

Katholieke Universiteit Leuven
Master of Science in Deglutology
(master after master)

17 November 2015

Initial Accreditation

Recommendation Report

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1 Executive Summary

The Accreditation Organisation of the Netherlands and Flanders (NVAO) has received a request for an initial accreditation procedure, including programme documents, regarding a proposed Master of Science in Deglutology. The expert panel was convened by the NVAO. The panel has studied the information available and discussed the proposed programme with representatives of the university and the programme during a site visit (19 and 20 October 2015).

Dysphagia, a swallowing disorder, is an emerging health issue. A unified field of deglutology, the science of deglutition, is developing. However, at the moment, there is a lack of transdisciplinary specialists integrating the care of the dysphagia patient. The panel is convinced of the emerging need for a new profession named 'a deglutologist'. The panel finds the KU Leuven well suited to develop a new programme in deglutology because of its years of experience in this expanding field. As the field is very young, even internationally, no formal agreement on international standards is available yet. The Master of Science in Deglutology has, as a unique programme in Flanders, formulated discipline-specific and programme-specific learning outcomes. They were developed taking into account policy statements of international dysphagia and speech language associations but adapted according to the clinical and academic objectives of this programme. The panel established that the programme management used the VLUHR¹-manual and consulted the CanMEDS² framework. The panel finds that the intended learning outcomes are in tune with international requirements and expectations.

Speech pathologists and physicians are admitted to the programme. Only these profiles have enough basic competences to become a specialist in deglutology. Specific for students with a speech language pathology background, the programme management should carefully monitor the legal issues of carrying out their future job as a deglutologist. The panel expects the programme management to strive for an approved description of the legally accepted actions of this profession in the revision of KB78³.

According to the panel the structure of the programme is thoughtfully elaborated and logical. The educational programme is set up to streamline the divergent students' knowledge by introductory and advanced lectures on the swallow specific topics. Besides that, the panel is pleased that supplementary self-study material will be provided for each course to deal with the different level of enrolled students. The panel is also confident that study problems, due to incoming level, will quickly be detected because of the setting of teaching in a highly motivated group of 15 to 30 students. The programme management confirmed that each lecturer will evaluate their course in this context, and evaluation results will be a recurring topic of the educational committees.

The panel is convinced the programme offers an extensive training in diagnostic, communicative, clinical and managerial skills, both theoretical and practical. The master's

¹ VLUHR: Vlaamse Universiteiten en Hogescholen Raad (Flemish Universities and University Colleges Board)

² CanMEDS: Canadian Medical Education Directives for Specialists

³ KB78: Koninklijk Besluit nr. 78 (Royal Decree No. 78 of 10 November 1967 on the practice of health care professions)

thesis measures the scientific competences of the students. The panel is confident that already a lot of data have been collected and stored, allowing students to conduct academic research. Students will also work in an authentic work environment within the course of the internship. The panel established that a sufficient number of mentors will be trained and appointed to coach the students during the developing of their practical skills in the university hospital setting.

The teaching staff is truly dedicated and enthusiastic to start the new programme. The panel states they are world-renowned experts in the field of deglutology, and they are actively involved in research or/and clinical practice in their respective areas of teaching. A point of attention is the workload of the staff (especially when more than 15 students enroll). Students whom the panel met appreciate the given feedback during their internship and the training of practical skills. This is only possible when sufficient time is given to the staff to fulfill these tasks. The panel advises the university board to set clear assignments for teaching and mentoring activities of staff involved, and to carefully monitor their workload.

The facilities of the KU Leuven are up to standards but the availability of programme specific facilities needs further attention before the actual start of the programme. The university is developing a plan for a new building on the campus and assured there will be designated and customized facilities for this new programme. The programme is self-sufficient with the tuition fees of the enrolled students. Even so the university could invest more in the new programme, especially in the starting phase but also in the years to come. The programme management should consider contacting relevant societies for a financial contribution. It can provide a more solid financial basis to further develop this programme.

The panel is convinced that the developed evaluation policy will lead to a valid, reliable and transparent evaluation. Students were positive about the use of a portfolio. The panel advises to broaden the utility of the portfolio as an assessment tool and to consider including all assignments. The panel is also pleased about using the OSCE's (Objective Structured Clinical Examination) in the assessment process. The panel is in strong favour of the writing of a scientific research paper as an assessment for the master's thesis, but the evaluation criteria can be more specific. Hence, a firm and transparent alignment between the learning outcomes, the teaching methods and the assessment tools has to remain as a focus point in order to make sure that all learning outcomes can be learned and will be assessed.

Given these considerations, the panel advises the NVAO to take a positive decision regarding the quality of the proposed programme.

The Hague, 17 November 2015

On behalf of the Initial Accreditation panel convened to assess the Master of Science in Deglutology (master after master) of the Katholieke Universiteit Leuven.

Em. prof. dr. Joke Denekens
(chair)

Ruth DeVreese, MA
(secretary)

2 Assessment

2.1 Generic quality standard 1: intended exit level

With respect to level, orientation and content, the intended exit level reflects the current requirements that have been set for the programme by the professional field and/or discipline from an international perspective.

Findings

Dysphagia, a swallowing disorder, is an emerging health issue in the aging population. New methods to screen and assess swallow functions and marked advances in understanding the pathophysiology of these conditions, give a lot of opportunities for developing new scientific research and therapeutic strategies for affected patients. A unified field of deglutology, the science of deglutition, is developing. However, at the moment, there is a lack of transdisciplinary specialists integrating the care of the dysphagia patient (patients with swallowing disorders in the mouth, throat or oesophagus).

Therefore, the KU Leuven, having years of experience in deglutology, wants to develop a new profession: a deglutologist. This new health care professional will be able to focus on the care of patients who have been suffering from lifelong or newly onset dysphagia (the dysphagia can stem from a broad spectrum of underlying medical pathologies such as prematurity, cerebral palsy, stroke, head and neck cancer, neurodegenerative disease, etc.). To establish this new profession, the KU Leuven has developed a new Master of Science in Deglutology aimed to train highly educated professionals in deglutology, who potentially continue their education towards a Ph.D. programme. Therefore, the educational programme needs to materialize in a full academic degree, which is one of the reasons the programme management justifies the choice for an advanced master programme instead of a short course or a postgraduate programme.

Speech pathologists and physicians are admitted (after positive screening by the admission committee, see 2.2). The panel questioned the programme management why merely these profiles and no other disciplines, for example, dieticians or physical therapists, are admitted. The programme management clarifies that only these profiles have enough basic competences to become a specialist in deglutology, since they have sufficient knowledge of the clinical spectrum of dysphagia patients, of head and neck anatomy, of physiology and pathology as well as inherent training in clinical and therapeutic thinking. They also have basic knowledge of visualization technologies regarding swallowing deficiencies and are then ready for an advanced level of training.

The panel studied the formulated learning outcomes, developed by the programme management in close collaboration with the department of education (central services) using different sources like the CanMEDS framework, policy statements of international dysphagia and speech language associations. Four general outcomes, discussed and aligned with a national and international panel of experts, are the result:

- 1. The students need to develop problem-solving oriented reasoning skills and performance that they can apply in daily clinical practice as a deglutologist.*
- 2. The students need to acquire and process the necessary knowledge of basic sciences that underpins the deglutology sciences. He or she needs to obtain insight in morphological and functional, technical and other aspects of the pathologies*

encountered in the deglutology spectrum of patients as well as being acquainted with the mechanism and treatment modalities of these specific pathologies. Also, the deglutologist in training needs to acquire the necessary knowledge to participate in ongoing research projects. We aim at a deglutologist whose practice is based on evidence.

3. The deglutologist in training needs to develop and to master the communicative, social, technical and manual skills needed to practice adequately. In daily practice, this involves that the deglutologist is able to obtain a proper medical history, to perform a clinical examination, to request the necessary instrumental assessments, to perform instrumental examinations, to diagnose the patient as well as start and monitor the patients' treatment. The communication with the patient should occur in a (for the patient) respectful manner and the explanation provided in a comprehensible way for the patient and his/her caregivers.

4. The deglutologist in training needs to develop a number of important attitudes 1. attitude of teamwork in terms of medical and non-medical staff, 2. attitude of independent gathering of information and knowledge both focused on problems indicated by the patient as well as on the state of the art knowledge within the field of deglutology, 3. attitude of sharing this knowledge with colleagues and other health professionals involved in the care of the patients with dysphagia, 4. attitude of respect of attention and respect for the social situation of the patient; attitude of adequate ethical practice and deontological medical practice 5. attitude of reflection on personal behavior.

Based on these four general outcomes and the different roles formulated in the CanMEDS framework (clinician, communicator, collaborator, manager, health care improver, scientist and professional) the programme management described discipline-specific as well as programme-specific learning outcomes. The steering committee of the VLUHR (Flemish Universities and University Colleges Board) positively advised about these learning outcomes (6 March 2015).

The panel also reviewed the formulated discipline-specific and programme-specific learning outcomes in relation to the intended exit level and academic orientation. Prior to the on-site visit the panel had some concerns and questions about the formulated learning outcomes. The programme management used the feedback of the panel and adjusted the learning outcomes that can be found in Annex 4. The teaching staff and professional field ensured that the learning outcomes are current and relevant for this relatively new, evolving field of deglutology.

Considerations

The panel is convinced of the emerging need for a new profession named 'a deglutologist'. The KU Leuven is a pioneer in establishing a programme focusing on a theoretical in-depth, evidence-based training in the field of oral cavity, throat and esophagus as well as in clinical diagnostic techniques and therapeutic strategies. Diagnosis and treatment of dysphagia lack a systematic approach, and the panel agrees with the university that the care for dysphagia patients is, for the moment, not adequately dealt with in terms of manpower and (sharing of) knowledge. The panel believes the university is well suited to develop the new programme because of its years of experience in this expanding field and their world-renowned research staff (see 2.2). Besides that, the panel follows the opinion of

the university that a master after master programme (instead of e.g. a postgraduate course) is needed to set up such an educational programme.

The panel confirms that the learning outcomes are positioned and specified at a master level. The panel observed the learning outcomes have been developed taking into account policy statements of international dysphagia and speech language associations but adapted according to the clinical and academic objectives of this programme. The programme management followed the VLUHR-manual and consulted the CanMEDS framework. As the field is very young, even internationally, no formal agreement on international standards is available yet. The panel appreciates the constructive attitude of the programme management in making changes to the wording of the learning outcomes based on the feedback of the panel. The panel finds that the intended learning outcomes are in tune with international requirements and expectations.

A point of action the panel addresses is the systematic alignment between the learning outcomes, the teaching methods and the assessment tools to make sure that all learning outcomes can be learned and will be assessed (see 2.3). The panel is confident that the programme management, with the support of the department of education, will carry out this exercise meticulously together with all teaching staff. The result should be transparent to all stakeholders before the commencement of the educational programme

The panel raised concerns regarding reaching the same intended exit level for all students due to the deficiencies of students prior to the master's programme (because of the different education of incoming students). The programme management has convinced the panel of its educational approach to overcome these issues. The programme management should carefully monitor the issues regarding the legal aspects of students with a speech language pathology background carrying out their future job as a deglutologist. It is the task of the educational programme to give a transparent job profile of this new profession so everyone in the working field is aware of what a deglutologist may and can do within the current (inter)national legal policies/framework. The panel recommends the programme management to strive for an approved description of the legally accepted actions of this profession in the revision of KB78⁴. The panel is also pleased with the support of the university board towards this programme and the vision of the university playing an important role in the transformation of health care (horizontal and vertical healthcare integration) through education.

Overall with respect to level, orientation and content, the panel considers the intended exit level is reflecting the current requirements that are set for the programme at an advanced master's level by the professional field and discipline from an international perspective.

Assessment

Satisfactory

⁴ KB78: The Royal Decree No. 78 of 10 November 1967 on the practice of health care professions

2.2 Generic quality standard 2: teaching and learning process

The teaching and learning process makes it possible for the students to realise the intended learning outcomes.

Findings

The findings of the panel are based on the application dossier, the reaction of the programme management to preliminary questions of the panel, the interviews and the information available during the on-site visit (see Annex 5). The panel is pleased to note that some elements of the programme as presented in the application dossier have further developed since the date of application.

Programme

The programme is conceived as an international advanced master's programme to underpin the evidence-based practice of a deglutologist. It offers an extensive training in diagnostic, communicative, clinical and managerial skills. Therefore the role of a clinician as well as a scientist comes to the foreground. This is translated into the following detailed educational programme:

Semester 1	Semester 2
Research (21 ECTS)	
Science and research training in deglutology (6 ECTS)	
Master's thesis (15 ECTS)	
Management and communication (3 ECTS)	
Management and communication (3 ECTS)	
Anatomy, physiology and pathophysiology of deglutition (16 ECTS)	
Anatomy, physiology and pathophysiology of deglutition (6 ECTS)	Deglutition and its disorders in pediatric population (4 ECTS)
	Deglutition and its disorders in adult population (6 ECTS)
Diagnostics of deglutition (9 ECTS)	
Assessment of deglutition (4 ECTS)	
Clinical diagnostic skills in deglutology (5 ECTS)	
Treatment of deglutition (3 ECTS)	
	Dysphagia treatment in pediatric and adult population (3 ECTS)
Internship (4 ECTS)	
Internship in deglutology (4 ECTS)	
Advanced research topics (4 ECTS)	
	Sidekicks in deglutology (4 ECTS)

All courses are mandatory, regardless the prior education of incoming students. Because it is a one-year programme (60 ECTS), students start their master's thesis at the beginning of the programme. Although they already have fulfilled a master's thesis, all students are prepared for the new master's thesis with a science and research training in the field of deglutology. The panel raised questions concerning the added value of this requisite

course, but the programme management made the necessity, due to the differentiated inflow of students, clear. That way, all students start at the same intended level to conduct their research and write their master's thesis in the field of deglutology.

The panel observed that the courses of the programme are starting with basic competencies in the first semester, and more advanced competencies in the second semester. The panel raised questions concerning the programme offering no compulsory courses making it seem that the programme does not take into account the different starting level of the students. It appears at first sight that certain parts of the programme will be more relevant for speech language pathologists and are basic knowledge for physicians and vice versa. The programme management and the teaching staff emphasised that this structure is a conscious choice as a result of the underlying educational concept of transdisciplinary learning. After all, the programme aims at the development of knowledge, skills and attitudes, but also at the development of a deglutologist as a professional in an interdisciplinary field.

Teaching and learning forms

The programme management is clearly aware of the divergent knowledge and skills of incoming students. Therefore, the educational programme is set up to streamline the students' knowledge by introductory and advanced lectures on the swallow specific topics. Besides that, supplementary self-study material will be provided for each course. Also, the teaching staff is aware of this issue and will evaluate their teaching courses conscientiously whether the level is for both student groups high enough but reachable.

The educational concept focuses on developing the 'disciplinary future self' of the student, which intends the student envisions a self-image as a professional within the field of deglutology through learning. The panel has ascertained the close collaboration of the programme management with the department of education (central services) to concretise the programme.

For each course, the programme management has already worked out the teaching and learning forms. The panel studied the ECTS cards and reviewed the available study material during the site visit. The panel concludes that most work formats are classical lecturers, sometimes supported by video material. The teaching staff explained that lecturers will be very interactive which is possible thanks to the small group (max. 30 students) and highly motivated students, inherent to this type of education.

The courses to learn practical skills are adapted with hands-on workshops. In the diagnostics of deglutition, for example, courses will focus on learning how to select, perform and interpret an in-depth clinical evaluation, flexible endoscopic evaluation swallow (FEES), high-resolution manometry impedance and video fluoroscopic swallow study. This course will teach students how to use these technologies to diagnose dysphagia and how to select appropriate treatment considering the outcome of the assessment. The panel paid explicit attention to these teaching and learning forms during the various sessions. First, because these techniques are hard to learn, especially the outcome is not easy to interpret. Secondly these instruments are not commonly available in other hospital settings. Finally, diagnosing is for the moment not possible for students of speech language pathology within the national legal context of Belgium.

Through internship and seminars with guest lecturers, students will be challenged to solve authentic cases which will help them to develop the necessary reasoning skills and attitudes when confronted with similar cases in their profession. Students will also work in an authentic work environment within the course of the internship.

Internship and master's thesis

Students will have to conduct an internship of three weeks in a hospital setting (or in a specific targeted peripheral training hospital) in a rotating system in teams of two to three students. They will be able to observe dysphagia evaluation and management that includes clinical evaluation, individual treatments, manometry, radiology, endoscopy, team meetings and others. Students are coached by one or multiple mentors, selected on their clinical experience with diagnosis and management of swallowing disorders (with at least ten years of experience in diagnosis and treatment of dysphagia). Students must keep track of a personal portfolio during their internship (see 2.3).

The programme management clarifies that there will be 10 to 15 mentors appointed from different disciplines, and they will be trained in giving feedback. The panel worried about communication problems with patients for the incoming students from abroad. But the programme management clarified the University Hospitals in Leuven have a longstanding experience of the staff working with international, non-Dutch speaking interns. Patient contact will always be under supervision and with translation, so Dutch is not essential.

Besides that, participation in diagnostics is often non-verbal. The students train at a university hospital where non-native Dutch speaking staff are common and most patients speak basic English. Also, students will attend clinical and research team meetings that are mostly held in English at KU Leuven. These findings are confirmed in the interview with the students. And formally, at the hospital you only can work with patients without supervision when you are sufficiently qualified for speaking Dutch.

The master's thesis measures the scientific competences of the students. Students have to write a scientific paper ready for submission to an international journal. They will be evaluated on the literature study, the formulation of their research question, the methods they use and the description of the results. The panel observed the master's thesis regulation for this new programme. The students' guidance will mainly consist of personal contacts with the responsible promotor and co-promotors of the study. A list of possible subjects for the master's theses was not yet available but the programme management mentioned some relevant and actual themes. Besides that, teaching staff and professional field confirmed that already a lot of data have been collected and stored, applicable for academic research.

Admission requirements

All applicants will be evaluated by the admission committee and an admission procedure is developed. Candidates must be a holder of a Master Degree in Medicine or Speech Language Pathology, obtained from an accredited university programme. The panel also gauged during the different sessions how the balance between students medicine and students speech language pathology will be achieved.

International students need to pass the administrative screening procedure of the KU Leuven International Office. The panel observed a concern of the professional field regarding the motivation of incoming international students: in other European countries

medicine students have limited access to specialties. It is no wonder these students are exploring other ways in achieving an advanced master. But the panel is sure the screening procedures for incoming candidates are set up in such a way that these "lost in translation" physicians will be detected before admission.

Staff

The programme is taught by experts from different medical disciplines leading to an inherent multidisciplinary approach. The CV's of the involved teaching staff, enclosed in the application dossier, demonstrate they are active in research as well as teaching topics related to the domain of deglutology. They also show extensive clinical practice and are active in several relevant societies such as the Belgian Society for Swallowing Disorders, Dysphagia Research Society and the European Society for Swallowing Disorders.

The academic board of the KU Leuven is confident that the intended personnel is sufficient to carry the teaching load of the proposed curriculum. For specific topics or expertise not available within the KU Leuven international world-renowned experts will be attracted (for example flexible endoscopic evaluation of swallowing, paediatric functional upper gastrointestinal disorders, and radiological assessment of swallowing). International experts also provide students with the state of the art research and clinical expertise in the domain of deglutology. In the application dossier the panel found a great interest of many international experts supporting the programme.

Facilities

Students will use the infrastructure and the educational equipment of the Faculty of Medicine of the KU Leuven and the University Hospitals Leuven. Facilities for discussion, computer spaces with wireless internet as well as individual study spaces are available for all registered students. Through the library services, students will have access to electronic medical databases such as PubMed. Students can also use extra supporting facilities, for example, the electronic learning platform Toledo, which will be extensively used.

The panel visited the medical skills lab, which allows training of the clinical as well as technical-instrumental skills for the students. Specific deglutology related diagnostic technologies such as manometry and FEES are not yet available, but the programme management is confident that the industry partners will provide this (likely free of charge).

The international office will guide the international students. The KU Leuven organises orientation days, welcome activities and there is an intercultural meeting center where international and Belgian students can get together in an informal setting. Besides that, there is a buddy programme. The programme management intends to appoint a 'buddy', with the same interests and following a similar programme, to help new international students find their way around at the new location.

Financial investments

In the time between submitting the application dossier and the site visit, the financial budget of the programme has been adjusted. The panel had concerns about the initial budget and was pleased the programme management and the university board worked out a new budget. The budget prognosis is based on a tuition fee of €6.000 for 15 enrolled students, which means a revenue of €76.650 (taken into account a deduction for the overhead of €890 per student) can be directly invested in this new educational programme.

In the initial budget, little has been allocated to the contribution of international experts whereas in the budget adjusted this is increased to €32.500. This must be sufficient for their travel expenses and hotel expenses. The KU Leuven has already experience with attracting international experts and financial payment for their work as such is not always required. Next to administrative and material equipment, the budget foresees to attract a part-time educational-administrative support.

A master after master programme has to be self-sufficient following the policy of the KU Leuven, but the university board declares during the site visit that the programme can rely on several supportive services 'free of charge'. To begin with, the educational support team helps the programme management in terms of curriculum, assessment, working measure, education methods, etc. Secondly, the administrative unit is responsible for the examination and degree processing. Thirdly, communication materials (for example the informative folder) and the website for this programme is designed by the communication team of the faculty.

The application dossier states the organization of the programme is guaranteed by the KU Leuven. It is within the educational policies that registered students are able to complete their studies. If the programme would ever be stopped, provisions will be taken to ensure that enrolled students can successfully complete their study within a reasonable time frame.

Considerations

Programme

According to the panel the structure of the programme is thoughtfully elaborated and logical. The programme justly emphasizes both theoretical and practical aspects of deglutology. The programme is demanding, but the workload is appropriately distributed over the study.

Initially, the panel wondered why the programme is not offering elective courses to handle the different level of incoming students. But discussions with the programme management and teaching staff convinced the panel it is the proper approach in function of transdisciplinary learning. The underlying educational concept makes it possible for each student, independent of his background, to reach the intended exit level. Though, it will be very important to clearly inform all health care professionals about this new profession and the assigned responsibilities. Moreover, this will be a key element in making the transdisciplinary learning possible in the setting of an authentic situation such as the internship. The panel is somewhat reassured by the planned tutor training and the years of experience of the Faculty of Medicine in this matter.

Teaching and learning forms

The panel is pleased by the attention to skills training and learning inter-, multi-, and transdisciplinary. The panel finds the literature up to date and dealing with state of the art research topics. Another plus is the hands-on approach, in which students learn to apply clinically in-depth theoretical knowledge in the context of the target patient populations.

Teaching will be classical and groups' discussions will be stimulated. The panel found the small scale environment (15 to 30 students) definitely to be of benefit of this approach.

Nonetheless, the university board should consider giving teaching staff (more) dedicated time to develop new innovative teaching methods. The panel finds that the variety of teaching and learning methods makes it possible to reach the intended learning outcomes.

Internship and master's thesis

The panel is convinced students will learn a lot during the internship by the rotating system. The professional field and the programme management gave many examples of learning possibilities in the university hospital. Also only students of this programme will be involved in the outpatient clinic where patients with dysphagia are seen. Training of the mentors with a clear understanding of the responsibilities of this new profession will be a challenge, but the programme can rely on the Faculty of Medicine's experience with this kind of training. Based on the different interviews, the panel is reassured that students can do patient related work not speaking the native language.

The panel is also relieved it is not the intention of the programme for a deglutologist to become a specialist in all learned techniques (FEES, manometry and etc.): the graduate has to be familiar with it in order to bring together needed specializations for the structured approach to adequate and evidence-based treatment. This vision of the programme reduces the concerns of the panel regarding the legally authorized actions of a graduated speech language pathology student.

The panel approves of the concept of writing a scientific paper as output for the master's thesis, but the acceptance by a journal may never be an assessment criterion because that is less feasible in a one-year programme. Some of the students whom the panel met were in favour of writing scientific papers and already accomplished to publish them during their educational programme (which was not a one-year programme). The panel advises against the possibility to work with two students together on the same master's thesis. They can conduct research together but the final product should be individual (see also 2.3). The master's thesis should be written individually and independently. The panel finds that the developed research skills provide a good basis for students to continue a PhD programme in this area. Nevertheless, not every graduate of the new programme will be able or needs to pursue an academic career in deglutology.

Admission requirements

The panel observed the admission requirements and advises to consider a more thorough and rigorous review process for the admission procedure so that only top students will enroll the programme. After all, these students will be the pioneers in developing the future profession of a deglutologist. Only highly motivated and capable students can conduct state of the art research and clinical practice that is desirable for acceptance of this new profession. Besides that, the programme management should endeavour achieving a well-balanced distribution of students of medicine and students of speech language pathology that will enroll to stimulate the desired multidisciplinary environment. At present it is expected that mainly students of speech language pathology will enroll.

Staff

The teaching staff are world-renowned experts in the field of deglutology, and they are involved in research or/and in their respective areas of teaching. The panel is confident this very experienced staff shall attract international students and other experts. The actual contribution of the international experts in the programme is not yet fully clear. But the

financial forecast with a clear budget for the travel expenses of international experts assures the panel their contribution will be substantial.

Some concerns remain about the workload of the staff, especially when more than 15 students will enroll. Obviously, the programme management must ensure that sufficient staff is available for the teaching and mentoring of the students. At the same time, the panel is impressed by the enthusiasm and commitment of the teaching staff wanting to start this programme. Also, the intentions of the university board in taking teaching assignments and teaching performances into account for promotion will enhance the teaching efforts. As such, the panel supports the intentions of the university in setting clear assignments for the teaching activities of teaching staff.

The system for mentoring and information provision is well developed. Special attention needs to be paid to the mentors' training for the requirements of this new programme. The aspect of dedicating sufficient time of clinicians to give feedback in the workplace though is a challenge. The departments involved have to be well aware of the time consuming aspects of the guidance and mentoring of students with the use of a portfolio.

Facilities

Based on the site visit, the panel considers the facilities of the KU Leuven to be up to standards. There is also an allocated although rather limited budget for materials and the programme management confirmed that specific instruments, needed for the students, will most likely be made available by industry partners. Even so the availability of programme specific facilities needs further attention before the actual start of the programme. The university is developing a plan for a new building on the campus and assured there will be designated and customized facilities for this new programme.

The electronic learning environment Toledo offers both teachers and students an interactive platform, which enhances teaching and learning activities. The panel is clearly confident that the well-functioning KU Leuven International Office will support the international students more than adequately. The buddy system, with local students taking care of international students helping them with daily matters, helps students from abroad in their social contacts. The folder and the newly developed website are considered useful for informing and attracting future students.

Financial investments

The panel is assured the board of the Group Biomedical Sciences of the KU Leuven supports this programme. The panel shares the view of the university board that based on experience there is not always need for full payment of international experts. Taking this in consideration the panel concludes the budget is sufficient. Nevertheless, the university could invest more in the new programme, especially in the starting phase but also in the years to come. The panel also advises the programme management to contact relevant societies for a financial contribution. It can provide a further financial basis to develop this programme. The panel is positive about the additional support of other departments.

Overall, the panel concludes that the teaching and learning process makes it possible for all incoming students to successfully realise the intended learning outcomes.

Assessment

Satisfactory

2.3 Generic quality standard 3: evaluation

The programme has an assessment policy that sets up a sufficient evaluation system to ascertain whether the intended learning outcomes are being achieved.

Findings

From the application dossier and the discussions during the site visit, the panel observed the Master of Science in Deglutology is part of the organizational and administrative responsibility of the Faculty of Medicine. Hence, the programme has developed an assessment policy regarding evaluation, based on the assessment policy of the Faculty of Medicine, which will be shared by lecturers and communicated to students.

The assessment policy identifies guidelines with respect to formative and summative assessment. The different evaluation forms for each course are formulated in the ECTS cards that guarantee a clear communication on evaluation methods and processes. The proposed exam forms are written exams, papers, presentations, multiple choice examinations as well as evaluation forms. Besides that, the exam of 'Clinical diagnostic skills in deglutology' will consist of an objective structured clinical examination (OSCE) including a discussion based on the internship portfolio.

All students can request ample feedback after the exam and during practical sessions. Students at the interview confirmed that attention is paid on individual performance in an open and constructive way. A peer review system is installed, where every lecturer has to submit his exam with the answer key to a peer to enhance the quality of evaluation. The educational committee supervises the exams and is responsible whether all learning outcomes are assessed. The application dossier mentions every three years an assessment mapping will be made. The programme management further explained that assessment will be a recurrent topic for the educational committees. However, at present such mapping is missing.

The programme management emphasizes the importance of training mentors of master's theses in applying the same evaluation criteria. Most of the involved staff members are already familiar with evaluating master's theses in similar disciplines. The programme management presented the distribution of points for the evaluation of the master's thesis and explained that in some cases, the master's thesis can be performed by two students together. A comparison and a focus of the difference with the other master's thesis will be a necessary part of the mentor training.

For the internship, feedback is provided on the workplace by use of the portfolio. And students have at least two times individual feedback of their supervisor for the master's thesis (intermediate and complete master's thesis). Students need to take their responsibility to fully profit from the offered learning opportunities. It is expected that students will take the initiative when more feedback is needed. The representatives of the students are full of praise for the university's approach to feedback during their education. Also here, an extensive training programme in assessment and giving feedback will be needed for the internship mentors.

Considerations

The panel observed that the evaluation policy acts as a framework to monitor and guarantee the level and the content of the programme. The panel ascertained that the

programme's approach to evaluation guarantees an objective and independent evaluation process. The panel advises making a clear alignment between the curriculum and its intended learning outcomes, the teaching methods used and the assessment tools. It also would be desirable to use Bigg's model of constructive alignment in this exercise.

The panel perceives the more classical manners of assessment are still used such as oral examination and multiple choices. The use of peer- and self-assessment in this advanced master programme needs further attention. The use of a portfolio and the positive remarks of the students about it impressed the panel. The portfolio will be used as an assessment tool in following up the student continuously during the learning process, which gives the programme an instrument to measure the longitudinal growth of each student's progress. In this way, there is real and transparent evidence for reaching the intended learning outcomes. The panel advises to further develop the use of the portfolio as an assessment tool for all or most of the assignments. The panel is also pleased about the implementation in using the OSCE's in the assessment process.

The panel has some remarks on the assessment of the master's thesis. The panel is in strong favour of the writing of a scientific research paper, but the evaluation criteria should be more specific. Especially when two students are conducting research together their efforts should be assessed separately as evidence each student has reached the intended exit level. The master's thesis must be an independent piece of work demonstrating the student's academic problem-solving ability. Writing an article ready to submit is an ambitious goal but the actual acceptance should not be a criterion in the evaluation of a one-year-programme.

In general, the panel concludes that the assessment policy at programme level leads to valid, reliable and transparent evaluation.

Assessment

Satisfactory

2.4 Final conclusion

The panel assesses the three generic quality standards as satisfactory. Subsequently, the programme meets all generic quality standards and the quality of the new programme is satisfactory. The panel concludes that the Master of Science in Deglutology is a unique programme, even internationally, and is thoughtfully designed. The staff involved are world-renowned experts in the field of deglutology, and they are actively involved in research or/and clinical practice in their respective areas of teaching. Also, the programme can rely on the support of numerous international experts. The panel is confident the programme will enable students to successfully achieve the intended learning outcomes.

3 Process

The assessment process of a new programme starts with the application of the higher education institution providing NVAO with an information dossier. This document is submitted (9 July 2015) to the assessment panel of international peers reviewing the programme on the themes and standards of the NVAO (the Accreditation Organization of the Netherlands and Flanders.)

The panel has based its assessment on the themes and standards described in NVAO's 'Assessment Framework for the initial accreditation of higher educational programmes (Flanders) - 2nd round' of 25 January 2013. In a preliminary meeting (Antwerp, 23 September 2015), the chair, the secretary and the process coordinator exchanged information of this dossier, discussed the first impressions of the panel members and agreed on the work method for this initial accreditation procedure. This resulted in a list of preliminary questions and a draft programme for the on-site visit sent to the programme management. Also, the panel announced it would raise some additional issues at the interviews. The answers of the programme management to the preliminary questions were received by e-mail prior to the panel's visit (13 October 2015).

Due to the international composition of the panel it was decided to have a preparatory meeting with the whole panel on the same day as the site visit (20 October 2015). There the panel had time to discuss the application dossier and the supplementary information. The site visit started with a presentation of the programme by the applicant: that was considered very informative and well-prepared. During the site visit (Annex 4 'Schedule of the site visit') the panel met with representatives of the board, management of the programme, staff, students, and representatives of the working field. The panel read relevant documents, examined learning materials and visited the facilities, more specific the skills lab. During the interviews, the panel obtained more detailed information on, amongst others, the questions they had prepared beforehand.

After completion of the site visit, the panel passed judgement on all NVAO standards, based on the findings of the site visit and built on the assessments of all available documents. The NVAO secretary drafted the advisory report in close collaboration with the chair and the panel members, and based on the application dossier, the addendum to the dossier, the information available during the site visit and the discussions in the several sessions. This review process resulted in a final version, which was validated by the chair on 17 November 2015, and submitted to the NVAO on behalf of the panel.

4 Judgments

The table below contains the judgments of the panel on each generic quality standard.

Generic quality standard	Judgment
1 Intended exit level	Satisfactory
2 Teaching and learning process	Satisfactory
3 Evaluation	Satisfactory
Final conclusion	Satisfactory

Annex 1 – Basic Data

Name, address, telephone number, e-mail, website institution	Katholieke Universiteit Leuven Oude Markt 13 3000 Leuven +32 16 32 37 21 onderwijsbeleid@kuleuven.be http://www.kuleuven.be
Status institution	Officially registered
Name association	Association KU Leuven
Location programme	Faculty of Medicine Campus Gasthuisberg Onderwijs en Navorsing II Herestraat 49 - bus 721 3000 Leuven
Name, function of contact person	prof. dr. Nathalie Rommel programme director
Name programme (level, qualification, specialization)	Master of Science in Deglutology
Level and orientation	master after master, academically oriented
Additional title	/
Field of studies	Medicine, Social Health Sciences
Language	English
Studyload (credits)	60 EC
New programme for Flanders	New programme
Admission requirements	Master in de logopedische en audiologische wetenschappen / Master of speech and language pathology Master of Medicine
Mode of study	Full-time or part-time (by request)

Annex 2 – Learning Outcomes

Discipline-specific learning outcomes for Master of Science in Deglutology

CLINICIAN

DLR1 The deglutologist understands the (patho) physiology of oral, pharyngeal and esophageal swallow related organs.

DLR2 The deglutologist identifies primary and secondary physiological systems and complications associated with swallowing.

DLR3 In terms of diagnosis, the deglutologist is able to independently perform a patient consult based on in depth knowledge of non-instrumental and instrumental diagnostic techniques used for the evaluation of swallowing and its disorders.

DLR4 In term in treatment, the deglutologist demonstrates the ability to describe the theoretical framework of dysphagia therapy and management. She/he has the appropriate treatment skills to select, apply and adapt the research supported therapy plans for specific swallow impairments considering the disease process and specific patient needs.

DLR5 The deglutologist has understanding and insight in the structure and functioning of healthcare systems related to the domain of deglutology.

COMMUNICATOR

DLR6 The deglutologist can interact adequately with patients, medical staff, health care professionals in the domain of deglutology using a blend of appropriate intrapersonal, relational and communicative skills. The deglutologist is able to efficiently communicate with the patient with dysphagia and his/her family as part of an empathic, confidential and ethically appropriate relation.

DLR 7 The deglutologist is able to report verbally and in writing in an efficient and effective fashion on patient diagnosis, treatment, disease progress and disease prognosis towards medical staff, (allied) health professionals and the community.

DLR 8 The deglutologist can report effectively and efficiently in writing and verbally on scientific research, taking into account the target audience.

COLLABORATOR

DLR 9 The deglutologist can give and take responsibility within a team, can delegate and organize and can correctly assess his/her own role in a group and act professionally in accordance with this judgment.

MANAGER

DLR10 Within his/her professional performance, the deglutologist takes the current health care system and the financial and economic implications of care for the society and the patient into account. The deglutologist pays attention to opportunities for improvement and optimization.

HEALTH CARE IMPROVER

DLR 11 The deglutologist pays attention to the promotion of health in the domain of deglutology, based on the main psycho-social, economic, ecological and biological aspects that affect the health of the patient and the community.

DLR 12 The deglutologist pays attention to the accessibility of health care in the domain of deglutology as part of the current social security system and recognizes the

importance of well-being and safety of the patient, caregiver and environment.

SCIENTIST

DLR 13 The deglutologist has insight in the methodology of relevant scientific research in the domain of deglutology and is able to critically evaluate the design and quality of the medical literature before applying into clinical practice or further scientific research.

DLR14 The deglutologist is able to actively contribute to and participate in deglutology research under supervision.

DLR 15 Based on his/her scientific research project, the deglutologist is able to report a scientific sound result.

PROFESSIONAL

DLR 16 The deglutologist knows the professional, ethical and legal standards and regulations in the domain of deglutology and puts them into practice.

DLR17 The deglutologist is able to evaluate his/her own functioning and personal and educational needs as well as able to direct and adjust his/her own personal professional development, based on critical self-reflection.

Programme-specific learning outcomes for Master of Science in Deglutology

CLINICIAN

OLR1 The deglutologist has extended and enhanced theoretical knowledge and insight in the (patho)physiology of oral, pharyngeal and esophageal swallow related organs.

OLR2 The deglutologist is able to apply this knowledge in prevention, diagnosis and treatment of dysphagia considering the latest advances in epidemiology and evidence based medicine.

OLR3 The deglutologist can apply the acquired knowledge and insights into primary and secondary physiological processes of swallowing to reason in a problem-solving fashion in his/her clinical practice considering the advances in epidemiology and evidence based medicine. Primary swallow related physiology is including neurology, gastroenterology, otolaryngology, genetics and pneumology. Secondary swallow related physiology includes oral hygiene, nutrition and neuropsychiatry.

OLR4 The deglutologist has the appropriate knowledge, insight and skill to perform patient care under supervision considering sex, age, life stage and philosophical, social and cultural context and background of the patient with dysphagia.

OLR5 In terms of diagnosis, the deglutologist knows how to perform an in-depth clinical evaluation using appropriate tools. The deglutologist is able to use FEES (flexible endoscopic evaluation swallow), high resolution manometry impedance, videofluoroscopy and other newly developing state of the art diagnostics tools.

OLR6 The deglutologist can describe their theoretical background, has the adequate skills to use these assessment tools in patient care and is able to use these technologies to differentiate between the etiology and symptomatology of dysphagia.

OLR7 In a variety of clinical pathologies, the deglutologist is able to select, perform, interpret non-instrumental and instrumental diagnostic evaluations, can determine a correct diagnosis and based on this, he/she can select and apply the appropriate treatment considering the physical, psychological and social factors of the patient, across lifespan.

OLR8 In terms of treatment, the deglutologist collects, analyses and interprets relevant information for diagnosis, therapy and prevention of the individual patient, in accordance with current state of the art (eg perform a relevant patient history (anamnestic

evaluation) and an adequate oropharyngeal examination).

OLR9 The deglutologist is able to evaluate the provided patient care and is able to act upon that evaluation, considering quality of care and patient safety.

OLR10 The deglutologist has understanding of the different clinical as well social security systems in relation to deglutition health care and is able to function in multiple context such as third world countries and special needs settings, both nationally and internationally.

COMMUNICATOR

OLR11 The deglutologist is familiar with different interview techniques and knows how to use these techniques depending on the finality of the conversation.

OLR12 The deglutologist can actively listen and communicate empathically and effectively with the patient and his / her family in a confidential and ethical para(medic)-patient relationship.

OLR13 The deglutologist can share information and discuss alternative options with the patient and his relatives to reach a joint decision in the treatment plan of the patient.

OLR14 The deglutologist is able to involve other caregivers. He/she knows the capabilities of other health care providers and the various medical disciplines.

OLR15 The deglutologist can report effectively and efficiently in writing and verbally on a patient case to colleagues and other health providers.

OLR16 The deglutologist has the didactic and educational knowledge, insight and skills to report both verbally and in writing scientific and clinical research to colleagues and a lay audience both on a national and international platform, in an education or research related context.

COLLABORATOR

OLR17 The deglutologist is able to collaborate and communicate within an inter professional team of health care professionals, scientists, teaching staff, hospital management staff, health care administrators and will identify options for deglutology teaming models that are appropriate for a variety of practice settings and environments, both nationally and internationally.

MANAGER

OLR18 The deglutologist can organize his work and plans in terms of priorities.

OLR19 The deglutologist can record patient data, organize and exchange, using information technology and this in accordance with ethical principles and ethical and legal rules.

OLR20 The deglutologist holds in his/her professional performance into account the current health care system and the financial and economic implications of care for the society, the patient and the deglutologist.

OLR21 The deglutologist provides quality of care by recognizing risks related to patient safety and by discussing it when appropriate. He/she follows guidelines regarding adequate patient care.

HEALTH CARE IMPROVER

OLR22 The deglutologist works consistently to improve the efficiency and safety of swallowing based on the principal biological and psychosocial aspects that can affect the health of the patient.

OLR23 The deglutologist pays attention to patient safety and takes preventive steps regarding the individual patient (f.e. oral hygiene, oral stimulation).

OLR24 The deglutologist promotes access to health care (especially for vulnerable groups) and is able to assist in the current health system patients.

OLR25 The deglutologist promotes the dissemination of scientifically based medical and clinical information, is able to deliver information in a correct way, and interact with students, patients, caregivers and the broader public.

SCIENTIST

OLR26 The deglutologist is able to pose clinically relevant questions, perform a focused search for information and critically evaluate quality of medical sources.

OLR27 The deglutologist can perform a clinical research project under supervision (formulating research hypothesis, choosing appropriate research methodology, collecting and analyzing data and drawing finally correct conclusions and write it down) with the aim to contribute to the development, distribution and / or application of scientific knowledge in the field of deglutology.

OLR28 Based on his/her scientific research project, the deglutologist is able to write a scientific paper.

OLR29 The deglutologist has insight into the capabilities, limitations and ethical implications of experimental and clinical research methods.

PROFESSIONAL

OLR30 The deglutologist conducts practice in accordance with applicable ethical, legal, ethical and professional rules in the domain of deglutology.

OLR31 The deglutologist can critically reflect on his/her own professional functioning in which he/she not only considering technical acts but also ethical, emotional and social implications.

OLR32 The deglutologist can base on feedback and critical remarks from colleagues or supervisors, reflect as well as guide his/her own learning process in which she/he takes responsibility for their own professional growth.

Annex 3 – Panel

Chair

Em. prof. dr. Joke Denekens

Universiteit Antwerpen / University Antwerp, Belgium

Joke Denekens is Doctor of Medicine, Ph.D., and was active as a general practitioner at Mechelen (Belgium) in a group practice with five general practitioners. She was a full Professor in General Practice and head of the department of General Practice at the Universiteit Antwerpen / University Antwerp (Belgium). In this function, she was responsible for the undergraduate, the graduate and postgraduate education of general practitioners. She was vice rector of the Universiteit Antwerpen / University Antwerp since October 2004. Besides that, she was president of the educational board of the Universiteit Antwerpen / University Antwerp. Her particular areas of activities are curriculum innovation, organization and implementation of innovative actions, quality assurance and program evaluation. She is still a teacher in the international master of medical education in Bern (Switzerland), since 2003.

From 1996 till 1999 she was an advisor of the Minister of Health (Flanders). Her particular area of activity in this period was to advise the Minister about health care policies in general and more specific on the structure and the strategies to implement more prevention in the health care system.

Member

Prof. dr. Marc Benninga

Emma Children's Hospital / Academic Medical Center, University of Amsterdam, The Netherlands

Marc Benninga studied medicine at the University of Amsterdam (The Netherlands). After receiving his medical degree, he worked as a research fellow at the department of paediatric gastroenterology and nutrition at the Academic Medical Centre in Amsterdam. He performed extensive research on pediatric motility disorders such as gastro-esophageal reflux, constipation and fecal incontinence and published more than 200 articles in peer-reviewed journals. Subsequently he was trained in pediatrics at the Wilhelmina Children's Hospital in Utrecht (The Netherlands).

In 1999, he became a staff member in the Emma Children's Hospital / Academic Medical Centre in Amsterdam. Currently, he is head of the department Pediatric Gastroenterology & Nutrition. The focus of his current clinical and research work is pediatric motility disorders and inflammatory bowel disease. He is a scientific secretary of the European Society of Pediatric Gastroenterology, Hepatology and Nutrition and of the American Gastroenterology Association.

Member

Prof. dr. Rainer Dzewas

University hospital Münster, Germany

Rainer Dzewas is a Professor of Neurology and head of the neurological intensive care unit and the stroke unit at the University Hospital, Münster (Germany). His research has focused on both the central organisation of swallowing and modern approaches to the evaluation and management of dysphagia. He is also an expert in diagnostic tools such as

Magnetoencephalography (MEG), Synthetic Aperture Magnetometry (SAM) and Fiberoptic Endoscopic Evaluation of Swallowing (FEES).

His group studied the cortical control of deglutition in health and different neurological diseases. In the clinical context, he systematically studies stroke-related dysphagia in order to develop appropriate management strategies.

Student-member

Mrs. Laura Bruneel

Universiteit Gent / University Ghent, Belgium

Laura Bruneel is a Master in de logopedische en audiologische wetenschappen / Master of speech and language pathology (graduated in 2015). She successfully completed the 'Honours Programme in Life Sciences: Breaking Frontiers' (December 2014) with the thesis 'Prevalence of vocal tract discomfort in the Flemish population: a comparison of groups based on vocal load'. Currently, she works as an assistant of the department of Speech and Language Pathology at the Universiteit Gent / University Ghent.

On behalf of the NVAO, Michèle Wera MA was responsible for the coordination of the assessment process. The secretary, Ruth DeVreese MA, drafted the panel report in close collaboration with all panel members and in agreement with the chair.

The panel members, the policy advisors and the secretary have all signed a statement of independence.

Annex 4 – Programme Visit

The panel undertook an on-site visit on 19 and 20 October 2015 as part of the external assessment procedure regarding the initial accreditation of the 'Master of Science in Deglutology' submitted by the KU Leuven. The schedule of visit is as follows:

Location Faculty of Medicine, Campus Gasthuisberg, O&N 2 Herestraat 49 3000 Leuven	
MONDAY 19 OCTOBER	
13.00-14.00	Preparatory panel meeting during lunch (closed meeting)
14.00-14.30	Short presentation new programme Presentation given by prof. N. Rommel Attended by prof. A. Goeleven and prof. E. Dejaeger
14.30-15.30	Preparatory panel meeting (closed meeting)
15.30-16.00	Session 1 - University board, dean and vice deans - prof. J. Eggermont, vice dean, Faculty of Medicine - prof. J. Goffin, dean, Faculty of Medicine - prof. D. Pollefeyt, vice rector for education - prof. W. Robberecht, vice rector, Biomedical Sciences Group
16.15-17.00	Session 2 - Programme management and designers curriculum - prof. N. Rommel, programme management - prof. A. Goeleven, programme management
17.00-17.30	Tour through buildings and facilities - Mrs. Chris Aubrey, head of skills lab
17.30-18.30	Session 3 - Teaching staff - prof. A. Goeleven, Management and communication - Dysphagia treatment in pediatric and adult population - Internship in deglutology - prof. I. Hoffman, Deglutition and its disorders in pediatric population - prof. N. Rommel, Science and research training in deglutology - Master's thesis - Assessment in deglutology - prof. J. Tack, Sidekicks in deglutology - prof. V. Vanderpoorten, Anatomy, physiology and pathophysiology in deglutition - prof. T. Van Uytsel, Clinical diagnostic skills in deglutology
18.30-19.30	Panel meeting
TUESDAY 20 OCTOBER	
09.00-09.30	Panel meeting
09.30-10.00	Session 4 - Students - Mrs. C. Borgers, Master in Speech language and pathology (alumnus 2014) - Mrs. D. Geurickx, Speech Pathologist University Hospitals Leuven

	<ul style="list-style-type: none"> - Mrs. L. Ferris, Flinders University Adelaide (Australia), current PhD in dysphagia KU Leuven-Australia - Mrs. C. Scheerens, Master in Speech and language pathology (alumnus 2012), current PhD in dysphagia KU Leuven
10.00-10.30	<p>Session 5 - Professional field</p> <ul style="list-style-type: none"> - prof. G. Desuter, Oto-Rhino-Laryngology, Head and Neck Surgery, UCL Brussels - prof. J. Flamaing, Geriatrics, University Hospitals Leuven - prof. M. Jorissen, Head Oto-Rhino-Laryngology, Head and Neck Surgery, University Hospitals Leuven - dr. R. Lemmens, Neurology, Stroke Unit, University Hospitals Leuven - dr. M. Rayyan, Neonatologist, University Hospitals Leuven - dr. G. Vanuffelen, Speech Pathologist, Universiteit Antwerpen / University Antwerp - dr. D. Vanbeckevoort, Radiology, University Hospitals Leuven
10.45-11.15	<p>Session 6 - Programme management</p> <ul style="list-style-type: none"> - prof. N. Rommel, programme management - prof. A. Goeleven, programme management
11.15-12.30	Final panel meeting (closed meeting)

Annex 5 – Documents

Basic information

- Information file of the applicant
- Procedure information by NVAO
- Reply of the applicant to the questions formulated by the assessment panel, October 2015, 59 pages

Documents made available during the site visit

- A detailed overview of the content of the programme
- Manuals for the courses
- Assessment policy of the Master of Science in Deglutology
- Update budget for the new programme (assuming 15 enrolled students)
- Examples of conducted master's theses in the field of deglutology
- Master's thesis regulation
- Research papers and posters presented by KU Leuven experts in the field of deglutology
- Overview of meetings for the development and establishment of the new programme
- A preview of the website 'www.deglutology.com' to inform interested students and to build a research community with alumni students and other experts
- Programme flyer

Annex 6 – Abbreviations

CanMEDS	Canadian Medical Education Directives for Specialists
ECTS	European Credit Transfer System
KB 78	Koninklijk Besluit nr. 78 (Royal Decree No. 78)
KU Leuven	Katholieke Universiteit Leuven (Catholic University of Leuven)
Ma	master
NVAO	Nederlands-Vlaamse Accreditatieorganisatie (Accreditation Organisation of the Netherlands and Flanders)
OSCE	Objective Structured Clinical Examination
Ph. D.	Doctor of Philosophy
VKS	Vlaamse Kwalificatiestructuur (Flemish Qualifications Framework)
VLUHR	Vlaamse Universiteiten en Hogescholen Raad (Flemish Universities and University Colleges Board)

This recommendation report was commissioned by NVAO with a view to assessing the proposal for a new programme Master of Science in Deglutology (master after master) of the Katholieke Universiteit Leuven in Leuven.

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