Training Standards for Clinical Fellowships in Head & Neck Oncologic and Reconstructive Surgery

Prepared by:
Canadian Association of Head and Neck Surgical Oncology (CAHNSO) Training Committee

Formally Ratified June 11 2016

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INTRODUCTION

The Canadian Association of Head and Neck Surgical Oncology (CAHNSO) is an association of physicians with expertise and special interest in head and neck oncology that strives to enhance and enable knowledge in Canada relevant to the surgical treatment of cancers and other neoplastic diseases of the head and neck, including both reconstruction and rehabilitation. CAHNSO was established in June of 2013 and formally incorporated as a not for profit organization in May 2014. The CAHNSO Training Committee is a standing committee within CAHNSO charged with creating the infrastructure required to set, maintain and advance the highest standards of training for the subspecialty of Head and Neck Surgical Oncology within Canada. This document represents the first step in this process: setting standards of advanced fellowship training based on the CanMEDS framework, and proposing a Canadian system for accreditation of Head and Neck Surgical Oncology fellowships.

The CAHNSO Training Committee will strive to enhance and encourage dedication to the highest quality of its accredited educational programs. The CAHNSO Training Committee's voluntary accreditation program will strive to ensure that standardized education of the highest quality is available for head and neck surgeons, and head and neck reconstructive surgeons. The goal of this accreditation process is vested in the committee's belief that high quality education ultimately leads to high quality care for head and neck patients.

ACCREDITATION STATUS DEFINITIONS

Programs that are in fully operational

APPROVAL (without Conditions): an accreditation status given to an educational program that achieves or exceeds the basic requirements for accreditation, and that has completed its probationary ("Initial Accreditation") period.

APPROVAL (with Conditions): an accreditation status given to an educational program that meets most accreditation standards, but in which there are limited weaknesses or deficiencies in one or more areas of the program. Evidence of compliance with the cited standards must be demonstrated within 18 months. If the deficiencies are not corrected within the specified time period accreditation will be withdrawn unless the CAHNSO Training Committee extends the period to achieve compliance for good cause.

Programs that are not fully operational

A program that has not enrolled and graduated at least one fellow, AND has not had a fellow or class of fellows registered in sequential fellowship periods is defined by the CAHNSO Training Committee as " not fully operational". The accreditation status granted to this type of program by the CAHNSO Training Committee is "INITIAL ACCREDITATION". When "Preliminary Accreditation" status is granted to a program it is in effect through the projected initial enrollment period. However, if enrollment is delayed by two consecutive years the institution must reapply for "preliminary accreditation" and update pertinent information on program development and evolution. At this point the reapplication for "initial accreditation" will be considered by the CAHNSO Training Committee.

PRELIMINARY ACCREDITATION: Initial accreditation is the accreditation status granted to any Head and Neck Oncologic / Reconstructive advanced training program that meets training standards, but has not yet graduated at least one fellow. Once at least one fellow has completed training, and with evidence of ongoing satisfactory training conditions based on adherence to standards of training and favorable review of the program by the trainee(s), then the program is eligible for promotion to "Approval" status.

Preliminary accreditation classification provides evidence to educational institutions, accrediting and licensing bodies, government or granting agencies that a training program meets training standards, and that probationary operations can commence. Initial accreditation is granted based on one or more site evaluations and is in effect until the program is fully operational and meets criteria to be advanced to Approval (without conditions) status.

MAJOR CHANGES TO TRAINING PROGRAM: Major changes to training program are defined as (but not limited to) reduction in surgical and/or clinical volume or

exposure for fellow(s) by 25% or more, removal or addition of a major site of practice (hospital, surgical facility etc.) for training program, addition of a new accredited fellow per year for the purposes of advanced post-residency training.

Preface

The CAHNSO Training committee was established under the auspices of the Canadian Society of Otolaryngology – Head and Neck Surgery to establish training guidelines and coordinate the accreditation survey process. This document constitutes the standards by which the The CAHNSO Training committee will evaluate candidate fellowship programs for accreditation purposes. General and specific standards regarding essential educational content, instructional activities, patient care responsibilities, supervisions and facilities are included herein.

General standards are identified by numerical listing (eg. 1). Specific standards are identified by multiple numerical listing (eg. 1-2, 1.2).

Maintaining and improving the quality of advanced education in the Canadian Head and Neck Oncologic and Reconstructive Surgery Fellowships is the primary aim of the CAHNSO Training Committee. The CAHNSO Training Committee is recognized by the Canadian Association of Head and Neck Surgical Oncology (CAHNSO) as the national quality assurance body for Canadian advanced fellowship training programs in Head and Neck Oncologic and Reconstructive Surgery.

Accreditation of advanced training fellowships is a voluntary effort of all parties involved. The process of accreditation ensures fellows, members of the Canadian Society of Otolaryngology Head and Neck Surgery, the Royal College of Physicians and Surgeons of Canada, Institutional and Provincial governing bodies as well as the general public that accredited training programs are in compliance with established standards.

A fellowship in Head and Neck Oncologic and/or Reconstructive Surgery is a planned post residency program that involves advanced training in the diagnosis and treatment (both surgical and adjuvant) of head and neck neoplasms (benign and malignant) as well as reconstruction of head and neck defects with local, regional and free tissue transfer techniques.

Accreditation actions taken by the CAHNSO Training committee are based on information obtained from written submissions, including a presurvey questionnaire, completed by fellowship directors and when required evaluations made on site by assigned CAHNSO consultants.

POLICY ON MAJOR CHANGES TO TRAINING PROGRAM

Major changes as defined by the CAHNSO Training Committee are to be reported promptly to the training committee. Major changes have a direct and significant impact on a program's potential ability to comply with training standards. Examples of major changes that must be reported include (but are not limited to) changes to

fellowship director, clinical facilities, program sponsorship or curriculum length. The program must communicate these changes in writing to the training committee within sixty (60) days.

AUTHORIZED ENROLLMENT

Head and Neck Oncologic and Reconstructive Surgery fellowship programs are accredited for a specific number of fellows in each year(s) of the program.

Definition of Terms Used in Training Standards for Head and Neck Oncologic and Reconstructive Surgery Fellowship Training

The terms used in this document (ie. **shall, must, should, can** and **may**) were selected carefully and indicate the relative weight that the CAHNSO Training Committee attaches to each statement.

Must or Shall: Indicates and imperative need and/or duty; an essential or indispensable item; mandatory.

Examples of evidence to demonstrate compliance include but are not limited to: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

Should: Indicates a method or methods to achieve the standards.

May or Could: Indicates freedom or liberty to follow a suggested alternative.

Levels of Knowledge:

> **KEY COMPETENCIES:** A thorough knowledge of concepts and theories for the purpose of critical analysis and synthesis of a more complete understanding.
>
> **ENABLING COMPETENCIES**: Adequate knowledge with the ability to apply.
>
> **FAMILIARITY**: A simplified knowledge for the purpose of orientation and recognition of general principles.

Levels of Skills:

> **PROFICIENT**: The level of skill beyond competency. It is that level of skill acquired through advanced training or the level of skill attained when a particular activity is accomplished with repeated quality and a more efficient utilization of time.
>
> **COMPETENT**: The level of skill displaying special ability or knowledge derived from training and experience.
>
> **EXPOSED**: The level of skill attained by observation of or participation in a particular activity.

Other Terms:

Head & Neck Surgeon: The Head and Neck Surgeon/Reconstructive Surgeon will be a Royal College of Physicians and Surgeons of Canada (or equivalent) with a specialist certificate in Otolaryngology – Head and Neck Surgery, General Surgery, or Plastic Surgery. Advanced Training in Head and Neck Oncology is required and is defined by having completed an Advanced Training in Head and Neck Oncologic surgery fellowship comparable to that which is described in this document. To maintain competency, a Head and Neck Surgeon is expected to function as part of a comprehensive multidisciplinary team and to be regularly performing Head and Neck oncologic assessments and procedures as outlined in the Ontario guidelines [1.]

Head & Neck Reconstructive Surgeon: Reconstruction expertise is required for the surgical management of patients with head and neck tumours and necessitates a fellowship-trained microvascular surgeon with specific training in head and neck reconstruction. A head & neck reconstructive surgeon should perform at least 20 microvascular free tissue transfer procedures in the head & neck region per year.[1]

1. The Management of Head and Neck Cancer in Ontario: Organizational and Clinical Practice Guidelines. 5-3 PG, May 2009. https://www.cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=1025

Head and Neck Surgery: is a surgical subspecialty that focuses on the diagnosis, ablative surgery, reconstruction and adjunctive treatments pertaining to malignant and benign neoplastic diseases of the head and neck region. . Head and neck malignancies are life-threatening conditions requiring complex management. These tumors often have devastating consequences on a person's ability to breathe, communicate, eat, and often affect a person's appearance. The proper treatment will not only offer the best chance of survival but will have long-lasting implications for the patient's quality-of-life. In order to ensure the provision of the highest quality of care for patients, treatment should be provided in multidisciplinary setting by qualified subspecialists with advanced training in the treatment and management of head and neck cancer.

Reconstructive Surgery: involves local, regional and free tissue transfer techniques to reconstruct and rehabilitate defects in the head and neck region secondary to malignant or benign tumor extirpation, trauma, or congenital causes. Reconstructive surgery involves the identification of functional and aesthetic deficits in the head and neck regions, as well as the

appropriate application of different reconstructive methods to provide the patient with the optimal functional result.

Fellowship in Head and Neck Oncologic / Reconstructive Surgery: Although core surgical training (through RCPSC surgical residency programs) is foundational to the development of the head and neck surgeon, the contemporary practice of head and neck surgery is beyond the scope of standard residency training. However successful completion of a prerequisite residency program is essential prior to embarking on advanced fellowship training. Furthermore, advanced fellowship training should not be viewed as a substitute for core surgical training. A fellowship in Head & Neck Oncologic and Reconstructive Surgery is a planned post-residency advanced training program that contains education and training in diagnosis, as well as surgical and adjuvant treatments of diseases and defects of the head and neck regions completed in the context of a high volume multi-disciplinary treatment setting.

Institution (or organizational unit, division or department within an institution): a medical school and healthcare providing institution, or healthcare facility that engages in advanced specialty education.

Sponsoring Institution: primary responsibility for advanced specialty education programs.

Affiliated Institution: support responsibility or advanced specialty education programs.

Fellow: Individual formally enrolled in fellowship program undertaking advanced training in head and neck oncologic and reconstructive surgery.

CanMEDS Framework: a series of roles and expectations outlined by the Royal College of Physicians and Surgeons of Canada. The expectation is that Head & Neck Surgeons integrate all CanMEDS roles including medical and surgical knowledge, clinical skills and professional attitudes in their provision of patient centered care. The CanMEDS framework in its application to Head & Neck Oncologic and Reconstructive Surgery is outlined in Requirements section 1 of this document.

REQUIREMENTS

SECTION1: FELLOW ELIGIBILITY AND SELECTION

1. Applicant must have successfully passed the Principles of Surgery Examination (or equivalent).
2. The applicant must have successfully completed a Royal College of Physicians and Surgeons of Canada (RCPSC) 5 year surgical training program (or equivalent) and obtained the Specialist Certificate in a surgical discipline.*
3. The applicant must be credentialed by the local or regional licensing body associated with the training program
4. The applicant must meet all requirements to obtain appropriate privileges at all institutions affiliated with the training program.
5. The applicant must be a member of the Canadian Medical Protective Agency (CMPA) or be eligible for membership and provide proof of application to the CMPA for membership.
6. Core training of applicants base specialty must include the following rotations:
    a. Between 40 and 52 weeks of Otolaryngology – Head & Neck Surgery, Plastic Surgery, General Surgery or applicable surgical base specialty training
    b. Between 12 and 18 weeks, doing 4 – 12 week rotations in any of the following
        i. Plastic Surgery and/or Facial Reconstructive Surgery
        ii. Neurosurgery
        iii. General Surgery, Plastic Surgery, or Otolaryngology – Head & Neck Surgery
    c. Up to 24 weeks doing 4-8 week selective rotations in any of the following:
        i. Pediatric General Surgery
        ii. Thoracic surgery
        iii. Emergency Medicine
        iv. Internal Medicine and relevant sub-specialities
        v. Pediatrics
    d. A minimum of 4 weeks on a service that provides initial trauma management such as:
        i. Emergency medicine
        ii. General Surgery
        iii. Trauma Team / Trauma Surgery
        iv. Plastic Surgery
    e. A minimum of 4 weeks in Critical Care Medicine
    f. The remainder of the trainees base 5 year surgical residency mus include 156 weeks of approved rotations in the trainees base surgical discipline and incorporate the principle of increasing graded responsibility and ensure that the trainee is exposed to all core domains of their base surgical speciality
7. Selection criteria and process must adhere to the Charter of Rights and Freedoms of Canada

*Justification: Prior to beginning advanced training in head and neck surgery, the applicant must demonstrate proficiency in the general surgical and medical management of patients. This includes acute and ambulatory care of surgical patients. The applicant must have a strong foundational knowledge of malignant and benign disorders of the head and neck Airway, nutritional, metabolic, psychosocial and palliative management of patients with head and neck disorders and malignancies must be contained within the applicants core residency training. A clear demonstration of these attributes must be evidenced by a complete case log from their respective training program being provided upon request by the fellowship training program. The rigorous accreditation process outlined by the RCPSC for base specialty programs provides assurances that applicants will have the required background foundational skills, knowledge and experience to enable advanced training in head and neck oncologic surgery.

SECTION 2: CanMEDS FRAMEWORK IN HEAD & NECK ONCOLOGIC AND RECONSTRUCTIVE SURGERY TRAINING

The CanMEDS framework ©[1] was developed in 2005 by the Royal College of Physicians and Surgeons of Canada as a standard of post-graduate medical education. The CHANT committee accreditation requirements are based on the CanMEDS framework to strive to train and educate the highest quality head & neck surgeons.
The CanMEDS framework in its application to advanced head & neck oncologic and reconstructive surgery is outlined below. Fellows successfully completing CHANT committee accredited fellowships in Head & Neck Oncologic and Reconstructive Surgery are expected to show expertise in all Key Competencies and proficiency in all Enabling Competencies listed in the Role descriptions.

1. Frank, JR., Jabbour, M., et al. Eds. Report of the CanMEDS Phase IV Working Groups. Ottawa: The Royal College of Physicians and Surgeons of Canada. March, 2005.

ROLE: MEDICAL EXPERT

Definition: As *Medical Experts,* Head & Neck Surgeons integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. *Medical Expert* represents the central role of the CanMEDS Framework.

Description: Head & Neck Surgeons possess a defined body of knowledge, clinical skills, procedural skills and professional attitudes, which are directed to effective patient-centered care. They apply these competencies to collect and interpret information, make appropriate clinical decisions, and carry out diagnostic and

therapeutic interventions. They do so within the boundaries of the field of Head & Neck Oncology, personal expertise, the healthcare setting and the patient's preferences and context. Their care is characterized by up-to-date, ethical, and resource-efficient clinical practice as well as with effective communication in partnership with patients, other health care providers and the community. The Role of Medical Expert is central to the function of Head & Neck Surgeons and draws on the competencies included in the Roles of Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional.

KEY COMPETENCIES: *Head & Neck Surgeons are able to...*

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered Head & Neck Oncologic care;

2. Establish and maintain clinical knowledge, skills and attitudes appropriate to Head & Neck Oncologic Surgery;

3. Perform a complete and appropriate assessment of a patient;

4. Use preventive and therapeutic interventions effectively;

5. Demonstrate proficient and appropriate use of procedural and surgical skills, both diagnostic and therapeutic;

6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.

ENABLING COMPETENCIES: *Head & Neck Surgeons are able to...*

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care

. 1.1. Effectively perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional

. 1.2. Demonstrate effective use of all CanMEDS competencies relevant to the practice of head & neck surgical oncology

. 1.3. Identify and appropriately respond to relevant ethical issues arising in patient care

. 1.4. Effectively and appropriately prioritize professional duties when faced with multiple patients and problems

. 1.5. Demonstrate compassionate and patient-centered care

. 1.6. Recognize and respond to the ethical dimensions in medical decision-making

. 1.7. Demonstrate medical and surgical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed

2. Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice

2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to the physician's specialty

. 2.2. Describe the CAHNSO framework of competencies relevant to the practice of Head & Neck Oncologic Surgery

. 2.3. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to- date, and enhance areas of professional competence

. 2.4. Contribute to the enhancement of quality care and patient safety in their practice, integrating the available best evidence and best practices

3. Perform a complete and appropriate assessment of a patient

. 3.1 Effectively identify and explore issues to be addressed in a patient encounter, including the patient's context and preferences

. 3.2 For the purposes of prevention and health promotion, diagnosis and or management, elicit a history that is relevant, concise and accurate to context and preferences

. 3.3 For the purposes of prevention and health promotion, diagnosis and/or management, perform a focused physical examination that is relevant and accurate

. 3.4 Select medically appropriate investigative methods in a resource-effective and ethical manner

. 3.5 Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans

4. Use preventive and therapeutic interventions effectively

. 4.1 Implement an effective management plan in collaboration with a patient and their family

. 4.2 Demonstrate effective, appropriate, and timely application of preventive and therapeutic interventions relevant to the physician's practice

. 4.3 Ensure appropriate informed consent is obtained for therapies

. 4.4 Ensure patients receive appropriate end-of-life care

5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic

. 5.1 Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to their practice

. 5.2 Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to their practice

. 5.3 Ensure appropriate informed consent is obtained for procedures

. 5.4 Appropriately document and disseminate information related to procedures performed and their outcomes

. 5.5 Ensure adequate follow-up is arranged for procedures performed

6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

. 6.1 Demonstrate insight into their own limitations of expertise via self-assessment

. 6.2 Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care

. 6.3 Arrange appropriate follow-up care services for a patient and their families

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ROLE: COMMUNICATOR

Definition: As *Communicators,* Head & Neck Surgeons effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Description: Head & Neck Surgeons enable patient-centered therapeutic communication through shared decision-making and effective dynamic interactions with patients, families, caregivers, other professionals, and important other

individuals. The competencies of this Role are essential for establishing rapport and trust, formulating a diagnosis, delivering information, striving for mutual understanding, and facilitating a shared plan of care. Poor communication can lead to undesired outcomes, and effective communication is critical for optimal patient outcomes. The application of these communication competencies and the nature of the doctor-patient relationship vary for different specialties and forms of medical practice.

Key Competencies: *Head & Neck Surgeons are able to...*

1. Develop rapport, trust and ethical therapeutic relationships with patients and families;

2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals;

3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals;

4. Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care;

5. Convey effective oral and written information about a medical encounter.

Enabling Competencies: *Head & Neck Surgeons are able to...*

1. Develop rapport, trust, and ethical therapeutic relationships with patients and families

. 1.1. Recognize that being a good communicator is a core clinical skill for Head & Neck Surgeons, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes

. 1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy

. 1.3. Respect patient confidentiality, privacy and autonomy

. 1.4. Listen effectively

. 1.5. Be aware and responsive to nonverbal cues

. 1.6. Effectively facilitate a structured clinical encounter

2. Accurately elicit and synthesize relevant information and perspectives of patients

and families, colleagues, and other professionals

. 2.1. Gather information about a disease, but also about a patient's beliefs, concerns, expectations and illness experience

. 2.2. Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers and other professionals

3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals

3.1. Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable, encourages discussion and participation in decision- making

4. Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care

. 4.1. Effectively identify and explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences

. 4.2. Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making

. 4.3. Encourage discussion, questions, and interaction in the encounter

. 4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care

. 4.5. Effectively address challenging communication issues such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding

5. Convey effective oral and written information about a medical encounter

. 5.1. Maintain clear, accurate, and appropriate records (e.g., written or electronic) of clinical encounters and plans

. 5.2. Effectively present verbal reports of clinical encounters and plans

. 5.3. When appropriate, effectively present medical information to the public or media about a medical issue

ROLE: COLLABORATOR

Definition: As *Collaborators,* Head & Neck Surgeons effectively work within a healthcare team to achieve optimal patient care.

Description: Head & Neck Surgeons work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients. This is increasingly important in a modern multiprofessional environment, where the goal of patient-centred care is widely shared. Modern healthcare teams not only include a group of professionals working closely together at one site, such as a ward team, but also extended teams with a variety of perspectives and skills, in multiple locations. It is therefore essential for Head & Neck Surgeons to be able to collaborate effectively with patients, families, and an interprofessional team of expert health professionals for the provision of optimal care, education and scholarship.

Key Competencies: *Head & Neck Surgeons are able to...*

1. Participate effectively and appropriately in an interprofessional healthcare team;

2. Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict.

Enabling Competencies: *Head & Neck Surgeons are able to...*

1. Participate effectively and appropriately in an interprofessional healthcare team

. 1.1. Clearly describe their roles and responsibilities to other professionals

. 1.2. Describe the roles and responsibilities of other professionals within the health care team

. 1.3. Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own

. 1.4. Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)

. 1.5. Where appropriate, work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities

. 1.6. Participate effectively in interprofessional team meetings

. 1.7. Enter into interdependent relationships with other professions for the provision of quality care

. 1.8. Describe the principles of team dynamics

. 1.9. Respect team ethics, including confidentiality, resource allocation and professionalism

. 1.10. Where appropriate, demonstrate leadership in a healthcare team (including but not limited to multidisciplinary head & neck oncology clinics and

treatment teams)

2. Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict

. 2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team

. 2.2. Work with other professionals to prevent conflicts

. 2.3. Employ collaborative negotiation to resolve conflicts

. 2.4. Respect differences, misunderstandings and limitations in other professionals

. 2.5. Recognize one's own differences, misunderstanding and limitations that may contribute to interprofessional tension

. 2.6. Reflect on interprofessional team function

ROLE: LEADER

Definition: As *Leaders,* Head & Neck Surgeons are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.

Description: Head & Neck Surgeons interact with their work environment as individuals, as members of teams or groups, and as participants in the health system locally, regionally or nationally. The balance in the emphasis among these three levels varies depending on the nature of the specialty, but all specialties have explicitly identified management responsibilities as a core requirement for the practice of medicine in their discipline. Head & Neck Surgeons function as Leaders in their everyday practice activities involving co-workers, resources and organizational tasks, such as care processes, and policies as well as balancing their personal lives. Thus, Head & Neck Surgeons require the ability to prioritize, effectively execute tasks collaboratively with colleagues, and make systematic choices when allocating scarce healthcare resources. The CanMEDS Leader Role describes the active engagement of all Head & Neck Surgeons as integral participants in decision-making in the operation and on-going evolution of the healthcare system.

Key Competencies: *Head & Neck Surgeons are able to...*

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems;

2. Manage their practice and career effectively;

3. Allocate finite healthcare resources appropriately;

4. Serve in administration and leadership roles, as appropriate.

Enabling Competencies: *Head & Neck Surgeons are able to...*

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems

. 1.1. Work collaboratively with others in their organizations

. 1.2. Participate in systemic quality process evaluation and improvement, such as patient safety initiatives

. 1.3. Describe the structure and function of the healthcare system as it relates to their specialty, including the roles of Head & Neck Surgeons

. 1.4. Describe principles of healthcare financing, including physician remuneration, budgeting and organizational funding

2. Manage their practice and career effectively

. 2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life

. 2.2. Manage a practice including finances and human resources

. 2.3. Implement processes to ensure personal practice improvement

. 2.4. Employ information technology appropriately for patient care

3. Allocate finite healthcare resources appropriately

. 3.1. Recognize the importance of just allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care

. 3.2. Apply evidence and management processes for cost-appropriate care

4. Serve in administration and leadership roles, as appropriate

. 4.1. Chair or participate effectively in committees and meetings

. 4.2. Lead or implement a change in health care

. 4.3. Plan relevant elements of health care delivery (e.g., work schedules)

ROLE: HEALTH ADVOCATE

Definition: As *Health Advocates,* Head & Neck Surgeons responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Description: Head & Neck Surgeons recognize their duty and ability to improve the overall health of their patients and the society they serve. Doctors identify advocacy activities as important for the individual patient, for populations of patients and for communities. Individual patients need Head & Neck Surgeons to assist them in navigating the healthcare system and accessing the appropriate health resources in a timely manner. Communities and societies need Head & Neck Surgeons' special expertise to identify and collaboratively address broad health issues and the determinants of health. At this level, health advocacy involves efforts to change specific practices or policies on behalf of those served. Framed in this multi-level way, health advocacy is an essential and fundamental component of health promotion. Health advocacy is appropriately expressed both by individual and collective actions of Head & Neck Surgeons in influencing public health and policy.

Key Competencies: *Head & Neck Surgeons are able to...*

1. Respond to individual patient health needs and issues as part of patient care;

2. Respond to the health needs of the communities that they serve;

3. Identify the determinants of health of the populations that they serve;

4. Promote the health of individual patients, communities and populations.

Enabling Competencies: *Head & Neck Surgeons are able to...*

1. Respond to individual patient health needs and issues as part of patient care

. 1.1. Identify the health needs of an individual patient

. 1.2. Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care

2. Respond to the health needs of the communities that they serve

. 2.1. Describe the practice communities that they serve

. 2.2. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately

. 2.3. Appreciate the possibility of competing interests between the communities served and other populations

3. Identify the determinants of health for the populations that they serve

. 3.1. Identify the determinants of health of the populations, including barriers to access to care and resources

. 3.2. Identify vulnerable or marginalized populations within those served and respond appropriately

4. Promote the health of individual patients, communities, and populations

. 4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve

. 4.2. Describe how public policy impacts on the health of the populations served

. 4.3. Identify points of influence in the healthcare system and its structure

. 4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism

. 4.5. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper

. 4.6. Describe the role of the medical profession in advocating collectively for health and patient safety

ROLE: SCHOLAR

Definition: As *Scholars,* Head & Neck Surgeons demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

Description: Head & Neck Surgeons engage in a lifelong pursuit of mastering their domain of expertise. As learners, they recognize the need to be continually learning and model this for others. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of medical knowledge. As teachers, they facilitate the education of their students, patients, colleagues, and others.

Key Competencies: *Head & Neck Surgeons are able to...*

1. Maintain and enhance professional activities through ongoing learning;

2. Critically evaluate information and its sources, and apply this appropriately to practice decisions;

3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate;

4. Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices.

Enabling Competencies: *Head & Neck Surgeons are able to...*

1. Maintain and enhance professional activities through ongoing learning.

. 1.1. Describe the principles of maintenance of competence

. 1.2. Describe the principles and strategies for implementing a personal knowledge management system

. 1.3. Recognize and reflect learning issues in practice

. 1.4. Conduct a personal practice audit

. 1.5. Pose an appropriate learning question

. 1.6. Access and interpret the relevant evidence

. 1.7. Integrate new learning into practice

. 1.8 Evaluate the impact of any change in practice

. 1.9 Document the learning process

2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions

. 2.1. Describe the principles of critical appraisal

. 2.2. Critically appraise retrieved evidence in order to address a clinical question

. 2.3. Integrate critical appraisal conclusions into clinical care

3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others, as appropriate

. 3.1. Describe principles of learning relevant to medical education

. 3.2. Collaboratively identify the learning needs and desired learning outcomes of others

. 3.3. Select effective teaching strategies and content to facilitate others'

learning

. 3.4. Demonstrate an effective lecture or presentation

. 3.5. Assess and reflect on a teaching encounter

. 3.6. Provide effective feedback

. 3.7. Describe the principles of ethics with respect to teaching

4. Contribute to the development, dissemination, and translation of new knowledge and practices

. 4.1. Describe the principles of research and scholarly inquiry

. 4.2. Describe the principles of research ethics

. 4.3. Pose a scholarly question

. 4.4. Conduct a systematic search for evidence

. 4.5. Select and apply appropriate methods to address the question

. 4.6. Appropriately disseminate the findings of a study

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ROLE: PROFESSIONAL

Definition: As *Professionals,* Head & Neck Surgeons are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behavior.

Description: Head & Neck Surgeons have a unique societal role as professionals who are dedicated to the health and caring of others. Their work requires the mastery of a complex body of knowledge and skills, as well as the art of medicine. As such, the Professional Role is guided by codes of ethics and a commitment to clinical competence, the embracing of appropriate attitudes and behaviors, integrity, altruism, personal well-being, and to the promotion of the public good within their domain. These commitments form the basis of a social contract between a physician and society. Society, in return, grants Head & Neck Surgeons the privilege of profession-led regulation with the understanding that they are accountable to those served. [1]

Key Competencies: *Head & Neck Surgeons are able to...*

1. Demonstrate a commitment to their patients, profession, and society through ethical practice;

2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation;

3. Demonstrate a commitment to physician health and sustainable practice.

Enabling Competencies: *Head & Neck Surgeons are able to...*

1. Demonstrate a commitment to their patients, profession, and society through ethical practice

. 1.1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism

. 1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence

. 1.3. Recognize and appropriately respond to ethical issues encountered in practice

. 1.4. Appropriately manage conflicts of interest

. 1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law

. 1.6. Maintain appropriate relations with patients.

2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation

. 2.1. Appreciate the professional, legal and ethical codes of practice of head and neck surgical oncology

. 2.2. Fulfill the regulatory and legal obligations required of current practice of head and neck surgical oncology

. 2.3. Demonstrate accountability to professional regulatory bodies

. 2.4. Recognize and respond to others' unprofessional behaviours in practice

. 2.5. Participate in peer review

3. Demonstrate a commitment to physician health and sustainable practice

. 3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice

. 3.2. Strive to heighten personal and professional awareness and insight

. 3.3. Recognize other professionals in need and respond appropriately

SECTION 3:

To uphold its commitment to utilizing the CanMEDS framework to train fellows in the sub-speciality of head & neck oncologic and reconstructive surgery the CHANT committee has developed a minimum level of requirements that all programs wishing to obtain any level accreditation for their respective fellowships must meet. Each standard including a justification of requirement are listed in the sections below.

REQUIREMENT 1 – PROGRAM EFFECTIVENESS AND INFRASTRUCTURE REQUIRMENTS

The program **must** develop clearly stated objectives of training appropriate to advanced specialty training in head and neck oncologic and/or reconstructive surgery. These objectives and curriculum **should** adhere to CanMEDS format and are described in section 1 of these training guidelines.

The program **must** document its effectiveness using a formal and ongoing outcomes assessment process to include measures of fellows' achievements. The assessment process **should** include summative as well as interval assessments commenting on all categories listed in the CanMEDS framework.

Justification*: the CAHNSO Training Committee expects each program to utilize the CanMEDS framework to develop its own goals and objectives for preparing individuals for the practice of head and neck oncologic and/or reconstructive surgery and that one of the program goals is to comprehensively prepare competent individuals to initially practice this surgical sub-specialty. The outcomes process includes steps to: a)develop clear, measurable goals and objective consistent with the program's purpose/mission; b) develop procedures for evaluating the extent to which the goals and objectives are met; c) collect and maintain data in an ongoing and systematic manner; d) analyze the data collected and share the results with appropriate audiences; e) identify and implement corrective actions to strengthen the program; and f) review the assessment plan, revise as appropriate and continue this cyclical process.*

The medical and surgical resources **must** be sufficient to support the program's stated goals and objectives.

***Justification**: The institution should have the medical and surgical resources required to develop and sustain the program on a continuing basis. Sponsoring institutions should have the appropriate volume of annual out patient visits, in patient beds, surgical volume, and emergency room visits to allow adequate surgery and patient exposure to the fellows. The program **must** be affiliated with a regional cancer program and **should** have a formal collaborative relationship with a department/division of oncology and/or departments /divisions of medical and radiation oncology to ensure adequate exposure of the fellow(s) to chemotherapy and radiation therapy protocols The program should have the ability to engage an adequate number of full-time faculty, secure provincial or governmental funding to allow adequate access to surgical resources, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in provincial and/or institutional and/or departmental and/or divisional and/or sectional annual budget allocations.*

Institutions, Hospitals and other Facilities that sponsor fellowships **must** be accredited by Provincial or National licensing bodies or their equivalent. The bylaws, rules and regulations of hospitals and institutions that sponsor fellowships **must** ensure that incoming fellows can obtain educational, and/or full, and/or conditional privileges that include the ability to provide in-patient, out-patient, on-call, surgical and clinical patient care including but not limited to writing in-patient care orders, ordering diagnostic studies, writing in-patient and out-patient prescriptions, and providing direct patient care in operating theatres, surgical wards, intensive care units, emergency departments, ambulatory care clinics and other areas of the hospital(s) or institution(s).

The Head and Neck Oncologic program **must** function within an acute care hospital and be affiliated with a regional cancer program. The program **must** have access to regular ambulatory care facilities, diagnostic imaging, staging equipment and expertise, in patient care beds and resources as well as operating room access and resources for cancer surgery.

1.1: Minimum Infrastructure Requirements

1.1-1: Ambulatory Care Clinic

i. Rapid access clinics should be available for patients
ii. Fine need aspirate cytology
iii. Direct surgical biopsy for frozen section pathological analysis
iv. Open tissue or lymph node biopsy
v. Endoscopic evaluation (Pharyngolaryngoscopy)
vi. Microscopy for evaluation of temporal bone, middle ear or external auditory canal pathology

vii. Immediate access to allied health professionals for patients with complex communication, swallowing, nutritional, psychological, or social needs (including but no limited to speech language pathology, audiology social work, dietician, nurse specialist/nurse practitioner)

viii. The trainee (fellow) is required to assess patients preoperatively and manage postoperative patients in the ambulatory care setting a minimum of 1 day per week (7.5 hours per week)

1.1-2: Diagnostic Imaging

i. The fellow / treatment team must be responsible for comprehensive staging and interpretation of results of investigations for the head and neck patient. This requires direct and expedient access to tests and diagnostic imaging including
    a. CT or MRI of primary tumour region
    b. CT imgaging of the thorax
    c. PET-CT or other nuclear medicine modalities in appropriate settings
    d. Ultrasound
    e. Image guided fine needle aspiration
    f. Ancillary testing as required such as generalized metastatic survey, bone scan, abdominal/pelvic CT, central nervous system imaging

1.1-3: Operating Room Resources

ii. The trainee / fellow must participate in the preoperative assessment, surgical planning, and post-operative management of the majority of the patients within the head and neck oncology program

iii. Assess to rigid laryngoscopy, rigid or flexible esophagoscopy, flexible bronchoscopy must be available.

iv. Resources to enable microvascular reconstructions, laser and miniminally invasive (including transoral surgery) surgery must be available

v. Immediate access to frozen section analysis and surgical pathology must be available

vi. Trainees / fellows must spend a minimum of 15 hours in the operating room actively participating in the surgical treatment of head and neck cancer per week (2 working days per week, at 7.5 hours per day). This minimum can be averaged over the course of the

training time frame to account for academic leaves to conferences, as well as vacation time.

1.1-4: In patient Care

i. The head and neck oncology program must have a minimum of 7 dedicated inpatient beds for the care of head and neck patients.
ii. Access to intensive care unit resources must be available
iii. Perioperative monitoring that includes specialized surgical nursing units with available 24 hour care, expertise in airway management, and free flap monitoring must be available
iv. Resources to allow for immediate airway intervention in head and neck cancer patients including intubation, fibreoptic intubation, and/or tracheostomy must be available.
v. Access to interventional radiology must be available
vi. Access to resources to enable feeding tube insertion must be available
vii. Access to a multidisciplinary team including a speech language pathologist , registered dietician, physiotherapist and occupational therapist must be available
viii. A head and neck surgeon (defined as an individual who has completed an accredited head and neck surgery fellowship or its equivalent and has privileges at the training facility to perform advanced head and neck oncologic surgery) must be on-call 24 hours per day for postoperative issues that may arise in head and neck cancer patients.

The program or fellowship director **must** have the authority, responsibility, and privileges necessary to manage the program effectively.

1.2: Fellowships which are based in institutions or hospitals that also sponsor residency programs **must** demonstrate that the fellowship and residency programs are not in conflict. The fellowship experience **must** not compete with the residency training program for surgical and clinical cases. Separate statistics **should** be maintained for each program.

1.3: Surgical teaching staff **must** be a fellow(s) of the Royal College of Surgeons of Canada (or its equivalent) and have full privileges to

practice their specialty and/or sub-specialty at the sponsoring or affiliated institution or hospital.

AFFILIATIONS

The Fellowship Director must accept full responsibility for the quality of education provided in all affiliated institutions.

Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions must be available. The following items must be covered in such inter-institutional agreements:

a. Designation of a fellowship director(s)
b. The teaching staff
c. The educational objectives of the program;
d. The educational objectives of the fellow(s);
e. Each institutions commitment to the fellowship program

REQUIREMENT 2 – FELLOWSHIP DIRECTOR AND TEACHING STAFF

The program must be administered by a director who is a fellow of the Royal College of Surgeons of Canada (or its equivalent) in Otolaryngology – Head & Neck Surgery ,General Surgery, or Plastic Surgery. The fellowship director must be a head and neck oncologic and/or reconstructive surgeon and be a core member of the head and neck cancer team at the affiliated regional cancer centre.

2.1: The responsibilities of the fellowship director(s) **must** include:

2.1-1: Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcome measures.

2.1-2: Ensuring the provision of adequate physical facilities for the educational process.

2.1-3: Participation in selection and supervision of the teaching staff. Perform periodic evaluations of the teaching staff.

2.1-4: Responsibility for adequate educational resources for the education of fellows including access to adequate learning resources.

2.1-5: Responsibility for selection of fellows and ensuring that all appointed fellows meet the minimum eligibility requirements.

2.1-6: Maintenance of appropriate records of the program, including fellow and patient statistics, institutional agreements and fellow records.

2.2: Teaching staff: Teaching staff **must** be of adequate size, and include a minimum of two full time academic surgeons who have achieved fellowship training in Head & Neck Oncologic Surgery (equivalent to the standards outlined in this document) and must provide for the following:

2.2-1: Provide direct supervision appropriate to a fellow's competence and level of training in all patient care settings.

2.3: Scholarly Activity of Teaching Staff: There **must** be evidence of scholarly activity among the fellowship teaching staff / faculty. Such evidence may include:

a. Participation in clinical and/or basic research studies including but not limited to projects funded following peer review.
b. Publication of the results of original research projects and reviews of existing research topics in peer-reviewed scientific media.
c. Presentation at scientific meetings and/or continuing education courses and the local, provincial and national level.
d. Reviewers for journal or sit on editorial board

REQUIREMENT 3 – FACILITIES AND RESOURCES

Facilities and resources **must** be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. The facilities and resources should permit the attainment of program objectives of training. To ensure health and safety for patients, fellows, faculty and staff, the physical facilities should effectively accommodate the clinical schedule.

The program **must** document its compliance with any applicable regulations of local, provincial and national agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies **must** be provided to all fellows, faculty and appropriate support staff and continuously be monitored for compliance. Additionally, policies on bloodborne and infectious diseases **must** be made available to applicants for admission and patients.

Fellows, faculty and appropriate support staff **should** be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles,

rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and personnel.

REQUIREMENT 4 – CURRICULUM AND PROGRAM DURATION

The fellowship program **must** be designed to provide special knowledge and skills beyond residency training. Documentation of all program activities must be ensured by the fellowship director and be available for review.

4.1 The fellowship program is a structured post-residency program which is designed to provide special knowledge and skills. The goals of the fellowship must be clearly identified and documented.

4.2 The duration of the fellowship **should** be a minimum of twelve months.

4.2-1: Academic and Personal Leaves are defined as follows:

i. Vacation: maximum 15 business days per 12 month period
ii. Conference: maximum 10 business days
iii. Statutory Holidays: all recognized during 12 month period
iv. It is understood by the CAHNSO Training Committee that fellows may require leaves of absence from training. The circumstances that would qualify fellows for leaves of absence are determined by the host university of the fellowship program. It is anticipated that any time lost during a leave will be made up upon the trainee's return.
v. The postgraduate office of the host university may allow a waiver of training following a leave of absence, in accordance with university policy and within the maximum time for a waiver determined by the CAHNSO Training Committee. A decision to grant a waiver of training can only be taken in the final year of the program.
vi. Each university will develop its own policy on whether or not it is willing to grant a waiver of training for time taken as a leave of absence; however, in the case where waivers of training are acceptable to the university, they must be within the acceptable times listed below. In addition, regardless of any waived blocks of training, the decision to grant a waiver of training must be based on the assumptions that the fellows will have achieved

the required level of competence by the end of the final year of training. A waiver of training can only be granted by the Postgraduate Dean on the recommendation of the resident's Program Director.

a. The following are the maximum allowable times for waivers:
   1. One year program – no waiver allowed
   2. Two year program – six weeks
   3. Three year program – six weeks

4.3 The fellowship **should** include a formally structured curriculum based on the CanMEDS framework. All facets of training and expected key and enabling competencies **must** be reviewed with the fellow(s) prior to the start of their training period.

4.4 The fellowship program **must** provide a complete sequence of patient experiences which include:

a. pre-operative evaluation;
b. advanced multi-disciplinary head & neck cancer clinics
c. adequate operating experience;
d. diagnosis and management of complications;
e. post-operative evaluation

4.5 The fellow **must** maintain a surgical case log of all procedures and should include at least the date of the procedure, patient name, patient identification number, location of where procedure was performed, preoperative diagnosis, the operative procedure performed, and the outcome of the procedure.

4.6 **Fellows with Special Needs, Conditions or Disabilities Policy**

4.6-1: Supervision and Evaluation

i. The supervision of the fellow with special needs, conditions or disabilities must not be less than that of the other current or previous fellows in the fellowship training program; the fellow with special needs, conditions or disabilities may require **more** supervision than that of the other fellows if recommended by the University Post Graduate Office
ii. All objectives considered essential to practice, as defined by this document, must be achieved by the

fellow with special needs, conditions or disabilities at the same level of competence as other fellows.

iii. The evaluation methods used to assess objectives in the domains:
    a. affected by the special need, condition or disability may be different from that applied to other fellows in the training program,
    b. not affected by the special need, condition or disability must be identical to all other fellows in the training program.

iv. The CAHNSO Training Committee may consult the Royal College of Physicians and Surgeons of Canada for their recommendations regarding evaluation methods and assessment of trainees with special needs, conditions or disabilities.

v. **Procedures**
    a. The CAHNSO Training Committee must be notified **in advance** of any modified fellowship training.
    b. Where applicable, the CAHNSO Training Committee may require a written verification by the treating physician of a resident, describing the special need, condition or disability, or other personal characteristic enumerated under applicable human rights legislation, and its potential impact on fellowship training and evaluation.
    c. The special need, condition or disability or other personal characteristic enumerated under applicable human rights legislation, must be verified, documented and considered valid by the fellowship director, the postgraduate dean, the CAHNSO Training Committee
    d. The modified fellowship program must be approved by the fellowship program director, and the CAHNSO Training Committee.
    e. The fellowship program director must provide a syllabus for the applicant's entire fellowship program.

REQUIREMENT 5 – FELLOW EVALUATION

EVALUATION

A system of ongoing evaluation and advancement **should** ensure that through the fellowship director and faculty, each program:

a. Utilizing summative (completion of training) including periodic interval assessments (minimum quarterly) based on all Key competencies outlined by the CanMEDS framework(section 1) assess and document the performance of the enrolled fellow(s);
b. Provides to fellows written and face-to-face bidirectional feedback based on the assessments outlined in a.;
c. Maintains a personal record of evaluations for each fellow that is accessible to the fellow and available fore review during site visits.

At the end of the fellowship training period, the trainee must submit a case log that consists of

a. A list of new patient diagnosis and evaluations
b. Detailed list of surgical cases including diagnosis, description of procedure, complications and outcomes.
c. Participation in educational activities (as outlined in requirement 7)
d. Research projects completed and in progress.

It should be noted that the completion of 12 months does not automatically deem the candidate to have completed advanced training in head and neck surgery. Some fellows and fellowships may require additional clinical training beyond 12 months in order to ensure appropriate minimal standards. It is only with the final approval of the fellowship director in conjunction with the Department Postgraduate program chair that the fellow may be deemed to have completed the fellowship.

RIGHTS AND RESPONSIBILITES

At the time of enrollment, the fellows **should** be apprised in writing of the CanMEDS framework that makes up the key and enabling competency goals of their training as well as a description of the of the educational experience to be provided, including the nature of assignments to other departments, divisions, or institutions and teaching commitments. Additionally, all fellows **must** be provided with written information that affirms their obligations and responsibilities to the institution, the program and the program faculty.

REQUIREMENT 6 – CLINICAL AND SURGICAL TRAINING

Those enrolled in an accredited clinical fellowship in Head and Neck Oncologic and Reconstructive Surgery complete advanced training in this sub-specialty area.

6.1 Fellowship Program: A fellowship is a structured post-residency educational experience devoted to enhancement and acquisition of skills in a focused area and must be taught to a level of competence.

6.2 Fellowship Goals/Objectives: To provide comprehensive clinical and didactic training which allow the fellow to function as a primary oncologic and reconstructive surgeon in a head and neck cancer care team at the completion of training.

6.3 Surgical Experience: Surgical experience must include the following procedures in sufficient number and variety to ensure that objectives of the training are met. No absolute number of cases can ensure adequate training however evidence based documents to ensure quality care in head and neck cancer surgery have provided some guidance.[1]

Category 1 (Resection / Ablative Cases)

A minimum of one hundred (100) advanced tumour ablations per twelve to twenty four month training period. The array of cases the fellow is exposed to MUST include procedures with ALL of the following elements:

- Neck Dissection (minimum of 40 cases)
- Partial Laryngectomy / Total Laryngectomy / Laryngopharyngectomy (minimum of 10 cases)
- Oral cavity cancer surgery
  - Mandibulectomy
  - Mandibulotomy
- Oropharyngeal cancer surgery
  - Mandibulotomy
- Major skin cancer resections
- Salivary gland cancer surgery
  - Superficial parotidectomy
  - Total parotidectomy
  - Facial nerve dissection with preservation
  - Facial nerve sacrifice with appropriate reconstruction/rehabilitative surgery
- Thyroid cancer surgery
  - Total thyroidectomy
  - Hemithyroidectomy
  - Central Compartment Clearance

- Parathyroidectomy
    - Primary hyperparathyroidism surgery
    - Medical and Surgical management of secondary hyperparathyroidism due to renal failure
- Transoral surgery for upper aerodigestive tract cancer
    - Laser microsurgery and/or TORS
- Skull Base Surgery
    - Traditional skull base surgery (open)
    - Endoscopic skull base surgery
- Maxillectomy

*Please note that for the Case Log to be considered complete the Fellow **MUST** complete a minimum of 40 lateral neck dissections and 10 partial or total laryngectomies along with other cases listed above to achieve a total of 100 major cases performed during their fellowship training.

Category 2 (Reconstructive Cases)

a. Direct involvement in the preoperative evaluation, operation, and postoperative care of at least forty (40) free tissue transfer procedures for ablative defects of the head & neck.
b. Case mix is at least as important as overall case volume and the fellowship training must include reconstruction of soft tissue and bony defects of the head & neck with combinations of fasciocutaneous, myocutaneous, and osseocutaneous free flaps.
c. At least twenty (20) regional (based on named axial blood supply) and/or local (random blood supply) flap reconstructions should complement the free flap experience by ensuring a comprehensive approach to the management of head & neck defects taking into consideration the patient-specific requirements.

1. The Management of Head and Neck Cancer in Ontario: Organizational and Clinical Practice Guidelines. 5-3 PG, May 2009. https://www.cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=10252

6.5 Clinical Activity

a. Clinical exposure to a minimum of 150 patients with new neoplastic diseases per year including but not limited to interactions to hospital in-patients, out-patient clinics and multidisciplinary clinics.

b. Oppurtunity to be exposed to a minimum of 250 patients diagnosed with neoplastic diseases of the head & neck (new patients and follow-up) including but not limited to interactions to hospital in-patients, out-patient clinics and multidisciplinary clinics.
c. Regular interaction with a multidisciplinary head & neck cancer treatment team including health care professionals from radiation oncology and medical oncology
d. Regular interaction with an head & neck surgery care team including physiotherapists, occupational therapists, speech pathologists and nursing staff
e. Please refer to section 1.1 for a more indepth description of the training enviroment

REQUIREMENT 7 – SCHOLARLY ACTIVITY

Fellows **must** engage in scholarly activity. Such efforts may include but are not limited to:

7.1 Participation in clinical and/or basic research particularly in projects funded through peer review.

7.2 Publication of the result of innovative thought, data gathering research projects and thorough review of pertinent topics in peer-reviewed scientific media.

7.3 Presentation at scientific meetings and/or continuing education courses at the local, regional, national or international levels.

7.4 Some fellowship programs may require a segregated research block as part of their core experience. It should be noted that segregated research time ***does not*** constitute clinical training.

SUMMARY

The ultimate goal is to ensure the highest level of surgical care for all Canadians faced with cancers of the head and neck. The initial evaluation and management by qualified specialists with advanced training is the cornerstone of best practice and optimal patient outcome. However, establishing Canadian training standards for Advanced Head and Neck Surgery Fellowship represent only the first step towards the maintenance of the highest quality of care. Optimal quality care requires properly trained surgeons working within the framework of high volume appropriately resourced institutions, adopting a multidisciplinary team approach.

CANADIAN ASSOCIATION OF
HEAD AND NECK SURGICAL ONCOLOGY