

University of Kentucky

College of Dentistry/Education Program

Course Syllabus

OSG 841 Oral Surgery Rotation II

1) General Information

Director:	Gregory Cobetto, DMD	Starting Year / Semester:	4 / 1
Department:	Oral & Maxillofacial Surgery	Ending Year / Semester:	4 / 2
Office:	D-542 College of Dentistry	Credit Hours:	1.00
Phone:	3-8520		
Email:	gcobe2@email.uky.edu		
Designation:	Clinical Science	#Enrolled:	
Type:	Required		

2) Purpose

This course represents the two-week rotation in the Oral and Maxillofacial Surgery Clinic during the fourth year, where principles and concepts from OSG 820, OSG 830 and OSG 831 are used in the clinical setting. Additional experience in performing basic oral surgical procedures as well as further understanding of the role of the oral and maxillofacial surgeon within the practice of dentistry are primary goals. This course will also serve to expand the student's knowledge of hospital dentistry. Students are **invited** to attend hospital rounds, observe major surgical cases in the operating room and take in-house call (optional). Proper in-patient documentation and note writing will be emphasized for those interested in expanding their practice to include hospitalized patients or those requiring operating room based general anesthesia.

Pre-requisite: OSG 841 may be started by students who received a passing grade in OSG 831.

3) Goals: This course addresses the following College Competencies; the new dentist must be able to:

- #1 practice ethically.
- #2 acquire, analyze, & synthesize information in a scientific, critical & effective manner.
- #3 communicate effectively, both orally & in writing, with colleagues, other health care providers, staff.
- #4 manage the treatment environment of dental practice.
- #5 apply the basic principles of business, legal, financial and personnel management of a (simulated) dental practice.
- #6 collect, record, and evaluate the biological, psychological, and social information needed to assess the patient's oral and general health. This includes the ability to recognize and manage behavioral factors that affect oral health and use the information to implement strategies that facilitate the delivery of oral health care.
- #7 establish a differential, provisional or definitive diagnosis by interpreting and correlating findings from the history, consultations and examination.
- #8 develop, present, and discuss treatment goals and plans that address the needs, desires, and abilities of patients in diverse age groups.
- #11 assess & manage common signs and minimize dental, oral and facial pain, anxiety and apprehension.
- #14 assess & manage conditions requiring oral & maxillofacial surgical therapy.
- #18 assess & manage oral mucosal & osseous diseases or disorders & be able to provide general dental care to most medically, physically or emotionally compromised patients in an outpatient setting.

4) Outcomes

1. Assess Patient's Physical Status: At the end of this rotation, the student will be able to assess the patient's physical status prior to dental treatment: this includes taking a patient history and understanding the relationship between the patient's medical status and the proposed dental treatment plan.
2. Identify Medications: At the end of this rotation, the student will be able to identify and properly document the medications their patients are taking. It is imperative that the student recognize and understand the possible interactions of the current medications with medications that are part of the proposed dental treatment. This includes gaining familiarity with the use of both text and online medical databases.
3. Anxiety Control: At the end of this rotation, the student will be able to assess the patient's need for anxiety control. The administration of nitrous oxide and/or oral sedative agents can be an integral part of this rotation and it is expected that students will plan for the opportunity to gain competence in the use of these agents.
4. Head and Neck Exam: At the end of this rotation, the student will be able to perform a complete head and neck exam.
5. Asepsis and Infection Control: At the end of this rotation, the student will be able to conduct clinic practice using sterile technique and demonstrate an understanding of asepsis and infection control.
6. Oral Surgery Procedures: At the end of this rotation, the student will be able to perform various oral surgery procedures in the clinic. These may include but are not limited to:
 - Simple and complicated extractions
 - Biopsy of soft and hard tissue lesions
 - Alveoloplasty and other preprosthetic procedures
 - Management of acute or chronic infections
 - Assisting a resident in the removal of impacted teeth

It is recognized that the amount of experience each student receives will vary depending on the volume of patients. Every attempt will be made to allow each student to gain experience in each of the above areas.

7. Postsurgical Complications: At the end of this rotation, the student will be able to diagnose and treat the postsurgical complications associated with surgical procedures.
8. Postoperative Management: At the end of this rotation, the student will be able to manage patients in a postoperative period, including the delivery of post-operative instructions.
9. Medical Records: At the end of this rotation, the student will be able to maintain accurate medical records, both outpatient (clinic) and inpatient (hospital).
10. Prescriptions: At the end of this rotation, the student will be able to properly write prescriptions. Students will be introduced to the KASPER system, an online database of controlled drug prescriptions.
11. Inpatient Care: At the end of this rotation, the student will have gained familiarity with care of the inpatient, and the role of the oral and maxillofacial surgeon in the hospital environment. This rotation is meant to introduce the student to such concerns as order writing, admission and discharge of patients, care of patients in the operating room, etc.

5) Learning Resources

1. Contemporary Oral and Maxillofacial Surgery

(Primary Resource)

Resource Type: Book
Primary Author: Peterson, et al.
Publishing House: C. V. Mosby Company
City, Country: St Louis, MO, USA
Edition/Version#: 4th
Year Published: 2003

2. Dental Management of the Medically Compromised Patient, Little, Falace et al, Mosby 7th edition

3. Drug Information Handbook for Dentistry, Lexi Comp, 14th Ed

6) Evaluation Methods Overview

A. GRADING SCALE

A = 95 - 100
B+ = 85 - 94
B = 75 - 84
C = 60 - 74
F = < 60

B. EVALUATION COMPONENTS:

50% - Written Exam
50% - Clinical Evaluations

Clinical Performance – During the student’s two week rotation, he/she must sit with a faculty member to review a case study related to management of medical urgencies/emergencies. These case study evaluations will take place during the second week of the rotation. The student is responsible for only one evaluation, but this must be successfully completed prior to the end of their rotation. The clinical performance evaluation forms similar to those used throughout the College will be used to evaluate the student's performance.

CLINICAL PERFORMANCE GRADING SCALE:

There are a total of 12 points possible in the two clinical evaluations.

A = 12
B+ = 10 - 11
B = 8 - 9
C = 6 - 7
F < 6

Examinations – A written examination will be given at the end of the semester. Questions deal with patient management and basic oral surgery.

EXAM GRADING SCALE:

A = 95 - 100
B+ = 85 - 94
B = 75 - 84
C = 60 - 74
F = < 60

The final grade will be based on both the clinical evaluation (CE) and the examination grade. Please note that a passing grade must be obtained on both the exam and the CE in order to pass the rotation.

Any grade of C or lower on the CE section will require one week remediation in OMFS clinic and a score of B or better on another evaluation. The highest grade given after remediation will be a B.

In addition, tardiness and attendance are considered important with regard to professionalism, and a student's grade may be lowered one letter for being late for clinic two or more times. Missing rounds or clinic without prior approval of the course director will also result in a letter grade decrease. Missing orientation without prior approval of the course director will also result in a letter grade decrease.

7) Policy and Procedures

HOSPITAL/TEACHING ROUNDS:

Students are invited to attend teaching rounds Tuesdays at 7:00a.m.. These are formal rounds and presentation of surgical patients' conditions and treatments are discussed by the residents and faculty. Students are also welcome to accompany the residents on daily rounds at 6:30 a.m. Mon- Fri if they desire a more in depth experience with in-patient OMS. Students are expected to attend any lectures or conferences when they are available i.e. not in class.. Scheduled lectures are Wednesday 7am, Wednesday 1-5pm, and Friday 7am.

CLINIC ORIENTATION:

An orientation to the clinic is conducted at 7:00 a.m. on the first Monday of the rotation. **Students are required to attend.** Missing orientation without prior approval of the course director will result in a letter grade decrease.

STAFFING OF CASES:

After a thorough review of the patient's medical history and performing a clinical examination, the student will present the case to a resident or faculty member. No surgery is to be performed until a resident or faculty member has given approval. At times, the attending faculty member may decide that the level of surgical difficulty of a case is beyond the scope of a fourth year student. The faculty member may then assign the case to an OMFS resident. When possible, the fourth year student who initially screened the patient will be assigned to assist in the surgery.

INDEPENDENT STUDY:

When clinical questions arise during patient presentation, students may be called on to research a topic and present their findings to classmates in small group discussions.

REMEDIATION:

Students who fail the final exam will be given one attempt to repeat the exam. Passing score on the second attempt must be 75 or greater. Failure of the second attempt can be remediated by written reports, the topics and criteria to be determined by course director and student based on topics from the exam.

COLLEGE OF DENTISTRY CODE:

All activities in this course are conducted under the College of Dentistry Code. The College has high expectations of each student concerning their professional and academic responsibilities, including self-governance. If you have questions about expected standards of behavior, it is your responsibility to discuss and clarify these questions with the course director.

CLASSROOM/CLINIC DECORUM:

Scholarly behavior is a necessary outcome in all professional coursework. The classroom demands certain behavior that creates the *decorum* in the classroom, with one important ingredient being *civility*. Scholars (faculty and students alike) expect a certain degree of respect from other scholars regardless of the similarity or divergence of viewpoint and irrespective of age or experience. If students demonstrate any disrespectful or disruptive behavior, such as talking in class, sleeping, text-messaging, reading non-class-related material, tardy arrivals, or failing to turn off a cell phone, it is the prerogative of the instructor to ask the student to leave the classroom, laboratory or clinic. The definition of disruptive behavior will be at the course director or faculty's discretion. They may also elect not to give credit for classroom participation for that day. Penalties for disruptive behavior, absences or tardiness may also be found in course syllabi. In addition, if the behavior is severe, the Code of Student Conduct may be invoked