

# ORAL & MAXILLOFACIAL SURGERY (OMFS)

## **OMFS 501. Oral and Maxillofacial Pathology Seminar. 1.5 Unit.**

Surgery and pathology are inextricably linked specialties and the oral and maxillofacial surgeon must be familiar with all aspects of pathology in order to provide optimal care for the patient presenting with oral or maxillofacial disease. These aspects include: knowing when/how to sample disease, being familiar with different types of tissue specimens and means of specimen transport, providing necessary information to the pathologist, understanding how to read a pathology report, knowing the impact of a diagnosis on patient management, and minimizing capacity for error. The most successful oral and maxillofacial surgeons possess a broad wealth of knowledge in this area and know when to engage their pathologist directly- outside of the traditional requisition from/pathology report means of communication- in order to successfully manage even the most challenging patient presentations. This course prepares OMFS residents for productive relationships with their pathologists through discussion of carefully selected cases.

## **OMFS 502. Oral & Maxillofacial Surgery Parameters of Care: A Review of the Contemporary and Classic Literature. 1.5 Unit.**

This didactic course is designed as a contemporary and classic review of primary literature for Oral and Maxillofacial Surgery residents. The literature review is based on the current published guidelines for clinical practice in Oral and Maxillofacial Surgery as described by the American Association of Oral and Maxillofacial Surgeons. Throughout the course, key papers are reviewed that have influenced or directly impacted current techniques, treatment algorithms, and methodologies. In accordance with the residents' clinical training, the full scope of Oral and Maxillofacial Surgery is reviewed in this course including: Trauma Surgery, Surgical Correction of Maxillofacial Deformities, Patient Assessment, Anesthesia in Outpatient Facilities, Dentoalveolar Surgery, Dental Implant Surgery, TMJ, Diagnosis and Management of Pathologic Conditions, Reconstruction, Cleft and Craniofacial Surgery, and Cosmetic Maxillofacial Surgery. An attempt is made to review specific topics at times during the academic year when the resident will most likely be participating in these types of cases.

## **OMFS 503. Surgical Case Presentation Conference. 1.5 Unit.**

Collaboration provides an opportunity for ideas and knowledge to be shared. This course is designed for Oral & Maxillofacial Surgery residents of all levels to present operating room cases for the upcoming two weeks and share the decisions that were made to formulate the final treatment plans. While presenting the treatment plans the residents will discuss alternatives and the specific reasons why those plans were not chosen. With the input of faculty they will also share specific surgical techniques allowing residents to prepare to execute the upcoming surgical procedures. This course will help to educate the residents and prepare them to translate knowledge into improved operating room skills treating real patients.

## **OMFS 504. Basics Oral & Maxillofacial Surgery Conference. 1.5 Unit.**

Collaboration provides an opportunity for ideas and knowledge to be shared. This course is designed for Oral & Maxillofacial Surgery residents of all levels to present timely and appropriate topics in Oral and Maxillofacial Surgery. While presenting these topics, the residents will discuss the concepts and procedure relevant to the surgical topic. With the input from attending faculty they will also share specific surgical techniques allowing residents used to address the surgical procedure of the topic. This course will help to educate the residents and prepare them to translate knowledge into improved operating room skills treating surgical patients.

## **OMFS 505. Oral and Maxillofacial Surgery Advanced Clinical Training. 1.5 Unit.**

The didactic and clinical components of the oral and maxillofacial surgery (OMS) resident training program is designed to provide special knowledge and skills beyond the D.D.S training and oriented to the accepted standards of specialty practice as set forth in the Accreditation Standards for Advanced Specialty Education Programs. Resident progress to manage more complex surgical cases through an ongoing assessment process. The four-year OMS training program provides a complete progressively graduated sequence of outpatient, inpatient and emergency room experiences. The focus of the first three months is to become orientated to the role and responsibilities of the OMS resident on the care of the hospitalized patient and ambulatory oral surgical services. Their development is closely supervised by senior level OMS residents and the attending OMS teaching faculty. As the residents develop competency in basic procedures in outpatient, inpatient and emergency room experiences, the level of supervision progresses from direct visual to directed as appropriate. The first-year resident will rotate to affiliated hospital where they are provided with opportunities for independent inpatient and outpatient care experiences without the presence of the senior level residents and a close direct relationship with the OMS attending faculty. As they gain experience and faculty confidence, they are given their own independent operating room responsibilities for anesthesia care with the Anesthesia faculty. The Second year is devoted to Anesthesia training and progressing from full-time direct visual to direct visual supervision by the senior level anesthesia residents and Anesthesia faculty. The resident rotates through other surgical services such as a SICU and TRAUMA team. The third year resident is given much more independence and responsibility. The fourth and final year rotation of the OMS program, the resident is given increased responsibilities for patient care as they progress. The senior OMS resident return to OMS service and gain more independence and responsibility for patient care as permitted by their capabilities and the decreasing activity of the graduating senior resident. The senior residents are quickly given increasing responsibility in outpatient, inpatient and emergency room experiences as they demonstrate competence to the OMS attending teaching faculty.

**OMFS 507. Specialty Rotation for OMFS MSD 2nd Yr. 12 Units.**

During the second year of the OMFS MSD program, residents spend the majority of their time rotating through a variety of specialty clinics full-time, including the CWRU Dental Clinic and hospital Internal Medicine, Anesthesia, Trauma and Trauma ICU rotations. Internal Medicine: This rotation equips residents with skills in physical diagnosis and patient assessment from a medical viewpoint. By the end, residents will proficiently perform history and physical exams, Key competencies include recognizing health deviations affecting dental care, assessing procedural risks, and identifying when medical consultation is needed. Residents will gain hands-on experience in documenting medical histories, conducting physical exams, interpreting diagnostic tests, and making informed clinical judgments. Anesthesia: The resident will develop expertise in the administration of conscious sedation, mild, moderate and deep sedation as well as general anesthesia in the operating room setting under supervision. The resident will cultivate a clear understanding of a systematic, step-by-step approach to pre-, peri- and post-operative anesthesiology policies and procedures. Upon finishing the rotation, the resident will acquire extensive exposure to: Assessing, managing, and overseeing patients who are under general anesthesia. Documenting and evaluating patients before, during, and after surgery. Establishing intravenous access in patients. Handling airway management and performing intubations. Understanding the usage and actions of different anesthetic agents. Gaining experience in patient monitoring. Preventing and managing anesthetic emergencies. Trauma and Trauma ICU: The trauma rotation offers a robust curriculum aimed at advancing resident's proficiency in assessing, diagnosing, and treating trauma patients. By integrating clinical practice, structured learning sessions, and supervised inpatient care, residents will augment their expertise in trauma management. The program prioritizes clinical acumen, interpersonal communication, and surgical techniques, while providing extensive hands-on exposure to critical care environments. This ensures trainees develop essential competencies and gain valuable experience in handling intricate trauma cases and intensive care challenges.

**OMFS 508. Oral/Maxillofacial Surgery - Physical Diagnosis. 1.5 Unit.**

OMFS-MSD PGY1 students will complete the combined Communications Workshops 1, 2 and 3 sessions with their OMFS-MD peers, as well as the Physical Diagnosis 1 course. Students will culminate their training in successful completion of the Clinical Skills Exam 1A. This course is a total of 23 hours of coursework and will run between September and January each year. The grade for this course will be Pass/Fail and will be determined by the faculty of the CWRU SOM Foundations of Clinical Medicine. There is a limit of one student per year.

**OMFS 694. Program Year I. 1 - 3 Units.**

Interns are expected to take calls at UH and, where applicable, the Veteran's Administration (VA). After the initial two months at UH, one of the interns will begin a three-month rotation at the VA as the principal OMFS resident. Both rotations will give the intern experience in diagnosis, information-gathering, dentoalveolar surgery, and major surgery within the scope of OMFS. The last two months of the first year are spent on the UH Anesthesia service. The resident will be paired with an anesthesiology resident or attending, improving upon and learning procedures involving management of the medically-compromised patient, airway management, pharmacologic management, intravenous sedation and general anesthesia. Formal conferences are held to advance the residents in oral and maxillofacial pathology, contemporary issues in OMFS, orthognathics, implantology and anesthetic principles, case presentation, and OMFS knowledge updates. As well, interns are second year medical students and take part in a full-year course in physical diagnosis.

**OMFS 695. Program Year II. 1 - 3 Units.**

Students must complete 40 weeks of basic core clerkships through the academic year: Family Medicine, Internal medicine, Aging, OB-GYN, Pediatrics, Neuroscience, Psychiatry, surgery, and emergency medicine. They must complete 8 additional weeks of clinical electives, this may include a OMFS rotation.

**OMFS 696. Program Year III. 1 - 3 Units.**

Interns are expected to take calls at UH and, where applicable, the Veteran's Administration (VA). After the initial two months at UH, one of the interns will begin a three-month rotation at the VA as the principal OMFS resident. Both rotations will give the intern experience in diagnosis, information-gathering, dentoalveolar surgery, and major surgery within the scope of OMFS. The last two months of the first year are spent on the UH Anesthesia service. The resident will be paired with an anesthesiology resident or attending, improving upon and learning procedures involving management of the medically-compromised patient, airway management, pharmacologic management, intravenous sedation and general anesthesia. Formal conferences are held to advance the residents in oral and maxillofacial pathology, contemporary issues in OMFS, orthognathics, implantology and anesthetic principles, case presentation, and OMFS knowledge updates. As well, interns are second year medical students and take part in a full-year course in physical diagnosis.

**OMFS 697. Program Year IV. 1 - 3 Units.**

Fourth-year residents are primarily off-service as general surgery interns. Residents rotate through plastic surgery, ENT surgery, general surgery, dermatological surgery, and trauma surgery at UH and MetroHealth hospital.

**OMFS 698. Program Year V. 1 - 3 Units.**

During this senior year, the resident returns to the OMFS service as chief for six months. The chief resident is responsible for the resident service, working-up surgical cases and is typically the first assistant in major surgical cases. During this time, the chief works closely with the AEGD residents to plan and perform surgery on simple and advanced implant cases.