

UWO OMFS Residency
OMFS 4

Oral and Maxillofacial Surgery Training 4

A. Goals:

The residency in Oral and Maxillofacial Surgery is a combined clinical and didactic program. Given that the intent of the program is to educate residents in the art and science of oral and maxillofacial surgery, it requires close integration of the clinical and didactic components. Given that the resident "learns as he or she works", the program is designed to introduce more complex subject material as the resident is ready and as the clinical need arises. From this perspective, attendance in seminar, lecture and clinic are essential in order to learn and practice the principles of the discipline.

1. To introduce the resident to the specialty of Oral and Maxillofacial Surgery
2. To ensure that residents demonstrate competency in the basic principles of Oral and Maxillofacial Surgery such that they are able to practice in a safe and appropriate manner. These principles include the following:
 - a. Patient evaluation including history, examination and diagnostic tests
 - b. Diagnosis
 - c. Local anaesthesia
 - d. Simple and complex exodontia
 - e. Minor procedures (biopsy, alveoplasty, etc.)
 - f. Antibiotic use
 - g. Pain control
 - h. Infection control
 - i. Anxiety control / oral, inhalational and IV sedation
 - j. Surgical complication management
 - k. Medical emergencies
 - l. Knowing when to consult
 - m. Dictation and documentation
 - n. Assisting in the Operating Room and operating on major procedures in selected instances
3. To inspire a healthy respect for knowledge, medical conditions and tissue management such that graduates strive to perfect and expand their skills through practice, patience and further education.
4. To develop and reinforce an organized problem solving approach that takes into account the patient's surgical problem, medical history, examination findings, radiographic findings, diagnostic tests, the establishment of a diagnosis and the formulation and execution of a treatment plan.
5. To introduce more complicated concepts within the realm of OMFS and their application to the management of patients. This includes the management of complicated infections, dentoalveolar and maxillofacial trauma, preprosthetic surgery, implantology, surgical orthodontics, orthognathic surgery, TMJ problems and pathology of the mouth and jaws.

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B. Objectives:

1. Cognitive: The accumulation, understanding, organization and application of knowledge. For example: treatment planning and complication avoidance.

a. The resident will be able to design and use a charting system that includes history, examination and radiographic findings, diagnosis, treatment plan and progress notes. Using this information, the resident will make any necessary and appropriate recommendations regarding modification of treatment.

b. As dictated by the medical or dental condition of the patient, the resident will be able to consult with patient's dentists or physicians in person, writing or by telephone. As part of this consultation the resident will be able to intelligently discuss the condition and ask for or make specific recommendations regarding the management of the patient.

c. As dictated by case analysis, the resident will recognize his or her ability to complete the treatment plan and in those cases where he or she cannot perform the treatment an appropriate consultation will be arranged. This referral will be made in the form of either verbal, written, email or other electronic format. The communication will specify the surgical and medical conditions which necessitate the referral, includes pertinent laboratory information or radiographs and clearly states the resident's wishes regarding the disposition of the case, e.g. second opinion only, referral and follow up, etc. The communication and the results of the communication will be documented in the patient's chart.

d. When proposing a surgical procedure as part of a treatment plan, the resident will be able to describe in detail the drugs to be used, list the instruments to be used and describe their use, the surgical steps, potential complications and how they will be avoided or managed, method and material for closure, post-op instructions and prescription medications.

e. When case analysis indicates the use of prescription medication, the resident will recognize this need, select the correct medication and be able to legibly write out a prescription for this medication which specifies the correct strength of preparation, amount of medication, dosage of medication, interval of application and other pertinent specific information.

f. All consultations, procedures and follow-up notes will be fully, punctually and accurately recorded in the patient's clinic and/or hospital chart.

2. Psychomotor: Manual task performance and operating skills. For example: taking a blood pressure reading or removing a tooth.

a. The resident will be able to demonstrate on laboratory models and on patients the appropriate and safe use of dental elevators, dental forceps, periosteal elevators, tissue retractors, scalpels, tissue forceps, needle drivers, suture materials, bone files, curettes, externally irrigated rotary hand instruments, mouth props and tongue retractors.

b. The residents will demonstrate strict infection control at all times with neither external contamination of their surgical field nor cross-contamination of patient materials to other people or inappropriate objects.

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c. The residents will successfully complete simple procedures in a predetermined appropriate period of time with minimal complications.

d. The resident will recognize the need for surgical extraction and successfully complete the procedure in a predetermined appropriate period of time without causing iatrogenic damage to patient tissues.

e. All procedures will be carried out under adequate levels of either surgical local anaesthesia or local anaesthesia in combination with oral / inhalational or IV sedation.

3. Affective: Conscious application of cognitive and psychomotor skills in a compassionate, ethical and professional manner. For example: patient confidentiality or informed consent.

a. The resident will invariably pre-operatively discuss with the patient the diagnosis, the implications of the diagnosis if left untreated, alternate treatment modalities, sequelae of the proposed procedure and potential intra-operative and post-operative complications.

b. The resident will invariably document for each patient the appropriate findings of chief complaint, history of chief complaint, medical history, social history, family history, clinical findings, radiographic findings, diagnosis, treatment plan, informed consent and treatment including: procedures, drugs, prescriptions and patient disposition.

c. The resident will propose the extraction of teeth or the performance of a procedure only in the face of demonstrable pathology, eg., caries, fracture, periodontal disease, ulceration, swelling, etc.

d. In the face of a non-obvious diagnosis, the resident will order or perform only the appropriate laboratory or diagnostic tests that are dictated by the process of elimination of items on the differential diagnosis.

e. In response to a call for help in an emergent situation, the resident will respond immediately and either assume control or respond to the specific orders of the team leader.

f. The resident will interact with his/her patients, peers, students, supervising OMFS / MD faculty, clinic / ER / OR / ward and hospital staff in a fashion demonstrating compliance with provincial, university and hospital policies on relationships of respect.

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B. Duties:

1. The fourth year resident will be required to attend Meds III lectures, seminars, clinics and examinations and rotate onto the various services of the clinical clerkship.
2. The resident will attend and participate in departmental lectures, seminars, Grand Rounds, and Journal Clubs.
3. The resident will continue his/ her Master's level research project including literature review, statement of the research question(s), research design and laboratory experiments. This will include participation in course work as part of the MSc program.

When on OMFS Service

3. The resident will perform diagnostic and surgical procedures in the out-patient department.
4. The resident will be responsible for admission and diagnostic work-up of in-patients undergoing major oral and maxillofacial surgical procedures.
5. The resident will attend and participate in the daily rounding on admitted patients.
6. The resident will assist in the Operating Room and be permitted to operate in selected instances.
7. The resident will be on-call on a rotational basis with the GPRs
8. The resident will participate in the education of dental students and GPRs.
9. Summer rotation to Anaesthesia Service either in Windsor or London.

C. Evaluation

1. Daily, informal evaluation by more senior residents and by OMFS staff as well as attending staff of services that the resident interacts with.
2. Annual OMSITE examination as administered by the ABOMS.
3. Semi-annual internal OMFS "Mock Board" oral examinations.
4. Annual formal written evaluation of performance by the Program Director.