

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

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

**Training Programme and Logbook**

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## **INTRODUCTION**

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

## **DEFINITION**

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

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

## **STRUCTURE OF BASIC TRAINING**

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

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

## **TRAINING IN PHONIA TRICS**

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

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

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

## **THE TRAINING PROGRAMME**

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

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

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

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

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

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

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

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

## **ASSESSMENT AND EXAMINATION**

1. Assessment of the theoretical and practical knowledge of the trainee may be included in the European Training programmes. Trainees should refer to their National requirements.
2. To achieve the award of the certificate of recognition, the trainee must reach the expected level of knowledge and skills approved by the European Board before being eligible to practise as an independent Phoniatician.
3. Each trainee must be familiar with all diagnostic, preventative, therapeutic and rehabilitative management associated with the discipline of Phoniatics.
4. The trainer will be responsible for confirming the competence of the trainee for the procedures and management outlined in the logbook in the columns headed "general". He/she will sign on the date when competency is achieved in the final column.
5. **The contents of the logbook will be continuously updated by the European Board with respect to new developments.**

## **LOGBOOK OF TRAINING SECTIONS**

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

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

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

**(1) Basic Objectives**

<b>Theoretical Fundamentals</b>	<b>Performance Category (b), (a)</b>	<b>Date</b>	<b>Signature Trainer</b>
history of the discipline	0		
acoustics of articulation	b ( 5 )		
voice and room acoustics	b ( 5 )		
aerodynamics of voice and speech	b ( 5 )		
biomechanics of ear function, voice, and speech	b ( 5+( 3 ) )		
ergonomics	b ( 5 )		
phonetics and linguistics	b ( 9-11 )		
neurolinguistics and neuropsychology	b ( 9-11 )		
neurocognitive sciences	b ( 9-11 )		
fundamentals of singers' training	b ( 5 )		
special knowledge about speech training	0		
effectiveness of treatment/rehabilitation	b ( 20 )		
WHO classification of diagnosis and functioning	0		
knowledge of legislation relating to national and european health care systems	b ( 18 )		
knowledge of legislation relating to national and european rehabilitation programs	b ( 18 )		
knowledge of legislation relating to national and european occupational safety and health	b? ( 5+18 )		
other			

**(2) Voice Disorders**

<b>Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
diagnostic interview	i (4)		
auditory/visual/palpatory examination	i (4)		
voice-related quality of life questionnaires	i (4+5)		
perceptual evaluation (GRBAS, RBH)	i (4+5)		
indirect laryngoscopy spegel	i (4)		
rigid video/digital laryngoscopy	i (4)		
rigid video/digital laryngostroboscopy	i (4)		
flexible transnasal video/digital laryngoscopy	i (4)		
flexible transnasal video/digital laryngostroboscopy	i (4)		
high-speed recordings	s (4)		
videokymography	b (4)		
insufflation test PIF? Luftpuffar?			
laryngeal electromyography	s (4)		
electroglottography	b (4)		
field recordings of voice production	b (5)		
stability of sustained phonation perceptuellt	i (4)		
maximum phonation time	i (4)		
mean fundamental frequency	s (4)		
voice range profile (phonetography)	s (4)		
speaking voice profile	s (4)		
aerodynamic measurements	b (4)		
glottal flow waveform analysis	b (4)		
voice perturbation measurements	b (4)		
CT/MRI of vocal tract/larynx	s (2+5)		
nasalance measurement	b (4+10)		
other			

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**UEP/UEMS TRAINING LOGBOOK OF PHONIATRICS**

<b>Prevention</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
general principles and risk analysis	b ( 5 )		
vocoergonomics	b ( 5 )		
professional speakers/singers	s ( 5 )		
AAC: voice amplifiers, phone technology	b ( 5 )		
room acoustics	b ( 5 )		
other			
<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
coordination of rehabilitative measures	s ( 4+5 )		
initiation and supervision of voice therapy executed by logopedist/SLP	i ( 4+5 )		
voice therapy by phoniatician	0		
initiation and supervision of physiotherapy/osteopathy	i ( 4+5 )		
physiotherapy/osteopathy by phoniatician	0		
voice prosthesis/electrolarynx	i ( 4+5+8 )		
AAC: voice amplifiers, phone technology	b ( 5 )		
computerized voice training	0		
knowledge of national legal regulation of invalidity and special care programmes	b ( 18 )		
voice fitting in transsexuals	b ( 11 )		
other			
<b>Medical Treatment</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
general principles of drug treatment in dysphonia	i ( 4 )		
basic knowledge in respect of general drug treatment influences on voice function	i ( 4 )		
basic understanding of hormonal medication	b ( 4 )		
botulinum toxin treatment	s ( 9 )		
other			

**UEP/UEMS TRAINING LOGBOOK OF PHONIATRICS**

<b>Phonosurgery/Surgery</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
general principles of indications and techniques	i (4)		
(understanding ) anesthesiological methods: endotracheal intubation, JET ventilation, spontaneous respiration	i (1+4)		
anaesthesiological methods: local anaesthesia	i (4)		
use of cold instruments	i (4)		
use of LASER	s (4)		
indirect vocal fold surgery <small>(Används det i Sverige?)</small>	b (4+6)		
suspension microlaryngoscopic vocal fold surgery: exophytic lesions	i (4+6+8)		
suspension microlaryngoscopic vocal fold surgery: intracordal lesions	s (4+6)		
laryngeal framework surgery: approximation	b (4)		
laryngeal framework surgery: expansion	b (4)		
laryngeal framework surgery: tensioning	b (4)		
laryngeal framework surgery: relaxation	b (4)		
pitfalls and complications of phonosurgery	s (4+6)		
understanding consequences of various surgical procedures on voice function	i (4+6+8)		
other			
microlaryngoscopic subglottic surgery	b (4+6)		
microlaryngoscopic supra-glottic laryngeal surgery	i (4+6+8)		

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vocal fold injection in local or general anaesthesia i (4+6+9)

**(3) Speech/Articulatory Disorders**

<b>Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
diagnostic interview	i (4)		
auditory/visual/palpatory examination	i (4)		
evaluation of speech, phonetic level	b (4)		
phonological evaluation of speech	s (4)		
evaluation of speech, prosodic level	s (4)		
evaluation of speech intelligibility	s (4)		
examination of cranial nerve function	i (4+9-10)		
speech motor examination protocol	b (4+9-10)		
oral motor examination protocol	s (4+9-10)		
classification of dysarthria	s (4+9-10)		
evaluation of velopharyngeal function, perceptual	s (4+10)		
evaluation of velopharyngeal function, aerodynamic	s (4+10)		
evaluation of velopharyngeal and laryngeal function, fiberoptic	i (4)		
classification of cleft palate	i (10)		
spectral speech analysis	0		
objective speech motor analysis	0?		
nasometrics/nasalance (acoustic)	b (10)		
electromyography	0		
ultrasonography (B-Mode, M-Mode)	0		
CT/MRI and other radiology	s (2+5)		
other			
<b>Prevention</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
genetic counselling	0		
diagnostics of hearing impairments (cf. (8))	i (3)		
basical knowledge in dentistry	b (4+5)		
basical knowledge in psychomotoric development	b (10)		

?????

**UEP/UEMS TRAINING LOGBOOK OF PHONIATRICS**

<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
coordination of rehabilitative measures	b (4+5)		
supervision of speech therapy executed by logopedics/SLP	0		
speech therapy by phoniatician	0		
supervision of physiotherapy	0		
physiotherapy by phoniatician	0		
biofeedback i.e. by sonography	b (9+10)		
AAC: communicators and strategies	b (9+10)		
oral motor devices	b (9+10)		
prosthesis	b (8-10)		
computerized rehabilitation	b (9+10)		
deep brain stimulation	b (9+10)		
other			
<b>Medical Treatment</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
general principles of drug treatment	b		
other			
<b>Surgery</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
principles of cranio-facial surgery	b (8+10)		
principles of maxillo-oral surgery	b (8+10)		
principles of velo-pharyngeal surgery	b (8+10)		
understanding consequences of various surgical procedures on articulation	s (8+10)		
other			

**(4) Developmental Language Disorders**

<b>Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
psychomotor, cognitive, auditory and language stages of normal children of different ages	b (10)		
diagnostic interview of parents	b (10)		
developmental questionnaires	0		
evaluation of verbal communication: phonetic, phonological, prosodic, morphological, syntactic, semantic, and pragmatic level	b (10)		
evaluation of speech perception	0		
evaluation of non-verbal communication	0		
estimation of linguistic and general cognitive developmental stage			
estimation of behaviour and attention	b (10)		
neurological examination of children	b (10)		
speech motor examination protocol	b (10)		
oral motor examination protocol	s (10)		
scaling of psychomotor, vestibular and kinaesthetic development	0		
differential diagnostics and subtypes of primary and secondary language impairment	0		
syndromes associated with language impairment	b (10)		
????? multilingual speech and language acquisition	b (10)		
genetics of language impairment (i.e. Fox P2-gene)	0		
????? objective speech motor analysis EPG?	0		
interpretation of the results of logopedics/SLP examinations	s (10)		
interpretation of results of occupational therapy	0		
laboratory examinations of developmentally delayed children	0		
clinical neurophysiology	b (10)		

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sonography of the tongue (B-Mode, M-Mode)	0		
basics on Electro-Encephalography (EEG)	0		
Sonography/CT/MRI of the brain and other radiologic procedures	b (10)		
other			
<b>Prevention</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
linguistic enrichment principles	b (10)		
principles of augmentative communication methods	b (10)		
genetic counselling	0		
diagnostics of hearing impairments (cf. (8))	i (3+10)		
other			
<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
coordination of rehabilitative measures	b (10)		
planning and supervision of speech therapy executed by logopedist/SLP	0		
speech therapy by phoniatician	0		
supervision of physiotherapy	0		
linguistic enrichment principles	b (10)		
principles of augmentative communication methods	b (10)		
principles of computerized rehabilitation	b (10)		
oral motor devices	b (10)		
other			

**(5) Acquired Language Disorders**

<b>Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
evaluation of verbal communication: phonetic, phonological, prosodic, morphological, syntactic, semantic, and pragmatic level	b (9)		
examination of writing and reading skills	0		
evaluation of non-verbal communication	0		
estimation of linguistic and general cognitive state	b (9)		
speech perception protocol	b (9)		
speech motor examination protocol	b (9)		
oral motor examination protocol	s (9)		
standard neurological examination	i (9)		
?????? objective speech motor analysis	0		
special testing on dysphasia (i.e. AAT)	0		
laboratory examinations (i.e. serology, immunology)	b (9)		
CT/MRI of the brain and other radiologic imaging	s (9)		
differential diagnosis in respect of various neurological diseases and subtypes of language disorders	s (9)		
?????? genetics of acquired language impairment	0		
?????? syndromes causing acquired language disorders	0		
clinical neurophysiology aquired?	0?		
interpretation of results of (neuro-)psychological examinations	s (9)		
interpretation of results of logopedics/SLP examination	s (9)		
interpretation of results of occupational therapy	b (9)		
other			

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<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
coordination of rehabilitative measures	b (9)		
planning and supervision of speech therapy executed by logopedist/SLP	0		
speech therapy by phoniatician	0		
linguistic enrichment principles	b (9)		
principles of augmentative communication methods	b (9)		
principles of computerized rehabilitation	b (9)		
deep brain stimulation	0		
oral motor devices	0		
other			
<b>Medical Treatment</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
general principles on drug treatment	b (9)		
other			

**(6) Dyslexia and Dysgraphia**

<b>Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
psychomotor, cognitive, auditory, language, and academic stages of normal individuals of different ages	b (9+10)		
diagnostic data collection from parents, teachers etc.	b (9+10)		
estimation of linguistic, general cognitive and academic developmental stage	0		
neurological examination	0		
diagnostics in attention deficit disorders	0		
differential diagnostics in respect of auditory processing disorders (cf. (8))	0		
genetics of learning disorders	0		
interpretation of results of (neuro-)psychological examinations	0		
interpretation of results of logopedic/SLP and pedagogic examinations	b (9+10)		
other			
<b>Prevention</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
understanding the importance of early diagnosis and therapy of language impairment	b (9+10)		
diagnostics and treatment of auditory processing disorders (cf. (8))	0		
close cooperation with child psychiatrists in children with attention deficit disorders	0		
other			

**UEP/UEMS TRAINING LOGBOOK OF PHONIATRICS**

<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
coordination of rehabilitative measures	0		
neuropsychological therapy principles	0		
logopedics/SLP therapy principles	0		
principles of pedagogic training in dyslexic and dysgraphic pupils	0		
principles of computerized rehabilitation	0		
oral motor devices	0		
other			

**(7) Fluency Disorders**

<b>Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
diagnostic interview and visual/auditory examination (children and adults)	s (9-12)		
fluency disorder-related quality of life questionnaire (children and adults)	b (9-12)		
psychomotor, cognitive and language stages of normal children of different ages (children)	b (9-12)		
diagnostic interview of parents/partners/other relatives	s (9-12)		
evaluation of verbal and non-verbal communication: primary features (repetitions, elongations, blocks) and secondary features (mimic movements etc.) (children and adults)	s (9-12)		
evaluation of voice quality and respiratory function	i (9-12)		
estimation of psychosocial and psychobehavioural state	b (9-11)		
speech motor examination protocol (qualitative and quantitative)	b (9-11)		
oral motor examination protocol	s (9-11)		
objective speech motor analysis	0		
neurological examination	i (9-11)		
classification of fluency disorders	s (9-11)		
genetics of fluency disorders	0		
other			
<b>Prevention</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
parent guidance (children)	b (9-11)		
early intervention	0		
other			

????

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<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
coordination of rehabilitative measures	0		
basic knowledge about the different concepts and indications of fluency therapy	b (9-11)		
planning and supervision of therapy executed by logopedist/SLP	0		
fluency therapy by phoniatician	0		
basic knowledge of psychological treatment in fluency disorders	b (9-11)		
principles of computerized rehabilitation	b (9-11)		
<b>Medical Treatment</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
basic principles in drug treatment not applicable			
other			

**(8) Hearing Disorders**

<b>Theoretical Fundamentals, Physiology</b>	<b>Performance Category (b), (a)</b>	<b>Date</b>	<b>Signature Trainer</b>
anatomy of the ear, the auditory pathways, and the auditory cortex	b (3)		
physiology and pathology of hearing	b (3)		
embryologic development of the ear and the auditory pathways	0		
normal development stages of hearing and auditory processing	0		
normal development of behavioural responses to sound in children	0		
signs and symptoms of hearing impairment/deafness	b (3)		
etiology of hearing disorders and the likelihood of involvement of other systems	b (3)		
differential diagnostics of hearing impairment	b (3)		
syndromes associated with hearing impairment	b (3)		
genetics of hearing impairment	0		
psychomotor and cognitive stages of normal children of different ages	b (3)		
speech and language stages of normal and hearing impaired children	b (3)		
physics, acoustics, psychoacoustics	0		
technical standards and calibration	0		
disinfection and sterilisation of test equipment	0		
<b>Pathology/Subtypes and special courses of hearing disorders</b>	<b>Performance Category (b), (a)</b>	<b>Date</b>	<b>Signature Trainer</b>
sensorineural hearing loss	b (3)		
conductive hearing loss	b (3)		
combined sensorineural and conductive hearing loss	b (3)		
auditory neuropathy/auditory dyssynchrony	0		

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auditory processing disorders	0		
hyperacusis/tinnitus especially in children	0		
sudden/progressive/fluctuating hearing loss	0		
non-organic psychological hearing loss	0		
other			
<b>Clinical Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
diagnostic interview of parents including family history and recording of family tree in case of familial deafness	0		
clinical examination including endoscopy/ear microscopy	i (3)		
<b>Audiometric and electro-physiologic testing (indication of tests and interpretation of results)</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
behavioural observation audiometry	0		
visual reinforcement audiometry	0		
tactile reinforcement audiometry for visually impaired children	0		
play audiometry	b (3)		
conditioning techniques for sound field (multiple loudspeakers in a half circle) and ear specific audiometry (use of insert earphones)	0		
distraction testing on normal and handicapped or disturbed children	0		
pure tone audiometry (air conduction, bone conduction with or without masking)	b (3)		
determining uncomfortable loudness thresholds	0		
tests to determine dead regions	0		
loudness scaling procedures	0		
tinnitometric investigations	0		
speech audiometry including speech in noise	b (3)		

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using recorded speech samples	??		
speech audiometry including speech in noise using open and closed set paradigms	0		
speech audiometry including speech in noise using age related speech audiometry with and without pictures	0		
speech audiometry including speech in noise using adaptive, computer controlled procedures	0		
auditory processing tests of intensity, frequency and phonetic discrimination	0		
auditory processing tests of temporal resolution (i.e. gap detection)	0		
low redundancy speech tests, i.e. speech in noise, filtered, compressed, expanded, interrupted or reverberated speech signals	0		
dichotic speech tests	0		
acoustic imittance measures: (high frequency) tympanometry, stapedius reflex measures,	b (3)		
otoacoustic emissions (transient, distortion product, spontaneous, contralateral suppression	b (3)		
bone-conduction ABR	0		
frequency specific ABR (Notched-Noise, Tone-Burst, Chirp etc.)	0		
indication and interpretation of auditory steady state responses (ASSR)	0		
promontory test	0		
electro-audiometry	0		
audiometry to evaluate hearing aid fitting: comparison of subjective audiometric results obtained with and without hearing aids	0		
verification measurements of hearing aid function: insertion gain measurements, measuring real ear to coupler difference, SPL-o-gram	0		

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transforming ABR-results from dB (HLn) in dB (HLe) for the fitting of hearing aids	0		
ERA-measurements with hearing aids	0		
other			
<b>Diagnostics of communication skills</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
indicating and evaluating a developmentally appropriate balance assessment of the child including an appropriate eye movement examination	0		
evaluation of speech communication: phonetic, prosodic, phonological, morphological, syntactic, semantic, and pragmatic levels	b (9+10)		
evaluation of receptive language/comprehension (with/without lip reading)	0		
evaluation of communication mode (oral-aural, manual, combined, total)	b (3+9+10)		
evaluation of literacy: phonological awareness, reading, writing	0		
evaluation of non-verbal communication	0		
speech and oral motor examination protocol	s (9+10)		
evaluation of voice function and nasality	i (4+9+10)		
evaluation of auditory, visual, kinesthetic, and tactile perception	0		
other			
<b>Indication and interpretation of interdisciplinary diagnostic procedures</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
occupational therapy examinations	0		
evaluation of general cognitive developmental stage	0		
child psychological examinations including tests to rule out attention deficit disorders	0		
laboratory examinations including serologic and autoimmunologic investigations	0		

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still under the heading Hearing Disorders!

allergy tests	0		
examination of extra-oesophageal reflux	0		
neurological examination of children	0		
clinical neuro- and electrophysiological examinations	0		
paediatric, urologic, and ophthalmologic examinations of children	0		
radiologic diagnostics	0		
genetic testing	0		
special diagnostic needs of multiply handicapped or disturbed children	0		
management of psychological sequels for parents after diagnosis	0		
other			
<b>Prevention</b>	<b>Performance Category (b), (a)</b>	<b>Date</b>	<b>Signature Trainer</b>
epidemiology of hearing disorders in children	0		
newborn hearing screening: <ul style="list-style-type: none"> <li>▪ using screening principles and methods</li> <li>▪ dealing with screen failures</li> <li>▪ setting up a screening program in a district</li> <li>▪ monitoring and audit the screening program</li> </ul>	0		
early hearing detection and intervention programs	0		
management of control intervals	0		
early aetiological investigations	0		
role of immunisation	0		
parent guidance programs; enhancing parental communication skills	0		
preverbal and linguistic enrichment principles	0		

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family audiometry	0		
genetic counselling	0		
Parental guidance in respect of hearing conservation, preventing head trauma, diminishing stress etc.	0		
hearing tests in institutions for multiply handicapped children	0		
other			
<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
initiation and coordination of multidisciplinary rehabilitation	0		
therapeutic parental guidance programs, especially in respect of intra-familial communication skills	0		
fitting and evaluation of hearing devices, even in multiply handicapped or disturbed children	0		
special knowledge of conventional hearing aids	0		
special knowledge of bone anchored hearing aids and implantable hearing aids	0		
special knowledge of frequency transposition aids, CROS and BICROS aids, wireless communication systems	0		
cochlear implant indication (monolateral, bilateral, binaural-bimodal fitting)	0		
special knowledge of cochlear implant technology i.e. analogous-digital, speech processor strategies	0		
knowledge of electro-acoustic stimulation	0		
measuring the benefit of cochlear implant devices	0		

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knowledge of the assistive devices available, including the radio aid and FM soundfield systems, alarm systems, loop systems	0		
knowledge of various hearing aid fitting formulae and real ear measurements	0		
knowledge of tinnitus masking	0		
training in handling hearing devices/CI	0		
knowledge of aural rehabilitation programs: oral-aural (e.g. auditory-verbal, natural interactional), manual, combined, total	0		
special needs for early intervention and parent guidance in babies and toddlers	0		
auditory training principles	0		
speech and language therapy in hearing disabled	b (9-10)		
preverbal and linguistic enrichment principles in hearing disabled	0		
alternative modes of communication, principles of augmentative communication methods	0		
voice therapy principles in hearing disabled	b (9-10)		
principles of computerized rehabilitation	0		
principles of literacy training in hearing disabled	0		
training in respect of specific deficits, i.e. training of compensatory strategies and improving the signal/noise ratio in children with auditory processing disorders	0		
knowledge of tinnitus therapy (training, masker)	0		
educational needs	0		
knowledge of educational placement opportunities (mainstream, inclusionary or special education; support services)	0		
inclusion principles	0		
management of psychological and socio-emotional sequels for child and its family	0		

**UEP/UEMS TRAINING LOGBOOK OF PHONIATRICS**

management of cultural influences on the rehabilitation	0		
rehabilitation of multiply handicapped children	0		
knowledge of national legal regulation of special support	0		
other			
<b>Medical Treatment</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
general therapeutic principles in respect of infection, sudden hearing loss, acoustic trauma, tinnitus etc.	b (3)		
management of auditory tube dysfunction including antiallergic therapy, antireflux therapy, remediation of the paranasal sinuses	b (3)		
other			
<b>Otologic Surgery</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
indication and surgical procedures of tube dysfunction including grommets and adenoidectomy	s (3+10)		
indication and surgical procedures concerning congenital malformations of the ear	b (3+10)		
indication and surgical procedures concerning bone anchored hearing aids, implantable hearing aids, cochlear implants	0		
cooperation in the surgical management in children with different stages of cleft palate	s (3+10)		
other			

**(9) Swallowing Disorders**

<b>Diagnostics</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
diagnostic interview with patient and relatives	i (7)		
auditory/visual/palpatory examination	i (7)		
clinical evaluation of swallowing (bedside examination)	s (7)		
nutritional evaluation	b (7)		
swallowing-related quality of life questionnaires	s (7)		
basics of the physiology of swallowing including fetal swallowing, neonatal swallowing, reflex control, phase classification etc.	i (7)		
clinical terminology of drooling, leaking, penetration, retention, regurgitation, aspiration etc.	i (7)		
functional swallowing studies using fiberoptics and/or a rigid laryngoscope	i (7)		
FEES rating	i (7)		
manometry	b (7)		
speech motor examination protocol	b (7)		
oral motor examination protocol	s (7)		
standard neurological examination	i (7)		
sonographic examination of tongue movements during swallowing (B-Mode and M-Mode)	0		
differentiation of morphologic structural and sensomotoric neurologic dysphagia	i (7)		
interpretation of videofluoroscopic recordings	s (7)		
automatic digital swallowing recording (acoustic or electric devices)	0		
other Diagnostic rigid and flexible esophagoscopy	i (7)		

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<b>Rehabilitation</b>	<b>Performance Category (b), (s) or (i)</b>	<b>Date</b>	<b>Signature Trainer</b>
coordination of rehabilitative measures	b (7)		
concepts of swallowing therapy (restitutive, compensatory, and adaptive methods), diatetics	s (7)		
planning and supervision of swallowing therapy executed by logopedist/SLP or physiotherapist	b (7)		
swallowing therapy by phoniatician	0		
auxiliary devices PEG and feeding tube?	b??		
other			
<b>Medical Treatment</b>			
basic principles of drug treatment in dysphagia	s (7)		
oral and parenteral nutrition management in dysphagic patients	s (7)		
influence of various drugs used for therapy of other diseases on swallowing function	i (7)		
botulinum toxin treatment of sphincter diseases	s (7)		
other			
<b>Surgery</b>			
indication for surgical procedures in dysphagia (such as laryngeal elevation, aerodigestive tract diversion, UES myotomy)	i (7)		
pharyngeal-esophageal sphincterotomy	s (7)		
PEG	b (7)		
understanding consequences of various surgical procedures on swallowing function	i (7)		

???

flexible and rigid esophagoscopy  
with dilatation

s (7)

APPENDIX

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

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



**IDENTIFICATION OF TRAINEE**

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

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

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

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

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

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

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

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

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







## CLINICAL SPECTRUM AND PATIENT GROUPS OF THE TRAINING CENTRE

Name and address of the training Centre:

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Date

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

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



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

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

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

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

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

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

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

## TRAINER – EVALUATION OF SOFT SKILLS

(to be filled in by the trainer)

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

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

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

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

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

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



## COMPLETION OF TRAINING

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

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

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

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

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

Lead Training Centre	
Name of Trainer in charge	

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

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

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

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