |             | 5             |
| 14.2.5        | Putting bobbin and free skin graft after bovenkaakresectie  |            |             | 3             |
| 14.2.6        | Reconstruction parts- in soft tissue and / or bone defects with free or pedunculated skin, bone and / or muscle grafts. By technique mentioned in the curriculum<br><br>The standard here is the level of control as indicated in 4.2.2 and 4.3 |            |             | 5             |

## Appendix 4 Dermato-Oncology

### A. Description competencies Dermato-Oncology

| competence area       | the fellow  |
|-----------------------|---|
| medical practice      | <ul style="list-style-type: none"> <li>- has knowledge of the surgical anatomy of the face;</li> <li>- knows on the basis of the pathology to draw up a plan of action for the treatment of a malignancy of the skin of the face, while taking into account the functional and aesthetic reconstructive ladder, with the expectations and desires of the patient and to the potential risks and morbidity;</li> <li>- implements guidelines dermato-oncological surgery of the Dutch Society of Dermatology and Venereology, the Dutch Society for Plastic Surgery and the Cooperative Group.</li> <li>- can perform excisions of skin in the face and the surgical reconstruction of the defect caused planning and execution;</li> <li>- is able to perform a cosmetic scar responsible corrections.</li> </ul> |
| Communication         | <ul style="list-style-type: none"> <li>- knows aesthetic and functional problems of surgical treatment of skin tumors to make clear to a patient.</li> </ul>  |
| Collaboration         | <ul style="list-style-type: none"> <li>- works with the dermato (onco) liquor and the plastic surgeon.</li> </ul>   |
| Knowledge and science | <ul style="list-style-type: none"> <li>- know when it is appropriate to act at a pace or two tempi dermato-oncology;</li> <li>- knows the principles of Mohs chirurgie.</li> </ul>  |
| social action         | <ul style="list-style-type: none"> <li>- is aware of its social responsibility, including cost consciousness, regarding the provision of dermatooncologie.</li> </ul>   |
| Organization          | <ul style="list-style-type: none"> <li>- takes responsibility for abnormalities in the coordination of multidisciplinary treatment planning of dermato-oncology.</li> </ul>   |
| Professionalism       | <ul style="list-style-type: none"> <li>- verify that the patient understands what is being said and take into account if necessary. knowledge and fears about the nature of the disease and the consequences of the disease for all aspects of quality of life;</li> <li>- is able to clarify the ethical arguments and positions opposite to account for patients and health workers colleagues why is chosen for a particular modality oncology.</li> </ul>   |

### B. Characteristic professional situation dermatosurgery

| Number | Skills & operations   | KPB |
|--------|---|-----|
| 16.1.1 | Patient with pre-malignant dermal lesion in the head and neck area. | 2   |
| 16.1.2 | Patient with a malignant dermal lesion in the head and neck         |     |

|  |                       |   |
|--|-----------------------|---|
|  | - eyelids             | 2 |
|  | - ears                | 2 |
|  | - nose                | 2 |
|  | - lips                | 2 |
|  | - Other localisations | 4 |

**c. Skills & operations, feedback dermatosurgery and aesthetic surgery**

| <b>Number</b> | <b>Skills &amp; operations</b>   | <b>KPB</b> | <b>OSATS</b> | <b>Number</b> |
|---------------|--|------------|--------------|---------------|
| 16.2.1        | Excision malignant dermal lesion in the head and neck area. Per localization of at least 2 x and 2 x bcc pcc |            |              |               |
|               | - eyelids  |            |              | 5             |
|               | - ears   |            |              | 5             |
|               | - nose   |            |              | 5             |
|               | - lips   |            |              | 5             |
|               | - other localizations  |            |              | 5             |
|               | - melanoma   |            |              | 3             |

The standard here is the level of control as indicated in 4.2.2 and 4.3

## Annex 4 Implantology and Special Dentistry

### C. Description competencies Implantology and Special Dentistry (Maxillofacial prosthetics)

| competence area       | the fellow  |
|-----------------------|---|
| medical practice      | <ul style="list-style-type: none"> <li>- knows the possibilities of implantology and special dental care to treat functional and aesthetic complaints of the patient and expected defects in oncological surgery;</li> <li>- knows how to ablative and reconstructive surgery there is an optimum starting position for the deployment of implant and prosthetic treatment can be created;</li> <li>- know the indications and contraindications for the use of implants in bone in head and neck cancer patients;</li> <li>- , in cooperation with the maxillofacial prosthodontist a schedule for the implementation of an implant-supported prosthesis;</li> <li>- lege artis can place implants in head and neck cancer patients;</li> <li>- has knowledge of planning implant in patients who have been or still are going to be irradiated;</li> <li>- knows the process of the manufacture of prostheses in the maxillofacial area.</li> </ul> |
| Communication         | <ul style="list-style-type: none"> <li>- is capable of the tension between functional recovery on the one hand and aesthetically possible to make optimum other hand insight into a patient and his / her guidance.</li> </ul>  |
| Collaboration         | <ul style="list-style-type: none"> <li>- works well with colleagues and employees of adjacent specialties, particularly maxillofacial prosthodontist, the implantologist and the plastic surgeon.</li> </ul>  |
| Knowledge and science | <ul style="list-style-type: none"> <li>- know the guidelines or. Protocols on implantology and maxillofacial prosthodontics and coordinates his actions accordingly.</li> </ul>   |
| social action         | <ul style="list-style-type: none"> <li>- is aware of its social responsibility, including cost consciousness, regarding the provision of implantology and maxillofacial prosthetics.</li> </ul>   |
| Organization          | <ul style="list-style-type: none"> <li>- takes responsibility for the coordination of multidisciplinary treatment planning for functional and esthetic orofacial rehabilitation.</li> </ul>   |
| Professionalism       | <ul style="list-style-type: none"> <li>- verify that the patient understands what is being said and take into account if necessary. knowledge and fears about the nature of the disease and the consequences of the disease for all aspects of quality of life;</li> <li>- is able to clarify the ethical arguments and positions opposite to justify why patients and colleagues, health professionals or is not chosen a reconstructive technique.</li> </ul>   |

#### D. Characteristic professional situation Implantology and Special Dentistry

| <b>Number</b> | <b>Characteristic professional situation</b>  | <b>KPB</b> |
|---------------|---|------------|
| 14.1.1        | Patient is scheduled for ablative tumor surgery resulting aesthetic and functional defects which <b>primary</b> implantology and / or maxillofacial prosthetics must be applied. By reconstructive technique mentioned in the curriculum.   | 2          |
| 14.1.2        | Patient is scheduled for ablative tumor surgery resulting aesthetic and functional defects which <b>secondary</b> implantology and / or maxillofacial prosthetics must be applied. By reconstructive technique mentioned in the curriculum. | 2          |

#### c. Skills & operations, Implantology and Special Dentistry

| <b>Number</b> | <b>Skills &amp; operations</b>   | <b>KPB</b> | <b>OSATS</b> | <b>Number</b> |
|---------------|--|------------|--------------|---------------|
| 14.2.1        | Planning a resection with reconstruction using implants and / or maxillofacial prosthetics |            |              | 2             |
| 14.2.2        | Placing implants in the maxilla, mandible  |            |              | 2             |
| 14.2.3        | Placing implants in reconstructed maxilla and mandible                                     |            |              | 2             |
| 14.2.4        | Placing implants serving orbital, ear and nose prostheses                                  |            |              | 3             |
| 14.2.5        | Putting bobbin and free skin graft after bovenkaakresectie                                 |            |              | 3             |
| 14.2.6        | Digital planning for implantology and / or maxillofacial prosthetics                       |            |              | 3             |

The standard here is the level of control as indicated in 4.2.2 and 4.3

**Contents portfolio**

General data Fellow

- a.      Personal fellow
- b.      Curriculum vitae
- c.      personal training

personal progress

- 1.      assessment training
- 2.      Self-reflection fellow
- 3.      progress Call
- 4.      Individual training progress
- 5.      forms
- 5.1 Brief practical assessment (KPB)
- 5.2 Objective Structured Assessment of Technical Skills (OSATS)
- 5.3 Critical Appraised Topic (CAT)
- 5.4 360-degree assessment
- 6.      transactions List
- 7.      Science
- 8.      Official List

## **General data Fellow**

### **a. Personal fellow**

Name and initials: Name:

Address:

Postcode and city: Email:

Date of birth: Education:

Trainer (s): BIG number

doctor: BIG number

dentist:

Training Registry Number (RTS number):



**b. Curriculum vitae**

**Personal fellow**

Name:

First Name:

Address:

Telephone: E-mail

Born: Nationality

Marital status:

**training**

**MKA-surgery**

True

trainer

When

**Ear Nose and Throat**

True

trainer

When

**Research**

Promotion and publication

1. Are you promoted?

1a. If so, when

2. What is the title of your thesis?

3. Performed of current scientific research and, if so, led by whom?

4. Are there any scientific publications in your name?

4a. If so, please add publication list

**Work experience**

**c. Personal training (POP)**

**1. modules**

**module**

Typical professional situations

Skills and operations

Method of testing

mastery Level

**module**

Typical professional situations

Skills and operations

Method of testing

mastery Level

**module**

Typical professional situations

Skills and operations

Method of testing

mastery Level

**individual profiling**

Up to three months, by filling out fellow; may also be a part of a module.

## **2. Themes general**

### **Basics**

- Basic course in oncology of the Dutch Society for Oncology
- spectroscopy Course
- imaging
- By training prescribed literature
- guidelines
- Epidemiology

### **Communication**

- Communication with the patient and family
- Presentation case within discipline
- Presentation case within group
- communications staff
  - nursing
  - medical administration
  - Paramedics (hygienist, speech therapist, nutritionist and physiotherapist)
  - psychosocial care provider
- communication colleagues
  - referrers
  - fellow practitioners

### **Organization**

- Within discipline (pathway)
- Within group (care program)
- **Referrals 1. and 2. line**
- transmural care
  - curative
  - palliative

### **Science**

- a nomination
- An article

### 3. Themes speciëel

Topics speciëel must be reported within the selected modules

| 1. diagnostics                           | Level* |
|--|--------|
| <b>physical diagnosis</b>                |        |
| Face                                     | 5      |
| oral cavity                              | 5      |
| Naso / Oro / hypofarynx / nose (sinuses) | 5      |
| larynx                                   | 5      |
| Neck                                     | 5      |
| salivary glands                          | 5      |
| <b>Imaging head and neck</b>             |        |
| CT                                       | 3      |
| MRI                                      | 3      |
| PET                                      | 3      |
| Echo                                     | 3      |
| <b>biopsy</b>                            |        |
| incisional biopsy                        | 5      |
| puncture                                 | 5      |
| Research in anesthesia / endoscopy       | 5      |
| Staging head and neck cancer             | 5      |

\* see 4.3 mastery level

| 2. Therapy                  | Level* |
|-----------------------------|--------|
| <b>treatment</b>            |        |
| follow directive            | 5      |
| considerations              | 5      |
| alternatives                | 5      |
| Morbidity                   | 5      |
| <b>treatment Modalities</b> |        |
| Surgery                     | 5      |
| radiotherapy                | 1      |

|                                      |        |
|--------------------------------------|--------|
| medical Oncology                     | 1      |
| <b>Reconstruction</b>                |        |
| - local and regional                 | 5      |
| - Free transplantation (** elective) | 1-4 ** |
| special Dentistry                    | 1      |
| implantology                         | 5      |

\* see 4.3 mastery level - \*\* elective

|                        |               |
|------------------------|---------------|
| <b>3. Revalidation</b> | <b>Level*</b> |
| <b>supportive care</b> |               |
| Oral Hygiene           | 1             |
| Physiotherapy          | 1             |
| dietetics              | 1             |
| Speech therapy         | 1             |
| Psychosocial care      | 3             |

\* see 4.3 mastery level

#### **d. Review, assessment and evaluation**

##### **personal progress**

1. assessment training
2. Self-reflection fellow
3. progress Call
4. Individual training progress

# 1. Training

## Course Participation

| Date / Period | Course | place | completed |
|---------------|--------|-------|-----------|
|               |        |       |           |
|               |        |       |           |
|               |        |       |           |
|               |        |       |           |
|               |        |       |           |
|               |        |       |           |

## internships

| Date | subject | place | completed |
|------|---------|-------|-----------|
|      |         |       |           |
|      |         |       |           |
|      |         |       |           |
|      |         |       |           |
|      |         |       |           |
|      |         |       |           |

## remainder

| Date | subject | place | completed |
|------|---------|-------|-----------|
|      |         |       |           |
|      |         |       |           |
|      |         |       |           |
|      |         |       |           |
|      |         |       |           |
|      |         |       |           |

\* obtained certificates behind joints

## 2. Form introspection fellow

### Skills training Oncology Head and Neck Surgery

| <b>Assessment Scale:</b>                                     |  |
|--|--|
| <b>Fellow name:</b><br><b>Date:</b><br><b>Year training:</b> | <b>NORM</b>  |
| <b>Put each competence a cross on the line</b>               | <div style="display: flex; justify-content: space-between; align-items: center;"> <div>-----</div> <div>    </div> <div>-----</div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div></div> <div>-</div> <div></div> </div> |



#### medical practice

*Possess knowledge and skill into the state of the art.*

+

*Fits the diagnostic and therapeutic arsenal of the profession well increasing. Delivers effective and ethical patient care. Quickly find the required information and adapts well to.*



#### Communication

*Builds effective treatment relationships with patients.*

+

*Listens well and efficiently obtains relevant patient. Discusses good medical information with patients and families. Does adequate oral and written reports on patient cases.*



#### Collaboration

*Consults effectively with colleagues and other health care providers.*

+

*Refers adequate.  
Provides effective peer consultation.  
Contributes to effective interdisciplinary collaboration and integrated care.*



#### Knowledge and science

*Consider medical information critically.*

+

*Promote the expansion and development of scientific knowledge. Develops and maintains a personal continuing education plan. Promotes the expertise of students, PhD students, colleagues, patients, and others.*



#### social action

*Knows and recognizes the determinants of disease.*

+

*Promotes the health of patients and the community as a whole. Act in accordance with the relevant legal provisions. Shall adequately to incidents in care.*



### Organization

*Distributes power between good patient care, education and*

+

*Other activities.*

*Spend the available funds accounted for patient care. Works effectively and efficiently in a health care organization. Use ICT appropriately for optimal patient care, and for their own learning.*

N

----- | | | | ----- I.

-



### Professionalism

*Provides quality patient care with integrity, sincere*

+

*and committed way.*

*Exhibits adequate personal and interpersonal professional behavior. Know the limits of their own competence and act within it. medicine practice ethically forward to the standards of the profession.*

N

----- | | | | ----- I.

-



### 3. Form progress interview

Fellow name: Name

trainer (s):

Date:

#### medical practice

|   |  |
|---|--|
| Knowledge and diagnostic skills Operative |  |
| skills Perioperative Care                 |  |
|   |  |
| Dealing with patient and family Trading   |  |
| emergency handling any complications      |  |
|   |  |

#### Communication

|  |  |
|--|--|
| Explanation of indications and treatment research        |  |
| <u>Identifying feelings of the patient and relatives</u> |  |
| Dealing with informed consent                            |  |
| Reporting Status Lining                                  |  |
| Correspondence   |  |
|  |  |

#### Collaboration

|                                |  |
|--------------------------------|--|
| Within the staff               |  |
| The assistant group with the   |  |
| nurses to paramedics           |  |
|                                |  |
| Participation in Management    |  |
| Accessibility for consultation |  |

#### Knowledge and science

|  |  |
|--|--|
| solving clinical problems (EBM) Literature |  |
| knowledge                                  |  |
| Scientific research Contribution to        |  |
| Education                                  |  |

**social action**

|                                |  |
|--------------------------------|--|
| Guiding patients and relatives |  |
| Prevention                     |  |
| Access to care Cost            |  |
|                                |  |

**Organization**

|                                       |  |
|---------------------------------------|--|
| Knowledge of the organization Mastery |  |
| turnaround Appropriate use of the     |  |
| organization                          |  |

**Professionalism**

|                                      |  |
|--------------------------------------|--|
| Interest of the patient to know      |  |
| central Taking responsibility Limits |  |
|                                      |  |

|           |  |
|-----------|--|
| Specifics |  |
|-----------|--|

|            |  |
|------------|--|
| Conclusion |  |
|------------|--|

|              |  |
|--------------|--|
| appointments |  |
|--------------|--|

For approval:

*Fellow*

*trainer*

#### 4. Individual training progress

|                |                 |
|----------------|-----------------|
| Name FELLOW:   | Date:           |
| Name reviewer: | Education Year: |

Nav Year Interview dated:

|   |
|---|
| IMPROVEMENT; which <b>KBS</b> , <b>themes</b> and <b>competences</b> need more emphasis |
|   |
| HOW TO GET THERE  |
|   |
| WITHIN WHICH TIME FRAME   |
|   |
| HOW TO KEYS   |
|   |

## **5. forms**

5.1 Brief practical assessment (KPB)

5.2 Objective Structured Assessment of Technical Skills (OSATS)

5.3 Critical Appraised Topic (CAT)

5.4 360-degree assessment

5.1 **KPB NB KPF in form has Short Practice Assessment (KPB) to**

## 1. KPF formulier

| Korte Praktijk Feedback (KPF)                            |  |
|--|--|
| Beoordelaar:   | Plaats: Poli POK SEH OK Overdracht Visite  |
| Aios:  | Complexiteit: Gering Matig Groot   |
| Thema:<br>KBS:<br>Niet chirurgische vaardigheid:         | Competenties:<br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; background-color: yellow;">M</div> <div style="border: 1px solid black; padding: 2px 5px; background-color: cyan;">C</div> <div style="border: 1px solid black; padding: 2px 5px; background-color: green;">S</div> <div style="border: 1px solid black; padding: 2px 5px; background-color: yellow;">W</div> <div style="border: 1px solid black; padding: 2px 5px; background-color: red;">MH</div> <div style="border: 1px solid black; padding: 2px 5px; background-color: red;">O</div> <div style="border: 1px solid black; padding: 2px 5px; background-color: purple;">P</div> </div> |
| Datum:<br>Handtekening supervisor:<br>Handtekening aios: | invullen in vakjes hieronder   |
| Advies/opmerkingen                                       |  |

Wat is er goed:

Wat kan er beter:



Wat is er goed:

Wat kan er beter:



Wat is er goed:

Wat kan er beter:





### **Medisch handelen**

Bezit kennis en vaardigheid naar de stand van het vakgebied.  
 Past het diagnostisch en therapeutisch arsenaal van het vakgebied goed toe.  
 Levert effectieve en ethisch verantwoorde patiëntenzorg.  
 Vindt snel de vereiste informatie en past deze goed toe.



### **Communicatie**

Bouwt effectieve behandelrelaties met patiënten op.  
 Luistert goed en verkrijgt efficiënt relevante patiëntinformatie.  
 Bespreekt medische informatie goed met patiënten en familie.  
 Doet adequaat mondeling en schriftelijk verslag over patiëntencasus.



### **Samenwerking**

Overlegt doelmatig met collega's en andere zorgverleners.  
 Verwijst adequaat.  
 Levert effectief intercollegiaal consult.  
 Draagt bij aan effectieve interdisciplinaire samenwerking en ketenzorg.



### **Kennis en wetenschap**

Beschouwt medische informatie kritisch.  
 Bevordert de verbreding en ontwikkeling van de wetenschappelijke vakkennis.  
 Ontwikkelt en onderhoudt een persoonlijk bij- en nascholingsplan.  
 Bevordert de deskundigheid van studenten, aio's, collega's, patiënten en anderen.



### **Maatschappelijk handelen**

Kent en herkent de determinanten van ziekte.  
 Bevordert de gezondheid van patiënten en de gemeenschap als geheel.  
 Handelt volgens de relevante wettelijke bepalingen.  
 Treedt adequaat op bij incidenten in de zorg.



### **Organisatie**

Verdeelt energie goed tussen patiëntenzorg, opleiding en andere activiteiten.  
 Besteedt de beschikbare middelen voor de patiëntenzorg verantwoord.  
 Werkt effectief en efficiënt in een gezondheidszorgorganisatie.  
 Gebruikt ICT adequaat voor optimale patiëntenzorg, en voor het eigen leerproces.



### **Professionaliteit**

Levert hoogstaande patiëntenzorg op integere, oprechte en betrokken wijze.  
 Vertoont adequaat persoonlijk en inter-persoonlijk professioneel gedrag.  
 Kent de grenzen van de eigen competentie en handelt daarbinnen.  
 Oefent de geneeskunde ethisch uit naar de normen van het beroep.

## 5.2 OSATS

### 2. OSATS

| Objective structured assessment of technical skills (OSATS) |                          |        |       |       |
|---|--------------------------|--------|-------|-------|
| Supervisor:   | Plaats:                  | POK    | OK    | SEH   |
| aio:  | Complexiteit:            | Gering | Matig | Groot |
| Verrichting:  | Datum:                   |        |       |       |
|   | Handtekening supervisor: |        |       |       |
|   | Handtekening aio:        |        |       |       |

|                              | I   | II | III | IV | I | II | III | IV | I | II | III | IV | I | II | III | IV |
|------------------------------|---|----|-----|----|---|----|-----|----|---|----|-----|----|---|----|-----|----|
|                              | 1   |    |     |    | 2 |    |     |    | 3 |    |     |    | 4 |    |     |    |
| Weefselgevoel                | <div style="text-align: center;">N</div> <div style="text-align: center;"> ----- ----- ----- ----- </div> |    |     |    |   |    |     |    |   |    |     |    |   |    |     |    |
| Tijd en beweging             | <div style="text-align: center;">N</div> <div style="text-align: center;"> ----- ----- ----- ----- </div> |    |     |    |   |    |     |    |   |    |     |    |   |    |     |    |
| Hanteren instrumentarium     | <div style="text-align: center;">N</div> <div style="text-align: center;"> ----- ----- ----- ----- </div> |    |     |    |   |    |     |    |   |    |     |    |   |    |     |    |
| Instrumentenkennis           | <div style="text-align: center;">N</div> <div style="text-align: center;"> ----- ----- ----- ----- </div> |    |     |    |   |    |     |    |   |    |     |    |   |    |     |    |
| Gebruik assistentie          | <div style="text-align: center;">N</div> <div style="text-align: center;"> ----- ----- ----- ----- </div> |    |     |    |   |    |     |    |   |    |     |    |   |    |     |    |
| Voortgang ingreep            | <div style="text-align: center;">N</div> <div style="text-align: center;"> ----- ----- ----- ----- </div> |    |     |    |   |    |     |    |   |    |     |    |   |    |     |    |
| Kennis procedure             | <div style="text-align: center;">N</div> <div style="text-align: center;"> ----- ----- ----- ----- </div> |    |     |    |   |    |     |    |   |    |     |    |   |    |     |    |
| Aandacht/contact met patiënt | <div style="text-align: center;">N</div> <div style="text-align: center;"> ----- ----- ----- ----- </div> |    |     |    |   |    |     |    |   |    |     |    |   |    |     |    |

Concreet verbeterpunt:

### **Weefselgevoel**

Zorgvuldige hantering van weefsel, bedacht op minimale weefselschade

### **Tijd en Beweging**

Efficiënte en accurate bewegingen

### **Hanteren instrumentarium**

Kundig gebruik met vloeiende bewegingen

### **Instrumentenkennis**

Kent de correcte benaming en vraagt op het juiste moment om het juiste instrument

### **Gebruik assistentie**

Gebruikt assistentie adequaat en instrueert duidelijk

### **Voortgang operatie**

Demonstreert voorwaartse planning

### **Kennis procedure**

Kent de stappen van de operatie

### **Aandacht voor/contact met patiënt**

Heeft voldoende aandacht voor en contact met de patiënt om deze gerust te stellen



### 3. CAT/referaat/patiëntbespreking

Naam aios:

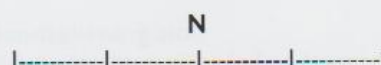
Reflectant:

Datum:



Wat is er goed?

Wat kan er beter?



Wat is er goed?

Wat kan er beter?



Wat is er goed?

Wat kan er beter?



Wat is er goed?

Wat kan er beter?

Handtekening gezien aios:

Handtekening gezien supervisor:

## Leerdoelen CAT/referaat/problempatientbespreking



### Communicatie

#### De aios:

- Bespreekt medische informatie goed met patiënten en familie.
- Verwoordt op een gestructureerde en effectieve wijze medische informatie naar anderen.

#### Aandachtspunten:

- Technische aspecten: lay-out dia's, bewaken tijd, heldere agenda, afgebakend onderwerp, vermijd afdwalen, gebruik pointer. Verbale communicatie: contact met zaal, intonatie, tempo, dia's ter ondersteuning dwz niet voorlezen, woordkeus.
- Houd rekening met kennisniveau publiek.
- Presentatie, houding, uitstraling, boeiend?
- Adequaat samenvatten.
- Kan met powerpoint een presentatie vorm geven.



### Kennis en Wetenschap

- Beschouwt medische informatie kritisch.
- Bevordert de verbreding en ontwikkeling van wetenschappelijke vakkennis.
- Bevordert de deskundigheid van studenten, aios, collegae, patiënten, verpleegkundigen en andere betrokkenen in de gezondheidszorg.



### Organisatie

- Gebruikt ICT adequaat voor optimale patiëntenzorg en voor het eigen leerproces (incl bij- en nascholing).

#### Aandachtspunten:

- Focus, afbakenen onderwerp.
- Relevantie.
- Samenhang.
- Niveau van detaillering.
- Wetenschappelijk niveau (kritische waardering (appraisal): beoordelen van de wetenschappelijke kwaliteit van de literatuur, inclusief design, methode en analyse; dit gaat over interne en externe validiteit en vormen van vertekening (bias en confounding).
- CAT: formuleert PICO; licht zoekstrategie toe; licht selectie literatuur toe.
- Is in staat elektronische databestanden te ontsluiten.
- Begripsverduidelijking (uitleggen methodologische of fysiologische begrippen bv ROC curve, kappa-waarde, LH ratios etc).



### Professionaliteit

#### Aandachtspunten:

1. Wetenschappelijke reflectie:
  - Wat is de betekenis van deze kennis, wat zijn de implicaties, wat voegt het toe aan de praktijkvoering, zowel persoonlijk als in het algemeen.
2. Eigen visie, onderkent onzekerheden.
3. 'Reflection-on-action': terugkijkend op handelingen uit het verleden, de 'evidence' plaatsen in de context van een individuele klinische gebeurtenis; dat kan ook betekenen gemotiveerd afwijken van deze "evidence".
  - Autonomie : Selectie onderwerp (CAT: door eigen praktijk ingegeven; Referaat: doet voorstel dat past bij opleidingsfase).
  - Geeft onzekerheden of onduidelijkheden aan.
  - Kan omgaan met feedback en vragen uit gehoor. Heeft zich hierop voorbereid.
  - Volgt eerder gegeven adviezen ter verbetering op, zoekt wanneer aangewezen hulp bij derden.
  - Nodigt inhoudsdeskundigen actief uit om aanwezig te zijn.

**SKILLS evaluation by staff member / trainer**

| <b>medical practice</b>  |  |  |                        | N |
|--|--|--|------------------------|---|
|  |  |  | -----         -----  . |   |
| <i>Possess knowledge and skill into the state of the art. -</i>  |  |  |                        | + |
| <i>Fits the diagnostic and therapeutic arsenal of the profession well increasing. Delivers effective and ethical patient care. Quickly find the required information and adapts well to.</i>                           |  |  |                        |   |
| <b>Communication</b>   |  |  |                        | N |
|  |  |  | -----         -----  . |   |
| <i>Builds effective treatment relationships with patients. -</i>   |  |  |                        | + |
| <i>Listens well and efficiently obtains relevant patient. Discusses good medical information with patients and families. Does adequate oral and written reports on patient cases.</i>                                  |  |  |                        |   |
| <b>Collaboration</b>   |  |  |                        | N |
|  |  |  | -----         -----  . |   |
| <i>Consults effectively with colleagues and other health care providers. -</i>   |  |  |                        | + |
| <i>Refers adequate.</i>  |  |  |                        |   |
| <i>Provides effective peer consultation.</i>   |  |  |                        |   |
| <i>Contributes to effective interdisciplinary collaboration and integrated care.</i>   |  |  |                        |   |
| <b>Knowledge and science</b>   |  |  |                        | N |
|  |  |  | -----         -----  . |   |
| <i>Consider medical information critically. -</i>  |  |  |                        | + |
| <i>Promote the expansion and development of scientific knowledge. Develops and maintains a personal continuing education plan. Promotes the expertise of students, PhD students, colleagues, patients, and others.</i> |  |  |                        |   |
| <b>social action</b>   |  |  |                        | N |
|  |  |  | -----         -----  . |   |
| <i>Knows and recognizes the determinants of disease. -</i>   |  |  |                        | + |
| <i>Promotes the health of patients and the community as a whole. Act in accordance with the relevant legal provisions. Shall adequately to incidents in care.</i>  |  |  |                        |   |

|   |                      |   |
|---|----------------------|---|
|   | N                    |   |
| <b>Organization</b>   | -----       -----  . |   |
| <i>Distributes power between good patient care, education and<br/>Other activities.</i>   | -                    | + |
| <i>Spend the available funds accounted for patient care. Works effectively and efficiently in a<br/>health care organization. Use ICT appropriately for optimal patient care, and for their own<br/>learning.</i> |                      |   |

|   |                      |   |
|---|----------------------|---|
|   | N                    |   |
| <b>Professionalism</b>  | -----       -----  . |   |
| <i>Provides quality patient care with integrity, sincere and<br/>committed way.</i>   | -                    | + |
| <i>Exhibits adequate personal and interpersonal professional behavior. Know the limits of<br/>their own competence and act within it. medicine practice ethically forward to the<br/>standards of the profession.</i> |                      |   |

## **6. transactions List**

interventions and procedures are described on the basis of the personal training program that are to be learned. Besides the KPB and OSATS maintains a list of transactions in which a minimum number of operations to be included in consultation with the trainer.

## 7. Science

### Conferences

| <u>Date / time</u> | Congress | Name | place |
|--------------------|----------|------|-------|
|                    |          |      |       |
|                    |          |      |       |
|                    |          |      |       |
|                    |          |      |       |
|                    |          |      |       |
|                    |          |      |       |

### Refereeravonden

| Date | subject refereeravond | Speaker |
|------|-----------------------|---------|
|      |                       |         |
|      |                       |         |
|      |                       |         |
|      |                       |         |
|      |                       |         |
|      |                       |         |

### journal club

| Date | nomination |
|------|------------|
|      |            |
|      |            |
|      |            |
|      |            |

### Presentations interne

| Date | nomination |
|------|------------|
|      |            |
|      |            |
|      |            |
|      |            |

### Presentations externe

| Date | nomination |
|------|------------|
|      |            |
|      |            |
|      |            |
|      |            |

\* obtained certificates behind joints

## **8. Official List**

List of publications that have been published or accepted during the training.