

# HEAD AND NECK TRAINING INTERFACE GROUP FELLOWSHIP SYLLABUS

August 2014

## **Overview:**

The Training Interface Group (TIG) Fellowship is intended for doctors in Oral and Maxillofacial Surgery, Plastic Surgery and Otolaryngology to gain access to specialist training in Head and Neck Surgical Oncology. It is intended for post-examination trainees near or within their last year of pre-certification training.

## **The intention is to ensure:**

1. Exposure to and skills gained in key topics to the level of expert. These will be a cross-section of experience from the three parent specialties
2. Exposure to and skills gained in two advanced topics to the level of proficiency from a number of areas as agreed by the educational supervisor and trainee at the start of the fellowship. These may cross any of the three parent specialty boundaries
3. The structure of the syllabus will allow the advanced topics to be tailored to the learning requirements of each trainee to ensure the trainee can gain skills and knowledge to the level required for multidisciplinary head and neck team working as a consultant

## **Key topics:**

1. Airway Management
2. Swallowing and Speech
3. Surgical Skills
4. Wound Care
5. Decision Making and Management Skills for Head and Neck Cancer
6. Management of the Neck

The trainee would be required to continue to develop their professional and leadership skills by following the generic Professional Behaviour and Leadership Skills (PLS) syllabus as detailed in the ISCP curriculum.

## **Advanced topics:**

1. Tumours of the Larynx
2. Tumours of the Oro and Hypo Pharynx
3. Tumours of the Oral Cavity including Access Procedures
4. Tumours of the Skin of the Head and Neck
5. Reconstruction in Head and Neck Oncology
6. Thyroid Disease
7. Salivary Gland Disease
8. Tumours of the Nose and Paranasal Sinuses
9. Management of the Facial Nerve

The knowledge and skills standards are those applied for all pre-certification trainees.

## ***Standards for depth of knowledge during intermediate and final years of surgical training:***

1. Knows of
2. Knows basic concepts
3. Knows generally

#### 4. Knows specifically and broadly

##### *Standards for clinical and technical skills*

###### 1. Has observed

Exit descriptor – at this level the trainee:

- Has adequate knowledge of the steps through direct observation
- Demonstrates that he/she can handle instruments relevant to the procedure appropriately and safely
- Can perform some parts of the procedure with reasonable fluency

###### 2. Can do with assistance

Exit descriptor – at this level the trainee:

- Knows all the steps - and the reasons that lie behind the methodology
- Can carry out a straightforward procedure fluently from start to finish
- Knows and demonstrates when to call for assistance/advice from the supervisor (knows personal limitations)

###### 3. Can do whole but may need assistance

Exit descriptor – at this level the trainee:

- Can adapt to well-known variations in the procedure encountered, without direct input from the trainer
- Recognises and makes a correct assessment of common problems that are encountered
- Is able to deal with most of the common problems
- Knows and demonstrates when he/she needs help
- Requires advice rather than help that requires the trainer to scrub

###### 4. Competent to do without assistance, including complications

Exit descriptor – at this level the trainee:

- With regard to the common clinical situations in the specialty, can deal with straightforward and difficult cases to a satisfactory level and without the requirement for external input
- Is at the level at which one would expect a UK consultant surgeon to function
- Is capable of supervising trainees

## **Key Topic 1: Airway Management in Adults**

### **Objective**

*To understand the aetiology, presenting signs, symptoms and management of patients presenting with upper airway disorders in adults.*

### **Knowledge**

- 4 – Demonstrate a detailed knowledge of the anatomy and physiology of the upper aerodigestive tract, both anatomical and as seen through cross sectional imaging
- 4 – Understand the microbiology and pathology of disorders of the upper aerodigestive tract
- 4 – Understand the principles of the management of patients with airway obstruction
- 4 – Know the different methods of securing an airway safely (surgical and non surgical) in an elective and emergency setting
- 3 – Understand the indications and techniques for surgical debulking of upper airway malignancies
- 4 – Know the different options for surgical and non surgical management of upper airway obstruction including the evidence for the different options.

### **Clinical Skills**

- 4 – Be able to elicit an appropriate clinical history and correctly interpret physical signs
- 4 – Be aware of the role of appropriate investigations in the management of airway obstruction
- 4 – Demonstrate the ability to work effectively with anaesthetists and those involved in critical care who manage the 'shared airway'
- 4 – Demonstrate expertise in the safe assessment of patients with critical airways
- 4 – Can demonstrate expertise in managing an emergency due to airway obstruction including leadership of teams managing such emergencies

### **Technical Skills and Procedures**

- 4 – Be competent at performing the following diagnostic procedures; fiberoptic nasopharyngoscopy, microlaryngoscopy, pharyngo oesophagoscopy
- 3 – Be competent at performing endotracheal intubation
- 4 – Be proficient at performing a surgical tracheostomy in the elective and emergency setting both under general and local anaesthesia
- 2 – Be competent at straightforward debulking procedures and percutaneous tracheostomy

## **Key topic 2: Swallowing, Speech and Nutrition**

### **Objective**

*To understand the aetiology, presenting signs, symptoms and management of patients presenting with speech and swallowing disorders.*

### **Knowledge**

- 4 – Know the anatomy of the upper aerodigestive tract
- 4 – Physiology of swallowing
- 4 – Know the anatomy of the larynx, tongue, palate and upper airway and the production of speech, including neuroanatomy
- 4 – Know the various hypotheses and mechanisms relating to the aetiology of dysphagia
- 4 – Understand the investigation and imaging of a patient with dysphagia
- 4 – Understand the pathophysiology of aspiration, its complications and its management
- 4 – Understand the causes of speech abnormality and their anatomical associations
- 3 – Know investigations for speech and swallowing pathology
- 3 – Know the treatment options for surgical voice restoration post laryngectomy
- 4 – Understand the principles and importance of nutrition relevant to head and neck cancer

### **Clinical Skills**

- 4 – Can elicit a targeted history and examination of a patient with speech and swallowing dysfunction, including flexible nasendoscopy
- 4 – Works effectively with speech and language therapists in the assessment and management of patients with speech and swallowing disorders
- 4 – Able to manage aspiration
- 4 – Able to manage patients with non-oral enteral feeding
- 2 – Use and interpretation of quantitative and qualitative investigations of speech and swallowing e.g. VHI, GRBAS, FEES
- 3 – Change of tracheo oesophageal valve

### **Technical Skills and Procedures**

- 4 – Be competent at inserting nasogastric tubes under local and general anaesthesia
- 4 – Be competent at performing the following diagnostic procedures; fiberoptic nasopharyngoscopy, microlaryngoscopy, pharyngo oesophagoscopy
- 4 – Oesophageal dilatation
- 2 – Cricopharyngeal myotomy (including use of Botox)
- 2 – Vocal cord medialisation procedures
- 2 – Tracheo oesophageal puncture
- 1 – PEG insertion

### **Key topic 3: Surgical Skills**

#### **Objective**

*To be competent in the essential surgical skills needed for head and neck surgical oncology.*

#### **Knowledge**

- 4 – Understanding of different techniques for excision of head and neck cancer
- 4 – Understanding of techniques for nerve preservation during surgery
- 4 – Understanding of the techniques and options for use of different wound closure materials and techniques
- 4 – Understanding of techniques of local and distant flap closure (local, pedicled and free flaps)
- 4 – Design of free flaps
- 3 – Applied anatomy and physiology of free flap surgery
- 4 – Knowledge of the use of lasers in the head and neck including laser safety
- 4 – Knowledge of the indications for robotic surgery in head and neck oncology
- 4 – Use of the harmonic scalpel
- 4 – Physiology of and indications for photodynamic therapy

#### **Clinical Skills**

- 4 – Demonstrate joint working with surgical colleagues in planning and executing surgical procedures where appropriate
- 4 – Have attained appropriate mandatory safety training in use of lasers

#### **Technical Skills and Procedures**

- 4 – Safe use of KTP and CO2 laser
- 4 – Split skin and full thickness skin grafts
- 3 – Axial and random pattern local flaps
- 3 – Raising of Pectoralis Major flap
- 2 – Raising of a comprehensive range of free flaps, for example: radial forearm, ALT, Rectus abdominis, DCIA, scapular etc.
- 1 – Microvascular anastomosis
- 2 – Neural anastomosis

## **Key topic 4: Wound Care and Implantology**

### **Objective**

*To be competent in managing patients requiring implant surgery and complex wound care. This module gives some indication of the breadth and depth of knowledge and surgical skills required. The list should not be considered to be fully inclusive or exhaustive.*

### **Knowledge**

- 4 – Applied anatomy, physiology and pathology of wound healing
- 4 – To have a full understanding of the principles of surgical closure of wounds
- 4 – To have a full awareness of risks of infection and mechanisms for reducing the risk of infection including relevant prophylaxis
- 4 – To understand the indications for wound closure by primary and secondary intention and use of tissue transfer
- 4 – Tissue expansion techniques
- 3 – Knowledge of types of tissue fillers and their indications
- 4 – Management of complicated wounds including revision surgery
- 3 – Camouflage techniques
- 3 – Use of intra and extra oral prostheses
- 3 – Types of and indications for implantation technology

### **Clinical Skills**

- 4 – Demonstrate the ability to manage the common wound complications of head and neck surgery including fistula management and chyle leakage
- 4 – Non surgical management of wounds
- 4 – Demonstrates competence in management of surgical wounds including appropriate patient counselling
- 1 – Use of camouflage techniques
- 2 – Management of intra and extra oral implants

### **Technical Skills and Procedures**

- 4 – Wound closure using primary and secondary intention
- 4 – Skin grafts
- 1 – Tissue expansion techniques and dermal fillers
- 1 – Intra and extra oral implantation

## **Key Topic 5: Decision Making, Management Skills and MDT Working in Head and Neck Oncology**

### **Objective**

*To be competent in the Multidisciplinary management of patients with HNC.*

### **Knowledge**

- 4 – Understanding of treatment modalities available, both surgical and non-surgical
- 4 – Understanding of management of pain in the acute and chronic situation
- 4 – Understanding of palliative care for patients with specific reference to head and neck cancer
- 4 – Knowledge of Quality Framework for Management of HNC in England and devolved nations
- 4 – Core and extended MDT members and their role
- 4 – Understands the principles of research applied to Head and Neck Cancer
- 4 – Audit and data collection (DAHNO)
- 4 – Qualitative and quantitative research methods in HNC including NIHR portfolio
- 4 – Survivorship and role of patient representative groups

### **Clinical Skills**

- 4 – Demonstrates full participation in and leadership of MDT
- 4 – Demonstrates ability to discuss surgical and non surgical management options with patients and their families and record outcome of discussions
- 4 – Effective and targeted pretreatment management of patients
- 4 – Management of acute and chronic complications of treatment
- 4 – Conducts at least one relevant audit
- 4 – Involvement in relevant research
- 1 – Psychological management including CBT techniques
- 1 – Radiotherapy planning
- 4 – Becomes actively involved in service improvement projects

## **Key Topic 6: Management of the Neck**

### **Objective**

*To demonstrate competence in the management of metastatic neck disease.*

### **Knowledge**

- 4 – Anatomy of the neck
- 4 – Pattern of spread of neoplasms in the head and neck including for squamous carcinoma, salivary gland carcinoma, thyroid cancer, skin cancer
- 4 – Understands the concept and management of carcinoma of occult primary (CUP)
- 4 – UICC/AJC staging of metastatic neck disease
- 4 – Classification of neck dissections
- 4 – Imaging techniques
- 4 – Cytopathological investigations
- 4 – Understanding of the management of complications including shoulder dysfunction
- 4 – Evidence based options for treatment of metastatic neck disease including non-surgical management
- 4 – Indications for different neck dissections
- 4 – Relevance of co morbidity

### **Clinical Skills**

- 4 – Assessment of patient for neck dissection and appropriate preoperative counselling
- 4 – Peri and postoperative management
- 4 – Use and interpretation of investigations
- 4 – Multi disciplinary teamwork
- 3 – Management of recurrent neck disease
- 4 – Management of complications of neck dissection

### **Technical Skills and Procedures**

- 4 – Lymph node biopsy
- 4 – Selective neck dissection
- 4 – Modified radical neck dissection
- 4 – Radical neck dissection
- 3 – Extended radical neck dissection
- 2 – Free flap repair of skin defect
- 3 – Carotid artery ligation



## **Advanced Topic 1: Tumours of the Larynx**

### **Objective**

*To understand the aetiology, presenting signs, symptoms and management of patients presenting with laryngeal cancer.*

### **Knowledge**

- 4 – Anatomy and embryology of the larynx
- 4 – Physiology of speech and swallowing
- 4 – Pathological conditions affecting the larynx including non-squamous neoplastic conditions
- 4 – Epidemiology and aetiology of laryngeal cancer
- 4 – Presentation of laryngeal cancer
- 4 – Treatment options for laryngeal cancer including organ preservation strategies and side effects of treatment
- 4 – Rehabilitation of speech and voice disorders following treatment of laryngeal cancer
- 3 – Complications of surgery for laryngeal cancer
- 3 – Molecular biology of laryngeal cancer
- 4 – UICC / AJC TNM staging of laryngeal / neck cancer

### **Clinical Skills**

- 4 – Full history and examination including in patients with difficulties with communication
- 4 – Flexible nasopharyngoscopy
- 4 – Preoperative assessment / management of co-morbid disease
- 4 – Staging including use of appropriate special investigations
- 3 – Assessment of speech and swallowing
- 3 – Videolaryngoscopy / FEES
- 4 – Management of the postoperative patient
- 4 – Management of tracheo-oesophageal valves
- 4 – Management of complications following laryngeal surgery including pharyngocutaneous fistulae

### **Technical Skills and Procedures**

- 4 – Microlaryngoscopy with documentation
- 4 – Transoral endoscopic resection of laryngeal tumours
- 3 – Partial laryngeal resections (hemilaryngectomy, near total laryngectomy)
- 4 – Total laryngectomy
- 3 – Surgical voice restoration
- 4 – Tracheostomy (open/percutaneous)
- 3 – Vocal cord medialisation procedures
- 1 – Robotic Surgery

## **Advanced Topic 2: Tumours of the Oro and Hypopharynx**

### **Objective**

*To understand the aetiology, presenting signs, symptoms and management of patients presenting with oro and hypopharyngeal cancer.*

### **Knowledge**

- 4 – Anatomy and embryology of the Pharynx
- 4 – Physiology of swallowing
- 4 – Pathological conditions affecting the Pharynx including non-squamous neoplastic conditions
- 4 – Epidemiology and aetiology of Pharyngeal cancer including HPV and its implications for management and prognosis
- 4 – Presentation of Pharyngeal cancer
- 4 – Treatment options for Pharyngeal cancer including Organ preservation strategies and side effects of therapy
- 3 – Molecular biology of Pharyngeal cancer
- 4 – Complications of surgery for the oropharynx and hypopharynx
- 4 – UICC / AJC TNM staging of Pharyngeal / neck cancer

### **Clinical Skills**

- 4 – Full history and examination including in patients with difficulties with communication
- 4 – Flexible nasopharyngoscopy
- 4 – Preoperative assessment / management of co-morbid disease
- 4 – Staging including use of appropriate special investigations
- 3 – Assessment of speech and swallowing
- 3 – Videolaryngoscopy / FEES
- 4 – Management of the postoperative patient
- 4 – Management of complications
- 4 – Management of tracheo-oesophageal valves

### **Technical Skills and Procedures**

- 4 – Panendoscopy including tonsillectomy / rigid and flexible oesophagoscopy
- 4 – Transoral endoscopic laser resection of Pharyngeal tumours
- 4 – Partial Pharyngeal resections and access surgery
- 4 – Total Pharyngolaryngectomy
- 3 – Reconstruction with local flaps, free vascularised flaps or gastric transposition
- 4 – Tracheostomy (open/percutaneous)
- 2 – Placement of gastrostomy feeding tubes
- 4 – Neck dissection
- 1 – Robotic surgery

### **Advanced Topic 3: Tumours of the Oral Cavity**

#### **Objective**

*To understand the aetiology, presenting signs, symptoms and management of patients presenting with oral cancer.*

#### **Knowledge**

- 4 – Aetiology of benign tumours of the oral cavity and teeth
- 4 – Aetiology, epidemiology, pathology, natural history of neoplasms of the oral cavity and contiguous structures including metastatic disease
- 4 – Treatment options in the management of oral cancer including organ preservation strategies and management of complications including osteoradionecrosis
- 4 – Principles of management of benign aggressive tumours of the jaws including Ameloblastoma
- 4 – Differential diagnosis and management of leukoplakic / erythroleukoplakic lesions of the oral cavity
- 4 – Surgical anatomy of the oral cavity and contiguous structures
- 4 – UICC/AJC TNM Staging classification of oral malignancies
- 4 – Physiology of swallowing
- 4 – Principles of reconstructive surgery of the oral cavity
- 4 – Pathophysiology, Diagnosis and management of osteoradionecrosis
- 4 – Complications following surgery for oral cavity cancer

#### **Clinical Skills**

- 4 – Full history and examination including patients with difficulties with communication
- 4 – Preoperative assessment / management of co-morbid disease
- 4 – The appropriate use of investigations including imaging, examination and biopsy to stage the disease
- 4 – The appropriate use of surgical access routes to tumour sites within the oral cavity and adjacent structures
- 4 – The appropriate mode of tumour excision (including laser) compatible with safe margins of excision and maximising preservation of function
- 4 – The appropriate use of reconstructive techniques to maximise function including post operative care of flaps
- 4 – Appropriate pre-treatment assessment of oral hygiene / health and appropriate pre operative management thereof
- 4 – Management of complications including oro-cutaneous fistulae

#### **Technical skills and procedures**

- 4 – Dental extractions
- 4 – Partial glossectomy (including Use of laser)
- 4 – Mandibular split, lip split and mandibulotomy
- 2 – Mid facial degloving and mid facial osteotomies
- 4 – Tumour excision; floor of mouth, buccal, hard palate including use of laser
- 3 – Reconstructive surgery; appropriate selection of free/myocutaneous/local flaps
- 4 – Correct use of different types of laser
- 2 – Late dental re-habilitation and other facial prostheses

## **Advanced Topic 4: Tumours of the Skin**

### **Objective**

*To understand the aetiology, presenting signs, symptoms and management of patients presenting with skin cancer of the head and neck.*

### **Knowledge**

- 4 – Anatomy and embryology of the skin of the face, neck and ears
- 4 – Pathological conditions affecting the skin including non-squamous neoplastic conditions
- 4 – Epidemiology and aetiology of skin cancer
- 4 – Management of skin cancer
- 4 – Understanding of Mohs surgical techniques
- 4 – UICC / AJC TNM staging of skin cancer

### **Clinical Skills**

- 4 – Full history and examination including in patients with difficulties with communication
- 4 – Preoperative assessment / management of co-morbid disease
- 4 – Staging including use of appropriate special investigations
- 4 – Management of the postoperative patient
- 4 – Management of complications
- 4 – Management of patients within a multidisciplinary setting.

### **Technical Skills and Procedures**

- 4 – Excision of skin tumours
- 4 – Split and full thickness skin grafts
- 3 – Local and regional flaps for reconstruction
- 2 – Mohs micrographic surgery
- 3 – Use of pedicled and/ or free flaps for reconstruction
- 4 – Neck dissection
- 3 – Sentinel lymph node biopsy

## **Advanced Topic 5: Reconstruction in the Head and Neck**

### **Objective**

*To demonstrate competence in complex reconstruction in head and neck surgical oncology.*

### **Knowledge**

- 4 – Applied anatomy of anatomical regions of donor sites for free and pedicled flaps
- 4 – Microvascular anatomy
- 4 – Applied physiology of free tissue transfer
- 4 – Indications for free tissue transfer, pedicled and local axial/ random pattern flaps
- 4 – Understanding of influence of comorbidity on tissue transfer
- 4 – Preoperative assessment techniques with respect to tissue transfer including special investigations
- 4 – Understanding of principles of bony reconstruction
- 4 – Understanding of principles of neural reconstruction

### **Clinical Skills**

- 4 – Targeted history and examination
- 4 – Demonstrates competence in preoperative counselling of patient undergoing tissue transfer with explanation of different options for reconstruction
- 4 – Demonstrates appropriate use and interpretation of relevant special investigations
- 4 – Competent peri and postoperative management of a patient undergoing tissue transfer
- 4 – Demonstrates effective multidisciplinary working with other surgeons, anaesthetists and intensivists
- 4 – Management of complications including orocutaneous and pharyngocutaneous fistula

### **Technical Skills and Procedures**

- 4 – Split and full thickness skin grafts
- 4 – Neural anastomosis
- 3 – Microvascular anastomosis (vein and artery)
- 4 – Pectoralis Major flap
- 2 – Salvage surgery of failed free flaps
- 4 – Bony reconstruction with plating systems
- 3 – Free fasciocutaneous flaps
- 3 – Free myocutaneous flaps
- 3 – Free osseocutaneous flaps
- 3 – Free osseomyocutaneous flaps

## **Advanced Topic 6: Disease of the Thyroid gland and Parathyroid Glands**

### **Objective**

*To understand the aetiology, presenting signs, symptoms and management of patients presenting with thyroid cancer.*

### **Knowledge**

- 4 – Anatomy and embryology of the thyroid / parathyroid glands
- 4 – Thyroid / parathyroid pathology / immunology
- 4 – TNM / AJC TNM Classification of thyroid cancer
- 4 – Presentation of thyroid / parathyroid / cancer
- 4 – Investigation and evaluation of thyroid and parathyroid disorders
- 4 – Treatment options including non-surgical options
- 4 – Principles of post operative management and monitoring (TSH suppression, Tg and Calcium monitoring)
- 4 – Cytological Grading (Thy1 - 5 grading) of FNA samples
- 4 – Appropriate knowledge of current British Thyroid Association Guidelines for management of thyroid masses
- 3 – Management of medullary cell ca / multiple endocrine neoplasia

### **Clinical Skills**

- 4 – Full history and examination including with patients with difficulties with communication
- 4 – Assessment of thyroid status
- 4 – FNA / microtrephine techniques including U/S guided sampling
- 4 – Preoperative assessment including airway assessment and vocal cord check
- 4 – Staging including use of appropriate special investigations
- 4 – Management of the postoperative patient
- 4 – Management of complications including injury to recurrent laryngeal nerve, airway management and hypocalcaemia

### **Technical Skills and Procedures**

- 4 – FNAC and core biopsy with and without ultrasound guidance
- 4 – Partial thyroidectomy
- 4 – Total thyroidectomy
- 4 – Parathyroidectomy
- 4 – Neck dissection including central nodes
- 3 – Mediastinal exploration including sternotomy and lateral thoracotomy

## **Advanced Topic 7: Salivary Gland Cancer**

### **Objective**

*To understand the aetiology, presenting signs, symptoms and management of patients presenting with salivary gland cancer.*

### **Knowledge**

- 4 – Anatomy and embryology of major and minor salivary glands including Vth, VIIth - XIIth, cranial nerves
- 4 – Salivary gland physiology
- 4 – Salivary gland pathology
- 4 – Epidemiology and aetiology of salivary gland cancer
- 4 – Presentation of salivary gland cancer
- 4 – Investigations and evaluation of salivary gland disease
- 4 – Principles of treatment of patients with salivary gland cancer
- 4 – UICC / AJC TNM staging of nasopharyngeal cancer
- 4 – Complications of surgery for salivary gland disease

### **Clinical Skills**

- 4 – Full history and examination of salivary glands and associated cranial nerves
- 4 – Preoperative assessment including co-morbidities and dentition
- 4 – Use of appropriate pre-operative investigations
- 4 – Staging including use of appropriate special investigations and panendoscopy / EUA
- 4 – Management of the postoperative patient and complications specific to salivary gland surgery including facial nerve injury, Freys syndrome and post-operative haematoma
- 4 – Demonstrates ability to manage patients within a multidisciplinary setting

### **Technical Skills and Procedures**

- 4 – FNAC / incisional biopsy of oral lesions
- 4 – Set up and use of intraoperative facial nerve monitor
- 4 – Submandibular gland excision
- 3 – Extracapsular dissection parotidectomy
- 4 – Superficial parotidectomy
- 4 – Total (conservative and radical) parotidectomy
- 4 – Extended parotidectomy with neck dissection and flap reconstruction
- 4 – Minor salivary gland excision
- 3 – Facial reanimation procedures including nerve grafting techniques
- 3 – Access surgery for parapharyngeal space and excision of parapharyngeal space tumours
- 3 – Access for resection of recurrent cancer

## **Advanced Topic 8: Tumours of Nose and Paranasal Sinuses**

### **Objective**

*To understand the aetiology, presenting signs, symptoms and management of patients presenting with sinonasal cancer.*

### **Knowledge**

- 4 – Anatomy and embryology of the nose and paranasal sinuses and related structures
- 4 – Cross sectional and radiological anatomy of nose, sinuses and surrounding structures
- 4 – Nasal physiology
- 3 – Microbiology of the nose and paranasal sinuses and principles of management of chronic rhinosinusitis
- 3 – Pathology of the nose and paranasal sinuses
- 4 – TNM / AJC TNM Classification of cancers of nose and paranasal sinuses
- 4 – Treatment options for cancer of the nose and paranasal sinuses including non surgical options
- 4 – Notifiable diseases of the nose and sinuses
- 3 – Management of complications including CSF rhinorrhoea, arocephaly, raised intracranial pressure and intracranial / intraorbital haemorrhage
- 4 – Principles of orbito facial prostheses including implant supported prostheses
- 2 – Principles of preoperative embolisation

### **Clinical Skills**

- 4 – Full history and examination including with patients with difficulties with communication, including rigid nasal endoscopy
- 2 – Ophthalmic examination
- 4 – Preoperative assessment including neurological and mental assessment
- 4 – Staging including use of appropriate special investigations CT / MRI / MRA / angiography
- 2 – Lumbar puncture +/- fluorescein instillation
- 4 – Management of the postoperative patient
- 3 – Osseo integrated abutment placement
- 4 – Demonstrates competence at managing patients in a multidisciplinary setting

### **Technical Skills and Procedures**

- 4 – Rigid / flexible nasal endoscopy
- 3 – Endoscopic excision of cancers
- 4 – Medial maxillectomy
- 3 – Total maxillectomy
- 2 – Orbital exenteration
- 4 – Le Fort access surgery including midface degloving
- 2 – Rhinectomy (Total and partial)
- 3 – Craniofacial resection techniques including fascial and dermal fat graft harvest
- 3 – Scalp flap rotation and free flap reconstruction after orbito maxillary surgery
- 3 – Obturator manufacture / fitting / aftercare
- 4 – Bone stabilisation using miniplate systems and wiring techniques
- 4 – External carotid artery ligation
- 3 – Sphenopalatine artery ligation (clipping)
- 2 – Maxillary artery clipping



## **Advanced Topic 9: Management of the Facial Nerve**

### **Objective**

*To be competent in the management of facial nerve disorders in patients with HNC.*

### **Knowledge**

- 4 – The anatomy and physiology of facial nerve and related structures
- 4 – The aetiology, classification and neuro-physiology of facial paralysis
- 4 – Indications for investigations including radiology, electrophysiology and laboratory tests
- 4 – Facial nerve grading
- 4 – Management of acute and chronic facial nerve palsy
- 4 – Management and prevention of ocular complications
- 4 – Principles of peri-operative facial nerve monitoring
- 2 – Principles of rehabilitation for facial paralysis

### **Clinical Skills**

#### History and Examination

- 4 – Obtain appropriate history
- 4 – Clinical examination including assessment of facial nerve function
- 4 – Otoscopy

#### Data Interpretation

- 2 – Neuro-physiological tests of inner ear function and facial nerve
- 3 – Interpretation of radiological tests
- 4 – Interpretation of laboratory investigations

#### Patient Management

- 4 – Demonstrate communication skills and empathy
- 3 – Understand/appreciate the psychological effects of facial disfigurement
- 4 – Be able to advise the patient of the treatment options, and liaise with other health care professionals
- 3 – Able to investigate and advise patient on prognosis both initially and after a period of time has passed
- 3 – Role of non-surgical management of facial nerve palsy
- 1 – Psychological counselling including CBT

### **Technical Skills and Procedures**

- 4 – Setup and use of intra-operative facial nerve monitor
- 4 – Able to manage acute problems of facial palsy including eye problems
- 3 – Gold weights
- 3 – Soft tissue surgery including static and active rehabilitation techniques
- 3 – Botox
- 3 – Reinnervation techniques