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 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 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 oriented 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 
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 
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 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, dentoaveolar 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, dentoaveolar 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.