

برنامج زمالة جراحة أورام الرأس والعنق
Head & Neck Oncology Surgery
Fellowship

مدير برنامج الزمالة في جامعة الملك عبدالعزيز بجده

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٠٥٠٥٦٢٧٢٥٤	جوال	أستاذ مشارك واستشاري جراحة أورام الرأس والعنق	المرتبة العلمية
مدير برنامج الزمالة في مستشفى الملك فيصل التخصصي بالرياض			
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أولاً: معلومات عن البرنامج

(١) نوع البرنامج

✓ تخصص دقيق

□ عام

(٥) انواع البرنامج

زراعة جراحة أورام الرأس والعنق

عربي

(٦) اسم الدرجة العلمية

English

Head & Neck Oncology Surgery

(٧) لغة التدريس

✓ إنجليزي

(٨) التاريخ المقترح لبدء البرنامج

1-2

(١٠) عدد الطلاب المتوقع قبولهم في البرنامج في كل مركز

✓ تخصصي

(٩) مجال عمل البرنامج

(١١) نبذة مختصرة عن

طبيعة البرنامج

يعتبر تخصص جراحة أورام الرأس والعنق من التخصصات النادرة والمستحدثة حديثاً على مستوى المملكة العربية السعودية حيث انتشرت أورام الراس والعنق بصورة ملحوظة في السنوات الاخيرة وعلى سبيل المثال وليس الحصر اورام الغدة الدرقية والتي احتلت المرتبة الثانية على مستوى المملكة وحيث ان الاورام السرطانية ليست كسائر باقي الامراض التي يمكن علاجها بأخذ العقاقير المختلفة وانما تحتاج الى نوع معين من المعالجة الاشعاعية والمعالجة الكيماوية بالإضافة الى علاجها جراحياً وذلك باستئصال الورم

(تكتب أهمية البرنامج مختصرة وفي نقاط ويراعى توضيح حاجة المجتمع للبرنامج وتأثيره على المجتمع)

Introduction:

Head and Neck surgery is a major area of interest within the field of Oncology. Head and neck cancers include cancers of the autodigestive tract from the nose to the esophagus. Head and Neck surgery also include surgeries of the thyroid, parathyroid and salivary glands that are common conditions, that have considerable impact on the health care in Saudi Arabia. According to the latest statistics thyroid cancer is the 2nd most common cancer in females and the 4th most common in both genders in Saudi Arabia. We believe that In King Abdulaziz University we have an exceptional opportunity to train individuals to provide state-of-the-art interdisciplinary care for patients with head and neck cancer. The availability of subspecialized academic staff in the different specialties required to treat such a complicated diseases will make the program special and complete.

		(١٢) الهدف العام
	تدريب وتأهيل أطباء الزمالة السعودية لإجراء العمليات الجراحية الدقيقة المعقدة والتي تعتبر من التخصصات النادرة على مستوى العالم	
Objectives	الأهداف	(١٣) الأهداف التفصيلية
<p>1. To acquire all of the required knowledge, skills and attitudes needed in Head & Neck Oncology surgery, and to participate in the progress of Head & Neck Oncology surgery through research and publication.</p> <p>1.1 To familiarize himself / herself thoroughly with the clinical recognition and natural history of all conditions relevant to Head & Neck Oncology surgery.</p> <p>1.2 To acquire the pathophysiology of these conditions, and the pathophysiological response of the surgical, Radiation therapy and chemotherapy treatment.</p> <p>1.3 To be able to undertake fully the general supportive care of Head & Neck Oncology surgery patients including the preoperative needed arrangements, and postoperative medical and social care.</p> <p>1.4 To be able to perform independently all surgical procedures in the field of Head & Neck Oncology surgery and head and neck reconstruction.</p> <p>1.5 To acquire the appropriate attitudes required to deal with specific personal stress involved in the practice of Head & Neck Oncology surgery and stress experienced by patients and their families.</p> <p>1.6 To reinforce the principles of ethical behavior previously acquired, and familiarize himself/herself with ethical issues of particular relevance to Head & Neck Oncology Surgery.</p>	<p>١. للحصول على المعرفة وجميع المهارات والطرق المطلوبة في جراحة الرأس والعنق والأورام، والمشاركة في تقدم علم جراحة الرأس والعنق والأورام من خلال البحوث والنشر .</p> <p>١,١ تعريف نفسه / نفسها تماما مع الاعتراف السريري والتاريخ الطبيعي لجميع الشروط ذات الصلة لجراحة الرأس والرقبة الأورام.</p> <p>١,٢ الحصول على الفيزيولوجيا المرضية لهذه الشروط، والاستجابة المرضية في جسم المريض من الجراحة، والعلاج الإشعاعي والعلاج الكيماوي.</p> <p>١,٣ القدرة على الاطلاع بشكل كامل على الرعاية الداعمة العامة لجراحة مرضى الرأس والعنق والأورام بما في ذلك ترتيبات ما قبل العملية وبعدها والاخى في الاعتبار الحالة الاجتماعية للمريض.</p> <p>١,٤ القدرة على القيام بشكل مستقل بالعمليات الجراحية في مجال جراحة الرأس والعنق والأورام واعادة العنق .</p> <p>١,٥ الحصول على الطرق المناسبة اللازمة للتعامل مع الضغط النفسي المحددة المعنية في ممارسة الرأس والعنق جراحة الأورام والتوتر التي يعاني منها المرضى وأسرههم.</p> <p>١,٦ تعزيز مبادئ السلوك الأخلاقي المكتسبة سابقا، وتعريف نفسه / نفسها مع القضايا الأخلاقية ذات أهمية خاصة لجراحة الرأس والعنق الأورام.</p> <p>٢. تطوير الوعي بقضايا ضمان الجودة تتعلق على وجه التحديد</p>	

<p>2. To develop an awareness of Quality Assurance issues specifically related to the specialty.</p> <p>3. To acquire the theoretical and practical knowledge necessary to succeed in the certifying examinations, after the successful completion of the training.</p> <p>4. To offer the candidate a comprehensive training program in clinical head and neck oncology and basic research in order to prepare the individual for an academic career in this field.</p> <p>5. There is a significant deficiency of head and neck surgeons in the country. Training surgeons in this field will help providing specialized and well trained surgeons to provide the required care specially in the areas of the country that is in need.</p> <p>6. To develop team work skills with different specialties including medical and no-medical to aim for comprehensive patient care.</p> <p>7. To develop the skills of preparing and presenting head and neck cases in the tumor board meetings</p> <p>8. To learn how to teach the residents in the OR, Clinics and rounds.</p>	<p>التخصص .</p> <p>٣ . اكتساب المعارف النظرية والعملية اللازمة للنجاح في الامتحانات التصديق، بعد الانتهاء بنجاح من التدريب.</p> <p>٤ . تقديم مورش برنامج التدريب الشامل في الرأس السريري وعلم اورام العنق والبحوث الأساسية من أجل إعداد الفرد لممارسة العمل الأكاديمي في هذا المجال.</p> <p>٥ . وهناك نقص كبير في عدد الجراحين في مجال جراحة أورام الرأس والعنق في البلاد .تدريب الجراحين في هذا المجال يساعد في توفير الجراحين المتخصصين والمدربين تدريباً جيداً لتقديم الرعاية المطلوبة وخاصة في مناطق البلاد التي هي في أمس الحاجة إليها.</p> <p>٦ . العمل ضمن روح الفريق وتعلم مهارات التعامل مع الطاقم الطبي وغير الطبي لتقديم افضل الطرق العلاجية .</p> <p>٧ . تعلم مهارات تجهيز وتقديم الحالات المرضية في اجتماع مجلس الاورام الدوري .</p> <p>٨ . تعلم مهارات تعليم الاطباء المقيمين في غرف العمليات والعيادات من خلال المرور على المرضى .</p>	
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(١٥) الفئة/الفئات المستهدفة

الأطباء الحاصلين على شهادة التصنيف في جراحة الانف والاذن والحنجرة والرأس والعنق أو الجراحة العامة

ثانياً: معلومات تفصيلية عن البرنامج			
	سنتين	(١٧) مدة البرنامج	
Duration of the program	٢ years		
	سنتان	إجمالي المدة كتابية	
٤٠ ساعة	(١٩) عدد ساعات التدريب الاسبوعي	٥ ايام	(١٨) عدد أيام التدريب في الاسبوع
(٢٠) إجمالي عدد ساعات البرنامج			
عملي/ إكلينيكي	نظري		

85 %	15 %
<p>✓ محاضرات</p> <p>✓ تطبيقات عملية</p> <p>✓ مرور سريري</p> <p>✓ ورش عمل</p> <p>✓ دروس مناقشة</p> <p>✓ حضور مؤتمرات و دورات محلية و دولية في مجال التخصص</p> <p>✓ أخرى</p>	<p>(٢١) أساليب تقديم البرنامج</p>
<p>✓ امتحان تحريري</p> <p>✓ امتحان شفهي</p> <p>عمل بحثين منشورين في مجلات علمية على الأقل</p> <p>□ امتحان سريري</p> <p>✓ عمليا و علميا أثناء تدريبهم اليومي</p> <p>✓ أخرى</p>	<p>(٢٢) طرق تقييم المتدربين</p>
<p>□ تمارين</p> <p>✓ تطبيقات</p> <p>✓ حالات تدريبية</p> <p>□ أخرى</p>	<p>(٢٣) النشاطات التدريبية للبرنامج</p>

Training details of the program

The Head & Neck Oncology Surgery Program is a two- year program; start in January of each year.

Duration:

The fellow must adhere to the rules and regulations of the Saudi Commission for Health Specialties during the training period. The candidate will be granted four weeks of holiday per year, as one Eid holiday per year, as determined by the training Hospital concerned.

1.0 Knowledge

1.1 Head & Neck Surgery (20 months)

Upon completion of the training period, the Fellow should be able to diagnose, manage and give prognosis on the index cases of Head & Neck Oncology Surgery listed under the OPERATIVE PROCEKURES (pages 13 – 14). Further He / she should demonstrate teaching abilities.

1.2 Radiation Therapy and Medical Oncology (1 months)

Rotation-specific learning objectives for the Radiation therapy and medical Oncology rotation are these listed in the above curriculum. In addition, it is mainly, but not exclusively, during this rotation that the Fellow should familiarize himself/herself with specific aspects of Head & Neck Oncology conditions.

The following guidelines will direct the conduct of this rotation:

- 1.2.1 During the day, his/ her primary responsibility is to the head and neck cancer patients receiving their radiation and chemotherapy.
- 1.2.2 He/ She will attend the nuclear medicine clinics that are dealing with thyroid cancer patients receiving radioactive iodine therapy.
- 1.2.3 By common agreement with the Director of the Radiation oncology and medical oncology, he/she will take night call in Head & Neck Oncology Surgery and may be excused from their duties to operate on index cases and to attend Head & Neck Oncology Surgery rounds.
- 1.2.4 An evaluation form will be completed at the end of the rotation by the Division of Radiation Oncology.

1.3 Clinical research (1 month)

The Fellow is expected to finish the ehics and research protocols, collect the data and start the process of a clinical research that should be ready fo publication by the end of his fellowship.

1.4 Basic Science Research Rotation (2 months)

The Fellow will have a total of two months dedicated research time during the second year of the program. During the first year, clinical projects will be initiated, and the background work for the second year project will be completed. This

research time will be broken into smaller units of time appropriate for completion of their research projects. All research projects will have a faculty mentor; the research projects will be encouraged to be within the realm of expertise of the Head & Neck Oncology Surgery staff.

Research meetings are held to discuss progress each fellow's research projects. Goals are set at each meeting for progress on each project and progress is monitored, Tutoring in research design, data collection, statistical analysis, and manuscript preparation is provided by the faculty mentor. Clinical research projects are also encouraged and are carried out throughout the duration of the fellowship.

Evaluation of the Fellow's fulfillment of the knowledge objectives will be accomplished formally through in-training oral examinations, as well as through a written examination in the same format as the final certifying examination. A clear demonstration of improvement in knowledge during the course of training is expected.

2.0 skills :

By the end of training, the Fellow should have acquired skills appropriate to those of a junior consultant in the following areas:

2.1 Pre-operative care, which includes:

- 2.1.1 History and physical examination skills and skills necessary to interview patients, explain the diagnosis, the proposed treatment and the prognosis, and to obtain and informed consent.
- 2.1.2 Appropriate use and interpretation of diagnostic aids.
- 2.1.3 Preparation of the patient for surgery, including assessment of anesthetic risk. This will be evaluated by direct observation on an on-going basis, and formally reported on the evaluation form. It will also be tested during in-training examinations, to which the Saudi Commission for Health Specialties standards will apply.

2.2 Operative care

This includes both minor and major surgery, with emphasis on index cases. The Fellow must demonstrate an ability to exercise judgment and control in unexpected situations, and ingenuity in dealing with "one-of-a-kind" problems. He/ She should demonstrate an ability to assist more junior colleagues in the performance of procedures, and should be able to operate independently.

This will be evaluated by direct observation on an on-going basis, and formally reported on the evaluation form. A log of all operative procedures must be kept and provided to the Program Director on an official form (available from his office).

2.3 Postoperative care

The main emphasis here is on maintenance of hemostasis (fluids and electrolytes, temperature control, monitoring, etc.) and on early recognition of complications, pain control, etc. and post operative monitoring of free flaps. This will be evaluated by direct supervision and reviewed at the time of ward rounds and formally reported on the evaluation form.

2.4 Ancillary skills, which include:

- 2.4.1 Demonstrate proficiency with surgical skills of major head and neck resection and neck dissection.
- 2.4.2 Demonstrate proficiency with surgical skills of flexible and rigid bronchoscopy.
- 2.4.3 Demonstrate proficiency with surgical skills of Thyroid, parathyroid and salivary gland surgeries.
- 2.4.4 Demonstrate proficiency with surgical skills of local and regional flap reconstruction.
- 2.4.5 Demonstrate proficiency with surgical skills of microlaryngoscopy and laser surgery.
- 2.4.6 Demonstrate proficiency with surgical skills of emergency airway cases.

A clear demonstration of improvement in the development of these skills must be demonstrated throughout the course of training.

3.0 Attitudes:

He/She will be expected to develop and demonstrate appropriate attitudes and relational skills relative to the patients and their families in the Clinical context, and similar interpersonal skills with other trainees, caregiver, and hospital staff.

The issues that are stressed are essential components of practice; these relate to communication skills, teaching skills, critical appraisal of the literature, lifelong learning skills, and knowledge of quality assurance, medico legal and ethical issues.

Some of this will have been acquired during college of medicine and residency training, but the following objectives are more or less specific to Head & Neck Oncology Surgery.

- Relative to communication skills, the ability to communicate with the patient at his/her level in a non-threatening way is essential. The ability to anticipate and address

patient's questions and concerns must be developed. The trainee must learn to accept that sometimes a large investment of time must be made in dealing with families, but that this is always rewarded later with a better therapeutic relationship.

- Relative to critical appraisal, the Fellow must have formed his/her own opinion, by the end of training, on what specific procedure he/she will recommend for what specific conditions. He/ she should be able to justify that Choice, and this will be tested on in-training examinations further. He/she should be able to critically evaluate articles presented at the Journal Club.
- Medico-legal and ethical issues sometimes overlap. However, the rules and regulations of the country apply. The following specific issues, among others, should be addressed through reading and attendance at ethical rounds and more informal discussions:
 - a. Informed consent.
 - b. Refusal of treatment, especially in situations where "quality of life" is a major issue.
 - c. Withholding of treatment.
 - d. Physician-physician conflict in treatment decisions.
 - e. Ethics of research.
 - f. End of life related issues.

Structure of training Program:

The Head & Neck Oncology Surgery Program is a two-year program; the Fellow will spend the following length of time in each area:

1. Head & Neck Oncology Surgery (20 months).
2. Radiation Therapy and Medical Oncology (1 months).
3. Head and neck radiology (1 month).
4. Basic Science Research Rotation (2 months).

Operative Procedures:

- i. **Aerodigestive tract tumors surgery:**
 1. Primary tumor resection of the oral cavity.
 2. Transmandibular resection of oral cavity and oropharyngeal tumors.
 3. Total laryngopharyngectomy.

4. Mandibulectomy and maxillectomy.

ii. Neck masses:

1. Neck dissections (Selective, Modified radical and Radical).
2. Benign neck masses.
3. Vascular tumors.
4. Parapharyngeal tumors.

iii. Reconstructive surgery:

1. Local and regional flaps reconstruction.
2. Split thickness skin grafts.

iv. Thyroid and Parathyroid surgeries.

v. Parotid and Salivary glands surgeries.

vi. Endoscopy and Airway surgery

1. Pharyngoscopy
2. Laryngoscopy
3. Bronchoscopy
4. Esophagoscopy
5. Tracheotomy
6. Tracheocutaneous fistula repair
7. Surgery of larynx and trachea
 - a. Laryngotracheal reconstruction
 - b. Cricotracheal resection
 - c. Tracheal resection and anastomosis
 - d. Laser Surgery

Duties of the Trainee:

As a general principle, continuity of care should be emphasized. Ideally, the Fellow should seek to follow patients from the time of pre-admission evaluation (consultation) or the admission history /physical, through the in-hospital phase of treatment, including surgery and follow-up visits. It is particularly important that he/she remains intimately involved with the day-to-day care of surgical patients in the ICU and the surgical floor, and attends all major surgical cases.

- The Fellow is highly encouraged to attend outpatient head and neck multidisciplinary clinics to see as many new patients as possible, and to follow-up on all patients he / she has treated in hospital or out-patient surgery.
- The Fellow is also encouraged to attend all surgical procedures of interest in other disciplines when relevant to the secondary objectives of the training.
- The Fellow is expected to undertake one or more clinical or basic science research projects. This is a training requirement.
- The Fellow should attend and actively participate in the Head & Neck Oncology Surgery meetings, and be responsible for organizing the weekly academic activities within the department.
- The Fellow must play a major role in the teaching and supervision of the junior residents in their daily clinical work.
- The Fellow should attend and actively participate in the Head & Neck Oncology Surgery tumor board meetings, and be responsible for organizing these weekly meetings.

Facility and Faculty:

- A Head and Neck Oncology Unit have been established in King Abdulaziz University and the fellowship should be organized and supervised by the Unit.
- There is at least 2 operating days per week for head and neck surgery
- There is 2 head and neck oncology multidisciplinary clinics per week that is managed by a head and neck consultant and with the attendance of the head and neck radiation oncologist.
- One head and neck tumor board per week that is organized by the head and neck unit.

Program Director:

He/ she should be a full time Head & Neck Oncology surgery consultant with certified fellowship training and has served in this capacity for a minimum of 3 years and devoted all of his practice to Head and neck oncology (100%). He/ she should be able to:

1. Demonstrate commitment to the subspecialty

2. Show the interest, authority and commitment necessary to fulfill teaching responsibilities in order to develop, implement and achieve the educational goals and objectives of the program.
3. Maintain an active clinical involvement in the service of Head & Neck Oncology surgery.
4. Pursue continuing education in Head & Neck Oncology surgery.
5. Exhibit an active interest in medical research related to Head & Neck Oncology surgery.

Evaluation and Certification:

1. The trainee will be evaluated according to regulations of the regulations of King Abdulaziz University and the Saudi Commission for Health Specialties.
2. The promotion of the candidate from one level to another will be determined by

A. Continuous assessment:

That will consist of:

1. Continuous Evaluation Reports (CER)

CERs will be conducted 4 times over the year (once every 3 months). CERs will be submitted to the local supervisory committee.

2. Other assessment formats

1. Structured Oral Exam (SOE), will be conducted to assess the fellows knowledge and clinical approach and skills at the end of each year.
2. End year in training written examination.
3. Research activity, the fellow will be expected to publish at least 1 peer-reviewed articles over the 2 year period of the fellowship.

The trainee is required to show minimum competency in each component of the continuous assessment according to regulations of the regulations of King Abdulaziz University and the Saudi Commission for Health Specialties.

B. Certification of training completion:

- a) The candidate must be certified in general otolaryngology- Head and Neck surgery prior to acquiring the Head & Neck Oncology surgery certification of

training completion.

- b) Must have completed all training rotations and submitted a logbook of surgical cases.
- c) Paid all reuquired training tuitions

C. Final summative assessment:

In order to pass the final summative assessment (final exam) the candidate must

- a) Pass the written examination.
- b) Pass the oral/ clinical examination.

Unsuccessful candidates will be allowed to sit for two further attempts over a period of three years from the date of completing their training. Successful candidates will be awarded “Fellowship in Head & Neck oncology surgery” of King Abdulaziz University.

Clinical requirement for graduation

1. Patient care & Clinical Judgment

- Comprehensive assessment of patient’s illness.
- Appropriate diagnostic and treatment plan.
- Accomplishes ward duties efficiently for patient.
 - ✓ Rounds.
 - ✓ Care conferences
 - ✓ Parent/ patient Calls
 - ✓ Collaboration with staff regarding treatment plan, care, discharge planning, etc.
- Rapport with patients and families

2. Medical knowledge

- Knowledge of surgical fundamentals
- Familiarity with literature appropriate for level of training
- Medical fundamentals including other diagnosis, medications, etc.

- Knowledge of hospital and home care of airway patients

3. Technical And Procedural Skills

- Understanding concepts and principles of the operation
- Manual dexterity
- Completion of the Procedural log book (Pls see appendix)

4. Attitude and Professional Behavior

- Acceptance of responsibility
- Initiative / accountability
- Rapport with colleagues and other health care professionals
- Appearance.

5. Documentation

- Notes and summaries document course of hospitalization interim evaluation (phone/ clinic) Phone communication and written communication with physicians , ENT/MD referral, medical review ,OR notes
 - ✓ Legibility
 - ✓ Operative reports are accurate and timely
 - ✓ Delinquent records

Procedures required for graduation

		Assistant	Surgeon
Aerodigestive tract tumors			
1.	Primary tumor resection of the oral cavity.	5	20
2.	Transmandibular resection of oral cavity and oropharyngeal tumors.	2	
3.	Total laryngopharyngectomy.	2	10
4.	Mandibulectomy and maxillectomy.	3	4
Neck Masses			
1.	Neck dissections (Selective, Modified radical and Radical).	5	30
2.	Benign neck masses.		5
3.	Vascular tumors.	2	2
4.	Parapharyngeal tumors.	3	1
Head and neck reconstruction			
1.	Local and regional flaps reconstruction.	5	15
2.	Split thickness skin grafts.	1	15
Thyroid Surgeries			
	Parathyroidectomies	5	50
	salivary gland surgery	5	10
		5	30
Endoscopy and Airway surgery			
1.	Pharyngoscopy		50
2.	Laryngoscopy		50
3.	Bronchoscopy		50
4.	Esophagoscopy		50
5.	Tracheotomy		100

(٢٤) هل توجد برامج مشابهة أو مسارات للبرنامج في إحدى كليات جامعة الملك عبدالعزيز

لا يوجد

(٢٥) البرامج المشابهة للبرنامج المقترح في جامعات المملكة الأخرى من حيث الاسم والمحتوى

جامعة الملك سعود بالرياض

(27) Bench Marking

هل البرنامج المقترح يتشابه مع برنامج علمي آخر في جامعة عالمية (Bench Marking) من (٥٠) جامعة في الترتيب العالمي.

✓ نعم

في حالة الإجابة بنعم، يتم الإفادة بالبيانات التالية:

الجامعة: جامعة مجيل (كندا)

ثالثاً: معلومات الملتحقين في البرنامج

الانف والاذن والحنجرة والراس والعنق	<input type="checkbox"/> التخصص العلمي المطلوب	(٢٨) شروط القبول في البرنامج (يضاف فقط الشروط التي لم تنص عليها اللائحة الموحدة للدراسات العليا وقواعدها التنفيذية بالجامعة، ويرغب القسم في وضعها)
لا يوجد	<input type="checkbox"/> التقدير المطلوب	
البورد	<input type="checkbox"/> الشهادات المطلوبة <input type="checkbox"/>	
لا يوجد	<input type="checkbox"/> الدورات المطلوبة	
	<input type="checkbox"/> أخرى	

Admission Requirements:

The candidates are required to fulfill the Following:

1. Successful completion of an accredited residency- training program in Otolaryngology-Head & Neck Surgery
2. Saudi Board qualified in Otolaryngology-Head & Neck Surgery or the equivalent within three years of certification.
3. Three confidential letters of references.
4. An interview must be conducted to evaluate each candidate.
5. Sponsorship.

The selection should follow strict criteria to ensure an adequate exposure of the Fellows to enough work experience.