



**University at Buffalo**  
*The State University of New York*

**Oral & Maxillofacial Surgery  
Residency Training Manual**

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## **INTRODUCTION**

Residency training in oral and maxillofacial surgery is a privilege afforded very few dentists. It is our belief that the educational opportunities available at the University at Buffalo will enable each graduate of this program to achieve certification by the American Board of Oral and Maxillofacial Surgery, and become a highly competent and productive practitioner of our specialty. We encourage you to partake of all the advantages that education at UB offers, and stand ready to assist you in any way possible.

The educational process associated with residency training is much different from that of college and professional school, and occurs at several levels: clinical patient care, the operating suite, hospital rounds, teaching conferences, and regional and national meetings. Self-directed educational activities, including study of relevant scientific literature, will require much time and effort over your six years here. It is expected that all residents will pursue the acquisition of new knowledge to the best of their abilities to support the program, the faculty, and their fellow residents in providing the best possible care to the patients we serve.

This guide to residency education is meant to direct you through the often-complex maze of institutional rules, regulations, and settings that comprises any major teaching institution. Updated annually, it will answer many questions regarding program policy and issues affecting the daily life of a resident doctor. It is designed to supplement, rather than replace, the policies of the Office of Graduate Medical Education. The contents provide a general framework to guide decisions affecting daily operations of the program, and are not meant to mandate inflexible rules of conduct. Questions about interpretation of this manual, or its modification, should be directed to the residency administrative staff or directly to the residency director.

### **Goals and Objectives**

#### **GOALS**

The oral and maxillofacial surgery program at the University at Buffalo strives to fully train enrolled residents for the initial practice of oral and maxillofacial surgery in those areas that represent the full scope of the profession. This is accomplished through provision of patient care services based on sound scientific principles and didactic instruction, while contributing to new knowledge through research, and advancing the profession by way of professional service.

#### **OBJECTIVES**

##### ***Education***

1. To impart an awareness of the history of oral and maxillofacial surgery through review of the professional literature.
2. To provide a sound base of knowledge about medical and surgical methods and procedures through completion of the Doctor of Medicine degree and the use of lectures, seminars, case conferences, and literature review sessions.
3. To aid development of surgical skills by supervised training in clinical oral and maxillofacial surgical procedures, as well as through completion of a general surgery internship.
4. To incorporate recognition of current medicolegal and ethical practices into the curriculum by instruction in informed consent, coding, and billing practices.

5. To encourage interdisciplinary interactions among the medical and dental professions through resident participation in multidisciplinary educational conferences.
6. To instill a desire to continue educational experiences after completion of residency by faculty example and by participation in and provision of continuing education courses.

### ***Patient Care***

1. To give each resident an equal opportunity to develop surgical skills by providing graduated, supervised exposure to both outpatient and inpatient surgery.
2. To impart a sense of appropriate care interventions by applying knowledge gained in didactic instruction to specific patient care scenarios.
3. To assist residents in gaining appreciation of patient care appropriate to cultural, gender, socioeconomic, and religious backgrounds.

### ***Research***

1. To encourage residents to contribute to the surgical knowledge base by active participation in at least one research protocol.
2. To impart knowledge of the strengths and weaknesses of published research by providing instruction in assessment of the scientific literature.

### ***Service***

1. To assist in development of an appreciation for patient service by faculty example in care provision to underserved populations without regard to financial considerations.
2. To encourage professional service activities by allowing participation in professional service by residents, and by informing them of the many professional service activities provided by their own faculty.

The effectiveness of the program in meeting these objectives is assessed by a number of outcome measures, including but not limited to: American Board certification of program graduates, achievement of medical and dental licensure, performance on the oral and maxillofacial surgery in-training examination, performance on annual mock oral board examinations, periodic questionnaires sent to program graduates, and by provision of full scope services to patients in areas where graduates practice.

## **General Information**

### **SCHOOL OF DENTAL MEDICINE**

The University at Buffalo School of Dental Medicine, founded in 1892, is one of the oldest dental schools in the nation. In addition to undergraduate dental education, graduate programs offered at the School of Dental Medicine include Biomaterials, Temporomandibular Disorders and Facial Pain, Orthodontics, Endodontics, General Dentistry (AEGD), Oral and Maxillofacial Surgery, Pediatric Dentistry, Periodontics, and Prosthodontics. Of these, Oral and Maxillofacial Surgery, and Pediatric Dentistry are true residency programs, managed through the Office of Graduate Medical Education at the School of Medicine and Biomedical Sciences. Foster Hall, adjacent to the School of Dental Medicine, houses research laboratories encompassing several departments of the school.

Residents may consult with any faculty member at the School of Dental Medicine, and individualized continuing education and research programs can be arranged with faculty through the

School of Dental Medicine. In addition, there are opportunities for the residents to interact with students in other graduate programs and residencies at the School of Dentistry, particularly the Orthodontic, Prosthodontic, Pediatric Dentistry, and Advanced Education in General Dentistry Programs.

The Health Sciences (Main Street or South) Campus houses the Health Sciences Library in Abbott Hall (adjacent to the School of Dental Medicine). The library provides access to 3,700 electronic journal titles in the health sciences, 352,000 book volumes, and a large History of Medicine collection. A digital media resource center provides electronic media services by appointment (scanning, assistance with video and other electronic production). In addition, each hospital to which residents are assigned has a library on-site, with computer access to the UB library databases. Each of the clinical sites has computer access to electronic databases.

The dental school houses an oral surgery clinic, the mission of which is to provide routine oral surgery services for patients of the School of Dental Medicine as well as extensive resident experience in more complex dentoalveolar surgery, including bone grafting, implant placement, exposure of impacted teeth for orthodontic purposes, surgery for third molar impactions, and other preprosthetic surgery. This clinic also serves to educate dental students in dentoalveolar surgery. The facility contains thirteen surgical suites, five of which are dedicated for use by the oral surgery residents. One suite is dedicated to laser surgery.

### **ERIE COUNTY MEDICAL CENTER**



The Erie County Medical Center (ECMC), situated on a 67-acre campus on the east side of Buffalo, began as Municipal Hospital in 1905 to serve small-pox patients. By 1912, the capacity of the facility was exceeded in the face of scarlet fever and tuberculosis epidemics, and the new Buffalo City Hospital (later called the Edward J. Meyer Memorial Hospital after its co-founder) was built on Grider Street. As early as 1918, the hospital had become one of the few institutions in the world treating virtually every known medical problem. Mainly through the efforts of Dr. Meyer, the hospital had joined the foremost teaching facilities in the country, providing training for physicians, dentists, nurses, and dietitians. During the early 1970s, the hospital was renamed Erie County Medical Center, and by 1989, it was designated Western New York's trauma and burn treatment center.

Today, ECMC has grown into the Erie County Medical Center Healthcare Network, encompassing on- and off-campus health centers, over 40 outpatient specialty care clinics, an advanced academic medical center (with 550 inpatient beds and 156 skilled nursing home beds). The Medical Center, ranked among the nation's 100 top hospitals for cardiac and intensive care, serves as the regional center for trauma, as well as burn and rehabilitation, and is a major teaching facility for the University at Buffalo. Most ECMC physicians, dentists, and pharmacists are faculty members of UB.

The oral surgery program provides outpatient oral surgery services three days per week in addition to inpatient services, and shares trauma call equally with the otolaryngology department.

## **KALEIDA HEALTH SERVICES**

### **MILLARD FILLMORE SUBURBAN HOSPITAL**



Millard Fillmore is a 265 bed general hospital that forms part of the Kaleida system. Head and neck oncologic and reconstructive surgery is performed here under the direction of Dr. Etern Park. No on-call coverage is provided here.

### **VETERANS ADMINISTRATION MEDICAL CENTER**



The Buffalo Veterans Administration Medical Center is the main referral center for cardiac care for central and western New York and northern Pennsylvania. The purpose of rotation here is to provide implant surgery and related services (site preparation) in conjunction with the dental residents. No on-call coverage is provided here.

## **OFFICE OF GRADUATE MEDICAL EDUCATION**

See the online website for current policies associated with the Office of Graduate Medical Education, salary and benefits information, and information about living in Buffalo:

<http://www.smbs.buffalo.edu/GME/>

### **Salary**

Salary levels are subject to change on July 1<sup>st</sup> of each fiscal year. House staff are paid biweekly. Direct payroll deposit is required. Oral and Maxillofacial Surgery Residents receive the same salary and benefits as other house staff. Your department is responsible for processing the necessary payroll paperwork. Any questions regarding your salary should be directed to the departmental office.

### **Professional Liability**

Members of the house staff are covered, as a benefit, for professional liability in accordance with the duties assigned as part of your training. This coverage applies *only* to actions involving your assigned duties while serving under faculty supervision in your training program. It does *not* apply to moonlighting or volunteer activities outside of the oral surgery residency program.

If you are named in any legal action involving a patient, it is imperative that you notify your program director immediately. All litigation is handled by University counsel; do not respond to any subpoena, request for records, or other legal document without first consulting the residency director or the Office of Graduate Medical Education.

### **Attire and Conduct**

Your appearance and conduct reflect on the hospitals, your department, and your profession. Please use good judgment in your attire, and conform to the written policies directed by the School of Dentistry. In general, dress for oral surgery house staff should be comprised of business attire, including a tie. For patient care, scrub suits are appropriate. Golf shirts, jeans, sweat shirts, or other leisure clothing are not acceptable for work. It is expected that all house staff are clean and well groomed (shaven, hair combed) at all times. Residents not conforming to the dress code will be dismissed from work and charged with a vacation day. Repeated violations may result in suspension.

Close personal and/or sexual relationships with students or staff for whom you exercise supervisory authority are inappropriate and may result in disciplinary action.

### **Patient Confidentiality**

It is inappropriate to discuss patient diagnosis or treatment with people other than those individuals involved in the patient's care. Medical records are confidential documents, and information contained within them may not be shared with individuals not directly involved in a patient's care without written patient consent.

### **Medical Records**

Clinic charts must remain in their respective clinics at all times. Removal of charts from the clinic may result in institution of progressive discipline procedures. Because patients may be treated by any of several different practitioners, chart notes must be completed each day before leaving the clinic.

## **Patient Rounds**

Patients on our service should be seen twice daily, and patients being followed on other services should be seen at least once daily. A note should be written every time a patient is seen. Attending staff should have the opportunity to round with the residents. The senior resident at each hospital should contact staff to arrange a time for rounds. If the staff surgeon is not available at the time that rounds take place, any unusual findings should be communicated to the surgeon as soon as possible. Timing of patient rounds should optimize patient care decisions rather than faculty convenience.

## **Educational Seminars (Continuing Education)**

It is the policy of the Office of Graduate Medical Education that all educational leaves are at the discretion of the departmental chair or residency director, and no additional pay or compensating time off will be granted. If a house officer wishes to attend a meeting, it should be done as part of the annual vacation time. Exceptions to this include any seminars that are part of the Oral and Maxillofacial Surgery educational program, such as ATLS, ACLS, PALS, and required continuing educational courses. Attendance at national meetings is encouraged, but requires submission of an abstract or poster for presentation.

## **Vacation Policy**

Vacation is a benefit of employment at UB, and varies with year of training (see GME website above). This time should be more than sufficient for vacation, personal leave, continuing education courses, and state or regional board examinations. Authorization for time off must be obtained through the residency director. Our policy is as follows:

- Vacation time is scheduled on a first-come basis.
- No more than one resident is allowed out of a clinic at one time, unless the clinic is closed for a holiday.
- You must ask permission of the program director before taking vacation time during an off-service rotation. Vacation time is not generally granted during the months of June and July.
- You must request your vacation time by the end of July for the ensuing academic year or it will be assigned by the program director.
- **You are responsible for assuring that patients are not scheduled for you during vacation time. Receptionists must be given at least 4 weeks notice that you will be on vacation.**
- Unused vacation time will not carry over to the next year.

## **Bloodborne and Infectious Disease Policy**

The institutional policy regarding bloodborne and infectious diseases is available in each hospital and dental school clinic. Universal precautions are standard, and will be enforced by your faculty and fellow residents. You are obligated to become familiar with and practice the policies, and to participate in yearly updates as required by the School of Dental Medicine.

All personnel who have patient contact or contact with potentially infectious materials are encouraged to be immunized against and/or tested for infectious diseases, including mumps, measles, rubella, and hepatitis B. Evidence of immunization (or refusal of immunization) for certain diseases is



a condition of employment, as delineated in your contract. Questions about this requirement may be directed to the residency coordinator or house staff office.

**Employment outside the training program (Moonlighting)**

Residents are not permitted to hold employment outside the residency program except during their time in medical school, and with the prior approval of the program director. Residents found in violation of this rule will be subject to immediate dismissal from the program.

**Filing a Complaint with the Commission on Dental Accreditation**

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.

## DEPARTMENTAL STRUCTURE/PROGRAM ADMINISTRATION

The oral and maxillofacial surgery residency training program is one of two residency programs housed in the School of Dental Medicine of the University at Buffalo. Residents are employees of the University at Buffalo, and are required to follow all policies of the University in regard to conduct and work performance. The specifics of your employment agreement are delineated in your resident contract, which is renewable annually for the duration of training. Benefits are described on the GME website, <http://www.smbs.buffalo.edu/GME/>. Questions regarding these items should be addressed to the residency director. Oral and Maxillofacial Surgery is composed of the following full-time individuals:

### **Richard E. Hall, DDS, PhD, MD, FACS**

Professor and Chair 112 Squire Hall

Dental School: University at Buffalo  
OMS Residency: University of Rochester  
Medical School: University at Buffalo  
Surgical Internship: University at Buffalo  
Graduate Training: University of Rochester

### **John H. Campbell, DDS, MS**

Associate Professor and Residency Director 112 Squire Hall

Dental School: University at Buffalo  
Dental Residency: University of Rochester  
OMS Residency: University of Rochester  
Graduate Training: University at Buffalo

### **Barry C. Boyd, DMD, MD, FACS**

Clinical Associate Professor 112 Squire Hall

Dental School: University of Pittsburgh  
OMS Residency: Allegheny General Hospital  
Medical School: The Medical College of Pennsylvania/Hahnemann University  
Surgical Internship: Mercy Hospital of Pittsburgh

### **Etern S. Park, DDS, MD**

Assistant Professor 112 Squire Hall

Dental School: Columbia University  
OMS Residency: University at Buffalo  
Medical School: University at Buffalo  
Surgical Internship: University at Buffalo  
Oncology and  
Reconstructive  
Fellowship: Legacy Emanuel Medical Center

**Thomas S. Mang, PhD**  
Clinical Associate Professor  
112 Squire Hall

**Nadine Carvelli**  
Residency Coordinator  
112 Squire Hall

## **EMERGENCY CALL**

The call schedule will be written by the administrative chief resident on or before the 15<sup>th</sup> day of the preceding month. Changing call days with other residents is discouraged. If changes are made, all operators and ER staff are to be notified by the individual initiating the change.

Residents must be available by pager and stay within 30 minutes of the hospitals while on call. No alcoholic beverages may be consumed while on call. Personal or family commitments must not interfere with call responsibilities.

A fifth- or sixth-year resident will see all patients **prior** to admission to the hospital. Attending staff will be notified of all impending admissions and/or surgery *immediately*. The resident calling the attending should be the senior level resident, and must have personally evaluated the patient. On-call residents will scrub for OR cases. Additional ER consults will be handled in a timely fashion by the on call resident or his back-up. The chief resident on-call must be notified immediately of admissions to the service or pending operating room cases.

## **GUIDELINES FOR ANSWERING EMERGENCY ROOM, INPATIENT, AND OPERATING ROOM CONSULTATIONS**

Requests for consultation will be answered courteously and promptly. During normal clinic hours, patients who are transportable will be taken to the appropriate clinic. After hours and for patients who are not transportable, the patient will be examined on the floor, in the emergency room, or in the operating room, depending upon the nature of the consultation. The following items should be included in a consultation report:

- The reason for the consult
- The name of the staff oral surgeon responsible for the patient
- A statement that review of the patient's chart and medical history has been performed
- Review of significant medical history relating to your examination
- Report of physical findings
- Recommendations for treatment, including alternative or contingency plans
- Follow-up of written consult with personal contact (page resident taking care of patient)
- Follow patient's progress if indicated

When notified to present to the emergency department at any of the hospitals being covered for consultation purposes, the following guidelines are to be followed:

1. "First-up" resident will be courteous to the individual requesting the consultation, will respond to a page in an appropriate time frame (less than 10 minutes), and promptly see a patient (within 30 minutes) when indicated.
2. Upon examining the patient and reviewing the radiographs, the "first-up" will notify the senior or chief resident of any potential admissions, fractures, or cases that will require assistance in the emergency room.
3. Upon being notified, the senior or chief resident will present to the ER for any patient who will require admission to the oral and maxillofacial surgery service, as well as all significant fractures,

significant lacerations, or major infections. After confirming the diagnosis and determining the plan of treatment for the patient, the senior or chief resident will call staff. *The resident who calls to discuss the approach to treatment with staff must have personally examined the patient before calling!*

4. Staff will be notified immediately of admissions or pending operating room procedures.
5. Staff will cover call 7:00 AM on Friday through 7:00 AM on the following Friday. Patients admitted to our service between the hours of 8:00 AM and 5:00 PM Monday through Friday may be staffed by either the staff on call or by one of the other staff oral surgeons.
6. When covering call on weekends with patients in the hospital, arrangements should be made with staff for morning rounds. This may include both staff with patients in hospital and staff on call for that weekend.
7. In the instance where scheduled staff is not available, residents should contact the residency director for assistance.

## **DICTATION**

Operative reports are the responsibility of the senior resident who scrubbed for the operation. Discharge summaries are the responsibility of the resident in charge of that particular hospital, and should be completed by a resident familiar with the patient's course. Operative notes must be completed immediately postoperatively; discharge summaries must be done at the time of discharge; consultation notes must be dictated at the time the patient is seen.

## **CLINICAL ROTATIONS**

Residents will be assigned to a clinical service at all times throughout training. Rotations typically span one to three months, and may be designated "on-service" or "off-service." "On-service" residents are expected to fully participate in all didactic and conference activities of the oral and maxillofacial surgery service. "Off-service" residents are required to fully function as a member of the service to which they are assigned, including on-call responsibilities.

### **ON-SERVICE ROTATIONS**

#### **Erie County Medical Center**

This rotation will consist of one sixth-year resident, one fifth-year resident and one first-year resident. The residents will see patients at the ECMC clinic and assume primary responsibility for all elective and emergency cases in the ECMC operating rooms. A faculty member must be present and staff all sedations.

In addition to enhancing dentoalveolar surgery skills, this rotation will provide the majority of trauma experience.

#### **School of Dental Medicine**

This rotation will be covered by one sixth-year and one fifth-year resident. A faculty member must be present and staff all sedations.

The primary goal of this rotation is to improve outpatient anesthetic and dentoalveolar surgical skills in treating children and adults, as well as to perform preprosthetic and implant surgery. Cosmetic

and other reconstructive procedures may also be performed with staff coverage. A secondary goal is to provide patient care services in a setting that more closely mimics the private practice setting.

#### **OFF-SERVICE ROTATIONS**

##### **Anesthesia (required)**

Contact: Dr. Eric J. Jensen, 898-3549

Objectives: Residents are expected to learn airway management, principles of anesthesia, and management of medically compromised patients under anesthesia. This assignment occurs as a block rotation during the general surgery year.

##### **Medicine (required)**

Objectives: This is a required experience that occurs during the third year of medical school. Improvements in patient diagnostic skills and management of complicated medical problems, especially as they might relate to the perioperative patient, are stressed. History and physical examination skills should also be improved during this rotation.

##### **General Surgery (required)**

Contact: Dr. Jeffrey J. Brewer, 898-5283

Objective: This is technically a separate internship program under the direction of Dr. Hassett, and leads to eligibility for medical licensure. It is designed to better familiarize the resident with basic surgical skills in patient assessment and treatment, to broaden surgical skills, and to improve recognition and management of post-surgical complications.

##### **Research (required)**

Contact: Dr. John Campbell, 829-2722

Objective: This experience will assist the resident in selecting and preparing a research protocol for submission to the Institutional Review Board. Residents may select any UB faculty member as a mentor with the approval of the residency director. *Residents are expected to attend all oral surgery conferences and seminars, and perform on-call responsibilities during this time.*

##### **Neurosurgery (elective)**

Contact: Dr. Gregory Bennett, 542-8250

Objectives: To familiarize and provide the resident with surgical skills that cross disciplinary bounds. The resident will acquire skills in assessment of head injuries and associated surgical procedures, including soft and hard tissue flap procedures, craniotomy, and dural repair.

#### **Conferences, Seminars & Courses**

Conferences, seminars, and courses form the basis for the didactic component of the training program. Attendance is mandatory for all on-service residents, and residents may be excused only if necessary to manage a life-threatening emergency. Faculty who schedule elective cases during these sessions will not have resident coverage for their cases.

<b>Title</b>	<b>Time</b>	<b>Responsible</b>
Morbidity and Mortality	Last Tuesday 7:00-9:00 AM	Senior Residents
OMFS Case Conference	Tuesday 8:00-9:00 AM	Campbell
OMFS Seminar	Tuesday 7:00-8:00 AM	Campbell
Pathology Seminar	First Tuesday 8:00-9:00 AM	Campbell
Weekly Organizational Meeting	Thursday 7:30-8:30 AM	Administrative Chief
OMFS Literature Seminar (monthly)	Tuesday 8:00-9:00 AM	Campbell
Tumor Conference	Wednesday 8:00-9:00 AM	Simpson (VAMC)
Human Surgical Anatomy	By arrangement	Hall
Orthognathic Conference	Monthly	Campbell/Tabaa
Anesthesia Seminar	July/August	Jensen
Implant Treatment Planning	Thursday, 8:00 – 9:00 AM	Beatty

### **Weekly Organizational Meeting**

Purpose: Preview the weekly schedule of events to assure appropriate coverage for clinics, operating rooms, and on-call.

### **OMFS Case Conference**

Purpose: To present and discuss cases of interest to practicing oral surgeons, residents, and dental students. A case or topic illustrated with clinical photographs is presented by residents with defense of the proposed or completed treatment plan.

### **Oral Surgery Seminar**

Purpose: Full and part-time faculty will present various medical, surgical, and basic science topics.

### **Surgical-Orthodontic (Orthognathic) Conference**

Purpose: Discussion of active and completed cases will be undertaken by orthodontic graduate students and oral surgery residents. Instruction will also be provided in basic concepts of the orthodontic and orthognathic surgical work-up.

### **Pathology**

Purpose: To provide experience in the clinical presentation and surgical management of head and neck lesions.

### **Journal Club**

Purpose: To discuss classic and current literature topics.

### **Tumor Conference**

Purpose: To familiarize residents with staging and management of tumors of the head and neck. Conference meets at the Veterans Administration Medical Center.

### **Human Surgical Anatomy**

One-week summer course designed for oral surgeons and residents; includes both lecture and cadaver dissection, emphasizing surgical approaches to the head and neck, and bone harvest from regional and distant sites.

### **Morbidity and Mortality**

Purpose: To discuss all operating room and major outpatient clinical cases, with special attention to poor outcomes and complications. Tenets of the AAOMS Parameters of Care are stressed.

**Implant Treatment Planning Conference**

Purpose: Multidisciplinary conference to discuss surgical and restorative aspects of dental implant reconstruction.