

ORAL & MAXILLOFACIAL SURGERY

Part 1

Basic Oral surgery

Aims

- To provide an integrated introductory approach to basic Oral Surgery within the Specialty of Oral and Maxillofacial Surgery.
- To ensure that students understand how the subjects within the Teaching Divisions inter-relate and to provide a broad basis of clinical exposure.

Objectives

1. To provide first contact with patient care initially on an observer/assistant basis, hands on treatment is introduced as appropriate.
2. To provide teaching on the recording of histories and clinical examinations.
3. To provide clinical exposure which instructs the students in the management of patients, the basic principles of surgery and the importance of carrying out treatment under aseptic conditions with minimal trauma.

Learning Outcomes:

At the end of this phase - the student should be able to:

- A. Undertake and record a clear and concise history of the presenting complaint.
- B. Record a medical, dental and social history.
- C. Undertake and record a detailed oro-facial examination.
- D. Display knowledge of special investigative techniques, relevant to the practice of Oral Surgery.
- E. Manage patients with confidence and understanding.
- F. Undertake simple exodontia under LA and demonstrate an understanding of the indications, contra-indications and possible sequelae relating to minor surgical techniques.
- G. Recognize emergency situations in the dental chair and display competence in managing such events.

- H. Recognize and display an understanding of the more major oral and maxillofacial surgical conditions which they may observe on the clinical floor.

Teaching Methods

- Introductory Lectures
- Tutorials
- Basic Oral Surgery Practicals
- Basic Life Support
- Chair-side teaching

Part 2

Advanced Oral & Maxillofacial surgery

Objectives

1. To build on the early training in surgical and related procedures given in the Basic Oral Surgery.
2. To give the students an increased exposure to clinical activities encompassed by the Specialty of Oral & Maxillofacial Surgery.

Learning Outcomes:

At the end of the Advanced Oral (including Maxillofacial) Surgery, the student should be able to:

- a. Demonstrate knowledge and integrated clinical skills in Oral and Maxillofacial Surgery based on the introductory and theoretical approach of the Basic Oral Surgery Element.
- b. Display an understanding of and a limited capability of carrying out special investigative procedures.
- c. Display an ability to manage oral and maxillofacial surgical patients with confidence and understanding.
- d. Be capable of diagnosing the different types of oro-facial pain and display an understanding of the methods of treatment.
- e. Display a proficiency in the removal of teeth under different forms of anaesthesia.
- f. Display a knowledge of the principles of Oral and Maxillofacial Surgery and be capable of performing simple, minor dento-alveolar procedures

(which may include removal of roots, simple wisdom teeth, apicectomy and minor soft tissue surgery.)

- g. Display an understanding of the management of more major oral and maxillofacial surgical disorders including salivary gland and TMJ disorders, pre-prosthetic problems including those relating to dental implantology, oro-facial cancer and jaw and facial deformity.
- h. Display an understanding of the management of maxillofacial trauma.
- i. Manage common emergencies such as syncope and display knowledge of the management of medical and surgical emergencies.
- j. Be familiar with the care of patients in the Accident and Emergency Unit.
- k. Be familiar with the care of patients in the Day Case theatre and in the inpatient situation.

Subjects covered:

Statistics:

- Wound Healing
- Oral & Maxillofacial Pathology:
- Oral Pathology Clinico-Pathologic Conference
- Practice Management
- Surgical Orthodontics
- Advanced Head & Neck Anatomy
- Anesthesia
- Introduction to Clinical Medicine

Journal Club

The journal clubs take place on a weekly basis. The purposes of journal club are several: firstly, residents are asked to apply the principles which were taught in the statistics and experimental design courses in order to critically evaluate the current literature (medical, dental, surgical, ophthalmological, etc.). Also, journal clubs are designed to serve as topical sessions where specific topics are the focus, and key articles are presented and discussed in relation to our current understanding. Finally, an assessment of the current literature is performed in order to expose OMFS residents to the most applicable journals in our field of practice (JOMS, OOO, Br. J OMFS, J. Craniomaxfac Surg, PRS, Head & Neck, Archives of Otolaryngol, etc.).

Case Conference

On a weekly basis, OMFS residents present a case which they have worked on in the recent past, while in the presence of the OMFS faculty, who serve as critical questioners in order to have the resident defend the diagnostic and treatment approaches which were employed for their patient. This forum serves to acquaint residents with the process, and familiarize them with the stressful task of case defense.

Morbidity and Mortality Conference

This conference occurs in our department once monthly, and residents are asked to present complications with patient care, and are questioned regarding the appropriateness of care, as well as management of complications.

Basic Implantology

This course is taught by a faculty OMFS and prosthodontist, and is designed to introduce residents to the principles of basic implantology, including all aspects from basic science to clinical application. There is a lecture component, as well as a clinical component to this course. This course serves as the basis for clinical practice

Practical requirements for the MDS course.

Each student must perform (under supervision or as first assistant) 50 major oral & maxillofacial surgical operations under general anesthesia including adults and children.

There must be at least 7 patients in each category of surgery. The categories of major surgery are defined as: 1) trauma 2) orthognathic surgery 3) pathology 4)TM Joint, cleft lip & palate 5) dentoalveolar.

This is in addition to various categories of minor oral surgical procedures like impaction, surgical extractions, endodontic surgeries, biopsies etc. A minimum of 100 minor oral surgical procedures should have been performed independently under supervision by a candidate appearing for the final MDS examination.

Seminars and lectures

Every candidate must have presented the prescribed number of seminars, journal clubs and case presentations. A record of the same endorsed by the HOD or Professor in charge, must be presented along with log book and dissertation/ published article at the time of examinations.

Teaching shall mainly be in the form of seminars, symposiums and didactic sessions conducted by the staff of the departments.

Record of Surgical Training

Candidates will be required to submit a record of Surgical Training (logbook) which should indicate the candidate's breadth of experience in the specialty. This record of Surgical Training (logbook) should enumerate the various surgical procedures undertaken in which the candidate was the principal operator. It should also indicate the method of anaesthesia and should identify basic details of the surgery undertaken. It will be signed by the trainer and it will confirm the completion of the procedures recorded. The Record of Surgical Training (logbook) should indicate the practical experience obtained by the candidate in surgery and that they have the appropriate knowledge and skills required for the practice of oral and maxillofacial surgery to a high standard. At the completion of training it would be expected that the candidate was experienced and had a thorough understanding of the topics prescribed as shown hereunder.

TRAINING SCHEDULE OF MDS COURSE

PHASE 1 (1 YEAR):

1st TERM

A. Preclinical exercises:

1. Suturing techniques
2. Fixation of arch bars on models
3. Case sheet / discharge note writing
4. Various wiring procedures on models
5. Cadaver dissection
6. Fabrication of splints:
 - a) Trauma
 - b) TMJ disorders
 - c) Orthognathic surgical procedures

B. Academic activities:

1. Presentation of seminars
2. Attending seminars
3. Attending journal clubs
4. Attending clinical meetings
5. Lectures for undergraduates

C. Library thesis

D. Poster presentation in National conference

E. Clinical work:

1. Local anaesthesia techniques
2. Exodontia
3. Assist in minor surgeries
4. Attend OT

2nd TERM

- A. Patient record maintenance including archiving and photography of all patient records
- B. Clinical work:
 - I. Suturing
 - II. Incision & drainage
 - III. Pre-prosthetic surgery
 - IV. Endodontic surgery
 - V. Biopsy
 - VI. Arch bar fixation for fractures
 - VII. Assist senior batch in minor oral surgical procedures
- C. Assist senior batch in preparation, investigations & admission of patients for major surgeries.
- D. Attending clinical meetings
- E. Attachments : Dept of Medicine & Surgery (Performance certificate from respective HODs to be submitted after attachment)

- F. Exams: Theory - Basic subjects
 - Practicals - Preclinical work
 - Viva voce - Basic subjects

PHASE II(2 YEARS)

3rd TERM

- A. Attachment to - Plastic surgery, oncosurgery, ENT & Anaesthesia (Performance certificate from respective HODs to be submitted after attachment)
- B. Clinical work : Minor oral surgical cases - Impactions, Apicoectomies, Biopsies, Preprosthetic surgery, etc - A minimum of 50 cases during 3rd & 4th terms

All records of these procedures to be maintained in a register and verified by faculty every month. To be produced during Final exam.
- C. Clinical work: Major surgery - Assisting final year batch in preparation, and surgery of these cases. OT register to be maintained and verified by faculty every month. To be submitted during grading exam

- D. Final dissertation work to be started
- E. Scientific presentation in Midterm and National conferences
- F. Seminar presentation
- G. Journal club presentation
- H. Attending clinical meetings
- I. Regular tests in speciality subjects

4th TERM

- A. Submission of dissertation draft for perusal
- B. Seminar presentation
- C. Journal club presentation
- D. Attending clinical meetings
- E. Regular tests in specialty subjects
- F. Full time resident in maxillofacial surgery
- G. Clinical work: Minor oral surgical cases - Impactions, Apicoectomies, Biopsies, Pre-prosthetic surgery, etc - A minimum of 50 cases during 3rd & 4th terms.

All records of these procedures to be maintained in a register and verified by faculty every month. To be produced during grading exam.
- H. Clinical work: Major surgery - Assisting final year batch in preparation, and surgery of these cases. OT registers to be maintained and verified by faculty every month. To be submitted during final exam
- I. A minimum of 1 article to be sent for publication in phase II

5th TERM

- A. Seminar presentation
- B. Journal club presentation
- C. Attending clinical meetings
- D. Completion of dissertation
- E. Paper presentation in National conference
- F. Attending Midterm conference

- G. Prepare a minimum of 2 papers including Dissertation topic for publication
- H. Clinical work: Minor oral surgical cases - Impactions, Apicoectomies, Biopsies, Pre-prosthetic surgery, etc - A minimum of 75 cases. All records of these procedures to be maintained in a register and verified by faculty every month. To be produced during grading exam.
- J. Clinical work: Major surgery - Performing surgery. OT registers to be maintained and verified by faculty every month. To be submitted during grading exam.
- K. Case record of 5 varying types of major surgeries to be prepared for MDS exams
- L. Presentation of dissertation for MDS exams

6th TERM

- A. Submission of dissertations
- B. Attending clinical meetings
- C. Discussions on various topics
- D. Regular exams in theory, practicals and Viva-voce.