

Goals & Objectives

1. **Clinical** - To help oral and maxillofacial surgery residents to develop the necessary knowledge, attitudes, and skills to diagnose and manage the full scope of surgical diseases and conditions that afflict the oral and maxillofacial region. Training in each of the following sub-disciplines should enable the resident:

- a. **Dentofacial differences**

- i. To diagnose and plan treatment for various forms of dentofacial deformities, both isolated and in combination
 - ii. To compile a database for logical presentation of the pertinent patient information
 - iii. To rate as important and become comfortable with conferring with the treating orthodontist regarding the plan of care (both pre- and post-operative care)
 - iv. To surgically manage all aspects of dentofacial deformities, including complications

- b. **Temporomandibular disorders (TMD)**

- i. To diagnose via physical examination and imaging various forms of TMD
 - ii. To provide medical and surgical management options for various forms of TMD
 - iii. To become surgically competent in both minimally invasive and open TMD procedures

- c. **Dentoalveolar surgery**

- i. To achieve competence and refine skills in the management of all aspects of dentoalveolar disease (diseased and impacted teeth, periapical and alveolar pathology, bony and soft tissue irregularities, and their complications)
 - ii. To evaluate and manage peripheral nerve injuries of the inferior alveolar and lingual nerves

- d. **Cranio-maxillofacial trauma**

- i. To become ATLS certified
 - ii. To diagnose various forms of hard and soft tissue trauma of the head and neck
 - iii. To become competent to manage various forms of hard and soft tissue trauma in the setting of a P.A.R.C. (primary adult resource center), a level II community trauma center, as well as a busy urban emergency department

- e. **Cleft lip and palate**

- i. To diagnose and plan the treatment of hard or soft tissue problems associated with cleft lip and palate in an interdisciplinary setting
 - ii. To serve as a treating surgeon on an interdisciplinary cleft team delivering care appropriate to their competency in training

- f. Oral and maxillofacial pathology (benign and malignant)**
 - i. To serve as a treating surgeon on an interdisciplinary tumor board delivering care appropriate to their competency in training
 - ii. To become competent in the diagnosis of various forms of hard and soft tissue pathology in the head and neck
 - iii. To become competent in the treatment of various forms of benign pathology of the head and neck
 - iv. To participate in and gain exposure to the treatment of malignant pathology of the head and neck
- g. Craniofacial reconstruction**
 - i. To become competent at various form of preprosthetic reconstruction
 - ii. To become competent at various forms of conventional bone grafting techniques from local and distant sites
 - iii. To become competent in soft tissue reconstruction with local and regional flaps
 - iv. To participate in and gain exposure to microvascular reconstruction
 - v. To evaluate and manage patients with peripheral neurologic injury (lingual and inferior alveolar nn.)
- h. Facial aesthetics**
 - i. To accurately evaluate and diagnose cosmetic deformities.
 - ii. To participate in and gain exposure to cosmetic procedures such as rhytidectomy, blepharoplasty, rhinoplasty, brow lift, and augmentation and rejuvenation procedures
- i. Oral and maxillofacial implants**
 - i. To diagnose and plan comprehensive treatment for implant patients
 - ii. To become competent in all forms of surgical implant management (hard and soft tissue)
 - iii. To understand the various aspects of interdisciplinary implant care (restorative, hard and soft tissue management)
 - iv. To rate as important and become comfortable with conferring with the treating dentist or prosthodontist regarding the plan of care (both pre- and post-operative care)
- j. Head and neck infections**
 - i. To diagnose and manage all forms of head and neck space infections, superficial and deep
- k. Airway management**
 - i. Residents will be competent to perform both elective and emergent tracheostomy and cricothyroidotomy, including complications and postoperative issues
 - ii. Each resident will be able to diagnose and manage obstructive sleep apnea as it pertains to osteotomies and adjunctive airway procedures

- iii. Residents will be able to select and obtain an appropriate airway in the settings of pathology, infection, and facial fractures

l. Basic surgical/medical management

- i. To appropriately manage patients with various medical and surgical problems, especially as they pertain to oral and maxillofacial surgical treatment
- ii. To understand when specialty consultation would benefit the patient
- iii. To give appropriate informed consent to patients (this includes understanding the procedure to be performed as well as all alternatives and the risks and benefits of both)
- iv. To run family meetings, both in the immediate post-operative period and for chronic hospitalizations

m. General anesthesia and sedation

- i. To become a licensed independent practitioner of moderate sedation within the University of Maryland hospital system
- ii. To evaluate patients (adult and pediatric) and determine whether they can safely undergo outpatient anesthesia
- iii. To achieve competency in the delivery of outpatient general anesthetics and sedations for adult and pediatric patients

2. **Didactic** – To prepare the oral and maxillofacial surgery resident with the level of knowledge in the basic and clinical sciences necessary to pass all necessary licensure and certification examinations.
- a. Each year, all categorical residents on service will sit for the OMSSITE (Oral and Maxillofacial Surgery In Training Examination). Each year, every resident will have demonstrated improved performance from the previous year's examination commensurate with the academic growth expected in the program.
 - b. The categorical dual degree residents will PASS all aspects of the USMLE (United States Medical Licensure Examination) at appropriate time points during their training.
 - c. Each resident who has successfully completed training at the University of Maryland will become Diplomates of the American Board of Oral and Maxillofacial Surgery by examination.
 - d. Each resident will become certified (and maintain certification) in basic life support, advanced cardiac life support, pediatric advanced life support, and advanced traumatic life support.
 - e. Every intern will complete the physical diagnosis course and pass the examination.
 - f. Dual degree residents will participate in all compulsory medical school assignments and activities necessary to achieve the medical degree.
 - g. Each resident will attend the University of Maryland Oral and Maxillofacial Surgery didactic sessions (the core curriculum is a rotating lecture series).

3. **Research** – To expose the oral and maxillofacial surgery resident to current and past literature pertaining to the specialty in addition to encouraging mentored scholarly publication and presentation.
 - a. Each resident will prepare and present a lecture or lectures at any of the various departmental or interdepartmental didactic conferences.
 - b. Each resident will prepare an abstract or manuscript suitable for presentation or publication under the guidance of an appropriate faculty member.
 - c. Each resident will participate in weekly journal review and critically evaluate, critique, and present the chosen article.
4. **Administrative** – To gradually increase the level of the oral and maxillofacial surgery resident administrative responsibility as they progress through the program.
 - a. By the end of each academic year, each resident will have added levels of responsibility within the organizational structure of the service, culminating in the role of administrative chief resident.
 - b. Each chief resident will be responsible for creating the resident service call schedule.
 - c. Each chief resident will contribute to the didactic schedule through the assignment of presentations and topics.
 - d. Each resident will maintain medical records at a level of compliance consistent with guidelines put forth by The Joint Commission
 - e. Each resident will become familiar with and receive formal instruction in coding as it pertains to evaluation and management as well as specialty related procedures
5. **Service** – To encourage the notion of service to the specialty, the community, and one's institution throughout residency training.
 - a. The resident will rate as important providing on-call service to one's hospital.
 - b. The resident will rate as important membership in their respective state society and national organization.
 - c. The resident will rate as valuable relationships with dental and medical providers in their community through which they can better serve their patients.
 - d. The resident will rate as important service to their community.