COMMITTEE ON RESIDENCY EDUCATION AND TRAINING

COMPETENCIES OF THE ORAL AND MAXILLOFACIAL SURGEON AT THE COMPLETION OF TRAINING

At the completion of a minimum 48 month training program, the oral and maxillofacial surgeon is qualified to perform a variety of services for their patients. The skills that they possess have been gained through a broad didactic and clinical experience as well as rotations on a variety of surgical and medical services.

A minimum of thirty months is spent on the oral and maxillofacial surgery service providing a diverse scope of specific surgical experience for the resident. Off-service rotations are provided on a variety of medical and surgical services that are applicable to the oral and maxillofacial surgeon. There are several required rotations, including a minimum of four months of hospital anesthesia, two months on the clinical medicine service, and four months on the general surgery service. In addition, at least eight months are spent on a variety of other surgical services, such as trauma, otolaryngology, neurosurgery, plastic surgery, and pediatric surgery. During this time, residents learn management of both adult and pediatric patients. The oral and maxillofacial surgeon is competent to perform a detailed history and physical examination and admit and manage their own patients.

A formal anesthesia educational experience is obtained throughout the residency. This training includes a hospital anesthesia rotation of at least four months in duration. The resident also participates in ongoing ambulatory office-based anesthesia delivery for adults and children. The didactic portion is provided through seminars and conferences in which topics such as anatomy, including growth and development, physiology, pharmacology, microbiology and immunology, and pathology are provided. This training is comprehensive exposing the resident to risk assessment, airway management, anesthetic pharmacology and techniques in addition to management of anesthetic complications. At the end of the training period the resident has the ability to direct an anesthetic team and to perform outpatient office-based anesthesia.

The resident outpatient surgical experience is extensive, as a substantial amount of surgical activity is provided in this setting. Additionally the oral and maxillofacial surgeon admits and manages numerous patients in the hospital for major surgical procedures. These patients fall into a variety of categories, including but not limited to, dentoalveolar, trauma, reconstruction, orthognathic, pathology, maxillofacial infections and cosmetic surgery.

The trauma experience allows residents to become competent to manage patients with complicated mandibular and midfacial injuries, including fractures of the zygomatico-maxillary complex, frontal sinus, supraorbital rim and nasoethmoidal-orbital area, as well as repair of complex maxillofacial lacerations. Additionally management of these patients may require post traumatic revision procedures both of hard and soft tissues. Finally, the oral and maxillofacial surgery resident spends a substantial amount of time in the emergency room gaining experience in the management of the acutely injured patient.

Approved: 1999, Revised 3.05, Approved 12.05

Oral and maxillofacial surgeons are proficient to manage benign and malignant pathology of the soft and hard tissues of the oral and maxillofacial region. This includes management of temporomandibular joint disorders, maxillary sinus pathology, diseases of the salivary glands, head and neck infections, and injuries and associated neurological disorders.

The oral and maxillofacial surgery resident is well experienced in facial skeletal surgery. This involves the correction of congenital and acquired deformities of the mandible, maxilla, zygoma and associated structures. The resident becomes competent in comprehensive case management, including the surgical correction of the functional and esthetic orofacial and craniofacial regions. Additionally training includes competency in medical and surgical management of sleep apnea.

The oral and maxillofacial surgeon is trained to proficiency in reconstruction of the craniofacial region. In order to perform these procedures, bone graft harvesting from distant sites such as, the cranium, rib, ilium and tibia is included in the training program. Additionally, the harvesting of soft tissues from a variety sites such as cartilage, fat, dermis, skin and nerves is also included. The specific reconstructive procedures include preprosthetic surgery, post-traumatic reconstructive surgery, as well as hard and soft tissue cosmetic maxillofacial surgery, temporomandibular joint reconstruction, and the management of continuity defects following ablative surgery or infections and reconstructive cleft surgery. Placement of facial and dental implants and providing sufficient bone and soft tissues to support them is mastered.

In summary, at the completion of an accredited residency program, the oral and maxillofacial surgeon is competent to perform a wide variety of diagnostic and surgical procedures for the comprehensive management of the diseases, injuries and defects involving both the functional and cosmetic aspects of the hard and soft tissues of the oral, maxillofacial, and head and neck regions. They are capable of providing high quality patient care in a variety of settings such as offices, outpatient surgical centers and hospitals under local anesthesia, intravenous and other forms of sedation and general anesthesia.