

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY  
RESIDENCY PROGRAM  
GOALS AND OBJECTIVES

The overall purpose of the Oral and Maxillofacial Surgery residency training program at the University of Tennessee Health Science Center College of Dentistry is to educate and train residents in the specialty of oral and maxillofacial surgery. It is the goal of the department that all residents finishing the program be fully capable of becoming certified by the American Board of Oral and Maxillofacial Surgery through knowledge of all aspects of modern practice of oral and maxillofacial surgery. This goal is achieved by providing an academic and clinical experience that addresses the curriculum requirements set forth in the accreditation standards for oral and maxillofacial surgery specialty education. The program is devoted to developing a well-trained specialist with cares and concerns for the total health of the patient and an appreciation for the social, civic, and moral responsibilities of the health care professional.

**ORAL AND MAXILLOFACIAL SURGERY GRADUATE PROGRAM**

**ANESTHESIA ROTATION OBJECTIVES:**

The oral and maxillofacial surgery resident at the University of Tennessee College of Dentistry spends 6 months of his second year of training assigned to the anesthesia service at The Regional Medical Center at Memphis under direction of the chairman, department of anesthesiology. He is assigned full-time to that service and has no responsibilities in the department of oral and maxillofacial surgery. Four of the 6 months are spent at the Regional Medical Center. Two months are spent at LeBonheur Children's Medical Center where the residents provides anesthesia to patients ranging in age from infancy to 15 years old. During his anesthesia training, the resident is expected to expand his ability to effectively evaluate his patients – both healthy and medically compromised – prior to administration of anesthetic agents. He is expected to expand his knowledge of the pharmacology and therapeutics of the agents involved not only in anesthesia but also in the management of the medically compromised patient. Additionally, he is expected to become proficient in the maintenance of respiration and circulation, immediate establishment of an airway, and emergency care and resuscitation.

**MEDICINE ROTATION OBJECTIVES:**

The resident is expected to expand his ability to evaluate and diagnose a patient with systemic disease. This training follows the physical diagnosis didactic training and is sequenced to allow expansion of such abilities. This rotation is spent at the Veterans Affairs Medical Center and deals with extremely medically compromised patients. The oral and maxillofacial surgery resident is assigned patients for workup, diagnosis, and management. The oral and maxillofacial surgery resident is expected to understand systemic disease with emphasis on the cardiovascular, pulmonary, and endocrine

pathology and physiology. The resident is expected to become familiar with and have a working knowledge of diagnostic aids employed by the internal medicine service. Additionally, the pharmacology of agents used for management of the patients treated by the internists is to be studied during this rotation. In summary, the resident is expected to be able to evaluate the total patient and to specifically assess the patient as a surgical and anesthetic risk.

### **GENERAL SURGERY ROTATION OBJECTIVES:**

The first part of our required general surgery rotation is a 2-month period spent as a member of one of two teams on the trauma service which is manned by general surgery residents and supervised by an assigned attending staff member. Training is obtained in a Level I Trauma Center, which is extremely busy. Our resident is expected to participate in the triage, surgical management, and postoperative care of patients. Emphasis is placed on the management of fluid and electrolyte disorders, management of shock, and orientation to basic surgical skills as practiced by the general surgeon. Because of the intensity of the rotation, even the general surgery residents only spend 2 months at a stretch on this service. A longer rotation in one stretch is felt to be counter-productive. Thus, the additional 2 months of our surgery rotation, while not considered an elective, are designed to take advantage of optimum training environment as it occurs. The additional 2 months take place in the third or fourth year of training and usually are in month-long intervals. Such factors as quality of the teachers and the needs of the surgical service for support that our residents could provide are considered. For example, residents have spent rotations on the surgical intensive care service, the basic general surgery service at the Veterans Affairs Medical Center, Otolaryngology/Head and Neck Surgery, and Oculoplastic Surgery. The objectives of the second part of our general surgery rotation are the same as mentioned above during the trauma rotation.

### **PATHOLOGY ROTATION OBJECTIVES:**

The first year resident spends a 2-week rotation with the oral and maxillofacial pathology service. The intent of this rotation is to provide the resident with a firsthand experience of the workings of a busy oral and maxillofacial pathology diagnostic service. The resident is also expected to hone his histopathology skills with one-on-one interaction with the oral and maxillofacial pathology faculty.