

# **Commission on Dental Accreditation**

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## **Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery**

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**Commission on Dental Accreditation  
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**Oral and Maxillofacial Surgery:** is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial regions. (Adopted October 1990)

A **fellowship in oral and maxillofacial surgery** is a planned post-residency program that contains education and training in a focused area of the specialty. The focused areas include but are not limited to: Cosmetic Facial Surgery; Oral/Head and Neck Oncologic Surgery; Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial Surgery); Microvascular Reconstructive Surgery; and Endoscopic Maxillofacial Surgery.

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## **Document Revision History**

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August 7, 2015	Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery	Adopted and Implemented
August 7, 2015	Revised Policy on Reporting Program Changes	Adopted and Implemented
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# **Mission Statement of the Commission on Dental Accreditation**

The Commission on Dental Accreditation serves the public and profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

Commission on Dental Accreditation  
Adopted: August 5, 2016

## ACCREDITATION STATUS DEFINITIONS

### 1. Programs That Are Fully Operational:

Approval (*without reporting requirements*): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

Approval (*with reporting requirements*): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards or policies must be demonstrated within a timeframe not to exceed eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.

Circumstances under which an extension for good cause would be granted include, but are not limited to:

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

Revised: 8/17; 2/16; 5/12; 1/99; Reaffirmed: 8/13; 8/10, 7/05; Adopted: 1/98

**2. Programs That Are Not Fully Operational:** A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “initial accreditation.” When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program’s accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status.

**Initial Accreditation** is the accreditation classification granted to any dental, advanced dental or allied dental education program which is not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification “initial accreditation” is granted based upon one or more site evaluation visit(s).

Revised: 7/08; Reaffirmed: 8/13; 8/10; Adopted: 2/02

Oral and Maxillofacial Surgery Fellowship Standards

**Other Accreditation Actions:**

**Teach-Out:** An action taken by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program is in the process of voluntarily terminating its accreditation due to a planned discontinuance or program closure. The Commission monitors the program until students/residents who matriculated into the program prior to the reported discontinuance or closure effective date are no longer enrolled.

Adopted: 2/16

**Discontinued:** An action taken by the Commission on Dental Accreditation to affirm a program's reported discontinuance effective date or planned closure date and to remove a program from the Commission's accredited program listing, when a program either 1) voluntarily discontinues its participation in the accreditation program and no longer enrolls students/residents who matriculated prior to the program's reported discontinuance effective date or 2) is closed by the sponsoring institution.

**Intent to Withdraw:** A formal warning utilized by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program's accreditation will be withdrawn if compliance with accreditation standards or policies cannot be demonstrated by a specified date. The warning is usually for a six-month period, unless the Commission extends for good cause. The Commission advises programs that the intent to withdraw accreditation may have legal implications for the program and suggests that the institution's legal counsel be consulted regarding how and when to advise applicants and students of the Commission's accreditation actions. The Commission reserves the right to require a period of non-enrollment for programs that have been issued the Intent to Withdraw warning.

Revised: 2/16; 8/13

**Withdraw:** An action taken by the Commission when a program has been unable to demonstrate compliance with the accreditation standards or policies within the time period specified. A final action to withdraw accreditation is communicated to the program and announced to the communities of interest. A statement summarizing the reasons for the Commission's decision and comments, if any, that the affected program has made with regard to this decision, is available upon request from the Commission office. Upon withdrawal of accreditation by the Commission, the program is no longer recognized by the United States Department of Education. In the event the Commission withdraws accreditation from a program, students currently enrolled in the program at the time accreditation is withdrawn and who successfully complete the program, will be considered graduates of an accredited program. Students who enroll in a program after the accreditation has been withdrawn will not be considered graduates of a Commission accredited program. Such graduates may be ineligible for certification/licensure examinations.

Revised 6/17; Reaffirmed: 8/13; 8/10, 7/07, 7/01; CODA: 12/87:9

**Denial:** An action by the Commission that denies accreditation to a developing program (without enrollment) or to a fully operational program (with enrollment) that has applied for accreditation. Reasons for the denial are provided. Denial of accreditation is considered an adverse action.

Reaffirmed: 8/13; Adopted: 8/11

# Preface

Maintaining and improving the quality of advanced education in the nationally recognized oral and maxillofacial surgery fellowships is a primary aim of the Commission on Dental Accreditation. The Commission is recognized by the public, the profession, and the United States Department of Education as the specialized accrediting agency in dentistry.

Accreditation of advanced fellowship programs is a voluntary effort of all parties involved. The process of accreditation assures fellows, specialty boards and the public that accredited training programs are in compliance with published standards.

A fellowship in oral and maxillofacial surgery is a planned post-residency program that contains advanced education and training in a focused area of the specialty. The focused areas include: Cosmetic Facial Surgery; Oral/Head and Neck Oncologic Surgery; Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial Surgery); Microvascular Reconstructive Surgery; and Endoscopic Maxillofacial Surgery.

Accreditation actions by the Commission on Dental Accreditation are based on information gained through written submissions by program directors and evaluations made on site by assigned consultants. The Commission has established review committees in each of the recognized specialties to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives selected by the specialties and their certifying boards. The Commission has the ultimate responsibility for determining a program's accreditation status. The Commission is also responsible for adjudication of appeals of adverse decisions and has established policies and procedures for appeal. A copy of policies and procedures may be obtained from the Director, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

This document constitutes the standards by which the Commission on Dental Accreditation and its consultants will evaluate fellowship programs for accreditation purposes. The general and specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the essential educational content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by fellowships in the particular area.

General standards are identified by the use of a single numerical listing (e.g., 1). Specific standards are identified by the use of multiple numerical listings (e.g., 1-1, 1-1.2, 1-2).



## **AUTHORIZED ENROLLMENT**

Oral and maxillofacial surgery fellowship programs are accredited for a specified number of fellows in each year of the program. Prior authorization is required for an increase in enrollment beyond the authorized level in any year, for any reason and regardless of whether the increase is a one-time-only or a permanent change in enrollment. Failure to comply with this policy will jeopardize the program's accreditation status.

Please review the Commission's Policy on Enrollment Increases in Advanced Dental Specialty Programs found in the Evaluation and Operational Policies and Procedures manual (EOPP).

### **DEFINITION OF TERMS USED IN ADVANCED SPECIALTY EDUCATION PROGRAM ACCREDITATION STANDARDS**

The terms used in this document (i.e. shall, **must**, should, can and may) were selected carefully and indicate the relative weight that the Commission attaches to each statement. The definitions of these words used in the Standards are as follows:

**Must** or Shall: Indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

Examples of evidence to demonstrate compliance include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

Should: Indicates a method to achieve the standards.

May or Could: Indicates freedom or liberty to follow a suggested alternative.

Levels of Knowledge:

In-depth: A thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding.

Understanding: Adequate knowledge with the ability to apply.

Familiarity: A simplified knowledge for the purpose of orientation and recognition of general principles.

## Levels of Skills:

**Proficient:** The level of skill beyond competency. It is that level of skill acquired through advanced training or the level of skill attained when a particular activity is accomplished with repeated quality and a more efficient utilization of time.

**Competent:** The level of skill displaying special ability or knowledge derived from training and experience.

**Exposed:** The level of skill attained by observation of or participation in a particular activity.

## Other Terms:

**Institution (or organizational unit of an institution):** a dental, medical or public health school, patient care facility, or other entity that engages in advanced specialty education.

**Sponsoring institution:** primary responsibility for advanced specialty education programs.

**Affiliated institution:** support responsibility for advanced specialty education programs.

## STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program **must** develop clearly stated goals and objectives appropriate to advanced specialty education, addressing education, patient care, research and service. Planning for, evaluation of and improvement of educational quality for the program **must** be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.

The program **must** document its effectiveness using a formal and ongoing outcomes assessment process to include measures of fellowship student achievement.

***Intent:** The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of oral and maxillofacial surgery and that one of the program goals is to comprehensively prepare competent individuals to initially practice oral and maxillofacial surgery. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program's purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f) review the assessment plan, revise as appropriate, and continue the cyclical process.*

The financial resources **must** be sufficient to support the program's stated goals and objectives.

***Intent:** The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced specialty discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.*

Hospitals that sponsor fellowships **must** be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor fellowships **must** be accredited by an agency recognized by the United States Department of Education or its equivalent. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of fellowship programs **must** assure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) **must** demonstrate successful achievement of Service-specific organizational inspection criteria.

The position of the program in the administrative structure **must** be consistent with that of other parallel programs within the institution and the administrator **must** have the authority, responsibility, and privileges necessary to manage the program.

- 1-1 Fellowships which are based in institutions or centers that also sponsor oral and maxillofacial surgery residency training programs **must** demonstrate that the fellowship and residency programs are not in conflict. The fellowship experience **must** not compete with the residency training program for surgical procedures. Separate statistics **must** be maintained for each program.

Examples of evidence may include:

- resident interviews as well as separate statistics for the fellowship and residents

- 1-2 Members of the teaching staff participating in an accredited fellowship program **must** be able to practice the full scope of the specialty in the focused area and in accordance with their training, experience and demonstrated competence.

### **USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS**

The primary sponsor of the fellowship program **must** accept full responsibility for the quality of education provided in all sites where educational activity occurs.

- 1-3 All arrangements with major and minor activity sites, not owned by the sponsoring institution, **must** be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.

*Intent: Ownership may entail clinical operations, and not necessarily the physical facility.*

- 1-4 Documentary evidence of agreements, for major and minor activity sites not owned by the sponsoring institution, **must** be available. The following items **must** be covered in such inter-institutional agreements:

- a. Designation of a single program director;
- b. The teaching staff;
- c. The educational objectives of the program;
- d. The period of assignment of fellows; and
- e. Each institution's financial commitment.

*Intent: The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).*

If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the Commission's Policy on Reporting and Approval of Sites Where Educational Activity Occurs found in the Evaluation and Operational Policies and Procedures manual (EOPP).

## STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program **must** be administered by a director who is board certified.

- 2-1 Program Director: The program **must** be directed by a single individual. The responsibilities of the program director **must** include:
  - 2-1.1 Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures.
  - 2-1.2 Ensuring the provision of adequate physical facilities for the educational process.
  - 2-1.3 Participation in selection and supervision of the teaching staff. Perform periodic, at least annual, written evaluations of the teaching staff.
  - 2-1.4 Responsibility for adequate educational resource materials for education of the fellows, including access to adequate learning resources.
  - 2-1.5 Responsibility for selection of fellows and ensuring that all appointed fellows meet the minimum eligibility requirements.
  - 2-1.6 Maintenance of appropriate records of the program, including fellow and patient statistics, institutional agreements, and fellow records.
- 2-2 Teaching Staff: The teaching staff **must** be of adequate size and **must** provide for the following:
  - 2-2.1 Provide direct supervision appropriate to a fellow's competence, level of training, in all patient care settings.
- 2-3 Scholarly Activity of Faculty: There **must** be evidence of scholarly activity among the fellowship faculty. Such evidence may include:
  - a. Participation in clinical and/or basic research particularly in projects funded following peer review;
  - b. Publication of the results of innovative thought, data gathering research projects, and thorough reviews of controversial issues in peer-reviewed scientific media;
  - c. Presentation at scientific meetings and/or continuing education courses at the local, regional, or national level.

2-4 The program **must** show evidence of an ongoing faculty development process.

***Intent:** Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession.*

**Examples of evidence to demonstrate compliance may include:**

Participation in development activities related to teaching, learning, and assessment

Attendance at regional and national meetings that address contemporary issues in education and patient care

Mentored experiences for new faculty

Scholarly productivity

Presentations at regional and national meetings

Examples of curriculum innovation

Maintenance of existing and development of new and/or emerging clinical skills

Documented understanding of relevant aspects of teaching methodology

Curriculum design and development

Curriculum evaluation

Student/Resident assessment

Cultural Competency

Ability to work with students/residents of varying ages and backgrounds

Use of technology in didactic and clinical components of the curriculum

Evidence of participation in continuing education activities

### STANDARD 3 - FACILITIES AND RESOURCES

Facilities and resources **must** be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. Equipment and supplies for use in managing medical emergencies **must** be readily accessible and functional.

***Intent:** The facilities and resources (e.g., support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, fellows, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.*

The program **must** document its compliance with any applicable regulations of local, state and federal agencies including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies **must** be provided to all fellows, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases **must** be made available to applicants for admission and patients.

***Intent:** The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the fellows, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.*

Fellows, faculty and appropriate support staff **must** be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and personnel.

***Intent:** The program should have written policy that encourages (e.g., delineates the advantages of) immunization for fellows, faculty and appropriate support staff.*

Fellows, faculty and support staff involved in the direct provision of patient care **must** be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

***Intent:** Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.*

## STANDARD 4 – CURRICULUM AND PROGRAM DURATION

The fellowship program **must** be designed to provide special knowledge and skills beyond residency training. Documentation of all program activities **must** be assured by the program director and available for review.

- 4-1 The fellowship program is a structured post-residency program which is designed to provide special knowledge and skills. The goals of the fellowship **must** be clearly identified and documented.
- 4-2 The duration of the fellowship **must** be a minimum of twelve months.
- 4-3 The fellowship program **must** include a formally structured curriculum. The curriculum should include a list of topics which will be discussed with the fellow(s).
- 4-4 The fellowship program **must** provide a complete sequence of patient experiences which includes:
  - a. pre-operative evaluation;
  - b. adequate operating experience;
  - c. diagnosis and management of complications;
  - d. post-operative evaluation.
- 4-5 The fellow **must** maintain a surgical case log of all procedures and should include at least the date of the procedure, patient name, patient identification number, geographic location where procedure was performed, type of anesthesia/sedation, preoperative diagnosis, the operative procedure performed and the level of participation (surgeon or first assistant).



## **STANDARD 5 – FELLOW ELIGIBILITY AND SELECTION**

Oral and maxillofacial surgeons who have completed their formal oral and maxillofacial surgery residency training are eligible for fellowship consideration.

- 5-1 Nondiscriminatory policies **must** be followed in selecting fellows.
- 5-2 There **must** be no discrimination in the selection process based on professional degree(s).

### **EVALUATION**

A system of ongoing evaluation and advancement **must** assure that, through the director and faculty, each program:

- a. Periodically, but at least semiannually, evaluates the knowledge, skills and professional growth of its fellowship students, using appropriate written criteria and procedures;
- b. Provide to fellowship students an assessment of their performance, at least semiannually;
- c. Maintains a personal record of evaluation for each fellowship student which is accessible to the fellowship student and available for review during site visits.

***Intent:** A copy of the final written evaluation stating that the fellow has demonstrated competency to practice independently should be provided to each individual upon completion of the fellowship.*

### **DUE PROCESS**

There **must** be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

### **RIGHTS AND RESPONSIBILITIES**

At the time of enrollment, the fellowship students **must** be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all fellowship students **must** be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

## STANDARD 6 - FELLOWSHIP PROGRAMS

Those enrolled in an accredited clinical fellowship in oral and maxillofacial surgery complete advanced training in a focused area.

### 6-1 **Fellowship Program:**

A fellowship is a structured post-residency educational experience devoted to enhancement and acquisition of skills in a focused area and must be taught to a level of competence.

### 6-2 **Cosmetic Facial Surgery:**

is that area of oral and maxillofacial surgery that treats congenital and acquired deformities of the integument and its underlying musculoskeletal system within the maxillofacial area and associated structures.

6-2.1 Goals/Objectives: To provide comprehensive clinical and didactic training as primary surgeon in the broad scope of cosmetic maxillofacial surgery.

6-2.2 Surgical Experience: Surgical experience **must** include the following procedures in sufficient number and variety to ensure that objectives of the training are met. No absolute number can ensure adequate training but experience suggests that a minimum of 125 maxillofacial cosmetic procedures is required. These procedures include, but are not limited to: blepharoplasty, brow lifts, treatment of skin lesions, skin resurfacing, cheiloplasty, genioplasty, liposuction, otoplasty, rhinoplasty, rhytidectomy, hard and soft tissue augmentation and contouring procedures.

### 6-3 **Oral/Head and Neck Oncologic Surgery:**

is that area of oral and maxillofacial surgery which manages patients with tumors of the head and neck .

6-3.1 Goals/Objectives: To provide comprehensive clinical and didactic training which will allow the maxillofacial surgeon to function as a primary oncologic surgeon in a head and neck cancer team at the completion of training.

6-3.2 Surgical Experience: Surgical experience **must** include the following procedures in sufficient number and variety to ensure that objectives of the training are met. No absolute number can ensure adequate training but experience suggests that at least 90 major surgical procedures should be documented. These procedures include, but are not limited to: extirpative surgery for malignant and benign tumors, neck dissections, major soft and hard tissue reconstruction, as well as free, local and regional flap procedures.

Category I (Minimum 60 total procedures for categories a & b)

- a. Excision of benign/malignant tumors involving hard and soft tissues.
- b. Excision of benign and malignant salivary gland tumors

Category II (Minimum 20 procedures)

- a. Neck dissections.

Category III (Minimum 10 procedures)

- a. Surgical Airway Management.

6-3.3 The fellow **must** be trained in the role of radiation therapy and chemotherapy in the treatment and management of malignant tumors of the maxillofacial region. The fellow should participate on the tumor board.

6-3.4 Microvascular Reconstructive Surgery: is that area of oral and maxillofacial surgery that uses microvascular surgical techniques to permit transplantation of tissues from distant sites of the body in order to reconstruct defects of the head and neck.

6-3.4.1 Goals/Objectives: To provide comprehensive clinical and didactic training that will allow the oral and maxillofacial surgeon to perform microvascular reconstructions.

6-3.4.2 Surgical Experience: Surgical experience **must** include a minimum of 40 hours of microsurgical laboratory training and primary or first assist surgeon in at least 30 microvascular surgical reconstruction procedures, which includes flap harvest, inset and microvascular anastomosis.

6-3.5 Fellowship programs **must** declare the scope of the training program.

Type I: Oral/Head and Neck Oncologic Surgery

Type II: Oral/Head and Neck Oncologic Surgery and Microvascular Reconstructive Surgery

***Intent:** Programs will be responsible for meeting the portion of the standard that applies to the declared type of program.*

6-4 **Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial Surgery):**

is that area of oral and maxillofacial surgery that focuses on the diagnosis, as well as the surgical and adjunctive treatment in the neonate, infant, child and adolescent, of the following:

- congenital or developmental cleft and craniofacial deformities
- pathology of the craniomaxillofacial region
- trauma to the craniomaxillofacial region

6-4.1 Goals/Objectives: To provide a structured, didactic curriculum and broad experience in fundamental areas of craniofacial and pediatric oral and maxillofacial surgery. The goal is to prepare the fellow to function as a primary surgeon on an American Cleft Palate/Craniofacial Association (ACPCA)-recognized cleft and craniofacial team. The educational program should include anesthetic techniques and perioperative medical management of pediatric surgical patients.

6-4.2 Surgical Experience: Surgical experience **must** include procedures in each of the following areas: orthognathic, reconstruction, craniofacial, trauma, and pathology. No absolute number of procedures can ensure adequate training but experience suggests that a minimum of **80 procedures** is required.

Category I (Minimum 20 Procedures)  
Cleft Lip/Palate Related Surgery  
(to include primary and secondary procedures)

Category II (Minimum 20 Procedures)  
Craniofacial Surgery to include Orthognathic Surgery, Transcranial Surgery, Reconstruction, Distraction Osteogenesis  
(Of the 20 procedures no more than 5 can be orthognathic and at least 5 transcranial approaches)

Category III (Minimum 20 Procedures)  
Pediatric Hard and Soft Tissue Trauma

Category IV (Minimum 20 Procedures)  
Hard and Soft Tissue Pathology

6-4.3 Service Rotations:

6-4.3.1 Neonatal Intensive Care Unit/Pediatric Intensive Care Unit (NICU/PICU)/Anesthesia Service Rotations: A minimum of 1 month rotation **must** be on one or more of the above mentioned service rotations. The fellow **must** function as a resident with commensurate level of responsibility.

6-4.3.2 PALS: The fellow **must** maintain certification in Pediatric Advanced Life Support (PALS).

6-4.3.3 Should participate in craniofacial and cleft treatment teams.

## 6-5 **Microvascular Reconstructive Surgery**

Microvascular Reconstructive Surgery is that area of oral and maxillofacial surgery that uses microvascular surgical techniques to permit transplantation of tissues from distant sites of the body in order to reconstruct defects.

6-5.1 Goals/Objectives: To provide comprehensive clinical and didactic training that will allow the oral and maxillofacial surgeon to perform microvascular reconstructions.

6-5.2 Surgical Experience: Surgical experience **must** include a minimum of 40 hours of microsurgical laboratory training and primary or first assist surgeon in at least 30 microvascular surgical reconstruction procedures which includes flap harvest, inset and microvascular anastomosis.

## 6-6 **Endoscopic Maxillofacial Fellowship**

Endoscopic Maxillofacial Surgery is that area of oral and maxillofacial surgery that utilizes high definition video technology coupled with minimal access exposure to execute precise surgical maneuvers.

6-6.1 Goals/Objectives: To provide a comprehensive clinical and didactic training in minimally invasive endoscopic techniques either as the primary procedure or endoscopic assisted procedures. To advance technology and surgical procedures in order to provide precise intervention and reduce morbidity. The goal is to prepare the fellow to be competent in doing endoscopic assisted procedures.

6-6.2 Surgical Experience: Surgical procedures may include: TMJ Arthroscopy (Diagnostic and Advanced), Sialoendoscopy, Endoscopic assisted Orthognathic Surgery, Endoscopic assisted Maxillofacial Trauma, Endoscopic assisted TMJ Total Joint Reconstruction and sinus endoscopy.

6-6.3 Surgical procedures performed by the fellow, as a first assistant or primary surgeon, **must** include a minimum of 100 endoscopic maxillofacial surgical procedures to ensure that the objectives of the training are achieved. The 100 endoscopic maxillofacial surgical procedures **must** include no less than:

- a. 30 double puncture, advanced, temporomandibular joint arthroscopic procedures
- b. 10 Sialoendoscopic procedures
- c. 10 Sinus endoscopic procedures

## STANDARD 7 – INVESTIGATIVE STUDY

Fellows **must** engage in scholarly activity. Such efforts may include:

- 7-1 Participation in clinical and/or basic research particularly in projects funded following peer review
- 7-2 Publication of the result of innovative thought, data gathering research projects, and thorough reviews of controversial issues in peer-reviewed scientific media
- 7-3 Presentation at scientific meetings and/or continuing education courses at the local, regional, or national and international levels.

Examples of evidence to demonstrate compliance may include:

- a. Investigation in laboratories or clinics
- b. Comprehensive summaries of scientific literature or preparation of statistical analyses based in clinical case records