Commission on Dental Accreditation

Self-Study Guide for
University of Illinois at Chicago
Oral and Maxillofacial Surgery
Education Program

October 24, 2012
### SELF-STUDY GUIDE FOR ADVANCED SPECIALTY EDUCATION PROGRAMS

<table>
<thead>
<tr>
<th>Sponsoring Organization</th>
<th>University of Illinois at Chicago, College of Dentistry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>801 S. Paulina St. MC 835</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Chicago, IL 60612-7211</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chief Executive Officer</th>
<th>Paula Allen-Meares, PhD, MSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>or Hospital Administrator</td>
<td>Chancellor</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(312)-413-3350</td>
</tr>
<tr>
<td>Fax Number</td>
<td>(312)-413-3393</td>
</tr>
<tr>
<td>E-Mail Address</td>
<td><a href="mailto:pameares@uic.edu">pameares@uic.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental School Dean or Chief of Dental Service</th>
<th>Bruce S. Graham, DDS. MS, MEd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>(312)-996-1040</td>
</tr>
<tr>
<td>Fax Number</td>
<td>(312)-413-9050</td>
</tr>
<tr>
<td>E-Mail Address</td>
<td><a href="mailto:bgraham@uic.edu">bgraham@uic.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Director</th>
<th>Michael Miloro, DMD, MD, FACS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>(312)-996-1052</td>
</tr>
<tr>
<td>Fax Number</td>
<td>(312)-996-5987</td>
</tr>
<tr>
<td>E-Mail Address</td>
<td><a href="mailto:mmiloro@uic.edu">mmiloro@uic.edu</a></td>
</tr>
</tbody>
</table>

I have reviewed the information in this document and verify that it is accurate and complete and does not contain patient protected health information.

Signatures of Chief Executive Officer, Chief Administrative Officer AND Program Director listed above:

Date:
GENERAL INFORMATION

a. What is the length of the program?  
48/72 months.

b. How many full-time residents are currently enrolled in the program per year?
3 total (2 in the 48 month program and 1 in the 72 month program)

c. How many part-time residents are currently enrolled in the program per year? 0

d. What is the enrollment for which the program is currently authorized? 3 per year

e. The program offers a:  X certificate  X degree or  X both

f. What other programs do the organization sponsor? Indicate whether each program is accredited. Indicate which programs are accredited by the Commission on Dental Accreditation.

The University of Illinois at Chicago College of Dentistry sponsors Advanced Education Programs in Endodontics, Orthodontics, Pediatric Dentistry, Periodontics, and Prosthodontics. All Advanced Education Programs at the University of Illinois at Chicago are accredited by the Commission on Dental Accreditation.

g. If the program is affiliated with other institutions, provide the full names and addresses of the institutions, the purposes of the affiliation and the amount of time each resident is assigned to the affiliated institutions.

Name: Jesse Brown Veterans Administration Hospital
Address: 820 S Damen Ave # 4436, Chicago, IL 60612
Purpose: The Veterans Administration medical system provides the residents with experience in dentoalveolar and dental implant surgery, diagnosis and management of oral pathologic lesions, preprosthetic surgery, maxillofacial trauma management, and hard and soft tissue reconstruction, specifically involved patients with advanced medical disease comorbidities and medically-compromised conditions.
Length of rotation: PGY1: 4 months, PGY III: 6 months

Name: Northwestern Memorial Hospital/McGaw Medical Center
Address: 251 East Huron Street, Chicago, IL 60611
Purpose: Northwestern Memorial Hospital is a Level I trauma hospital that provides the residents with experience in management of complex facial trauma and panfacial injuries. In addition, the residents will gain experience in orthognathic surgery, TMJ surgery, and reconstructive surgery.
Length of rotation: PGY4: 6 months
h. What is the percentage of the residents’ total program time devoted to each segment of the program?

<table>
<thead>
<tr>
<th>Segment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>biomedical sciences</td>
<td>15%</td>
</tr>
<tr>
<td>clinical Sciences</td>
<td>75%</td>
</tr>
<tr>
<td>teaching</td>
<td>5%</td>
</tr>
<tr>
<td>research</td>
<td>5%</td>
</tr>
<tr>
<td>other (specify)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

i. (For Oral and Maxillofacial surgery programs.) What other services of the hospital(s) to which residents are assigned?

<table>
<thead>
<tr>
<th>Service</th>
<th>Anesthesia</th>
<th>Amount of Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td>Medicine</td>
<td></td>
<td>2 months</td>
</tr>
<tr>
<td>Surgery</td>
<td></td>
<td>4 months</td>
</tr>
<tr>
<td>Other: Trauma</td>
<td></td>
<td>2 months</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
<td><strong>14 months</strong></td>
</tr>
</tbody>
</table>

j. (For Oral and Maxillofacial Surgery programs.) What is the number of outpatient general anesthetics and deep sedations administered by the residents for a three-month period?

<table>
<thead>
<tr>
<th>January 1, 2012-March 31, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Anesthetics</td>
</tr>
<tr>
<td>Deep Sedations</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
</tr>
</tbody>
</table>

k. (For Oral and Maxillofacial Surgery programs.) for a three-months period, what is the number of patients undergoing major oral and maxillofacial surgery who were managed by the residents? (Also indicate the dates of that period by month and year.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Month/Year to</th>
<th>*Level of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma</td>
<td>20</td>
<td>4/1/12-6/30/12</td>
<td>Surgeon</td>
</tr>
<tr>
<td>Pathology</td>
<td>42</td>
<td>4/1/12-6/30/12</td>
<td>Surgeon</td>
</tr>
<tr>
<td>Orthognathic Surgical Procedures</td>
<td>27</td>
<td>4/1/12-6/30/12</td>
<td>Surgeon</td>
</tr>
<tr>
<td>Reconstructive</td>
<td>17</td>
<td>4/1/12-6/30/12</td>
<td>Surgeon</td>
</tr>
<tr>
<td>Other</td>
<td>43</td>
<td>4/1/12-6/30/12</td>
<td>Surgeon</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>149</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Level of participation is defined as the extent to which the oral and maxillofacial surgery residents participate as surgeon, first assistant, or observer.
1. *(For Oral and Maxillofacial Surgery programs.)* What are the number of oral and maxillofacial surgery patients per year for each enrolled final year resident position in the following?

<table>
<thead>
<tr>
<th>Management of traumatic injuries and pathologic conditions</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentoalveolar surgery</td>
<td>770</td>
</tr>
<tr>
<td>Placement of implant devices</td>
<td>10,432</td>
</tr>
<tr>
<td>Augmentations</td>
<td>563</td>
</tr>
<tr>
<td>Other hard and soft tissue surgery</td>
<td>177</td>
</tr>
<tr>
<td>Total</td>
<td>216</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,158</strong></td>
</tr>
</tbody>
</table>
PREVIOUS SITE VISIT RECOMMENDATIONS

Using the program’s previous site visit report, please demonstrate that the recommendations included in the report have been remedied.

None.

COMPLIANCE WITH COMMISSION POLICIES

Identify all changes which have occurred within the program since the program’s previous site visit, in accordance with the Commission’s policy on Reporting Program Changes in Accredited Programs.

On January 25, 2010, a letter was sent to Dr. Catherine Horan requesting a major change for a program addition (OMFS/MD program) and a one-time increase in authorized resident enrollment (one). This request was based upon the beginning of the MD-integrated 72 month program with one resident per year commencing on July 1, 2011. In addition, a letter was sent to Dr. Horan to inform the Commission that an affiliate site at Northwestern Memorial Hospital/McGaw Medical Center was added on July 1, 2012.

Provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on “Third Party Comments.”

The Department of Oral and Maxillofacial Surgery at the University of Illinois at Chicago solicits third-party comments from patients and students that pertain to the standards or policies and procedures used in the Commission’s accreditation process. An announcement for soliciting third-party comments is published at least 90 days prior to the site-visit and posted in all OMFS clinical sites. The notice indicates that third-party comments are due in the Commission’s office no later than 60 days prior to the site visit. These postings will be available onsite for evaluation and inspection. The deadline was 60 days prior to the site visit, or August 24, 2012.

Provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on “Complaints.”

In accordance with the Commission’s policy on “Complaints” the OMFS program at the University of Illinois at Chicago notifies all residents, via email contact and information presented in the OMFS Resident Manual and available on the ADA academic intranet (www.ada.org), that they have a right to register a complaint with CODA regarding the program’s compliance with accreditation standards. A record of “Complaints” is maintained in the program director’s office and will be available on site for evaluation and inspection.

Provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on “Distance Education.”

Not applicable.
PART I: INSTITUTION/PROGRAM

1. Program Goals and Objectives (Standards 1, 4-7)

3 The program has clearly defined goals and objectives appropriate for OMS advanced specialty education addressing education, patient care, research and service. The program provides a complete, progressively graduated sequence of ambulatory, in-patient and emergency suite experiences.

2 The program has goals and objectives that are not clearly defined or that do not fully address education, patient care, research and service.

1 The program has no written stated goals and objectives or there is no planned sequencing of resident surgical experience throughout the program.

Self-Study Analysis:

1. Has the program developed clearly stated goals and objectives appropriate to advanced specialty education, addressing education, patient care, research and service?  

   YES   NO

   Documentary Evidence: Through a continual process of reassessment and modification, the OMFS program has developed clearly stated goals and objectives that address resident education, patient care, research, and service within the Department, the College of Dentistry, and the University. (See Appendix A).

2. Are planning for, evaluation of and improvement of educational quality for the program broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service?  

   YES   NO

   Documentary Evidence: The educational quality of the OMFS program is assessed continually on a daily, weekly, monthly, and yearly basis. This is accomplished by a variety of methods including verbal and written feedback from faculty and residents, resident-program director meetings, and departmental meetings of the postgraduate faculty. Residents complete annual faculty evaluations, and faculty are evaluated annually as well. A formal resident assessment process occurs semi-annually between the program director and each individual resident to discuss their resident evaluations from both on and off-service rotations. There is an open-door policy between the residents and the Program Director regarding all matters relating to the residency program. Residents take written and oral examinations during their training. Residents are required to take the OMSITE examination each year and ABOMS certification is highly encouraged.
1. Program Goals and Objectives (Standards 1, 4-7) (Cont’d)

3. Does the program provide a complete, progressively graduated sequence of outpatient, inpatient and emergency room experiences?  

   YES  NO  

   \( \text{YES} \)

   Documentary Evidence: The Oral and Maxillofacial Surgery program provides a progressively graduated sequence of outpatient, inpatient, and emergency room experiences for the residents. Mentorship occurs throughout the residency program with resident-to-resident and faculty-to-resident teaching, as well as faculty supervision and instruction. On-call responsibilities are based upon the level of training and knowledge and judgment skills, with a senior resident always assigned to on-call duties. Exposure to, and direct involvement in, more advanced and complex surgeries occur in a graduated sequence throughout the program. The resident is evaluated by the faculty members and Program Director to determine their capabilities, knowledge base, and surgical abilities, in order for the resident to advance to the next level of the training program.

<table>
<thead>
<tr>
<th>STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STANDARD 4 – CURRICULUM AND PROGRAM DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-7 Each program must provide a complete, progressively graduated sequence of outpatient, inpatient and emergency room experiences. The residents’ exposure to major and minor surgical procedures should be integrated throughout the duration of the program.</td>
</tr>
</tbody>
</table>
2. **Outcomes Assessment (Standards 1, 1-4, 2-1.1)**

3. A formal assessment of outcomes that includes ongoing and systematically documented measurements is being used to evaluate the program’s effectiveness in meeting its goals and objectives. It includes monitoring the success of graduates on the certification examination of the American Board of Oral and Maxillofacial Surgery.

2. A formal assessment of outcomes has been designed, but evidence is lacking that this process has been implemented or used.

1. No formal assessment of outcomes has been designed.

**Self-Study Analysis:**

1. Does the program document its effectiveness using a formal and ongoing outcome assessment process to include measures of advanced education resident achievement? **YES** NO

**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.

**Documentary Evidence:** The OMFS program has a formal assessment of outcomes that includes resident clinical and didactic evaluation by faculty on a daily, weekly, monthly, semi-annual, and annual process (and by other departments following each rotation), faculty evaluation by residents annually, mock board oral examinations, written examinations, and outcomes assessment measures of graduates of the residency training program via a questionnaire. The faculty members meet to discuss individual resident performance as well as the residency program on a regular monthly basis. Information obtained from these sources provides the basis for the ongoing assessment and programmatic changes.

2. Is one measure of the quality of an education program the success of graduates on the American Board of Oral and Maxillofacial Surgery certification examination? **YES** NO
Documentary Evidence: The OMFS program assesses the quality of the educational program using success of graduates on ABOMS Certification examination. In the last decade, there has been a major increase in compliance with the board certification process. The current program administration now stresses the importance of the ABOMS certification process, and we anticipate that all future residents will obtain and maintain board certification. In addition, the Program Director currently serves on the Examination Committee of the ABOMS.

2. Outcomes Assessment (Standards 1, 1-4, 2-1.1) (Cont’d)

3. Do the responsibilities of the program director include development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcome measures? (2-1.1)

YES NO

Documentary Evidence: The responsibilities of the Program Director include the development of the goals and objectives of the program, and a systematic method to assess these goals via appropriate outcome measures. The Program Director is responsible for the development of the goals and objectives and the outcomes assessment process and utilizes input from faculty and residents to develop and monitor these endpoints.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program must document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced education resident 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.

1-4 One measure of the quality of an education program must be the success of graduates on the American Board of Oral and Maxillofacial Surgery certification examination.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-2.1 Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures.
3. Financial Resources (Standard 1)

3 Resources and time for the achievement of educational obligations with adequate financial support that ensures the fulfillment of program objectives and educational requirements on a continuing basis are provided.

2 Adequate resources, faculty, or time availability are not provided on a continuing basis.

1 The institution does not currently provide adequate support to the program to ensure that all educational objectives and accreditation requirements are met.

Self-Study Analysis

1. Are the financial resources sufficient to support the program’s stated goals and objectives? YES NO

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.

Documentary Evidence: The OMFS program is sponsored by the University of Illinois College of Dentistry. The institutional support for the College meets the needs of the Department. The physical plant and equipment are well maintained. The Department works together with the College administration to develop a budget from which operating and staff expenses are paid. The Department maintains an active continuing education program in order to supplement these funds for the Department. A comprehensive clinic remodeling project was completed in 2005 and provides state of the art facilities for residents to treat patients. There is sufficient funding for faculty and the residents are provided with GME-funded stipends through the UIC College of Medicine, and the stipend escalates with each successive year. The Oral and Maxillofacial Surgery Department operates primarily through clinics at The University of Illinois at Chicago College of Dentistry and the Jesse Brown Veterans Administration. The clinics in the primary and affiliated sites of this program are staffed adequately with part-time and full-time faculty. The financial support for equipment and materials is provided by both state appropriations and by income generated through patient care services in the postgraduate OMFS clinic in the College of Dentistry. Supplies and equipment at the affiliated sites and auxiliary staff salaries are provided by the hospital administration of these sites.
2. Does the sponsoring institution ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program? \(\text{YES} \quad \text{NO}\) (1)

*Documentary Evidence:* Support from entities outside of the institution does not compromise the teaching and research components of the program. In fact, the UIC College of Medicine has adopted a policy on “Professionalism” in dealing with corporate donors and sponsors of educational programs, in order to ensure that there is no undue influence on practice patterns or patient care.

3. **Financial Resources (Standard 1) (Cont’d)**

<table>
<thead>
<tr>
<th>STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The financial resources <strong>must</strong> be sufficient to support the program’s stated goals and objectives.</td>
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</table>

**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.

The sponsoring institution **must** ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

4. **Institutional Accreditation (Standard 1)**

| 3 | The sponsoring institution is chartered unconditionally and accredited; the institution demonstrates a commitment to educational programs by providing training and health services of the highest quality. |

| 2 | The sponsoring institution is conditionally accredited at the time of the site visit, with its status as an educational institution or health care organization in less than “full” designation (e.g., provisional, conditional, probationary, etc.) |

| 1 | The sponsoring institution is not chartered or accredited by the appropriate agencies. |

**Self-Study Analysis:**
1. Is the advanced specialty education program sponsored by an institution, which is properly chartered, and licensed to operate and offers instruction leading to degrees, diplomas or certificates with recognized education validity?  (1)  

**YES**  **NO**

**Documentary Evidence:** The University of Illinois is accredited by the Higher Learning Commission, a Commission of the North Central Association of Colleges and Schools (10/23/2007), and the University of Illinois at Chicago College of Dentistry is accredited by Commission on Dental Accreditation (July 26, 2007).

2. If a hospital is the sponsor, is the hospital accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid (CMS)?  (1)  

**YES**  **NO**  **N/A**

**Documentary Evidence:** Not applicable.

4. **Institutional Accreditation (Standard 1) (Cont’d)**

3. If an educational institution program is the sponsor, is the educational institution accredited by an agency recognized by the United States Department of Education?  (1)  

**YES**  **NO**  **N/A**

**Documentary Evidence:** The University of Illinois is accredited by the Higher Learning Commission, a Commission of the North Central Association of Colleges and Schools (10/23/2007), and the University of Illinois at Chicago College of Dentistry is accredited by Commission on Dental Accreditation (July 26, 2007).

4. Is the principal institution that sponsors the accredited oral and maxillofacial surgery program a dental school, hospital or medical school?  (1-1)  

**YES**  **NO**  **N/A**

**Documentary Evidence:** The primary sponsor is a dental school, the University of Illinois College of Dentistry.

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<thead>
<tr>
<th>STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>1-1 The principal institutions that sponsor accredited oral and maxillofacial surgery programs are dental schools, hospitals and medical schools.</td>
</tr>
</tbody>
</table>
5. **Bylaws/Scope (Standards 1, 1-3)**

3 The medical staff bylaws of all hospitals that provide a substantial portion (≥ 20%) of the training program ensure that all members of the OMS teaching staff are eligible to:
   a. vote and hold medical staff office,
   b. serve on medical staff committees,
   c. admit, manage and discharge patients,
   d. practice the full scope of the specialty in accordance with their training, experience and demonstrated competence, and
   e. operate in an administrative structure of program that is consistent with other parallel programs in the institution.

2 The bylaws of one or more hospitals that provide a substantial portion of the training, other than the principal sponsoring hospital for the program, fail to meet all the above requirements.

1 The bylaws of the principal hospital in which the educational program is sponsored fails to meet all the above requirements.

**Self-Study Analysis:**

1. If applicable, do the bylaws, rules and regulations of the hospital that sponsors or provides a substantial portion of the advanced specialty education program ensure 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? (1)
   
   **YES**  **NO**  **N/A**

   **Documentary Evidence:** The bylaws of the University of Illinois Medical Center, the primary hospital affiliate, ensure that Oral and Maxillofacial Surgeons are eligible for all of these privileges of the medical staff membership.

2. Does the authority and final responsibility for curriculum development and approval, resident selection, faculty selection and administrative matters rest within the sponsoring institution? (1)
   
   **YES**  **NO**

   **Documentary Evidence:** The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection, and administrative matters rests within the sponsoring institution. The Program Director has the authority and responsibility of curriculum development and resident selection. The Department Head has final responsibility for faculty selection and uses input from the postgraduate faculty for matters directly relating to the Advanced Education Program in OMFS.
5. Bylaws/Scope (Standards 1, 1-3) (Cont’d)

3. Is the position of the program in the administrative structure consistent with that of other parallel programs within the institution?  (1)

**YES**  **NO**

*Documentary Evidence:* The OMFS program functions within the University of Illinois College of Dentistry and University of Illinois Medical Center. A Department Head oversees each department in the College of Dentistry. The Department Head appoints the director of the postgraduate program in oral and maxillofacial surgery. The Program Director holds academic rank in their respective departments and reports to the Department Head who reports directly to the Dean and Executive Associate Dean for Academic Affairs. All Department Heads meet with the Executive Associate Dean for Academic Affairs and Associate Dean for Clinical Affairs on a regular basis to coordinate interdisciplinary activities of the program and to discuss clinic operations. The Department of OMFS is a Division of the Department of Dentistry along with the Division of Pediatric Dentistry in the Medical Center. The Head of Dentistry in the Hospital is appointed by the Dean of the Dental School and is currently the Department Head of Pediatric Dentistry (see Organizational Charts of Administrative Structure).

4. Does the administrator have the authority, responsibility and privileges necessary to manage the program?  (1)

**YES**  **NO**

*Documentary Evidence:* The Program Director has the authority, responsibility, and privileges necessary to manage the postgraduate OMFS training program. The Program Director of each Department is given the authority by the Department Head to manage the individual residency program within the guidelines of College of Dentistry and the program’s accrediting body. The Program Director is responsible for resident selection, education, patient care, research, and service, and also, faculty appointment and staff and employee management.

5. Are oral and maxillofacial surgeons who are members of the teaching staff participating in an accredited educational program eligible to practice the full scope of the specialty in accordance with their training, experience and demonstrated competence?  (1-3)

**YES**  **NO**

*Documentary Evidence:* Oral and Maxillofacial Surgeons who are members of the postgraduate teaching staff at the University of Illinois College of Dentistry are eligible to practice the full scope of the specialty in accordance with their training, experience, and demonstrated competence.
STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced specialty education programs must ensure 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.

The authority and final responsibility for curriculum development and approval, resident selection, faculty selection and administrative matters must rest within the sponsoring institution.

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

1-3 Oral and maxillofacial surgeons who are members of the teaching staff participating in an accredited educational program must be eligible to practice the full scope of the specialty in accordance with their training, experience and demonstrated competence.

6. Administrative Structure/Beds (Standards 1-2, 1-5)

3 The administrative system is dedicated to education as evidenced by providing adequate bed availability on a consistent basis for meeting the educational and patient care needs, and providing resources and OR time for the proper achievement of educational obligations.

2 Resources, time or bed availability are inconsistently provided.

1 The institution does not currently provide adequate time, OR bed availability to the program to ensure that all educational objectives and accreditation requirements are met.

Self-Study Analysis:

1. Is there adequate bed availability to provide for the required number of patient admissions and appropriate independent care by the oral and maxillofacial surgery service?  (1-2)  **YES**  **NO**  **N/A**

*Documentary Evidence:* The University of Illinois hospital is a 500-bed tertiary care center with 20,000 admissions per year with an adequate number of beds to provide for the required number of admissions. As the OMFS service maintains admitting privileges at this facility, inpatients are managed independently, consulting other services as required. The OMFS service has sufficient beds, without limitation, to accommodate all admissions to the OMFS service.

2. Are resources and time provided for the proper achievement of educational obligations?  (1-5)  **YES**  **NO**
Documentary Evidence: The OMFS program has appropriate resources and time to allow achievement of the educational objectives and obligations of the program. All residents are free from clinical responsibilities in order to attend all mandatory didactic courses. Additional time is allotted to attend other regional and national educational programs. Residents have access to the UIC College of Medicine Library and electronic library 24 hours per day online. In addition, the Department maintains a library of texts and journals for easy reference. Resident education is not compromised by clinical responsibilities. The UIC OMFS program operates under the ACGME guidelines and the restriction of resident work hours to a maximum of 80 hours/week, with no more than 24 hours of consecutive assignment, and one day off in seven days. There have been no violations of this policy in the Department, and on-call responsibilities are currently taken from home, with residents residing within 10 miles of the University.

Intent: All resident activities have redeeming educational value. Some teaching experience is part of a resident’s training, but the degree to which it is done should not abuse its educational value to the resident.

6. Administrative Structure/Beds (Standards 1-2, 1-5) (Cont’d)

<table>
<thead>
<tr>
<th>STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS</th>
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<tbody>
<tr>
<td>1-2 There <strong>must</strong> be adequate bed availability to provide for the required number of patient admissions and appropriate independent care by the oral and maxillofacial surgery service.</td>
</tr>
<tr>
<td>1-5 Resources and time <strong>must</strong> be provided for the proper achievement of educational obligations.</td>
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7. Educational Mission (Standard 1-5)

3 The educational mission of the program is not compromised by reliance on the residents to fulfill institutional service, teaching, or research obligations outside the parameters of the educational program.

1 The educational program is routinely compromised by reliance on the residents to fulfill the institution’s service, teaching or research obligations.

Self-Study Analysis:

1. Is the educational mission compromised by a reliance on residents to fulfill institutional service, teaching or research obligations? (1-5)  
   YES  NO
**Documentary Evidence:** The educational mission is not compromised, but rather enhanced, by the participation of residents in institutional service, teaching, and research. The preparation and delivery of lectures is an essential learning process for the residents. There are adequate full and part-time faculty members to accomplish the necessary clinical and educational obligations of the training program. Teaching and didactic portions of the program are conducted outside of normal operating clinical hours. If a didactic program occurs during clinic hours, residents are relieved of clinical duties to permit attendance. When OMFS residents are on off-service rotations, they have no obligations to the OMFS program, either clinical or didactic in nature.

<table>
<thead>
<tr>
<th>STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS</th>
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<tbody>
<tr>
<td>1-5 The educational mission <strong>must not</strong> be compromised by a reliance on residents to fulfill institutional service, teaching or research obligations.</td>
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8. **Affiliations/Rotations (Standards 1, 2-1.6)**

3 Documentation of affiliation agreements between the sponsoring institution and other institutions utilized for training specifically address:
   a. the authority of the Program Director to coordinate the training activities in all participating institutions,
   b. the designation and scheduling of teaching staff responsible for resident supervision at affiliated institutions,
   c. the goals and objectives of affiliated institutions in the training program, the financial commitment of each institution in fulfillment of the training program, standards regarding physical facilities, curriculum, didactic activities, faculty supervision and accreditation relating to the sponsoring institution are met by all affiliated institutions, and
   f. the primary sponsor of the training program accepts full responsibility for the quality of education provided in all affiliated institutions.

2 Documentation of affiliation agreements is lacking one of the preceding components.

1 An affiliated institution fails to meet more than one of the preceding components and other standards.

NA The program utilizes no affiliated institutions for resident training.
Self-Study Analysis

1. Does the primary sponsor of the educational program accept full responsibility for the quality of education provided in all affiliated institutions?  (1)

   YES  NO

   **Documentary Evidence:** The University of Illinois College of Dentistry, Department of Oral and Maxillofacial Surgery, accepts full responsibility for the quality of the education provided at the affiliated sites through communication between the Program Director and the Chief of Service at the affiliated site. Formal resident evaluations are completed by the faculty at the affiliated sites and are provided to the Program Director. Each affiliation agreement provides guidelines for goals and objectives of the resident rotation at those institutions.

2. Is documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, available?  (1)

   YES  NO

   **Documentary Evidence:** The Affiliation Agreements and Memoranda of Understanding for the affiliate sites (Jesse Brown VA Hospital and Northwestern Memorial Hospital/McGaw Medical Center) are available for review.

8. Affiliations/Rotations (Standards 1, 2-1.6) (Cont’d)

3. Are the following items covered in such inter-institutional agreements?

   a) Designation of a single program director?  YES  NO

   b) The teaching staff?  YES  NO

   c) The educational objectives of the program?  YES  NO

   d) The period of assignment of residents? and YES  NO

   e) Each institution's financial commitment?  (1) YES  NO

   **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).

   **Documentary Evidence:** Institutional Agreements are available on-site.

4. Do the responsibilities of the program director include maintenance of appropriate records of the program, including resident and patient statistics, institutional agreements, and resident records?  (2-1.6)

   YES  NO
Documentary Evidence: The responsibilities of the program director include the maintenance of appropriate records of the program, including student/resident and patient statistics, institutional agreements, and student/resident records. The OMFS Program Director reviews the program statistics on a semi-annual basis. Additionally, the Program Director also reviews the surgical experience of each resident online at http://www.dds4dds. Resident records including resident evaluations, off-service rotation evaluations, OMSITE scores, and grades in other required courses are maintained by the Program Director.

AFFILIATIONS

The primary sponsor of the educational program must accept full responsibility for the quality of education provided in all affiliated institutions.

Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, 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 residents; and
e. each institution’s financial commitment.

8. Affiliations/Rotations (Standards 1, 2-1.6) (Cont’d)

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

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).

2.1-6 Maintenance of appropriate records of the program, including resident and patient statistics, institutional agreements, and resident records.

9. Affiliations: Duration/Reporting (Standards 1-6, 1-7, 1-8, 2-1.6, 4-7)

3 Rotations to affiliated institutions, that sponsor their own accredited programs, do not exceed 6 months. The resident’s record of surgery in the affiliated institution is appropriately documented by a supplement to the program’s Annual Survey, and the sponsoring Program Director has been included in the annual reports and the self-study that identifies the affiliated institution and documents the OMS cases on which the rotating resident was the primary surgeon or first assistant.
2. The resident’s rotation to an affiliated institution is longer than 6 months, or the appropriate supplemental reports have not been filed.

1. The resident’s rotation is longer than six months and the appropriate supplemental reports have not been filed.

NA The program utilizes no affiliated institutions for resident training.

**Self-Study Analysis:**

1. Do rotations to an affiliated institution, which sponsors its own accredited oral and maxillofacial surgery residency program exceed 6 months in duration? (1-6)

   **Documentary Evidence:** Not applicable.

2. If a program rotates a resident to an affiliated institution which also sponsors its own separately accredited oral and maxillofacial surgery residency program, does it submit a supplement to its Annual Survey? (1-7)

   **Documentary Evidence:** Not applicable.

3. If Question 2 is applicable, does the supplement identify the affiliated institution by name and the oral and maxillofacial surgery cases on which the rotating resident was surgeon or first assistant to an attending surgeon? (1-7)

   **Documentary Evidence:** Not applicable.

4. If Question 2 is applicable, is this report signed by the program director of the sponsoring institution and the chief of oral and maxillofacial surgery at the affiliated institution? (1-7)

   **Documentary Evidence:** Not applicable.

5. Do the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery apply to training provided in affiliated institutions? (1-8)

   **Documentary Evidence:** Not applicable.
Documentary Evidence: The Accreditation Standards for the Advanced Specialty Program in Oral and Maxillofacial Surgery apply to training at the primary and affiliate institutions equally. The Program Director maintains contact with all affiliate site Chiefs of Service regarding resident progress to ensure that the Accreditation Standards are met at all sites.

6. Is there a sufficient number of patients and a sufficient variety of problems to give residents exposure to and competence in the full scope of oral and maxillofacial surgery? (4-7)  
   YES  NO

Documentary Evidence: There is a sufficient number and variety of patients with problems to provide exposure to the full scope of OMFS for the residents in the program. There is a busy clinical outpatient facility that treats more than 10,000 patients per year, and provides more than sufficient experience in ambulatory anesthesia. The inpatient facility at the University of Illinois Medical Center provides sufficient experience in full-scope Oral and Maxillofacial Surgery, in all major categories of OMFS.

7. Does the program director demonstrate that the objectives of the standards have been met? (4-7)  
   YES  NO

Documentary Evidence: The Program Director, with the full and part-time OMFS faculty, reviews the objectives of the program to determine outcome measures and programmatic modifications that need to be made on a regular basis.

9. Affiliations: Duration/Reporting (Standards 1-6, 1-7, 1-8, 2-1.6, 4-7) (Cont’d)

8. Does the program director ensure that all residents receive comparable clinical experience? (4-7)  
   YES  NO

Documentary Evidence: The Program Director ensures that all students/residents receive comparable clinical experience by a review of the inpatient and outpatient statistics on a semi-annual basis. Any discrepancies are addressed by programmatic change or individual resident schedule adjustment.

**AFFILIATIONS**

1-6  Rotations to an affiliated institution, which sponsors its own accredited oral and maxillofacial surgery residency program must not exceed 6 months in duration.

1-7  Any program that rotates a resident to an affiliated institution, which also sponsors its own separately accredited oral, and maxillofacial surgery residency program must submit each year a supplement to its Annual Survey. The supplement must identify the affiliated institution by name and the oral and maxillofacial surgery cases on which the rotating resident was surgeon or first assistant to an attending surgeon. This report must be signed by the program director of the sponsoring institution and the chief of oral and maxillofacial surgery at the affiliated institution.
1-8 All standards in this document must apply to training provided in affiliated institutions.

**STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF**

2-1.6 Maintenance of appropriate records of the program, including resident and patient statistics, institutional agreements, and resident records.

**STANDARD 4 – CURRICULUM AND PROGRAM DURATION**

4-7 In addition to providing the teaching and supervision of the resident activities described above, there must also be provided patients of sufficient number who have a sufficient variety of problems to give residents exposure to and competence in the full scope of oral and maxillofacial surgery. The training of a resident in the full scope of oral and maxillofacial surgery requires, as a minimum, the number of patients and variety of cases enumerated in the following paragraphs. Program directors must demonstrate that the objectives of the standards have been met and must ensure that all residents receive comparable clinical experience.

**PART II: FACULTY**

10. Program Director (Board status, time commitment) (Standards 2, 2-1)

3 The Program Director is board certified and full-time.

1 The Program Director is not board certified or is not full-time.

**Intent:** The director of an advanced specialty education program is to be certified by an ADA-recognized certifying board in the specialty. Board certification is to be active. The requirement of Standard 2 is also applicable to an interim/acting program director.

**Self-Study Analysis:**

1. Is the program administered by a director who is board certified in the respective specialty of the program, or if appointed after January 1, 1997, who has previously served as a program director? (2)  

   **Documentary Evidence:** The Program Director, Dr. Michael Miloro, was certified by the American Board of Oral and Maxillofacial Surgery in 1996 and re-certified in October 2004 (current certificate expires December 2016).

2. Is the program director appointed to the sponsoring institution and have
sufficient authority and time to achieve the educational goals of the program and assess the program’s effectiveness in meeting its goals? (2)

**Documentary Evidence:** The Program Director is appointed as a full time tenured Professor to the University of Illinois College of Dentistry and a medical staff appointment to the University of Illinois Medical Center, and has sufficient authority and time to achieve the educational goals of the program and assess the program’s effectiveness in meeting its goals.

3. Is the program directed by a single responsible individual who is a full time faculty member as defined by the institution? YES NO (2-1)

**Intent:** Other activities do not dilute a program director’s ability to discharge his/her primary obligations to the educational program.

**Documentary Evidence:** The Program Director is a single responsible individual who is a full time Professor at the University of Illinois at Chicago College of Dentistry in the Department of Oral and Maxillofacial Surgery as defined by the institution.

10. Program Director (Board status, time commitment) (Standards 2, 2-1) (Cont’d)

<table>
<thead>
<tr>
<th>STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF</th>
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</thead>
<tbody>
<tr>
<td>2 The program <strong>must</strong> be administered by a director who is board certified in the respective specialty of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, <strong>must</strong> be board certified in the respective specialty of the program.)</td>
</tr>
</tbody>
</table>

The program director **must** be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program’s effectiveness in meeting its goals.

2-1 Program Director: The program **must** be directed by a single responsible individual who is a full-time faculty member as defined by the institution.

<table>
<thead>
<tr>
<th>Check if Program Director is:</th>
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<tbody>
<tr>
<td>Candidate for board certification: __________</td>
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<tr>
<td>Board certified <strong><strong>x</strong></strong>__</td>
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<td>Other 1) __________</td>
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</table>

Verify the year the Program Director was appointed: ____2007_____

1) Individual is neither a Diplomate of the American Board of Oral and Maxillofacial Surgery (ABOMS), nor a Candidate for ABOMS certification.
11. Program Director (Selection/staff supervision/authority) 
(Standards 2-1.3)

3 The Program Director participates in the selection and evaluation of the teaching staff. Unless performed by the department chair, the Program Director performs an annual written evaluation of the teaching staff. The Program Director has the authority, responsibility and privileges necessary to manage the program.

2 Program Director fails to participate in the selection or evaluation of teaching staff, but otherwise has appropriate authority.

1 Program Director fails to participate in both selection and evaluation of teaching staff.

11. Program Director (Selection/staff supervision/authority) 
(Standards 2-1.3) (Cont’d)

Self-Study Analysis:

1. Do the responsibilities of the program director include participation in election and supervision of the teaching staff? YES NO

Documentary Evidence: The Program Director’s responsibilities include participation in the selection and supervision of the teaching staff at University of Illinois at Chicago College of Dentistry. Dr. Miloro recruited Dr. Antonia Kolokythas and Jason Jamali to the full-time faculty, and Drs. Evans, Haddle, Hussain, Satinover, Halkias, Pashley, Skiba, Busse, and Lee to the part-time faculty.

2. Do the responsibilities of the program director include performing periodic, at least annual, written evaluations of the teaching staff? YES NO

Documentary Evidence: The Program Director performs an annual evaluation of each faculty member using resident evaluations of faculty, the UIC Self-Performance Evaluation System as well as evaluation of research and scholarly activity and his observation of each faculty member’s teaching responsibilities. The Program Director discusses the results with each faculty member at least on an annual basis, or more often if modifications are required.
STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-1.3 Participation in selection and supervision of the teaching staff. Perform periodic, at least annual, written evaluations of the teaching staff. (In some situations the evaluation may be performed by the chair of the department of oral and maxillofacial surgery who is not the program director.)

12. Program Director (Resident selection/records/advanced placement) (Standards 2-1.5, 2-1.6, 4, 4-17, 4-17.1,5)

3 a) The Program Director directs the process of resident selection, and ensures that all residents meet the minimum requirements (unless sponsored by a federal service), and grants advanced placement in accordance with institutional and Commission policies.
b) The Program Director keeps accurate and complete records of the number and variety of procedures performed by each resident. Records of patients managed by residents demonstrate thoroughness of diagnosis, treatment planning and treatment.
c) The Program Director ensures that all residents maintain a log.

2 Program Director fails to perform one of the above listed duties.

1 Program Director fails to perform more than one of the above listed duties.

Self-Study Analysis:

1. Do the responsibilities of the program director include selection of residents and ensuring that all appointed residents meet the minimum eligibility requirements, unless the program is sponsored by a federal service utilizing a centralized resident selection process? (2-1.5)  
   YES NO

Documentary Evidence: The Program Director is responsible for the selection of students/residents and for ensuring that all appointed students/residents meet the minimum eligibility requirements for the program. All applicants must be eligible for IL dental licensure and all applications are processed through the Post-Doctoral Application Support Service (PASS) of ADEA. The UIC College of Dentistry OMFS program participates in the national Post-Doctoral Dental Matching Program (MATCH).

2. Do the responsibilities of the program director include maintenance of appropriate records of the program, including resident and patient statistics, institutional agreements, and resident records? (2-1.6)  
   YES NO
Documentary Evidence: The responsibilities of the Program Director include the maintenance of appropriate records of the program, including student/resident and patient statistics, institutional agreements, and student/resident records.

12. Program Director (Resident selection/records/advanced placement) (Standards 2-1.5, 2-1.6, 4, 4-17, 4-17.1,5) (Cont’d)

3. Is documentation of all program activities ensured by the program director and available for review? (4) YES NO

Documentary Evidence: The Program Director assures that all programmatic activities are documented and available for review. These include resident records, faculty records, and conference attendance sign-in sheets.

4. Are accurate and complete records of the amount and variety of clinical activity of the oral and maxillofacial surgery teaching service maintained? (4-17) YES NO

Documentary Evidence: The Program Director maintains accurate and complete records of the volume and variety of clinical activity of the OMFS teaching service via individual resident logs, dds4dds statistics to include affiliate site statistics, and through the Axium patient database at the UIC College of Dentistry and the outpatient and inpatient records from the University of Illinois Medical Center and Veterans Administration and Northwestern Memorial Hospital.

5. Do these records include a detailed account of the number and variety of procedures performed by each resident? (4-17) YES NO

Documentary Evidence: These records of clinical activity maintained by the Program Director include a detailed account of the volume and variety of procedures performed by each student/resident, including ICD9 and CPT codes.

6. Do records of patients managed by residents evidence thoroughness of diagnosis, treatment planning and treatment? (4-17) YES NO

Documentary Evidence: The records of patients managed by the students/residents show evidence of thoroughness of diagnosis, treatment planning, and treatment, including the performance of history and physical examinations on the inpatients. Periodic chart reviews are performed as part of the QA/CQI Departmental process to ensure compliance with documentation requirements.

7. Do residents keep a current log of their operative cases? (4-17.1) YES NO

Documentary Evidence: Students/residents maintain a personal log of their operative cases, and this is also administered on the OMSNIC Resident Surgical Log dds4dds.com website.
8. Are dentists with the following qualifications eligible to enter the advanced specialty education program accredited by the Commission on Dental Accreditation:

   a) Graduates from institutions in the U.S. accredited by the Commission on Dental Accreditation?  **YES**  **NO**

   b) Graduates from institutions in Canada accredited by the Commission on Dental Accreditation of Canada? and **YES**  **NO**

   c) Graduates of international dental schools who possess equivalent educational background and standing as determined by the institution program?  (5) **YES**  **NO**  **N/A**

**Documentary Evidence:** The admissions requirements for the OMFS program at the University of Illinois at Chicago are available at our Departmental website (www.dentistry.uic.edu/depts/omfs), and at the ADEA PASS website (www.pass.adea.org).

9. Are specific written criteria, policies and procedures followed when admitting residents?  **YES**  **NO**

**Documentary Evidence:** Written criteria, policies and procedures are followed when admitting students/residents. These policies are available at the ADEA PASS website, the Department website, and in the College of Dentistry and College of Medicine GME Department. These policies are also available in the Department.

10. Is the admission of residents with advanced standing based on the same standards of achievement required by residents regularly enrolled in the program?  **YES**  **NO**  **N/A**

**Documentary Evidence:** Not applicable.

11. Do transfer residents with advanced standing receive an appropriate curriculum that results in the same standards of competence required by residents regularly enrolled in the program?  (5)  **YES**  **NO**  **N/A**

**Documentary Evidence:** Not applicable.
STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-1.5 Responsibility for selection of residents and ensuring that all appointed residents meet the minimum eligibility requirements, unless the program is sponsored by a federal service utilizing a centralized resident selection process.

2-1.6 Maintenance of appropriate records of the program, including resident and patient statistics, institutional agreements, and resident records.

STANDARD 4 - CURRICULUM AND PROGRAM DURATION

Documentation of all program activities must be ensured by the program director and available for review.

VARIETY OF MAJOR SURGICAL EXPERIENCE

4-17 Accurate and complete records of the amount and variety of clinical activity of the oral and maxillofacial surgery teaching service must be maintained. These records must include a detailed account of the number and variety of procedures performed by each resident. Records of patients managed by residents must evidence thoroughness of diagnosis, treatment planning and treatment.

4-17.1 Residents must keep a current log of their operative cases.

12. Program Director (Resident selection/records/advanced placement) (Standards 2-1.5, 2-1.6, 4, 4-17, 4-17.1,5) (Cont’d)

STANDARD 5 – ADVANCED EDUCATION RESIDENTS

Dentists with the following qualifications are eligible to enter advanced specialty education programs accredited by the Commission on Dental Accreditation:

a. Graduates from institutions in the U.S. accredited by the Commission on Dental Accreditation;

b. Graduates from institutions in Canada accredited by the Commission on Dental Accreditation of Canada; and

c. Graduates of international dental schools who possess equivalent educational background and standing as determined by the institution and program.

Specific written criteria, policies and procedures must be followed when admitting residents.

Intent: Written non-discriminatory policies are to be followed in selecting residents. These policies should make clear the methods and criteria used in recruiting and selecting residents and how applicants are informed of their status throughout the selection process.

Admission of residents with advanced standing must be based on the same standards of achievement required by residents regularly enrolled in the program.

Transfer residents with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by residents regularly enrolled in the program.
13. **Program Director (Resident evaluation/feedback)**  
(Standards 5, 5-1, 5-3)

3. A system of ongoing evaluation and advancement ensures that, through the Director and faculty, each program:
   a. periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its residents, using appropriate written criteria and procedures,
   b. provides to residents an assessment of their performance, at least semiannually,
   c. advances residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement,
   d. maintains a personal record of evaluation for each resident, which is accessible to the resident and available for review during site visits, and
   e. provides each graduating resident a final written evaluation including a review of performance during program and stating resident has demonstrated competency to practice independently. Final evaluation maintained in permanent files.

2  The Program Director fails to meet one of these responsibilities.

1  The Program Director fails to meet more than one of these responsibilities.

13. **Program Director (Resident evaluation/feedback)**  
(Standards 5, 5-1, 5-3) (Cont’d)

**Self-Study Analysis**

1. Does a system of ongoing evaluation and advancement ensure that, through the director and faculty, each program:
   a) Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its residents, using appropriate written criteria and procedures? 
      
      YES  NO

   b) Provides to residents an assessment of their performance, at least semiannually? 
      
      YES  NO

   c) Advances residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement? and 
      
      YES  NO
d) Maintains a personal record of evaluation for each resident, which is accessible to the resident and available for review during site visits?  **YES**  **NO**

**Intent:**  
(b) Resident evaluations should be recorded and available in written form.  
(c) Deficiencies should be identified in order to institute corrective measures.  
(d) Resident evaluation is documented in writing and is shared with the resident.

**Documentary Evidence:** OMFS residents are evaluated at least semi-annually by the Program Director and by the faculty who are directly involved in their training. Residents are provided feedback regarding these evaluations by the Program Director and decisions regarding resident advancement are made by the Program Director with input from the OMFS faculty members.

2. Does the program director provide written evaluations of the residents based upon written comments obtained from the teaching staff?  **YES**  **NO**

**Documentary Evidence:** Written resident evaluations are provided at least two times each year, but also following each individual off-service rotation. These evaluations are maintained in the New Innovations Residency Management Suite software.

3. Does the program director provide a final written evaluation of each resident upon completion of the program?  **YES**  **NO**

**Documentary Evidence:** Each resident receives a written final evaluation of their performance, as well as a formal Exit Interview with the Program Director just prior to completion of the residency training program. The graduating resident also has an Exit Interview with the Associate Dean for Academic Affairs.

13. **Program Director (Resident evaluation/feedback)**  
(Standards 5, 5-1, 5-3) (Cont’d)

4. Does the evaluation include a review of the resident’s performance during the training program?  **YES**  **NO**

**Documentary Evidence:** Resident evaluations include a review of all aspects of each resident’s performance during each evaluation period, as well as an overall assessment based upon their level of training in the OMFS program.

5. Is this evaluation included as part of the resident’s permanent record?  **YES**  **NO**

**Documentary Evidence:** These evaluations are included as part of each student/resident’s permanent record in New Innovations.
6. Is this evaluation maintained by the institution? (5-3) **YES** | **NO**

*Documentary Evidence:* These evaluations are maintained in the resident file that is maintained by the Program Director.

7. Is a copy of the final written evaluation provided to each resident upon completion of the residency? (5-3) **YES** | **NO**

*Documentary Evidence:* The final written evaluation is signed by the Program Director and the resident, and one copy is provided to the resident and one copy remains in the resident’s file in the Department.

13. **Program Director (Resident evaluation/feedback)**
(Standards 5, 5-1, 5-3) (Cont’d)

### STANDARD 5 - ADVANCED EDUCATION RESIDENTS EVALUATION

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

a. Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its residents, using appropriate written criteria and procedures;
b. Provides to residents an assessment of their performance, at least semiannually;
c. Advances residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and
d. Maintains a personal record of evaluation for each resident, which is accessible to the resident and available for review during site visits.

**Intent:**

(b) Resident evaluations should be recorded and available in written form.
(c) Deficiencies should be identified in order to institute corrective measures.
(d) Resident evaluation is documented in writing and is shared with the resident.

5-1 The program director **must** provide written evaluations of the residents based upon written comments obtained from the teaching staff. The evaluation should include:

a. Cognitive skills;
b. Clinical skills;
c. Interpersonal skills;
d. Patient management skills; and
e. Ethical standards.

5-3 The program director **must** provide a final written evaluation of each resident upon completion of the program. The evaluation **must** include a review of the resident’s performance during the training program, and should state that the resident has demonstrated competency to practice independently. This evaluation **must** be included as part of the resident’s permanent record and **must** be maintained by the institution. A copy of the final written evaluation **must** be provided to each resident upon completion of the residency.
14. Due Process/Rights and Responsibilities (Standards 5-2, 5)

3 Evidence exists of a written:
   a. due process policy,
   b. description of the educational experience,
   c. documentation of the obligations and responsibilities of the residents, and
   d. description of remediation, disciplinary and dismissal policies.

2 Evidence is lacking for one of the above elements.

1 Evidence is lacking for more than one of the above elements.

14. Due Process/Rights and Responsibilities (Standards 5-2, 5)
(Cont’d)

Self-Study Analysis

1. Does the program director provide counseling, remediation, censuring, or after due process, dismissal of residents who fail to demonstrate an appropriate competence, reliability, or ethical standards? (5-2)  
   YES  NO

   Documentary Evidence: The Program Director provides an opportunity for counseling or remediation for any resident with such a need. Professional counseling for personal issues may be arranged through the University of Illinois at Chicago Employee Health Service. Specific counseling for professional issues, for conflict resolution or remediation is arranged by the Program Director. The program follows the UIC College of Dentistry Policies for Adjudication of Academic and Disciplinary Complaints, and a resident may be dismissed from the program after due process.

2. Are there specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution? (5)  
   YES  NO

   Documentary Evidence: The OMFS program follows the due process guidelines established by both UIC College of Medicine Graduate Medical Education Department and the UIC College of Dentistry.

3. At the time of enrollment, are the advanced specialty education residents apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments? (5)  
   YES  NO
Documentary Evidence: At the time of enrollment and during their orientation week prior to commencement of the residency program, the OMFS residents are informed regarding their rights and responsibilities including: didactic assignments, off-service rotations and teaching obligations. The OMFS Resident Manual is distributed during the orientation week to all incoming first year residents. Upon acceptance into the program residents are also required to sign a contract with UIC College of Medicine Department of GME which further outlines the specifics of their rights and responsibilities including: compensation, vacation and sick leave, term and hours of employment, liability, medical and disability insurance, harassment, impairment, evaluation and counseling and conditions for termination. This information is also available to the residents on the UIC College of Medicine Graduate Medical Education website.

4. Are all advanced specialty education residents provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty? (5)  

YES NO

14. Due Process/Rights and Responsibilities (Standards 5-2, 5)  
(Cont’d)

Intent: Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a resident (for academic or disciplinary reasons). In addition to information on the program, residents should also be provided with written information, which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the residents should include, but not necessarily be limited to, information about tuition, stipend or other compensation; vacation and sick leave; practice privileges and other activity outside the educational program; professional liability coverage; and due process policy and current accreditation status of the program.

Documentary Evidence: The OMFS residents are provided with written information that affirms their obligations and responsibilities to the institution, the program, and the program faculty. The residents sign a contract with UIC College of Medicine Department of GME that outlines the specifics of their rights and responsibilities. A copy is maintained in the resident files.

STANDARD 5 - ADVANCED EDUCATION RESIDENTS

EVALUATION

5-2 The program director must provide counseling, remediation, censuring, or after due process, dismissal of residents who fail to demonstrate an appropriate competence, reliability, or ethical standards.
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 advanced specialty education residents 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 advanced specialty education residents must be provided with written information, which affirms their obligations and responsibilities to the institution, the program and program faculty.

15. Program Director (Resident scholarly activity) (Standard 6)

3 The Program Director ensures and has documentation showing that every resident is engaged in scholarly activity prior to being certified.

2 Most residents have documented engagement in scholarly activity prior to being certified.

1 Few or no residents are documented as engaging in scholarly activity during their residency.

Self-Study Analysis:

1. Do advanced specialty education residents engage in scholarly activity? (6) YES NO

Documentary Evidence: All OMFS residents engage in scholarly activity that leads to a presentation or publication as a requirement for program completion. Residents are assigned to faculty in order to accomplish this objective. All residents with accepted abstracts or poster presentations attend the annual AAOMS scientific meeting. Residents also prepare and present cases at the UIC COD Clinic and Research Day. Resident progress in their research endeavors is monitored as part of their semi-annual resident evaluation.

STANDARD 6 – RESEARCH

Advanced specialty education residents must engage in scholarly activity. Such evidence may include:

a. presentation of papers at educational meetings outside of the sponsoring institution
b. development and submission of posters for scientific meetings
c. submission of abstracts for presentation at educational meetings or publication in peer reviewed journals
d. designated time for active participation in or completion of a research project (basic science or clinical) with mentoring

e. submission of an article for publication in a peer reviewed journal

**Intent:** The resident is encouraged to be involved in the creation of new knowledge, evaluation of research, development of critical thinking skills and furthering the profession of oral and maxillofacial surgery.

16. **Teaching Staff (Size/Boarded) (Standards 2-2.1, 2-2.2, 2-2.3)**

3 The size, time commitment and qualifications of the teaching staff are sufficient to ensure direct supervision appropriate to a resident’s competence in all patient care settings. At least one full-time equivalent OMS per each authorized final year position exists, in addition to the Program Director, with one of those individuals being at least half time.

1 The faculty has less than one full time equivalent OMS per each authorized final year position in addition to the Program Director.

**Self-Study Analysis:**

1. Are the teaching staff of adequate size? (2-2)  
   
   **YES**  **NO**

   **Documentary Evidence:** The teaching staff is of adequate size to meet the clinical and academic needs of the program. There are three authorized residents per year, that requires a total faculty FTE of 4.0; this should include at least one full-time faculty member and three full-time faculty equivalents (one who is > 0.5 FTE). We currently have a total OMFS faculty FTE of 6.0, since the UIC College of Dentistry full-time and part-time OMS faculty members participate in education and training the OMS residents. In addition, the UIC COD has members from the Departments of Orthodontics, Oral Medicine, Oral Pathology, Prosthodontics, Periodontics, Anatomy, and Basic Sciences who all actively contribute to OMFS resident education. Also, members from the Departments of ENT, Plastic Surgery, General Surgery, Trauma Surgery, Medicine, and Anesthesia also contribute to OMFS resident education.

2. Do the teaching staff provide for direct supervision appropriate to a resident’s competence, level of training, in all patient care settings? (2-2.1)  
   
   **YES**  **NO**

   **Intent:** Faculty is present and available in clinics, emergency rooms and operating rooms for appropriate level supervision during critical parts of procedures.

   **Documentary Evidence:** The teaching staff provide for direct supervision appropriate to a student’s/resident’s competence and level of training in all inpatient and outpatient care settings.
3. Is there at least one full time equivalent oral and maxillofacial surgeon as defined by the institution per each authorized senior resident position, in addition to the program director?  

   YES   NO

   Documentary Evidence: There is at least one full-time equivalent faculty per each authorized senior resident position, in addition to the program director. The UIC College of Dentistry OMFS program has a total of 6.0 OMS FTE faculty involved in student/resident education.

4. Are one of the teaching staff who is not a program director at least half-time faculty as defined by the institution?  

   YES   NO

   16. Teaching Staff (Size/Boarded) (Standards 2-2.1, 2-2.2, 2-2.3) (Cont’d)

   Intent: Senior resident is defined as authorized enrollment in the final year of the program. One resident requires one full-time faculty member and one full-time faculty equivalent (the second faculty equivalent consists of at least one faculty member who is greater than or equal to 0.5 FT; the rest can be comprised of faculty each of which is less than 0.5 FTE).

   Two residents equal one full-time faculty member and two full-time faculty equivalents. (These two faculty equivalents includes at least one faculty member who is greater than or equal to 0.5 FTE. The rest can be comprised of faculty less than 0.5 FTE).

   Three residents equal one full-time faculty member and three full-time faculty equivalents (as before).

<table>
<thead>
<tr>
<th># Resident</th>
<th>#FT</th>
<th>#0.5 FTE</th>
<th>#0.5 FTE</th>
<th>Total FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>1</td>
<td>0.5</td>
<td>(n-0.5)FTE</td>
<td>(n+1)</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>0.5</td>
<td>0.5</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>0.5</td>
<td>1.5</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>0.5</td>
<td>2.5</td>
<td>4</td>
</tr>
</tbody>
</table>

   For example, the program director counts as 1 F.T.E. Therefore, to be in compliance, one additional F.T.E. is required for each senior resident position. The additional F.T.E. can be a full-time or a half-time position, plus additional fractions thereof.

   Documentary Evidence: There is at least one full-time equivalent faculty per each authorized senior resident position, in addition to the program director. The UIC College of Dentistry OMFS program has a total of 6.0 OMS FTE faculty involved in student/resident education.
5. Are eligible oral and maxillofacial surgery members of the teaching staff, with greater than a .5 FTE commitment appointed after January 1, 2000, who have not previously served as teaching staff, diplomats of the American Board of Oral and Maxillofacial Surgery or in the process of becoming board certified? (2-2.3)  

**YES**  NO

*Documentary Evidence:* All eligible members of the OMFS teaching staff, with greater than a .5 FTE commitment appointed after January 1, 2000, who have not previously served as teaching staff, are diplomates of the American Board of Oral and Maxillofacial Surgery, or in the process of becoming board certified.

16. Teaching Staff (Size/Boarded) (Standards 2-2.1, 2-2.2, 2-2.3) (Cont’d)

6. Are foreign trained faculty comparably qualified? (2-2.3)  YES  NO  N/A

*Documentary Evidence:* Not applicable.
Exhibit 3.1
TEACHING STAFF

On the table below, indicate the members of the teaching staff who are scheduled to devote ONE-HALF DAY OR MORE PER WEEK specifically to the program. Indicate whether each staff member listed is a general practitioner or specialist, the number of hours per week, and the number of weeks per year devoted to the program. If the staff member is a specialist, indicate the specialty and board status. Be sure to include the program director.

<table>
<thead>
<tr>
<th>Name</th>
<th>Discipline/ Speciality</th>
<th>Board Status (If Specialist)</th>
<th>Hours per week</th>
<th>Weeks per year</th>
<th>Assignments*</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. Miloro (PD)</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>40</td>
<td>52</td>
<td>SC, T, PA</td>
</tr>
<tr>
<td>A. Kolokythas</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>40</td>
<td>52</td>
<td>SC, T, PA</td>
</tr>
<tr>
<td>J. Jamali</td>
<td>OMFS</td>
<td>In Process</td>
<td>40</td>
<td>52</td>
<td>SC, T, PA</td>
</tr>
<tr>
<td>G. Flick</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>40</td>
<td>52</td>
<td>SC, T, PA</td>
</tr>
<tr>
<td>A. Olsson</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>40</td>
<td>52</td>
<td>SC, T, PA</td>
</tr>
<tr>
<td>I. Satinover</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>16</td>
<td>52</td>
<td>SC, T</td>
</tr>
<tr>
<td>R. Hussain</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>8</td>
<td>52</td>
<td>SC, T</td>
</tr>
<tr>
<td>L. Halkias</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>4</td>
<td>52</td>
<td>SC, T</td>
</tr>
<tr>
<td>M. Pashley</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>4</td>
<td>52</td>
<td>SC</td>
</tr>
<tr>
<td>W. Evans</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>4</td>
<td>52</td>
<td>SC, T</td>
</tr>
<tr>
<td>K. Haddle</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>4</td>
<td>52</td>
<td>SC, T</td>
</tr>
<tr>
<td>T. Skiba</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>24</td>
<td>52</td>
<td>T</td>
</tr>
<tr>
<td>W. Busse</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>16</td>
<td>52</td>
<td>T</td>
</tr>
<tr>
<td>R. Lee</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>16</td>
<td>52</td>
<td>T</td>
</tr>
</tbody>
</table>

*Use the following codes to indicate assignments:

SC—Supervision of residents in clinic
T—Teaching Didactic Sessions (lectures, seminars, courses)
PA—Program Administration
16. Teaching Staff (Size/Boarded) (Standards 2-2.1, 2-2.2, 2-2.3)

(Cont’d)

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-2 The teaching staff must be of adequate size and must provide for the following:

2-2.1 Provide direct supervision appropriate to a resident’s competence, level of training, in all patient care settings.

2-2.2 In addition to the full time program director, the teaching staff must have at least one full time equivalent oral and maxillofacial surgeon as defined by the institution per each authorized senior resident position. One of the teaching staff who are not program directors must be at least half-time faculty as defined by the institution.

2-2.3 Eligible oral and maxillofacial surgery members of the teaching staff, with greater than a .5 FTE commitment appointed after January 1, 2000, who have not previously served as teaching staff, must be diplomates of the American Board of Oral and Maxillofacial Surgery or in the process of becoming board certified. Foreign-trained faculty must be comparably qualified.

For the clinical phases of the program, verify the number of faculty members specifically assigned to the advanced education program in each of the following categories and their educational qualifications:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Number</th>
<th>Board Certified</th>
<th>Candidate for Board Certification</th>
<th>Other (^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time (1.0)</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Half-time (0.5-0.9)</td>
<td>6</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than half-time</td>
<td>6</td>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) Individual is neither a Diplomate of the American Board of Oral and Maxillofacial Surgery (ABOMS), nor a Candidate for ABOMS certification.

Verify the cumulative full-time equivalent (FTE) for all faculty specifically assigned to this advanced education program. For example, a program with the following staffing pattern:

(One full-time (1.00) + one half-time (.50) + one two days per week (.40) + one half day per week (.10) – would have an FTE of 2.00)

Program’s Cumulative FTE: 6.0
17. Teaching Staff (Scholarly activity) (Standard 2-3)

3 There is documentation that the teaching staff are actively involved in scholarly activity.

1 There is no documentation that the teaching staff are involved in scholarly activity.

Self-Study Analysis:

1. Is there evidence of scholarly activity among the oral and maxillofacial surgery faculty? (2-3)

YES NO

Documentary Evidence: There is evidence of scholarly activity with both the full-time and part-time oral and maxillofacial surgery faculty members, including on-going research projects, local, regional, and national presentations, publications, book chapters, editorships, and serving on national organizations.

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

2-2 Scholarly Activity of Faculty: There must be evidence of scholarly activity among the oral and maxillofacial surgery 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, and
c. presentation at scientific meetings and/or continuing education courses at the local, regional, or national level.
PART III: FACILITIES

18. Facility Adequacy (Standards 2-1.2, 3)

3 Institutional facilities and resources that are of special importance adequate to fulfill the needs of the program are:
   a. properly equipped clinical facilities for performance of all ambulatory oral and maxillofacial surgery procedures,
   b. readily accessible and functional equipment and supplies for use in managing medical emergencies, and
   c. physical facilities and equipment oriented for educational activities.

2 Institutional facilities and/or resources are lacking in one of the above components.

1 Institutional facilities and/or resources are lacking in more than one of the above components.

Self-Study Analysis:

1. Do the responsibilities of the program director include ensuring the provision of adequate physical facilities for the educational process? (2-1.2)  
   YES  NO

Documentary Evidence: The Program Director is responsible for the provision of adequate physical facilities for the educational process at UIC College of Dentistry, UIC Medical Center, and the Jesse Brown VA Hospital. The OMFS residents perform dentoalveolar and outpatient complex procedures under local and intravenous sedation anesthesia in the main Oral and Maxillofacial Surgery Clinic at UIC College of Dentistry, which was renovated in 2005, with adequate facilities for outpatient general anesthesia and patient recovery. The dental school is fully operational with all dental specialties represented. The UICMC provides the necessary OR suites and inpatient beds and ancillary services for patient care in OMFS. The JBVA is a VA hospital with all of the necessary services to provide comprehensive patient care, with a new OR suite recently completed, and a new Dental Services Department outpatient clinic just renovated, with plans for a comprehensive renovation of the Oral and Maxillofacial Surgery section as well. Northwestern Memorial Hospital is a Level I trauma hospital.

2. Does the program director have the responsibility for adequate educational resource materials for education of the residents, including access to an adequate health science library? (2-1.4)  
   YES  NO
**Documentary Evidence:** The Program Director has the responsibility for adequate educational resource materials for education of the students/residents, including access to an adequate health science library. The UIC Library of the Health Sciences-Chicago is located 0.1 miles (1750 W. Polk) from the College of Dentistry, and provides on-site resources, as well as online access through Pubmed and Ovid and ScienceDirect e-pub databases. This internet access is provided to all students/residents from any location with internet access. There are more than enough computers located in the COD and UICMC to allow unlimited access to educational resources. The Department of OMFS also has a library of key texts for resident usage as well as PDF versions of major textbooks online at the Departmental storage site (G-drive).

18. **Facility Adequacy (Standards 2-1.2, 3) (Cont’d)**

3. Are institutional facilities and resources adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in the Accreditation Standards for Advanced Specialty Education Programs? (3)

**YES**  **NO**

**Documentary Evidence:** The institutional facilities and resources are adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery. The main outpatient facilities are the UIC COD OMFS clinic, and the JBVA dental/OMFS clinic with adequate support staff and equipment including computers in each operatory. We also have a full-time R.N. in the UIC COD outpatient clinic.

4. Are equipment and supplies for use in managing medical emergencies readily accessible and functional? (3)

**YES**  **NO**

**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, residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.

**Documentary Evidence:** The administrative resources fully support the residency program, with a dedicated Residency Coordinator, front desk staff, billing personnel, dental assistants (5), and a full-time R.N. manager of the outpatient OMFS clinic. The clinical facilities are equipped with more than the minimum of emergency equipment, crash carts (2), monitoring devices, emergency power source, emergency medications, surgical airway devices, positive-pressure oxygen source, high-volume suction and back-up suction. The clinic medications, and drug emergency cart medications, are maintained current by the UICMC Pharmacy, and the equipment is checked for proper function at appropriate periodic intervals.
STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

The responsibilities of the program director must include:

2-1.2 Ensuring the provision of adequate physical facilities for the educational process.
2-1.4 Responsibility for adequate educational resource materials for education of the residents, including access to an adequate health science library.

**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, residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.

STANDARD 3 – FACILITIES AND RESOURCES

Institutional 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, residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.

19. Regulations Compliance (Standard 3)

3 The program documents compliance with applicable institutional policies and regulations of governmental authorities, makes these policies available to the appropriate parties and continuously monitors for compliance with the policies and regulations with regard to:
   a. radiation safety,
   b. hazardous materials,
   c. immunization and infection control, and
   d. continuous recognition/certification of all personnel involved in direct patient care in basic life support procedures.

2 The program is in compliance with applicable institutional policies and regulations as listed above, but fails to make these policies available to the appropriate parties, or fails to continuously monitor compliance.

1 The program is not in compliance with applicable institutional policies and regulations in areas listed above.
Self-Study Analysis:

1. Does the program document its compliance with the institution’s policy and 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?  
   - YES
   - NO

   *Documentary Evidence:* The Department of OMFS complies with all University institutional policies and applicable state, local, and federal regulations at all facilities. All faculty, residents, and staff are required to complete annual on-line training modules on standards and regulations concerning: HIPAA, Hospital Wide Safety, Infection Control, Radiation Safety, Occupational Exposure, Bloodborne Pathogens, and Biohazardous Materials.

2. Are the above policies provided to all residents, faculty and appropriate support staff and continuously monitored for compliance?  
   - YES
   - NO

   *Documentary Evidence:* These policies apply to all students/residents, faculty, and support staff; and compliance is monitored by the COD Office of the Associate Dean for Clinical Affairs.

3. Are policies on bloodborne and infectious diseases made available to applicants or admission and patients?  
   - YES
   - NO

   *Intent:* The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the residents, 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.

   *Documentary Evidence:* Information about the UIC policies for blood-borne pathogens and infectious diseases are available to applicants for admission via the Clinic Manual and the College’s intranet website.

4. Are residents, faculty and appropriate support staff 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 dental personnel?  
   - YES
   - NO

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

   *Documentary Evidence:* All students/residents, faculty, and appropriate support staff are required to be immunized against, and tested, for infectious diseases, including, but not limited to 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 dental personnel.
Are all residents, faculty and support staff involved in the direct provision of patient care continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation? (3)

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

**Documentary Evidence:** All OMFS residents, clinical support staff, and faculty involved in patient care are certified in BLS. OMFS residents and faculty are all ACLS certified, and some faculty and residents are PALS certified as well.

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**STANDARD 3 – FACILITIES AND RESOURCES**

The program must document its compliance with the institution’s policy and 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 residents, 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 residents, 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.

Residents, 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 dental personnel.

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

All residents, 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.
20. Ambulatory Anesthesia Delivery (Standards 3-1, 3-2)

3 Clinical facilities are properly equipped for the administration of general anesthesia and sedation for ambulatory patients and there is space properly equipped for monitoring patients’ recovery from surgery, anesthesia and sedation.

1 Clinical facilities are not properly equipped for the administration of ambulatory general anesthesia and sedation, and for recovery.

Note—The same space can be used for both administration and recovery, but if used in this manner it must be properly equipped.

Self-Study Analysis

1. Are clinical facilities properly equipped for performance of all ambulatory oral and maxillofacial surgery procedures, including administration of general anesthesia and sedation for ambulatory patients? (3-1)  
   YES  NO

Documentary Evidence: All clinical facilities are properly equipped for performance of all ambulatory OMFS procedures, including the safe and efficient administration of general anesthesia and sedation for ambulatory patients, including adults and children.

2. Is there a space properly equipped for monitoring patients’ recovery from ambulatory surgery, general anesthesia and sedation? (3-2)  
   YES  NO

Documentary Evidence: The UIC COD OMFS Clinic has a dedicated five chair, fully equipped and monitored recovery room to properly monitor patient recovery from ambulatory surgery, general anesthesia, and sedation.

STANDARD 3 – FACILITIES AND RESOURCES

3-1 Clinical facilities must be properly equipped for performance of all ambulatory oral and maxillofacial surgery procedures, including administration of general anesthesia and sedation for ambulatory patients.

3-2 There must be a space properly equipped for monitoring patients’ recovery from ambulatory surgery, general anesthesia and sedation.
PART IV: CURRICULUM

21. Program and Rotation Duration (Standards 4, 4-1, 4-2, 4-3.4)

3 The program is at least 48 months in length and provides:
   a. 30 months of clinical oral and maxillofacial surgery at sponsoring or affiliated institutions, with
   b. 12 months of the 30 months at a senior level of responsibility, 6 months of which is in the final year, and
   c. 12 additional months of clinical surgical or medical education exclusive of oral and maxillofacial surgery service assignments.

2 The program is deficient in one of the curriculum components listed above.

1 The program is deficient in more than one of the curriculum components listed above.

Self-Study Analysis:

1. Is the advanced specialty education program designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and oriented to the accepted standards of specialty practice as set forth in the Accreditation Standards for Advanced Specialty Education Programs? (4) YES NO

Intent: The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-doctoral, entry level dental training or continuing education requirements and the material and experience satisfies standards for the specialty.

Documentary Evidence: The OMFS residency training program is designed to provide advanced specialty training that fulfills, or exceeds, the requirements set forth in the CODA Accreditation Standards. This designation is ensured through the development of stated goals and educational objectives, as well as a constant reappraisal process of outcomes assessment and the resultant institution of programmatic changes, as necessary.

2. Is the level of specialty area instruction in certificate and degree-granting programs comparable? (4) YES NO N/A

Intent: The intent is to ensure that the residents of these programs receive the same educational requirements as set forth in these Standards.

Documentary Evidence: Not applicable.
21. Program and Rotation Duration (Standards 4, 4-1, 4-2, 4-3.4) (Cont’d)

3. If the institution/program enrolls part-time residents, does the institution have guidelines regarding enrollment of part-time residents? (4)  
   YES  NO  N/A

   Documentary Evidence: Not applicable.

4. If the institution/program enrolls part-time residents, do they start and complete the program within a single institution, except when the program is discontinued? (4)  
   YES  NO  N/A

   Documentary Evidence: Not applicable.

5. If the institution/program enrolls residents on a part-time basis, does the director of the accredited program ensure that:
   a) The educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time residents? (4)  
      YES  NO  N/A

   And  
   b) There are an equivalent number of months spent in the program? (4)  
      YES  NO  N/A

6. Does the advanced specialty education program in oral and maxillofacial surgery encompass a minimum duration of 48 months of full-time study? (4-1)  
   YES  NO

   Documentary Evidence: The OMFS residency program is accredited for 3 residents per year, with 2 residents in a 48 month OMFS certificate program, and 1 resident in a 72 month integrated M.D. program.

21. Program and Rotation Duration (Standards 4, 4-1, 4-2, 4-3.4) (Cont’d)

7. Does each resident devote a minimum of 30 months to clinical oral and maxillofacial surgery? (4-2)  
   YES  NO

   Intent: While enrolled in an oral and maxillofacial surgery program, full-time rotations on the oral and maxillofacial surgery service while doing a non-oral and maxillofacial surgery residency year or full-time service on oral and maxillofacial surgery during vacation times during medical school may be counted toward this requirement.

   Documentary Evidence: Each resident enrolled in the 48 month OMFS program spends a total of 34 months on clinical OMFS rotations, while each resident in the 72 month program spends a total of 39 months on clinical OMFS rotations.
8. Are twelve months of the time spent on the oral and maxillofacial surgery service at a senior level of responsibility? YES  NO

(4-2.1)

**Documentary Evidence:** In both the 48 and 72 month programs, the final 12 months of the program are spent on the OMFS service at a senior level of responsibility.

9. Are six of the twelve months of the time spent on the oral and maxillofacial surgery service at a senior level of responsibility in the final year? YES  NO

(4-2.1)

**Documentary Evidence:** The final 12 months of the program are spent on the OMFS service at a senior level of responsibility.

**Intent:** Senior level responsibility means residents serving as first assistant to attending surgeon on major cases.

10. Are other rotations of 2 additional months of clinical surgical or medical education assigned? YES  NO

(4-3.4)

**Documentary Evidence:** In addition to the required rotations, there are 2 months of required rotations on the Trauma Surgery service.

21. Program and Rotation Duration (Standards 4, 4-1, 4-2, 4-3.4) (Cont’d)

11. Are they exclusive of all oral and maxillofacial surgery service assignments? YES  NO

(4-3.4)

**Documentary Evidence:** When assigned to any off-service rotations, the OMFS residents participate fully in all scheduled activities of their respective service (Medicine, Surgery, Anesthesia, Trauma) including clinics, rounds, seminars, and usual on-call responsibilities, where applicable. These activities are exclusive of all OMFS assignments during this time.

<table>
<thead>
<tr>
<th>STANDARD 4 - CURRICULUM AND PROGRAM DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The advanced specialty education program must be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards of specialty practice as set forth in specific standards contained in this document.</td>
</tr>
</tbody>
</table>

**Intent:** The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-doctoral, entry level dental training or continuing education requirements and the material and experience satisfies standards for the specialty.

The level of specialty area instruction in the certificate and degree-granting programs must be comparable.
Intent: The intent is to ensure that the residents of these programs receive the same educational requirements as set forth in these Standards.

Documentation of all program activities must be ensured by the program director and available for review.

21. Program and Rotation Duration (Standards 4, 4-1, 4-2, 4-3.4, 4-3.5) (Cont’d)

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

If an institution and/or program enrolls part-time residents, the institution must have guidelines regarding enrollment of part-time residents. Part-time residents must start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls residents on a part-time basis must ensure that: (1) the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time residents; and (2) there are an equivalent number of months spent in the program.

4-1 An advanced specialty education program in oral and maxillofacial surgery must encompass a minimum duration of 48 months of full-time study.

4-2 Each resident must devote a minimum of 30 months to clinical oral and maxillofacial surgery.

4-3.4 Other Rotations: Two additional months of clinical surgical or medical education must be assigned. These must be exclusive of all oral and maxillofacial surgery service assignments.

Verify program duration for:

a. Full-time residents 48 or 72 (months)
b. Part-time residents (if applicable) (months)

Verify that the Program grants: __X__ Certificate __X__Degree __X__Both

22. Foreign Rotations (Standard 4-2.2)

3 Rotations to affiliated institutions outside the U.S. do not account for more than two months of the 30-month core curriculum in OMS and there is a formal affiliation agreement documenting the responsibilities and supervision of the residents on such rotations.
1. Evidence of appropriate supervision of residency activities or of appropriate levels of resident responsibilities is lacking, or there is no documentation of affiliation agreement with foreign institution.

N/A No foreign rotation exists.

22. Foreign Rotations (Standard 4-2.2) (Cont’d)

Self-Study Analysis:

1. Do foreign rotations fulfill the requirements for affiliations outlined in Standard 1? (4-2.2)

   YES  NO  N/A

Documentary Evidence: No foreign rotation exists.

---

**STANDARD 4 – CURRICULUM AND PROGRAM DURATION**

4-2.2 Rotations to affiliated institutions outside the United States may be used to supplement the core training experience. Up to two months of the core 30-month requirement for clinical oral and maxillofacial surgery may be used for foreign rotations. Surgical procedures performed during foreign rotations will not count toward fulfillment of the 75 major surgical patients.

Foreign rotations must fulfill the requirements for affiliations outlined in Standard 1.

---

23. Private Practice Rotations (Standards 3, 4-2.3)

3. The following three criteria are all met:
   a. Training in a private practice facility is no longer than two (2) months of the core 30 months on OMS in duration.
   b. In order to ensure the integrity of the educational process, the preoperative, intraoperative and postoperative parts of the procedures undertaken have active resident participation.
   c. The treatment rendered by the resident is under OMS teaching staff supervision and all residents keep a logbook of the procedures performed.

1. The program is deficient in one or more of the curriculum components listed above.

N/A No rotation at a private practice facility occurs.
Self-Study Analysis:

1. Is training in a private practice facility no longer than 2 months in duration? (4-2.3)  
   
   YES  NO  N/A

   Documentary Evidence: Not applicable.

2. Do the preoperative, intraoperative and postoperative parts of the procedures undertaken have intimate resident participation? (4-2.3)  
   
   YES  NO  N/A

   Documentary Evidence: Not applicable.

3. Is the treatment rendered by the resident under staff supervision? (4-2.3)  
   
   YES  NO  N/A

   Documentary Evidence: Not applicable.

23. Private Practice Rotations (Standards 3, 4-2.3) (Cont’d)

4. Does the resident keep a logbook of the procedures performed? (4-2.3)  
   
   YES  NO

   Intent: Experience can be gained in segments of less than a month or week at a time. A month is no less than 20 work days. Resident serves as first assistant for the majority of surgical procedures performed during this rotation. They are to be present for most pre-and post-operative patient visits.

   Documentary Evidence: Not applicable.

5. Are private office facilities used as a means of providing clinical experiences in advanced specialty education? (3)  
   
   YES  NO

   Documentary Evidence: Not applicable.

STANDARD 3 – FACILITIES AND RESOURCES

The use of private office facilities as a means of providing clinical experiences in advanced specialty education is not approved, unless the specialty has included language that defines the use of such facilities in its specialty specific standards.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-2.3 Training in a private practice facility must be no longer than two (2) months of the core 30 months in duration. In order to ensure the integrity of the educational process, the preoperative, intraoperative and postoperative parts of the procedures undertaken must have active resident participation. The treatment rendered by the resident must be under OMS teaching staff supervision and the resident must keep a logbook of the procedures performed. The cases performed by the resident on this rotation are part of the total oral and maxillofacial surgery case requirement.
24. **Rotation on the Anesthesia Service (Standard 4-3.1)**

3. A minimum of four months is spent on the anesthesia service full-time with the resident functioning at a commensurate level of responsibility as an anesthesia resident. The resident participates fully in all the teaching activities of the service including on call responsibilities, if applicable.

2. Four months are spent on the anesthesia service, but the rotation on the anesthesia service does not include appropriate level of responsibility.

1. Less than 4 months are spent on the anesthesia service or the rotation is not full-time.

**Self-Study Analysis:**

1. Is the anesthesia service assignment for a minimum of 4 months? (4-3.1) **YES NO**

*Documentary Evidence:* The anesthesia service assignment is for a period of 6 months, with one of those months dedicated fully to Pediatric Anesthesia. This rotation occurs in PGY2 year for the 48 month program, and during the PGY3 year for the 72 month program upon completion of the M.D. degree portion of the training program.

2. Does the resident function as an anesthesia resident with commensurate level of responsibility? (4-3.1) **YES NO**

*Intent:* Any regular outpatient assignment provided by anesthesia is acceptable. Oral and maxillofacial surgery residents rotating on the anesthesia service have levels of responsibility identical to those of the anesthesia residents, and abide by the anesthesia department’s assignments and schedules. Part of this time can be as a medical resident as long as oral and maxillofacial surgery trainee functions at the anesthesia resident level.

*Documentary Evidence:* The OMFS resident will function as an anesthesia resident with a commensurate level of responsibility, including on-call responsibilities. For the two residents in the 48 month program each spending 6 months on the Anesthesia, the Anesthesia service maintains a non-categorical position for the OMFS resident that is divided between the two residents at six month intervals.

<table>
<thead>
<tr>
<th>STANDARD 4 – CURRICULUM AND PROGRAM DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-3.1 Anesthesia Service: The assignment <strong>must</strong> be for a minimum of 4 months. The resident <strong>must</strong> function as an anesthesia resident with commensurate level of responsibility.</td>
</tr>
</tbody>
</table>
24. Rotation on the Anesthesia Service (Standard 4-3.1) (Cont’d)

Verify all other services of the hospital(s) to which residents are assigned:

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount of Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia Service</td>
<td>6 months</td>
</tr>
<tr>
<td>Medicine Service</td>
<td>2 months (48 month program)</td>
</tr>
<tr>
<td>Surgery Service</td>
<td>4 months (48 month program)</td>
</tr>
<tr>
<td>Trauma Service</td>
<td>2 months (48 month program)</td>
</tr>
<tr>
<td>Other Service</td>
<td></td>
</tr>
<tr>
<td>Other Service</td>
<td></td>
</tr>
<tr>
<td>Other Service</td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>14 months</strong></td>
</tr>
</tbody>
</table>

25. Ambulatory Anesthesia Curriculum – Didactic Component
(Standards 4-9.3)

3. Documentation exists of a specific core comprehensive didactic curriculum for ambulatory anesthesia management including a wide array of anesthesia and sedation techniques, and all methods of pain and anxiety control. The curriculum addresses airway management, pediatric and adult anesthesia, patient evaluation, risk assessment, anesthesia and sedation techniques, monitoring and the diagnosis and management of complications. Included in the didactic program is certification in ACLS of all residents.

2. Residents learn anesthesia techniques through clinical experience and periodic lectures. No specific didactic curriculum plan exists.

1. There is no specific or informal curriculum for ambulatory anesthesia education.

Self-Study Analysis:

25. Ambulatory Anesthesia Curriculum – Didactic Component
(Standards 4-9.3) (Cont’d)

1. Is the clinical program supported in part by a core comprehensive didactic program on general anesthesia, deep sedation and other methods of pain and anxiety control? (4-9.3) 

YES NO

_Documentary Evidence:_ A comprehensive didactic program in conscious sedation, deep sedation, general anesthesia and other modalities of pain and anxiety control are included as part of the core curriculum in OMFS delivered through the Grand Rounds lecture series. The
didactic program includes a lecture series on local anesthesia, nitrous oxide, and inhalational agents, pharmacology of anesthetic agents including indications, contraindications and techniques of administration. The OMFS residents are also assigned to the Anesthesiology service for 6 months, at which time they attend all scheduled didactic conferences of the Anesthesia department. Additionally, there is a course on Conscious Sedation, Anesthesia, and Pharmacology (OSUR510) for OMFS residents each year. Also, Anesthesia topics are addressed during the journal club sessions. In addition, we have several Continuing Education courses on Anesthesia issues and residents attend, and occasionally, lecture at these CE courses. All residents are ACLS certified.

2. Is Advanced Cardiac Life Support (ACLS) certification obtained in the first year of the residency?  
   
   YES  NO

*Documentary Evidence:* All OMFS residents obtain ACLS certification during the PGY1 year and maintain an active ACLS certification throughout the residency program.

3. Is ACLS maintained throughout residency training?  
   
   YES  NO

*Documentary Evidence:* All residents maintain active ACLS certification throughout the residency program.

**STANDARD 4 – CURRICULUM AND PROGRAM DURATION**

4-9.3 The clinical program must be supported in part by a core comprehensive didactic program on general anesthesia, deep sedation and other methods of pain and anxiety control. This includes Advanced Cardiac Life Support (ACLS) certification (Advanced Cardiac Life Support must be obtained in the first year of residency and must be maintained throughout residency training), lectures and seminars emphasizing patient evaluation, risk assessment, anesthesia and sedation techniques, monitoring, and the diagnosis and management of complications. Residents should be certified in Pediatric Advanced Life Support (PALS) upon completion of training.

26. Ambulatory Anesthesia Curriculum – Clinical Component  
(Standards 4-9, 4-9.1, 4-9.2)

3 There is evidence of progressive and longitudinal experience in all aspects of anxiety and pain control. For each authorized final year resident position 100 general anesthetics and deep sedations are administered. Sedation and general anesthesia procedures are performed in sufficient numbers to provide competence in pediatric and adult ambulatory anesthesia.

2 There is lack of evidence of longitudinal experience in all aspects of anxiety and pain control. For each authorized final year resident position 100 general anesthetics and deep sedations are administered. However, a substantial
portion of the procedures are not general anesthetics, or few pediatric cases are performed.

1. Less than 100 general anesthetics and deep sedations per authorized final year resident are performed, or an insufficient number of pediatric anesthetic techniques to train residents to competency are provided.

Self-Study Analysis:

1. Is the off-service rotation in anesthesia supplemented by longitudinal and progressive experience throughout the training program in all aspects of pain and anxiety control?  (4-9)

   **YES**  **NO**

Documentary Evidence: The off-service rotation in Anesthesia is supplemented by a longitudinal and progressive experience throughout the training program in all aspects of pain and anxiety and includes a didactic component as part of the OMFS program, and, when on the Anesthesia rotation, all residents are required to attend all conferences, lectures, seminars, and rounds with the Anesthesia residents in addition to adhering to their clinical and on-call assignments. The residents are exposed to clinical outpatient anesthesia in the PGY1 year, and this ensures early Anesthesia training and allows for progressive outpatient anesthesia experiences throughout resident training. This is supplemented with progressively increased levels of responsibility in clinical experience in inpatient and ambulatory anesthesia for adult and pediatric patients.

26. Ambulatory Anesthesia Curriculum – Clinical Component (Standards 4-9, 4-9.1, 4-9.2) (Cont’d)

2. Does the outpatient surgery experience ensure adequate training in both general anesthesia and deep sedation for oral and maxillofacial surgery procedures on adult and pediatric patients?  (4-9)

   **YES**  **NO**

Documentary Evidence: The outpatient surgery experience ensures adequate training in both general anesthesia and deep sedation for OMFS procedures on adult and pediatric patients. This is one of the most impressive aspects of this residency training program.

3. For each authorized final year resident position, do residents administer general anesthesia/deep sedation to a minimum of 100 ambulatory oral and maxillofacial surgery patients per year?  (4-9.1)

   **YES**  **NO**

Documentary Evidence: Based upon the outpatient statistics from January 1, 2011-December 31, 2012, the number of ambulatory general anesthesia/deep sedation procedures performed by the OMFS residents was 1,365, and this is in excess of 100 cases per senior level resident per year.
4. Is a substantial number of ambulatory oral and maxillofacial surgery patient’s general anesthetics?  **YES**  **NO**  

**Intent:** A substantial number means at least 10. The pediatric portion of this requirement is that the resident be trained in the unique anatomical/pharmacological/physiological variations of the pediatric anesthesia patient (defined as 12 years of age or under).

**Documentary Evidence:** According to the records from January 1, 2011-December 31, 2011, there were 1,309 ambulatory anesthetic cases and only 37 cases were IV sedation cases. Approximately 15% (199) were pediatric outpatient anesthetic experiences (defined as 12 years or younger).

5. Do residents obtain extensive training and experience in all aspects of parenteral and inhalation sedation techniques?  **YES**  **NO**  

**Documentary Evidence:** Residents obtain extensive training and experience in all aspects of parenteral and inhalation sedation techniques, including conscious sedation and deep sedation/general anesthesia with nitrous oxide, intravenous agents and IM sedation in conjunction with IV sedation for the pediatric population. This experience and training is gained during the Anesthesiology rotation, as well as in the outpatient OMFS clinic.

26. **Ambulatory Anesthesia Curriculum – Clinical Component**  
(Standards 4-9, 4-9.1, 4-9.2) (Cont’d)

<table>
<thead>
<tr>
<th>STANDARD 4 – CURRICULUM AND PROGRAM DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-9 The off-service rotation in anesthesia must be supplemented by longitudinal and progressive experience throughout the training program in all aspects of pain and anxiety control. The clinical practice of ambulatory oral and maxillofacial surgery requires familiarity, experience and capability in ambulatory techniques of general anesthesia. The outpatient surgery experience must ensure adequate training in both general anesthesia and deep sedation for oral and maxillofacial surgery procedures on adult and pediatric patients. This includes competence in managing the airway.</td>
</tr>
<tr>
<td>4-9.1 For each authorized final year resident position, residents must administer general anesthesia/deep sedation to a minimum of 100 ambulatory oral and maxillofacial surgery patients per year, a substantial number of which must be general anesthetics.</td>
</tr>
<tr>
<td>4-9.2 In addition to general anesthesia/deep sedation, the residents must also obtain extensive training and experience in all aspects of parenteral and inhalation sedation techniques.</td>
</tr>
</tbody>
</table>
Verify the number of outpatient general anesthetics and deep sedations administered by the residents for a three-month period:

<table>
<thead>
<tr>
<th></th>
<th>ADULTS</th>
<th>CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Anesthetics</td>
<td>272</td>
<td>48</td>
</tr>
<tr>
<td>Deep Sedations</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>278</td>
<td>51</td>
</tr>
</tbody>
</table>

27. **History and Physical Diagnosis** (Standards 4-6, 4-6.1)

3 All patients admitted to the OMS teaching service have a complete history and physical examination performed and recorded by an oral and maxillofacial surgery resident who is documented as competent (credentialed) following a formally structured course in physical diagnosis with instruction initiated in the first year of the program.

2 Instruction in physical diagnosis is not initiated in the first year of the program. However, the other criteria for this element are met.

1 Not all patients admitted to the OMS teaching service have a history and physical examination performed and recorded by a qualified oral and maxillofacial surgery resident or all residents do not receive a formal course in physical diagnosis, or are not documented as competent.

**Self-Study Analysis:**

1. Is a formally structured didactic and clinical course in physical diagnosis provided by individuals privileged to perform histories and physical animations? **YES** **NO**

   **Documentary Evidence:** The formal course in Physical Diagnosis occurs during August in the PGY1 year of training. This course is instructed by the Internal Medicine Department at UIC COM. Requirements for successful completion of this course include attendance and active participation at all lectures, and faculty review of a history and physical performed by the resident. We have instituted a new format for the Physical Diagnosis training this year to include Simulation technology, a format used by the COM and other surgical services.

2. Is resident competency in physical diagnosis documented by qualified members of the teaching staff? **YES** **NO**

   **Documentary Evidence:** Resident competency in Physical Diagnosis is documented by the Internal Medicine faculty who teach the course, and is confirmed by the OMFS Program Director. Successful completion of the simulation classes is also documented.
27. **History and Physical Diagnosis** (Standards 4-6, 4-6.1) (Cont’d)

3. Is instruction in physical diagnosis initiated in the first year of the program to ensure that residents have the opportunity to apply this training throughout adult and pediatric patients?  

   **YES**  **NO**

**Intent:** *A medical resident level course in physical diagnosis, or a faculty led, formally structured and comprehensive physical diagnosis course that includes didactic and practical instruction.*

**Documentary Evidence:** Instruction in physical diagnosis is initiated in the first year of the program to ensure that students/residents have the opportunity to apply this training throughout adult and pediatric patients.

4. Do patients admitted on the OMS service have a complete history and physical examination performed by an oral and maxillofacial surgery resident?  

   **YES**  **NO**

**Intent:** *It is expected that surgical patients undergo a routine history and physical by the residents.*

**Documentary Evidence:** All patients admitted to the OMFS service have a history and physical examination performed by an OMFS resident.

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**STANDARD 4 – CURRICULUM AND PROGRAM DURATION**

4-6   Educating residents to take a complete medical history and perform a comprehensive physical evaluation is an essential component of an oral and maxillofacial surgery residency program. A formally structured didactic and clinical course in physical diagnosis must be provided by individuals privileged to perform histories and physical examinations. Resident competency in physical diagnosis must be documented by qualified members of the teaching staff. This instruction must be initiated in the first year of the program to ensure that residents have the opportunity to apply this training throughout the program on adult and pediatric (12 years of age or under) patients.

4-6.1 Patients admitted to the OMS service must have a complete history and physical examination performed by an oral and maxillofacial surgery resident.

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28. **Medicine Rotation** (Standards 4-3, 4-3.2, 4-3.4)

3   Off-service experience for a minimum of two months of clinical medicine, preferably by rotation to the medicine service, is provided for each resident, who then devotes full-time to that service, participating in all teaching activities and on-call assignments of that service, exclusive of all oral and maxillofacial surgery service assignments.
An additional two months training in clinical medicine may be provided in fulfillment of Standard 4-3.4.

2 The off-service rotation for clinical medicine is not full-time, as defined by the medicine service, but is at least two months.

1 At least two months of clinical medicine education through an off-service rotation is not provided to each resident.

Self-Study Analysis:

1. Does the residency program in oral and maxillofacial surgery include education and training in the basic and clinical sciences, which are integrated into the training program? (4-3)  
   YES  NO

   **Documentary Evidence:** The residency program in OMFS includes education and training in the basic and clinical sciences which are integrated into the training program. All PGY1 residents attend several required courses including Head and Neck Anatomy, Pharmacology, Oral Pathology, Craniofacial Deformities, Statistics, Sedation, and Physical Diagnosis. The OMFS Grand Rounds seminars include topics in all aspects of the specialty of OMFS and practice management. There are weekly inter-departmental conferences and multidisciplinary conferences in Oral Pathology with CPCs, orthodontics and orthognathic surgery with the Orthodontic postgraduate program, and a Multidisciplinary Implant Conference weekly with the Departments of Periodontics and Prosthodontics. There are weekly multidisciplinary Tumor Board conferences for UICMC and the JBVA. A hands-on surgical head and neck anatomy cadaver course is offered with Stryker CMF, and one resident per year attend this course. There is also a UIC OMFS cadaver course that occurs every other year at the COM.

2. Is a distinct and specific curriculum provided in anesthesia, clinical medicine and surgery? (4-3)  
   YES  NO

   **Documentary Evidence:** A distinct and specific curriculum is provided in anesthesia, clinical medicine and surgery. Didactic and clinical training in anesthesia is provided during the six-month anesthesia rotation, the Conscious Sedation course to OMFS residents, and there is a distinct series of lectures within the OMFS Grand Rounds curriculum devoted to Anesthesia. Didactic training in medicine is provided during the Physical Diagnosis course and the 2 month Medicine rotation, and the Grand Rounds didactic block devoted to Medicine. Didactic training in surgery is provided during the General Surgery rotation and includes attendance at Surgical Grand Rounds and weekly M&M conferences, and all General Surgery departmental conferences.

3. Does the integrated clinical science curriculum include off-service rotations, lectures and seminars given during the oral and maxillofacial surgery training program by oral and maxillofacial surgery residents and attending staff? (4-3)  
   YES  NO
Documentary Evidence: The integrated clinical science curriculum includes off-service rotations, lectures, and seminars provided during the oral and maxillofacial surgery training program by oral and maxillofacial surgery students/residents and attending staff. These include the OMFS Grand Rounds series of core lectures in OMFS, and the courses in Craniofacial Deformities, Craniofacial Development and Regeneration, Head and Neck Anatomy, Pharmacology, Oral Pathology, Statistics, Sedation, and Physical Diagnosis, and conferences in Oral Pathology, Orthodontics, and Tumor Board, and Journal Clubs and OMFS Morbidity and Mortality Conferences. The majority of lectures are provided by the OMFS faculty, and invited faculty from other Departments, but residents do prepare and present lectures as well.

28. Medicine Rotation (Standards 4-3, 4-3.2, 4-3.4) (Cont’d)

4. When assigned to another service, does the oral and maxillofacial surgery resident devote full-time to the service and participate fully in all the teaching activities of the service, including regular on-call responsibilities? (4-3) **YES** **NO**

Documentary Evidence: When assigned to another service, the oral and maxillofacial surgery student/resident devotes full-time to the service and participates fully in all the teaching activities of the service, including regular on-call responsibilities, with no responsibilities to the OMFS service.

5. Is a minimum of 2 months of clinical medical experience provided on the medicine service? (4-3.2) **YES** **NO**

Intent: The intent is to gain the highest educational content possible even if trainee does not have complete management authority over patients. This experience should be at the medical resident clerk level or higher, and may include rotation on medical specialty services.

Documentary Evidence: 2 months of clinical medical experience provided on the Internal Medicine service.

6. Are other rotations of 2 additional months of clinical surgical or medical education assigned? (4-3.4) **YES** **NO**

Documentary Evidence: Two additional months of Trauma Surgery are assigned in the PGY2 year.

7. Are they exclusive of all oral and maxillofacial surgery service assignments? (4-3.4) **YES** **NO**

Documentary Evidence: While assigned to off-service rotations the OMFS residents participate fully in all scheduled activities of the particular service including clinics, rounds, seminars and on-call responsibilities where applicable, and are exclusive of all OMFS assignments.
### 28. Medicine Rotation (Standards 4-3, 4-3.2, 4-3.4) (Cont’d)

**STANDARD 4 – CURRICULUM AND PROGRAM DURATION**

| 4-3 | The residency program in oral and maxillofacial surgery must include education and training in the basic and clinical sciences, which is integrated into the training program. A distinct and specific curriculum must be provided in anesthesia, clinical medicine and surgery. The integrated clinical science curriculum must include off-service rotations, lectures and seminars given during the oral and maxillofacial surgery training program by oral and maxillofacial surgery residents and attending staff. Course work and training taken as requirements for the medical degree and the general surgery residency year provided within integrated MD/oral and maxillofacial surgery training programs may also qualify to satisfy some of the clinical science curriculum requirements. When assigned to another service, the oral and maxillofacial surgery resident must devote full-time to the service and participate fully in all the teaching activities of the service, including regular on-call responsibilities. |
| 4-3.2 | Medical Service: A minimum of 2 months of clinical medical experience must be provided. |
| 4-3.4 | Other Rotations: Two additional months of clinical surgical or medical education must be assigned. These must be exclusive of all oral and maxillofacial surgery service assignments. |

### 29. Surgery Rotation (Standards 4-3, 4-3.3, 4-3.4)

| 3 | Off-service experience for a minimum of 4 months of clinical surgery, preferably by rotation to the general surgery service, is provided for each resident who functions as a surgery resident with commensurate level of responsibility, and who devotes full-time to that service, inclusive of all teaching activities and on-call assignments of that service, and exclusive of all oral and maxillofacial surgery service assignments. [An additional two months of clinical surgery may be provided in fulfillment of Standard 4-3.4.] |
| 2 | The off-service rotation for clinical surgery is not full-time, as defined by the surgical service, but is at least 4 months, and fulfills some of the objectives of the rotation. |
| 1 | A minimum of 4 months of full time clinical surgery education at a resident level of responsibility by off-service |
rotation is not provided to each resident or does not meet the goals and objectives of this clinical rotation.

29. Surgery Rotation (Standards 4-3, 4-3.3, 4-3.4) (Cont’d)

Self-Study Analysis:

1. Is a minimum of 4 months of clinical surgical experience provided on the general surgery service? (4-3.3)

   YES  NO

Documentary Evidence: 4 months of clinical surgical experience is provided on the General Surgery service.

2. Does the resident function as a surgery resident with commensurate level of responsibility? (4-3.3)

   YES  NO

Intent: The intent is to provide residents with adequate training in pre- and post-operative care, as well as experience in intra-operative techniques. This should include management of critically ill patients. Oral and maxillofacial surgery residents operate at a PGY-1 level of responsibilities or higher, and is on the regular night call schedule.

Documentary Evidence: All OMFS residents function as General Surgery residents with commensurate level of responsibility. OMFS residents are assigned on-call responsibilities. In accordance with ACGME requirements, residents must abide by the 80-hour work week guidelines.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-3 The residency program in oral and maxillofacial surgery must include education and training in the basic and clinical sciences, which is integrated into the training program. A distinct and specific curriculum must be provided in anesthesia, clinical medicine and surgery.

The integrated clinical science curriculum must include off-service rotations, lectures and seminars given during the oral and maxillofacial surgery training program by oral and maxillofacial surgery residents and attending staff. Course work and training taken as requirements for the medical degree and the general surgery residency year provided within integrated MD/oral and maxillofacial surgery training programs may also qualify to satisfy some of the clinical science curriculum requirements.

When assigned to another service, the oral and maxillofacial surgery resident must devote full-time to the service and participate fully in all the teaching activities of the service, including regular on-call responsibilities.
4-3.2 Medical Service: A minimum of 2 months of clinical medical experience must be provided. The medical experience should be achieved by rotation to the medicine service.

4-3.4 Other Rotations: Two additional months of clinical surgical or medical education must be assigned. These must be exclusive of all oral and maxillofacial surgery service assignments.

30. Weekly Conferences (Standard 4-4)

3 Departmental seminars and conferences are held weekly. These provide instruction in the broad scope of oral and maxillofacial surgery, and related sciences, and include retrospective case reviews, clinicopathological conferences, tumor conferences and lectures; the majority of such presentations are given by members of the teaching staff, but also by guest presenters and the residents.

2 Departmental seminars and conferences do not include retrospective case reviews, clinicopathological conferences or tumor conferences, but meet other criteria.

1 Departmental seminars and conferences are not conducted weekly or are not presented a majority of the time by members of the teaching staff, or do not provide instruction in the broad scope of oral and maxillofacial surgery.

Self-Study Analysis:

1. Are weekly departmental seminars and conferences, directed by participating members of the teaching staff, conducted to augment the biomedical science and clinical program? (4-4)  

Documentary Evidence: Weekly departmental seminars and conferences are directed by participating members of the teaching staff, and conducted to augment the biomedical science and clinical program.

2. Are the weekly departmental seminars scheduled and structured to provide instruction in the broad scope of oral and maxillofacial surgery and related sciences? (4-4)  

Documentary Evidence: The weekly departmental seminars are scheduled and structured to provide instruction in the broad scope of oral and maxillofacial surgery and related sciences. Specifically, the OMFS Grand Rounds conferences follow the format of the annual OMSITE examination topics.
3. Do the weekly departmental seminars include retrospective audits, clinico-pathological conferences, tumor conferences and guest lecture?  **YES**  NO  

**Documentary Evidence:** Weekly departmental seminars include retrospective audits, clinico-pathologic conferences, and tumor board conferences. Monthly Departmental audits, QA/CQI, and M&M conferences assist in these internal evaluations. Resident case conferences are held weekly as well. The weekly UIC and JBVA Head and Neck Tumor Boards are jointly attended by the OMFS and ENT services weekly.

4. Is the majority of teaching sessions presented by members of the teaching staff?  **YES**  NO  

**Documentary Evidence:** The majority of all of these teaching sessions are presented by members of the teaching staff, although residents present at these teaching sessions as well.

5. Do residents prepare and present departmental conferences?  **YES**  NO  

**Documentary Evidence:** Residents prepare and present during departmental conferences, including the OMFS Grand Rounds lecture series weekly, as well as the Resident Case Conferences each week, structured in a Mock Board format. This allows the residents to develop their public speaking skills and teaching abilities in a group format.

**STANDARD 4 – CURRICULUM AND PROGRAM DURATION**

4-4 Weekly departmental seminars and conferences, directed by participating members of the teaching staff, **must** be conducted to augment the biomedical science and clinical program. They **must** be scheduled and structured to provide instruction in the broad scope of oral and maxillofacial surgery and related sciences and **must** include retrospective audits, clinicopathological conferences, tumor conferences and guest lectures. The majority of teaching sessions **must** be presented by members of the teaching staff. Residents **must** also prepare and present departmental conferences.

31. **Basic Science Curriculum (Standards 4-5, 4-5.1)**

3 Instruction in basic biomedical sciences at an advanced level beyond that of the predoctoral dental curriculum is provided by means of formal courses, seminars, conferences, rotations to other services of the hospital or by completion of requirements for the M.D. or other advanced degree; the instruction includes:

a. anatomy, including surgical approaches used in various oral and maxillofacial surgery procedures,

b. growth and development,

c. physiology,
d. pharmacology, 
e. microbiology, and 
f. pathology.

2 Instruction in one of the areas of basic biomedical sciences listed above is deficient.

1 Instruction in more than one area of basic biomedical sciences is deficient.

Self-Study Analysis:

1. Is instruction in the basic biomedical sciences at an advanced level beyond that of the predoctoral dental curriculum? (4-5)

   YES  NO

Documentary Evidence: Instruction in the basic biomedical sciences is at an advanced level beyond that of the predoctoral dental curriculum for all OMFS residents in each of the required courses for the OMFS postgraduate residency program.

2. Does instruction in anatomy include surgical approaches used in various oral and maxillofacial surgery procedures? (4-5.1)

   YES  NO

Documentary Evidence: Instruction in anatomy includes surgical approaches used in various oral and maxillofacial surgery procedures. The Advanced Head and Neck Anatomy course uses cadaver dissection and this course is supplemented with the annual Stryker CMF cadaver course, as well as the comprehensive UIC OMFS Head and Neck Cadaveric Dissection with CMF Surgical Approaches sessions.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-5 Instruction in the basic biomedical sciences at an advanced level beyond that of the predoctoral dental curriculum must be provided. These sciences include anatomy (including growth and development), physiology, pharmacology, microbiology and pathology. This instruction may be provided through formal courses, seminars, conferences or rotations to other services of the hospital.

4-5.1 This instruction may be met through the completion of the requirements for the M.D. or any other advanced degrees. Instruction in anatomy must include surgical approaches used in various oral and maxillofacial surgery procedures.

32. Clinical Ambulatory Oral-Maxillofacial Surgery (Scope) (Standards 4-7, 4-8)

   3 Ambulatory OMS training provides a progressively graduated sequence of education and experience ensuring training in a broad range of procedures, in adults and children, including all of the following: management of pathologic conditions, dentoalveolar
surgery, implant placement, hard tissue augmentation, and surgery of mucogingival tissues.

2 Ambulatory OMS training provides described above, but is deficient in one of the specified areas.

1 Ambulatory OMS training fails to provide a progressively graduated sequence of education and experience ensuring training in a broad range of procedures or is deficient in more than one of the specified areas.

**Self-Study Analysis:**

1. Does the program provide a complete, progressively graduated sequence of outpatient, inpatient and emergency room experiences?  
   **YES** **NO**
   
   **Documentary Evidence:** The OMFS residency program is structured to allow residents to be assigned responsibilities commensurate with their level of training and experience expanding their didactic and diagnostic skills through history and physical examinations, interpretations of radiographs and laboratory values. Additionally, residents learn the inpatient management of patients during the patient's hospital stay. The 1st year residents are involved with the surgical care of patients performing procedures either in an outpatient or inpatient setting. First year residents also assist in the clinic and operating room on more complex cases. As the residents progress throughout training, they are given increased levels of responsibility and assigned procedures of greater complexity. By the time they reach their final 12 months, the resident has been provided with the most difficult and complex cases and patient responsibility, which permits the further development of clinical judgment skills. This progressively graduated sequence of experience occurs in the outpatient, inpatient and emergency room environments, under faculty supervision, involving both adult and pediatric patients.

2. Is there a sufficient number of patients and a sufficient variety of problems to give residents exposure to and competence in the full scope of oral and maxillofacial surgery?  
   **YES** **NO**
   
   **Documentary Evidence:** There is a sufficient number and variety of clinical cases to expose resident to the full scope of OMFS. This is reflected in the inpatient and outpatient statistics and the resident surgical logs and dds4dds. Copies of these data sheets from all sources will be available on-site. The ADA and AAOMS Annual Surveys will be available on-site.

3. Does the program director demonstrate that the objectives of the standards have been met?  
   **YES** **NO**
   
   **Documentary Evidence:** The Program Director, with the input of full and part-time OMFS faculty, reviews the objectives of the standards during the semi-annual resident evaluation sessions to ensure that these standards are being met.
32. Clinical Ambulatory Oral-Maxillofacial Surgery (Scope)  
(Standards 4-7, 4-8) (Cont’d)

4. Does the program director ensure that all residents receive comparable clinical experience?  
   YES  NO  
   
   Documentary Evidence: The Program Director ensures that all students/residents receive comparable clinical experience by a periodic review of the inpatient and outpatient statistics of the program. Adjustments to the program structure, or individual resident assignments, are made as needed to ensure comparable experience for all residents.

5. Does the outpatient surgical experience ensure adequate training in a broad range of ambulatory oral and maxillofacial surgery procedures involving adult and pediatric patients?  
   YES  NO  
   
   Documentary Evidence: The outpatient surgical experience ensures adequate training in a broad range of ambulatory oral and maxillofacial surgery procedures involving adult and pediatric patients. The ambulatory OMFS experience includes the full scope of dentoalveolar surgery including impactions, extractions, exposure of impacted teeth, biopsies, apicoectomies, implants, hard and soft tissue augmentation, the management of traumatic injuries, including dentoalveolar trauma and soft tissue lacerations, and the management of pathologic conditions, intraoral and extraoral (including tibial) bone graft procedures, sinus augmentations, ridge grafting, CT-guided implant surgery, and tooth transplantation procedures on pediatric patients. These procedures are performed under local, intravenous, IM, or inhalational anesthetic techniques.

6. Does the outpatient experience include the management of traumatic injuries and pathologic conditions, dentoalveolar surgery, the placement of implant devices, augmentations and other hard and soft tissue surgery, including surgery of the mucogingival tissues?  
   YES  NO  
   
   Documentary Evidence: The outpatient experience includes the management of traumatic injuries and pathologic conditions, dentoalveolar surgery, the placement of implant devices, augmentations and other hard and soft tissue surgery, including surgery of the mucogingival tissues. OMFS residents obtain extensive training in implant placement and intraoral bone grafting, including sinus bone grafting. Additionally, there is a more than sufficient amount of oral pathologic lesions and dentoalveolar traumatic injuries.
STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-7 Each program must provide a complete, progressively graduated sequence of outpatient, inpatient and emergency room experiences. The residents’ exposure to major and minor surgical procedures should be integrated throughout the duration of the program.

In addition to providing the teaching and supervision of the resident activities described above, there must also be provided patients of sufficient number who have a sufficient variety of problems to give residents exposure to and competence in the full scope of oral and maxillofacial surgery. The training of a resident in the full scope of oral and maxillofacial surgery requires, as a minimum, the number of patients and variety of cases enumerated in the following paragraphs. Program directors must demonstrate that the objectives of the standards have been met and must ensure that all residents receive comparable clinical experience.

4-8 The outpatient surgical experience must ensure adequate training in a broad range of ambulatory oral and maxillofacial surgery procedures involving adult and pediatric patients. This experience must include the management of traumatic injuries and pathologic conditions, dentoalveolar surgery, the placement of implant devices, augmentations and other hard and soft tissue surgery, including surgery of the mucogingival tissues.

33. Clinical Ambulatory Oral-Maxillofacial Surgery (Volume/Supervision) (Standard 4-8.1)

3   Ambulatory OMS training includes at least 3,000 appropriately supervised ambulatory visits for each authorized final year resident in the program.

1   Ambulatory OMS training includes less than 3,000 ambulatory visits for each authorized final year resident in the program.

Self-Study Analysis:

1. For each authorized final year resident position, does the accredited program demonstrate that the oral and maxillofacial surgery service has 3,000 oral and maxillofacial surgery outpatient visits per year? YES NO

Documentary Evidence: During the period of January 1, 2011–December 31, 2011, the outpatient visits at the UIC OMFS clinic were 7,056, and during the same 12 months, the Jesse Brown VA OMFS clinic outpatient visits were 3,726 for a total of 10,782 outpatient visits for the year. During the period of January 1, 2011-December 31, 2011, there were 3 residents per year resulting in 10,782/3 or 3,594 visits per resident. The number of patients is in excess of 3,000 per authorized resident per year.

Intent: Faculty cases can count within a residency program, but they should have resident involvement.
STANDARD 4 – CURRICULUM AND PROGRAM DURATION

4-8.1 For each authorized final year resident position, an accredited program must demonstrate that the oral and maxillofacial surgery service has 3,000 oral and maxillofacial surgery outpatient visits per year.

What are the number of oral and maxillofacial surgery patients per year for each enrolled final year resident position in the following?

| Management of traumatic injuries and pathologic conditions | 770 |
| Dentontoalveolar surgery | 10,432 |
| Placement of implant devices | 563 |
| Augmentations | 177 |
| Other hard and soft tissue surgery | 216 |
| **Total** | **12,158** |

34. Major Surgery (Scope/Supervision) (Standards 4-10, 4-11)

3. The residents’ major surgical experience is at the primary surgeon or first assistant level, is supervised by an Oral-Maxillofacial Surgeon, and always involves the resident in pre-, peri- and post-op care on 75 patients for each authorized final year position.

1. Resident major surgical experience fails to meet the above criteria.

Self-Study Analysis:

1. Does the inpatient surgical experience ensure adequate training in a broad range of inpatient oral and maxillofacial surgery care, including admission and management of patients? (4-10)  

   YES   NO

   Documentary Evidence: The inpatient surgical experience ensures adequate training in a broad range of inpatient oral and maxillofacial surgery care, including admission and management of patients on the OMFS service. There were 223 admissions to the service with less than a 24 hour stay, and 105 admissions with greater than a 24 stay. There were a total of 406 major OR cases performed between January 1, 2011-December 31, 2011 at the sponsoring and affiliate institutions.

2. For each authorized final year resident position, do residents perform major oral and maxillofacial surgery on 75 patients including adults and children, no more than 5 of whom require dentoalveolar surgery, documented by at least a formal operative note? (4-11)  

   YES   NO
Documentary Evidence: For each authorized final year student/resident position, residents perform major oral and maxillofacial surgery on more than 75 patients including adults and children, no more than 5 of whom require dentoalveolar surgery, and these are documented by at least a formal operative note. From 1/1/11-12/31/11, there were 406 major cases performed on adults and children including: 71 Trauma, 116 Pathology, 56 Reconstruction, and 30 Orthognathic/Craniofacial procedures.

3. Is the resident an operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member?  (4-11)  YES  NO

Documentary Evidence: The OMFS resident functions as the operating surgeon or first assistant to an OMFS attending staff member at all times during surgery cases.

34. Major Surgery (Scope/Supervision) (Standards 4-10, 4-11) (Cont’d)

4. Is the patient managed by the oral and maxillofacial surgery service?  (4-11)  YES  NO

Documentary Evidence: The OMFS resident is responsible for all aspects of inpatient care including the performance of the admitting history and physical examination, requesting appropriate consultations, intra-operative and post-operative care and discharge of all patients admitted to the OMFS service.

5. Is the resident supervised by an oral and maxillofacial surgery attending staff member?  (4-11)  YES  NO

Documentary Evidence: The OMFS resident is always supervised by an oral and maxillofacial surgery attending staff member.

<table>
<thead>
<tr>
<th>STANDARD 4 – CURRICULUM AND PROGRAM DURATION</th>
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<tbody>
<tr>
<td>4-10  Inpatient surgical experience <strong>must</strong> ensure adequate training in a broad range of inpatient oral and maxillofacial surgery care, including admission and management of patients.</td>
</tr>
<tr>
<td>4-11  For each authorized final year resident position, residents <strong>must</strong> perform major oral and maxillofacial surgery on 75 patients including adults and children, no more than five (5) of whom require dentoalveolar surgery, documented by at least a formal operative note. In order for a major surgical case to be counted toward meeting this requirement, the resident <strong>must</strong> be an operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, the patient <strong>must</strong> be managed by the oral and maxillofacial surgery service and the resident <strong>must</strong> be supervised by an oral and maxillofacial surgery attending staff member. A resident will be considered to be the resident surgeon only when the program has documented he or she has played a significant role in determining or confirming the diagnosis, including appropriate consultation, providing preoperative care, selecting and performing the appropriate operative procedure, managing the postoperative course and conducting sufficient follow-up to be acquainted both with the course of the disease and outcome of treatment. Surgery performed by oral and maxillofacial surgery residents while rotating on or assisting with other services cannot be counted toward this requirement</td>
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34. Major Surgery (Scope/Supervision) (Standards 4-10, 4-11)

(Cont’d)

Verify for a three-month period the number of patients undergoing major oral and maxillofacial surgery who were managed by the residents. (Also indicate the dates of that period by month and year.)

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Month/Year to Month/Year</th>
<th>*Level of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma</td>
<td>20</td>
<td>4/1/12-6/30/12</td>
<td>Surgeon</td>
</tr>
<tr>
<td>Pathology</td>
<td>42</td>
<td>4/1/12-6/30/12</td>
<td>Surgeon</td>
</tr>
<tr>
<td>Orthognathic</td>
<td>27</td>
<td>4/1/12-6/30/12</td>
<td>Surgeon</td>
</tr>
<tr>
<td>Reconstructive</td>
<td>17</td>
<td>4/1/12-6/30/12</td>
<td>Surgeon</td>
</tr>
<tr>
<td>Other</td>
<td>43</td>
<td>4/1/12-6/30/12</td>
<td>Surgeon</td>
</tr>
<tr>
<td>Total</td>
<td>149</td>
<td>4/1/12-6/30/12</td>
<td>Surgeon</td>
</tr>
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</table>

*The extent to which the oral and maxillofacial surgery residents function as the surgeon, or first assistant.

35. Major Surgery (Volume/Mix) (Standards 4-11, 4-12, 4-13, 4-13.1, 4-14, 4-14.1, 4-15, 4-15.1, 4-16, 4-16.1, 4-16.2, 4-16.3)

3 A complete, progressively graduated experience is provided to each regular senior resident evidenced by resident treatment of at least 75 patients having major oral-maxillofacial surgery that includes at least 10 patients from each category of major surgery patients, and the mix of major cases meets the following criteria: trauma experience includes maxillary and zygomatic complex fractures, pathology experience includes TMJ surgery and three other types of surgery, orthognathic experience includes mandibular and maxillary procedures, and reconstructive/cosmetic surgery experience includes hard and soft tissue grafting and implant placement.

2 A complete, progressively graduated experience is provided to each regular senior resident evidenced by resident treatment of at least 75 patients having major oral and maxillofacial surgery that includes at least 10 patients from each category of major surgery patients except one, or the mix of major cases is deficient in one of the following: trauma experience includes maxillary and zygomatic complex fractures, pathology experience includes TMJ surgery and three other types of procedures, orthognathic experience includes mandibular and maxillary procedures, and reconstructive/cosmetic surgery experience includes hard and soft tissue grafting and implant placements.
Of the 75 major surgical patients required for each authorized final year resident, there are fewer than 10 patients in more than one category of surgery.

35. Major Surgery (Volume/Mix) (Standards 4-11, 4-12, 4-13, 4-13.1, 4-14, 4-14.1, 4-15, 4-15.1, 4-16, 4-16.1, 4-16.2, 4-16.3) (Cont’d)

Self-Study Analysis:

1. Of the 75 major surgical patients required for each authorized final year resident position, are there at least 10 patients and is there sufficient variety in:
   a) Trauma? 71 cases
      YES NO
   b) Pathology? 116 cases
      YES NO
   c) Orthognathic surgery? 30 cases and
      YES NO
   d) Reconstructive and cosmetic surgery? 56 cases (4-12)
      YES NO

Documentary Evidence: Operative reports, resident case logs, dds4dds documentation, program statistics available on-site.

2. Are patients who have simultaneous surgical procedures in multiple categories only counted in one category? (4-12)
   YES NO

Intent: The intent is to ensure the balanced exposure to all major categories of surgical cases.

Documentary Evidence: Patients who have simultaneous surgical procedures in multiple categories are only counted in one category. This is entered appropriately in the dds4dds database.

3. In the trauma category, are the surgical management and treatment of the maxilla and zygomatico maxillary complex included in addition to mandibular fractures, to provide sufficient variety of major surgery? (4-13)
   YES NO

Documentary Evidence: In the Trauma category, there were 46 mandible fractures, 1 Lefort I, 2 Lefort II, 1 Lefort III, 8 Malar, 1 Orbital, 1 Nasal, 1 Frontal Sinus fractures, and 5 major lacerations, and 7 tracheostomies performed by the OMFS service.

35. Major Surgery (Volume/Mix) (Standards 4-11, 4-12, 4-13, 4-13.1, 4-14, 4-14.1, 4-15, 4-15.1, 4-16, 4-16.1, 4-16.2) (Cont’d)
4. In the pathology category, does experience include management of temporomandibular joint pathology and at least three other types of procedures, to provide sufficient variety of major surgery? (4-14)

**YES**  **NO**

*Documentary Evidence:* In the Pathology category, there were 1 maxillary sinus procedures, 68 cysts and benign neoplasms of bone and soft tissue, 32 malignant neoplasms of bone and soft tissue, 14 temporomandibular joint procedures, and 1 salivary gland surgery.

5. In the reconstructive and cosmetic category, are both bone grafting and soft tissue grafting procedures and insertion of implants included to provide sufficient variety of major surgery? (4-16)

**YES**  **NO**

*Documentary Evidence:* In the Reconstruction category, there were 1 nerve procedures, 6 cleft palate repairs, 10 soft tissue flaps, 15 bone graft/cartilage graft procedures, 8 skin and other soft tissue grafts, 1 esthetic soft tissue surgeries, 1 rhinoplasty, 1 soft tissue augmentation, and 16 major OR implant reconstruction cases.

6. Do residents learn the harvesting of bone and soft tissue grafts during the course of training? (4-16)

**YES**  **NO**

*Intent:* Distant bone graft sites may include but are not limited to calvarian, rib, ilium, fibula and tibia. Harvesting of soft tissue grafts may be from intraoral or distant sites. Distant soft tissue grafts include but are not limited to cartilage, skin, fat, nerve & fascia.

*Documentary Evidence:* Students/residents learn the harvesting of bone and soft tissue grafts during the course of the training program. These include harvesting of anterior and posterior iliac crest grafts, costochondral grafts, tibial bone grafts, and calvarial grafts. Residents get experience in microvascular osseocutaneous and soft tissue flaps for the Head and Neck Oncology patients with the OMFS, ENT, and PRS services. Harvesting of split thickness skin grafts and connective tissue grafts as well as buccal fat pad grafts, temporals myofascial flaps, tongue flaps, palatal flaps, and sural nerve graft harvesting and anastomosis.

7. Does dental implant training include didactic and clinical experience in comprehensive preoperative, intraoperative and post-operative management of the implant patient? (4-16.2)

**YES**  **NO**

*Intent:* It is expected that in this category there will be both reconstructive and cosmetic procedures performed by residents.

*Documentary Evidence:* Dental implant training includes didactic and clinical experience in comprehensive preoperative, intraoperative, and post-operative management of the implant patient. Diagnosis, treatment planning, site preparation, hard and soft tissue grafting procedures and implant maintenance are all areas covered in the OMFS PG curriculum. Clinically, the OMFS resident works with both the undergraduate students and the Advanced
Education residents in Prosthodontics for patient evaluation and treatment planning. OMFS residents also attend interdisciplinary conferences with residents of Periodontics and Prosthodontics. 3D treatment planning and CT-guided implant surgeries are performed routinely in the OMFS Department.

35. Major Surgery (Volume/Mix) (Standards 4-11, 4-12, 4-13, 4-13.1, 4-14, 4-14.1, 4-15, 4-15.1, 4-16, 4-16.1, 4-16.2, 4-16.3) (Cont’d)

<table>
<thead>
<tr>
<th>STANDARD 4- CURRICULUM AND PROGRAM DURATION</th>
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<tr>
<td>4-11 For each authorized final year resident position, residents must perform major oral and maxillofacial surgery on 75 patients including adults and children, no more than five (5) of whom require dentoalveolar surgery, documented by at least a formal operative note. In order for a major surgical case to be counted toward meeting this requirement, the resident must be an operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, the patient must be managed by the oral and maxillofacial surgery service and the resident must be supervised by an oral and maxillofacial surgery attending staff member. A resident will be considered to be the resident surgeon only when the program has documented he or she has played a significant role in determining or confirming the diagnosis, including appropriate consultation, providing preoperative care, selecting and performing the appropriate operative procedure, managing the postoperative course and conducting sufficient follow-up to be acquainted both with the course of the disease and outcome of treatment. Surgery performed by oral and maxillofacial surgery residents while rotating on or assisting with other services cannot be counted toward this requirement.</td>
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4-12 Of the 75 major surgical patients required for each authorized final year resident position, there must be at least 10 patients in each category of surgery. The categories of major surgery are defined as: 1) trauma 2) pathology 3) orthognathic surgery 4) reconstructive and cosmetic surgery. Patients who have simultaneous surgical procedures in multiple categories must only be counted in one category. Sufficient variety in each category, as specified below, must be provided.

4-13 In the trauma category, in addition to mandibular fractures, the surgical management and treatment of the maxilla and zygomatico maxillary complex must be included.

4-13.1 Trauma management includes, but is not limited to, tracheostomies, open and closed reductions of fractures of the mandible, maxilla, zygomatico-maxillary, nose, naso-frontal-orbital-ethmoidal and midface region and repair of facial, oral, soft tissue injuries and injuries to specialized structures.

4-14 In the pathology category, experience must include management of temporomandibular joint pathology and at least three other types of procedures.

4-14.1 Pathology management includes, but is not limited to, major maxillary sinus procedures, treatment of temporomandibular joint pathology, cystectomy of bone and soft tissue, sialolithotomy, sialoadenectomy, management of head and neck infection, including incision and drainage procedures, fifth nerve surgery and surgical management of benign and malignant neoplasms.
35. Major Surgery (Volume/Mix) (Standards 4-11, 4-12, 4-13, 4-13.1, 4-14, 4-14.1, 4-15, 4-15.1, 4-16, 4-16.1, 4-16.2, 4-16.3) (Cont’d)

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<tr>
<td>VARIETY OF MAJOR SURGICAL EXPERIENCE</td>
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4-15 In the orthognathic category, procedures **must** include correction of deformities in the mandible and the middle third of the facial skeleton.

4-15.1 Orthognathic surgery includes the surgical correction of functional and cosmetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma and other facial bones as well as the treatment of obstructive sleep apnea. Surgical procedures in this category include, but are not limited to, ramus and body procedures, subapical segmental osteotomies, Le Fort I, II and III procedures and craniofacial operations. Comprehensive care **must** include consultation and treatment by an orthodontic specialist when indicated; and a sleep medicine team should be included when indicated.

4-16 In the reconstructive and cosmetic category, both bone grafting and soft tissue grafting procedures and insertion of implants **must** be included. Residents **must** learn the harvesting of bone and soft tissue grafts during the course of training.

4-16.1 Reconstructive surgery includes, but is not limited to, vestibuloplasties, augmentation procedures, temporomandibular joint reconstruction, management of continuity defects, insertion of craniofacial implants, facial cleft repair and other reconstructive surgery.

4-16.2 Dental implant training **must** include didactic and clinical experience in comprehensive preoperative, intraoperative and post-operative management of the implant patient.

   The preoperative aspects of the comprehensive management of the implant patient **must** include diagnosis, treatment planning, biomechanics, biomaterials, biological basis and interdisciplinary consultation.

   The intraoperative aspects of training **must** include surgical preparation and surgical placement including hard and soft tissue grafts.

   The post-operative aspects of training **must** include the maintenance, evaluation and management of implant tissues and complications associated with the placement of implants.

4-16.3 Cosmetic surgery should include but is not limited to three of the following types of procedures: rhinoplasty, blepharoplasty, rhytidectomy, genioplasty, lipectomy, otoplasty, and scar revision.

36. Major Case Didactic (Standards 4-15.1, 4-16.1)

3 When managing an orthognathic case there is comprehensive orthodontic consultation, and treatment by an orthodontist when indicated. Furthermore, if needed, consultation is obtained from a restorative dentist for implant surgery treatment planning.
2. The program fails in one of the above criteria.

1. The program fails in both of the above criteria.

**Self-Study Analysis:**

1. In the orthognathic category, do procedures include correction of deformities in the mandible and the middle third of the facial skeleton, to provide sufficient variety of major surgery? **YES** **NO**

*Documentary Evidence:* In the Orthognathic category, procedures include correction of deformities in the mandible and the middle third of the facial skeleton, to provide sufficient variety of major surgery experience. Also, 3D treatment planning and surgical guide fabrication is routinely used in the OMFS Department to supplement traditional dental model surgery and cephalometric surgery planning in cases of severe asymmetry.

2. Does comprehensive care include consultation and treatment by an orthodontic specialist when indicated? **YES** **NO**

**Intent:** Evidence of resident pre- and post-operative care and intra-operative participation in the treatment of the orthognathic patient.

*Documentary Evidence:* Most orthognathic surgical cases are generated from the UIC Department of Orthodontics, and the OMFS and Orthodontic residents work closely in the patient evaluation and treatment phases of care. A weekly interdisciplinary treatment planning conference occurs with the Departments of OMFS and Orthodontics. There is also a course taught by OMFS faculty to first year Orthodontic and OMFS residents on coordination of care and treatment planning. Other orthognathic surgical cases are referred by private practice Orthodontists, and communication between the OMFS resident and the Orthodontist is critical in the evaluation and treatment planning, as well as the postoperative phases of therapy.

**STANDARD 4 – CURRICULUM AND PROGRAM DURATION**

4-15.1 Orthognathic surgery includes the surgical correction of functional and cosmetic orofacial craniofacial deformities of the mandible, maxilla, zygoma and other facial bones. Surgical procedures in this category include, but are not limited to, ramus and body procedures, subapical segmental osteotomies, Le Fort I, II and III procedures and craniofacial operations. Comprehensive care **must** include consultation and treatment by an orthodontic specialist when indicated.

4-16.1 Reconstructive surgery includes, but is not limited to, vestibuloplasties, augmentation procedures, temporomandibular joint reconstruction, management of continuity defects, insertion of implants, facial cleft repair and other reconstructive surgery. Dental implant training **must** include didactic and clinical experience in diagnosis, treatment planning and consultation with restorative dentists, as well as site preparation, adjunctive hard and soft tissue grafting, implant placement and maintenance.
37. Emergency/Trauma Care/ATLS (Standards 4-18, 4-18.1)

3 OMS residents are available at all times to respond to the emergency service and provides services including the diagnosis and management of acute illnesses and injuries, and primary care of oral and maxillofacial problems. Residents are verified in ATLS prior to completing the program.

2 OMS residents are not available at all times to respond to the emergency service or do not provide services including the diagnosis and management of acute illnesses and injuries, and primary care of oral and maxillofacial problems. Residents are verified in ATLS prior to completing the program.

1 OMS residents are not available at all times to respond to the emergency service and do not provide services including the diagnosis and management of acute illnesses and injuries, and primary care of oral and maxillofacial problems. Residents are not verified in ATLS prior to completing the program.

Self-Study Analysis:

1. Are residents provided with emergency care experience in:

   a) Diagnosing? YES  NO

   b) Rendering emergency treatment? and YES  NO

   c) Assuming major responsibility for the care of oral and maxillofacial injuries? (4-18) YES  NO

Documentary Evidence: OMFS residents are involved in all aspects of Emergency Care, including diagnosis, rendering emergency treatment, and assuming major responsibility for the care of oral and maxillofacial injuries. The on-call experience for facial trauma cases is equally shared among three services: OMFS, ENT and Plastic Surgery, although OMFS is provided with the overwhelming majority of facial traumatic injuries. The OMFS resident has responsibility for all patients treated in the ED or admitted to the OMFS service through the Emergency Department. Further, an additional rotation on General Surgery Trauma Surgery, with ATLS certification, ensures that the OMFS resident obtains training in all aspects of complex systematic management of the trauma patient.

2. Is the management of acute illnesses and injuries, including management of oral and maxillofacial lacerations and fractures, included in this experience? (4-18) YES  NO

Documentary Evidence: The management of acute illnesses and injuries, including management
of oral and maxillofacial lacerations and fractures, are included in this experience.

37. Emergency/Trauma Care/ATLS (Standards 4-18, 4-18.1)
(Cont’d)

3. Is a resident available to the emergency service at all times? (4-18)   YES   NO

Documentary Evidence: An OMFS student/resident is always available to the Emergency Service at all times. The on-call schedule reflects coverage by both an upper and lower level resident. Of course, attending OMFS coverage is provided at all times as well. A call room is available to the OMFS service at all times in the main hospital, however, currently residents perform their on-call duties from home.

4. Are residents verified in Advanced Trauma Life Support (ATLS) prior to completing the program? (4-18.1)   YES   NO

Documentary Evidence: All students/residents verified in Advanced Trauma Life Support (ATLS) prior to completing the program.

<table>
<thead>
<tr>
<th>STANDARD 4 – CURRICULUM AND PROGRAM DURATION</th>
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<tr>
<td>4-18 Emergency Care Experience: Residents <strong>must</strong> be provided with emergency care experience, including diagnosing, rendering emergency treatment and assuming major responsibility for the care of oral and maxillofacial injuries. The management of acute illnesses and injuries, including management of oral and maxillofacial lacerations and fractures, <strong>must</strong> be included in this experience. A resident <strong>must</strong> be available to the emergency service at all times.</td>
</tr>
<tr>
<td>4-18.1 Residents <strong>must</strong> be verified in Advanced Trauma Life Support (ATLS) prior to completing the program.</td>
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38 Administrative Issues Training (Standards 4-19, 4-20)

3 Residents receive instruction in all of the areas of proper patient record keeping, coding & nomenclature, hospital credentialing, and parameters of care. The residents participate in practice and risk management seminars before completing training.

2 Residents receive instruction in most of the areas of proper patient record keeping, coding & nomenclature, hospital credentialing, and parameters of care. The residents participate in practice and risk management seminars before completing training.

1 Residents do not receive instruction in most of the areas of proper patient record keeping, coding & nomenclature, hospital credentialing, and the parameters of care, or do not participate in practice and risk management seminars before completing training.
38. Administrative Issues Training (Standards 4-19, 4-20) (Cont’d)

Self-Study Analysis:

1. Does the program provide instruction in the compilation of accurate and complete patient records? (4-19)  
   
   YES   NO

   **Documentary Evidence:** The residency training program provides instruction in the compilation of accurate and complete patient records in several venues. During the orientation week prior to July 1st, all residents are instructed in the policies and procedures of the UIC College of Dentistry and the Medical Center. A separate orientation is done at the JBVA Hospital. Additionally, the practice management segment of the OMFS Grand Rounds lecture series covers issues related to chart completion and quality assurance. The OMFS residents also participate in the Departmental QA/CQI processes on a monthly basis. Lastly, the residents take part in the insurance precertification process with the Billing Clerk in the Department.

2. Does the program include participation in practice and risk management seminars and instruction in coding and nomenclature? (4-20)  
   
   YES   NO

   **Documentary Evidence:** The program includes participation in practice and risk management seminars and instruction in coding and nomenclature. This is provided during the Practice Management lectures by Dr. Skiba, as well as online instruction via the OMSNIC Resident Surgical Log dds4dds system with case studies.

3. Do residents have familiarity with parameters of care and procedures for obtaining hospital credentials? (4-20)  
   
   YES   NO

   **Intent:** Parameters of care should be taught either in a seminar setting, individually or shown to be utilized throughout the program, i.e. Morbidity & Mortality Conferences.

   **Documentary Evidence:** Residents have familiarity with the AAOMS Parameters of Care, and procedures for obtaining hospital credentials before completion of the program. The OMFS residents are provided with a copy of the AAOMS Parameters of Care that is maintained in the resident library. The OMFS Grand Rounds lecture series includes lectures on the parameters of care and on obtaining hospital credentials.

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**STANDARD 4 – CURRICULUM AND PROGRAM DURATION**

4-19 The program **must** provide instruction in the compilation of accurate and complete patient records.

4-20 The program **must** include participation in practice and risk management seminars and instruction in coding and nomenclature. In addition, residents **must** have familiarity with parameters of care and procedures for obtaining hospital credentials.
SUMMARY OF THE SELF-STUDY REPORT

Note: This summary culminates the self-study report in a qualitative appraisal and analysis of the program’s strengths and weakness.

INSTITUTION-RELATED

Assess the adequacy of institutional support for the program.

Institutional support is sufficient to meet the needs of the program and to enable the program to fulfill its educational mission and goals. The GME funds from UIC COM are allocated to the OMFS Advanced Education program for resident salaries and benefits. UIC College of Dentistry and UIC Medical Center and the VA Hospital provide the necessary facilities, equipment and funding of support staff for the OMFS training program. A new state of the art OMFS Clinic and departmental offices at the sponsoring institution, including a resident conference room, laboratory, and resident offices were constructed in 2006. The UIC College of Dentistry, as the primary sponsor of the OMFS program, supports the Advanced Education Program in OMFS by providing facilities and resources for OMFS resident functions at the institution. In addition, a fourth full-time faculty position is available in the Department of OMFS, with UIC College of Dentistry being responsible for salary and benefits for all full and part time OMFS faculty members who participate in resident education and training.

Assess whether the program is achieving goals through training beyond pre-doctoral level.

The educational didactic component and the clinical training in OMFS are achieved at a level that exceeds predoctoral dental training. A progressive and comprehensive clinical and didactic curriculum provides the advanced training in OMFS. Broad surgical exposure is provided in the full scope of the specialty including orthognathic surgery, temporomandibular joint surgery, trauma and reconstruction, treatment of pathologic conditions of odontogenic and non-odontogenic origin, and the complete range of dentoalveolar surgery, as well as excellent experience in outpatient ambulatory anesthesia. Experience with cleft lip and cleft palate repair, facial esthetic surgery and the multidisciplinary management of head and neck malignancies is also provided. Additionally, areas of OMS specialization with resident training include the management of trigeminal nerve injuries, the use of endoscopy for facial reconstruction, diagnosis and management of head and neck oncology, and distraction osteogenesis. Therefore, the goals are being achieved beyond the pre-doctoral level.

Assess whether the program is achieving goals through stated competencies.

The OMFS Advanced Education program is achieving its goals through stated competencies. Resident achievement is monitored both qualitatively and quantitatively by the Program Director and faculty on a regular basis. Residents
are credentialed annually for increasing levels of responsibility based upon their performance. Residents do not advance to the next level of training unless they demonstrate competency appropriate to their level of training as defined and evaluated by the institution and the faculty. Competencies for the OMFS program are clearly defined in the Resident Handbook and on resident evaluation forms, as well as the ACGME Core Competencies listed on the www.acgme.org website, since the OMFS residency program is part of the GME Department at the COM.

Assess whether the program is achieving goals through stated proficiencies.

The OMFS program defines proficiency as the acquisition and maintenance of particular didactic and clinical skills. Proficiency may only be achieved through advanced training both during residency as well as beyond the residency period in clinical practice. The OMFS program encourages the trainees to maintain an attitude of life-long learning through continued reading and research as well as ABOMS certification, and the program plans to continue to evaluation these goals through the outcomes assessment process.

Assess whether the program is achieving goals through outcomes.

The OMFS program has a continual outcomes assessment process that evaluates all aspects of the educational program during, as well as following completion of the residency training. As outcomes are assessed and deficiencies identified, changes in the program may be instituted to address those issues. For example, based upon preliminary responses to the UIC Alumni OMFS Outcomes Questionnaire, as well as an assessment of the current program status, it was noted that the graduates of the program, and current residents, felt adequately trained in all aspects of OMFS except for management of complex maxillofacial trauma, since UICMC is a Level II trauma facility. Therefore, an affiliation was developed with Northwestern Medical Center in July 2012 to cover the facial trauma call at that institution, in addition to exposure to major OMFS and a private practice environment within a hospital setting. The OMS program is therefore achieving its goals through a comprehensive outcomes assessment program with a subsequent action plan. Another example of outcomes is satisfactory completion of the ABOMS certification process, and, in the past, this has been poor. With a change in Departmental administration, there is a heightened awareness amongst residents and alumni of the importance of board certification, and it is anticipated that the compliance with board certification will continue to improve, and that all UIC OMFS-trained surgeons will seek ABOMS certification.

Assess calibration among program directors and faculty in the student/resident evaluation process to ensure consistency of the evaluation process.

All of the full-time and part-time faculty involved in resident education and training provide resident evaluations on a regular basis, and the Program Director monitors the part-time faculty, and off-service faculty, evaluations for consistency in
each resident’s evaluation process. All faculty members receive the criteria for evaluation of resident performance, and this is reviewed at each resident review session with the Program Director, which ensures standardization in resident evaluation and consistency in the evaluation process. Evaluations are now completed online at the New Innovations website which alerts residents and faculty when evaluations are due.

Assess the faculty evaluation process to ensure consistency of the evaluation process.

The faculty evaluation process for the OMFS program involves formal faculty evaluation at several levels. The full-time faculty members are formally evaluated by the Program Director, and then reviewed by the Department Head annually. Additionally, the Program Director distributes faculty evaluation forms to the residents annually who evaluate both the full-time and part-time faculty, and this is also done online at New Innovations. The information gathered from the resident evaluation of faculty and the Program Director evaluations, forms the basis of the faculty evaluation, which is then presented to the Department Head for final consideration, prior to a meeting between the Department Head and the faculty member. The faculty members also complete a self-assessment annually that is reviewed by the Department Head. Consistency of evaluation is assured by the use of standardized forms and the gathering of information from a variety of sources to form the basis of each evaluation.

Assess the institution’s policies on advanced education residents.

The Graduate Medical Education Department has developed Academic Standards and Policies for the Advanced Education training programs, and the OMFS Program Director is a member of the GME Committee, and attends all GMEC meetings that address curricular and administrative issues common to all residency programs at the institution. The institutional GME policies and procedures regarding resident training are reevaluated regularly to ensure compliance with national standards (e.g. ACGME guidelines for the advanced medical and surgical training programs).

Assess the institution’s policies on eligibility and selection.

The institution allows each Advanced Education training program to develop individual criteria for eligibility and selection in accordance with specific specialty requirements. The OMFS program participates in the PASS and the National Matching Program. To be eligible for selection in the program applicants must be US citizens, or permanent residents, must be a graduate of a US or Canadian dental school, and must be eligible for Illinois Dental Licensure. The institutional policies on eligibility and selection are consistent and equitable.

Assess the institution’s policies on due process.
The University of Illinois at Chicago Graduate Medical Education Department has formulated institutional policies regarding due process which are provided to residents at orientation and which are also available online. These policies serve to protect the interests of the residents as well as the institution. Procedures for remediation, leaves of absence and appeals for dismissal are all addressed. The Resident Agreement describes the resident’s rights and responsibilities with regard to didactic, clinical and ethical issues. The institution’s policies on due process appear to be fair and comprehensive.

Assess the institution’s policies on student/resident rights and responsibilities.

All Advanced Education OMFS students/residents undergo an orientation process in late June prior to commencement of the training program, at which time they are provided printed information and access to online information regarding their rights and responsibilities, and the OMFS residents receive a Resident Manual with the stated goals and objectives of the program, and a Resident Agreement is signed prior to program commencement, and annually, documenting the resident’s understanding and acceptance of these terms. These documents provide descriptions of resident rights and responsibilities including compensation, hours of employment, vacation and sick leave, health and disability insurance, harassment policies and conditions for probation and dismissal. The institution’s policies on resident’s rights and responsibilities are clear, thorough and readily accessible to the resident in writing, online, and in their resident file.

Assess the adequacy and accessibility, hours of operation and scope of holdings of the sponsoring institution’s library resources.

The residents have access to multiple library resources including the University of Illinois at Chicago Health Sciences and 24-hour internet access for Medline searches. Comprehensive medical texts and references are available at the library and online through access via the resident’s online sign-in account. The institution’s library resources that are available to the OMFS residents are more than sufficient in that they are comprehensive in the holdings and easily accessible 24 hours each day. There is also a Departmental library of key textbooks and reading materials and journals that the Program Director deems as essential (e.g. OMS Knowledge Updates, Selected Readings, etc).

Assess the institutional oversight of the quality of training at affiliated institutions.

The OMFS Program Director is directly responsible for oversight of the quality of resident training at all affiliated sites of training. The quality of training is ensured with comprehensive Affiliation Agreements and Letters of Mutual Understanding. The Program Director is continually assessing the resident experience at all affiliated institutions in several ways, including discussions with the adjunct and part-time faculty at those institutions, as well as the resident evaluations of the faculty, and resident evaluations by faculty, and an assessment of
individual resident logs of surgical experience at each of the affiliate institutions. This process ensures a continuous assessment of resident education, training and evaluation at all affiliated sites.

PATIENT CARE

Assess the institution’s/program’s preparedness to manage medical emergencies.

The University of Illinois at Chicago College of Dentistry and the OMFS program are well equipped to assess and manage medical emergencies. The OMFS Clinic is equipped with a complete crash cart and defibrillator, with emergency suction, maintained and updated by the staff and the hospital outpatient pharmacy, which contains all necessary drugs and equipment for the management of medical emergencies. All faculty and residents are trained and current in BLS and ACLS certification. The OMFS Department provides the First Response to all medical emergencies in the College of Dentistry. If necessary, the UIC Medical Center Emergency Department is located across the street from the College of Dentistry. The institution and OMFS program are well-prepared to assess and manage medical emergencies.

Assess the adequacy of radiographic services and protection for patients, advanced education students/residents and staff.

The University of Illinois at Chicago College of Dentistry has formal policies regarding Radiation Safety. The OMFS clinic has capability for periapical, occlusal, cephalometric and digital panoramic radiographs. The Department of Oral Medicine and Radiology has recently installed a cone beam CT imaging machine, which has been very useful in the assessment of complex maxillofacial situations. Radiation safety for residents and staff is assured utilizing radiation badges, high-speed film, collimators and shielded walls. Lead aprons with thyroid collars are used to ensure patient protection. Patients undergo a history and clinical examination (with specific attention to women of child-bearing age) prior to having radiographs taken in an effort to limit exposure to ionizing radiation. The institution inspects, calibrates, and monitors all radiographic equipment. These guidelines for radiation safety are adequate.

Assess the program’s capacity for four-handed dentistry.

The University of Illinois College of Dentistry OMFS clinic employs six dental assistants that work with the OMFS residents throughout residency training, and the residents receive satisfactory experience in four-handed dentistry during outpatient dentoalveolar surgical procedures and ambulatory anesthesia procedures.

Assess the institution’s policies and procedures on hazardous materials, and bloodborne and infectious diseases for patients, advanced education students/residents and staff.
The University of Illinois at Chicago College of Dentistry maintains extensive policies and procedures on hazardous materials and blood-borne pathogens and infectious diseases for patients, students/residents, and staff. These are provided to all employees, staff, faculty, and residents, and these are also available online. A Mandatory online educational training course, with an examination, is required of all individuals exposed to patient care. Compliance by all clinics with these policies is mandatory in this institution, and assessed by the Associate Dean for Clinical Affairs, and these policies have proven to be effective.

Assess how students/residents may be able to apply ethical, legal and regulatory concepts in the provision, prevention and/or support of oral health care.

A code of ethics and professional conduct has been established at the University of Illinois at Chicago College of Dentistry and at the College of Medicine GME Department, and it is distributed to all faculty and residents. These concepts are reinforced at departmental rounds, conferences and case presentations. Residents apply these concepts in the course of their daily treatment of patients by obtaining informed consent from patients or guardians. Additionally, the residents are involved in the management of patients with limited means of payment on a regular basis. Legal issues of concern to the OMFS are presented at lectures in the OMFS didactic curriculum by a malpractice attorney, as well as risk management lectures. The program content in this area is adequate to address this goal.

PROGRAM-RELATED

Assess the resident’s time distribution among each program activity (e.g., didactic, clinical, teaching, research) and how well it is working.

The distribution of resident time for didactic, clinical, research and teaching activities is well proportioned. The majority of resident time involves clinical training and patient care. The OMFS didactic program is comprehensive and structured well to supplement the clinical experiences. Resident teaching experience affords the opportunity to organize information and formulate a presentation that is clear and informative. Research experience affords residents training in research design, statistics, and critical evaluation of new material and encourages those residents with advanced interests in research to pursue further academic/research endeavors. Although research is difficult in a clinically-oriented training program, resident involvement in research is sufficient in the OMFS program currently. Based upon faculty evaluation of resident performance and the Program Director’s assessment of the current program, it appears as if the time distribution is adequate.

Assess the volume and variety of the program’s patient pool.

The patient pool for the OMFS program is derived from a widely diverse population including Illinois and the surrounding states. This provides for an
abundant and varied patient pool that provides resident experience in a wide range of clinical conditions in adult, pediatric and geriatric patients of all socioeconomic groups. The OMFS residents see patients at a dental school, medical center, and VA hospital, and this affords a wide range of patient experiences during the training program.

Assess the program’s resident/faculty ratio.

The program has 6.0 faculty FTE positions and 3.0 resident FTE positions per year. Since off-service rotations are distributed throughout the program, there are usually 6 residents on the OMFS service, and this provides for a resident/faculty ratio of approximately 1:1. This ratio results in excellent teaching opportunities and the ability of the faculty work one-on-one with residents, and to critically evaluate all aspects of individual resident performance.

Assess the program’s resident pool.

The OMFS training program at UIC enjoys an excellent and diverse applicant pool, perhaps due to the attraction of the location of the program. For the entering residents for 2011, for 3 open resident positions, the program received 175 applications. The program has gained interest from dental students across the country, and recruitment of residents occurs from coast to coast with a very diverse resident group. The OMFS program’s resident pool is excellent, and the quality of the applications are expected to improve as well with the 72 month integrated MD program.

Assess rotations, electives and extramural experiences of the program.

The clinical rotations, electives and extramural experiences of the program afford the OMFS resident excellent clinical experience and the opportunity to pursue independent areas of interest. All residents participate in rotations to Medicine, General Surgery and Anesthesia. Additionally, residents perform rotations on the Trauma Surgery service and complete ATLS training. During the Medicine and General Surgery rotations, the OMFS residents experience a variety of surgical subspecialty services that enhance their understanding of medicine, surgery, and inpatient management. The Anesthesia experience enables training of the OMFS resident in all aspects of anxiety and pain control, and addresses both the inpatient and outpatient ambulatory anesthetic management of patients, so that residents are confident in their anesthetic skills following training in order to provide safe and efficient anesthetic management. The Anesthesia rotation includes a dedicated month on the Pediatric anesthesia service. In addition, all OMFS residents have the opportunity, and are encouraged, to seek individual experience in areas of specific interest throughout the residency training program.

Assess the program’s record keeping and retention practices.
All Departmental records for the OMFS program are maintained by the Program Director and retained in accordance with institutional policies and local and state regulations. Records documenting clinical activities of the program are maintained in the office of the Department’s Assistant to the Head, and each OMFS resident has full access to his/her resident file throughout training. These records are maintained by the Program Director, and include program and resident statistics, resident, staff, and faculty compliance training documentation, OR logs, anesthesia records and faculty and resident files. These are updated on a monthly, quarterly or annual basis as needed. These records provide the basis for evaluations that may be necessary for program alumni in the future. The current mechanism of record retention is adequate.

Assess the research activities of the program.

All OMFS residents and faculty must be involved in scholarly activity, and further, all OMS residents must perform a clinical or basic science research project that leads to submission of an abstract to be presented at the AAOMS annual meeting (or similar meeting) during their senior year of training. All OMFS faculty are encouraged to serve as mentors for the residents. The OMFS residents are encouraged to seek mentorship from other College of Dentistry and College of Medicine faculty. Residents are asked to identify an area of research interest early in their training, and adequate time is allotted for study design and project completion. The OMFS residents have consistently presented at local and regional meetings, and there are abstracts accepted for presentation at the AAOMS meeting annually. The addition of Dr. Kolokythas, the Director of Research in the Department, to the full-time OMFS faculty has served to improve resident involvement in research through several clinical IRB-approved projects. The research and scholarly activity of the program are more than adequate at the present time.
REQUIRED APPENDIX INFORMATION

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS/AFFILIATIONS

Appendix A – Attach as Appendix A the institution’s educational mission and program’s goals and objectives.

Appendix B – Attach as Appendix B the program’s outcomes assessment plan, outcomes measurements, and outcomes assessment results.

Appendix C – Attach as Appendix C the institution’s administrative structure in an organizational chart.

Appendix D - Attach as Appendix D the success rate of graduates on the board examination for the last 5 years.

Appendix E - Attach as Appendix E the affiliated institutions that participate in training students/residents, indicate: (Use Exhibit 1 for each affiliated institution used by the program. Make copies of the form as needed. Number appropriately, e.g., Appendix E1, Appendix E2, etc.)

Appendix F - Attach as Appendix F the names of other programs that rotate students/residents through this sponsoring organization. Note the purpose of the affiliation and the time duration.

Have a copy of the organization’s by-laws available at the time of the site visit.
STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

Appendix G - Attach as Appendix G information regarding the program director’s time commitment. (Use Exhibit 2.)

Appendix H - Attach as Appendix H information regarding the teaching staff. (Use the Exhibits 3.1 and 3.2.)

Appendix I - Attach as Appendix I curriculum vitae of the program director and all FTE teaching faculty.

Appendix J - Attach as Appendix J monthly attending staff schedules.

Appendix K - Attach as Appendix K a blank faculty evaluation form.

STANDARD 3 – FACILITIES AND RESOURCES

Appendix L - Attach as Appendix L information regarding facilities. (Use Exhibit 4.)

Appendix M - Attach as Appendix M information regarding support staff. (Use Exhibit 5.)

Have a copy of the institution’s infection and hazard control protocol available for inspection at the time of the site visit.
STANDARD 4 – CURRICULUM AND PROGRAM DURATION

Appendix N – Attach as Appendix N the percentages of the students’/residents’ total program time. (Use Exhibit 6.)

Appendix O – Attach as Appendix O students’/residents’ schedules for each year of the program. (Use Exhibit 7.)

Appendix P – Attach as Appendix P information regarding Biomedical Sciences instruction. (Use Exhibit 8.)

Appendix Q – Attach as Appendix Q a schedule of department seminars, conferences and/or lectures. Indicate the title or topics and name and title of the presenter(s) for each seminar, conference and/or lecture. Also include goals, objectives and course outlines for each course identified.

Appendix R – Attach as Appendix R a schedule of off-service assignments. (Use Exhibit 9.)

Appendix S – Attach as Appendix S information regarding Admissions. (Use Exhibit 10.)

Appendix T – Attach as Appendix T information regarding Clinical training. (Use Exhibit 11.)
STANDARD 5 – ADVANCED EDUCATION
STUDENTS/RESIDENTS

Appendix U – Attach as Appendix U a brochure, school catalog or formal description of the program.

Appendix V – Attach as Appendix V a student/resident evaluation form.

Appendix W – Attach as Appendix W the specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

Appendix X – Attach as Appendix X a copy of the written material given to entering students/residents, describing their rights and responsibilities to the institution, program and faculty.
Appendix A – Attach as Appendix A the institution’s educational mission and program’s goals and objectives.
University of Illinois at Chicago

Mission Statement

The Mission of the Department of Oral and Maxillofacial Surgery at the University of Illinois at Chicago coincides with that of the University and College of Dentistry in general in the areas of education, patient care, service, and research, as follows:

University of Illinois at Chicago College of Dentistry

Vision Statement (Approved by the UIC College of Dentistry Faculty, June 20, 2001)

The University of Illinois at Chicago College of Dentistry will be recognized as a world leader in:

1. patient-centered, evidence-based, clinical care founded on the preventive and public health sciences,
2. integrated educational programs based upon advanced technology, and
3. centers of research excellence that are interdisciplinary and focused on innovative research areas.

University of Illinois at Chicago College of Dentistry

Mission Statement (Approved by the UIC College of Dentistry Faculty, June 20, 2001)

The mission of the University of Illinois at Chicago College of Dentistry is to promote optimum oral and general health to the people of the State of Illinois and worldwide through excellence in education, patient care, research, and service, as follows.

The College identifies the following Institutional Goals to meet this mission:

1. To prepare highly qualified healthcare professionals, educators, and scientists in the basic and oral health sciences;
2. To provide patient-centered care that is comprehensive and compassionate for a culturally diverse population;
3. To provide student-oriented educational programs that prepare individuals for the thoughtful, ethical practice of dentistry and life-long learning;
4. To foster collaborative research and develop specialized centers for innovative research in areas of health and disease;
5. To address community and regional health care needs through outreach initiatives, educational programs, and consultative and referral services;
6. To maintain a leadership role in forming health care policy at the university, state, and national levels;
7. To be a worldwide resource for continued professional development;
8. To provide an environment for individual growth founded on mutual respect and professionalism; and
9. To value and seek diversity in students, staff, faculty, and patients.
University of Illinois at Chicago
Department of Oral and Maxillofacial Surgery

Program Goals and Objectives

1. To prepare individuals for a full-scope career in the specialty of Oral and Maxillofacial Surgery.
2. To educate residents in the basic sciences with an understanding of disease processes and a clinical understanding of treatment planning and anesthetic, medical, and surgical patient care.
3. To provide residents with an atmosphere for continual learning in a supportive environment, that enables them to develop habits of delivery of quality patient care through diligence and the acquisition of knowledge and judgment in decision-making processes.
4. To provide a complete, graduated sequence of ambulatory, in-patient and emergency suite experiences throughout the residency training program.
5. To provide the residents with exposure to major and minor surgical procedures integrated throughout the duration of the program.
6. To provide the necessary education that enables residents to critically review the pertinent anesthesia, medical, dental, and surgical literature allowing them to recognize the impact of research on guiding evidence-based treatment decisions.
7. To provide an environment and the necessary support that allows residents to perform basic science and/or clinical research during their training, which may lead to the presentation and/or publication of the results of their endeavors.
8. To fulfill educational requirements for specialty board certification by the American Board of Oral and Maxillofacial Surgery (ABOMS).
9. To fulfill the requirements for specialty training of the Council on Dental Education (Commission on Dental Accreditation) of the American Dental Association.
10. To fulfill fellowship requirements set forth by the American Association of Oral and Maxillofacial Surgeons (AAOMS).
11. To train moral and competent surgeons who will serve the needs of their communities and represent the quality of the residency training program well.
12. To instill a commitment to life-long learning in all members of the Department.
Appendix B – Attach as Appendix B the program’s outcomes assessment plan, outcomes measurements, and outcomes assessment results.
University of Illinois at Chicago  
Department of Oral & Maxillofacial Surgery  

Outcomes Assessment Plan  

The plan and procedures for outcomes assessment in the Department of Oral and Maxillofacial Surgery will show evidence of long-term planning and implementation for determining whether the goals and objectives of the program are being met, and to determine the need for considering implementation of changes based upon these outcomes measures.

Outcomes Measures

1. Education of residents in OMFS (Exhibit 1a)  
2. Fulfill ABOMS certification requirements (Exhibit 1b)  
3. Train full-scope Oral and Maxillofacial Surgeons (Exhibit 1c)  
4. Encourage research and scholarly activity (Exhibit 1d)
EXHIBIT 1a

OUTCOMES ASSESSMENT
(Standard 1)

This table provides one example of a format, which may be utilized to present the program’s outcomes assessment plan and process. A copy should be made for each of the program’s overall goals and objectives. If an alternative format is used, please be sure it includes the information below.

**Overall Goal or Objective #1:**

<table>
<thead>
<tr>
<th>Overall Goal or Objective</th>
<th>To educate residents in Oral and Maxillofacial Surgery</th>
</tr>
</thead>
</table>
| **Outcomes Assessment Mechanism** | Resident evaluations  
OMSITE examination results |
| **How often conducted** | Daily, weekly, monthly, annually  
OMSITE examination occurs in April each year |
| **Date to be conducted/finished by** | June 30, 2013 |
| **Results expected** | Progressively improving evaluations  
Greater than 75\(^{th}\) percentile scores on OMSITE examination |
| **Results achieved** | Excellent improvement in performance on OMSITE examination  
since 2008, with scores consistently in the high 90\(^{th}\) percentiles,  
with some outliers below the expected range of greater than 75\(^{th}\) percentile |
| **Assessment of results** | Evaluation with residents to address specific weaknesses  
Focus studies for OMSITE examination |
| **Program improvement as a result of data analysis** | Grand Rounds topics to mimic annual OMSITE examination topics, with periodic written examinations, and individual resident remediation, as required |
| **Date of next assessment** | June 30, 2013 |
### UIC Oral and Maxillofacial Surgery OMSITE Statistics

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>OMSSAT Score (Percentile: Comparable group/Total group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson</td>
<td>Ken</td>
<td>18/10</td>
</tr>
<tr>
<td>Lugakingira</td>
<td>Mulokozi</td>
<td>73/49</td>
</tr>
<tr>
<td>Sarna</td>
<td>Thomas</td>
<td>77/54</td>
</tr>
<tr>
<td>Hussain</td>
<td>Raza</td>
<td>41/49, 38/49</td>
</tr>
<tr>
<td>Katsnelson</td>
<td>Alexander</td>
<td>98/99, 67/76</td>
</tr>
<tr>
<td>Lukasavage</td>
<td>Patricia</td>
<td>78/87, 22/29</td>
</tr>
<tr>
<td>Rogers</td>
<td>Thomas</td>
<td>16/23, 30/17, 5/3</td>
</tr>
<tr>
<td>Tillner</td>
<td>John</td>
<td>18/26, 31/45, 30/20</td>
</tr>
<tr>
<td>Edwards</td>
<td>Jason</td>
<td>56/69, 22/39, 14/22, 21/12</td>
</tr>
<tr>
<td>Nguyen</td>
<td>Quoc</td>
<td>63/73, 38/49, 24/37, 19/7</td>
</tr>
<tr>
<td>Sidal</td>
<td>Tarkan</td>
<td>33/64, 38/49, 12/7, 22/21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>OMSITE Score (Percentiles)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collins</td>
<td>Edward</td>
<td>73, 29</td>
</tr>
<tr>
<td>Hull</td>
<td>William</td>
<td>79, 71</td>
</tr>
<tr>
<td>Stucki</td>
<td>Grant</td>
<td>95, 91, 71</td>
</tr>
<tr>
<td>Weiskopf</td>
<td>Scott</td>
<td>96, 71, 71</td>
</tr>
<tr>
<td>Schlieve</td>
<td>Thomas</td>
<td>98, 97, 91, 91</td>
</tr>
<tr>
<td>Funderburk</td>
<td>Joseph</td>
<td>97, 98, 83, 82</td>
</tr>
<tr>
<td>Sarna</td>
<td>Thomas</td>
<td>95, 97, 95</td>
</tr>
<tr>
<td>Lugakingira</td>
<td>Mulokozi</td>
<td>57, 65, 65</td>
</tr>
<tr>
<td>Hussain</td>
<td>Raza</td>
<td>86, 82</td>
</tr>
<tr>
<td>Sheppard</td>
<td>Ryan</td>
<td>73</td>
</tr>
<tr>
<td>Lukasavage</td>
<td>Patricia</td>
<td>95</td>
</tr>
<tr>
<td>Rogers</td>
<td>Thomas</td>
<td>69</td>
</tr>
</tbody>
</table>
This table provides one example of a format, which may be utilized to present the program’s outcomes assessment plan and process. A copy should be made for each of the program’s overall goals and objectives. If an alternative format is used, please be sure it includes the information below.

**Overall Goal or Objective #2:**

<table>
<thead>
<tr>
<th>Overall Goal or Objective</th>
<th>To provide full-scope training in Oral and Maxillofacial Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes Assessment</td>
<td>Major case logs</td>
</tr>
<tr>
<td>Mechanism</td>
<td>Outpatient case numbers</td>
</tr>
<tr>
<td></td>
<td>UIC OMFS Alumni Questionnaire</td>
</tr>
<tr>
<td>How often conducted</td>
<td>Semi-annually</td>
</tr>
<tr>
<td></td>
<td>One questionnaire to each alumnus</td>
</tr>
<tr>
<td>Date to be conducted/</td>
<td>June 30, 2013</td>
</tr>
<tr>
<td>finished by</td>
<td></td>
</tr>
<tr>
<td>Results expected</td>
<td>Satisfactory case numbers and distribution of major cases based upon resident level of training. Questionnaire to identify areas of program deficiency and suggestions for improvement.</td>
</tr>
<tr>
<td>Results achieved</td>
<td>Improvements have been made in the volume and variety of major surgical cases over the past year. Questionnaires are being received presently.</td>
</tr>
<tr>
<td>Assessment of results</td>
<td>Continued improvement in volume and variety of major cases. Identification of programmatic deficiencies and development of plans to implement change.</td>
</tr>
<tr>
<td>Program improvement as a</td>
<td>Continue current resident duties and assignments.</td>
</tr>
<tr>
<td>result of data analysis</td>
<td>Continued reassessment.</td>
</tr>
<tr>
<td></td>
<td>Goal of 100% compliance with alumni questionnaires.</td>
</tr>
<tr>
<td>Date of next assessment</td>
<td>June 30, 2013</td>
</tr>
</tbody>
</table>
1. (Optional) Name _____________________________________________________

2. Dates of training _____/_____/____ through _____/_____/____

3. Other post-residency training (Fellowship, PhD, MD, MS) _______yes _______no

   Area of Concentration/Location ________________________________________________

Degree/Certificate ____________________________________________________________

4. ABOMS Certification _______yes (_____/_____ date) _______no _______Eligible

   Passed Written Part I (_____/_____)

   Passed 1st Time _____ 2nd Time _____ 3rd Time _____

   Never Taken Part I or II _____

5. Do you have a Specialty License in your state (if applicable) _______yes _______no

6. Do you have a State General Anesthesia Permit (if applicable) _______yes _______no

7. Your current practice situation (check all that apply):

   ____ Full time private practice
   ____ Part time private practice
   ____ Full time academics
   ____ Part time academics
   ____ Solitary practitioner
   ____ Group practice (_____number in group)
   ____ Associate in practice
   ____ Partner in practice (_____number of partners)
   ____ Employee of corporation or government (____________________ specify)
   ____ Passed ABOMS Part I Exam only
   ____ Passed ABOMS Part I & II Exam-Diplomate Status
   ____ Never Taken ABOMS Part I or II

8 Your current practice situation (check all that apply):

   ____ Major city (>500,000)
   ____ Suburban
   ____ Rural
   ____ Entirely office-based
   ____ Entirely hospital-based
   ____ Primarily office-based
   ____ Primarily hospital-based
   ____ Hospital:office = 50:50

9. Indicate which areas of OMS you currently treat patients (include % of practice time):

   ____ Dentoalveolar surgery _____
   ____ Outpatient general anesthesia _____%
   ____ Implantology _____%
   ____ Intravenous sedation _____%
   ____ Outpatient general anesthesia _____%
   ____ Orthognathic surgery _____%
   ____ Temporomandibular joint arthrocentesis _____%
   ____ Temporomandibular joint arthroscopy _____%
   ____ Temporomandibular joint surgery _____%
   ____ Maxillofacial trauma _____%
   ____ Cosmetic facial surgery _____%
   ____ Cleft surgery _____%
   ____ Nerve repair surgery _____%
   ____ Oncologic resection surgery _____%
   ____ Maxillary/mandibular reconstruction _____%

   ____ ________________
   ____ ________________

10. Hospital staff member? _____yes _____no

   Name of Hospital/Location ____________________________________________________
   __________________________
   __________________________

11. Do you have Admitting privileges at your primary hospital? _____yes _____no

12. Do you have History & Physical privileges at your primary hospital?

13. Are you a member of a cleft palate or other multidisciplinary team? _______yes____ no

   Team/Hospital/Location ________________________________________________________

14. Do you regularly attend continuing education courses? _______yes _______no

   Number of hours of CE per year (approximate over past 5 years) _______hrs./yr

   AAOMS Annual Meeting attendances since residency completion (no. of yrs)

   Last CE course attended/Location ______________________________________________

   Other CE courses attended this past year ________________________________________
15. Do you provide Continuing Education? _____ yes _____ no
Any presentations in last 3 years? _____ yes _____ no
Meeting/Date/Location ___________________________________ Title _______________________
Meeting/Date/Location ___________________________________ Title _______________________
Any publications _____ no _____ yes: ___________________________________

16. Do you have a University teaching appointment, or do you teach residents/students in any capacity?
_____ yes _____ no
 _____ full-time _____ part-time
Title (Clinical Asst. Prof., etc) _____________________________
Location ________________________________________________
Level of student teaching (dental student, GPR, OMS Res.) ____________

17. Professional organizations to which you belong (circle):
ADA AMA AAOMS IAOMS OMSF
State Society of OMS (state________) ____________________________
ADEA IADR AADR NIDCR AO ACPA _____________________________
Other ______________________________________________________

18. Offices held in professional organizations? _____ yes _____ no
Organization _______________________________________________
Office _______________________________________________________

19. Journals
JOMS Subscription ________ Read Regularly ________
OOOO Subscription ________ Read Regularly ________
JAMA Subscription ________ Read Regularly ________
JADA Subscription ________ Read Regularly ________
PlastReconsurg Subscription ________ Read Regularly ________

20. For the following, rate the training you received as:
[1-excellent 2-good 3-satisfactory 4-fair 5-poor]
____ Your overall OMS training
____ Preparation for practice of full-scope OMS
____ Preparation for the ABOMS exam
____ Preparation for practice management
____ Preparation to integrate new ideas & techniques into your practice
____ Preparation for management of medical compromised patients & emergencies
____ Preparation for integrating dental implants into your practice
____ Preparation for billing & coding procedures
____ Preparation for insurance reimbursement issues

21. Comments about your training:
Major strengths
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

Major weaknesses
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

Suggestions for improvements
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

22. Please rate the level of training you received in the following areas using the following scale:
[1-competent 2-exposed to, but not competent 3-no exposure]
____ Dentoalveolar surgery
____ Outpatient general anesthesia
____ Implantology
____ Intravenous sedation
____ Outpatient general anesthesia
____ Orthognathic surgery
____ Temporomandibular joint arthrocentesis/arthroscopy
____ Temporomandibular joint surgery
____ Maxillofacial trauma
____ Maxillary/mandibular reconstruction
____ Major bone grafts (ilium, rib, calverium)
____ Microvascular flaps
____ Cosmetic facial surgery
23. Prior OMS surveys have indicated that surgeons were poorly prepared to enter the “business” of OMS practice despite having been well-trained surgeons. Indicate which would be the best way to integrate practice management training into the OMS residency program:

- Lectures from experienced private practitioners
- Lectures from dental supply company representatives
- Lectures from financial planners
- Lectures from bank loan officers
- Lectures from attorneys
- Integration of private practice rotations into the OMS training program

How many months? __________
During what year of training? __________
Would you be willing to participate, if possible? ________ yes ________ no

24. There are many goals in an OMS residency training program. Please indicate if your training program achieved these goals with regards to your experience, using the following scale:

[1-strongly agree 2-agree 3-disagree 4-strongly disagree]

- Education of OMS residents to be proficient in the practice of contemporary OMS
- Preparation of OMS’s who are capable of advancing with changes in the specialty
- Instillation of proficiency in & motivation to use scientific method in clinical practice
- Encouragement of OMS’s to return to their profession the knowledge & skills received during their training

25. [Optional] Where are the major problem areas in the specialty of OMS?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

26. [Optional] What improvements could be made in the current graduate OMS program?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

27. [Optional] Your current personal net professional income:

- 50,000-100,000
- 100,000-150,000
- 150,000-200,000
- 200,000-250,000
- 250,000-300,000
- 300,000-350,000
- 350,000-400,000
- 400,000-500,000
- 500,000-750,000
- 750,000-1,000,000
- 1,000,000

Please return to:

Michael Miloro, DMD, MD, FACS
UIC College of Dentistry
Oral & Maxillofacial Surgery
801 S Paulina St., MC 835
Chicago, IL 60612
mmiloro@uic.edu
EXHIBIT 1c

OUTCOMES ASSESSMENT
(Standard 1)

This table provides one example of a format, which may be utilized to present the program’s outcomes assessment plan and process. A copy should be made for each of the program’s overall goals and objectives. If an alternative format is used, please be sure it includes the information below.

**Overall Goal or Objective #3:**

<table>
<thead>
<tr>
<th>Overall Goal or Objective</th>
<th>ABOMS Certification &gt; 90% of program graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcomes Assessment Mechanism</strong></td>
<td>ABOMS certification</td>
</tr>
<tr>
<td><strong>How often conducted</strong></td>
<td>Annually Letter from ABOMS to Program Director annually informing the program regarding alumni achieving ABOMS certification</td>
</tr>
<tr>
<td><strong>Date to be conducted/finished by</strong></td>
<td>June 30, 2013</td>
</tr>
<tr>
<td><strong>Results expected</strong></td>
<td>Greater than 90% compliance</td>
</tr>
<tr>
<td><strong>Results achieved</strong></td>
<td>Poor compliance over the past 10 years Expected 100% compliance over the next 5 years</td>
</tr>
<tr>
<td><strong>Assessment of results</strong></td>
<td>Several foreign and Canadian surgeons training at UIC OMFS have not obtained ABOMS certification, but many of the USA practicing OMFS have not completed the ABOMS certification process.</td>
</tr>
<tr>
<td><strong>Program improvement as a result of data analysis</strong></td>
<td>Reinforce the significance and importance of ABOMS certification to residents and program graduates in their career paths.</td>
</tr>
<tr>
<td><strong>Date of next assessment</strong></td>
<td>June 30, 2013</td>
</tr>
</tbody>
</table>
## Graduates of the University of Illinois at Chicago OMFS Program

<table>
<thead>
<tr>
<th>Name</th>
<th>Year Grad</th>
<th>Practice Type</th>
<th>Location</th>
<th>ABOMS</th>
<th>Fellowship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Funderburk</td>
<td>2012</td>
<td>Private Practice</td>
<td>Denver, CO</td>
<td>In process</td>
<td></td>
</tr>
<tr>
<td>Thomas Schlieve</td>
<td>2012</td>
<td>Medical School</td>
<td>Shreveport, LA</td>
<td>In process</td>
<td></td>
</tr>
<tr>
<td>Mulokozi Lugakingir</td>
<td>2011</td>
<td>Private Practice</td>
<td>Indianapolis, IN</td>
<td>In process</td>
<td></td>
</tr>
<tr>
<td>Thomas Sarna</td>
<td>2011</td>
<td>Private Practice/Academics</td>
<td>Maywood, IL</td>
<td>In process</td>
<td></td>
</tr>
<tr>
<td>Ryan Sheppard</td>
<td>2010</td>
<td>Private Practice</td>
<td>Birmingham, AL</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Raza Hussain</td>
<td>2009</td>
<td>Private Practice/Academics</td>
<td>Chicago, IL</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Patricia Lukasavage</td>
<td>2009</td>
<td>Private Practice</td>
<td>Burlington, VT</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Thomas Rogers</td>
<td>2009</td>
<td>Private Practice</td>
<td>Oklahoma City, OK</td>
<td>In process</td>
<td></td>
</tr>
<tr>
<td>Jason Edwards</td>
<td>2008</td>
<td>Private Practice</td>
<td>Tampa, FL</td>
<td>In process</td>
<td></td>
</tr>
<tr>
<td>Quoc Nguyen</td>
<td>2008</td>
<td>Private Practice</td>
<td>La Jolla, CA</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Tarkan Sidal</td>
<td>2008</td>
<td>Medical School, General Surgery</td>
<td>San Francisco, CA</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Justin Hollar</td>
<td>2007</td>
<td>Private Practice</td>
<td>Hawaii, HI</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Benjamin Lin</td>
<td>2007</td>
<td>Private Practice</td>
<td>Toronto, ON</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Gabriela Oana</td>
<td>2007</td>
<td>Private Practice</td>
<td>New York, NY</td>
<td>No</td>
<td>Orthognathic</td>
</tr>
<tr>
<td>Kevin Andrus</td>
<td>2006</td>
<td>Private Practice</td>
<td>Chicago, IL</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Manuel Diaz</td>
<td>2006</td>
<td>Private Practice</td>
<td>Houston, TX</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Sherif Mekhail</td>
<td>2006</td>
<td>Private Practice</td>
<td>Chicago, IL</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Ala Al-Musawi</td>
<td>2005</td>
<td>Private Practice</td>
<td>Chicago, IL</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Andrew Gater</td>
<td>2005</td>
<td>Private Practice</td>
<td>Barrie, ON</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Year</td>
<td>Practice Type</td>
<td>Location</td>
<td>Participation</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------------</td>
<td>------</td>
<td>-----------------------------</td>
<td>-----------------</td>
<td>---------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Michelle Pashley</td>
<td>2005</td>
<td>Academics/Private Practice</td>
<td>Burr Ridge, IL</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>German Trujillo</td>
<td>2004</td>
<td>Private Practice</td>
<td>Tacoma, CA</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Antonia Kolokythas</td>
<td>2004</td>
<td>Academics</td>
<td>Chicago, IL</td>
<td>Yes</td>
<td>HN Oncology</td>
</tr>
<tr>
<td>Talal Bokhamsin</td>
<td>2003</td>
<td>Military Practice</td>
<td>Saudi Arabia</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Scott Genutis</td>
<td>2003</td>
<td>Private Practice</td>
<td>St. Charles, IL</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Walter Tatch</td>
<td>2003</td>
<td>Private Practice</td>
<td>Waukegan, IL</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Alexandra Bialy</td>
<td>2002</td>
<td>Private Practice</td>
<td>Schaumburg, IL</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Mark Jacob</td>
<td>2002</td>
<td>Private Practice</td>
<td>Chicago, IL</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Donald Johnson</td>
<td>2002</td>
<td>Private Practice</td>
<td>Scottsdale, AZ</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Scott Clayhold</td>
<td>2001</td>
<td>Private Practice</td>
<td>Issaquah, WA</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Michael Kirton</td>
<td>2001</td>
<td>Private Practice</td>
<td>New York, NY</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Robert Orta</td>
<td>2001</td>
<td>Private Practice</td>
<td>Tampa, FL</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Kimberly Tambini</td>
<td>2001</td>
<td>Private Practice</td>
<td>Summerville, SC</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
### Overall Goal or Objective #4:

<table>
<thead>
<tr>
<th>Overall Goal or Objective</th>
<th>To encourage research and scholarly activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcomes Assessment Mechanism</strong></td>
<td>Involvement of residents in scholarly activity, including research projects, abstract presentations, presentations at annual meetings, and publications. M.S. in Oral Sciences is available for residents.</td>
</tr>
<tr>
<td><strong>How often conducted</strong></td>
<td>Annually</td>
</tr>
<tr>
<td><strong>Date to be conducted/finished by</strong></td>
<td>June 30, 2013</td>
</tr>
<tr>
<td><strong>Results expected</strong></td>
<td>All residents involved in scholarly activity. Minimum submission of research paper to annual AAOMS meeting for abstract presentation. Results of research leading to publication in peer-reviewed journals.</td>
</tr>
<tr>
<td><strong>Results achieved</strong></td>
<td>All residents involved in scholarly activity. All senior residents (and some junior residents) have submitted abstracts for the AAOMS annual meeting, and most also present at the Clinic and Research Day at the UIC College of Dentistry. One resident is currently pursuing an M.S. degree.</td>
</tr>
<tr>
<td><strong>Assessment of results</strong></td>
<td>All residents are involved in research with adequate mentorship. Resident presentations at national meetings. Many projects leading to publications.</td>
</tr>
<tr>
<td><strong>Program improvement as a result of data analysis</strong></td>
<td>Provision of faculty mentorship for research projects in the Department. Allotment of time necessary to pursue scholarly activity.</td>
</tr>
</tbody>
</table>
Appendix C – Attach as Appendix C the institution’s administrative structure in an organizational chart.
Appendix D - Attach as Appendix D the success rate of graduates on the board examination for the last 5 years.
## ABOMS of Graduates of the University of Illinois at Chicago OMFS Program

<table>
<thead>
<tr>
<th>Name</th>
<th>Year Grad</th>
<th>ABOMS</th>
</tr>
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<tbody>
<tr>
<td>Joseph Funderburk</td>
<td>2012</td>
<td>In process</td>
</tr>
<tr>
<td>Thomas Schlieve</td>
<td>2012</td>
<td>In process</td>
</tr>
<tr>
<td>Mulokozi Lugakingira</td>
<td>2011</td>
<td>In process</td>
</tr>
<tr>
<td>Thomas Sarna</td>
<td>2011</td>
<td>In process</td>
</tr>
<tr>
<td>Ryan Sheppard</td>
<td>2010</td>
<td>Yes</td>
</tr>
<tr>
<td>Raza Hussain</td>
<td>2009</td>
<td>Yes</td>
</tr>
<tr>
<td>Patricia Lukasavage</td>
<td>2009</td>
<td>In process</td>
</tr>
<tr>
<td>Thomas Rogers</td>
<td>2009</td>
<td>In process</td>
</tr>
<tr>
<td>Jason Edwards</td>
<td>2008</td>
<td>In process</td>
</tr>
<tr>
<td>Quoc Nguyen</td>
<td>2008</td>
<td>Yes</td>
</tr>
<tr>
<td>Tarkan Sidal</td>
<td>2008</td>
<td>In process</td>
</tr>
<tr>
<td>Justin Hollar</td>
<td>2007</td>
<td>No</td>
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<tr>
<td>Benjamin Lin</td>
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<tr>
<td>Gabriela Oana</td>
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<tr>
<td>Kevin Andrus</td>
<td>2006</td>
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<tr>
<td>Manuel Diaz</td>
<td>2006</td>
<td>No</td>
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<tr>
<td>Sherif Mekhail</td>
<td>2006</td>
<td>No</td>
</tr>
<tr>
<td>Ala Al-Musawi</td>
<td>2005</td>
<td>Yes</td>
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<tr>
<td>Andrew Gater</td>
<td>2005</td>
<td>No</td>
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<tr>
<td>Michelle Pashley</td>
<td>2005</td>
<td>Yes</td>
</tr>
<tr>
<td>German Trujillo</td>
<td>2004</td>
<td>No</td>
</tr>
<tr>
<td>Antonia Kolokythas</td>
<td>2004</td>
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</tr>
<tr>
<td>Talal Bokhamsin</td>
<td>2003</td>
<td>No</td>
</tr>
<tr>
<td>Scott Genitis</td>
<td>2003</td>
<td>No</td>
</tr>
<tr>
<td>Walter Tatch</td>
<td>2003</td>
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</tr>
<tr>
<td>Alexandra Bialy</td>
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<tr>
<td>Mark Jacob</td>
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<tr>
<td>Donald Johnson</td>
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<tr>
<td>Scott Clayhold</td>
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</tr>
<tr>
<td>Michael Kirton</td>
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</tr>
<tr>
<td>Robert Orta</td>
<td>2001</td>
<td>No</td>
</tr>
<tr>
<td>Kimberly Tambini</td>
<td>2001</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Appendix E - Attach as Appendix E the affiliated institutions that participate in training students/residents, indicate: (Use Exhibit 1 for each affiliated institution used by the program. Make copies of the form as needed. Number appropriately, e.g., Appendix E1, Appendix E2, etc.)
Exhibit E1

AFFILIATIONS

a. Official name of affiliate: **Jesse Brown Veterans Administration Medical Center**
   City and State: **Chicago, IL**

b. Length and purpose of the rotation (number of weeks, hours per week):
   **PGY I: 4 months**
   **PGY III: 6 months**

c. Is the institution accredited by JCAHO?
   ___x__YES   _____NO   _____ N/A

   If another accrediting body, please list:

   ________________________________

d. Distance from the affiliate to sponsoring institution: **0.4** (miles)

e. One-way commuting time: **5 minutes**

f. Indicate why this institution was selected, the nature of training provided to
   students/residents, teaching staff responsible for conducting the program and supervising
   students/residents at the institution, and how these educational experiences supplement training
   received at the sponsoring institution.

   **The VA medical system provides residents with experience in dentoalveolar surgery, diagnosis
   and management of oral pathologic disease, pre-prosthetic surgery, dental implants, and hard
   and soft tissue reconstruction.**

g. If affiliation agreements have not been updated to include this program, please provide
   timetable for updating the agreement.

   **June 30, 2013**
MEMORANDUM OF AFFILIATION
EDUCATIONAL PROGRAM AGREEMENT

BETWEEN THE DEPARTMENT OF VETERANS AFFAIRS
AND THE INNERSIGNED EDUCATIONAL PROGRAM

VA NETWORK:  VSN 12 (Veterans Integrated Service Network)

VA TREATMENT FACILITY (OR FACILITIES):  Edward Hines, Jr. Hospital

NAME OF EDUCATIONAL INSTITUTION: University of Illinois, College of Dentistry

PROGRAM AND DEGREE: Oral Surgery Residency

This agreement, when duly executed and approved by the Department of Veterans Affairs (VA), authorizes VA, its Veterans Integrated Service Networks and the listed VA facilities, to affiliate for the academic purposes of enhanced patient care, education or research. The faculty of the affiliate has primary responsibility, in coordination with VA staff, for the assignment and supervision of students and/or residents in their academic program(s). VA retains full responsibility for the care of patients, including administrative and professional functions pertaining thereto. While in the VA facility, students are subject to VA rules and regulations. Students will receive an orientation to the VA facility. Faculty members and facility staff supervisors are to evaluate the student's performance in mutual consultation and according to the guidelines outlined in the approved curriculum.

VA treatment facilities or groups of treatment facilities as appropriate will establish an Affiliation Partnership Council made up of representatives of affiliated health professional schools. The Council will serve as the strategic planning and coordination body for all academic matters involving VA and the affiliates, and will coordinate the tracking of measurable outcomes that emerge from reviews of the academic partnerships. The Council will inform VA of affiliate matters such as strategic planning, program direction or budgetary issues affecting VA. Topical or discipline-specific subcommittees to address specific management or strategic interests may be developed as needed in collaboration with the academic and VA leadership to address specific management or strategic interests.

The affiliate complies with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, Title III of the Older Americans Amendments of 1975, the Americans with Disabilities Act of 1992, and all related regulations, and assures that it does not, and will not, discriminate against any person on the basis of race, color, sex, creed, national origin, age or handicap under any program or activity receiving Federal financial assistance.

Nothing in this agreement is intended to be contrary to State or Federal laws. In the event of conflict between terms of this agreement and any applicable State or Federal law, that State or Federal law will supersede the terms of this agreement. In the event of conflict between State and Federal laws, Federal laws will govern. When providing professional services covered by this agreement, protection of faculty members and students of the affiliated institution from personal liability while at a VA health care facility will be that which is provided under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679 (b)-(d). Nothing in this agreement grants to the educational institution the Partnership Council any legal authority to exercise control over any VA program or facility. Ultimate responsibility for the control and operation of VA facilities and programs rests with VA.
Periodic reviews of academic programs and policies will be conducted as necessary under the auspices of VA's Chief Academic Affiliations Officer.

This agreement is in force until further notice, it may be terminated in writing at any time by mutual consent with due consideration of patient care and educational commitments, or by written notice by either party 6 months in advance of the next training experience.

Leslie Heffez, DMD, MBA
Chairman, Department of Oral Surgery
University of Illinois

Date: June 15, 2000

Jacqueline Kuchyn
Acting Director
Edward Hines, Jr. Hospital
Hines, Illinois 60141

Date: 04/05/00

Dean Bruce Graham
College of Dentistry
University of Illinois at Chicago

Date: 6/27/00

Craig Bazzani
University Comptroller
Board of Trustees
University of Illinois

Date: 10/1/00

Michelle Thompson
University Secretary
Board of Trustees
University of Illinois

Date: 11/3/00
Revised 2/97
MEMORANDUM OF AFFILIATION
MASTER AGREEMENT
BETWEEN THE DEPARTMENT OF VETERANS AFFAIRS (VA)
AND THE UNDERSIGNED EDUCATIONAL INSTITUTION

VA NETWORK: Veterans Integrated Health Care System (VISN 12), Great Lakes Health Care System

VISN 12 TREATMENT FACILITIES:
Edward Hines, Jr., Veterans Hospital, Hines, Illinois
Veterans Affairs Medical Center, Iron Mountain, Michigan
William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin
Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin
VA Medical Center, North Chicago, Illinois
VA Medical Center, Tonah, Wisconsin
VA Chicago Health Care System:
   Lakeside Division
   West Side Division

NAME OF EDUCATIONAL INSTITUTION: University of Illinois

Preamble

The provision of education for future healthcare providers and the conduct of research are customarily defined as missions of the Veterans Health Administration. Building on the long-standing, close relationships between the U.S. Department of Veterans Affairs (VA) and the nation’s academic institutions, VA seeks to play a leadership role in reshaping the education of future health-care professionals to help meet the rapidly changing scope and complexity of the nation’s health-care delivery system. It is the intent of VA to maintain its long-standing practice of effective affiliations with educational institutions for the purposes of contributing to continued excellence in VA patient care and conducting joint academic programs that address health manpower needs throughout VA and the nation.

From its first forging in 1946, the purpose of affiliations has been to enhance the delivery of patient care. Within this purpose the education and research missions are intricately interwoven and complementary to the patient care mission.

At its finest, an affiliation agreement articulates a "one campus" concept for the two parties. To the extent possible, it establishes the goal of one standard for patient care, one standard for resident and student education, one standard for research, and one standard for faculty appointments. The parties to the affiliation agreement also seek to avoid duplication of academic titles and where mutually beneficial to enter into legal agreements to share patient care delivery services, facilities, equipment, and other resources that support the affiliation. The parties enter into this affiliation in a spirit of mutual benefit to be achieved through an equitable contribution of resources.

Appendix Page 60
Corollary Agreement

The generic umbrella of the affiliation agreement is critical to the affiliation because it forms the philosophical and in some cases, the legal basis for numerous specific agreements that may be executed between components of the affiliate and VA. Affiliation agreements with individual academic institutions may lead to agreements in a number of different academic programs and for a number of different health-care delivery arrangements that may be executed under the umbrella of the affiliation agreement. The success of the affiliation must be judged in the aggregate—that is, a balanced judgment of the tradeoffs and values of all the arrangements entered into between the affiliated parties.

One or more corollary or related specific agreements may be entered into between the parties to the master affiliation agreement. These arrangements or agreements may involve any component of the Academic Medical Center, College or University and the local VA health-care facilities and may be in the form of contracts, memoranda of understanding, performance leases, or other written agreements which cover academic or research partnerships, shared services, facilities, equipment or other resources that support the affiliation. Additional agreements may include Veterans Integrated Service network - wide coordinating agreements, or local multi-affiliate sharing agreements where relevant. These may include any of the following:

- memorandum of affiliation with a school of medicine
- disbursement agreements for the payment of medical residents while at VA facilities
- sharing agreements or scarce medical specialist services agreements with the affiliate or its faculty
- consulting and attending arrangements
- research agreements
- authorized arrangements for the use of space
- memorandum of affiliation with associated health educational programs
- general education agreements
- specific programmatic education agreements
- other agreements that may be advantageous to the affiliated parties.

Terms of Agreement

This agreement, when duly executed and approved by the Department of Veterans Affairs (VA), authorizes VA, its Veterans Integrated Service Networks and the listed VA facilities, to affiliate with the academic institution for the purposes of enhanced patient care, education and research. VA and the affiliated academic institution have a shared responsibility for the academic enterprise. In coordination with VA staff, the faculty of the academic affiliate has primary responsibility for the assignment and supervision of students and/or residents in their academic program(s). VA retains full responsibility for the care of patients, including the administrative and professional functions pertaining thereto. While in the VA facility, students and residents are subject to VA rules and regulations. Students will receive an orientation to the VA facility.
Faculty members and facility staff supervisors are to evaluate the student's performance in mutual consultation and according to the guidelines outlined in the approved curriculum.

VA treatment facilities, or groups of VA treatment facilities as appropriate, will establish an Affiliation Partnership Council made up of representatives of the affiliated health professional schools. The Council will act as the strategic planning and coordination body for all academic matters involving VA and the affiliates, and will coordinate the tracking of measurable outcomes that emerge from reviews of the academic partnerships. The Council will inform VA of affiliate matters such as strategic planning, program direction or budgetary issues affecting VA. Topical or discipline specific subcommittee to address specific management or strategic interests may be developed as needed in collaboration with the academic and VA leadership.

The affiliate complies with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, Title 111 of the Older Americans Amendments of 1975, the Americans with Disabilities Act of 1992, and all related regulations, and assure that it does not, and will not, discriminate against any person on the basis of race, color, sex, creed, national origin, age or handicap under any program or activity receiving Federal financial assistance.

Nothing in this agreement is intended to be contrary to State or Federal laws. In the event of conflict between terms of this agreement and any applicable State or Federal law, that State or Federal law will supersede the terms of this agreement. In the event of conflict between State and Federal laws, Federal laws will govern. Nothing in this agreement grants to the educational institution or the Partnership Council any legal authority to exercise control over any VA program or facility. Ultimate responsibility for the control and operation of VA facilities and programs rests with VA.

Periodic reviews of academic programs and policies will be conducted as necessary under the auspices of VA's Chief Academic Affiliations Officer.

This agreement is in force until further notice; it may be terminated in writing at any time by mutual consent with due consideration of patient care and educational commitments, or by 6 months advanced written notice by either party.

_________________________  __________________________
Name and Title of Responsible Official for the Educational Institution  Department of Veterans Affairs
(date)  (date)

_________________________
Signature

Appendix Page 71
Inventory of VISN 12, VA Great Lakes Health Care System Facilities:

Edward Hines Jr., Veterans Hospital, Hines, Illinois
Veterans Affairs Medical Center, Iron Mountain, Michigan
William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin
Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin
VA Medical Center, North Chicago, Illinois
VA Medical Center, Tomah, Wisconsin
VA Chicago Health Care System (VACHCS):
   Lakeside and West Side Divisions, Chicago, Illinois

Community Based Clinics:

<table>
<thead>
<tr>
<th>Established Clinics</th>
<th>Parent Facility</th>
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</thead>
<tbody>
<tr>
<td>Crown Point, IN</td>
<td>VACHCS</td>
</tr>
<tr>
<td>Evanston, IL</td>
<td>North Chicago VAMC</td>
</tr>
<tr>
<td>Fox Valley, WI</td>
<td>Milwaukee VAMC</td>
</tr>
<tr>
<td>Houghton, MI</td>
<td>Iron Mountain VAMC</td>
</tr>
<tr>
<td>Joliet, IL</td>
<td>Hines VAMC</td>
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<tr>
<td>Manteno, IL</td>
<td>Hines VAMC</td>
</tr>
<tr>
<td>Loyal, WI</td>
<td>Tomah VAMC</td>
</tr>
<tr>
<td>Marquette, MI</td>
<td>Iron Mountain VAMC</td>
</tr>
<tr>
<td>Oak Park, IL</td>
<td>Hines VAMC</td>
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<tr>
<td>Rockford, IL</td>
<td>Madison VAMC</td>
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<tr>
<td>Woodlawn, IL</td>
<td>VACHCS</td>
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Clinics proposed to open in the upcoming year:

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<th>Proposed Clinics</th>
<th>Parent Facility</th>
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<tbody>
<tr>
<td>Chicago Heights, IL</td>
<td>VACHCS</td>
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<tr>
<td>LaSalle County, IL</td>
<td>Hines VAMC</td>
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<tr>
<td>Rhinelander, WI</td>
<td>Iron Mountain VAMC</td>
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<tr>
<td>Union Grove, WI</td>
<td>Milwaukee VAMC</td>
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<tr>
<td>Wausau, WI</td>
<td>Madison VAMC</td>
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Clinics planned for the upcoming year:

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<td>Aurora, IL</td>
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<tr>
<td>Eau Claire, WI</td>
<td>Tomah VAMC/Minneapolis VAMC (VISN 13)</td>
</tr>
<tr>
<td>Elgin, IL</td>
<td>Hines VAMC</td>
</tr>
<tr>
<td>LaCrosse, WI</td>
<td>Tomah VAMC</td>
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Exhibit E3

AFFILIATIONS

a. Official name of affiliate: Northwestern Memorial Hospital/McGaw Medical Center
   City and State: Chicago, IL

b. Length and purpose of the rotation (number of weeks, hours per week):
   Level I trauma experience, major case experience, academic practice exposure.

   ___________________________________________________________________________

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RECIPROCAL PROGRAMMATIC AFFILIATION AGREEMENT
BETWEEN
BY AND AMONG
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS,
THE MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY
AND
NORTHWESTERN MEMORIAL HOSPITAL

(UIC REF. NO. CC12001632)

The Board of Trustees of the University of Illinois (hereinafter "University"), a public body, corporate and politic of the State of Illinois, for and on behalf of the University of Illinois Hospital & Health Sciences System (hereinafter "UIGHSS") (hereinafter "College"), The McGaw Medical Center of Northwestern University, an Illinois not-for-profit corporation (hereinafter "McGaw") and Northwestern Memorial Hospital, an Illinois not-for-profit corporation (hereinafter "Facility" or "NMH"), do hereby enter into this Programmatic Affiliation Agreement (hereinafter "Agreement") governing the educational relationship between McGaw, Facility and the College which now or may hereafter exist. UIGHSS, McGaw and Facility shall be collectively referred to herein as "the Parties" and individually as "a Party".

PROLOGUE

WHEREAS, College has established and sponsors certain Graduate Medical Education Programs (hereinafter "GME Programs") and is recognized by the Accreditation Council for Graduate Medical Education (hereinafter, "ACGME") as the Sponsoring Institution for such GME Programs that are subject to accreditation by ACGME; and

WHEREAS, the Parties have determined a need for a reciprocal exchange of medical residents and fellows in a Oral and Maxillofacial Surgery program; and

WHEREAS, McGaw is the Sponsoring Institution for certain GME Programs including the Oral and Maxillofacial Surgery program accredited by ACGME that are based at Facility; and

WHEREAS, University also operates a hospital commonly referred to as the University of Illinois Hospital & Health Sciences System (hereinafter, "UIGHSS"); and

WHEREAS, the Parties have expressed their interest in providing educational and clinical rotations for Oral and Maxillofacial Surgery residents and fellows and such residents and fellows will benefit from educational experiences at UIGHSS, McGaw and Facility.

NOW, THEREFORE, the above named Parties do hereby enter into this Agreement.
This Agreement shall not be binding until signed by all Parties. The persons signing this Agreement represent and warrant that they have authority to bind their respective Parties.

<table>
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<tr>
<th>The Board of Trustees of the University of Illinois (University/UIHHSS)</th>
<th>Northwestern Memorial Hospital (Facility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>By: Walter K. Knorr</td>
<td>John T. Sullivan, M.D.</td>
</tr>
<tr>
<td>Walter K. Knorr, Comptroller</td>
<td></td>
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<tr>
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<tr>
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<td></td>
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<tr>
<td>Date</td>
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<tr>
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<tr>
<td>Robert P. Christopher</td>
</tr>
<tr>
<td>Type or print name</td>
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<tr>
<td>EXECUTIVE DIRECTOR</td>
</tr>
<tr>
<td>Title</td>
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<tr>
<td>Date 2 April 2002</td>
</tr>
</tbody>
</table>
PROGRAM ADDENDUM
PROGRAM LETTER OF AGREEMENT

In accordance with the PROGRAMMATIC AFFILIATION AGREEMENT UIC Ref. No. 12001632 between the Board of Trustees of the University of Illinois, a body corporate and politic of the State of Illinois, for and on behalf of The University of Illinois (UIC), College of Medicine at Chicago a campus of the University, The McGaw Medical Center of Northwestern University ("McGaw"), and Northwestern Memorial Hospital ("NMH"), do hereby agree to cooperate in the development of settings for the education and training of McGaw residents at the UIC facilities and UIC residents at The McGaw Medical Center of Northwestern University and Northwestern Memorial Hospital it is hereby understood and agreed that the program details shall comply with the following:

PROGRAM TITLE: Exchange of Oral & Maxillofacial Surgery Residents between the McGaw Medical Center of Northwestern University and the University of Illinois, Oral & Maxillofacial Surgery Residency Program.

PROGRAM DIRECTOR: Michael Miloro, DMD, MD, FACS

PROGRAM ACCREDITATION STATUS: Accredited 2009, no reporting requirements

OBJECTIVES: The objective is to provide a more well-rounded educational experience and expand the clinical knowledge base of the Oral and Maxillofacial Surgery Residents, in areas that are currently not available in the residency training program at UIC.

Specific goals include:

1. Level I facial trauma experience that is not available at UIC Medical Center
2. Advanced reconstructive jaw surgery
3. Exposure to a private practice setting
4. Direct interaction with a GPR dental residency training program

The faculty at UIC must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

CLINICAL AREAS: Northwestern Memorial Hospital, Children’s Memorial Hospital, Otolaryngology, Head & Neck Surgery: Division of Oral & Maxillofacial Surgery, 251 East Huron, Chicago, Illinois 60611, Dr. Olsson, 12-100 Galter, Northwestern Dental Clinic, Galter 2-100, Chicago, IL 60611.

CLINICAL EXPERIENCES: In-patient and out-patient care of patients at Northwestern Memorial Hospital and Children’s Memorial Hospital including special care units, Operating rooms, Consultative services. Out-patient care of patients at Hospital Dental Center and Oral & Maxillofacial Surgery offices. Consultative services at Rehabilitation Institute of Chicago

ADMINISTRATIVE RESPONSIBILITY: Ann Motter, Northwestern Dental Clinic.

EDUCATIONAL RESPONSIBILITY: Alexis B. Olsson, DDS, Director of Resident Training During assignments to The McGaw Medical Center of Northwestern University, UIC residents/fellows will be under the general direction of The McGaw Medical Center of Northwestern University, Oral and

NUMBER OF RESIDENTS: One resident per rotation period, with a total of 2-4 resident rotations per year.

PROFESSIONAL LICENSURE: Evidence of appropriate State of Illinois licensure will be provided by The McGaw Medical Center of Northwestern University and UIC. All data necessary to register the individual residents from both The McGaw Medical Center of Northwestern University and UIC will be provided to institutions.

PROGRAM SCHEDULE: One (1.0 FTE) UIC Oral & Maxillofacial Surgery Resident- either a PGY III or PGY IV level- will be assigned to NMH for 4-12 week rotations for a total of 6 months. One (1.0 FTE) McGaw Oral and Maxillofacial Surgery Intern will be assigned to UIC for a total of 6 months.

REIMBURSEMENT & COMPENSATION: See Programmatic Affiliation Agreement

MEALS and SLEEPING QUARTERS: UIC shall provide appropriate meals and sleeping quarters to residents on call.

PROFESSIONAL LIABILITY: See Programmatic Affiliation Agreement

INDEMNIFICATION: See Programmatic Affiliation Agreement

NOTICES: See Programmatic Affiliation Agreement

EFFECTIVE DATES: This program Addendum shall be effective commencing on April 4, 2012, and ending June 30, 2013, and shall be renewed annually unless written notice of intent not to renew is given sixty (60) days prior to the match date for this residency. In the absence of such notice, this residency shall continue for the next year without interruption.

In witness whereof, the parties hereto have caused this agreement addendum to be signed.

On Behalf of McGaw & NMH:  
Alexis B. Olsson, DDS  
Program Director, OMFS

On behalf of University of Illinois:
Michael Miloro, DMD, MD, FAGS  
Program Director, OMFS
Brice S. Graham, DDS, MS, Med  
Dean, College of Dentistry
David Clark, DDS  
Associate Dean, Clinical Affairs, COD

Date 4/6/12
4/20/12
4/20/12
Appendix F - Attach as Appendix F the names of other programs that rotate students/residents through this sponsoring organization. Note the purpose of the affiliation and the time duration.

Not Applicable
Appendix G - Attach as Appendix G information regarding the program director’s time commitment. (Use Exhibit 2.)
## Exhibit 2

**PROGRAM DIRECTOR**

Please complete the following chart for all programs being reviewed at this time.

<table>
<thead>
<tr>
<th>Name of Program</th>
<th>Director’s First Init. &amp; Last Name</th>
<th>Board Certified or previously served as Program Director and Year Appointed to Position</th>
<th>Yr Appointed to Position</th>
<th>Number of Hrs/wk at Sponsoring Institution – Breakdown time into following categories: administration, teaching, research, other</th>
<th>Number of Hrs/wk Devoted to Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Illinois at Chicago, Oral and Maxillofacial Surgery</td>
<td>M. Miloro</td>
<td>ABOMS, 1996</td>
<td>2007</td>
<td>40 Hrs/wk Administration: 12 Teaching: 12 Research: 8 Other: 8</td>
<td>40 Hrs/wk</td>
</tr>
</tbody>
</table>
Appendix H - Attach as Appendix H information regarding the teaching staff. 
(Use the Exhibits 3.1 and 3.2.)
Exhibit 3.1
TEACHING STAFF

On the table below, indicate the members of the teaching staff who are scheduled to devote ONE-HALF DAY OR MORE PER WEEK specifically to the program. Indicate whether each staff member listed is a general practitioner or specialist, the number of hours per week, and the number of weeks per year devoted to the program. If the staff member is a specialist, indicate the specialty and board status. Be sure to include the program director.

<table>
<thead>
<tr>
<th>Name</th>
<th>Discipline/Specialty</th>
<th>Board Status (If Specialist)</th>
<th>Hours per week</th>
<th>Weeks per year</th>
<th>Assignments*</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. Miloro (PD)</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>40</td>
<td>52</td>
<td>SC, T, PA</td>
</tr>
<tr>
<td>A. Kolokythas</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>40</td>
<td>52</td>
<td>SC, T, PA</td>
</tr>
<tr>
<td>J. Jamali</td>
<td>OMFS</td>
<td>In Process</td>
<td>40</td>
<td>52</td>
<td>SC, T, PA</td>
</tr>
<tr>
<td>G. Flick</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>40</td>
<td>52</td>
<td>SC, T, PA</td>
</tr>
<tr>
<td>A. Olsson</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>40</td>
<td>52</td>
<td>SC, T, PA</td>
</tr>
<tr>
<td>I. Satinover</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>16</td>
<td>52</td>
<td>SC, T</td>
</tr>
<tr>
<td>R. Hussain</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>8</td>
<td>52</td>
<td>SC, T</td>
</tr>
<tr>
<td>L. Halkias</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>4</td>
<td>52</td>
<td>SC, T</td>
</tr>
<tr>
<td>M. Pashley</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>4</td>
<td>52</td>
<td>SC</td>
</tr>
<tr>
<td>W. Evans</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>4</td>
<td>52</td>
<td>SC, T</td>
</tr>
<tr>
<td>K. Haddle</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>4</td>
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<td>SC, T</td>
</tr>
<tr>
<td>T. Skiba</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>24</td>
<td>52</td>
<td>T</td>
</tr>
<tr>
<td>W. Busse</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>16</td>
<td>52</td>
<td>T</td>
</tr>
<tr>
<td>R. Lee</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>16</td>
<td>52</td>
<td>T</td>
</tr>
</tbody>
</table>

*Use the following codes to indicate assignments:

SC—Supervision of students/residents in clinic
T—Teaching Didactic Sessions (lectures, seminars, courses)
PA—Program Administration
Exhibit 3.2

TEACHING STAFF

Starting with the individual who has the greatest time commitment to the program, list members of the attending staff or consultants who are scheduled to devote LESS THAN ONE-HALF DAY PER WEEK, BUT AT LEAST ONE-HALF DAY (OR MORE) PER MONTH specifically to the program. Indicate whether each individual listed is a general practitioner (GP) or specialist, the number of hours per month, and the number of months per year devoted to the educational program. If the staff member or consultant is a specialist, indicate specialty and board status.

<table>
<thead>
<tr>
<th>Name</th>
<th>Discipline/ Specialty</th>
<th>Board Status (If Specialist)</th>
<th>Days per month</th>
<th>Weeks per year</th>
<th>Assignments*</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. Bosack</td>
<td>OMFS</td>
<td>ABOMS</td>
<td>1</td>
<td>4</td>
<td>T</td>
</tr>
<tr>
<td>S. Gordon</td>
<td>Oral Pathology</td>
<td>Pathology</td>
<td>2</td>
<td>52</td>
<td>T</td>
</tr>
<tr>
<td>J. Schwartz</td>
<td>Oral Medicine</td>
<td>N/A</td>
<td>1</td>
<td>26</td>
<td>T</td>
</tr>
<tr>
<td>C. Evans</td>
<td>Orthodontics</td>
<td>ABO</td>
<td>1</td>
<td>4</td>
<td>T</td>
</tr>
<tr>
<td>T. Lakars</td>
<td>Anatomy</td>
<td>N/A</td>
<td>4</td>
<td>4</td>
<td>T</td>
</tr>
<tr>
<td>K. Knoernschild</td>
<td>Prosthodontics</td>
<td>Prosth</td>
<td>4</td>
<td>52</td>
<td>T</td>
</tr>
</tbody>
</table>

*Use the following codes to indicate assignments:

SC—Supervision of students/residents in clinic
   T—Teaching Didactic Sessions (lectures, seminars, courses)
   PA—Program Administration
Appendix I - Attach as Appendix I curriculum vitae of the program director and all FTE teaching faculty.
Michael Miloro, D.M.D., M.D., F.A.C.S.

Professor, Department Head and Program Director
Department of Oral and Maxillofacial Surgery
University of Illinois at Chicago, College of Dentistry MC 835
801 S. Paulina Street, Room 119A, Chicago, IL 60612-7211
(312)-996-1052, (402)-996-5987 fax
email: mmiloro@uic.edu

Date of Birth: February 6, 1963  Place of Birth: Far Rockaway, NY, USA
Marital Status: Married: Mary Beth  Children: Macy Anne (01/01/99)

Education and Training

<table>
<thead>
<tr>
<th>Dates</th>
<th>Institution and Location</th>
<th>Degree</th>
<th>Major</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980-1984</td>
<td>University of Rochester, Rochester, NY</td>
<td>B.S.</td>
<td>Biological Sciences: Neuroscience</td>
</tr>
<tr>
<td>1984-1988</td>
<td>Tufts University Dental School, Boston, MA</td>
<td>D.M.D.</td>
<td>Dentistry</td>
</tr>
</tbody>
</table>

Employment: Principal Positions Held

<table>
<thead>
<tr>
<th>Dates</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/07-present</td>
<td>Professor, Department of Oral and Maxillofacial Surgery, University of Illinois at Chicago, College of Dentistry, Chicago, IL</td>
</tr>
<tr>
<td>01/01-12/07</td>
<td>Professor, Department of Surgery, Section of Oral and Maxillofacial Surgery, University of Nebraska Medical Center, Omaha, NE</td>
</tr>
<tr>
<td>06/99-12/00</td>
<td>Associate Professor, Department of Oral and Maxillofacial Surgery, University of Maryland School of Dentistry, Baltimore, MD</td>
</tr>
<tr>
<td>06/98-05/99</td>
<td>Assistant Professor, Oral and Maxillofacial Surgery, NYU Medical Center, New York, NY</td>
</tr>
<tr>
<td>11/97-05/98</td>
<td>Oral and Maxillofacial Surgery, Falmouth, MA</td>
</tr>
<tr>
<td>07/94-10/97</td>
<td>Assistant Professor, Department of Oral and Maxillofacial Surgery, The Ohio State University College of Dentistry, Columbus, OH</td>
</tr>
</tbody>
</table>

Employment: Ancillary Positions Held Concurrently

<table>
<thead>
<tr>
<th>Dates</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-present</td>
<td>Department Head, Oral and Maxillofacial Surgery, University of Illinois at Chicago College of Dentistry, Chicago, IL</td>
</tr>
<tr>
<td>2008-present</td>
<td>Program Director, Advanced Education Program in Oral and Maxillofacial Surgery, University of Illinois at Chicago College of Dentistry, Chicago, IL</td>
</tr>
<tr>
<td>2008-present</td>
<td>Division Chief, Oral Surgery, University of Illinois at Chicago Medical Center, Chicago, IL</td>
</tr>
<tr>
<td>2008-present</td>
<td>Attending Surgeon, University of Illinois at Chicago Medical Center, Chicago, IL</td>
</tr>
<tr>
<td>2009-present</td>
<td>Member, Graduate Faculty, University of Illinois at Chicago, Chicago, IL</td>
</tr>
<tr>
<td>2002-2007</td>
<td>Section Chief, Oral Surgery, University of Nebraska Medical Center, Omaha, NE</td>
</tr>
</tbody>
</table>
2001-2005  Associate Professor, Oral and Maxillofacial Surgery, University of Nebraska, Omaha
2001-2007  Program Director, Advanced Education Program in Oral and Maxillofacial Surgery, University of Nebraska Medical Center, Omaha, NE
2002-2007  Medical Director, Oral and Maxillofacial Surgery, University Medical Associates, University of Nebraska Medical Center, Omaha, NE
2003-2004  Interim Chairman, Department of Oral and Maxillofacial Surgery, Creighton University School of Dentistry, Omaha, NE
2001-2007  Attending Surgeon, University of Nebraska Medical Center, Omaha, NE
1999-2001  Program Director, Advanced Education Program in Oral and Maxillofacial Surgery, University of Maryland Medical System, Baltimore, MD
1999-2001  Attending Surgeon, University of Maryland Medical System, Baltimore, MD
1997-1999  Assistant Professor, Department of Oral and Maxillofacial Surgery, New York University Medical Center, New York, NY
1994-1997  Attending Surgeon, The Ohio State University Medical Center, Columbus, OH

**Hospital Medical Staff Appointments**

1994-1997  The Ohio State University Medical Center, Columbus, OH
1998-1999  New York University Medical Center, New York, NY
1999-2000  University of Maryland Medical System, Baltimore, MD
2001-2007  University of Nebraska Medical Center, Omaha, NE
2008-present  University of Illinois at Chicago Medical Center, Chicago, IL

**Licenses, Certifications**

2007  Fellow, American College of Surgeons
1996, 2006  Diplomate, American Board of Oral and Maxillofacial Surgery
1996  Fellow, American Association of Oral and Maxillofacial Surgeons
1996  Fellow, American College of Oral and Maxillofacial Surgeons
1988  Diplomate, Northeast Regional Board of Dental Examiners
1988  Diplomate, National Board of Dental Examiners
1992  Diplomate, National Board of Medical Examiners
2000, 2004  Advanced Trauma Life Support
2009  Basic and Advanced Cardiac Life Support Certification
1994-1997  Ohio: Dental (20129) and Medical (67104) Licensure
1994-1997  Ohio: General Anesthesia Permit (522)
1997-1998  Massachusetts: Dental (19288) and Medical (155702) Licensure
1997-1998  Massachusetts: General Anesthesia Permit (1928820)
1998-1999  New York: Dental Licensure (047665)
1998-1999  New York: General Anesthesia Permit (3514062)
1999-2001  Maryland: Dental (00037) and Medical (D55033) Licensure
1999-2001  Maryland: General Anesthesia Permit (GAAP225)
2001-2008  Nebraska: Dental (6298) and Medical (21576) Licensure
2001-2008  Nebraska: General Anesthesia Permit
2008-present  Illinois: Dental Licensure (019.027559)
2008-present  Illinois: Dental Specialist License (OMFS) (021.002254)
2008-present  Illinois: Medical Licensure (036.119907)
2008-present  Illinois: Sedation Permit (319.016487)
Research Experience and Training

1982-1984 University of Rochester, School of Medicine and Dentistry, Strong Memorial Hospital, Center For Brain Research, Fellowship in Neuroscience, Dr. M. del Cerro, Rochester, NY
1992-1994 Microneurosurgery Training Fellowship, Departments of Neurosurgery and Neuroanatomy, University of Pennsylvania, Philadelphia, PA
1994-1997 The Ohio State University, College of Dentistry, Oral and Maxillofacial Surgery, Director of Microneurosurgery Research Program, Columbus, OH

Membership In Professional Organizations

Regional

1994 Ohio Dental and Medical Associations
1994 Ohio Society of Oral and Maxillofacial Surgeons
1994 Ohio State Maxillofacial Aesthetic Surgery Society
1995 Great Lakes Society of Oral and Maxillofacial Surgeons
1995 Chalmers J. Lyons Academy of Oral Surgery
1995 Morgan L. Allison Society of Oral and Maxillofacial Surgeons
1997 Massachusetts Dental and Medical Societies
1997 Massachusetts Society of Oral and Maxillofacial Surgeons
1998 New York Dental Society
1999 Maryland Dental and Medical Associations
1999 Maryland Society of Oral and Maxillofacial Surgeons
2001 Nebraska Dental and Medical Societies
2001 Nebraska Society of Oral and Maxillofacial Surgeons
2008 Illinois and Chicago Dental and Medical Societies
2008 Illinois and Chicago Society of Oral and Maxillofacial Surgeons

National

1984 American Dental Association
1988 American Medical Association
1994 American Association of Oral and Maxillofacial Surgeons
1994 Oral and Maxillofacial Surgery Foundation
1994 International Association of Oral and Maxillofacial Surgeons
1994 American College of Oral and Maxillofacial Surgeons
1995 American Board of Oral and Maxillofacial Surgery
2007 American College of Surgeons

Professional Activity

2011 Editor, Peterson's Principles of Oral and Maxillofacial Surgery, 3rd Edition, PmPH-USA
2012 Editor, Trigeminal Nerve Injuries, Springer-Verlag
2010 PEERS NA, Oral and Maxillofacial Surgery Section Chair, AstraTech, Waltham, MA
2007-present American Board of Oral and Maxillofacial Surgery, ABOMS Examination Committee
2011 International Association of Oral and Maxillofacial Surgeons e-Learning Project,
Section Editor, Facial Trauma


2011-present  Editorial Board, *Journal of Oral and Maxillofacial Surgery*

1996-present  Editorial Board, Section of Oral and Maxillofacial Surgery, *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontics*

2011-present  Section Editor, Maxillofacial Trauma, International Association of Oral and Maxillofacial Surgeons, e-Learning Project

2009-present  Member, Astra Tech Dental PEERS (Platform for Exchange of Education Research and Science) Group

2002-present  AO-ASIF Craniomaxillofacial Faculty Member, AO North America, Paoli, PA

2007-present  Chairman, Special Subcommittee on Parameters of Care, *ParCare American Association of Oral and Maxillofacial Surgeons*, Subcommittee on Patient Assessment


2004  President, *AAOMS*, Clinical Interest Group on Maxillofacial Neurologic Disorders

2009-present  Manuscript Reviewer, Journal of Dental Education


1994-present  Manuscript Reviewer, *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, Endod*

1994-present  Manuscript Reviewer, *Journal of the American Dental Association*

1994-present  Item Writer, *Oral and Maxillofacial Surgery Intraining Examination (OMSITE)*

1996-1997  President, Columbus Combined Hospital Dental Staffs

Scientific and Professional Presentations

**National**


1994  AAOMS 76th Annual Meeting, Denver, CO, Poster, "Prospective evaluation of internal and external reference points during maxillary orthognathic surgery," Sep


1996  AAOMS 78th Annual Meeting, Miami, FL, Surgical Clinic, "Salivary gland disorders,"


1996  Annual Hinman Student Research Symposium, Memphis, TN, “Non-invasive dynamic images of the normal TMJ using EBT”, Frandsen T, Miloro M, Hinman Research Award for Most Outstanding Presentation in Clinical Research, Oct

1996  AAOMS 78th Annual Meeting, Miami, FL, Abstract, "Inferior alveolar nerve regeneration through an autogenous vein graft," Sep


1997  AAOMS 79th Annual Meeting, Seattle, WA, Poster, "Low level laser effect on neurosensory recovery following sagittal ramus osteotomy," Repasky M, Miloro M,
1997  IADR/AADR Annual Meeting, Orlando, FL, "Gore-tex entubulation of the trigeminal nerve gap", Macy J, Miloro M, First Place, Caulk-Dentsply Award Competition, Mar
1999  AAOMS 81st Annual Meeting, Boston, MA, Surgical Clinic, "Nerve disorders," Sep
2000  AO/ASIF CMF Course, Distraction Osteogenesis, Washington, DC, May
2001  5th Annual OMFS Update, University of Nebraska, Omaha, NE, “Nerve Injuries,” June
2001  University of Minnesota Grand Rounds, Minneapolis, MN, “Trigeminal Nerve Injuries,”
2001  University of Minnesota 1st Annual Review Course in OMS, Minneapolis, MN, Aug
2001  AAOMS 83rd Annual Meeting, Orlando, FL, Surgical Clinic, “Trigeminal nerve injuries,”
2001  AAOMS 83rd Annual Meeting, Orlando, FL, Abstract, “Is there a correlation between dental and medical board examinations?” Sep
2001  AAOMS 83rd Annual Meeting, Orlando, FL, Abstract, “In situ location of the frontal branch of the facial nerve,” Sep
2001  Endoscopic Approaches to the Facial Skeleton, Mass General Hospital, Boston, MA, Oct
2001  Zygomaticus and Novum Workshop, Nobel Biocare, Yorba Linda, CA, Oct
2002  AO-ASIF Principles of Operative Treatment CMF Trauma, Pittsburgh, PA, March 23-24
2002  University of Minnesota 2nd Annual Review Course in OMS, Minneapolis, MN,
2002  AAOMS 84rd Annual Meeting, Chicago, IL, Surgical Clinic, ”Trigeminal nerve injuries,”
2002  Endoscopy for Mandibular Reconstruction and Salivary Disease, Harvard/MGH, "Personal Endoscopy Experience," Faculty, Boston, MA, Oct
2003  AO-ASIF Principles of Operative Treatment of CMF Surgery, Instructor, Dallas
2003  AO-ASIF Endoscopic Cranio maxillofacial Workshop, Faculty, Chicago, IL, June
2003  University of Minnesota 3rd Annual Review Course in OMS, Minn, MN, Aug,
2003  AAOMS 85th Annual Meeting, Orlando, FL, Surgical Clinic, “Trigeminal nerve injuries,”
2003  Endoscopy for Mandibular Reconstruction and Salivary Disease, Harvard/MGH, “Orbital Endoscopy” and “Personal Experience,” Faculty, Boston, MA, Oct
2004  AO-ASIF Faculty, Advanced Craniomaxillofacial Surgery Course, “Role of Distraction Osteogenesis in Pediatric Airway Management,” SunValley Idaho,
2004  Endoscopy for Mandibular Reconstruction, Harvard/MGH, Faculty, Boston, MA,
2005  University of Minnesota 5th Annual OMS Review, MN, Aug, Course Co-Dir
2005  AAOMS 87th Annual Meeting, Boston, MA, Surgical Clinic, “Trigeminal nerve injuries,”
2005  Endoscopy for Mandibular Reconstruction, Harvard/MGH, Faculty, Boston, MA,
2006  New York University College of Dentistry Annual OMS Meeting, “Neonatal DO,”
2006  AO-ASIF Principles of CMF Trauma and Reconstruction, Chicago, IL, May
2006  Synthes Maxillofacial Endoscopy Workshop, West Chester, PA, May
2006  University of Minnesota 6th Annual Review Course in OMS, MN, Aug,
2006  AAOMS 88th Annual Meeting, San Diego, CA, Surgical Clinic, “Trigeminal nerve injuries”
2007  University of Minnesota 7th Annual Review Course in OMS, MN, Aug,
2007  AAOMS 89th Annual Meeting, Honolulu, HI, Surgical Clinic, “Trigeminal nerve injuries,”
2008  American Society of TMJ Surgeons, Annual Meeting, “Discectomy as primary treatment for internal derangement of the TMJ,” Henriksen B, Amelia Island, FL
2008  University of Minnesota 8th Annual OMS Review, MN, Aug, Course Director
2008  AAOMS 90th Annual Meeting, Seattle, WA, Surgical Clinic, “Trigeminal nerve injuries,”
2009  AO/ASIF CMF Fundamentals of Orbital Reconstruction, Rosemont, IL, AO Faculty,
2009  University of Minnesota 9th Annual OMS Review, MN, Aug, Course Co-Dir
2009  AAOMS 91st Annual Meeting, Toronto, Canada, Lunch Learn Seminar, “Nerve injuries,”
2009  AAOMS 91st Annual Meeting, Toronto, Canada, Clinic, “Diagnostic Aids in Oral Cancer,”
2009  Stryker CMF Facial Trauma Foundations Symposium, Chicago, IL, Nov
2010  AAOMS 92nd Annual Meeting, Chicago, IL, Surgical Clinic, “Nerve injuries,” Sept
2010  PEERS Astratech Dental 1st Annual Meeting, Moderator, Waltham, MA

138 of 317
2011  AO/ASIF CMF Fundamentals of Orbital Reconstruction, Rosemont, IL, AO Faculty, Feb
2011  AO-­‐ASIF Faculty, Principles of CMF Surgery Course, Kansas City, MO, March
2011  AO-­‐ASIF Faculty, Principles of CMF Surgery Course, Oak Brook, IL, April
2011  University of Illinois 1st Annual OMS Review, Co-­‐Director, August
2011  American College of Prosthodontics ACP Review. “Surgical Techniques to Enhance Implant Placement,” Chicago, IL, Sept
2011  SORG Craniofacial Meeting, “Esthetics and Asymmetry,” Chicago, IL, Oct
2011  The Ohio State University Post-­‐College Assembly, Columbus, OH, “Entubulization of the inferior alveolar nerve using a Gore-­‐TEX conduit,” First Prize, Poster Comp, Miloro
1997  6th Annual Northeast Postdoctoral Implant Symposium, Moderator, Baltimore
1999  Sinai Hospital, Grand Rounds, “Nerve repositioning for implants,” Baltimore
2000  Pikesville Dental Study Club, Pikesville, MD, “Treatment of Nerve Injuries,” May
2000  University of Maryland Baltimore Summer Dental Conference, Baltimore, MD “Management of Office Medical Emergencies,” June
2001  Nebraska Society of Oral and Maxillofacial Surgeons Annual Meeting, Lincoln,
2002  Tri-­‐Valley Dental Study Club, Fremont, Nebraska, “Nerve Injuries,” Jan
2002  University of Nebraska College of Dentistry, “Adjunctive Implant Procedures,”
2002  2002 Implant Symposium, University of Nebraska Medical Center, June, Course
2003  Nebraska Society of Oral and Maxillofacial Surgeons Annual Meeting, Lincoln
2003  2nd Annual Implant Symposium, University of Nebraska Medical Center, June
2003  Omaha District Dental Society Meeting, “Posterior Mandible Reconstruction,”
2004  AO Faculty Visiting Professor, UMKC, “Distraction Osteogenesis,” Kansas City,
2004  Creighton University School of Dentistry, Annual Spring Dental Assembly, “Needlestick Injuries of the Trigeminal Nerve,” Omaha, NE, April
2004  Nebraska Society of Oral and Maxillofacial Surgeons Annual Meeting, Lincoln,
2005  Omaha Dental Study Club, “Mandibular Block Injuries,” Omaha, NE, Feb
2005  Nebraska Society of Oral and Maxillofacial Surgeons Annual Meeting, Lincoln,
2006  10th American Stickler Syndrome Conference Boys Town Research Hospital, “Surgical Management of Pierre-­‐Robin Sequence,” Omaha, NE, July
2007  “Bisphosphonate-­‐Related Osteonecrosis of the Jaws,” Omaha Dental Assistant Society, Omaha, Nebraska, February
2008 The Ohio State University College of Dentistry, OMFS Grand Rounds, “Nerve Injury,”
2008 1st Annual Midwest Oral and Maxillofacial Surgery Symposium, Carle Foundation
Hospital, “Distraction Osteogenesis: An Update,” Champaign, IL, May
2010 Chicago Society of Oral and Maxillofacial Surgeons, Illinois Society of Oral and
Maxillofacial Surgeons Joint Education Program, “The Digital Surgical Revolution,” Jan
2011 North Michigan Avenue Dental Study Club, “Contemporary Orthognathic Surgery,”
Chicago, IL, November

International

1995 UCLA 3rd International Symposium in OMFS, Hapuna Beach, HI, Changing Patterns of
Clinical Care, “Iliac crest bone harvest using a closed trephine technique”, Jan
2000 Kyung Hee University Dental School, Seoul, Korea, “Adjunctive Implant Procedures”
2000 Central European Dental Exhibition 2000, Team North America, Lodz, Poland,
“Cosmetic Oral and Maxillofacial Surgery,” Sept
2000 Central European Dental Exhibition 2000, Team North America, Lodz, Poland,
“Alveolar Distraction Osteogenesis Hands-On Workshop,” Sept
2000 International Research Symposium, Ronvig, Enterprises, Copenhagen, Denmark,
2001 International Research Symposium, Ronvig, Enterprises, Copenhagen, Denmark,
2001 Karolinska Institute, Stockholm, Sweden, “Trigeminal Nerve Injuries,” Apr
2001 Cleft Lip and Palate Surgical Mission, Campeche, Mexico, May
2002 International Research Symposium, Ronvig, Enterprises, Copenhagen, Denmark,
2002 International Low Level Laser Research Meeting, Sweden, Norway, Denmark,
Cleft Lip and Palate Surgical Mission, Campeche, Mexico, May
2003 UCLA 11th International OMFS Symposium, Maui, HI, Nerve Injuries, Endoscopy,
2003 Distraction osteogenesis surgical procedures, Pediatric Hospital, Toluca, Mexico,
2005 2005 Congreso internacional de la facultad de odontologia UNAM, Casos de
distraccion y endoscopia, Apr
2005 Adjunctive orthodontics for distraction osteogenesis, Universidad Autonoma de
Mexico, UNAM, Mexcio City, Mexico, Apr
2005 Distraction osteogenesis y Endoscopic oral surgery, Asociation Mexicana de Cirugia
Bucal y Maxilofacial, Merida, Mexico, November
2006 Low level laser research meeting, Laser Medical Systems, Copenhagen, Denmark, Sept
Mandibular Condylar Fractures,” Glasgow, Scotland, September
2010 ACCOMF Columbia Society of Oral and Maxillofacial Surgeons 11th Annual Meeting,
Cartegena, Columbia, “Nerve Injuries” and “Maxillofacial Endoscopy,” March
2010 4th ACBID International Oral and Maxillofacial Surgery Congress, Antalya,
Turkey, May, “Neonatal Distraction,” “3D Orthognathics,” and “OMS Education in USA”
2011 5th ACBID International Oral and Maxillofacial Surgery Congress, Antalya,
Turkey, May, “Endoscopy in Maxillofacial Surgery,” May
2012 Astra Tech Dental World Congress, Gothenburg, Sweden, Moderator, “Site
Development for Implant Placement,” May
2012 6th ACBID International Oral and Maxillofacial Surgery Congress, Antalya,
Turkey, May, “3D Orthognathic Planning” and “Zygomatic Hands-On Course,” May

Invited Papers, Lectures, Presentations
1995  Columbus Dental Society Table Clinic, Columbus, OH, "Nerve injuries," Feb
1995  AAOMS Midwinter Conference, Orlando, FL, Faculty Section Program, "Faculty recruitment and retention" Feb
1995  The Ohio State University Post-College Assembly, Columbus, OH, "Nerve injuries" Apr
1996  AAOMS 78th Annual Meeting and Scientific Sessions, Miami, FL, Abstract Session on Medicine and Anesthesia, Reactor Panelist, Sep
1996  Continuing Dental Education, The Ohio State University, Columbus, OH, "Management of medically-compromised patient, management of office medical emergencies," Dec
1996  Continuing Dental Education, The Ohio State University, Columbus, OH, "HIV disease overview for the dental professional," Oct
1996  Great Lakes Society and Ohio Society of OMFS Annual Meeting, Columbus, OH, "Trigeminal nerve injuries," and Reactor Panelist, Resident Presentation Session, May
1996  Springfield Dental Society Annual Meeting, Springfield, OH, "Update on OMS,"
1997  American Society of Dental Anesthesiology Annual Meeting, Cincinnati, OH, "Pharmacological management of OMS infections, and Surgical management of complex infections," Jan
1997  Ohio State Oral Pathology Review Course, Columbus, OH, and The Ohio State University OMS Mock Board Examination, Director, Jan
1997  Great Lakes Society of OMFS Annual Meeting, Pittsburgh, PA, Reactor Panelist, Resident Presentation Session, May
1997  Ohio Society of OMFS Annual Meeting, Londonville, OH, "Inferior alveolar nerve repositioning for implant placement," July
1999  AAOMS 81st Annual Meeting and Scientific Sessions, Boston, MA, Moderator, Abstract Session on Craniofacial Surgery and Distraction Osteogenesis, Sept
1999  Sinai Hospital, Baltimore, MD, Department of Dentistry Grand Rounds, "Inferior Alveolar Nerve Transpositioning For Implant Placement," Nov
2000  University of Maryland Continuing Education Summer Symposium, "Management of Medical Emergencies in the Dental Office" June
2001  UNMC ENT Grand Rounds, "Distraction Osteogenesis," Apr
2002  UNMC Perioperative Nursing Grand Rounds, "Dentofacial Deformities," Mar
2003  Children's Hospital Grand Rounds, "Neonatal distraction osteogenesis," Omaha,
2004  AO ASIF Advanced CMF Course, "Role of Distraction Osteogenesis in Pediatric Airway Management," Sun Valley, ID, Feb
2004  AO-North America Faculty Member, Course Director, "Endoscopic Approaches to the Craniofacial Skeleton," Tripler Army Medical Center, Honolulu, HI, March
2004  AO-North America Visiting Professor, Tripler Army Medical Center, Honolulu, HI, Department of OMFS, "Distraction Osteogenesis," and "Nerve Injuries,"
2005  Christ The King Church Lecture on Maxillofacial Surgery, March
2005  American Cleft Palate-Craniofacial Association, "Neonatal mandibular DO for airway control," Hilton Head, South Carolina, April
2005  AO-North America Visiting Professor, Westchester Medical Center, Westchester, NY, Department of OMFS, "Pediatric Distraction Osteogenesis," December
2006  AO-North America Visiting Professor, New York University Medical Center, New York, NY, Department of OMFS, "Trigeminal Nerve Injuries" March
2007  UNMC General Surgery Grand Rounds, "Maxillofacial Trauma," Feb
2008  UIC College of Dentistry, Weclew Lecture, "Implant Site Preparation," Chicago,
2008  UIC ENT Grand Rounds, "Neonatal Distraction Osteogenesis," Chicago, IL, May
2012  Visiting Consultant, Department of Oral and Maxillofacial Surgery, Tripler Army Medical Center, Oahu, HI, March

University Service

Department of Oral and Maxillofacial Surgery

1995-1997  Director, Dentofacial Deformities Program, The Ohio State University
1995-1997  Director, Student Research in Oral and Maxillofacial Surgery, The Ohio State Univ
1997  Director, The Ohio State University Mock Board Examination in Oral Surgery
1999-2001  Graduate Program Director, University of Maryland, Department of Oral Surgery
1999-2001  Director, Orthodontic-Surgical Program, University of Maryland
1999-2001  Director, Surgical Implantology, University of Maryland
2000  Director, University of Maryland Mock Board Examination in Oral Surgery
2001-2008  Graduate Program Director, University of Nebraska Medical Center, Oral Surgery
2001-2008  Faculty, Creighton University School of Dentistry, Oral and Maxillofacial Surgery
2008-present  Graduate Program Director, University of Illinois-Chicago, Oral Maxillofacial Surgery
2008-present  Faculty, University of Illinois at Chicago College of Dentistry, Oral Maxillofacial Surg

School of Dentistry

1994-1997  Member, The Ohio State University College of Dentistry, Research Committee
1994-1997  Member, The Ohio State University College of Dentistry, Student Table Clinics
1995-1996  Member, Search Committee, Chair of Periodontology, University of Maryland
1995-1997  Member, The Ohio State University College of Dentistry, M.S. Graduate Studies
1999-2001  Member, University of Maryland, Committee on Advanced Graduate Dental Education
1999-2001  Member, University of Maryland, Faculty Council
1999-2001  Member, University of Maryland, Continuing Education Committee
2000-2001  Member, Judicial Board, University of Maryland
2000-2001  Member, Student Awards Committee, University of Maryland
2003-2004  Interim Chairman, Department of Oral Surgery, Creighton University
2003-2004  Executive Committee, Creighton University School of Dentistry
2001-2006  Lecturer, Oral Medicine Course (SBE prophylaxis), UNMC School of Dentistry
2001-2006  Lecturer, Oral Surgery Junior OMS Course, Creighton University Dental School
2001-2006  Lecturer, Oral Surgery, Senior OMS Course, Creighton University Dental School
2001-2006  Lecturer, Oral Surgery Advanced Topics (Implants), Creighton University Dental
2008-present  Lecturer, Oral Surgery, University of Illinois at Chicago School of Dentistry
2009-2010  Chair, Clinical College of Dentistry Non-Tenure Track Promotions Committee
2010-present  Member, Promotions and Tenure Committee, UIC College of Dentistry
2012  Chair, Search Committee, Department Head of Pediatric Dentistry, UIC COD

College of Medicine

2001-2008  Member, Graduate Medical Education Committee, UNMC College of Medicine
2001-2008  UNMC Promotion and Tenure Committee
2008-present  Member, Graduate Medical Education Committee, UIC College of Medicine
2010-present  University of Illinois at Chicago Promotion and Tenure Committee

Medical Center

1994-1997  Member, Ohio State University Medical Center Trauma Committee
1995-1997  Member, Ohio State University Medical Center Laser Committee
1996-1997  Member, Ohio State University Medical Center Grievance Committee
1999-2001  Member, University of Maryland Graduate Medical Education Committee
1999-2001  Member, University of Maryland Trauma Committee
2001-2008  University of Nebraska Medical Center Internal Residency Review Committee
2008-present  University of Illinois Medical Center Internal Residency Review Committee
2012-present  Member, Northwestern University/McGaw Promotions and Tenure Committee

Research and Creative Activity, Funded

1994-1996  Inferior alveolar nerve regeneration via an autogenous vein graft, Miloro M (PI) The Ohio State University College of Dentistry Seed Grant Fund, $2,488
1994-1996  OMSF Student Research Training Award, Miloro M (PI), OMSF, $12,500
1995-1997  Statistical efficacy of the clinical neurosensory test, Zuniga JR (PI), Miloro M (I), et.al. AAOMS Clinical Interest Group on Maxillofacial Neurologic Disorders, AAOMS
1995-1997  Use of electron beam tomography for TMJ evaluation, Miloro M(PI),Imatron Inc., $5,000
1996-1997  Low-level laser effect on neurosensory recovery after BSSO, Miloro M (PI) The Ohio State University, College of Dentistry, Oral Surgery, $2,000
1996-1998  Jaw muscle adaptations following synergist ablation, Reiser P (PI), Miloro M (CPI) The Ohio State University College of Dentistry Seed Grant Fund, $5,000
1996-1998  OMSF Student Research Training Award, Miloro M (PI), OMSF, $12,500
1996-1998  1996 AADR Student Research Fellowship, Frandsen T (Dental Student), Miloro M (Faculty Student Sponsor) American Association For Dental Research (AADR), $2,400
1996-1998  Trigeminal nerve regeneration through entubulated environments: A quantitative histological comparison Miloro M (PI), Frandsen T (M.S. Oral Biology) The Ohio State University College of Dentistry Seed Grant Fund, $4,900
1996-1998  Low-level laser effects on rabbit nerve regeneration, Miloro M (PI) The Ohio State University, College Of Dentistry Research Fund, $2,000
1996-1998  Intraoral distraction osteogenesis of the pig mandible, Larsen P (PI), Miloro M (CPI) The Ohio State University, OMFS Departmental Funding, $2,500
1997-1998  Prospective study of predictive factors of surgical difficulty during third molar surgery, Miloro M (PI) Arden K. Hegdvedt Memorial Scholarship, $2,500
1997-1998  Gore-tex entubulation of the nerve gap, Miloro M (Faculty Student Sponsor), Macy J (Dental Student) NIDR Short-Term Training Grant (T35), $2,800
1997-1999  Low-level laser effects on neural cell cultures, Mallory S (PI), Miloro M (CPI) The Ohio State University, College of Dentistry Research Fund, $2,000
1997-1999  Vein graft entubulation of the inferior alveolar nerve gap, Miloro M (PI) Chalmers J. Lyons Academy of Oral Surgery, $9,000
1999-2004  Scientific Advisory Board, NIH Request For Proposal (RFP) for National Oral Health Information Clearinghouse (NOHIC), University of Maryland Dental School
1999-2001  Incidence of oral dysplasia in renal transplant recipients, Ord B (PI), Miloro M (CPI), University of Maryland Department of Oral-Maxillofacial Surgery Research Fund, $3,500
2000-2002  A Double-Blind Placebo-Controlled, Single-Dose Parallel Study of the Analgesic Efficacy and Safety of Oxycodone HCl 5 mg/Ibuprofen 400 mg Compared to Ibuprofen 400 mg Alone and Oxycodone HCl 5 mg Alone in Patients With Moderate to Severe Pain Following Dental Surgery. Protocol # OXY-MD-05-000. Forest Laboratories, Inc, New York, NY. Litkowski L (PI), Miloro M (CPI), Gunsolley J (CPI). $395,000.00.
2001-2003  Vein graft entubulation of the inferior alveolar nerve gap, Miloro M (PI) Chalmers J. Lyons Academy of Oral Surgery, $9,000 Reinstitution of Funded Study
2001-2008  Effect of platelet-rich plasma on sinus bone grafting in the rabbit. Lorenz Surgical, $5,000.
2002-2008  Prospective Study of Management of Trigeminal Nerve Injuries With Low-Level Laser Therapy, Ronvig A/S, Hedehusene, Denmark, $25,000, IRB Approval August 2002
2004-2008  Prospective Randomized Study of Endoscopy for Mandibular Subcondylar Fractures, AO-ASIF, Davos, Switzerland, IRB Approval July 2004
2011  ADEA/Zimmer Dental Implant Education Teaching Award (Harlow R, PI)

**Research Honors and Awards**

1994  The Ohio State University Seed Grant Award
1994  Oral Maxillofacial Surgery Foundation Student Research Training Award
1995  The Ohio State University Seed Grant Award
1995  Arden K. Hegdvedt Memorial Research Fellowship, The Ohio State University, Department of Oral and Maxillofacial Surgery, Research Mentor (Younger M)
1996  Hinman Research Award for Most Outstanding Presentation in Clinical Research, Memphis, TN, Research Mentor (Frandsen T)
1996  AADR/IADR Student Research Fellowship Award, Research Mentor (Macy J)
1996  The Ohio State University Seed Grant Award
1996  Oral Maxillofacial Surgery Foundation Student Research Training Award
1995     Gregory Michaels, DDS, MS, Oral and Maxillofacial Surgery, Master of Science candidate
2009     Christopher Stansbury, DDS, MS, Orthodontics, Masters of Science candidate
1996     Steven Ganzberg, DDS, MS, Dental Anesthesiology, Master of Science candidate
1996     James Gift, DDS, MS, Oral and Maxillofacial Surgery, Master of Science candidate

Teaching Responsibilities

2008-present  Course Director, Advanced Oral and Maxillofacial Surgery, University of Illinois
2008-present  Course Director, Orthognathic Surgery, Departments of Orthodontics and OMS
2008-present  Lecturer, Oral and Maxillofacial Surgery, University of Illinois at Chicago College
2003-2008    Clinical Instructor, Oral and Maxillofacial Surgery, Creighton University
2005-2006    Course Director, Physical Diagnosis, Junior Year, Creighton University School
2005-2006    Course Director, Basic OMS, Junior Year, Creighton University School
2005-2006    Course Director, Advanced OMS, Senior Year, Creighton University School
2001-2008    Clinical Instructor, Oral and Maxillofacial Surgery, University of Nebraska
2001-2008    Clinical Instructor, OMS, University of Nebraska College of Dentistry, Lincoln
2001-2008    Lecturer, Oral Biology, Junior Year, University of Nebraska College of Dentistry
2001-2002    Co-Director, Dentofacial Deformities Program, University of Nebraska College
1999-2001    Clinical Instructor, Oral and Maxillofacial Surgery, University of Maryland, School
1999-2001    Graduate Course Director, “Surgical Orthodontics,” University of Maryland, School
1999-2001    Director, Surgical Implantology, University of Maryland, School of Dentistry
1999-2001    Lecturer, Advanced OMS, Senior Year, University of Maryland School
1999-2001    Lecturer, Special Topics in OMS, Senior Year, University of Maryland School
1999-2001    Lecturer, Physical Diagnosis, Junior Year, University of Maryland School
1998-1999    Clinical Instructor, Oral Maxillofacial Surgery, New York University, College
1995-1997    Co-Founder and Director, Dentofacial Deformities Program, The Ohio State
1995-1997    Graduate Course Director, “Surgical Orthodontics”, Ohio State University College
1994-1997    Course Director, Junior Year, “Medically compromised patient,” The Ohio State
1994-1997    Lecturer, Basic OMS, Junior Year, The Ohio State University College of Dentistry
1994-1997    Lecturer, Advanced OMS, Senior Year, The Ohio State University College
1994-1997    Lecturer, Wound Healing Biology, Third Year, Ohio State University College 1994-
1997    Lecturer, Advanced Prosthodontics, Graduate, Ohio State University College
1994-1997    Clinical Instructor, Oral Maxillofacial Surgery, Ohio State University College

Postdoctoral Students Supervised

2011     Antonia Kolokythas, DDS, MS, Oral and Maxillofacial Surgery, M.S. Oral Sciences candidate
2010     Mulokozi Lugakingira, DDS, MS, Oral and Maxillofacial Surgery, M.S. Oral Biology candidate
2009     Christopher Stansbury, DDS, MS, Orthodontics, Masters of Science candidate
1995     Gregory Michaels, DDS, MS, Oral and Maxillofacial Surgery, Master of Science candidate
1996     Steven Ganzberg, DDS, MS, Dental Anesthesiology, Master of Science candidate
1996     James Gift, DDS, MS, Oral and Maxillofacial Surgery, Master of Science candidate

Department of OMS, Research Mentor (Shah B)

AAOMS Poster Competition, 1st Prize, AAOMS 92nd Annual Meeting, Chicago, IL (Luga)
2010     AAOMS Poster Competition, 1st Prize, AAOMS 92nd Annual Meeting, Chicago, IL (Luga)
2012     Arnold K. Maislen Award, New York University College of Dentistry, for significant
         contributions to the art and science of oral and maxillofacial surgery
Publications

Original Articles (peer refereed journals)


35. Miloro M, DaBell J. Radiographic proximity of the mandibular third molar to the inferior alveolar canal. OOOO 100: 545-549, 2005.


42. Salinas T, Desa V, Katsnelson A, Miloro M. Clinical evaluation of implants in radiated fibula flaps. J
Manuscripts Pending Publication

9. Wee A, Salinas T, Miloro M. Satisfaction with the Novum mandibular reconstruction system.
10. Miloro M. Outcomes following repair of the inferior alveolar and lingual nerves.

Abstracts

Letters To The Editor


College of Dentistry Resident Research

1. Funderburk J, Kolokythas A, Miloro M. Referral patterns of orthodontists and dentists to OMS. 2010
3. Hussain R, Miloro M. Neonatal distraction with a customized curvilinear device. 2010
4. Sarna T, Kolokythas A, Miloro M. Free tissue transfer in head and neck reconstruction. 2010

Book Chapters and Other Invited Articles


Editorships

ANTONIA KOLOKYTHAS, DDS, MS

POSITIONS AND EMPLOYMENT

2008 to Present  Assistant Professor, Director of Research, Associate Program Director, Department of Oral and Maxillofacial Surgery, College of Dentistry, University of Illinois at Chicago, Chicago, IL

2006 to 2008  Oral and Maxillofacial Surgeon, Clinical Practice, Oral Surgeons of Lake County, Gurnee, IL

2005 to 2006  Clinical Assistant Professor, Oral and Maxillofacial Surgery, University of California, University of California at San Francisco, San Francisco, CA

PROFESSIONAL DEGREES

1995  DDS, Dentistry, University of Thessalonica, School of Dental Medicine
2000  Internship, Oral and Maxillofacial Surgery, University of Illinois at Chicago
2004  Residency, Oral and Maxillofacial Surgery, University of Illinois at Chicago
2005  Fellowship, Oral and Maxillofacial Oncology, University of Maryland
2006  Fellowship, Oral and Maxillofacial Oncology, University of California at San Francisco
2011  DDS, Dentistry, University of Illinois at Chicago, College of Dentistry
2011  MS, Oral Sciences, University of Illinois at Chicago, Graduate College

HONORS/AWARDS

Faculty Education Development Award (FEDA), Oral and Maxillofacial Foundation, 2010-3.
This is a 3 year award given to young faculty for support of personal and professional development, based on current achievements and future research plans. The award additionally provides a one year financial support to the OMFS department for the recipient's support and development.

Top 25 Women in Dentistry for 2012 selected by Dental Products Report based upon outstanding nomination by peers and colleagues.

PEER-REVIEWED PUBLICATIONS


**ABSTRACTS**


5. R. Fernandez, **A. Kolokythas**, RA. Ord. Sarcomas of the Head and Neck: A 10 Year Experience with 37 Patients at the Maxillofacial Department of the University of Maryland. 10th International Congress of Oral Cancer, Crete, Greece, April 2005

6. **A. Kolokythas**, N. Nikitakis, R. Fernandez, RA. Ord Frequency of Pain and Correlation with Stage, Grade and Invasion in T1 Squamous Cell Carcinomas of the Oral Tongue. 10th International Congress of Oral Cancer, Crete, Greece, April 2005

7. R. Fernandez, **A. Kolokythas**, RA. Ord Utilization of the buccal fat pat in the reconstruction of ablative defects of the oral cavity. 10th International Congress of Oral Cancer, Crete, Greece, April 2005


14. Kolokythas A. Human oral tumors and expression of arginosuccinate synthetase (ASS) and argininosuccinate lyase (ASL) Oral Oncology. (July 2009) 3(1)


22. J. Funderburk, G. Flick, M. Miloro, A. Kolokythas, Evaluation of importance of criteria used by general dentists and orthodontists for referrals to OMS. AAOMS 92nd Annual Meeting, Chicago, IL, 2010.


27. G. Hatzistefanou, T. Schlieve, A. Kolokythas, Immediate reconstruction of mandibular defects a single institution experience. 23rd Annual Military Medical Conference, Thessaloniki, Greece. 2010


34. J. Funderburk, M. Miloro, **A. Kolokythas**. Use of saliva for detection of NTX; A bone turnover molecular marker. AAOMS 93rd Annual Meeting, Philadelphia, PA, 2011


**BOOK CHAPTERS**


TEXTBOOK EDITORSHIPS


PROFESSIONAL MEETINGS/PRESENTATIONS

08/04/2012  AOCMF Principles Course: Rosemont, IL
06/30/2012  Current Concepts in Diagnosis and Treatment of Oral Cancer. The Morgan L. Alison Society of Oral and Maxillofacial Surgeons Meeting, The Ohio State University, Columbus, OH. Keynote Speaker
05/31/2012  Updates on Reconstruction of Ablative and Traumatic Defects of the Oral Cavity. 6th International Meeting of ACIBD, Antalya Turkey, Keynote Speaker
04/02/2012  RNA from Brush Cytology to noninvasively screen for oral squamous cell carcinoma. American Association Cancer Research Annual Meeting, Chicago, Illinois, Invited Speaker
09/13/2011  Management of Lip Cancer and Pre-malignant Lesions. 93rd AAOMS Annual Meeting, Philadelphia, PA
09/16/2011  Salivary Gland Disorders 93rd AAOMS Annual Meeting, Philadelphia, PA
09/15/2010  Management of Lip Cancer and Pre-malignant Lesions, 92nd AAOMS Annual Meeting Chicago, IL
08/23/2010  Minnesota Oral and Maxillofacial Review Course: Lectures on Benign Pathology and Skin Cancer, Free Flap Reconstruction
03/05/2010  RNA Isolation and Accurate Gene Expression Analysis using Brush Cytology from Oral Cancer and other Oral Lesions. European Conference on Head and Neck Oncology
10/01/2009  Current Diagnostic Tools in the detection of Oral Cancer, 91st AAOMS and CAOMS Annual Meeting
08/16/2009  Minnesota Oral and Maxillofacial Review Course: Lectures on Benign Pathology and Skin Cancer, Free Flap Reconstruction
07/01/2009  Investigation of differences of oral and oropharyngeal squamous cell carcinoma among Caucasian, African American and Latino patients, 2nd World Congress of the International Academy or Oral Oncology
07/01/2009  Human Oral Tumors and Expression of Argininosuccinate Synthetase (ASS) and Argininosuccinate Lyase, 2nd World Congress of the International Academy of Oral Oncology
05/01/2009  Odontogenic Cysts and Tumors: An Overview, 2nd Annual Midwestern OMFS Residency Conference
07/01/2008  Perineural invasion and correlation with failure in early stage SCCA of the oral tongue, Poster Presentation at the 7th International Conference on Head and Neck Cancer
10/01/2006 Significance of perineural invasion in regional metastasis and loco-regional recurrence in early stage squamous cell carcinoma of the oral tongue: A pilot study, 88th AAOMS Annual Meeting

10/01/2006 Is there a role for Cone Beam Computer Tomography in evaluating malignant tumors invading the jaws? A pilot study, 88th AAOMS Annual Meeting,

08/01/2006 Expression of Nerve Growth Factor and Tyrosine Kinase A receptor in Oral Squamous cell Carcinoma’ Is there an association with perineural invasion? A pilot study, American Head and Neck Society Annual Meeting

05/01/2006 Validation of the UCSF oral cancer pain questionnaire, 11th ICOOC meeting

09/01/2005 OKC: To decompress or not to decompress? A comparative study between decompression and enucleation vs. resection/peripheral ostectomy, 27th AAOMS Annual Meeting

04/01/2005 Histopathological and Lymphangiogenic parameters in Relation to Lymph Node Metastasis in Early Stage Oral Squamous Cell Carcinoma, 10th International Congress of Oral Cancer

04/01/2005 T2 Squamous Cell Carcinoma of the Oral Tongue and Floor of the Mouth: A 12 Year Experience from the University of Maryland, 10th International Congress of Oral Cancer

04/01/2005 Sarcomas of the Head and Neck: A 10 Year Experience with 37 Patients at the Maxillofacial Department of the University of Maryland, 10th International Congress of Oral Cancer

04/01/2005 Primary Carcinomas Arising in the Jaws: A Report 9 Cases Treated at the Department of Oral and Maxillofacial Surgery of the University of Maryland., 10th International Congress of Oral Cancer

04/01/2005 Utilization of the buccal fat pad in the reconstruction of ablative defects of the oral cavity, 10th International Congress of Oral Cancer

04/01/2005 Double Mandibular Osteotomy Technique for Resection of Tumors Involving the Parapharyngeal and Pterygomandibular Spaces., 10th International Congress of Oral Cancer

04/01/2005 Frequency of Pain and Correlation with Stage, Grade and Invasion in T1 Squamous Cell Carcinomas of the Oral Tongue, 10th International Congress of Oral Cancer

09/01/2004 Distraction Osteogenesis versus Interpositional Bone Graft for Correction of Vertical Alveolar Defects, AAOMS 26th Annual Meeting

02/01/2003 Giant Odontomas: A Proposed New Classification. ADA Midwinter Meeting

01/01/2003 Giant Odontomas: A Proposed New Classification. Scientific Meeting of the Lebanon Dental Society

02/01/2002 Spread of Odontogenic infections in the Head and Neck Area, ADA Midwinter Meeting

02/01/2001 Blood Dyscrasias and Their Presentation in the Oral Cavity, ADA Midwinter Meeting, Chicago

02/01/2000 Radiographic and Clinical Evaluation of Difficult Extractions, ADA Midwinter Meeting

02/01/1999 Surgical Management of Patients on Anticoagulation, ADA Midwinter Meeting

02/01/1988 Damage of Inferior Alveolar and Lingual Nerves during Dental Procedures, ADA Midwinter Meeting

FUNDING –GRANTS (AWARDED /APPLIED FOR/PENDING)

1. UIC Campus fund for faculty scholarship, 2009 and 2010 (Kolokythas): This application is for support for new faculty scholarly activity from UIC campus: Awarded $3,000

2. UIC TTRC Mini Grant Program 2009, (Kolokythas PI): “ Patient based identification of MiRNA alterations in oral SCCA” Awarded $ 2,000

3. NIH/ NCI R21 CA 139137-01A1 (Schwartz PI, Kolokythas Co-PI) (06/01/10-05/30/12) RNA from Brush Cytology to Detect Squamous Cell Carcinoma, 2009-20011. Awarded $ 600,000
4. **Wach Foundation UIC COD 2009, (Kolokythas PI):** “Investigation of differences of oral squamous cell carcinoma among Caucasians, African Americans and Latino patients”. Excellent Comments from Reviewers, good scores, not funded. Ranked 5th first 4 received award.

5. **American Cancer Association Illinois Division 2009 Pilot Project Grant (Kolokythas PI):** “Patient-based identification of microRNA alterations in early stage OSCC” Excellent Comments from reviewers, excellent promising study, good scores, inadequate time for completion, not funded

6. **R21 NIH Grant** (Kolokythas Co-I) “Autofluorescence based 3-D metabolic mapping of oral cancer”: Not awarded

7. **UIC Cancer Center 2009 Pilot Grant Program (Kolokythas PI) **“Investigation of tumor growth potential and gene expression changes using protein and RNA from oral cytology; A pilot study of a non invasive surveillance method for oral cancer recurrence” Received excellent comments from reviewers, not funded

8. **OMS Foundation Grant Support 2009 (Kolokythas PI) **“Investigation of tumor growth potential and gene expression changes using protein and RNA from oral cytology: A pilot study of a non invasive surveillance method for oral cancer recurrence” Submitted, not awarded

9. **UIC Cancer Center Translational Seed Grant** (Schwartz PI, Kolokythas Co-I) (05/10-04/12) “Periodontal Disease and Oral Cancer” **Awarded $100,000**

10. **NIH R21** (Schwartz PI, Kolokythas Co-I) (12/01-10-30/12)”Periodontal Disease and Oral Cancer Periodontal disease is studied in relationship to oral cancer using clinical, and molecular markers” Not awarded

11. **NIH V-Grant** (Epstein PI, Kolokythas Co-PI (12/01/2009-12/30/2012) “Adjunctive detection of premalignant and malignant oral lesions: novel biomarkers” **Awarded $600,000**

12. **NIH R03CA150076-01A1** (Schwartz PI, Adami Co-I, Kolokythas Co-I) “RNA from brush cytology to identify Aggressive Squamous Cell Carcinoma (06/01/2012-05/30/2013) **Awarded $100,000**

13. **NIH R01 (PA11-2060) (Kolokythas PI):** “RNA from Brush Cytology of Oral Carcinoma to aid treatment decisions” (09/01/2012-08/30/2017). (Budget $2,000,000) Not awarded

14. **American Cancer Society - Illinois Division 2012 (ID 253824) Pilot Grant (Kolokythas PI).** “Improve on Detection of Oral Pre-Malignant Lesions in the Head and Neck” (08/31/2012-08/31/2013) **Awarded $100,000.**

15. **Translational Research Pilot Project Program- UIC Cancer Center 2012 (Schwartz PI, Kolokythas Co-I)** “Early Detection, Diagnosis, and Genetic Susceptibility for Oral and Oropharynx Cancer Among Diverse Populations” **Awarded $100,000.**

**TEACHING RESPONSIBILITIES**

1. **Course Director for OSUR 323:** Introduction to Oral and Maxillofacial Surgery, Spring Semester for D2 students UIC College of Dentistry (2009-present)

2. **Course Director for the “University of Illinois Annual UIC OMFS Mock Board Examination”:** I developed this Mock Board Examination that aims to serve as a self-assessment tool for AAOMS Board Certification Candidates and resembles the actual examination. (2009-present)
3. **Course Director for the “University of Illinois Annual OMFS Cadaver Dissection Course”:** I designed this course that uses fresh whole bodies for the OMFS residents. The course covers all pertinent surgical anatomy for trauma, orthognathic surgery, resection and reconstruction surgery, emergencies and cosmetic surgery. (2010-present)

4. **Course Director for the “University of Illinois Annual Oral and Maxillofacial Surgery Review Course”** I developed this course that aims to provide a comprehensive review of the oral and maxillofacial surgery specialty specifically designed for those specialists preparing for the oral and written specialty board certification examination (2011-present)

5. **Lecturer for Course OSUR 332: Advanced Oral and Maxillofacial Surgery** that occurs in the Summer semester for D3 students UIC College of Dentistry (Covered 50% of the lectures) (2009-present)

6. **Lecturer for Course OMDS 345: Temporomandibular Disorders** that occurs in the Fall Semester for D3 students UIC College of Dentistry (2009-present)

7. **Lecturer for OMDS 623:** Temporomandibular Disorders that occurs in the Fall Semester for the Graduate students UIC College of Dentistry (2009-present)

8. **Lecturer for Course OSUR 334:** Medicine that occurs in the Fall Semester for D3 students UIC College of Dentistry (2009-present)

9. **Lecturer for Local Anesthesia for Dental Hygienists Course:** This is CE course is offered several times a year to the Dental hygienists by the Department of OMFS at UIC College of Dentistry (2009-present)

**RESIDENT –STUDENT RESEARCH/ PRESENTATIONS**

**2009 UIC College of Dentistry Clinic and Research Day**

1. “The Osteogenic effects of simvastatin and its possible role as an adjunctive therapy for osseous regeneration, preservation and remodeling: A literature review”. (with Dr. Fa, UIC OMFS Intern) Received College of Dentistry Research Award.

2. “Expression of Argininosuccinate Synthetase (ASS) and Argininosuccinate Lyase (ASL) in Human Oral Squamous Cell Carcinoma” (with Dr. Apacha, UIC grad student)

3. “Traumatic bone cyst: literature review and case presentation” (with Dr. Anderson OMFS resident)

4. “Treatment modalities for impacted mandibular second molars” (with Dr. Lukasavage, OMFS resident)

5. “Differentiation of keratocystic odontogenic tumour from other odontogenic cysts and tumors by the expression of markers in the cystic fluid aspirate”. (with Dr. Sarna, OMFS resident)

6. “Verrucous Carcinoma hosting squamous cell carcinoma; Presentation of a case involving the anterior mandible” (with Dr. Rogers, OMFS resident) Received COD Award and accepted for publication JOMS.

7. “Evaluation of importance of criteria used by General Dentists and Orthodontists for making referrals to Oral and Maxillofacial Surgeons: (with Dr. Funderburk, OMFS resident)

8. “Investigation of differences of oral and oropharyngeal squamous cell carcinoma among Caucasians, African Americans and Latino patients” (with Dr. Schlieve, OMFS resident) Received COD Award.

**2010 UIC College of Dentistry Clinic and Research Day**

1. “Bilateral temporomandibular joint replacement in a Nager syndrome patient and review of the literature” (with Drs. Almusa and Schlieve, OMFS intern and resident)

2. “The use of buccal fat pad for reconstruction of intraoral defects” (with Dr. Stucki, OMFS resident)

3. “Use of free soft tissue flap and bone graft to reconstruct mandibular deformity: Impact on quality of life” (with Dr. Sarna, OMFS resident)
4. “Resection and immediate reconstruction for benign odontogenic tumors” (with Dr. Hussain –OMFS resident and Ghada, dental student)
5. “Necrotizing fasciitis with mediastinitis: The odds of survival” (with Dr. Sengupta OMFS intern)
6. “Overview of nitrous oxide sedation and current practices among dental professionals: A survey study.” (with Dr. Fa, OMFS intern)
7. “Salmonella-infected submandibular gland cyst” (with Dr. Sheppard OMFS resident and T. Sidal medical student) Accepted for publication in JOMS.
8. “Oral implications of sickle cell disease: Literature review and case report” (with Dr. Schlieve, OMFS resident)
9. “Identification of biogenic markers associated with ameloblastoma development” (with Dr. Weiskopf, OMFS resident)

2011 UIC College of Dentistry Clinic and Research Day

1. “Aspirate cytokine profiling and the identification of odontogenic pathology” (with D. Biesterfeld-OMFS intern, A. Karas-pre-dental student Honors College) Accepted for Publication in JOMS.
2. “Is there a difference in the inferior alveolar canal displacement caused by commonly encountered pathology entities? An observational study” (with E. Collins-OMFS Resident) Accepted for Publication in JOMS.
3. “Use of saliva for detection of bone turnover related molecular markers” (with J. Funderburk-OMFS resident)
4. “Stepwise approach for virtual planning of orthognathic cases” (with M. Lugakingira-OMFS resident)
5. “Stepwise approach to reconstruction of mandibular continuity defects using virtual planning” (with T. Sarna-OMFS resident)
6. “Short root anomaly. A systematic review” (with M. Almusa-OMFS Intern)
7. “Autogenous bone grafting of maxillary and mandibular defects; what bone graft material is best suited for which site?” (with A. Monestero-4th year UIC dental student)
8. “Solid organ transplant and the increased risk of cancer” (with A. Hill-3rd year UIC Dental student)

2012 UIC College of Dentistry Clinic and Research Day

1. “Is important information regarding third molar removal adequately retained by the patient?” (with F. Shakir UIC-COD Dental Student)
2. “Evaluation of criteria used by prospective omfs residency candidates to prepare for application process and select a residency program” (with M. McKnight-OMFS resident)
3. “Odontogenic cysts and tumors: decompression followed by enucleation and curettage” (with T. Schlieve-OMFS resident) 1st place Award postdoctoral clinical fellow
4. “Gene Expression analysis in patient with lichenoid lesions” (with G. Stucki-OMFS resident)
5. “Case report guided bone regeneration using titanium micromesh and tenting methods in the same patient. Comparison of techniques” (with R. Colletta-OMFS resident)
6. “Case report of mandibular osteosarcoma treatment using virtual surgical planning” (with S. Weiskopf-OMSF resident) 1st Place Award Case Reports
7. “Biomechanical characteristics and recommended design features in commercially available orthodontic mini-screw systems: A literature review” (with A. Quimby-UIC dental student)
Mentored Resident Presentations National Meetings

6. J. Funderburk, G. Flick, M. Miloro, A. Kolokythas. Evaluation of importance of criteria used by general dentists and orthodontists for referrals to OMS. AAOMS 92nd Annual Meeting, Chicago, IL, 2010

Mentored Resident Presentation International Meeting


Mentored Student Research and Presentations

1. “Biomechanical characteristics and recommended design features in commercially available orthodontic mini-screw systems: A literature review” 2012 Midwest Dental Research Conference (Anastasya Quimby: 3rd year UIC Dental student)
2. “Is important information regarding third molar removal adequately retained by the patient?” 2012 Midwest Dental Research Conference (Farah Shakir: 1st year UIC Dental Student)
3. Accuracy of aspirate cytokine profiling in identifying benign odontogenic cysts and tumors. (Pre-Doc Honors College Student: Maria Karas, Presented at the UIC Honors College Research Symposium 2011- Received 1st Place Award.)
JOURNAL EDITORSHIPS

1. Editorial Board Member: Journal of Oral and Maxillofacial Research

PROFESSIONAL ORGANIZATIONS/ SERVICE

1. AO Faculty Member, AOCMF, AO Foundation
2. Subcommittee on Maxillofacial Reconstruction, AAOMS Parameters of Care
3. Member: American Association of Oral and Maxillofacial Surgeons
4. Member: American Dental Association
5. Member: Illinois Dental Society
6. Educational Committee Member: Chicago Society of Oral and Maxillofacial Surgeons
7. Board Member, Treasurer: Chicago Society of Oral and Maxillofacial Surgeons
8. Member: Illinois Society of Oral and Maxillofacial Surgeons
9. Reviewer for Pathology Section:
   - Journal of Oral and Maxillofacial Surgery
   - International Journal of Oral and Maxillofacial Surgery
   - Oral Medicine Oral Surgery, Oral Radiology and Endodontics

COMMUNITY SERVICE

1. Director: Free Cancer Screening at the UIC COD during the “Oral Head and Neck Cancer Awareness Week” in 2009, 2011 and 2012
3. Re-invited to lecture during the “Hot Topics on Breast Cancer Conference” at the Wellness House. 06/2012.
4. Invited speaker at the: Prostate Cancer Support Group a nonprofit organization and support center for patients with prostate cancer. Presented on bisphosphonate related osteonecrosis of the jaws. 06/2012.
Clinical Assistant Professor
University of Illinois at Chicago
Department of Oral and Maxillofacial Surgery

Education
2006-2010: MD, University of Michigan Medical School, Ann Arbor
2002-2006: DDS, Columbia University School of Dental and Oral Surgery, New York City
1997-2001: BS, Cell and Molecular Biology; University of Michigan, Ann Arbor

Positions
2006-2012: Resident; Oral and Maxillofacial Surgery, University of Michigan
2010-2011: Resident; General Surgery, University of Michigan (2 year certificate)

Research
2001-2002: Research Assistant; Department of Internal Medicine, Division of Endocrinology; Glucose Transporter Expression

Memberships
2006- Present: Chalmers J. Lyons Society

Special Training
2006-Present: Microsurgery Training Center, University of Michigan

Certificates
ACLS/ATLS/PALS/NERB
PROFESSIONAL RESUME

William G. Flick, DDS, MPH
Oral and Maxillofacial Surgeon
Date of Birth, August 3, 1949

In Private Practice since 1979 with:
Southwest Oral Surgeons P.C.
6305 W. 95th St.
Oak Lawn, IL 60453
(708) 425-4300
fax (708) 425-4310
email: wmflick@yahoo.com

Clinical Professor Oral Maxillofacial Surgery
University of Illinois Chicago
College of Dentistry (MC/835)
801 S. Paulina
Chicago, IL 60612
email gflick@uic.edu

EDUCATIONAL BACKGROUND
Undergraduate College:
Eastern Illinois University, Charleston, IL 61920
Dates: September 1967 through June 1970
Major: Pre-Medical Studies, Biology Minor: Chemistry

Professional Education:
University of Illinois at the Medical Center, Chicago
College of Dentistry, Chicago, IL 60612
Dates: September 1970 through June 1974
Degrees: Bachelor of Science, B.S.
Doctor of Dental Surgery, D.D.S. with High Honors

Specialty Education:
Cook County Hospital, Residency in Oral Maxillofacial Surgery
Chicago, IL 60612
Certificate of Completion
Dates: July 1974 through June 1977 (Program Dir. Daniel M. Laskin, DDS,MS)

Graduate Education:
University of Illinois Chicago
School of Public Health, Chicago, IL 60612
Dates: September 1995 through May 1998
Degree: Master of Public Health, M.P.H., (Health Policy and Administration)

Boards and Registrations
Diplomate, American Board Oral and Maxillofacial Surgery, July 1979
Licensed Dentist, State of Illinois 019-14839, 1974
Licensed Specialist, Oral Maxillofacial Surgery, State of Illinois, 021-00150
Anesthesia Permit, Type B, General Anesthesia and Deep Sedation, Illinois

Honor Societies and Fraternities
Fellow, International College of Dentists, F.I.C.D., 2005
Omicron Kappa Upsilon, Dental Honor Society, University of IL, 1974
Phi Kappa Phi, Honor Society, University of Illinois, 1972
Delta Sigma Delta, Dental Fraternity, University of Illinois, 1970
**Membership in Professional Societies**
- Fellow, American Association of Oral and Maxillofacial Surgeons
- Illinois Society of Oral and Maxillofacial Surgeons
- American Dental Association
- Illinois State Dental Society
- Chicago Dental Society
- American Dental Society of Anesthesiology
- Illinois Dental Society of Anesthesiology

**Military Service**
- U.S. Air Force, Active Duty, July 1977 through July 1979
  - Rank: Captain, Oral and Maxillofacial Surgeon
  - Assignment: USAF Medical Center, Andrews AFB, Washington, D.C.
  - Honorable Discharge

**Academic and Teaching Appointments**
- Clinical Instructor of Oral Surgery, General Dental Residency Program
  - Malcolm Grow USAF Medical Center, Andrews Air Force Base
  - Washington, D.C., July 1977 through July 1979

- Attending Oral Surgeon, Dental and Oral Maxillofacial Surgery Residencies
  - Cook County Hospital, Chicago, Illinois
  - September 1980 through June 1984

- Clinical Assistant Professor Oral and Maxillofacial Surgery
  - Loyola University School of Dentistry, Maywood, Illinois
  - 1984 to 1993

- Clinical Associate Professor Oral and Maxillofacial Surgery
  - University of Illinois Chicago, College of Dentistry, Chicago, IL
  - 1993 to present

**Summary of Teaching Experience:**

- **1978-1979** Mentored USAF General Dental Residents in oral surgery and sedation while serving as Oral Maxillofacial Surgeon in USAF at Andrews Air Force Base in Washington DC. Officer in charge of management of emergency training for base dental facility. Completed CPR instructor training, and created mock emergency drills and demonstrations for dental officers and staff. ACLS certification obtained in first class offered at medical center.

- **1980-1984**, Served as part-time attending surgeon at Cook County Hospital in Chicago. Assignments included, lectures on sedation to both Dental and OMS residents, clinic and operating room teaching with residents one day a week. (Dept. Chairman, Felix Lawrence DDS, DSc.)

- **1984-1993**, Part-time faculty at Loyola University School of Dentistry, Assigned duties included lectures and clinical supervision of dental students, lectures and clinic supervision of OMS residents. Also, appointed to medical staff and utilized Loyola University Hospital for treatment of private patients, and mentoring of OMS residents. (Dept. Chairman, Paul Kuo DMD, MD)

- **1993-Present**, part-time faculty at University of Illinois College of Dentistry, initially one day per week, but from 1995-2003 increased to one and half days per week, and increased to two days per week in 2003. In 2007 increased time to two and half days a week plus on call hospital coverage (60% FTE). Assignments have included lectures and clinical supervision of dental students, lectures and mentoring of OMS residents in the clinic and operating room. Worked with residents on several research projects and published papers. Earned a Master of Public Health Degree during this period.
Promoted to Clinical Associate Professor 2006, (Dept. Head, Leslie Heffez, DDS, MS 1993-2006, Department Head Gene Sbalchiero DDS, 2006-2007, Department Head Michael Miloro, DMD, MD, FACS (2008 to present).

**Course Director** for following dental school courses:
1. **Pain Control II**, D-3, an introduction to sedation and advanced pain control techniques.
2. **Pain Control I**, Local Anesthesia, D-2.

**Course Director** for Resident Courses:
1. Pharmacology Review Course
2. Study Design and Interpretation.

**Course Director** for three UIC Continuing Education Courses
1. Moderate Sedation (Permit A) Provider Course
2. Local Anesthesia for Dental Hygienists
3. Anesthesia Assistants Monitoring Course

**Current Hospital Staff Appointments**
University of Illinois Hospital, Chicago, IL. Attending Staff
Chairman Continuous Quality Improvement Sub-Committee for Hospital Dental Department.
Center for Reconstructive Surgery, Oak Lawn, IL. Attending Surgeon

**Past Hospital Staff Appointments**
Malcolm Grow USAF Medical Center, Andrews AFB, Maryland (1977-79)
Cook County Hospital, Chicago, IL, Attending, (1980-1984)
Holy Cross Hospital Chicago, IL, Consulting Staff (1981-1997)
Palos Community Hospital, Palos Heights, IL, Consulting Staff, (1981-2011)
Loyola University Medical Center, Maywood Illinois, Attending, (1984-1995)
Mercy Hospital and Medical Center, Chicago, IL, Active Staff (1995-2001)

**Related Professional Experience**
Certified Instructor, Basic Cardiopulmonary Resuscitation, American Heart Association (1979- Not currently active)
Advance Cardiac Life Support Provider, American Heart Association Last re-certification, March. 2010
Pediatric Advanced Life Support (PALS) 2010
Illinois Board of Dentistry, Dentist Member, Appointed by Governor, March 2011, to present.

**Offices, Awards, and Professional Association Activities**

**Illinois Society of Oral and Maxillofacial Surgeons (AAOMS Component)**
Immediate Past-President 2002-2003
President 2001-2002
Vice President, President Elect 2001
Secretary, Treasurer 2000
Councilman and Executive Committee member, 1995 through 2003
Co-Chairman of Anesthesia Committee 1994 to 1999
Committeeman of Year Award 1996
Illinois Dental Society of Anesthesiology (Component of ADSA)
   President 2011-Present
   Vice President 2009-2011
   Secretary 2008-2009
   Immediate Past President 1999-2000
President, 1998-1999
   Vice President, 1996-1997
   Secretary 1995-1996

Chicago Dental Society
   Branch Correspondent 1985-86

Illinois State Dental Society
   Dental Benefits Committee, 1999-2005, Chairman 2003-2005
   Ad-Hoc Anesthesia Committee, 2006-2010

Illinois Dental Political Action Committee (Dent-IL-PAC)
   Director, 2001-2005

American Dental Association
   Annual Meeting. Local Arrangement Committee, 2000

American Association of Oral and Maxillofacial Surgeons
   Special Committee on Professional and Public Communications, 2003
   President's Task Force on Priorities, 2005
   President's Task Force on Mentoring, 2007-2011
   AAOMS, Summit State Dental Board Members, 2011

Easter Seals of Metropolitan Chicago, Recognition Award for Contribution to Oral Surgery Program of the Society, 2003
   (10 years of Service Managing Special Needs Patients)

University of Illinois, Dept. of Oral Maxillofacial Surgery Awards
   Resident Education Recognition Award, 1995
   Resident Recognition Award, 2002
   Outstanding Attending Award from 2nd Year Residents, 2003
   Outstanding Attending Award from 2nd Year Residents, 2004
   Outstanding Attending Award from 3rd Year Residents, 2005
   Outstanding Attending Award from 2nd Year Residents, 2006
   Esteemed Faculty Appreciation Award, OMFS Residents, 2007

Publications and Research
   Flick, W. G., Hypertension Screening and the Dental Patient, Dental Student, Jan 1978
   Lawrence, F.; Flick, W.G., Oral Amyloidosis As An Initial Symptom of Multiple Myeloma, Oral Surgery, Oral Medicine, Oral Pathology, January 1980.
   Flick, W. G.; Clayhold S., Who Should Determine Medical Necessity of Dental Anesthesia and Sedation ?, Anesthesia Progress, August 1998 v.45, n. 2 p.57-61
Flick, W. G. Utilization of Sedation and Adjunctive Services for Pediatric Dental Patients (Abstract), Journal of Oral and Maxillofacial Surgery, Supplement, August 2001, v.59, n.8, Sup 1, p.58

Posters and other Significant Presentations


Flick WG. Determining the Medical Necessity for Dental Anesthesia. American Dental Society of Anesthesiology Annual Meeting, 1998. (Resident Presenter)


Practice Areas and Special Interests
General Anesthesia and Intravenous Sedation
Oral Infections
Public Health Policy Issues

Additional Non-Professional Education
German Proficiency, “Zertifikat Deutsch Als Fremdsprache”, Certification of proficiency in German, awarded after written and oral examination from the Goethe Institute, (1991) (German Government sponsored Institute for German Language)
Spanish, continuing education, College of DuPage, Glen Ellyn, IL. 1993
Certificate in Culinary Arts, College of DuPage, Glen Ellyn, IL. 1993

Revised 12/2011
CURRICULUM VITAE

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Current Title and Department Chief, Section of Oral & Maxillofacial Surgery
Associate Professor of Clinical Surgery
Director, Resident Training Program
Department of Surgery
Northwestern University
The Feinberg School of Medicine
Northwestern Memorial Hospital
Associate Professor of Clinical Otolaryngology
Department of Otolaryngology- Head & Neck Surgery
Northwestern University Medical School

EDUCATION

Dates Degrees Conferred
Attended Institution and Location Title or Status Major Subject
1980-1983 Carroll College B.S. Biology, Spanish
Waukesha, Wisconsin
1983-1987 Northwestern University D.D.S. Dentistry
School of Dentistry (Honors)
Chicago, Illinois

POST-DOCTORAL TRAINING

Dates
Attended Institution and Location Title or Status
1987-1988 Northwestern Memorial Hospital Resident, Hospital Dentistry
Chicago, Illinois
1988-1991 Northwestern University and Resident, Oral &
Northwestern Memorial Hospital Maxillofacial Surgery
1991-1992 Northwestern University and Chief Resident, Oral &
Northwestern Memorial Hospital Maxillofacial Surgery

LICENSES
Illinois Dental Specialty License – Oral & Maxillofacial Surgery #021-001615
Illinois Dental License #019-021023
Illinois Sedation – General Anesthesia License # 137-000325
Illinois Controlled Substance License # 003-19-021023-01
Federal DEA License
Vermont Dental License #1204
The North East Regional Dental Boards
National Dental Boards, Part I & II

CERTIFICATION & FELLOWSHIP
Diplomat – American Board of Oral and Maxillofacial Surgery
Fellow, American Association of Oral and Maxillofacial Surgeons
Fellow, American College of Oral and Maxillofacial Surgeons
Fellow, International Association of Oral & Maxillofacial Surgeons
ACLS Re-Certification 2008-2010

PREVIOUS ACADEMIC POSITIONS HELD
1992-95 Clinical Instructor, Division of Oral & Maxillofacial Surgery,
Northwestern University School of Dentistry, Chicago, Illinois
1995-2001 Clinical Assistant Professor, Division of Oral & Maxillofacial Surgery, Northwestern University School of Dentistry, Chicago, Illinois
2001-2004 Assistant Professor of Clinical Surgery, Department of Surgery, Northwestern University Feinberg School of Medicine, Chicago, Illinois
Director, Resident Training Program

MAJOR HOSPITAL APPOINTMENTS
1992-present Attending Oral & Maxillofacial Surgeon, Northwestern Memorial Hospital, Chicago, Illinois
1992-1999 Attending Oral & Maxillofacial Surgeon, Cook County Hospital, Chicago, Illinois
1992-2001 Attending Oral & Maxillofacial Surgeon, Veteran Administration Lakeside Medical Center, Chicago, IL

HONORS AND AWARDS
1981. Beta Beta Beta National Biological Honor Society
87. Dean's List, Northwestern University School of Dentistry
1987. The Academy of Operative Dentistry
1987. Omicron Kappa Upsilon Dental Honor Society
1987. American Association of Oral & Maxillofacial Surgeons Award for Outstanding Undergraduate Achievement

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS
Fellow - American Association of Oral & Maxillofacial Surgeons
Fellow - American College of Oral & Maxillofacial Surgeons
Fellow – International Association of Oral & Maxillofacial Surgeons
Fellow- International Team for Implantology
American Cleft Palate – Craniofacial Association
American Dental Association
Illinois Society of Oral and Maxillofacial Surgeons
Illinois State Dental Society
Chicago Society of Oral & Maxillofacial Surgeons
Chicago Dental Society
Delta Sigma Delta Dental Fraternity – Supreme Chapter
Chicago Academy of Dental Research
Oral & Maxillofacial Surgery Foundation
International Association of Oral & Maxillofacial Surgeons Foundation
North American Advisory Board- Thommen Medical AG

PROFESSIONAL ACTIVITY

SCIENTIFIC AND PROFESSIONAL MEETINGS AND WORKSHOPS ATTENDED
1988
1. The Annual Dennis Zielinski Memorial Lecture, Chicago, Illinois
3. Northwestern University Department of Oral & Maxillofacial Surgery Facial Pain – Diagnosis and Treatment, Chicago, Illinois
4. Branemark Implant Training Course, Northwestern University, Chicago
1989
2. The Fifth Annual Benjamin J. Gans Memorial Lecture Chicago, Illinois
3. The Annual Dennis Zielinski Memorial Lecture, Chicago, Illinois
4. Present, Selected Topics in Orthognathic and TMJ Surgery, University of Chicago
1990
1. The Sixth Annual Benjamin J. Gans Memorial Lecture, Chicago, Illinois
2. Advanced Cardiac Life Support Certification, Chicago, Illinois
3. Illinois State Dental Society Annual Lectures, Chicago, Illinois
5. Primary Cleft Lip and Palate Training Course, Intercontinental University, Mexico City, Mexico
6. University of Aarhus Study Club – Cleft Palate and Craniofacial Repair Aarhus, Denmark
7. Branemark System Craniofacial Surgical Training Course, Ann Arbor, Michigan

1991
1. Tenth Latin American Congress of Oral & Maxillofacial Surgery, Mexico City, Mexico
2. University of Aarhus / Houston Study Club, Aarhus, Denmark
3. The Seventh Annual Benjamin J. Gans Memorial Lecture, Chicago, Illinois
5. International Symposium - Communication Disturbances in the Cleft Palate, Bauru – Sao Paulo, Brazil

1992
3. Advanced Cardiac Life Support, Recertification, Chicago, Illinois
4. ITI Surgical Training Course, Chicago, Illinois

1993
1. International ITI Implant Symposium, Basel, Switzerland
2. Louisiana State University Comprehensive Review in Oral & Maxillofacial Surgery, New Orleans, Louisiana

1994
1. 17th Annual Oral & Maxillofacial Pathology Review course, Miami, Florida

1995
1. American Association of Oral & Maxillofacial Surgeons Coding Workshop
2. ITI World Symposium, Washington D.C.
3. American Association of Oral & Maxillofacial Surgeons 77th Annual Meeting, Toronto Canada
4. XXIII Annual National & International Congress of the Mexican Dental Association, Mexico City, Mexico

1996
1. American Association of Oral & Maxillofacial Surgeons Midwinter Meeting, Atlanta, Georgia
3. American Association of Oral & Maxillofacial Surgeons 78th Annual Meeting, Miami, Florida
4. Implant Rehabilitation of the Compromised Patient, Academy of Osseointegration/European Association for Osseointegration, Amsterdam, The Netherlands
5. Diagnosis, Prevention and Management of Trigeminal Nerve Disorder: An Intensive Course in Microsurgical Technique, Boston, Massachusetts

1998
1. Fifth ITI World Symposium, Boston, Massachusetts
1. Advances in Diagnosis and Treatment of Sleep Apnea and Snoring, Orlando, Florida: 14 credit hours
2. American Association of Oral & Maxillofacial Surgeons 81th Annual Meeting, Boston, Massachusetts, 18 credit hours
3. AAOMS Dental Implant Conference, Chicago, Illinois 7 credit hours
4. 14th International Conference on Oral & Maxillofacial Surgery, Washington, DC, 20 credit hours

2000
1. North American ITI Congress, Orlando, Florida 11.5 credit hours
3. Chicago Academy of Dental Research, Chicago, Illinois
5. A.D.A. Annual Session Meeting, Chicago, Illinois
6. AAOMS Dental Implant Conference, Chicago, Illinois, 3.5 credit hours

2001
1. 2001 Interdisciplinary Treatment Conference, Dallas, 13 credit hours
2. 15th International Conference on Oral & Maxillofacial Surgery, Durban, South Africa
3. ISOMS Fall Meeting, Chicago: Update in Oral & Maxillofacial Reconstructive Surgery, 6 credit hours
4. North American ITI Congress, B.C., Canada 12 credit hours

2002
1. ACLS Provider Certification, Chicago, 10 credit hours
2. Osteoporosis & Metabolic Bone Disease Symposium, Chicago, 4 credit hours
3. AO ASIF Challenges and Advances in the Management of Craniomaxillofacial Surgery, Chicago, Illinois 13 credit hours
4. Bioterrorism Conference, ADA, Chicago, Illinois 12 credit hours
5. Advanced Techniques in Implant Dentistry, Chicago, Illinois, 7 credit hours
6. Endoscopy for Mandibular Reconstruction and Salivary Disease, Boston, Massachusetts, 17.5 credit hours
7. Osseointegration: 40 Years and Beyond, Chicago, Illinois 4 credit hours
8. AAOMS Implant Conference, Chicago, Illinois 13 credit hours

2003
1. 16th International Conference on Oral & Maxillofacial Surgery, Athens, Greece
2. ACLS Recertification, Chicago, IL 10 credit hours
3. PDL Seminars, Chicago, Illinois 15 credit hours
4. Emergency Medicine in Dentistry, Chicago, IL, 7 credit hours

2004
1. Archives of Oral & Maxillofacial Surgery Introductory Continuing Education Issue, Internet, 20 credit hours
2. Stat Restorative Series- Straumann Implant. 01/04/04- 06/30/04 Chicago, IL 12 credit hours

2005
1. Surgical Update: Alveolar Distraction Osteogenesis; Self Directed Home Study 2 CE Hours
2. Scientific Program, 17th International Conference on Oral & Maxillofacial Surgery, Vienna, Austria
3. AAOMS Implant Meeting, Chicago, Illinois, USA 12/02/05-12/03/05 9.5 CME credits

2006
1. Northwestern Memorial Hospital Team Training, Chicago, Illinois 01/31/06, 4 CME Credits
2. Illinois Society of Oral & Maxillofacial Surgeons, Chicago, Illinois 10/14/06
3. ADA Annual Meeting, Las Vegas, NV October 18,19, 2006
4. 7th Asian Congress on Oral & Maxillofacial Surgery, Hong Kong 11/5-11/9/06
2007
1. The OMS as CEO, Chicago, Illinois 04/21/07, 7 CME Credits
2. ITI World Symposium, New York City, New York 04/26-04/28/07, 20.75 CE Credits
3. 2007 International Research Summit, Rosemont, Illinois 05/16-05/17/07
4. Osteonecrosis of the Jaws: Bisphosphonates, Diagnosis, Management and Future Research, Rosemont, Illinois 05/30/07, 1.5 CE Credits
5. US ITI Scientific Meeting, Henderson, Nevada, October 19-20, 7.0 CE Credits
2008
1. Introducing Confidence at Bone Level, Chicago, Illinois February 21, 2008,1.5 CE credits
3. ACLS and CPR Training recertification Program, Oakbrook, Illinois, March 1-2, 2008, 12hrs CE credit
4. AO Challenges and Advances in the Management of Craniomaxillofacial Trauma and Reconstruction, Rosemont, Illinois, April 26-27, 2008, 16 hrs CE Credit

INVITED PAPERS, LECTURES, PRESENTATIONS
1988
1. Oral & Maxillofacial Trauma, Evanston Hospital, Evanston, Illinois
1989
1. Pre prosthetic Orthognathic Surgery, Chicago Midwinter Meeting, Chicago, Illinois
1991
1. Orthognathic Management of the Cleft Lip and Palate Patient, Tenth Latin American Congress of Oral & Maxillofacial Surgery, Mexico City, Mexico
2. Concomitant Management of Dentofacial Deformities and Temporomandibular Joint Disorders, Tenth Latin American Congress of Oral & Maxillofacial Surgery, Mexico City, Mexico
3. Orthognathic Surgical Treatment Planning, University of Sao Paulo-Bauru, Brazil
4. Simultaneous Primary Cheilo/Palatoplasty, University of Texas/ Aarhus Study Club, Aarhus, Denmark
1992
3. Anesthetic Considerations in the Maxillofacial Trauma Patient, Grand Rounds-Department of Anesthesia, Northwestern Memorial Hospital, Chicago, Illinois
1993
1. Mandibular Reconstruction with Vascularized Osteomyocutaneous Grafts, Mexican Association of Oral & Maxillofacial Surgery, Mexico City, Mexico
1995
1. The Use of Non Submerged Implants in Oral Rehabilitation, Northwestern Memorial Hospital Dental Residency Grand Rounds, Chicago, Illinois
2. NMH and Implantology: Past, Present, Future 3rdITI- Straumann User Group Conference, Dallas, Texas
3. ITI Implant Update Northwestern Memorial Hospital Grand Rounds, Chicago, Illinois
5. An Update on Non Submerged Osseointegrated Implants. Northwestern Memorial Hospital Dentistry Grand Rounds, Chicago, Illinois
7. Microneurosurgical Repair of the Trigeminal Nerve, XXIII National & International Congress of the Mexican Dental Association, November 1995, Mexico City, Mexico
2. Mandibular Fractures: Compression Fixation and Complex Fractures. First Symposium on Maxillofacial Rigid Fixation, April 1996 Rio de Janeiro, Brazil
5. Mandibular Ramus Osteotomies. First Symposium on Maxillofacial Rigid Fixation, April 1996, Rio de Janeiro, Brazil
1997
1998
1999
2000
2. Rehabilitation of Maxillofacial Defects- Vascular Grafts; Post Radiation Implant Reconstruction, Kalamazoo Valley District Dental Society, Kalamazoo, Michigan,
3. One Stage Surgical Implants: The great Debate. AAOMS Implant Conference, Chicago, Illinois

2002
1. Resorbable Fixation- Infants and Adults, AO of North America, Chicago, Illinois
4. Odontogenic Lesions, Pathology and Management, Otolaryngology Grand Rounds, Northwestern University, The Feinberg School of Medicine, 10/10/2002, Chicago, Illinois

2003
2. Communication and Education: Challenges for IAOMS Invitational Conference of the 16th International Conference on Oral & Maxillofacial Surgery, 5/17/2003 Athens, Greece

2004
1. Odontogenic Tumors, Diagnosis & Management, Otolaryngology Grand Rounds, Northwestern University Feinberg School of Medicine, 10/13/2004
3. Diagnosis and Management of Maxillofacial Trauma, Emergency Medicine Department Grand Rounds, Northwestern University Feinberg School of Medicine, 10/27/2004

2005
1. The Role of the IAOMS Relative to Technology, Communication & Personal Perspective, Invitational Conference, 17th International Conference on Oral & Maxillofacial Surgery, Vienna, Austria, 08/29/2005

2006

2007
1. Invitational Conference: The Webportal. 18th ICOMS, Bangalore, India, November 14, 2007

2008
1. Odontogenic Cysts and Tumors: Pathology and Management Otolaryngology Grand Rounds, Northwestern University Feinberg School of Medicine, 03/14/2008
2. The 2008 Thommen Medical Road Show: A Surgical Perspective Thommen Medical Road Show, Cleveland, Ohio, 031808

PREVIOUS UNIVERSITY SERVICE
1982 New Cultural Experiences Program, Mexico
1986. Peoples Saturday Clinic, Chicago, Illinois

HOSPITAL AND UNIVERSITY COMMITTEES
2001-present Surgical Chairs & Chiefs Committee, Northwestern Memorial Hospital
2001-present OR Committee, Northwestern Memorial Hospital
1995-2005 Northwestern Memorial Hospital Committee on Cancer
1992-2001 Omicron Kappa Upsilon Faculty Committee member, Northwestern University Dental School
1992-present Admissions Committee, Hospital Dentistry Residency Program, Northwestern Memorial Hospital
1993-present Quality Assurance Officer, Oral & Maxillofacial Surgery, Northwestern Memorial Hospital
1994-1998 Member Ambulatory Care Committee, Northwestern Memorial Hospital Redevelopment Project
1992-present Member, Northwestern Memorial Hospital Head & Neck Cancer Team
1992-1998 Member, Northwestern University Dental School Undergraduate Oral & Maxillofacial Surgery Curriculum

**PROFESSIONAL AND SCIENTIFIC ACTIVITY**
86. Community Dental Health Clinic- Peoples Clinic, Northwestern University Dental School
87. Outreach Dental Program, United Methodist Home, Chicago, Illinois
88. Colorado Migrant Health Program Externship, Fort Lupton, Colorado
1990-1997 Cleft Lip and Palate Team – Hospital del Nino, Toluca, Mexico
1994-1997 Member, American Association of Oral and Maxillofacial Surgery, OMSITE Test Writing Committee
1997-1998 AAOMS Spokesperson, Anti-cigar/smoking campaign
1997-2004 Consultant, Commission on Dental Accreditations, Advanced Specialty Education Programs, Oral & Maxillofacial Surgery
1997-2004 Member, subcommittee on Reconstructive Surgery, Special Committee on Parameters of Care & Outcomes Assessment, American Association of Oral & Maxillofacial Surgeons
2002-2007 Member, Faculty Educator Development Committee, American Association of Oral & Maxillofacial Surgeons
1999-present Assistant Executive Director, International Association of Oral & Maxillofacial Surgeons
2001-present Editor-in-Chief, Newsletter of the International Association of Oral & Maxillofacial Surgeons
2001-present Section Editor, International Journal of Oral & Maxillofacial Surgery
2004-present Chair, Subcommittee on Reconstructive Surgery, Special Committee on Parameters of Care & Clinical Pathways (ParCare), American Association of Oral & Maxillofacial Surgeons

**TEACHING EXPERIENCE**
**Academic Year Title & Course Contribution**
1992-1993 Anesthesia & Pain Control 2 lectures
1992-1993 Oral Surgery II 3 lectures
1992-1993 Local Anesthesia 1 lecture
1992-1993 History and Physical Exam 6 lectures
1992-1993 Oral Surgery I 3 lectures
1993. Illinois Oral & Maxillofacial Surgery Resident Mock Board 6 hours
National Board Review Course 2 lectures
1992-1993 Clinicopathological Conference 1 lecture
1992-1993 Surgical Implant Screening 20 hours
1993-1994 History and Physical Exam 6 lectures
1993-1994 Oral Surgery II 3 lectures
1993-1994 Anesthesia & Pain Control 3 lectures
1993-1994 Oral Surgery I 3 lectures
1993-1994 Illinois Oral & Maxillofacial Surgery Resident Mock Board 6 hours
National Board Review Course 1 lecture
1993-1994 Clinicopathological Conference 2 lectures
1993-1994 Surgical Implant Screening 60 hours
1994-1995 History and Physical Exam 6 lectures
1994-1995 Surgical Implant Screening 60 hours
1994-1995 Oral Surgery I 3 lectures
1994-1995 Anesthesia & Pain Control 1 lecture
1994-1995 Oral Surgery I 3 lectures
1995. Illinois Oral & Maxillofacial Surgery Resident Mock Board 6 hours
1995. Junior class Oral Surgery
National Board Review Course 1 lecture
1995. Postgraduate Head & Neck Anatomy course – Medical School 1 lecture
1995-1996 History and Physical Exam 6 lectures
1995-1996 Surgical Implant Screening 60 hours
1995-1996 Oral Surgery II 3 lectures
1995-1996 Anesthesia & Pain control 1 lecture
1996. Postgraduate Head & Neck Anatomy course – Medical School 1 lecture
1996-1997 History and Physical Exam 8 lectures
1996-1997 Surgical Implant Screening 60 hours
1996-1997 Anesthesia and Pain Control 2 lectures
1996-1997 Oral Surgery II 3 lectures
1997-1998 History and Physical Exam 8 lectures
1997-1998 Surgical Implant Screening 60 hours
1997-1998 Anesthesia and Pain Control 2 lectures
1997-1998 Oral Surgery I 3 lectures
1997-1998 Oral Surgery II 3 lectures
1998. Postgraduate Head & Neck Anatomy Course – Medical School 1 lecture

CLINICAL TEACHING
2003-present Oral & Maxillofacial Surgery - Northwestern University Feinberg School of Medicine, Northwestern Memorial Hospital
1992-2003 Oral & Maxillofacial Surgery Residency Program – Attending, Clinical and Hospital Rotations – Northwestern University & Northwestern Memorial Hospital
1992-2000 Oral & Maxillofacial Surgery Pre-doctoral Clinical Rotation, Junior and Senior Dental Students (two to four clinical sessions per week)
1992-2000 Oral & Maxillofacial Surgery Rotation at Northwestern Memorial Hospital: Junior Dental Students

GRANTS
Principal Investigator, Northwestern Memorial Foundation Competitive Research Grant, $20,000.

ABSTRACTS AND PUBLICATIONS
Curriculum Vitae
Thomas J. Skiba, D.D.S., M.S.
January, 2012

Personal:
Home in McHenry, Illinois, Married to Joan R. Skiba

Training:
DDS-University of Illinois, Chicago, OMS residency UIC-1973-1977,

Military:
U.S. Army Dental Corps, Letterman General Hospital-San Francisco, CA and the 71st Evacuation Hospital-
Pleiku, Viet Nam

Professional:
- Associate Clinical Professor, UIC, college of Dentistry, 2009-present, Course Director Medicine 334, UG-OS Clinic Director, Course Director Pharmacology for Dental Hygiene, member Curriculum Committee-UIC COD, Admissions Committee- UIC, COD 2010-present. UIC Senator 2010-present.
- Retired 2009, from group private practice after 32 years.
- Diplomate of the ABOMS, 1979
- Fellow of the AAOMS, 1979
- President of Delegate/Alternate, Illinois State Dental Society HOD, 1990-2006
- President, the Illinois Society of OMS 1995-1997
- Legislative Chair/ PAC Director/ Communications Director, Illinois Society of OMS Board of Directors 1990-2004
- Delegate/ Alternate AAOMS House Of Delegates, Illinois delegation, 1990-2004
- Member, Committee on Governmental Affairs, AAOMS 1997-2002
- Member, Illinois Board of Dentistry, 1998-2002
- Fellow, American College of Dentists, 1998
- Member, American Association of Dental Examiners, 1999-2001
- Examiner, Northeast Regional Board of Dental Examiners, 1998-2004
- ADPAC Board of Directors, 2000-2004, ADA Washington, DC
- ADPAC Vice Chair/ Communications Director 2002-2004, ADA Washington, DC
- ADA HOD, ADA 8th District (Illinois) delegation, 2000-2004
- Member, AAOMS Task Force on Insurance, 2001
- Member, OMS Foundation Board, 2001-2004, 2009-present
- AAOMS Trustee, District IV, 2004-2008
- Chairman, Academy of Dentistry, the National Academies of Practice, Washington, D.C., 2002-2004, Vice-Chair 2005-2008

Awards:
- AAOMS- Outstanding Fellow/ Member Political Activist Award, 2002
- OMS Foundation -Ambassador of the Year Award 2008
- OMS Foundation-Torch Award 2009
Curriculum Vitae
Ira A. Satinover DDS, MS, MBA
11 June 2012

Name Ira A. Satinover
Date of Birth July 1, 1951
Place of Birth Chicago, Illinois

Educational Degrees and Certification
Bachelor of Science in Zoology, with distinction, University of Wisconsin, Madison, Wisconsin, 1973.
Doctor of Dental Surgery, with High Honors, College of Dentistry, University of Illinois at Chicago, School of Dentistry, 1979.
Master of Science in Oral Pathology, Graduate College, University of Illinois at Chicago, Medical Center, 1981.
Certificate, one year residency in Anesthesiology, Michael Reese Hospital and Medical Center, 1980
Certificate in Oral and Maxillofacial Surgery, Michael Reese Hospital and Medical Center, 1983.
Master of Business Administration, University of Illinois at Chicago, Graduate School of Business, 1992.

Board Certification Diplomate, American Board of Oral and Maxillofacial Surgery, 1986 to present
ACLS Certification Recertified 2010, originally obtained 1981.

Office Anesthesia Evaluation Certification
American Association of Oral and Maxillofacial Surgeons, completion of Office Anesthesia Evaluation Program

Page 2 of 6

Honors and Awards Omicron Kappa Upsilon, Honorary Dental Society, elected as member 1979
George Miller Award for Research, 1979
American Academy of Oral Pathology Award, 1979
The American Society of Dentistry for Children, Certificate of Merit, 1979
Luz Bondoc Memorial Award, The Philippine Dental Society of the Midwest, 1979
Beta Gamma Sigma, the Honor Society for Collegiate Schools of Business, elected as member 1992

Master of Science Thesis
The fine structural localization of nonspecific esterases in buccal epithelium of zinc deficient rats, 1981.


Academic Appointments
Attending Surgeon, Cook County Hospital, Department of Surgery, Section of Oral and Maxillofacial Surgery, August 1985 to 2009.

Page 3 of 6
Clinical Assistant Professor of Oral and Maxillofacial Surgery, University of Illinois at Chicago, School of Dentistry, June 1984 to 2001.

Scientific Attending Staff, Michael Reese Hospital and Medical Center, Department of Dentistry, Division of Oral and Maxillofacial Surgery, 1986 to 1992.

Continuing Education
Annual Convention and Scientific Sessions, American Association of Oral and Maxillofacial Surgeons, 1982 annually to present with few exceptions
Review in Oral and Maxillofacial Surgery, Louisiana State University, 1983.
Arthroscopy of the Temporomandibular Joint, lecture and laboratory, University of Illinois at Chicago, School of Dentistry, 1986
Microneurosurgery of the Trigeminal Nerve, lecture and laboratory, Massachusetts General Hospital, 1986
Rigid Fixation of the Craniofacial Skeleton, Portland, Maine, 1992
Benjamin J. Gans Memorial Lectures, 1984 to 1990 (topics including orthognathic surgery, temporomandibular joint disease and treatment, implant surgery, cleft lip and palate).

Page 4 of 6
Surgical Update: Alveolar Distraction Osteogenesis, AAOMS 2004
Practical Reviews in Oral and Maxillofacial Surgery, literature review service awarding approximately 20
continuing education credits per year, 1986 to 2009.
Dental Implant Conference, American Association of
Oral and Maxillofacial Surgeons, Chicago, IL 2004,
Controversies in Orthognathic Surgery, Impromed
Medical Education, Washington, DC 2006
American College of Oral and Maxillofacial
2006, 2009
Certification, Infection Control, John H. Stroger
Hospital, 2008
Simplant Academy World Conference, Monterey,
California 2009
General Anesthesia and Moderate Deep Sedation
Course, American Dental Society of Anesthesiology
2009
OSHA Compliance Training, Wheatland Dental,
Naperville, Illinois 2010
Private Practice Private practice, full time, limited to Oral and
Private practice, part time, limited to Oral and
Maxillofacial Surgery, Wheatland Dental, Naperville
Illinois
January 2002 to present
Academic
Responsibilities
Supervision of resident practice in the Oral and
Maxillofacial Surgery Program of Cook County
Hospital, including out patient and in patient
services.
Page 5 of 6
Developed and originated Microneurosurgery
Laboratory for Oral and Maxillofacial Surgeons,
Cook County Hospital, 1986
Director of Journal Club in Oral and Maxillofacial
Surgery, Michael Reese Hospital and Medical
Center, 1984 to 1989
Director of Journal Club in Oral and Maxillofacial
Surgery, University of Illinois at Chicago, School of
Dentistry, 1987 to 1989
Director of Journal Club in Oral and Maxillofacial
Surgery, Cook County Hospital, 1986 to 1992
Developed, directed, and lectured in course
Anesthesia for General Practice and Oral and
Maxillofacial Surgery, Residency Programs, Cook
County Hospital, 1986 to 2000.
Lectures to resident staff in Oral and Maxillofacial
Surgery, Michael Reese Hospital, University of
Illinois, Cook County Hospital, on a variety of
subjects throughout the spectrum of Oral and
Maxillofacial Surgery.
Developed, administered, and taught Curriculum in
Wound Repair and Suturing for Physicians
Assistants Program, Cook County Hospital and
Chicago Junior Colleges, 1988 to 1996
Taught numerous Advanced Cardiac Life Support
Courses for the medical and resident staff at Cook County Hospital, 1986 to 1994; served as Co-Course Director 1992.

Hospital Responsibilities
New Hospital Development Committee, Physicians Utilizations subcommittee, 1995
Executive Medical Staff Hearing Committee, reviewed practitioner’s appeal of termination of employment, 1995.

Page 6 of 6
Utilization Management Committee, Department of Surgery representative, 1998 to 2009
Utilization Management Committee, Physician Reviewer for Department of Surgery. Responsible for concurrent and historic reviews of compliance with Medicaid reimbursement policy, 1998 to 2009
Executive Medical Staff Hearing Committee, reviewed practitioner’s appeal of termination of employment, 1999.

Professional Organizations
Fellow, American Association of Oral and Maxillofacial Surgeons, 1983 to present
Illinois Society of Oral and Maxillofacial Surgeons, 1985 to present
Chicago Society of Oral and Maxillofacial Surgeons, 1985 to present
Fellow, American College of Oral and Maxillofacial Surgeons, 1985 to present
Member, American Dental Society of Anesthesiology, 1986 to present
International Association of Oral and Maxillofacial Surgeons, 1992 to present
MICHÈLLE M. PASHLEY
3046 N. Hoyne
Chicago, IL 60618
Home: (312) 925-0882

Professional Experience

2006-Present
Southwest Oral Surgeons
Associate Oral& Maxillofacial Surgeon
Oak Lawn, Illinois

2007- Present
Hochstadter, Isaacson, Cherny, Dumanis and Associates
Associate Oral & Maxillofacial Surgeon
Park Ridge, Illinois

2008-Present
University of Illinois at Chicago
Assistant Clinical Professor
Chicago, Illinois

Educational Experience

2005
Oral & Maxillofacial Surgery
University of Illinois at Chicago
Chicago, Illinois

2000
Doctor of Dental Surgery
University of Southern California
School of Dentistry
Los Angeles, California

1994-1996
California State University Fullerton
Fullerton, California

1993
Bachelors of Arts
International Relations
University of Southern California
Los Angeles, California

Professional Societies

AAOMS
American Dental Association
Illinois Dental Association
Chicago Dental Society
Louis E. Halkias, D.D.S., M.S.
Home Address: 7910 W. Arcadia
Morton Grove, Illinois 60053
847-581-9226
Date of Birth: 10-24-68
Place of Birth: Chicago, Illinois
Spouse: Katerina Smyrniotis-Halkias, D.D.S.

EDUCATION:

The Ohio State University
Columbus, Ohio
Graduation: June 30, 1998
Degree: Master of Science
Certificate: Oral and Maxillofacial Surgery

1992-1994 Northwestern University Dental School
Chicago, Illinois
Graduation: April 1994
Degree: Doctor of Dental Surgery

1990-1992 Loyola University School of Dentistry
Maywood, Illinois

1986-1990 Loyola University - Chicago
Degree: Bachelor of Science, Biology

WORK EXPERIENCE:

July 1998 - Present Oral Surgery Associates
2440 W. Peterson Ave, 4905 Old Orchard Ctr. 3000 N. Halsted
Chicago, Illinois 60659 Suite 722 Suite 605
(773)761-7171 Skokie, Illinois 60077 Chicago, Illinois 60657
(847) 676-9300 (773) 296-3434

HOSPITAL STAFF MEMBERSHIPS:

Lutheran General Hospital
Illinois Masonic Medical Center

MEMBERSHIPS/ORGANIZATIONS:

American Association of Oral and Maxillofacial Surgeons
American Board of Oral and Maxillofacial Surgeons
Illinois Society of Oral and Maxillofacial Surgeons
Chicago Society of Oral and Maxillofacial Surgeons
American Dental Association
Illinois State Dental Society
Chicago Dental Society
Hellenic-American Dental Society

CERTIFICATIONS:

Board Certified April 2000 - American Board of Oral and Maxillofacial Surgeons
American Heart Association - Advanced Cardiac Life Support
Licensure:

1998 - Present State of Illinois Specialty License - Oral and Maxillofacial Surgery
1998 - Present State of Illinois General Anesthesia Permit
1995 - Present State of Illinois Dental Licence

Publications:


Academic Experience:

Clinical Associate Professor, University of Illinois Department of Oral and Maxillofacial Surgery April 2008-Present

Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology and Endodontics Journal Article Reviewer 2004-Present

University of Illinois Department of Oral and Maxillofacial Surgery Clinicopathologic Conference Lecturer 2000-2006

Assistant Professor Northwestern University School of Dentistry Department of Oral and Maxillofacial Surgery December 1998-May 2001
Appendix J - Attach as Appendix J monthly attending staff schedules.
<table>
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</table>

**RESIDENT**  **CELL**  **PAGER**
A. Haupt   208-251-6098  Intern    4195
Salomon    410-419-8596  Intern    9611
D. Haupt   573-225-4056  1st    4197
Momin      404-514-8120  1st    5227
Mell       440-320-7050  1st    9607
Collins    317-695-8345  3rd    2257
Hull       480-370-2122  3rd    7713
Stucki     773-329-5649  Chief    9614
Weiskopf   314-640-3178  Master Chief  9612
### UIC OMFS PG (POSTGRADUATE) Clinic Schedule 2012-2013

<table>
<thead>
<tr>
<th>Monday AM</th>
<th>Tuesday AM</th>
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<td>830-UICMC OR OR 830-VA OR</td>
<td>730-8 Tumor Bd OR 8-830 UICMC Rounds OR 830-1200CancerCenter</td>
<td>730-Implant Sem OR 830-OR</td>
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192 of 317
## UIC OMFS UG (UNDERGRADUATE) Clinic Schedule 2012-2013

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<td>Skiba</td>
<td>Flick</td>
<td>Skiba</td>
</tr>
<tr>
<td>Busse</td>
<td>Busse</td>
<td>Flick</td>
<td>Lee</td>
<td>Lee</td>
</tr>
<tr>
<td></td>
<td>Monday AM</td>
<td>Tuesday AM</td>
<td>Wednesday AM</td>
<td>Thursday AM</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td></td>
<td>Flick Intern R1</td>
<td>Hussain Intern R1</td>
<td>Satinover/Flick Intern R3</td>
<td>Satinover Intern R1 (R3 sedations)</td>
</tr>
<tr>
<td>Monday PM</td>
<td>Flick Intern R1</td>
<td>Hussain Intern R1</td>
<td>Satinover Intern R3</td>
<td>Satinover Intern R1</td>
</tr>
<tr>
<td>Tuesday PM</td>
<td>Flick Intern R1</td>
<td>Hussain Intern R1</td>
<td>Satinover Intern R3</td>
<td>Satinover Intern R1</td>
</tr>
<tr>
<td>Wednesday PM</td>
<td>Flick Intern R1</td>
<td>Hussain Intern R1</td>
<td>Satinover Intern R3</td>
<td>Satinover Intern R1</td>
</tr>
<tr>
<td>Thursday PM</td>
<td>Flick Intern R1</td>
<td>Hussain Intern R1</td>
<td>Satinover Intern R3</td>
<td>Satinover Intern R1</td>
</tr>
<tr>
<td>Friday PM</td>
<td>Flick Intern R1</td>
<td>Hussain Intern R1</td>
<td>Satinover Intern R3</td>
<td>Satinover Intern R1</td>
</tr>
</tbody>
</table>

**JBVA OMFS Clinic Schedule 2012-2013**
### Northwestern Coverage Schedule 2012-2013

<table>
<thead>
<tr>
<th>Monday AM</th>
<th>Tuesday AM</th>
<th>Wednesday AM</th>
<th>Thursday AM</th>
<th>Friday AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>730-Tumor Board</td>
<td>R4</td>
<td>No coverage</td>
<td>R4</td>
<td>700-Grand Rounds</td>
</tr>
<tr>
<td>Intern</td>
<td></td>
<td></td>
<td></td>
<td>Intern</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday PM</td>
<td>Tuesday PM</td>
<td>Wednesday PM</td>
<td>Thursday PM</td>
<td>Friday PM</td>
</tr>
<tr>
<td>5-7-Little/Falce</td>
<td><em>Resident Clinic</em></td>
<td>No coverage</td>
<td>R4</td>
<td></td>
</tr>
<tr>
<td>Intern</td>
<td>R4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix K - Attach as Appendix K a blank faculty evaluation form.
University of Illinois at Chicago  
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Faculty Evaluation

Date_________________________
PGY_________________________
AttendingName__________________
Rotation Dates____________________

Instructions
Please use this form to evaluate each Oral and Maxillofacial Surgery faculty member you come in contact with. Circle the number that best characterizes his/her performance corresponding to the questions below. Please be honest and consistent. Use the area below and the opposite side of the evaluation form for added comments or clarifications.

### Availability

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>At rounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the operating room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At conferences/seminars</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For preoperative planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For postoperative discussion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gives well organized and beneficial lectures</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Is willing to spend adequate time teaching</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1 2 3 4 5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearly communicates his/her expectations regarding resident responsibilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relates clinical activity to basic biomedical science</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
</tr>
<tr>
<td>Explains/demonstrates procedures to be learned</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
</tr>
<tr>
<td>Reviews rationale behind treatment/procedures</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
</tr>
<tr>
<td>Is consistent in his/her instruction and actions</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
</tr>
<tr>
<td>Encourages residents to develop clinical/surgical judgment</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1 2 3 4 5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely performs the residents’ work at the expense of the residents’ learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gives residents adequate amount of responsibility</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
</tr>
<tr>
<td>Provides constructive, helpful feedback</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
</tr>
<tr>
<td>Takes advantage of teaching opportunities</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
</tr>
<tr>
<td>Encourages teacher-resident interaction</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Education

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relates clinical activity to basic biomedical science</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Explains/demonstrates procedures to be learned</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Reviews rationale behind treatment/procedures</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Is consistent in his/her instruction and actions</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Encourages residents to develop clinical/surgical judgment</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1 2 3 4 5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintains a positive attitude and enthusiasm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displays a humane, caring attitude towards patients</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
</tr>
<tr>
<td>Relates well with residents and staff</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
</tr>
<tr>
<td>Is tactful and diplomatic when criticizing</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
</tr>
<tr>
<td>Serves as a good role model</td>
<td>1 2 3 4 5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overall, I would rate this faculty member as: 1 2 3 4 5

### Additional Comments:

__________________________________________________________________________________________________________________________________________________________________________
1. Department: Choose an item.

2. Name: Click here to enter text.

3. Academic Rank: Choose an item.

4. Percent Appointment: Click here to enter text.

5. Are you eligible to practice dentistry in the State of Illinois? Choose an item.

6. If “Yes” to #5, do you provide direct patient care services? Choose an item.

7. If “Yes” to #6, please indicate:
   a) Percent time internal to COD: Click here to enter text.
   b) Percent time external to COD: Click here to enter text.

8. Please review your stated goals for the last academic year (Aug 2011 – July 2012) as they relate to your teaching, research, scholarship, and service, and summarize your progress toward their achievement. Click here to enter text.

9. Please itemize your goals for the upcoming academic year (Aug 2012 – July 2013) as they relate to your planned teaching, research, scholarship, and service activities. (e.g. curriculum development, research grant submissions, publications, etc.) Click here to enter text.

10. Please list any development goals and activities planned for 2012-2013, and include interest/progress toward promotion as outlined in the COD Promotion and Tenure Guidelines. Click here to enter text.
11. Describe how your activities relate to the Vision and Mission statement of the Department and College of Dentistry (http://dentistry.uic.edu/about/mission.cfm?m=2&o=2#). Click here to enter text.

12. List any areas, committees and/or roles that you would like to be involved in for the upcoming academic year. Click here to enter text.

13. Clinical Specialty Boards – if applicable.
   If specialty trained, do you have or are you currently working toward your specialty board certification? Choose an item.

   If yes, please describe your progress toward board certification to date, including an estimated examination date. Click here to enter text.

__________________________________________  ______________________
Faculty Signature                             Date

__________________________________________
Department Head/Designee- please provide your comments on this self-assessment. Click here to enter text.

Faculty CV, report and developmental program reviewed:

__________________________________________  ______________________
Department Head or Designee Signature         Date

Supervisor should sign once the review and development process is completed. All documents should be maintained in a confidential department file.
Appendix L - Attach as Appendix L information regarding facilities.
(Use Exhibit 4.)
Exhibit 4.1

FACILITIES AND RESOURCES
University of Illinois at Chicago
College of Dentistry
Oral and Maxillofacial Surgery Clinic

For each item listed below, indicate whether the item is located within the dental clinic, outside the dental clinic but readily accessible to it, or not available (check appropriate response).

<table>
<thead>
<tr>
<th>Facilities, Capabilities/Equipment</th>
<th>Within Clinic</th>
<th>Readily Accessible</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intraoral radiographic facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extraoral radiographic facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental laboratory facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operatories</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff offices</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Study areas</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Conference rooms</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Dental recovery area</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilization capabilities:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autoclave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethylene oxide</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dry heat</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Emergency drugs</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Emergency equipment:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen under pressure</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Resuscitative equipment</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Exhibit 4.2

FACILITIES AND RESOURCES
Jesse Brown VA Hospital
Dental/OMFS Clinic

For each item listed below, indicate whether the item is located within the dental clinic, outside the dental clinic but readily accessible to it, or not available (check appropriate response).

<table>
<thead>
<tr>
<th>Facilities, Capabilities/Equipment</th>
<th>Within Clinic</th>
<th>Readily Accessible</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intraoral radiographic facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extraoral radiographic facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental laboratory facilities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operatories</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff offices</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study areas</td>
<td>X</td>
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<td></td>
</tr>
<tr>
<td>Conference rooms</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental recovery area</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilization capabilities:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autoclave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethylene oxide</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry heat</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency drugs</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency equipment:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen under pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resuscitative equipment</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix M - Attach as Appendix M information regarding support staff. (Use Exhibit 5.)
### Exhibit 5.1
**UIC COD OMFS Clinic**

**SUPPORT STAFF**

Indicate the number of positions and total number of hours per week devoted to the program. If individuals listed are assigned to other activities, indicate this also.

<table>
<thead>
<tr>
<th>Type of Support Staff</th>
<th>ORAL AND MAXILLOFACIAL SURGERY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advanced specialty education</strong></td>
<td></td>
</tr>
<tr>
<td>Number of Positions</td>
<td>2</td>
</tr>
<tr>
<td>Total # Hours/week</td>
<td>80</td>
</tr>
<tr>
<td><strong>Dental Hygiene</strong></td>
<td></td>
</tr>
<tr>
<td>Number of Positions</td>
<td>0</td>
</tr>
<tr>
<td>Total # Hours/week</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Secretarial/Clerical</strong></td>
<td></td>
</tr>
<tr>
<td>Number of Positions</td>
<td>3</td>
</tr>
<tr>
<td>Total # Hours/week</td>
<td>120</td>
</tr>
<tr>
<td><strong>Other (please describe):</strong></td>
<td></td>
</tr>
<tr>
<td>DDS Assts R.N.</td>
<td>6</td>
</tr>
<tr>
<td>Number of Positions</td>
<td>1</td>
</tr>
<tr>
<td>Total # Hours/week</td>
<td>240</td>
</tr>
</tbody>
</table>
**Exhibit 5.2**

*JBVA Dental/OMFS Clinic*

**SUPPORT STAFF**

Indicate the number of positions and total number of hours per week devoted to the program. If individuals listed are assigned to other activities, indicate this also.

<table>
<thead>
<tr>
<th>Type of Support Staff</th>
<th>ORAL AND MAXILLOFACIAL SURGERY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advanced specialty education</strong></td>
<td></td>
</tr>
<tr>
<td>Number of Positions</td>
<td>1</td>
</tr>
<tr>
<td>Total # Hours/week</td>
<td>40</td>
</tr>
<tr>
<td><strong>Dental Hygiene</strong></td>
<td></td>
</tr>
<tr>
<td>Number of Positions</td>
<td>1</td>
</tr>
<tr>
<td>Total # Hours/week</td>
<td>40</td>
</tr>
<tr>
<td><strong>Secretarial/ Clerical</strong></td>
<td></td>
</tr>
<tr>
<td>Number of Positions</td>
<td>1</td>
</tr>
<tr>
<td>Total # Hours/week</td>
<td>40</td>
</tr>
<tr>
<td><strong>Other (please describe)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DDS Assts</strong></td>
<td></td>
</tr>
<tr>
<td>Number of Positions</td>
<td>3</td>
</tr>
<tr>
<td>Total # Hours/week</td>
<td>120</td>
</tr>
</tbody>
</table>
Appendix N - Attach as Appendix N the percentages of the students’/residents’ total program time. (Use Exhibit 6.)
Exhibit 6

Students’/Residents’ Total Program Time

Indicate the percentage of the students’/residents’ total program time devoted to:

%  
Didactics 15%  
Clinical activities 75%  
Research activities 5%  
Teaching 5%  
Other (specify) %  
%  
%  
%  
Total 100%
Appendix O – Attach as Appendix O students’/residents’ schedules for each year of the program. (Use Exhibit 7.)
Appendix P – Attach as Appendix P information regarding Biomedical Sciences instruction. (Use Exhibit 8.)
<table>
<thead>
<tr>
<th>Course Title</th>
<th>Call Number</th>
<th>Credit hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conscious Sedation &amp; Anesthesia</td>
<td>15840</td>
<td>3 hrs</td>
</tr>
<tr>
<td>Oral Surgery Seminar</td>
<td>15841</td>
<td>2 hrs</td>
</tr>
<tr>
<td>Craniofacial Deformity Sem</td>
<td>15842</td>
<td>1 hr</td>
</tr>
<tr>
<td>Oral &amp; Maxillofac Surg Diagnosis</td>
<td>15843</td>
<td>2 hrs</td>
</tr>
<tr>
<td>Physical Diagnosis (lec)</td>
<td>24416</td>
<td>4 hrs</td>
</tr>
<tr>
<td>Physical Diagnosis (lab)</td>
<td>24417</td>
<td>0 hrs</td>
</tr>
<tr>
<td>Oral &amp; Maxillofac Surg Lit Rev</td>
<td>15845</td>
<td>2 hrs</td>
</tr>
<tr>
<td>Clinical Pathology Conference</td>
<td>20569</td>
<td>1 hr</td>
</tr>
<tr>
<td>Oral Surgery Clinic</td>
<td>20570</td>
<td>6 hrs</td>
</tr>
<tr>
<td>Applied Surgical Anatomy</td>
<td>22616</td>
<td>1 hr</td>
</tr>
<tr>
<td>Resrch in Oral &amp; Maxillofac Surg</td>
<td>22148</td>
<td>2 hrs</td>
</tr>
</tbody>
</table>

<p>| Year 2 | Fall 2011 |</p>
<table>
<thead>
<tr>
<th>Course Title</th>
<th>Call Number</th>
<th>Credit hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conscious Sedation &amp; Anesthesia</td>
<td>15840</td>
<td>3 hrs</td>
</tr>
<tr>
<td>Oral Surgery Seminar</td>
<td>15841</td>
<td>2 hrs</td>
</tr>
<tr>
<td>Craniofacial Deformity Sem</td>
<td>15842</td>
<td>1 hr</td>
</tr>
<tr>
<td>Oral &amp; Maxillofac Surg Diagnosis</td>
<td>15843</td>
<td>2 hrs</td>
</tr>
<tr>
<td>Oral &amp; Maxillofac Surg Lit Rev</td>
<td>15845</td>
<td>2 hrs</td>
</tr>
<tr>
<td>Clinical Pathology Conference</td>
<td>20569</td>
<td>1 hr</td>
</tr>
<tr>
<td>Oral Surgery Clinic</td>
<td>20570</td>
<td>6 hrs</td>
</tr>
<tr>
<td>Resrch in Oral &amp; Maxillofac Surg</td>
<td>22148</td>
<td>2 hrs</td>
</tr>
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Appendix Q – Attach as Appendix Q a schedule of department seminars, conferences and/or lectures. Indicate the title or topics and name and title of the presenter(s) for each seminar, conference and/or lecture. Also include goals, objectives and course outlines for each course identified.
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Appendix Q
Department Conferences
Goals and Objectives

1. Conscious Sedation, Anesthesia, Pharmacology
   a. To review applied the techniques of conscious sedation, anesthesia, and pharmacology as it relates to the delivery of anesthesia in clinical patient care in Oral and Maxillofacial Surgery.

2. Craniofacial Deformities Seminar with Orthodontics
   a. To provide an understanding of the rationale for diagnosis and treatment planning of patients with dental and skeletal abnormalities.
   b. To provide an overview of contemporary treatment methodology and the patient selection procedures used to determine whether orthodontic, orthopedic, and/or surgical treatment is indicated based upon etiologic and diagnostic criteria.
   c. To be able to recognize dental and skeletal malocclusions by understanding the acquisition phases of the data base for patient assessment.

3. OMFS Grand Rounds Seminar
   a. To provide the required OMFS curriculum subject matter to all OMFS residents in a comprehensive full-scope surgery.
   b. To incorporate full-time, part-time, and adjunct faculty, and residents, as well as associated medical, surgical, and anesthesia faculty into the lecture schedule.
   c. To expose residents to the basic subject matter and provide direction to alternative references and encourage additional readings.
   d. To follow the outline of the annual OMSSAT examination topic list to ensure coverage of the requisite topics in the specialty, and to prepare residents for the ABOMS WQE examination with periodic examinations after each subject block is completed.

4. OMFS Diagnosis Seminar/Resident Case Conference
   a. To enable the OMFS resident a forum in which to present clinical cases in a succinct and comprehensive fashion, and defend their treatment or plan.
   b. To provide questioning along the ABOMS-format for OCE certification.
   c. To require the OMS resident to defend their treatment in terms of diagnosis, indications for care, alternative treatment options, follow-up, and management of complications.

5. OMS Resident Conference
   a. To permit instruction at the resident level without faculty involvement.
   b. To allow the OMS residents an opportunity to teach by example to each other without the participation of faculty in order to allow a more uninhibited forum for questions and answers.
   c. To discuss current topics of interest and to review comprehensive OMS textbooks in an organized fashion.

6. Advanced Craniofacial Anatomy
   a. To review the anatomy of the head and neck region at a level beyond that of the Undergraduate curriculum.
   b. To provide didactic instruction in head and neck anatomy.
   c. To provide cadaveric dissection instruction in head and neck anatomy.
   d. To correlate anatomy with surgical anatomy.

7. Physical Diagnosis/H&P Course
   a. To provide clinically-relevant anatomy, pharmacology, and physiology to the first year OMFS residents.
   b. To provide a systems-based approach to the medical history and physical examination.
   c. To correlate didactic lectures with clinic patient evaluation on the wards of the hospital to document significant physical findings.
   d. To document competence in history-taking and physical examination skills.
   e. Using simulation techniques to reinforce concepts

8. Diagnosis and Treatment Planning in Orthodontics
   a. To understand the concepts of basic and advanced orthodontics for first year orthodontic and OMFS residents.
b. To understand normal and abnormal craniofacial growth and development.
c. To understand the diagnostic methods used in patient evaluation and treatment planning.
d. To employ the clinical, radiographic, cephalometric, computerized predictions, and model analysis in formulating a treatment plan.
e. To understand the principles of orthognathic surgery.
f. To facilitate interactions between the Departments of Orthodontics and OMFS.
g. To apply these principles to the dentofacial deformities patient population.

9. OMFS Literature Review, Journal Club
   a. To provide an opportunity to review the current literature, as well as a topic of interest with a comprehensive review of the literature.
   b. To instruct OMFS residents on how to effectively review and critically evaluate the literature.
   c. To encourage evidenced-based learning.
   d. To encourage research and scholarly activity in the Department.

10. Clinical Pathology Conference/Oral Pathology
    a. To review the comprehensive area of Oral and Maxillofacial Pathology relevant to clinical practice.
    b. To understand the diagnostic methods in the assessment of Oral Pathology.
    c. To respond to questioning in a CPC-type oral format.
    d. To review the major categories of Oral Pathology.

11. Implant Diagnosis and Treatment Planning/Prosthodontic, Perio Conference
    a. To understand the multi-disciplinary approach to the implant patient, with the Departments of OMFS, Periodontics, and Prosthodontics.
    b. To collaborate in patient care and research endeavors.
    c. To provide the OMFS resident the working prosthodontic knowledge to understand the pre-surgical and post-surgical prosthodontic care of the implant patient.
    d. To ensure that the OMFS resident is intimately involved in the entire treatment plan of the implant patient.

12. Applied Surgical Anatomy/Stryker CMF Cadaver Course
    a. To understand surgical approaches to the face and facial skeleton.
    b. To provide training in surgical anatomy for the OMFS surgeon.

13. Morbidity and Mortality Conference
    a. To review patient care in the Department.
    b. To provide a mechanism for Quality Assurance.
    c. To critically evaluate patient morbidity to identify errors and prevent future similar problems.
    d. To assess complications and understand their etiology and management.

14. Research in OMFS
    a. To ensure that every OMFS resident is involved in scholarly activity.
    b. To provide the time to perform research during the residency program.
    c. To provide the opportunity to pursue an M.S. degree in Oral Sciences, if requested.

15. Tumor Board-UIC, JBVA
    a. To understand and facilitate the multi-disciplinary management of the head and neck oncology patient.
    b. To be familiar with the adjunctive cancer management modalities including chemotherapy and radiation therapy.
    c. To be familiar with the current Head and Neck cancer patient population at UIC and JBVA.

16. GME Blackboard: Clinical Competencies
    a. To fulfill the requirements of the GME Committee of all UIC house officers.
    b. To receive on-line instruction and examination assessment in several areas of medicine and surgery which are traditionally difficult to teach in a residency program. These topics include medical-legal issues, healthcare economics, professionalism, quality of care, statistics, estate planning, and medical ethics.
OSUR 510
CONSCIOUS SEDATION, ANESTHESIA, AND PHARMACOLOGY
2011 Fall Semester
Credit Hours: 2
Department of Oral & Maxillofacial Surgery

Course Objectives: To review applied the techniques of conscious sedation, anesthesia, and pharmacology as it relates to the delivery of anesthesia in clinical patient care in Oral and Maxillofacial Surgery.

Topics:
1. Conscious Sedation
2. Anesthesia
3. IV Access
4. Pharmacologic Principles
5. Pharmacotherapeutics
6. Pharmacodynamics
7. Systemic – Oral Interrelationships
8. Drug – Drug Interactions / Side Effects
9. Pharmacologic Options for Selected Disease Processes
10. Drugs for Sedation and General Anesthesia
11. Emergency Drugs
12. Antimicrobial Drugs
13. Anti-emetic Drugs
14. Miscellaneous Topics in Pharmacology
15. Management of Medical Emergencies

Time / Place: 7:30-8:30 AM, or 12:30-1:30 PM
UIC College of Dentistry
Oral Surgery Conference Room

Course Director: Dr. Flick

Course Faculty: Dr. Flick
Dr. Kolokythas
Dr. Miloro
Dr. Skiba
Dr. Messieha, Dental Anesthesiology

Course Requirements: Attendance is MANDATORY for PGY1 residents. Sign-in sheets are required.

Evaluation: Final written examination, clinical observation.
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tr>
<td>September 4</td>
<td>Sedative-Hypnotics, Narcotics</td>
<td>Flick</td>
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<tr>
<td>September 11</td>
<td>Oral Sedation, Premedication</td>
<td>Flick</td>
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<tr>
<td>September 18</td>
<td>Nitrous Oxide, Inhalation Agents</td>
<td>Skiba</td>
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<tr>
<td>September 25</td>
<td>Local Anesthesia</td>
<td>Skiba</td>
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<tr>
<td>October 2</td>
<td>Parenteral Sedation (IV/IM)</td>
<td>Flick</td>
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<tr>
<td>October 9</td>
<td>Pharmacokinetics</td>
<td>Messieha</td>
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<td>October 16</td>
<td>Antibiotics</td>
<td>Kolokythas</td>
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<tr>
<td>October 23</td>
<td>Cardiovascular Drugs</td>
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<td>Drug Interactions</td>
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<td>November 6</td>
<td>Emergency Drugs</td>
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<td>November 13</td>
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<td>September-December</td>
<td>OMFS Clinic</td>
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### OSUR 511 Oral and Maxillofacial Surgery Seminar  2012-2013

**Tuesdays, 7:30-8:30 am  OMFS Conf Rm 112  Su, Fa, Spr. 6 credit hrs**

<table>
<thead>
<tr>
<th>Date</th>
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<th>Faculty</th>
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<tr>
<td>07/03/12</td>
<td>Medical: Cardiovascular</td>
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<tr>
<td>07/10/12</td>
<td>Medical: Respiratory</td>
<td>Weiskopf</td>
<td>Miloro</td>
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<tr>
<td>07/17/12</td>
<td>Medical: Musculoskeletal, Nervous System</td>
<td>Hull</td>
<td>Miloro</td>
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<tr>
<td>07/24/12</td>
<td>Medical: Endocrine, GI, GU, Metabolic</td>
<td>Collins</td>
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<tr>
<td>07/31/12</td>
<td>Anesthesia: Local anesthesia</td>
<td>Flick</td>
<td>Flick</td>
</tr>
<tr>
<td>08/07/12</td>
<td>Anesthesia: Conscious sedation</td>
<td>Flick</td>
<td>Flick</td>
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<tr>
<td>08/14/12</td>
<td>Anesthesia: General anesthesia</td>
<td>Mell</td>
<td>Flick</td>
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<td>Anesthesia: ACLS, PALS</td>
<td>Haupt</td>
<td>Flick</td>
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<td>Anesthesia: Perioperative pain control</td>
<td>Hussain, N</td>
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<td>OMSITE Review: Medicine, Anesthesia</td>
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<td>Dentoalveolar: Erupted, unerupted teeth</td>
<td>Momin</td>
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<td>Dentoalveolar: Dentoalveolar injuries</td>
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<td>Dentoalveolar: Preprosthetic surgery</td>
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<td>Stucki</td>
<td>Jamali</td>
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<td>Trauma: Mandibular injuries</td>
<td>Miloro</td>
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<tr>
<td>10/23/12</td>
<td>Trauma: Mid, upper face injuries</td>
<td>Weiskopf</td>
<td>Jamali</td>
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<td>Trauma: Soft tissue injuries</td>
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<td>TMJ: Muscle disorders</td>
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<td>TMJ: Internal derangements</td>
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<td>TMJ: Degenerative joint disease</td>
<td>Jamali</td>
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<td>02/12/13</td>
<td>TMJ: Joint and disc reconstruction</td>
<td>Miloro</td>
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<td>Hussain</td>
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<td>Reconstruction: Nonvascularized hard tissue grafts</td>
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<td>05/21/13</td>
<td>Implants: Biology, treatment planning</td>
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<td>05/28/13</td>
<td>Implants: Prosthetic considerations</td>
<td>Knoernschild</td>
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<td>OMSITE Review: Implants</td>
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**OSUR 513 Craniofacial Deformities Seminar**  
**Craniofacial Conference Schedule 2011**  
**University of Illinois at Chicago**  
**Department of Orthodontics/Oral and Maxillofacial Surgery**  
**Wednesdays 12:30 – 1:30 PM Ricketts Lecture Room (Orthodontics)**

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### Schedule

**Spring 2009**

Wed. 1:00-2:00p.m. Rm 330D
& Labs 2:00–5:00 Coll. Med. West

**ADVANCED CRANIOFACIAL ANATOMY**

Dr Thomas Laskars, B.S., M.S., D.D.S., course director, Rm 461M - CoD  
Off: 312-996-6040  tlaskars@uic.edu

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Topics</th>
<th>Lab</th>
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<tbody>
<tr>
<td>1) 7 January</td>
<td>Introduction to ANAT 544 Human Skull Design</td>
<td>Study the skull.</td>
</tr>
<tr>
<td>2) 14 January</td>
<td>Functional Anatomy of Facial Skeleton</td>
<td>Cranial Cavity &amp; Face I</td>
</tr>
<tr>
<td>3) 21 January</td>
<td>Designs of Skeletal Muscles: Facial Muscles</td>
<td>Face II</td>
</tr>
<tr>
<td>February 4</td>
<td>NO CLASS</td>
<td>Clinic &amp; Research Day</td>
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<tr>
<td>6) 18 February</td>
<td>CMJ II: Internal Derangements</td>
<td>Submandibular, Cheek; Temporal &amp; Infratemporal Fossae, TMJ</td>
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<tr>
<td>7) 25 February</td>
<td>Jaw Muscles and Jaw Movements</td>
<td>Deep Infra-temporal Fossa &amp; Submandibular Region</td>
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<tr>
<td>8) 4 March</td>
<td>Pharynx – Cross Roads of the Gut</td>
<td>Pharynx and Larynx</td>
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<tr>
<td>9) 11 March</td>
<td>Larynx in Swallowing: Laryngeal Folding Mechanism</td>
<td>Palate, Nasopharynx, Larynx</td>
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<tr>
<td>March 16 – March 22</td>
<td>NO CLASS</td>
<td>SPRING BREAK</td>
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<tr>
<td>10) 25 March</td>
<td>Trigeminal Nerve Pathways</td>
<td>Tongue and Oral Floor</td>
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<tr>
<td>11) 1 April</td>
<td>Eye-Jaw Connection: Orbit, Eye and Extraocular Muscles</td>
<td>Orbit and Contents</td>
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<tr>
<td>12) 8 April</td>
<td>Jaw-Ear Connection: Ear Ossicles were Fetal Jaw Joints</td>
<td>External, Middle, Inner Ears</td>
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<tr>
<td>13) 15 April</td>
<td>Oral Apparatus in Action: Videos of Chewing &amp; Swallowing</td>
<td>Finish dissections and study for lab exam.</td>
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<tr>
<td>14) 22 April</td>
<td>LABORATORY EXAM</td>
<td>2 p.m. in Anatomy Lab</td>
</tr>
<tr>
<td>15) 29 April</td>
<td>FINAL WRITTEN EXAM</td>
<td>Rm 330D 3-5 p.m.</td>
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</table>

6 Nov 08
Goals and objectives

Lecture series

The lecture series will be structured to provide the fundamental knowledge for the surgical approaches used by the maxillofacial surgeon for treatment of maxillofacial trauma, pathology, reconstruction and cosmetic surgery. The goals and objectives of the lectures are:

1. To review the pertinent anatomy of the face and neck as related to the surgical approaches to the **facial skeleton**
2. To review the pertinent anatomy of the orbit and supporting structures of the **eye and eyelids**
3. To review the pertinent anatomy of the nasal skeleton and supporting structures of the **nose**
4. To review all pertinent anatomy of the **salivary glands and facial nerve**
5. To review all pertinent anatomy of the **neck**
6. To review the pertinent anatomy of the **temporomandibular joint**
7. To review the pertinent anatomy of the **ear**
8. To review the pertinent anatomy of **local flaps** for reconstruction of defects of the oral cavity (buccal fat pad, tongue flaps, lip flaps, palatal flap)
9. To review the pertinent anatomy of **regional flaps** for reconstruction of defects of the oral cavity and head and neck
10. To review the pertinent anatomy for non vascularized bone graft harvest

Hands on dissection series

The lecture series will be followed by hands on dissection on fresh cadavers to provide the participant with the understanding of the detailed technical aspects of the procedures covered:

Incisions and access to be covered include:

1. All approaches to the facial skeleton for repair of **maxillofacial trauma**
   - Access to the mandible (submandibular approach, Risdon’s, retromandibular, access to the mandibular angle and condyle)
   - Access to the zygoma and zygomatic arch
   - Access to the orbit
   - Access to the nasal skeleton
   - Access to the frontal sinus and skull
   - Access to the maxilla

2. All approaches to the periorbital area soft tissue for cosmetic surgery
   - Access for blepharoplasty
   - Access for brow lift

3. All approaches to the nasal skeleton for
   - Dorsal hump reduction
   - Access to the nasal septum for correction
   - Closed rhinoplasty
   - Open rhinoplasty
   - Correction of open roof deformity
   - Correction of alar base
4. Approaches to the salivary glands for
   - Removal of the sublingual gland
   - Removal of the submandibular gland
   - Removal of the parotid
   - Identification of the lingual, marginal mandibular and facial nerves
   - Identification of the Warton’s and Stenson’s ducts

5. Approaches to the neck for
   - Airway access
     - Tracheostomy
     - Cricothyrotomy
   - Neck dissections

6. Approaches to the TM joint for soft tissue or bone surgery of the joint
   - Pre-auricular
   - Post-auricular
   - Endaural

7. Approaches to the ear for
   - Reconstruction
   - Graft harvesting

8. Techniques for
   - Buccal fat pad fat
   - Tongue flaps
   - Palatal flaps
   - Lower and upper lip reconstruction

9. Techniques for
   - Temporalis and temporoparietal flap
   - Platysma flap
   - SCM flap
   - Cervicofascia advancement flap
   - Pectoralis major flap
   - Sural nerve graft

10. Techniques for harvest bone from
    - Chin
    - Mandibular ramus
    - Iliac crest (anterior and posterior)
    - Tibia
    - Rib
OSUR 561
Physical Diagnosis Course 2010-2011
Mondays & Wednesdays, 3:00-5:00 pm
Oral Surgery Conference Room, UIC 112D
Fall Semester, 3 credit hours

Course Objectives: The education of residents in the methods of a complete medical history and comprehensive physical examination is an essential component of an oral and maxillofacial surgery residency program. This course is being provided by individuals who are privileged to perform history and physical examinations. Resident competency in physical diagnosis will be documented by these individuals. This instruction will be initiated early in the first year of the residency program to ensure that residents have the opportunity to apply this knowledge & training throughout the program on both adult and pediatric patients. The course will consist of formal lectures using audiotapes and videos as necessary to supplement the lectures. Following each lecture, ward rounds will be performed to examine patients clinically. The final examination will consist of an observed medical history and physical examination performed by the resident under supervision of the course faculty to document resident competence in physical diagnosis skills.

Course Faculty: UIC Internal Medicine Chief Residents
Dr. Christina Bratis, M.D.
Dr. Joey Sager, M.D.
Dr. George Nimeh, M.D.

Course Participants: 1st year Oral and Maxillofacial Surgery Residents
1st year General Practice Residency Residents

Locations: Patient Rounds: UICMC Wards
Lectures: Pilz Conference Room

Directions to Pilz Conference Room: 840 S Wood Street. Walk in the revolving doors. Go up the few stairs. Turn right at the Pharmacy. Go to the end of the hall and follow the hall to the left. Halfway down the hall is the Yellow Elevators on the right side. Go to 4th floor. Out of the elevator turn left & then to the right & walk past the Department of Internal Medicine Main Office. At the end of the hall, through the door on the right side is the Pilz Conference Room.
# Physical Diagnosis
## Course Schedule 2010-2011

### Course Schedule:
September, Mondays and Wednesdays, 3:00-5:00 pm

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, September 1, 2011</td>
<td>Medical History and Vital Signs</td>
</tr>
<tr>
<td></td>
<td>Ward Rounds</td>
</tr>
<tr>
<td>Wednesday, September 3, 2011</td>
<td>Head, Eyes, Ears, Nose, Throat</td>
</tr>
<tr>
<td></td>
<td>Ward Rounds</td>
</tr>
<tr>
<td>Monday, September 8, 2011</td>
<td>Heart and Cardiovascular System</td>
</tr>
<tr>
<td></td>
<td>Ward Rounds</td>
</tr>
<tr>
<td>Wednesday, September 10, 2011</td>
<td>Lungs and Pulmonary System</td>
</tr>
<tr>
<td></td>
<td>Ward Rounds</td>
</tr>
<tr>
<td>Monday, September 15, 2011</td>
<td>Abdomen</td>
</tr>
<tr>
<td></td>
<td>Ward Rounds</td>
</tr>
<tr>
<td>Wednesday, September 17, 2011</td>
<td>Musculoskeletal and Extremities</td>
</tr>
<tr>
<td></td>
<td>Ward Rounds</td>
</tr>
<tr>
<td>Monday, September 22, 2011</td>
<td>Neurologic</td>
</tr>
<tr>
<td></td>
<td>Ward Rounds</td>
</tr>
<tr>
<td>Wednesday, September 24, 2011</td>
<td>Male and Female GU Exam</td>
</tr>
<tr>
<td></td>
<td>Ward Rounds</td>
</tr>
<tr>
<td>Monday, September 29, 2011</td>
<td>Final Examination</td>
</tr>
</tbody>
</table>

### Required Materials
- Bates’ *Pocket Guide to Physical Examination and History Taking*
- Stethoscope
- Reflex Hammer
- Pen Light
Proposal for Oral and Maxillofacial Surgery

Resident Physical Exam Skills Simulations

Proposed dates:

Wed August 1 and 8 or Wed Aug 8 and 15

Time: Can be all day or just morning

First date:

Part One: General Physical Exam Workshop refresher: cardiac, lung, and vital signs

-Similar to workshops we do with students teaching them how to perform general lung exam, heart exam and vital signs. This is usually just technique and maneuver based to get them comfortable performing these exams on patients.

Part Two: Physiko Simulator Scenarios

-Using heart and lung based scenarios for residents to distinguish between different sounds and conditions in a patient case based setting using the Physiko simulator. We can tailor the scenarios to your needs or you can choose from the ones we have.

Second date:

Part One: Simulation

-Using high-fidelity mannequins, participants will perform a pre-surgery assessment on a 'patient' to determine whether to move forward with the surgery or postpone based on their findings. (Scenarios will be developed by your faculty with our staff assistance). Two or three scenarios will be used with each followed by a debriefing session.

Part Two: Hypothesis Driven Physical Exam experience using SPs

-Perform physical exam on patient based on general chief complaint (i.e. chest pain, shortness of breath etc.) trying to discern between two possible diagnosis based on pre encounter information combined with physical exam findings. We have a variety of complaints to choose from.
UNIVERSITY OF ILLINOIS AT CHICAGO - ESSENTIALS OF CLINICAL MEDICINE  
HEAD TO TOE PHYSICAL EXAMINATION 2011-2012

PRACTICAL INSTRUCTOR CHECKLIST  

Student Name: ___________________________ Exam Date: __________

PI Name: ___________________________ Exam Room: __________

SCORING KEY:  
A = Item performed satisfactorily "unprompted"  
B = Item performed unsatisfactorily "unprompted"  
C = Item Omitted  
D = Item performed satisfactorily "prompted"  
E = Item performed unsatisfactorily "prompted"

NOTE: Any items with * before the number, means it is an "automatic omit." If not performed by student, student is not to be prompted on this item.

A B C D E  *1 Wash hands with soap or hand sanitizer before starting examination. Note: If you do not do so, the patient will ask you to wash your hands. However, you will not receive credit for this item. Unless in an area like mouth, eyes, etc, allow student to touch you before prompting to wash hands (i.e., for BP)

VITAL SIGNS  


A B C D E  3. Hold up and support outstretched arm perpendicular to heart bilaterally while measuring blood pressure. For Credit: If neither arm is held to heart level, this item is an omit that is NOT prompted and recorded as a "C." If BP done bilaterally but one arm is at heart level, and the other is not, then this is recorded as a "B." Student receives credit if she attempts to lift upper arm.

A B C D E  4. Place cuff snugly in correct anatomical location on each arm. Pages 22-23  
Note: Credit will not be given if any part of the gown is tucked into the cuff. This must be done completely on skin. For Credit: You may assist student in raising sleeve on opposite side, if student attempts to raise sleeve on previous side.

A B C D E  5. Palpate radial pulse (thumb side of wrist) using fingertips for at least 15 seconds. Pages 18 & 19, Fig. 3-4. Note: Credit is only given if pulse is taken for a full 15 seconds.

For Credit: must be measured for a full 15 seconds. Student may place her hand on upper epigastic area and count respirations or may just observe.

HEAD AND SINUSES  

Step #1: Inspect the skull for its general size, shape and contours.  
Step #2: Note the hair texture and quantity.  
Step #3: Examine the scalp for skin lesions. Have patient bend her head slightly forward. Inspect the skin by parting the hair in several places with your fingers. Note scaliness, lumps, or other skin lesions.  
Step #4: Palpate the scalp. Use the palmar aspects of the fingertips. Feel front to back with short sweeping motions. Note lumps or tender areas.  
For Credit: Student receives credit if she makes some attempt to move your hair to inspect scalp and palpate your head.

A B C D E  8. Frontal Sinus - Palpate or percuss for tenderness above each eye. Pages 86, #2, Fig. 4-90.

A B C D E  9. Maxillary Sinus - Palpate or percuss for tenderness below each eye. Pages 82, #3, Fig. 4-91.
Course Objectives

The objective of this course is to provide 1st year Orthodontic and Oral and Maxillofacial Surgery residents with the information necessary to properly diagnose dentoskeletal maxillomandibular deformities, and to formulate a problem list and a prioritized treatment plan. At the completion of the course, the student should be able to analyze the diagnosis records of a candidate for orthognathic surgery, perform cephalometric surgery with STOs, Dolphin analysis and computerized predictions, dental model analysis and surgery, and formulate a treatment plan. In addition, various topics of interest to the Orthodontist and Oral and Maxillofacial Surgeon, including craniofacial deformities and surgical management, will be discussed.

Recommended Readings

Profitt. Contemporary Orthodontics.
Profitt, White. Surgical-Orthodontic Treatment.
Bell. Modern Practice in Orthognathic and Reconstructive Surgery.
Epker, Fish. Dentofacial Deformities.
Reyneke. Essentials of Orthognathic Surgery 2nd Ed.
Bell, Profitt, White. Surgical Correction of Dentofacial Deformities.

Date    Topic                        Lecturer
08/15/12 Welcome Breakfast          Depts of Ortho and OMS
08/22/12 Introduction to Orthognathics Miloro
08/29/12 Patient Assessment for Orthognathics Miloro
09/05/12 3D Planning for Orthognathic Surgery Miloro
09/12/12 AAOMS Annual Meeting        No Conference
09/19/12 Mandibular Surgery         Miloro
09/26/12 Maxillary Surgery          Jamali
10/03/12 Model Surgery, Splint Fabrication Stucki
10/10/12 Cephalometric Surgery, STO Weiskopf
10/17/12 Genioplasty Procedures     Jamali
10/24/12 Surgically-Assisted Maxillary Expansion Jamali
10/31/12 Cleft Lip and Palate        Jamali
11/07/12 Alveolar Bone Grafting      Jamali
11/14/12 Cleft Orthognathic Surgery Miloro
11/21/12 Hemifacial Microsomia       Miloro
11/28/12 Craniosynostosis            Jamali
12/05/12 Distraction Osteogenesis    Miloro
12/12/12 Orthognathic Surgery: Current Therapy Miloro
12/19/12 Final Examination           Miloro
Journal Club Guidelines

Types of Journal Clubs

1. Current Literature

   Recent articles of various subject matter chosen from a variety of the current journals (these are provided in “Selected OMS-Related Journals.”

2. Topical Journal Club

   A. Contemporary

      Current literature addressing a specific topic.

   B. “Classic”

      Important articles on a specific topic.

The main purpose of the journal club format is to provide the residents with training in critical review of the literature, specifically with regards to the specialty of Oral & Maxillofacial Surgery. The format for the journal club is provided in “Journal Club Guidelines.”

The UIC OMS Chief resident is responsible for choosing the type of journal club, and the articles for review, following a discussion with the Program Director. For a current literature or contemporary topical journal club, no more than 2-3 articles should be chosen. For the classic literature journal club, all pertinent articles should be chosen to be reviewed briefly during the journal club. Assignments for the specific resident who will be responsible for the review is the responsibility of the UIC Chief resident. Articles must be distributed to faculty and residents at least one week prior to the planned journal club. All residents must be prepared to discuss the articles even though they may not the primary reviewer.

University of Illinois
Department of Oral and Maxillofacial Surgery

Journal Club Schedule
2nd Thursday of each month
OMS Conference Room 112
4:30PM – 5:30PM

<table>
<thead>
<tr>
<th>DATE</th>
<th>TOPIC</th>
<th>ATTENDING/RESIDENT RESPONSIBLE FOR SELECTING ARTICLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/12/12</td>
<td>Medicine</td>
<td>Miloro/Stucki</td>
</tr>
<tr>
<td>8/9/12</td>
<td>Anesthesia</td>
<td>Flick/Weiskopf</td>
</tr>
<tr>
<td>9/13/12</td>
<td>Dentoalveolar</td>
<td>Flick/Hull</td>
</tr>
<tr>
<td>10/11/12</td>
<td>Trauma</td>
<td>Hussain/Collins</td>
</tr>
<tr>
<td>11/8/12</td>
<td>Trauma</td>
<td>Hussain/Stucki</td>
</tr>
<tr>
<td>12/13/12</td>
<td>Orthognathic</td>
<td>Miloro/Weiskopf</td>
</tr>
<tr>
<td>1/10/13</td>
<td>Cosmetic</td>
<td>Miloro/Hull</td>
</tr>
<tr>
<td>2/14/13</td>
<td>TMJ</td>
<td>Miloro/Collins</td>
</tr>
<tr>
<td>3/14/13</td>
<td>Pathology</td>
<td>Kolokythas/Stucki</td>
</tr>
<tr>
<td>4/11/13</td>
<td>Pathology</td>
<td>Kolokythas/Weiskopf</td>
</tr>
<tr>
<td>5/9/13</td>
<td>Reconstruction</td>
<td>Kolokythas/Hull</td>
</tr>
<tr>
<td>6/13/13</td>
<td>Implants</td>
<td>Miloro/Collins</td>
</tr>
</tbody>
</table>
University of Illinois  
Department of Oral and Maxillofacial Surgery  
**MORBIDITY and MORTALITY CONFERENCE**  

2nd Monday each month at Case Conference (for prior month’s M&M)  

OMS Conference Room 112  

4:30-5:00 pm

<table>
<thead>
<tr>
<th>Conference Date</th>
<th>Cases (Prior Month)</th>
<th>Presenters</th>
<th>Responsible Residents</th>
<th>Faculty</th>
</tr>
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<tbody>
<tr>
<td>7/9/12</td>
<td>June M&amp;M</td>
<td>All residents</td>
<td>Stucki</td>
<td>All</td>
</tr>
<tr>
<td>8/13/12</td>
<td>July M&amp;M</td>
<td>All residents</td>
<td>Weiskopf</td>
<td>All</td>
</tr>
<tr>
<td>9/10/12</td>
<td>August M&amp;M</td>
<td>All residents</td>
<td>Hull</td>
<td>All</td>
</tr>
<tr>
<td>10/8/12</td>
<td>September M&amp;M</td>
<td>All residents</td>
<td>Collins</td>
<td>All</td>
</tr>
<tr>
<td>11/12/12</td>
<td>October M&amp;M</td>
<td>All residents</td>
<td>Stucki</td>
<td>All</td>
</tr>
<tr>
<td>12/10/12</td>
<td>November M&amp;M</td>
<td>All residents</td>
<td>Weiskopf</td>
<td>All</td>
</tr>
<tr>
<td>1/14/13</td>
<td>December M&amp;M</td>
<td>All residents</td>
<td>Hull</td>
<td>All</td>
</tr>
<tr>
<td>2/11/13</td>
<td>January M&amp;M</td>
<td>All residents</td>
<td>Collins</td>
<td>All</td>
</tr>
<tr>
<td>3/11/13</td>
<td>February M&amp;M</td>
<td>All residents</td>
<td>Stucki</td>
<td>All</td>
</tr>
<tr>
<td>4/8/13</td>
<td>March M&amp;M</td>
<td>All residents</td>
<td>Weiskopf</td>
<td>All</td>
</tr>
<tr>
<td>5/13/13</td>
<td>April M&amp;M</td>
<td>All residents</td>
<td>Hull</td>
<td>All</td>
</tr>
<tr>
<td>6/10/13</td>
<td>May M&amp;M</td>
<td>All residents</td>
<td>Collins</td>
<td>All</td>
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</table>
### OSUR 614
Clinical Pathology Conference
2010-2011, Fall, Spring Semesters, 2 credit hours
Oral Pathology Seminars
Tuesdays, 12:30-1:30 pm
Oral Surgery Conference Room

#### 2010

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 15</td>
<td>5:30 pm</td>
<td>Inflammatory, immune disorders</td>
<td>Gordon</td>
</tr>
<tr>
<td>Aug 15</td>
<td></td>
<td>No seminar</td>
<td></td>
</tr>
<tr>
<td>Sept 9</td>
<td>12:30 pm</td>
<td>CPC/Diagnostic process</td>
<td>Gordon</td>
</tr>
<tr>
<td>Sept 16</td>
<td>5:30 pm</td>
<td>Vesiculo-bullous lesions</td>
<td>Gordon</td>
</tr>
<tr>
<td>Sept 23</td>
<td>12:30 pm</td>
<td>CPC/Diagnostic process</td>
<td>Gordon</td>
</tr>
<tr>
<td>Oct 7</td>
<td>12:30 pm</td>
<td>Diagnostic adjuncts</td>
<td>Epstein</td>
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<tr>
<td>Oct 21</td>
<td>12:30 pm</td>
<td>CPC/Developmental</td>
<td>Gordon</td>
</tr>
<tr>
<td>Oct 21</td>
<td>5:30 pm</td>
<td>Salivary gland disorders</td>
<td>Gordon</td>
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<tr>
<td>Nov 4</td>
<td>12:30 pm</td>
<td>Oral complications of cancer I</td>
<td>Epstein</td>
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<tr>
<td>Nov 18</td>
<td>12:30 pm</td>
<td>Oral complications of cancer II</td>
<td>Epstein</td>
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<tr>
<td>Nov 18</td>
<td>5:30 pm</td>
<td>Oral and maxillofacial cysts</td>
<td>Gordon</td>
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<tr>
<td>Nov 25</td>
<td>12:30 pm</td>
<td>Diagnostic aids in oral cancer</td>
<td>Epstein</td>
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<tr>
<td>Dec 2</td>
<td>12:30 pm</td>
<td>CPC/Allergic-Immunologic</td>
<td>Gordon</td>
</tr>
<tr>
<td>Dec 16</td>
<td>12:30 pm</td>
<td>CPC/Metabolic</td>
<td>Gordon</td>
</tr>
<tr>
<td>Dec 16</td>
<td>5:30 pm</td>
<td>CPC</td>
<td>Gordon</td>
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#### 2011

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<tbody>
<tr>
<td>Jan 6</td>
<td>12:30 pm</td>
<td>CPC/Viral</td>
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</tr>
<tr>
<td>Jan 20</td>
<td>12:30 pm</td>
<td>CPC/Viral</td>
<td>Gordon</td>
</tr>
<tr>
<td>Jan 20</td>
<td>5:30 pm</td>
<td>Odontogenic tumors</td>
<td>Gordon</td>
</tr>
<tr>
<td>Feb 3</td>
<td>12:30 pm</td>
<td>CPC/Bacterial infections</td>
<td>Gordon</td>
</tr>
<tr>
<td>Feb 10</td>
<td>12:30 pm</td>
<td>CPC/Bacterial infections</td>
<td>Gordon</td>
</tr>
<tr>
<td>Feb 17</td>
<td>5:30 pm</td>
<td>Osseous lesions</td>
<td>Gordon</td>
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<tr>
<td>Feb 24</td>
<td>12:30 pm</td>
<td>CPC/Fungal</td>
<td>Gordon</td>
</tr>
<tr>
<td>Mar 10</td>
<td>12:30 pm</td>
<td>CPC/Environmental</td>
<td>Gordon</td>
</tr>
<tr>
<td>Mar 17</td>
<td>5:30 pm</td>
<td>Epithelial tumors (benign, malignant)</td>
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</tr>
<tr>
<td>Mar 31</td>
<td>5:30 pm</td>
<td>CPC/Epithelial neoplasms</td>
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<tr>
<td>Apr 7</td>
<td>12:30 pm</td>
<td>CPC/Epithelial neoplasms</td>
<td>Gordon</td>
</tr>
<tr>
<td>Apr 21</td>
<td>5:30 pm</td>
<td>Soft tissue tumors (benign, malignant)</td>
<td>Gordon</td>
</tr>
<tr>
<td>Apr 28</td>
<td>12:30 pm</td>
<td>CPC/Salivary neoplasms</td>
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<tr>
<td>May 5</td>
<td>12:30 pm</td>
<td>CPC/Salivary gland disease</td>
<td>Gordon</td>
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<tr>
<td>May 19</td>
<td>12:30 pm</td>
<td>CPC/Hard tissue lesions</td>
<td>Gordon</td>
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<tr>
<td>May 19</td>
<td>5:30 pm</td>
<td>CPC</td>
<td>Gordon</td>
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<td>June 2</td>
<td>12:30 pm</td>
<td>CPC/Odontogenic lesions</td>
<td>Gordon</td>
</tr>
<tr>
<td>June 16</td>
<td>12:30 pm</td>
<td>CPC/Sinus neoplasms</td>
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<td>June 30</td>
<td>12:30 pm</td>
<td>CPC/Hematologic neoplasms</td>
<td>Gordon</td>
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OSUR 619
INTERDISCIPLINARY IMPLANT SEMINAR
2011-2012, Summer, Fall, Spring Semesters, 3 credit hours
Departments of Oral Surgery, Prosthodontics, and Periodontics
Friday mornings, 7:30-8:30 am
Room 501

Faculty:
Dr. Michael Miloro, Oral and Maxillofacial Surgery, mmiloro@uic.edu
Dr. Kent Knoernschild, Prosthodontics, kentk@uic.edu
Dr. Saba Khan, Periodontics, skhan@uic.edu
Dr. Lee Jameson, Prosthodontics

Begins Fall Semester Each Year
Presentation Rotation: Periodontics, Prosthodontics, Oral Surgery
Case Presentations and Topics in Implant Dentistry

August 15, 2011  Periodontics
August 22, 2011  Prosthodontics
August 29, 2011  Oral Surgery

Continue rotation, Perio, Prosth, OMFS
No morbidities or mortalities this month

Patient Name (initials) _____________________________________________

Age________

Medical Record Number ___________________________________________

Facility _________________________________________________________

Date of Surgery _________________________________________________

Surgeon(s) _____________________________________________________

Diagnosis _______________________________________________________

Procedure ______________________________________________________

Complication ____________________________________________________

Type of Error (e.g. surgeon error, patient disease, misdiagnosis, etc)

_______________________________________________________________

Action Taken/Plan _______________________________________________

Patient Outcome ________________________________________________
### Table of Contents

**301. House Officer Teaching Skills**
- Resident - Student Interactions

**302. Medical-Legal Issues**
- Charting: Fundamentals
- How to Give a Good Deposition
- When a Claim is Assumed against you: Does a Doctor
- The Anatomy of a Medical Malpractice Lawsuit
- Statute of Limitations
- Medical Institutions
- Natural Worker's Compensation
- TENS
- Physician Responsibility: Elder Abuse
- 

**303. Professionalism**
- Introduction
- Competence of Professionalism
- Abuse of Power
- Arrogance
- Grief
- Resignation
- Conflict of Interest

**304. Strategies Authentic Physician-Patient Communication**
- Introduction
- Historical Concepts
- The Hippocratic Oath and Modern Medicine
- Biological Revolution
- Preventive Medicine
- Palliative Care
- Patient-Centered Model
- Social Stigma and Affect
- Context
- Overview
- Patient's Storytelling
- Patient's Experience
- Patients' Expectations
- Understanding Patients
- Patient-Physician Foundations

**305. Healthcare Economics**
- Physician Organizations
- Structure of HMOs
- Functions of HMOs
- How to Sell Consumer Costs
- Physician Hospital Organizations
- Structure of FBOs
- Function of FBOs
- How to Meet Clinical Continuity Of Care

**306. Introduction to Health Insurance**
- Introduction to Health Insurance
- Impact on Physicians
- Preventive Medicine
- Relationship to the Patient
- Importance of Preventive Medicine
- Physician's Role in Preventive Medicine

**307. Financial Planning**
- Introduction
- Investment Strategies
- Principles of Investment
- Analysis
- Retirement Planning
- Introduction
- Planning and Profit Sharing Plans
- Individual Retirement Accounts
- Group Health Plans
- Self-Employed
- Small Business
- Medicare
- Medicaid
- Health Maintenance Organizations
- Managed Care Organizations
- The Role of the Physician in Managed Care
- The Role of the Physician in Health Maintenance Organizations
- The Role of the Physician in Managed Care Organizations
- The Role of the Physician in Health Maintenance Organizations

**308. Introduction to Health Insurance**
- Introduction to Health Insurance
- Impact on Physicians
- Preventive Medicine
- Relationship to the Patient
- Importance of Preventive Medicine
- Physician's Role in Preventive Medicine

**309. The Economics of Healthcare**
- Introduction to Health Insurance
- Impact on Physicians
- Preventive Medicine
- Relationship to the Patient
- Importance of Preventive Medicine
- Physician's Role in Preventive Medicine

**310. The Economics of Healthcare**
- Introduction to Health Insurance
- Impact on Physicians
- Preventive Medicine
- Relationship to the Patient
- Importance of Preventive Medicine
- Physician's Role in Preventive Medicine

**311. The Economics of Healthcare**
- Introduction to Health Insurance
- Impact on Physicians
- Preventive Medicine
- Relationship to the Patient
- Importance of Preventive Medicine
- Physician's Role in Preventive Medicine

**312. Quality of Care, EBM & Outcomes**
- Introduction
- How to Find the Evidence
- How to Evaluate the Evidence
- What Is Quality Care?
- Why Is It Important?
- How Is It Measured?
- How Does It Impact Healthcare?

**313. Quality of Care, EBM & Outcomes**
- Introduction
- How to Find the Evidence
- How to Evaluate the Evidence
- What Is Quality Care?
- Why Is It Important?
- How Is It Measured?
- How Does It Impact Healthcare?

**314. Quality of Care, EBM & Outcomes**
- Introduction
- How to Find the Evidence
- How to Evaluate the Evidence
- What Is Quality Care?
- Why Is It Important?
- How Is It Measured?
- How Does It Impact Healthcare?
# Department of Oral and Maxillofacial Surgery
## Course/Conference/Seminar Attendance Record
### 2012-2013

<table>
<thead>
<tr>
<th>RESIDENTS</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Ryan Colletta</td>
<td></td>
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<tr>
<td>Dr. Edward Collins</td>
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<tr>
<td>Dr. Phil Ruckman</td>
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<tr>
<td>Dr. Dustin Haupt</td>
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<tr>
<td>Dr. William Hull</td>
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<tr>
<td>Dr. Matthew McKnight</td>
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<tr>
<td>Dr. Mohmed Vasim Momin</td>
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<tr>
<td>Dr. Grant Stucki</td>
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<td>Dr. Scott Weiskopf</td>
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<tr>
<td>Dr. Lauren Mell</td>
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<tr>
<td>Dr. Anastasia Katsilometres</td>
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<tr>
<td>Dr. Samuel Schmidt</td>
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<tr>
<td>Dr. David Salomon</td>
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<table>
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<tr>
<td>Dr. William T. Evans</td>
<td></td>
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<tr>
<td>Dr. William Flick</td>
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<tr>
<td>Dr. Louis Halkias</td>
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<tr>
<td>Dr. Raza Hussain</td>
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<tr>
<td>Dr. Jason Jamali</td>
<td></td>
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<tr>
<td>Dr. Antonia Kolokythas</td>
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<tr>
<td>Dr. Michael Miloro</td>
<td></td>
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<tr>
<td>Dr. Michelle Pashley</td>
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<tr>
<td>Dr. Ira Satinover</td>
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<tr>
<td>Dr. Thomas Skiba</td>
<td></td>
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<tr>
<td>Dr. Kevin Haddle</td>
<td></td>
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<tr>
<td>Dr. Alexis Olsson</td>
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<th>GUESTS</th>
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<table>
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<th>EXTERNs</th>
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</table>
Appendix R – Attach as Appendix R a schedule of off-service assignments. (Use Exhibit 9.)
Exhibit 9

Off-Service Assignments

Please complete the form below to provide information about students’/residents’ off-service assignments.

<table>
<thead>
<tr>
<th>NAME OF SERVICE</th>
<th>YEAR ASSIGNED</th>
<th>LENGTH OF ASSIGNMENT</th>
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</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td>2</td>
<td>6 months</td>
</tr>
<tr>
<td>Medicine</td>
<td>1</td>
<td>2 months</td>
</tr>
<tr>
<td>General Surgery</td>
<td>2</td>
<td>4 months</td>
</tr>
<tr>
<td>Surgical Subspecialties (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Surgery</td>
<td>2</td>
<td>2 months</td>
</tr>
<tr>
<td>Pathology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Laboratories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each assignment listed above, attach a sheet providing the following information: (label Exhibit 9.1, 9.2, etc.)

a. objectives of assignment;

b. duties of students/residents when on assignment, including all on-call responsibilities;

c. training received on assignment;

d. indicate whether students/residents are required to participate in the seminars, lectures and conferences conducted by these services;

e. faculty member responsible for off-service rotation;

f. how training and supervision of students/residents is evaluated.
Exhibit 9.1
Anesthesia

a. objectives of assignment;

At the completion of the Oral and Maxillofacial Surgery resident’s rotation on the Anesthesiology Service, that resident should be able to demonstrate the following:

1. The ability to evaluate a patient and properly determine the degree of anesthetic risk (ASA physical status).
2. Demonstrate a practical knowledge of the anatomy and physiology of the respiratory and nervous systems and their response to the pharmacologic agents used in anesthesia and pain control.
3. Practical skill in the administration of general & regional anesthetics & related drugs.
4. Be able to set up and check the anesthetic equipment and medications.
5. Skill in acquiring an airway for the administration of general anesthetic (e.g. positional, airways, mask, intubation, both oral and nasal endotracheal).
6. Manage sedated patients and the airway in the unconscious patient.
7. The ability to properly monitor and maintain adequate respiration and circulation under a general anesthetic.
8. Thorough knowledge and skill in the proper management of emergencies associated with the administration of anesthesia, such as CPR, establishment of an emergency airway, management of shock, blood transfusion reactions, fluid and electrolyte imbalance, etc.
9. The ability to properly evaluate the post anesthetic patient and treat complications that may arise during that period.
10. All residents must obtain BLS and ACLS certification as early in their first year as possible. All residents must obtain PALS certification by the end of their third year.

b. duties of students/residents when on assignment, including all on-call responsibilities;

1. The resident will attend and participate in all pertinent meetings, conferences, rounds, and on call responsibilities while on the Anesthesiology Service.
2. The resident will function at the level of a PGY-1 Anesthesiology resident, not a medical student, and be given responsibilities for patient care at the same level as such a resident.
3. The resident will be committed to the Anesthesiology Service during the rotation period.
4. Upon completion of the rotation, the resident will provide the Oral and Maxillofacial Surgery Program Director with a written evaluation of his/her experiences while on the Anesthesiology Service.

c. training received on assignment;

The Oral and Maxillofacial Surgery resident will receive training commensurate with the goals and objectives as stated above.

d. indicate whether students/residents are required to participate in the seminars, lectures and conferences conducted by these services;

The OMFS resident will be required to participate in all seminars, lectures, and conferences conducted by this service. The OMFS resident will have no obligations to the OMFS service during this rotation.

e. faculty member responsible for off-service rotation;

Dr. Bud Pygon, Head, Department of Anesthesiology, University of Illinois at Chicago Medical Center.

f. how training and supervision of students/residents is evaluated.

Upon completion of the rotation, the resident will provide Dr. Pygon and the Anesthesiology staff with a Departmental Resident Evaluation Form. This form is to be completed by Dr. Pygon and staff and submitted to the OMFS Program Director.
Exhibit 9.2
Medicine

a. objectives of assignment;

At the completion of the Oral and Maxillofacial Surgery resident’s rotation on the Medicine Service, that resident should be able to demonstrate the following:

1. The ability to perform a comprehensive history and physical examination. This skill should be demonstrated at the level of competence of a PGY-1 medical resident.
2. The ability to properly evaluate and maintain a hospital medical record.
3. The ability to properly request and evaluate consultations from other hospital services.
4. The ability to manage fluid & electrolyte requirements in patients with medical problems.
5. A basic understanding of the more common therapeutic agents employed in the management of medical patients, with emphasis on the possibility of drug interactions and influence of specific drug therapy in the consideration of surgical procedures.
6. The ability to evaluate physical findings, history, laboratory studies, and consultations, and to recognize the presence of systemic disease.
7. The ability to recognize medical emergencies, render emergency care and expeditiously refer such emergencies for definitive treatment.

b. duties of students/residents when on assignment, including all on-call responsibilities;

1. The resident will attend and participate in all pertinent meetings, conferences, rounds, and night call responsibilities while on the Medicine Service.
2. The resident will function at the level of a PGY-1 Medicine resident, not a medical student, and be given responsibilities for patient care at the same level as such a resident.
3. The resident will be totally committed to the Medicine Service during the rotation period.
4. Upon completion of the rotation, the resident will provide the Oral and Maxillofacial Surgery Program Director with a written evaluation of his/her experiences while on the Medicine Service.

c. training received on assignment;

The Oral and Maxillofacial Surgery resident will receive training commensurate with the goals and objectives as stated above.

d. indicate whether students/residents are required to participate in the seminars, lectures and conferences conducted by these services;

The OMFS resident will be required to participate in all seminars, lectures, and conferences conducted by this service. The OMFS resident will have no obligations to the OMFS service during this rotation.

e. faculty member responsible for off-service rotation;

Dr. Jeffrey Ryan, Department of Medicine, Jesse Brown VA Hospital.

f. how training and supervision of students/residents is evaluated.

Upon completion of the rotation, the resident will provide Dr. Ryan with a Departmental Resident Evaluation Form. This form is to be completed by Dr. Ryan and the Internal Medicine staff and submitted to the OMFS Program Director.
Exhibit 9.3
General Surgery

a. objectives of assignment;

At the completion of the Oral and Maxillofacial Surgery resident’s rotation on the General Surgery Service, that resident should be able to demonstrate the following:

1. A comprehensive working knowledge of the general principles of surgery, surgical anatomy, and the various aspects of the management of the surgical patient.
2. Skill in aseptic procedures and proper operating room protocols.
3. Technical skill in the appropriate handling of tissues, suturing, etc.
4. Skill in the management of problems in hemostasis through physical control in the operating room and indirect control by manipulation of the coagulation system by medications.
5. Skill in the management of surgical wounds and the infections thereof.
6. The ability to evaluate physical findings, history, laboratory studies, and consultations, and determine surgical risk on these bases and the added stress of the particular surgical procedure.
7. An understanding of the metabolic response to surgery on wound healing and the development of skill in the nutritional management of the surgical patient.
8. The ability to select the appropriate anesthetic technique for a specific surgical procedure, accounting for the modifiers of the underlying illness and the emotional state of the patient.
9. Skill in the direct management of water balance, hypovolemia, and electrolyte imbalance as these problems effect the surgical patient, pre- and post-operatively.
10. Skill in the postoperative management of the surgical patient.

b. duties of students/residents when on assignment, including all on-call responsibilities;

1. The resident will attend and participate in all pertinent meetings, conferences, rounds, and night call responsibilities while on the General Surgery Service.
2. The resident will function at the level of a PGY-1 General Surgery resident, not a medical student, and be given responsibilities for patient care at the same level as such a resident.
3. The resident will be totally committed to the General Surgery Service during the rotation period.
4. Upon completion of the rotation, the resident will provide the Oral and Maxillofacial Surgery Program Director with a written evaluation of his/her experiences while on the General Surgery Service.

c. training received on assignment;

The Oral and Maxillofacial Surgery resident will receive training commensurate with the goals and objectives as stated above.

d. indicate whether students/residents are required to participate in the seminars, lectures and conferences conducted by these services;

The OMFS resident will be required to participate in all seminars, lectures, and conferences conducted by this service. The OMFS resident will have no obligations to the OMFS service during this rotation.

e. faculty member responsible for off-service rotation;

Dr. Martin Borhani, Program Director, Department of Surgery, University of Illinois at Chicago Medical Center.

f. how training and supervision of students/residents is evaluated.

Upon completion of the rotation, the resident will provide Dr. Borhani with a Departmental Resident Evaluation Form. This form is to be completed by Dr. Borhani and staff and submitted to the Program Director.
Exhibit 9.4
Trauma Surgery

a. objectives of assignment;

At the completion of the Oral and Maxillofacial Surgery resident’s rotation on the Trauma Surgery Service, that resident should be able to demonstrate the following:

1. A working understanding of the concepts and principles of primary and secondary patient assessment in the trauma situation.
2. The ability to evaluate physical findings, history, laboratory studies and consultations, and establish management priorities in the trauma patient.
3. The ability to recognize different types of shock and demonstrate skill in the direct management of fluid imbalance, hypovolemia, and electrolyte imbalances in the resuscitation of the trauma patient.
4. Knowledge of primary and secondary management necessary within the first hour of emergency care for acute life-threatening emergencies.
5. Skill in the evaluation of head trauma, thoracic trauma, abdominal trauma, spinal trauma, and extremity trauma using appropriate physical examination and diagnostic tests.
6. Technical skill in the placement of advanced venous and arterial monitoring and infusion catheters, and the ability to interpret recorded data, laboratory values, and blood gases.
7. An understanding of the metabolic response to trauma on wound healing and the development of skill in the nutritional management of the trauma patient.
8. An understanding of the therapeutic agents employed in the management of acute and chronic medical diseases in the trauma patient and their use in treating these medical problems in the trauma situation.
9. An understanding of the appropriate selection of blood products, their administration, and possible risks of their administration.

b. duties of students/residents when on assignment, including all on-call responsibilities;

1. The resident will attend and participate in all pertinent meetings, conferences, rounds, and night call responsibilities while on the Trauma Service.
2. The resident will function at the level of a PGY-1 General Surgery resident, not a medical student, and be given responsibilities for patient care at the same level as such a resident.
3. The resident will be totally committed to the Trauma Service during the rotation period.
4. Upon completion of the rotation, the resident will provide the Oral and Maxillofacial Surgery Program Director with a written evaluation of his/her experiences while on the Trauma Service.

c. training received on assignment;

The Oral and Maxillofacial Surgery resident will receive training commensurate with the goals and objectives as stated above.

d. indicate whether students/residents are required to participate in the seminars, lectures and conferences conducted by these services;

The OMFS resident will be required to participate in all seminars, lectures, and conferences conducted by this service. The OMFS resident will have no obligations to the OMFS service during this rotation.

e. faculty member responsible for off-service rotation;

Dr. Martin Borhani, Department of Surgery, University of Illinois Medical Center.

f. how training and supervision of students/residents is evaluated.

Upon completion of the rotation, the resident will provide Dr. Borhani with a Departmental Resident Evaluation Form. This form is to be completed by Dr. Borhani and staff and submitted to the OMFS Program Director.
Appendix S – Attach as Appendix S information regarding Admissions. (Use Exhibit 10.)
### Exhibit 10

#### Admissions

Provide the following information about the primary and affiliated hospitals:

<table>
<thead>
<tr>
<th></th>
<th>Primary Hospital</th>
<th>Affiliated Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of hospital beds</td>
<td>450</td>
<td>250</td>
</tr>
<tr>
<td>b. Number of beds assigned to oral surgery section</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>c. Number of elective operating half-days per week Assigned to oral and maxillofacial surgery section</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Provide the most recent 12-month statistics for the following at the primary hospital and at affiliated hospitals, if applicable:

- a. Number of OMS patients admitted: 271
- b. Number of adults admitted: 243
- c. Number of children admitted: 28

Indicate the 12-month time period (by month and year) these statistics reflect: 01/01/11 to 12/31/11
Appendix T – Attach as Appendix T information regarding Clinical training. (Use Exhibit 11.)
Exhibits

11.1 Physical Diagnosis

11.2 Clinical OMFS

11.3 Outpatient OMFS

11.4 Ambulatory General Anesthesia and Deep Sedation

11.5 Admissions

11.6 Major Surgery-Trauma

11.7 Major Surgery-Pathology

11.8 Major Surgery-Orthognathic

11.9 Major Surgery-Reconstructive

11.10 Major Surgery-Emergency Care/ATLS

11.11 Medical Records

11.12 Practice and Risk Management
Exhibit 11.1

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/students/residents? Yes x No
b. predoctoral medical students/residents? x Yes ______ No

If YES, describe how this instruction is modified for the advanced education program.

The course in Physical Diagnosis takes place during the Fall term of the PGY1 year of training, is taught by the Internal Medicine faculty, so that the knowledge and skills may be employed during the course of the OMFS residency program. In 2012 we have added the Simulation Technologies workshop to standardize the history and physical examination skills.

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards 4-6 through 4-20 (or Grid Elements 13, 26-28, and 33-39).

Clinical Area: Physical Diagnosis Year Offered: 1

Indicate how instruction is provided in this subject area:

x Dental department seminar, conference, lecture program

x Formal course --- Title: Physical Diagnosis, Simulation Lab

Other (specify): No formal instruction is provided.

Total hours of instruction: 40

What is the level of knowledge (i.e., in-depth, understanding, familiarity) in-depth
What is the level of skill (i.e., competency, proficiency, exposed) competency

Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

The scope of training and the effectiveness of this instruction method is adequate to provide the required student/resident clinical experiences in this subject area.
Exhibit 11.2

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/students/residents? Yes x No

b. predoctoral medical students/residents? x Yes ________ No

If YES, describe how this instruction is modified for the advanced education program.

The clinical experience in OMFS occurs throughout the Advanced Education training program and includes both inpatient and outpatient care of the patient undergoing major and minor OMFS surgical procedures, under various forms of anesthesia, in both adult and pediatric patients.

- Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards 4-6 through 4-20 (or Grid Elements 13, 26-28, and 33-39).

Clinical Area: Clinical Oral and Maxillofacial Surgery Year Offered: 1,2,3,4

- Indicate how instruction is provided in this subject area:
  - x Dental department seminar, conference, lecture program
  - x Formal course --- Title: OMFS Grand Rounds, OMFS Clinic
  - ________ Other (specify): __________________________
  - ________ No formal instruction is provided.

- Total hours of instruction: 40
- What is the level of knowledge (i.e., in-depth, understanding, familiarity) in-depth
- What is the level of skill (i.e., competency, proficiency, exposed) competency

Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

The scope of training and the effectiveness of this instruction method is adequate to provide the required student/resident clinical experiences in this subject area.
Exhibit 11.3

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/students/residents? Yes x No

b. predoctoral medical students/residents? x Yes No

If YES, describe how this instruction is modified for the advanced education program.

The outpatient experience in OMFS occurs throughout the course of the OMFS residency program.

•

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards 4-6 through 4-20 (or Grid Elements 13, 26-28, and 33-39).

Clinical Area: Outpatient OMFS Year Offered: 1,2,3,4

• Indicate how instruction is provided in this subject area:

x Dental department seminar, conference, lecture program

Formal course --- Title: OMFS Resident Case Conference

Off-service rotation to:

Other (specify): No formal instruction is provided.

• Total hours of instruction: 400

• What is the level of knowledge (i.e., in-depth, understanding, familiarity) in-depth

• What is the level of skill (i.e., competency, proficiency, exposed) competency

Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

The scope of training and the effectiveness of this instruction method is adequate to provide the required student/resident clinical experiences in this subject area.
Exhibit 11.4

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/students/residents? Yes x No

b. predoctoral medical students/residents? x Yes ______ No

If YES, describe how this instruction is modified for the advanced education program.

The experience in Ambulatory General Anesthesia and Deep Sedation occurs throughout the course of the OMFS residency program, on adult and pediatric patients, and it is supplemented with formal courses in Anesthesia and Pharmacology, as well as the Anesthesia 4 month formal rotation.

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards 4-6 through 4-20 (or Grid Elements 13, 26-28, and 33-39).

---

Clinical Area: Ambulatory General Anesthesia and Deep Sedation

Year Offered: 1,2,3,4

• Indicate how instruction is provided in this subject area:

x Dental department seminar, conference, lecture program

x Formal course --- Title: OMFS Grand Rounds, Pharmacology

x Off-service rotation to: Anesthesia-6 months

______ Other (specify): ________

______ No formal instruction is provided.

• Total hours of instruction: 300

• What is the level of knowledge (i.e., in-depth, understanding, familiarity) in-depth

• What is the level of skill (i.e., competency, proficiency, exposed) competency

Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

The scope of training and the effectiveness of this instruction method is adequate to provide the required student/resident clinical experiences in this subject area.
Exhibit 11.5

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/students/residents? Yes x No
b. predoctoral medical students/residents? x Yes _____ No

If YES, describe how this instruction is modified for the advanced education program.

The student/resident experience in Admissions occurs during the course of the OMFS residency program, beginning with an orientation course at the beginning of the program, followed by instruction from residents and faculty.

•

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards 4-6 through 4-20 (or Grid Elements 13, 26-28, and 33-39).

Clinical Area: Admissions Year Offered: 1,2,3,4

• Indicate how instruction is provided in this subject area:

x Dental department seminar, conference, lecture program
x Formal course --- Title: Resident Orientation, GME

_____ Off-service rotation to:

_____ Other (specify):

_____ No formal instruction is provided.

• Total hours of instruction: 20

• What is the level of knowledge (i.e., in-depth, understanding, familiarity) in-depth
• What is the level of skill (i.e., competency, proficiency, exposed) competency

Assess the scope and effectiveness of the students'/residents’ clinical experiences in this area.

The scope of training and the effectiveness of this instruction method is adequate to provide the required student/resident clinical experiences in this subject area.
Exhibit 11.6

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/students/residents? Yes x No
b. predoctoral medical students/residents? x Yes _____ No

If YES, describe how this instruction is modified for the advanced education program.

The experience in Major Surgery-Trauma occurs throughout the course of the OMFS residency program. The Trauma experience is supplemented with a formal rotation to the Trauma Service.

• Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards 4-6 through 4-20 (or Grid Elements 13, 26-28, and 33-39).

Clinical Area: _____ Major Surgery-Trauma _____ Year Offered: 1,2,3,4

• Indicate how instruction is provided in this subject area:

  x Dental department seminar, conference, lecture program
  x Formal course --- Title: OMFS Grand Rounds
  x Off-service rotation to: Trauma Surgery

  Other (specify): Clinical OMFS
  _____ No formal instruction is provided.

• Total hours of instruction: 40
• What is the level of knowledge (i.e., in-depth, understanding, familiarity) in-depth
• What is the level of skill (i.e., competency, proficiency, exposed) competency

Assess the scope and effectiveness of the students'/residents’ clinical experiences in this area.

The scope of training and the effectiveness of this instruction method is adequate to provide the required student/resident clinical experiences in this subject area.
Exhibit 11.7

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/students/residents? Yes x No
b. predoctoral medical students/residents? x Yes ________ No

If YES, describe how this instruction is modified for the advanced education program.

The experience in Major Surgery-Pathology occurs throughout the course of the OMFS residency program. The Pathology experience is supplemented with a formal course to in Oral Pathology with Clinico-Pathologic Correlations.

•

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards 4-6 through 4-20 (or Grid Elements 13, 26-28, and 33-39).

Clinical Area: Major Surgery-Pathology Year Offered: 1,2,3,4

• Indicate how instruction is provided in this subject area:

  x Dental department seminar, conference, lecture program
  x Formal course --- Title: OMFS Grand Rounds, Oral Pathology-CPC
  ________ Off-service rotation to: Clinical OMFS
  ________ Other (specify): 

  ________ No formal instruction is provided.

• Total hours of instruction: 40
• What is the level of knowledge (i.e., in-depth, understanding, familiarity) in-depth
• What is the level of skill (i.e., competency, proficiency, exposed) competency

Assess the scope and effectiveness of the students'/residents’ clinical experiences in this area.

The scope of training and the effectiveness of this instruction method is adequate to provide the required student/resident clinical experiences in this subject area.
Exhibit 11.8

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/students/residents? Yes x No
b. predoctoral medical students/residents? x Yes No

If YES, describe how this instruction is modified for the advanced education program.

The experience in Major Surgery-Orthognathic occurs throughout the course of the OMFS residency program. The Orthognathic experience is supplemented with formal courses with the Orthodontic Department.

•

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards 4-6 through 4-20 (or Grid Elements 13, 26-28, and 33-39).

Clinical Area: Major Surgery-Orthognathic Year Offered: 1,2,3,4

• Indicate how instruction is provided in this subject area:

x Dental department seminar, conference, lecture program
x Formal course --- Title: OMFS Grand Rounds, Craniofacial Deformities Conference, Orthognathic Treatment Planning Conference.

_____ Off-service rotation to:

_____ Other (specify): Clinical OMFS

_____ No formal instruction is provided.

• Total hours of instruction: 40

• What is the level of knowledge (i.e., in-depth, understanding, familiarity) in-depth

• What is the level of skill (i.e., competency, proficiency, exposed) competency

Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

The scope of training and the effectiveness of this instruction method is adequate to provide the required student/resident clinical experiences in this subject area.
Exhibit 11.9

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/students/residents? Yes x No
b. predoctoral medical students/residents? x Yes _____ No

If YES, describe how this instruction is modified for the advanced education program.

The experience in Major Surgery-Reconstructive occurs throughout the course of the OMFS residency program. The Reconstruction experience is supplemented with a formal Tumor Board experience.

- Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards 4-6 through 4-20 (or Grid Elements 13, 26-28, and 33-39).

Clinical Area: Major Surgery-Reconstructive Year Offered: 1,2,3,4

- Indicate how instruction is provided in this subject area:
  
  x Dental department seminar, conference, lecture program
  x Formal course --- Title: OMFS Grand Rounds, Tumor Board
  
  Off-service rotation to:
  
  Other (specify): Clinical OMFS
  
  No formal instruction is provided.

- Total hours of instruction: 40
- What is the level of knowledge (i.e., in-depth, understanding, familiarity) in-depth
- What is the level of skill (i.e., competency, proficiency, exposed) competency

Assess the scope and effectiveness of the students'/residents’ clinical experiences in this area.

The scope of training and the effectiveness of this instruction method is adequate to provide the required student/resident clinical experiences in this subject area.
Exhibit 11.10
Is instruction in this subject the same as that provided to:

a. undergraduate dental students/students/residents? Yes x No
b. predoctoral medical students/residents? x___ Yes ____ No

If YES, describe how this instruction is modified for the advanced education program.

The experience in Major Surgery-Emergency Care/ATLS/Trauma occurs throughout the course of the OMFS residency program. The Trauma experience is supplemented with a formal rotation to the Trauma Service.

•

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards 4-6 through 4-20 (or Grid Elements 13, 26-28, and 33-39).

Clinical Area: Major Surgery-Emergency Care/ATLS/Trauma Year Offered: 1,2,3,4

• Indicate how instruction is provided in this subject area:

  x _____ Dental department seminar, conference, lecture program
  x _____ Formal course --- Title: OMFS Grand Rounds
  x _____ Off-service rotation to: Trauma Surgery
  _____ Other (specify): ATLS training course
  _____ No formal instruction is provided.

• Total hours of instruction: 40

• What is the level of knowledge (i.e., in-depth, understanding, familiarity) in-depth

• What is the level of skill (i.e., competency, proficiency, exposed) competency

Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

The scope of training and the effectiveness of this instruction method is adequate to provide the required student/resident clinical experiences in this subject area.
Exhibit 11.11

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/students/residents?  
   Yes  x  No
b. predoctoral medical students/residents?  x  Yes  _____ No

If YES, describe how this instruction is modified for the advanced education program.

The experience in Medical Records occurs throughout the course of the OMFS residency program. This instruction occurs during Orientation, OMFS Grand Rounds, and through the online GME Blackboard courses.

•

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards 4-6 through 4-20 (or Grid Elements 13, 26-28, and 33-39).

Clinical Area:  Medical Records  Year Offered:  1,2,3,4

• Indicate how instruction is provided in this subject area:

  x Dental department seminar, conference, lecture program
  x Formal course --- Title: Orientation, OMFS Grand Rounds, GME Blackboard courses
  ______ Off-service rotation to:
  Other (specify):
  ______ No formal instruction is provided.

• Total hours of instruction:  40

• What is the level of knowledge (i.e., in-depth, understanding, familiarity) in-depth

• What is the level of skill (i.e., competency, proficiency, exposed) competency

Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

The scope of training and the effectiveness of this instruction method is adequate to provide the required student/resident clinical experiences in this subject area.
Exhibit 11.12

Is instruction in this subject the same as that provided to:

a. undergraduate dental students/students/residents? Yes x No
b. predoctoral medical students/residents? x Yes _____ No

If YES, describe how this instruction is modified for the advanced education program.

The experience in Practice and Risk Management occurs throughout the course of the OMFS residency program, and is supplemented with a didactic block of lectures, as well as the GME online Blackboard courses.

Reproduce the form below as needed and indicate how training is provided in each of the required subject areas of clinical sciences identified in the Standards 4-6 through 4-20 (or Grid Elements 13, 26-28, and 33-39).

Clinical Area: Practice and Risk Management Year Offered: 1,2,3,4

• Indicate how instruction is provided in this subject area:

  x _____ Dental department seminar, conference, lecture program
  x _____ Formal course --- Title: Orientation, OMFS Grand Rounds, GME Blackboard online courses

  _____ Off-service rotation to: ______________________________
  _____ Other (specify): ______________________________
  _____ No formal instruction is provided.

• Total hours of instruction: 40

  • What is the level of knowledge (i.e., in-depth, understanding, familiarity) in-depth
  • What is the level of skill (i.e., competency, proficiency, exposed) competency

Assess the scope and effectiveness of the students’/residents’ clinical experiences in this area.

The scope of training and the effectiveness of this instruction method is adequate to provide the required student/resident clinical experiences in this subject area.
Appendix U – Attach as Appendix U a brochure, school catalog or formal description of the program.
University of Illinois at Chicago
Oral and Maxillofacial Surgery 2012-2013

- 48 Month and 72 Month OMS Training Programs

  - The OMS residency training program offers two tracks: a 4 year OMS Certificate program, and a 6 year MD-integrated OMS Certificate program. The Advanced Educational Program in Oral and Maxillofacial Surgery at the University of Illinois at Chicago is a 48-month (four-year) postdoctoral Certificate program accredited by the Commission on Dental Accreditation of the American Dental Association. The last site accreditation visit occurred in October 2007. As part of the 48 month program, the opportunity exists to pursue a Masters degree (M.S.) in Oral Sciences concurrently. In addition to the 48 month program that accepts two residents per year, there is an integrated 72 month (six-year) MD-integrated program that accepts one resident per year, with granting of a Medical degree (M.D.) and a Certificate for an Internship in General Surgery at the University of Illinois College of Medicine. All applications are through PASS, and the program participates in the Dental Match.

  - Department Head and Program Director: Michael Miloro, D.M.D., M.D., F.A.C.S., Department of Oral and Maxillofacial Surgery, University of Illinois at Chicago College of Dentistry, 801 S. Paulina Street, M/C 835, Chicago, IL 60612-7211. (312) 996-1052, (312) 996-5987 fax.

  - Number of residents each year: Two (2) appointments for residency positions in the 48 month OMS Certificate program, and one (1) appointment for a residency position in the 72 month MD-Integrated OMS Certificate program.

  - Number of one-year OMS internship positions each year: Two (2)

  - Total number of residents/interns in program each year: 15

- Objectives

  - The objectives of the program are to:

    - Provide a well-rounded and balanced didactic program and clinical inpatient and outpatient residency experience encompassing the full scope of oral and maxillofacial surgery;
    - Ensure that residents develop a solid foundation in patient evaluation, treatment planning, and management;
    - Facilitate an environment for scholarly activity and collaboration, including research and publication;
    - Recruit highly qualified dental students into the OMS residency program;
    - Encourage life-long learning and education;
    - Train leaders in the field of Oral and Maxillofacial Surgery.

- Clinical Experience

  - The Oral and Maxillofacial Surgery Outpatient Clinic at the University of Illinois College of Dentistry, the University of Illinois Medical Center, Jesse Brown Veterans Administration Medical Center, and Christ Hospital, are the current sites employed for surgical clinical experience. Thirty-six (36) months are devoted to clinical oral and maxillofacial surgery. There is a comprehensive didactic curriculum consisting of weekly seminars, clinical pathologic conferences, morbidity and mortality reviews, case reviews, oral pathology seminars, surgical-orthodontic conferences, journal club, multidisciplinary implant conferences, and head and neck tumor boards.

- Program Highlights

  - The OMS clinic is located on the first floor of the UIC College of Dentistry and receives more than adequate referral of patients from the Colleges of Dentistry and Medicine, the University of Illinois itself, as well as the private practice dentists and dental specialists. Residents enjoy a diverse experience in dentoalveolar surgery and outpatient anesthesia. There is a significant amount of implant case referrals, varying in complexity, made possible by COD grants and referrals from both the Department of Prosthodontics and the Undergraduate Implant Center.

  - The distribution of operating room and major outpatient procedures is:

    - Pathology: 25%
    - Reconstructive: 15%
    - TMJ: 5%
    - Aesthetic: 5%
    - Orthognathic: 10%
    - Dentoalveolar: 20%
    - Trauma: 20%
• Research/Publication/Scholarly Activity

• During his or her residency, each resident is expected to prepare and submit at least one paper to a peer-reviewed journal for publication. This paper may be the result of laboratory or clinical research, and each resident is encouraged to formulate and implement an original project beginning in their first year of training. However, significant involvement in established faculty research may satisfy this requirement. At the minimum, an abstract must be submitted to the American Association of Oral and Maxillofacial Surgeons (AAOMS) for presentation by each resident during their senior year of training. In addition, local and regional meeting presentations are encouraged.

• 48 Month Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Program</th>
<th>Duration</th>
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<tbody>
<tr>
<td>PGY I</td>
<td>OMS</td>
<td>12 months</td>
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<tr>
<td>PGY II</td>
<td>General Surgery</td>
<td>4 months</td>
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<td></td>
<td>Trauma Surgery</td>
<td>2 months</td>
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<td></td>
<td>Internal Medicine</td>
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<td></td>
<td>Anesthesia</td>
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<tr>
<td>PGY III</td>
<td>OMS</td>
<td>12 months</td>
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<tr>
<td>PGY IV</td>
<td>OMS</td>
<td>12 months</td>
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• 72 Month Program

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<thead>
<tr>
<th>Year</th>
<th>Program</th>
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<tbody>
<tr>
<td>PGY I</td>
<td>OMS</td>
<td>12 months</td>
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<tr>
<td>PGY II</td>
<td>3rd Year Medical School</td>
<td>3 months</td>
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<tr>
<td>PGY III</td>
<td>4th Year Medical School</td>
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<tr>
<td>PGY IV</td>
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<td>PGY V</td>
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<tr>
<td>PGY VI</td>
<td>OMS</td>
<td>12 months</td>
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• Resident Duties, by Year, 48 Month Program

• The first-year (48 and 72 month programs) resident spends the major portion of his or her time on the oral and maxillofacial surgery service rotating between the University of Illinois at Chicago Medical Center (UICMC) and the Jesse Brown VA Medical Center (JBVA). The resident works closely with the senior residents to provide both inpatient and outpatient care. The resident has primary responsibility for examining, diagnosing, and treating patients in the outpatient clinic. The resident also assumes responsibility for inpatients under the supervision of the chief resident, assists the chief resident and staff with operating room cases, and also serves as primary surgeon of many operative cases commensurate to their level of experience.

• The second-year (48 month program) or third-year medical school (72 month program) resident functions as an intern in General Surgery for four months, and additional two months is spent as an intern in Trauma Surgery at Christ Hospital. Residents rotate at Jesse Brown VAMC for two months as an Internal Medicine resident. Finally the resident spends four months as a resident in the Department of Anesthesia at the University of Illinois Medical Center, functioning as a first year resident in Anesthesiology. Residents typically perform at or above expectations per rotation based upon their periodic faculty evaluations.

• The third-year (48 month program) or third-year (72 month program; 4th year medical school) or fifth-year (72 month program) resident spends his or her time functioning as a senior resident on the UIC Oral and Maxillofacial Service (OMS) service and acting as the chief OMS Resident of the service at the Jesse Brown VA Medical Center.

• The fourth-year (48 month program) or fourth-year (72 month program; general surgery internship) or sixth-year (72 month program) resident spends his or her time functioning as a Chief OMS resident, assuming the responsibility for the overall function of the Oral and Maxillofacial Service. The resident is expected to be the primary operating surgeon on all major cases. Responsibilities include duties at the UIC Medical Center Hospital and the Oral and Maxillofacial Surgery Outpatient Clinic at the University of Illinois, College of Dentistry, and Northwestern Hospital Medical Center.

• Outcomes Assessment
The program outcomes are assessed and modified on a continuous basis. Residents take the yearly OMSITE examination of the American Board of Oral and Maxillofacial Surgery (ABOMS). The UIC OMS program is designed to meet the educational requirements of the Commission on Dental Accreditation (CODA) of the American Dental Association, and to prepare the resident to obtain membership in the American Association of Oral and Maxillofacial Surgeons (AAOMS), and to obtain Board Certification by the American Board of Oral and Maxillofacial Surgery (ABOMS).

UIC residents completing the program and taking the ABOMS exam have passed at a rate comparable to the national average. Success on the ABOMS examination is a function of training, experience and, most importantly, individual preparation. However, this is only one measure of the quality of an oral and maxillofacial surgery residency program.

Salary and Benefits

During the four years of the residency training program, the OMS residents are compensated a resident’s salary, and are provided with University-paid health care benefits. In addition to standard house officer benefits, the Department of OMS provides support for travel and presentation of scientific papers at various meetings in the United States. For the 72 month MD-integrated program, during the third and fourth years of medical school, in-state tuition will be assessed by the College of Medicine. The resident will be paid the usual stipend during the one year of General Surgery following medical school.
Appendix V – Attach as Appendix V a resident evaluation form.
UNIVERSITY OF ILLINOIS  
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY  
RESIDENT EVALUATION FORM

Resident: ______________________  PGY: □ 1 □ 2 □ 3 □ 4  
Rotation: ______________________  Location: ____________________  
Evaluating Attending: ____________  Dates of Rotation: ____________

INSTRUCTIONS: Circle the numerical rating best matching the resident’s skills and abilities with the description given for each component of the clinical competence. Evaluate the resident’s abilities to carry out the clinical tasks and provide substantive comments for each assessment. Site major strengths and weaknesses, including reports of critical incidents.

HISTORY AND PHYSICAL EXAMINATION
Obtains a complete chronological history. Performs an accurate physical examination, using the correct fundamental techniques and emphasizing those areas of importance suggested by the medical history. Demonstrates concern for patient comfort and modesty.

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COMMENTS: __________________________________________________________________________________  
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DIAGNOSTIC SKILLS
Selects appropriate diagnostic tests. Avoids unnecessary studies. Interprets studies meaningfully. Seeks appropriate consultation. Presents information accurately, concisely, and in logical sequence. Able to formulate a rational differential diagnosis and understands the physiologic basis of each entity.

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COMMENTS: __________________________________________________________________________________  
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MEDICAL KNOWLEDGE AND CARE
Selects effective care with least risk to patient. Understands the indications and pharmacology of all medications ordered. Initiates preventive measures when necessary. Effective in emergency care. Understands risks of various procedures and explains them thoroughly to patient and patient’s family. Carries out indicated procedures with skill. Performs appropriate follow-up care, including scheduling postoperative visits and obtaining any outstanding laboratory data, pathology results, and radiographic studies in a timely fashion.

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COMMENTS: __________________________________________________________________________________
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SURGICAL KNOWLEDGE AND SKILLS
Understands the indications, contraindications, risks and benefits for each procedure. Selects the appropriate procedure for each situation. Performs all procedures with strict adherence to the basic principles of surgery and sterile technique. Demonstrates good surgical technique and manual dexterity.

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COMMENTS: __________________________________________________________________________________
________________________________________________________________________________
RECORD KEEPING
Maintains clear, legible, up-to-date, and accurate patient records. All hospital and clinic chart documentation is complete and articulate. Operative notes and discharge summaries are dictated in a timely fashion, and contain all pertinent information.

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COMMENTS:______________________________________________________________________________________________
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INTERPERSONAL SKILLS AND ETHICAL BEHAVIOR
Shows enthusiasm and interest. Demonstrates a good work ethic and knows the limitation of his/her abilities. Empathizes with patients and shows genuine concern for their well-being. Establishes positive relationships with patients and their families. Maintains good rapport with faculty, support staff, and other residents. Readily accepts responsibility for own actions. Consistently demonstrates honesty/ethical behavior.

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COMMENTS:______________________________________________________________________________________________
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OVERALL IMPRESSION

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SPECIFIC STRENGTHS:___________________________________________________________________________________________
___________________________________________________________________________________________

SPECIFIC WEAKNESSES:________________________________________________________________________________________
___________________________________________________________________________________________

RECOMMENDATIONS:___________________________________________________________________________________________
___________________________________________________________________________________________

Do you feel that this resident has successfully passed this rotation and should proceed with the next stage in his/her training?

☐ YES  ☐ NO

SIGNATURE: ___________________________ DATE: ______________________

PLEASE RETURN TO:
Dr. Michael Miloro, Program Director
University of Illinois College of Dentistry
Department of Oral and Maxillofacial Surgery – M/C 835
801 S. Paulina
Chicago, IL 60612
(312) 996-1052
Fax: (312) 996-5987
Appendix W – Attach as Appendix W the specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.
Procedures to Appeal Termination, Suspension, Nonrenewal of Dental Residents and Probation

Effective date: April 20, 2011

This Procedure to Appeal a termination, suspension, nonrenewal of a Resident and probation shall be the only means available to all Residents of The University of Illinois at Chicago College of Dentistry to challenge said actions during the course of his/her dental education and clinical training program. The term “Resident” shall include any “intern” or “fellow”.

a. Applicability: The procedures provided under this Exhibit do not apply to the following:
   1. Departmental determinations relating to certification and/or evaluation of the Resident's academic performance or clinical competence--Such certification shall be handled according to the standards of the various specialty boards.
   2. The nullification of the Resident Agreement as a result of the Resident's failure to meet any or all of the pre-conditions set forth in Section IV of the Resident Agreement--Said nullification is not subject to appeal.
   3. Decisions to terminate a resident as a result of his/her name appearing on a federal, state or other mandated governmental exclusions/sanctions listing--Instead, the procedures set forth in GME policy number 38 shall apply.

b. Notice of Corrective Action: The Department Head shall provide to the Resident written notification of the termination/suspension/nonrenewal/probation within ten (10) days of imposition of that action. The notice shall include an explanation of the reason(s) for such action and shall advise the Resident of his/her right to request an informal hearing pursuant to this Exhibit.

c. Request for Hearing: Within fourteen (14) days of issuance of written notification of the action, a Resident may request a hearing before a Committee, as more fully described below. The Resident's request must be in writing and submitted to the Department Head.

d. Hearing Committee: The Hearing Committee shall consist of at least three (3) faculty members from the Resident's department. The Department Head shall not be a member of the Committee. The Committee shall elect a member from the group to preside as Chair at the hearing. Each department may have a standing committee to conduct hearings requested under this Exhibit. If there is no standing committee, an ad hoc committee shall be appointed by the Associate Dean for Academic Affairs for each hearing requested.

e. Conduct of Hearing:
   1. The Committee shall convene the hearing within fourteen (14) days of receipt of the Resident's written request and shall notify the Resident in writing of the date, time, and place for the hearing as soon as reasonably possible, but no fewer than 72 hours in advance of the hearing.
   2. The Resident and the Department Head or his/her designee shall be present at the hearing and shall each present such information, witnesses or materials (oral or written) as he/she wishes to support his/her position. No other representatives shall be present during the hearing, with the exception of attorneys who represent the parties or the Hearing Committee. Attorneys will be allowed to attend only in an
advisory role to his/her client and shall not be allowed to address the Hearing Committee, the other party or each other directly.

3. Each party shall be permitted to review all materials submitted to the Committee during the hearing.

4. The Hearing Committee shall have the sole right to determine what information, materials and/or witnesses are relevant to the proceedings and shall consider only that which they deem to be relevant.

f. Hearing Committee Decision:
1. A majority vote of the Committee shall decide the issue(s) before it and the Department shall be bound by the decision.
2. Regardless of the outcome of the hearing, the Committee will provide the Resident and Department Head with a written statement of its decision and the reason(s) for such decision within ten (10) calendar days from the date of the conclusion of the hearing. If written materials are submitted to the Committee, such materials shall be appended to the Committee's report.

g. Appeal of Hearing Committee Decision: A Resident may appeal the Committee's decision to the Associate Dean of Academic Affairs within ten (10) days of issuance of the Committee's decision. The Associate Dean shall review the Committee's decision and any documentation submitted to the Committee, and may conduct his/her own investigation of the matter. He/she may, but need not appoint another Committee, to review and discuss the matter. He/she shall render his/her decision in writing within a reasonable time, but not later than thirty (30) days after receipt of the request for appeal.

h. Final Appeal: The Resident may appeal the Associate Dean's decision to the Dean of the College of Dentistry within ten (10) days from the date of issuance of the decision. An appeal to the Dean is permitted only on procedural grounds and a review of the record by the Dean for said appeal shall be limited only to procedural matters. The Dean shall render his/her decision within ten (10) days after receipt of the request for appeal and such decision shall be final and unappealable.

i. UIC Academic Grievance Procedures: The UIC Academic Grievance Procedures may not be used to appeal any corrective action, nor to appeal any decision made in accordance with the procedures outlined above.

j. General Provisions:
1. All appeals or requests filed in the course of these procedures must be in writing, must enumerate any previously made findings of fact which are challenged and must state whether and, if so, how the Resident wishes to have modified the previous decision(s).
2. All decisions must be in writing, shall list relevant findings of fact, shall outline the reasons for the conclusions reached, and shall state the decision clearly.
3. All notices and decisions which are to be sent to the Resident shall be sent by messenger, certified mail (return receipt requested) or by some other means wherein the date of delivery/acceptance/refusal can be determined.
4. All references in these Procedures to time periods are to calendar days, not working or business days.
Appendix X – Attach as Appendix X a copy of the written material given to entering students/residents, describing their rights and responsibilities to the institution, program and faculty.
University of Illinois at Chicago
Oral and Maxillofacial Surgery 2012-2013

Program: The Advanced Educational Program in Oral and Maxillofacial Surgery at the University of Illinois at Chicago is a 48 month (4 year), postdoctoral program accredited by the Commission on Dental Accreditation of the American Dental Association. The last site accreditation visit occurred in March 2009.

Department Head and Program Director: Michael Miloro, D.M.D., M.D., F.A.C.S., Department of Oral and Maxillofacial Surgery, University of Illinois at Chicago, College of Dentistry, 801 S. Paulina Street, M/C 835, Chicago, IL 60612-7211. (312) 996-1052 ph., (312)-996-5987 fax.

Number of residents each year: Three. Two (2) appointments for 48 month program, one (1) appointment for 72 month program.

Number of one-year interns each year: Two (2).

Total number of residents/interns in program each year: sixteen (16) at full complement.

Objectives: The objectives of the program are to:
1. provide a well-rounded and balanced clinical residency program covering the full scope of OMS;
2. ensure that residents have a solid foundation in patient evaluation and management;
3. encourage life-long learning and education;
4. train leaders in the field of OMS.

Clinical experience: The UIC Medical Center, Jessie Brown Veterans Administration Medical Center, and John H. Stroger Jr. Hospital of Cook County are the various sites employed for surgical clinical experience. Thirty-four (34) months are devoted to clinical oral and maxillofacial surgery. There is a comprehensive didactic curriculum consisting of weekly seminars, clinical pathologic conferences, morbidity reviews, case reviews, oral pathology seminars, surgical-orthodontic conferences, journal club, and head and neck tumor board.

Program highlights: The distribution of operating room and major outpatient procedures for the 2007-08 year is:

<table>
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<th>Specialty</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Pathology</td>
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<td>Aesthetic</td>
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<tr>
<td>Orthognathic</td>
<td>10%</td>
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<td>Dentoalveolar</td>
<td>30%</td>
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<tr>
<td>Trauma</td>
<td>20%</td>
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Research/publication/scholarly activity: During his or her residency, each resident is expected to prepare and submit at least one paper to a peer-reviewed journal for publication. This paper may be the result of laboratory or clinical research, and each resident is encouraged to formulate and implement an original project beginning in their first year of training. However, significant involvement in established faculty research may satisfy this requirement. At the minimum, an abstract must be submitted to the AAOMS for presentation by each resident during their senior year. In addition, local and regional meeting presentations are encouraged.

Resident Duties, by year:

The first year resident spends the major portion of their time on the oral and maxillofacial surgery service between the UICMC and Jessie Brown VA Hospital. The resident works closely with the senior residents, providing both inpatient and outpatient care. The resident has primary responsibility for examining, diagnosing and treating patients in the outpatient clinic. The resident also assumes responsibility for inpatients under the supervision of the chief resident, assists the chief resident and staff with operating room cases and also serves as primary surgeon many operative cases.

The second year resident functions as an intern in General Surgery for six months and Internal Medicine for 2 months at JBVA. The other four months are spent on the Anesthesiology service.

The third year resident spends their time on OMFS at UIC and at the Jessie Brown VA Hospital. An additional two month rotation is available in Plastic and Reconstructive Surgery at John H. Stroger Cook County Hospital.

The fourth year resident spends their time functioning as a senior OMS resident assuming the responsibility for the overall function of the oral and maxillofacial service. The resident is expected to be the primary operating surgeon on all major cases. The majority of their time is spent at the UIC Medical Center Hospital. One senior resident functions as the Clinic Chief and the other as the OR Chief for 6 month periods each.

The 72 month program contains year 1 (OMS), year 2 (MS2), year 3 (MS3), year 4 (Gen Surg), year 5 (OMS), year 6 (OMS).

Outcomes assessment/board certification: Residents take the yearly OMSSAT examination of the American Board of Oral and Maxillofacial Surgeons. The UIC program is designed to meet the educational requirements of the Commission on Dental Accreditation of the American Dental Association and to prepare the resident to obtain board certification by the American Board of Oral and Maxillofacial Surgery.

UIC residents completing the program and taking the ABOMS exam have passed, at a rate comparable to the national average. Success on the ABOMS examination is a function of training, experience and, most importantly, individual preparation. However, this is only one measure of the quality of an oral surgery residency program.

Salary and Benefits: During the four years the residents are paid a residents salary and are provided with University paid health care benefits.

In addition to standard house officer benefits, the department of OMS provides support for travel and presentation of scientific papers at various meetings in the United States.
Residents/Dental School:

**Fourth year**
- Grant Stucki, D.D.S.
  - UCLA
- Scott Weiskopf, D.D.S.
  - University of Tennessee

**Third year**
- William Hull, D.D.S.
  - University of Pittsburgh
- Edward Collins, D.D.S.
  - Indiana University

**Second year**
- Matthew Mc Knight, D.D.S.
  - University of Illinois
- Phil Ruckman, D.D.S.
  - Indiana
- Ryan Colletta, D.D.S.
  - UOP

**First year**
- Mohmed Vasim Momin, D.D.S.
  - NYU
- Dustin Haupt, D.D.S.
  - Creighton University
- Lauren Mell, D.D.S.
  - Ohio State University

**Interns**
- Samuel Schmidt, D.D.S.
  - University of Minnesota
- David Salomon, D.D.S.
  - University of Maryland
- Anastasia Katsilometres, D.D.S.
  - Creighton University

Faculty:
- Michael Miloro, D.M.D., M.D., F.A.C.S.
- Antonia Kolokythas, D.D.S., M.S.
- Jason Jamali, D.D.S., M.D.
- William G. Flick, D.D.S., M.S.
- William T. Evans, D.D.S., M.D., F.A.C.S.
- Kevin Haddle, D.D.S., M.D.
- Alexis Olsson, D.D.S.
- Thomas Skiba, D.D.S.
- Louis Halkias, D.D.S., M.S.
- Michelle Pashley, D.D.S.
- Robert Bosack, D.D.S.
- Raza Hussain, D.D.S.
- Ira Satinover, D.D.S.
- Richard Lee, D.D.S.

Walt Busse, D.D.S.

Application: 1) Applicants must participate in the National Matching Program of the American Association of Oral and Maxillofacial Surgeons and the Postdoctoral Application Support Service (PASS) of the American Association of Dental Schools.

Contact: PASS, 1625 Massachusetts Ave. NW, Suite 101, Washington D.C. 20036.

2) Applications will be considered from graduates or senior dental students of dental schools accredited by the Council on Dental Education of the American Dental Association. Applicants must be U.S. citizens and be eligible for dental licensure in the State of Illinois.

3) Applicants assume full responsibility for submitting the required materials to PASS before **November 1<sup>st</sup>**.

4) The oral and maxillofacial surgery faculty will review the application materials when they are complete. During review, the application will be considered without regard to sex, race, age, color, religion, or national origin. Criteria for selection include class rank, research experience, extracurricular experience in dental school, postgraduate education or experience, and letters of recommendation.

5) Promising candidates will be invited to Chicago for an interview beginning in December. The personal interview is required for final consideration.

6) During the interview, the applicant will meet with the oral and maxillofacial surgery faculty, who will answer the applicant's questions about the program. Applicants will also be evaluated by the residents. The evaluation is subjective, but will encompass such factors as:

* Motivation for a career in oral and maxillofacial surgery;
* Suitability specifically for the UIC oral and maxillofacial surgery residency program;
* Professional demeanor;
* Future career goals.

Please remember that these are only guidelines.

7) If you have any questions regarding the oral and maxillofacial surgery program or the application process, please contact:

Maria Limon,
Assistant to Head, Department of OMFS,
University of Illinois at Chicago,
College of Dentistry,
801 South Paulina Street, M/C835,
Chicago, IL 60612-7211
Phone: 312-996-1052
Fax: 312-996-5987
Email: mlimon@uic.edu
University of Illinois at Chicago
College of Dentistry
Department of Oral & Maxillofacial Surgery

Faculty

Michael Miloro, DMD, MD, FACS, Department Head and Program Director
Antonia Kolokythas, DDS, MS, Associate Program Director, Director or Research
Jason Jamali, DDS, MD
William G. Flick, DDS, MS
William T. Evans, DDS, MD, FACS
Kevin Haddle, DDS, MD
Alexis Olsson, DDS
Thomas Skiba, DDS
Richard Lee, DDS
Walter Busse, DDS
Louis Halkias, DDS
Michelle Pashley, DDS
Robert Bosack, DDS
Raza Hussain, DDS
Ira Satinover, DDS

Administrative and Clinical Staff

Maria Limon, Administrator, Assistant to the Head
Theresa Bryan, RN, Clinical Nurse Specialist

Luz Buenaventura, Billing Representative

Narris McFarland, Dental Asst.
Deborah Jones, Dental Asst.
Enrique Delgado, Dental Asst.
Paul Molina, Dental Asst.
Lola Leach-Gary, Central Sterilization Tech
**The University of Illinois at Chicago**

*Department of Oral and Maxillofacial Surgery*

**Introduction**

The University of Illinois, College of Dentistry has a commitment to education, research, and patient care. The Department of Oral and Maxillofacial Surgery residency training program has been accredited by the Commission on Dental Accreditation of the American Dental Association since December, 1966. **The program currently offers both a four-year (48 month) and six-year (72 month) training program.**

The goals and objectives of the Department of Oral and Maxillofacial Surgery are to provide quality Oral and Maxillofacial Surgery training and patient care. Resident education is a process of continual evaluation, development, and improvement, with increased levels of responsibility throughout the program.

**UIC College of Dentistry and Affiliated Sites and Hospitals**

The Oral and Maxillofacial Surgery program at the University of Illinois at Chicago is unique in that it provides each resident a variety of experiences in each of its affiliated sites, including:

- University of Illinois College of Dentistry
- University of Illinois Medical Center
- Northwestern Memorial Hospital
- Jesse Brown Veterans Administration Hospital
- Christ Hospital

The residents rotate through each of these institutions in order to broaden their exposure to the full scope of oral and maxillofacial surgery and to augment their experiences with a diverse faculty.

**The University of Illinois College of Dentistry** is geographically located across the street from the University Hospital. A completely renovated and progressive postdoctoral Oral and Maxillofacial Surgery Clinic offers care to patients referred from the hospital, the dental college and private dental and medical practitioners. The Department of Oral and Maxillofacial Surgery interacts intimately with other departments within the College of Dentistry. The College of Dentistry is also the point of congregation of the residents and attending surgeons for many conferences, lectures and programs.

**The University of Illinois Medical Center** is a modern 600-bed tertiary care facility, which serves as the primary teaching hospital for the University of Illinois College of Medicine. Dedicated in 1980, the University of Illinois Hospital is an eight-story facility with the most advanced medical technology available today. Patient care programs encompass the entire spectrum of health services and the medical staff is composed of recognized leaders in a variety of specialties. The University of Illinois Hospital serves as a referral site for the seriously ill throughout the United States and other countries. The medical center is part of a 365-acre tract on the West Side of Chicago, which contains the largest concentration of medical facilities in the world.

**The Jesse Brown Veterans Administration Medical Center** is a 538-bed tertiary care facility renowned for its progressive research projects, academic affiliations, and community collaborative ventures. The majority of the University’s programs include rotations through the Veterans Administration West Side Medical Center. Approximately 1,000,000 veterans reside in the medical center’s primary service area. This complex is the outpatient clinic of jurisdiction for all veterans living in Illinois and four counties of Northwestern Indiana. Dr. William Flick, Dr. Raza Hussain and Dr. Ira Satinover, are attending OMS surgeons at the JBVA. Dr. Jean Doherty-Greenberg is the Director of the Dental Service at the JBVA.

**Northwestern Memorial Hospital** is a major medical center in downtown Chicago which provides Level I trauma experience for the residency program. In addition, the Children’s Hospital will provide pediatric OMFS and Craniofacial experience. Dr. Alexis Olsson is the Chief of Oral and Maxillofacial Surgery, and there are several adjunct clinical faculty with whom the residents interact on major OR cases. There is also the Northwestern Dental Center where the resident may assist in outpatient dentoalveolar procedures for the GPR program as well as the faculty.
## Rotation Schedule by Level of Training (4 year program)

<table>
<thead>
<tr>
<th>Level</th>
<th>Specialty</th>
<th>Duration</th>
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<tbody>
<tr>
<td><strong>PGY 1 Level</strong></td>
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<tr>
<td>Oral and Maxillofacial Surgery</td>
<td></td>
<td>12 months</td>
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<tr>
<td>Internal Medicine</td>
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<td>2 months</td>
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<tr>
<td><strong>PGY 2 Level</strong></td>
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<tr>
<td>General Surgery</td>
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<td>4 months</td>
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<tr>
<td>Trauma Surgery</td>
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<td>2 months</td>
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<tr>
<td>Anesthesia</td>
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<td>6 months</td>
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<tr>
<td><strong>PGY 3 Level</strong></td>
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<tr>
<td>Oral and Maxillofacial Surgery</td>
<td></td>
<td>10 months</td>
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<tr>
<td>Elective, Research</td>
<td></td>
<td>2 months</td>
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<tr>
<td><strong>PGY 4 Level</strong></td>
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<tr>
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<tr>
<td><strong>PGY 2 Level</strong></td>
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<tr>
<td>Medical school, 3rd year</td>
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<td>12 months</td>
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<tr>
<td><strong>PGY 3 Level</strong></td>
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<tr>
<td>Medical school, 4th year</td>
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<tr>
<td>Anesthesia</td>
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<td>6 months</td>
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<tr>
<td><strong>PGY 4 Level</strong></td>
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<tr>
<td>General Surgery internship</td>
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<tr>
<td>Oral and Maxillofacial Surgery</td>
<td></td>
<td>2 months</td>
</tr>
<tr>
<td><strong>PGY 5 Level</strong></td>
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</tr>
<tr>
<td>Oral and Maxillofacial Surgery</td>
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<td>12 months</td>
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<tr>
<td><strong>PGY 6 Level</strong></td>
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<tr>
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OMS Courses (OSUR), Conferences, and Seminars

A balance of clinical and didactic exposure is important to achieve a well-rounded training program. There are multiple opportunities outside of daily patient care for residents to improve their understanding of basic sciences and specialized topics relevant to their education.

Required First Year OMS Resident Courses

1. Physical Diagnosis/Medical School
2. Head and Neck/Craniofacial Anatomy/Dr. Lakars
3. Oral Pathology-Clinico-Pathologic Conferences/Dr. Gordon
4. Anesthesia/Dr. Messieha
5. Diagnosis and Treatment Planning in Orthognathics/Dr. Miloro
6. Pharmacology/Dr. Flick
7. Biostatistics/Dr. Flick

Weekly, Monthly OMS Resident Courses/Conferences

1. OMS Grand Rounds
2. OMS Resident Case Conferences
3. Combined Implantology Seminar/Prosth, Perio, OMS
4. Craniofacial Deformities Conference/Dr. Tsay
5. Journal Club
6. Morbidity and Mortality Conference
7. Clinical Pathology Conferences/OMFS
8. Tumor Board: UIC
9. Tumor Board: JBVA

Other Seminars/Educational Opportunities

1. UIC Oral Surgery Review Course
2. Visiting Professor Lectures
3. Annual Midwest OMS Conference
4. Chicago Midwinter Dental Meeting
5. AAOMS Dental Implant Conference
6. Indiana University OMS Lecture Series

Courses Taught By the OMS Department to Dental Students (UG)

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Instructor</th>
<th>Year</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSUR 323</td>
<td>Basic OMS</td>
<td>Kolokythas</td>
<td>D2</td>
<td>Spring</td>
</tr>
<tr>
<td>OSUR 332</td>
<td>Advanced OMS</td>
<td>Miloro</td>
<td>D3</td>
<td>Summer</td>
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<tr>
<td>OSUR 320</td>
<td>Pain Control I</td>
<td>Flick</td>
<td>D2</td>
<td>Summer</td>
</tr>
<tr>
<td>OSUR 333</td>
<td>Pain Control II</td>
<td>Flick</td>
<td>D3</td>
<td>Summer</td>
</tr>
<tr>
<td>OSUR 334</td>
<td>Medicine for Dentistry</td>
<td>Skiba</td>
<td>D3</td>
<td>Fall</td>
</tr>
</tbody>
</table>
Library of the Health Sciences

The Library of Health Sciences, one of the largest of its kind in the nation, contains a comprehensive collection of material that supports educational research and clinical practice at the University of Illinois Health Science Center. Over 5,000 periodicals are available in addition to 475,000 bound periodical volumes, books, government documents, and 161,000 audio-visual items. The library provides access to the computerized information retrieval systems of BRS Information Technology, Dialogue Information Systems, and others. These systems provide more than 100 databases in virtually every conceivable subject area. Databases include MEDLINE, TOXLINE, CANCER LINE, HEALTH LINE, EXCEPTRTA MEDICA, PSYCHOLOGICAL ABSTRACTS, ERIC, SCIENCE CITATION INDEX, and CURRENT CONTENTS. Most textbooks are on the OMS G-drive and electronic access to any journal is available through the hospitaluic.edu web portal, as well as Harrison's Internal Medicine, etc.

Tuition and Stipends

The approximate* resident stipends are as follows:

PGY1- $48,360
PGY2- $50,040
PGY3- $51,660
PGY4- $53,760
PGY5- $55,860
PGY6- $58,260

No tuition is assessed during the residency program (tuition waiver for medical school).
No moonlighting is permitted.

Benefits

The University of Illinois provides house staff officers with a comprehensive benefits package including fully paid health insurance for the resident and his/her dependents, dental insurance, life insurance, long term disability insurance, professional and liability insurance, and a maximum of 4 individual weeks vacation or less per year.

Chicago

The City of Chicago provides a diverse cosmopolitan environment in which to work and live. There is something for everyone from the theater, museums, symphony, opera and ballet, to ethnic festivals, major league sporting events, spectacular architecture, and some of the finest restaurants in the world.

Housing

The Chicago area abounds with diverse neighborhoods that offer exciting urban or quiet suburban living. Whatever your needs may be, Chicago will accommodate your lifestyle and your budget. Since on-campus housing is limited, most residents choose to reside in one of the following nearby areas. The near north side offers the vitality of city living, with close proximity to the Chicago lakefront, cultural events, parks, and distinctive restaurants and shops. The Taylor Street area located within walking distance of the UIC campus is a neighborhood rich in ethnic diversity. Suburban Oak Park is a charming community acclaimed for its historic picturesque columns and comfortable environs. It provides convenient access to the West Side Medical Center district and affordable living accommodations.

Transportation

The State of Illinois Medical Center is near the junction of the Eisenhower (I-290), Kennedy (I-90/94 North) and Dan Ryan (I-90/94 South) Expressways. It is easily accessed by public transportation. A number of bus routes service the area as well as the O'Hare Congress Douglas Rapid Transit to trains. The UIC Shuttle services several areas of interest and numerous campus destinations. Residents should have a car available for the commute between the various affiliated hospitals.
The intent of this OMFS Resident Manual is to assist incoming residents and interns in becoming familiarized with the workings of the Department of OMFS, the College of Dentistry, and the University of Illinois at Chicago Medical Center.

**OBJECTIVES**

The goals and objectives of the University of Illinois at Chicago Residency Program in Oral and Maxillofacial Surgery are:

1. to provide a well-rounded and balanced clinical residency program covering the full scope of Oral and Maxillofacial Surgery.
2. to ensure that residents have an outstanding background and solid foundation in patient evaluation and management.
3. to ensure a graduated sequence of education and responsibilities during the 48 month program.
4. to interact and collaborate well with dental and medical colleagues.
5. to reinforce the desire to become life-long learners.
6. to perform at least one research project to be submitted to the AAOMS annual meeting, to be presented during the final year of training.
DISTINCTION THROUGH QUALITY

VISION: The mission of the University of Illinois at Chicago College of Dentistry is to improve the health of the citizens of Illinois by advancing health and biomedical sciences through the highest quality education, exemplary patient care and research excellence.

Our preferred future is to seek innovation and national leadership by:

- Preparing health sciences professionals for practicing tomorrow's dentistry and medicine.
- Targeting efforts in health and biomedical sciences research to support our strengths and our mission.
- Integrating education and research to foster cost effective health care and outreach programs.
- Recognizing the strength of diversity and individual differences amongst our students, faculty, staff and patients to achieve our full potential.
- Maintaining a distinguished faculty and providing resources to ensure excellence in education, patient care and research programs.

Our vision and mission will be realized in an environment of continual learning and improvement in what we do as we exceed expectations in satisfying our customers.

MISSION PRINCIPLES

1. Maintain a focus on our patients.
2. Prevention of problems; do it right the first time.
3. Make clinical decisions based on facts, not opinion.
4. Continuously attempt to improve the system.
5. Systems fail, not people.
6. Give 100%; it is what you would want if you were seeking care.
DEFINITION OF ORAL & MAXILLOFACIAL SURGERY

Oral and Maxillofacial Surgery is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of the disease, injuries, and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region. The scope of diagnosis and treatment includes, but is not limited to the following conditions:

1. Dental pathology and/or abnormalities
2. Diseases of the oral mucosa
3. Oral and maxillofacial infections
4. Facial pain
5. Dystrophic conditions of oral and maxillofacial tissues
6. Pain and anxiety control for the maxillofacial surgical patient
7. Cranio-maxillofacial fractures and soft tissue trauma
8. Cranio-maxillofacial deformities, including cleft lip/palate (congenital and acquired)
9. Cysts and neoplasms of the oral and maxillofacial regions, including malignancies
10. Maxillary sinus disease of odontogenic or neoplastic origin
11. Salivary gland disorders
12. Temporomandibular disorders
13. Reconstruction of the bony and soft tissues of the maxillofacial region
14. Cosmetic facial surgery, primary, and secondary
OMS DIDACTIC PROGRAM

The acquisition of knowledge in the Oral and Maxillofacial Surgery Program occurs primarily on a case specific basis. Every patient contact is viewed by the faculty as a teaching opportunity. An understanding of “why” you do something is more important than “what “you do. The patient care experiences thus become a departure point rather than an end point. The program believes that the presence of the teacher does not interfere with learning. Guidance by the faculty occurs by the Socratic methodology. Additionally, this is not a dental school, and “spoon-feeding” of information does not occur. The resident is expected to do significant outside reading of the Oral and Maxillofacial, as well as medical, surgical, and anesthesia literature, as part of the learning opportunity. In a more classic pedagogical sense, teaching also occurs in the didactic seminars, Physical Diagnosis course, and case conferences as examples.

The resident is expected to participate fully in all teaching activities of the Oral and Maxillofacial Surgery program as well as all the off service rotations. Sign-in sheets are required at all OMFS teaching conferences. Outcome assessment and evidence of progress are objectively quantified by performance on the Physical Diagnosis tests, and the yearly OMSITE. OMSITE allows the residents to assess their own performance against all other residents in the United States. Merely being above average is not a laudable goal.

The final didactic challenge occurs when the resident is an alumnus. That examination is the certifying examination of the American Board of Oral and Maxillofacial Surgery. It is expected that all residents completing this program will sit for and successfully pass this examination.
**ADVANCEMENT**

While it is the expectation that each resident entering the program will successfully complete the program, year-to-year advancement is not automatic. Progress, both academically and clinically, must be satisfactory during each evaluation period, and approval to advance is provided by the Program Director.

The Council on Dental Accreditation of the American Dental Association has strict time requirements for minimal OMFS training experience. Leave of absences may extend the length of the program.

Procedures relating to unsatisfactory performance and dismissal.

"On Review".
If questions are raised regarding the adequacy of a house officer's performance, the house officer may be placed "on review". "On review" status does not signify unsatisfactory performance but merely indicates the house officer’s performance is being more closely scrutinized. The house officer is placed "on review" through written notification to both the house officer and the Office of Graduate Medical Education. Should the concerns placing the house officer "on review" prove unfounded or be corrected; the related documentation will be purged from the record.

Probation and dismissal.
If a house officer’s performance is deemed to be unsatisfactory from academic or professional aspects or as a consequence of a breach of the House Officer Agreement or the Bylaws of the Board of Regents, the house officer may be placed on probation. If so, the house officer, the Office of Graduate Medical Education, and the Graduate Medical Education Committee shall be notified in writing. The notice shall include: the specific problems in the house officer's performance, what will constitute evidence that the problems have been remedied, and the date at which the house officer's performance will next be reviewed.

A review of the house officer's performance must take place within three months following the initiation or extension of probation. At the designated time the department may extend the house officer's probation, end the probation, or dismiss the house officer. Gross failure to perform duties, and illegal or unethical conduct constitute grounds for immediate dismissal, if adequately documented. The Office of Graduate Medical Education must be notified and provided with all supporting documentation prior to initiating dismissal action.

Grievance and appeals.
Policies regarding appeal of academic dismissal, unsatisfactory academic performance, or grievances involving terms of the House Officer Agreement are contained in the House Officer Agreement.

**MOONLIGHTING**

Moonlighting, both professionally and otherwise, is **forbidden** during the entirety of the program. If you feel you have time, the faculty will ensure that additional academic, research and clinical assignments are arranged to appropriately utilize your “free time”.

There is a “zero tolerance policy” regarding moonlighting. If an OMFS resident is found to be moonlighting at any time during the residency training program, the resident will be dismissed from the program immediately, regardless of level of training.

While OMS is not a medical specialty, for reference regarding GME issues, please refer to ACGME guidelines on moonlighting at: [http://www.ACGME.org](http://www.ACGME.org)
RESEARCH AND PUBLICATION

During the OMS residency program, EVERY resident is expected to prepare and submit at least one manuscript to a refereed journal for consideration for publication. This research may be laboratory, prospective clinical, or retrospective clinical. Each research project or clinical study will have different time demands. It is suggested that research efforts be concentrated in the first and fourth years. Dedicated time is more easily made available in those years. The focus of the research does not need to be specifically Oral and Maxillofacial Surgery. The UIC College of Dentistry and College of Medicine, have excellent resources as well as a faculty more than willing to collaborate on research efforts.

The goals and objectives of this research and publication requirement are to enrich the resident experience in the scientific method and to further develop the ability to critically read and interpret the professional literature.

The OMFS program must have an excellent tradition of research. Residents should regularly present abstracts in competitive forums and several of the residents have received national recognition for their research efforts. The program intends to reward the scientific efforts of the residents. To the extent possible, the program will financially support expenses related to presentation of scientific papers at appropriate meetings.

An M.S. degree in Oral Sciences is available at UIC for the PG resident interested in pursuing this degree through a comprehensive didactic and research program in addition to the requirements of the OMS residency training program. Enrollment in the M.S. program is limited to the 48 month program residents, although consideration would be given to the 72 month program as well, and M.S. degree registration must occur prior to November 1 each year.
ON-SERVICE OMS EXPERIENCE

Each of the on service clinical rotations or sites is chosen in order to help meet the goals and objectives of the program. At completion of the program, the resident is expected to be:

1. proficient in patient evaluation and management;
2. proficient in dentoalveolar surgery;
3. proficient in ambulatory anesthesia and sedation;
4. competent in orthognathic surgery;
5. competent in TMJ surgery;
6. competent in oncologic surgery including major resections;
7. competent in reconstructive surgery;
8. competent in facial trauma surgery; and
9. competent in facial cosmetic surgery.

The University of Illinois at Chicago is the primary site of on-service clinical experience in oral and maxillofacial surgery. Here the inpatient and outpatient emphasis is on dentoalveolar, orthognathic, TMJ, reconstructive, and facial cosmetic surgery. Additionally, the majority of your experience in ambulatory outpatient anesthesia occurs at University Hospital.

The Veterans Administration Medical Center provides a major patient care experience for residents. Here the patient population tends to be elderly and suffer from significant systemic disease. The resident experience emphasizes dentoalveolar, pre-prosthetic, reconstructive, and oncologic surgery.

REQUIRED: OMFS (on service) 30 months minimum

OFF-SERVICE EXPERIENCE

The off service experience is rich and varied. These rotations are one of the strengths of this program. Simply put, whether you are a medical student or resident, you are expected to perform at a level exceeding your peer group on the rotation. Evaluations received during these off-service rotations are reviewed by the OMS Program Director.

These are the required off-service rotations:

- Note: OMFS (on-service) 30 months minimum
- Internal Medicine 2 months
- General Surgery 4 months
- Trauma Surgery 2 months
- Anesthesia 5 months
- Surgery Specialty (e.g. Trauma, Plastics) 2 months
OFF-SERVICE ROTATION OBJECTIVES

At the completion of the **GENERAL SURGERY** experience, the resident must be able to understand and apply the basic principles of surgery, including the pathophysiology of surgical disease, metabolism, and wound healing. Further, the resident is expected to be competent in the pre-surgical evaluation of the patient, risk assessment, and peri-operative management as well as surgical techniques. This knowledge and experience is gained through assignment to one of the general surgical teams, transplant surgery, pediatric surgery, head and neck surgery, plastic surgery, or cardio-thoracic surgery. While assigned to the surgical service, the resident is expected to assume all duties and responsibilities of a first or second year surgical house officer, including on call responsibilities. The resident is expected to fully participate in all seminars, lectures, and conferences. Supervision of the resident will be the responsibility of the surgical faculty. At the completion of the surgical assignment, the resident will be evaluated in the same manner and to the same standards as other surgical residents.

At the completion of the **ANESTHESIA** experience, the resident will understand and apply anatomy, physiology, and pharmacology as it pertains to anesthesia. The resident is expected to be competent in evaluation and risk assessment, airway management, anesthesia administration, monitoring techniques, management of anesthetic emergencies, and post anesthetic care. During assignment to the anesthesia service, the resident participates fully in the education and clinical activities of the anesthesia service including on call responsibilities similar in all respects to an anesthesia resident. Participation includes attending all scheduled seminars, lectures, and conferences. During the resident’s assignment to the anesthesia service, the resident will be responsible to the anesthesia faculty. At the end of the rotation, the anesthesia faculty will evaluate the resident in the same manner as other anesthesia residents.

At the completion of the **INTERNAL MEDICINE** assignment, the resident will have gained further experience in physical assessment and the application of their history and physical examination knowledge and abilities, as well as further knowledge in the pathophysiology, diagnosis and medical management of systemic disease. While assigned to the internal medicine service, the resident is expected to assume and discharge all duties and responsibilities of a first year house officer in internal medicine including on-call responsibility. The resident will participate fully in all scheduled conferences, seminars, and lectures. Supervision of the resident shall be the responsibility of the Internal Medicine faculty. At the completion of the internal medicine assignment, the resident will be evaluated in the same manner and to the same standards as other internal medicine residents.
ADDITIONAL OMS RESIDENT EXPECTATIONS

1. You **must** maintain an active Illinois Dental license during the OMFS program.
2. You **must** maintain a current BLS and ACLS card during the OMFS program.
3. You **must** become certified in ATLS before completion of the OMFS program.
4. You **must** sit for the OMSSAT/OMSITE examination during each year of the program.
5. You **must** log all of your operative cases on: **dds4dds.com**

   Documentation of operative experience includes:  
   Patient name  
   Medical record number  
   Operation (CPT codes)  
   Diagnosis (ICD9 codes)

*Data entry on dds4dds.com is a critical component of the residency program.

In general, if there is an operative report, this indicates that the procedure is a “major” case, and the case must be logged, appropriately on dds4dds.com. If there is a “major” case performed on an outpatient basis (e.g. in the OMFS dental school clinic), then it should be dictated and logged into DDS4DDS.COM. This log is required for CODA accreditation purposes and also for the ABOMS, and is a requirement of the OMS program.

Typically, the senior resident will be involved in each MAJOR case, and therefore, there should be ONLY ONE dds4dds entry per patient. The first CPT code entered will correspond to the ASSIGNMENT of the surgical procedure to a specific CATEGORY.

Also, each resident must maintain his/her own PERSONAL operative log book.

Operative Notes MUST be dictated within 24 hours of the case, WITHOUT EXCEPTION. It is BEST to dictate the OP note immediately following transportation of the patient to the PACU.
WEEKLY/MONTHLY CONFERENCE SCHEDULE

1) Pathology – Dr. Gordon. Be prepared for the conference and actively participate. Extensive outside reading is required. Formal oral and written exams required.
   a) CPC Conference and didactic conference with OMS
   b) Tuesdays 12:30 PM - 1:00 PM Formal didactic course for 1st year residents.

2) Grand Rounds - Narrowly defined topics will be assigned in an orderly fashion. In depth research is required. The presenter will be the program expert on that topic and the paper should be an authoritative resource for his/her fellow residents. The paper must be detailed and references provided, i.e. ready to submit for publication. Residents are to make a formal presentation as if they were presenting at a national AAOMS meeting.

3) Journal Club will be held monthly.

4) Morbidity and Mortality Conference- MUST occur each month for M&M from prior month.

5) Resident Case Conference – OMS resident presentation of planned or completed cases.

6) H&P Course (Physical Diagnosis) – for 1st year residents.

7) Head and Neck Anatomy Course – Dr. Tom Lakars, for 1st year residents.


9) Periodontics Conference – monthly with the Department of Periodontics (optional).

10) Orthodontics Conferences – there is a weekly Orthodontic conference on Wednesday at 12:30pm, and a Dentofacial Deformities Treatment Planning Conference for 1st year OMS and Ortho residents from September to December each year.

11) ENT Conferences – ENT has various conferences which are of interest to the OMS residents, including a Facial Plastics conference on Wednesday mornings, a Tumor Board on Wednesday afternoon at 3pm and ENT Grand Rounds on Wednesdays at 5pm, and a Tumor Board Conference on Thursday morning at 7:30am.

12) Plastic and Reconstructive Surgery Conferences – Plastics has various conferences held throughout the year which are of interest to the OMS residents.

NOTE: All conferences require a sign-in sheet, which MUST be returned to Maria Limon.
Morbidity and Mortality Conference

This conference MUST occur monthly to present and discuss the surgical complications, outcomes assessment, and management of patients who experience morbidity and/or mortality on the OMS service at ALL of the affiliated OMS sites of the residency program. The M&M forms must be completed for each affiliate site by the resident primarily responsible for that site for that month. The completed M&M forms must be returned to Maria Limon each month.

Additionally, an M&M Form and Professional Practice Evaluation Measures List must be filled out each month.

Maria Limon maintains a file of these M&M conference forms.

Please use the UICMC M & M Form 4.3.074.
<table>
<thead>
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<th>Patient Name</th>
<th>Age</th>
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<td>Medical Record Number</td>
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<td>Claims Management Activity</td>
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<td>2</td>
<td>Medical Record Documentation</td>
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<td>3</td>
<td>Complication rate</td>
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<td>4</td>
<td>% 30-day related Readmission rate</td>
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### Mortality/Morbidity Assessment

#### Protocols for the Intensive Medical Services ACT

- **A. Actions (see back)**
  - 1. Examine
  - 2. Communicate (see below)
  - 3. Develop and Related to Process
  - 4. Process and Protocol
  - 5. Protocol and Protocol
  - 6. Process and Protocol

#### I. Management

<table>
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<tr>
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<th>II. Preventability</th>
<th>III. Preemptivity</th>
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#### II. Contributing Factors

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**Conference Date:**

**Reviewed By:**

**From:**

**To:**

**Department of:**

Mortality/Morbidity Assessment
Recommended Readings

Journals

Journal of Oral and Maxillofacial Surgery
OOOOE
British Journal of Oral and Maxillofacial Surgery
International Journal of Oral and Maxillofacial Surgery
International Journal of Oral and Maxillofacial Implants
Acta Odontologica Scandinavica
American Journal of Orthodontics & Dentofacial Orthopedics
American Journal of Otolaryngology
Anesthesiology
Anesthesia & Analgesia
Angle Orthodontist
Archives of Ophthalmology
Archives of Otolaryngology-Head & Neck Surgery
British Dental Journal
British Journal of Oral & Maxillofacial Surgery
British Journal of Plastic Surgery
Cleft-Palate Craniofacial Journal
Clinics of Plastic Surgery
Critical Reviews in Oral Biology & Medicine
Head & Neck
International Journal of Adult Orthodontics & Orthognathic Surgery
International Journal of Oral & Maxillofacial Implants
International Journal of Oral & Maxillofacial Surgery
International Journal of Periodontics & Restorative Dentistry
Journal of the American Dental Association
Journal of the American Medical Association
Journal of Clinical Periodontology
Journal of Cranio-Maxillofacial Trauma
Journal of Cranio-Maxillofacial Surgery
Journal of Dental Education
Journal of Dental Research
Journal of Oral & Maxillofacial Surgery
Journal of Oral Pathology & Medicine
Journal of Otolaryngology
Journal of Periodontology
Journal of Neurosurgery
Laryngoscope
New England Journal of Medicine
Ophthalmology
Oral & Maxillofacial Surgery Clinics of North America
Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology & Endodontics
Otolaryngology Head & Neck Surgery
Plastic & Reconstructive Surgery
Scandinavian Journal of Plastic & Reconstructive Hand Surgery

AAOMS Resident Literature Bank
www.aaoms.org/landmark_articles.php
**Textbooks**
Miloro, PETERSON’S PRINCIPLES OF ORAL AND MAXILLOFACIAL SURGERY
Fonseca, ORAL AND MAXILLOFACIAL SURGERY
Hollinshead, ANATOMY FOR SURGEONS 1, THE HEAD AND NECK
Ellis, SURGICAL APPROACHES TO THE FACIAL SKELETON
Kaban, PEDIATRIC ORAL AND MAXILLOFACIAL SURGERY
Marx, ORAL AND MAXILLOFACIAL PATHOLOGY.
Profitt, White, SURGICAL-ORTHODONTIC TREATMENT
Regezi, Sciubba, ORAL PATHOLOGY
Sclar, SOFT TISSUE AND ESTHETIC CONSIDERATIONS IN IMPLANT DENTISTRY
Fonsea, ORAL AND MAXILLOFACIAL TRAUMA
Bell, MODERN PRACTICE IN ORTHOGNATHIC AND RECONSTRUCTIVE SURGERY
Topazian, ORAL AND MAXILLOFACIAL INFECTIONS
Yaremchuk, RIGID FIXATION OF THE CRANIOMAXILLOFACIAL SKELETON
Posnick, CRANIOFACIAL AND MAXILLOFACIAL SURGERY IN CHILDREN, YOUNG ADULTS
Block, COLOR ATLAS OF DENTAL IMPLANT SURGERY
Quinn, COLOR ATLAS OF TMJ SURGERY
Abubaker, ORAL AND MAXILLOFACIAL SECRETS
Kaban, COMPLICATIONS IN ORAL AND MAXILLOFACIAL SURGERY
Fagien, PUTTERMAN’S COSMETIC OCULOPLASTIC SURGERY
Turvey, FACIAL CLEFTS AND CRANIOSYNOSTOSIS
Samchucov, CRANIOFACIAL DISTRACTION OSTEOGENESIS
McCarthy, DISTRACTION OF THE CRANIOFACIAL SKELETON
McCarthy, PLASTIC SURGERY, VOLUMES 2, 3: THE FACE
Lore, AN ATLAS OF HEAD AND NECK SURGERY
Cecil’s MEDICINE
Harrison’s PRINCIPLES OF INTERNAL MEDICINE
Sabiston’s SURGERY
Schwartz’s SURGERY
Stoelting, Miller, ANESTHESIA

**Other Reading Sources**
Oral and Maxillofacial Surgery Clinics of North America
Oral and Maxillofacial Knowledge Update Volume 1-4
Selected Readings in Oral and Maxillofacial Surgery
University of Illinois at Chicago
Oral & Maxillofacial Surgery

Journal Club Monthly.

Types of Journal Clubs

3. Current Literature: Recent articles of various subject matter chosen from a variety of the current journals (these are provided in “Selected OMFS-Related Journals.”

4. Topical Journal Club
   - Contemporary: Current literature addressing a specific topic.
   - “Classic”: Important articles on a specific topic.

The main purpose of the journal club format is to provide the residents with training in critical review of the literature, specifically with regards to the specialty of Oral & Maxillofacial Surgery. The format for the journal club is provided in “Journal Club Guidelines.”

The UIC Chief resident is responsible for choosing the type of journal club, and the articles for review, following a discussion with the Program Director. For a current literature or contemporary topical journal club, no more than 2-3 articles should be chosen. For the classic literature journal club, all pertinent articles should be chosen to be reviewed briefly during the journal club. Assignments for the specific resident who will be responsible for the review is the responsibility of the UIC Chief resident. Articles must be distributed to Dr. Miloro, and the residents at least one week prior to the planned journal club. All residents must be prepared to discuss the articles even when they are not the primary reviewer.

Strength of Recommendation Grades

A Consistent, good quality patient-oriented evidence
B Inconsistent or limited quality patient-oriented evidence
C Consensus, disease-oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening

Quality of Evidence

Level 1 Consistent, good quality patient-oriented evidence
Level 2 Inconsistent or limited quality patient-oriented evidence
Level 3 Consensus, disease-oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening
Figure 1: Assigning a Strength of Recommendation grade based on a body of evidence. (USPSTF = U.S. Preventive Services Task Force)

TABLE 1. Strength of Recommendation Grades

<table>
<thead>
<tr>
<th>Strength of recommendation</th>
<th>Basis for recommendation</th>
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<tbody>
<tr>
<td>A</td>
<td>Consistent, good-quality patient-oriented evidence*</td>
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<tr>
<td>B</td>
<td>Inconsistent or limited-quality patient-oriented evidence*</td>
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<tr>
<td>C</td>
<td>Consensus, disease-oriented evidence, expert opinion, or case series for criteria of diagnosis, treatment, prevention, or screening</td>
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*Patient-oriented evidence measures outcomes that matter to patients: morbidity, mortality, symptom improvement, patient satisfaction, and quality of life. Disease-oriented evidence measures intermediate, physiologic, or surrogate end points that may or may not reflect improvements in patient outcomes (e.g., blood pressure, blood chemistry, physiologic function, pathologic findings).

TABLE 2. Assessing Quality of Evidence

<table>
<thead>
<tr>
<th>Study quality</th>
<th>Diagnosis</th>
<th>Treatment/prevention/screening</th>
<th>Prognosis</th>
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<tbody>
<tr>
<td>Level 1: good-quality patient-oriented evidence</td>
<td>Validated clinical decision rule SR/natemetanalysis of high-quality studies High-quality diagnostic cohort study*</td>
<td>SR/natemetanalysis or RCTs with consistent findings High-quality individual RCT† All-case study‡</td>
<td>SR/natemetanalysis of good-quality cohort studies Prospective cohort study with good follow-up</td>
</tr>
<tr>
<td>Level 2: limited-quality patient-oriented evidence</td>
<td>Unvalidated clinical decision rule SR/natemetanalysis of lower quality studies or studies with inconsistent findings Lower quality diagnostic cohort study or diagnostic case-control study</td>
<td>SR/natemetanalysis of lower quality clinical trials or of studies with inconsistent results Lower quality clinical trial Cohort study Case-control study</td>
<td>SR/natemetanalysis of lower quality cohort studies or with inconsistent results Retrospective cohort study or case-control study with good follow-up Case-control study Case series</td>
</tr>
<tr>
<td>Level 3: other evidence</td>
<td>Consensus guidelines, extrapolations from bench research, usual practice, opinion, disease-oriented evidence (intermediate or physiologic outcomes only), or case series for studies of diagnosis, treatment, prevention, or screening</td>
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SR = systematic review, RCT = randomized controlled trial.

*High-quality diagnostic cohort study: cohort design, adequate size, adequate spectrum of patients, blinding, and a consistent, well-defined reference standard.
†High-quality RCT: allocation concealed, blinding if possible, intention-to-treat analysis, adequate statistical power, adequate follow-up (greater than 90 patients).
‡For an all-case study, the results must cause a dramatic change in outcomes, such as guidelines for nephrectomy or surgery for appendicitis, which precludes studies in a controlled trial.
University of Illinois at Chicago
Department of Oral and Maxillofacial Surgery
Journal Club Presentation Format

1. Journal/Issue/Year
2. Title
3. Authors/University or Affiliation
4. Aims/Objectives of the Study
   Is there a clear statement of objectives?
   Is the objective justified by the introduction?
   What are the stated study questions or hypotheses?
   How will these be addressed (i.e. type of study)?
   Are the objectives reasonable, worthy of publication and appropriately based on the stated rationale/background?
   Has the author cited the pertinent literature?
   What are the likely strengths, limitations of the study?
   How could these strengths, weaknesses affect the possible results/conclusions?

5. Materials and Methods
   Study Design
   What type of study is this (experimental, descriptive, case control, double blind, placebo-controlled)?
   How will it be conducted (planned/unplanned observations, prospective-retrospective, survey or interview)?
   Who performed the study (number of surgeons) and where and when?
   Who evaluated the patients, results? The same surgeons who performed the procedures? Blinded?
   Are these methods appropriate for the study objective (are the methods scientifically valid and technically correct)?
   What are the strengths and limitations of the study design (strength of study design type)?
   How could these affect the possible results/conclusions?
   Are there any biases, inherent or implied?

   Study Population
   n = patient population
   What is the appropriate number of patients (power)?
   Who/what are the study subjects who are included/excluded (how are the inclusion/exclusion criteria defined)?
   How were they selected/excluded and how many (if there were comparison groups, how many)?
   Are the experimental and control groups appropriate, blinded, and randomized?
   Who selected the subjects, where and when?
   Are these appropriate for the study objectives?
   What are the strengths/limitations of the study population (biased selection, important exclusions)?
   How could these affect the possible results/conclusions (extrapolate to the general population)?

   Study Maneuver
   What treatments/interventions are planned, if any, and on whom, where and when?
   How will they be administered?
   Who will provide the maneuvers, where and when (are the procedures described in sufficient detail for a clear understanding)?
   Are these appropriate for the study objectives?
   What are the strengths/limitations of the planned maneuver?
   How could these affect the possible results/conclusions?

   Study Observations/Measures/Data Collection
   What observations/data collection is planned, and on whom, where, and when?
   How will they be made or collected (what method-standardized, masked (blinded))? Is the duration of follow-up sufficiently long, and were appropriate parameters of success and failure examined?
   Who will make the observations, collect the data, where and when (blinded)?
   Are these appropriate for the study objectives?
   What are the strengths/limitations (i.e. exclusions, masked, or unmasked, source of bias, reliability, validity)?
   How could these affect the results/conclusions?

6. Statistical Analysis
   What is the planned data analysis (student's t-test, paired regression analysis, etc)?
What methods will be used (how will data be grouped, what tests will be used for each analysis planned, what will be considered statistically significant)?
How will the data be analyzed (i.e. computer package, hand calculator)?
Who will conduct the analysis?
Is the planned analysis appropriate for the study objective, and the type and level of data collected (i.e. Parametric or nonparametric test, one-sided vs. Two-sided test of significance, stratification)?
What are the strengths/limitations of the planned analysis (i.e. what is the power of the planned data collection/analysis)?
How could these affect the results/conclusions?

7. Results
What results/observations are presented/not presented (i.e. are all findings presented for all subjects)?
How were the results obtained (what analysis was used)?
How were the results which are presented/excluded determined and why (insufficient data, poor response, lack of significance)?
Are the results appropriate for the study objective, planned observations and analysis?
Are they correct, internally consistent, valid (arithmetic errors)?
What are the strengths/limitations of the analysis/results (statistical vs. biological/clinical significance, statistical power)?
How do these affect results/conclusions?

8. Discussion
Does the author explain the importance of his findings?
Are the results of this study discussed in light of other studies in this area?
Are the comparisons with other studies appropriate and insightful?

9. Conclusions
What are the conclusions?
How or on what basis were they made (are they justified by the results and analysis)?
Are they appropriate for the study objective, study design, conduct, and analysis of the study?
Are the conclusions warranted by the results?
Are the above limitations under other sections adequately addressed and considered?
How do they affect the conclusion?
What are the strengths/limitations of the conclusion?
Is the title appropriate for the conclusions?

10. References
Are the references current and accurate?
Any important reference omissions?

11. General Comments
Overall manuscript organization and design?
How can you use the information presented?
What recommendations do you have to improve the study?
Will this article affect your treatment of your patients?
I. General Responsibilities of OMFS Residents

A) Senior Resident (R4, R6) Duties
The senior (R4) resident is directly responsible to the staff at UIC, and all other designated affiliate sites, and for the following:
1. Coordination of all daily, weekly, monthly, and annual activities of the OMS service.
2. Represents residents at all discussions and meetings related to the OMS program.
3. Makes assignments for the following:
   a. resident seminars
   b. resident vacation schedule
   c. resident clinical assignments
   d. on-call responsibilities
4. Writes admission notes on all their surgical patients and obtains operative permits.
5. Communicates directly with the Head and the Director of the Graduate Training any problems that concern patient care, resident functions, or any other matters that may directly or indirectly affect the Department.
6. In charge of pre and post operative conferences.
7. Posts all surgery cases with the operating room.
8. Obtains Op Permit on surgical patients.
9. Oversees efforts to be sure that residents are aware of all conferences that take place.
10. On-call for all activities relating to the OMS service.
11. The Administrative Chief Resident has additional responsibilities to the Program Director.

B) Junior Resident (R3, R5) Duties
The junior resident is directly responsible to the R4 and staff, and for the following:
1. See all consults from other hospital services & presents these to the senior resident or faculty.
2. All scheduled admissions including:
   a. history
   b. physical exam
   c. admissions orders
   d. procurement of necessary laboratory studies, impressions, radiographs, and clinical photos
   e. Pre-operative note on chart prior to surgery
3. Be present in Operating Room with all necessary radiographs, models, splints and other equipment.
4. Write all orders on morning rounds.
5. First call for emergencies and weekend call.
6. A portion of the year is spent on off-service rotations.

E) Sophomore Resident (R2) Duties
The sophomore resident is responsible to the R4 and R3 and staff, for the following:
1. See all consults from other hospital services & presents these to the senior resident or faculty.
2. All scheduled admissions including:
   a. history
   b. physical exam
   c. admissions orders
   d. procurement of necessary laboratory studies, impressions, radiographs, and clinical photographs
   e. Pre-operative note on chart prior to surgery
3. Be present in Operating Room with all necessary radiographs, models, splints and other equipment.
4. Write all orders on morning rounds.
7. First call for emergencies and weekend call.
8. A portion of the year is spent on off-service rotations.
F) First Year Resident (R1) Duties
The intern is directly responsible to the R2, R3, and R4, and staff, and for the following:
1. See all consults from other hospital services & presents these to the senior resident or faculty.
2. All scheduled admissions including:
   a. history
   b. physical exam
   c. admissions orders
   d. procurement of necessary laboratory studies, impressions, radiographs, and clinical photographs
   e. Pre-operative note on chart prior to surgery
3. Be present in Operating Room with all necessary radiographs, models, splints and other equipment.
4. Write all orders on morning rounds.
5. First call for emergencies and weekend call.
6. Time is spent at the VA during the first year.
7. A course in Physical Diagnosis is required.
8. A course in Head and Neck Anatomy is required.
9. A course in Orthognathics is required.

G) Intern Duties:
The intern is responsible for the UIC UG and PG clinics.
Time is also spent at the VA Hospital during this year.
The intern is responsible to the R4, R3, R2, and R1 residents and staff.

H) Extern Responsibilities:
A third or fourth year dental student interested in OMFS, may rotate on the service from time to time in 1-4 week blocks. He/she will function much the same as a first year oral surgery resident including first call, presence/participation is all departmental activities, including didactic conferences, and hospital/clinic patient care. These individuals should be treated well to encourage application to the residency program, and to permit an excellent word-of-mouth review of their experiences with us.
II. **OMS Inpatient Rounds**

1. 6:30 a.m. weekdays or as directed by the OMFS administrative (OR) chief resident.
2. Saturday & Sunday (all residents on service) 8:00 or as announced by chief resident.
3. Sunday-On Call Resident and 2nd Call Resident will make rounds at their discretion.
4. The Resident On Call the previous evening will report on the patient’s status at morning rounds.
   
   General features of a patient report for both morning and evening rounds will include (SOAP format):
   
   a) Brief intro of patient, surgical procedure performed, pertinent medical history.
   
   b) Vital signs and pertinent physical findings, I/O, D/P, etc.
   
   c) Hospital course including response to recent changes in treatment regimen.
   
   d) Current laboratory values.
   
   e) Anticipated plan for patient.

   [In order to collect this information the resident on call will be required to see the patient prior to formal rounds.]

5. Rounds will be made as expediently as possible. Orders, etc. will be taken care of by the resident at the completion of rounds.
6. UIC residents will round on all patients together before rounds with the chief.
7. All residents on Service will attend Surgery Grand Rounds at 8:00 a.m. Saturday.
8. Each hospital patient will have at least one progress notes per day based upon rounds twice daily on in-house patients. These must be dated, timed, and signed (with resident pager number) per UIC policy.

III. **Emergency and Weekend Call**

A first call OMS resident is responsible for primary treatment in the following instances:

A. **Inpatients:**

1. The resident assigned first call is responsible for orders on charts after morning rounds and completing a daily progress note. All laboratory and radiology results available must be noted. The on call resident will provide all treatment required after hours. (e.g. irrigation, dressing changes) in consultation with the senior resident or faculty.
2. Postoperative surgery rounds will be done on the evening rounds. The on call resident must see the patient again 5-8 hours postoperatively, assist in ambulation, assess fluid intake, urine output and enter a postop note on the chart.
3. Preoperative notes and orders are checked and completed by the on call resident.
4. The on call resident is expected to call all clinic and UICMC patients the evening of their surgery. A log is kept and the RN Manager ensures that patients are being contacted. You should record the time of call and any alteration of therapy.
B. **Emergency Room Treatment:**
All OMS-related problems in the Emergency Room are seen by the first call resident. The first call resident will evaluate the patient and discuss the findings and treatment options with the senior resident or staff prior to initiating any form of treatment. Extractions are not done in the E.R. except under unusual circumstances. A prescription for medication and incision and drainage, if required, can be done in the E.R. Patients should be scheduled for follow-up as appropriate.

The ED will evaluate ALL TRANSFER patients PRIOR to asking for a CONSULTATION by the OMS service, so that appropriate triage is completed and significant medical or surgical issues are not overlooked in the transfer to UICMC ED. For this reason, “direct transfers” to the OMS service as a surgical specialty service are not appropriate, but, of course, ALL patients requiring an OMS consultation in the ED will be seen promptly.

Patient are never seen or treated in the OMFS clinic after hours. Doing so places you at risk for assault or charges of sexual abuse. This is a very real problem. You have no defense. In rare instances where after hours treatment is necessary, a female nurse or physician is the only acceptable chaperone.

In the event admission is required the second call resident is to be notified. The senior resident will contact the attending on call prior to admission. Proper documentation includes entering patient data into the ER log in the oral surgery clinic. This information includes the patient’s name, age, hospital or social security number, diagnosis, treatment, and the attending responsible. This information is essential for accreditation purposes.

From time to time the OMS residents may treat patients in the ER, without direct staff supervision, after full discussion with the OMS staff surgeon on call, and with plans to see the patient in the OMS clinic within 12-48 hours for follow-up:

- Routine and surgical dental extractions
- Intraoral incision and drainage procedures
- Intraoral biopsies
- Routine repair of lacerations of the head, neck, face, and mouth
- Closed reduction of dentoalveolar fractures
- Closed reduction of mandible/maxillary fractures
- Closed reduction of nasal fractures

**ALL CONSULTATIONS AND PROCEDURES performed in the ER must be dictated** stating who the attending surgeon is and that the case was discussed with that attending. An ER log must be maintained. These cases should be discussed with Dr. Miloro or Kolokythas.

C. **Telephone Emergency Calls:**
The hospital switchboard has the capability to receive an outside call, page the on call resident, and connect to the caller. Most calls can be handled by phone but you must always indicate a willingness to personally examine the patient. Determine and inform him/her that you can see them in the E.R., that this requires payment of an Emergency Room charge of about $275 if they are not an OMFS patient of record. If the patient is complaining of swelling or bleeding they should be encouraged to report to the E.R. If a patient is definitely going to the E.R., notify the E.R. of their anticipated arrival time.

D. **Call Schedule:**
The administrative chief resident makes up the call schedule and verifies it with Dr. Miloro approximately the 20th of the preceding month and every attempt is made to balance the schedule evenly. This will be placed on New Innovations. Residents will submit written requests for vacation days or "on call" days before the schedule is completed. In the event a change of call is necessary, the individual taking the call will notify the paging operator at 8:00 that morning as well as the Emergency Room desk. Facial trauma call coverage is alternated between OMS, ENT, and Plastic Surgery Departments.
E. **Pagers:**
Residents must always be available by pager, and must respond promptly when paged.

IV. **Admission through the Emergency Room Procedure**
1. In the event admission may be necessary, the second call resident must be notified who will contact the attending on call.
2. Admitting is contacted and given the patient's name, unit number, age, diagnosis and attending surgeon name.
3. Appropriate labs are ordered and drawn in the E.R.
4. Intravenous fluids administration, if ordered, is started by the E.R. nurse.
5. A History and Physical Exam is completed in the E.R. if appropriate and any stat consultations obtained prior to moving to the floor.
6. Radiographs (e.g., CXR) can be done on the way to the floor.
7. Complete all orders in the E.R. prior to moving to the floor.
8. An admission note must be placed on the chart immediately and a complete history & physical exam performed as soon as possible. History and Physical must be dictated within 24 hours.

V. **Clinic Patients**

A) **Resident Responsibilities**
1. All residents not directly involved in OR or other specified duties are responsible for clinic patients.
2. Dress code states that a white coat must be worn when seeing patients in the clinic area. Surgical scrubs may be worn but you should wear a coat when not doing surgery. A blue gown is required during surgery in the clinic per COD policy.
3. A consultation appointment is scheduled at which time the resident does a medical history, review of systems and appropriate oral and radiographic examination. Part of the examination is physical risk assessment. There must be a justifiable reason for obtaining a radiograph. The procedure, risks and complications are explained to the patient and a fee quoted. This is all recorded on the chart along with a note about type of anesthesia and sedation to be used. A pre-anesthetic note is required for procedures requiring more than local anesthesia.
4. The patient is then scheduled for treatment. If sedation or general anesthesia is to be used, the nurse gives the instruction forms regarding fasting and necessary accompaniment to the patient.

VI. **Consults for Hospital Services**

A. **Procedures for Triage and Completion**
1. Hospital services requiring an Oral and Maxillofacial Surgery consult are to contact the chief resident or senior resident during the day or the first call resident after hours or on weekends.
2. The requesting service provides: name, unit, number, location and question.
3. The patient should be seen as early as possible but within eight hours.
4. The answer to the consult should include the following:
   a. date and **time**
   b. question
   c. recommendations
   d. reason for recommendations (assessment)
   e. discussion
   f. name, service, and beeper number
   g. supervising faculty
5. Present the patient to the attending on call for signature of consult. (Note: Either on the consult form or an appropriate note in the chart).
6. All consultations must be dictated and a consult form completed.
VII. Hospital Chart Notes

A. Progress Note (SOAP)

An appropriate Progress Note must be entered on every in-patient's chart once per day. The notes must contain date and time.

S: subjective symptoms; how the patient is doing in his words—with reference to any complaints, use quotations.

O: objective symptoms; vital signs (BP, HR, RR, temperature, including $T_{\text{max}}$ and $T_{\text{current}}$), IVF, edema, chest auscultation, bowel sounds, intake and output, laboratory results, and radiograph results, status of intermaxillary fixation or occlusion if factors in patient's treatment, physical exam findings (e.g., paresthesia), wound status (c/d/i)

A: assessment of progress

P: plan (including diagnostic testing, radiographs, discharge, follow-up)

Example

10/12/99, 6:45 am

s: “my mouth hurts.” the patient had an uncomfortable night

o: 1 day postop BSSO/LFI with RF
Periorbital edema increased over past 24 hours. Occlusion stable and repeatable. V2/V3 paresthesia. Chest: bibasilar moist rales not clearing with cough. Poor skin turgor. Oral intake poor--200 cc over 12 hours, IV @ 100 cc/hr. Output-BRP.
UA:    sg. 1.027, ph 5.2, large acetone, 40-50 WBC

a: 1)atelectasis--postop general anesthetic
    2)dehydration

p: 1)ambulate
    2)incentive spirometry q2h, ambulate ad lib, possible respiratory therapy consult & pulmonary toilet
    3)IV to 150 cc/hr
    4)Encourage po intake 1000 cc/Q shift
    5)Postop films

Signature, OMS Resident/Pager Number

B. Preop Note:
Prior to surgery each patient must have a completed preop note.

a. diagnosis
b. operation

surgeon

d. labs, X-rays, tests
e. blood ordered
f. medications
g. allergies
h. plan

Signature
OMS Resident/Pager Number

C. Operative Note:
Immediately upon completion of surgery (or WITHIN 24 hours), the R4 is responsible for entering an op note.

a. Preop diagnosis
b. Postop diagnosis
c. Operation
d. Surgeons
e. Assistants (first, second, third)
f. Attending

g. Anesthesia

h. Anesthetist

i. Fluids (including blood replacement)

j. Estimated blood loss

k. Specimens

l. Drains

m. Cultures

n. Complications

o. Patient's condition (disposition) including endotracheal tube in or out


q. INDICATIONS FOR SURGERY

This section should summarize the history, physical exam, radiographic exam, diagnosis (or differential diagnoses), and the plan for surgery and follow-up. This section must indicate that an informed consent discussion occurred and that the patient (or parent/guardian) provided verbal and written consent to proceed with surgery.

r. SURGICAL PROCEDURE

Describe the specific details of the surgery. This needs to contain a note at the end that states, “Dr. Miloro was present for, and supervised the entire surgical procedure.”

D. Postop Note (on rounds that evening)

The intern on call must enter a note on the chart approximately 5-8 hours postop.

This should include the following as appropriate:

a. (S) subjective
   (0) objective
   1. vitals/temp
   2. edema
   3. chest sounds
   4. bowel sounds
   5. dressing intermaxillary fixation & stability of occlusion
   6. donor site
   7. drains
   8. voided
   9. I/O
   10. ambulation

b. (A)assessment

c. (P) plan

E. Discharge Note

The intern on call must enter a final written and dictated discharge note on a patient prior to releasing the patient from the hospital as follows:

a. (S) subjective

b. (O) objective
   1. temp & vitals
   2. edema
   3. chest sounds
   4. bowel sounds
   5. inter-maxillary fixation stability & occlusion
   6. donor site
   7. drains
   8. voided
   9. I and O
   10. ambulation
c. (A) assessment (i.e. fit for d/c)
d. (P) plan - includes condition of patient at time of discharge, follow up appt, medications, physical activity, diet or other instructions.

VIII. Orders

The UIC order form is carbon copy. Therefore, firm pressure is required. All orders must have a date, time, and signature. All radiology requests must include a diagnosis and reason for request. The chart is then flagged by exposing the yellow on the cover wheel for routine, and red for stat orders.

A. Admission Orders: (example) (ACDVANDISSEL)

• Admit to OMFS service, Dr ___ attending
• Diagnosis:
• Condition--good, stable, guarded
• Vitals q routine
• Activity allowed, e.g., out of bed ad lib
• Nursing q routine, I/O (if required)
• Diet--regular, full liquid, low salt, dental soft, diabetic, etc.
• IV fluid and rate
• NPO (if necessary)
• Scheduled Medications, Vasotec 10 mg po qam
• Symptomatic Medications, e.g. Dalmane 30 mg po qhs prn insomnia
• Extras-Facial series, CT scan
• Labs--CBC c diff, SMA6, Coags, U/A, CXR, EKG, type & hold, T&S

B. Preop Orders: (example)
1. Diagnosis
2. Planned Surgical Procedure
3. Surgeon
4. Void on call to OR.
5. Phisohex/betadine shampoo and shower tonight (optional)
6. NPO p MN
7. Dalmane 30 mg po hs prn insomnia (or benzodiazepine)

C. Postop Orders: (example-ACDVANDISSEL):
1. Admit to PACU, then floor when stable, Dr. _______ Attending
2. Diagnosis: S/P maxillary & mandibular orthognathic surgery
3. Condition: stable
4. Vital signs Q15 min until stable, then Qlh x 4, then per routine
5. Activity: OBB c assistance when awake and alert, BRP
6. Nursing: Elevate HOB 30 degrees, ice chips ad lib, vaseline to lips prn, strict I/0
7. Diet: then clear liquids advance as tolerated to full liquids or soft diet
8. IV ___ at ___ cc/hr
9. AQ, K+, Pen G, 1,000,000 u IVPB Q4h-first dose at ___
10. Solumedrol 125 mg IV slow push Q4h-first dose at ___
11. Demerol 50 mg/phenergan 25 mg. IM Q4h prn severe pain (adjust as necessary).
12. Torecan 10 mg IM Q4h prn n and v
   13. Tylenol 360 mg c codeine 36 mg elixir po Q4h prn mild/mod pain
   14. Dimetapp elixir 2 tsp.‘ po Q8h (if necessary)
   15. Otrivin 0.1% nasal spray 2 squirts ea qid (if necessary)
   16. Mistogen at HOB
   17. Hydrocortisone 1% ointment to lips prn and leave at HOB
   18. Light oral suction prn
   19. Ice pack to R&L face x 12 hours maximum
20. Cough and deep breath Q2h while awake
21. Morphine sulfate 2-5 mg IV x 1 in RR prn severe pain (adjust as necessary)
22. Wire cutters at HOB
23. Call HO if: temp >101.5
BP systolic >190<100 (adjust to patient)
BP diastolic >110<50
HR >120<60
nausea and vomiting
not voided 8 hours post op (give time)

IX. UIC Hospital Charts

A. Patients are assigned a registration number the first time they are seen as an outpatient at UIC and they keep the same unit number for life. The hospital record contains outpatient clinic notes, Emergency Room notes and all admissions. Old records are kept in the central file room and can be signed out by phoning and giving the patient’s name and unit number.

B. New admissions must have an admission note, which includes a brief description of the circumstances involved in the admissions, pertinent physical findings and plan. This must be on the chart immediately. (A completed written and dictated history and physical is an acceptable substitute.) In the event a patient is admitted through the E.R., the note can be entered and a history and physical exam performed within 24 hours.

C. Any verbal orders must be countersigned by the intern/resident in 24 hours. Otherwise, the chart is deemed incomplete.

D. All progress notes require a signature.

E. All orders must be signed.

F. Any surgical procedure requires:
   (1) Preop note
   (2) Brief op note
   (3) Postop note
   (4) Dictated operative note done immediately at completion of procedure

G. A progress note is required twice per day

H. Discharge notes and summary must include:
   (1) Patient is afebrile.
   (2) Status of occlusion and fixation when appropriate.
   (3) Evaluation of postoperative swelling and edema.
   (4) Evaluation of wound healing.

I. Final Progress Note must be filled out at the time of discharge.
J. A discharge summary must be dictated.
K. The chart is not complete until the dictation is read, corrected and signed.

Residents/interns should check each week to determine if they have any outstanding charts. All hospital privileges are revoked after the seven day period if still not completed.

X. Communication between Resident and Staff

Guidelines for when the resident must be in direct contact with an attending surgeon:
A. Admission
B. Acute Change in Status of Patient
C. Diagnostic or Therapeutic Uncertainty
D. Occasionally, ER physician may contact OMS surgeon directly.
VACATION REQUESTS

Each year, the resident is allowed 4 weeks of paid vacation. You will need to fill out a vacation request each time you request vacation hours and arrange coverage through the chief resident. After the chief resident and rotation supervisor has approved the time off, the vacation request will be given to the program director for final approval. The maximum vacation time is one week in length, preferably a shorter time period, and should be performed during OMFS rotations, and preferably NOT during off-service rotations.

There will be no authorized vacations for the months of June and July except for Chief Resident in extreme circumstances. All vacation requests for August-December must be submitted to the administrative chief resident by July 15th, and for January-May, by January 15th. The Chief Resident will give the administrator all approved vacation requests when completed with all signatures. The acquisition and organization of vacation requests from all OMS residents on OMS service is the responsibility of the Chief Resident.

Any requests for changes to the planned vacation schedules will only be considered by the Program Director for extreme extenuating circumstances.

BOOK STIPENDS

Each resident is allowed an educational appropriation each fiscal year. The residents of the OMS will consider “pooling” the resident stipend in order to establish an OMS Resident Library with textbooks and current journal subscriptions. There is NO allotment of finances to each resident by the GME Department, but these funds are used at the discretion of the Program Director, as appropriate for augmentation of resident education and experience, including travel expenses to present research at conferences and meetings.

TRAVEL

If travel has been approved for you by the R4 and Dr. Miloro, you need to give Maria Limon:
1. Dates of travel,
2. Destination,
3. Preferred departure/arrival times,
4. Hotel, and
5. Ground transportation if applicable.

LABORATORY COATS

Each resident is issued four laboratory coats from GME during resident orientation. The resident takes the requisition to the bookstore to order and pick up the coats.

OR Operative LOGS

Each on-service resident in OMFS is required to maintain THEIR OWN operating room log. In addition to your OWN personal surgical log of cases, you are REQUIRED to use the “Resident Surgical Log” on the web. You can locate the log at www.dds4dds.com

Please make sure to have all your cases logged for the prior month by the 5th of the following month so we can run accurate monthly reports.
## IMPORTANT TELEPHONE NUMBERS

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<th>NAME</th>
<th>OFFICE PHONE</th>
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<tr>
<td><strong>Dr. Miloro</strong></td>
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<tr>
<td>Dr. Flick</td>
<td>6-7460</td>
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<td>Dr. Jamali</td>
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<td>Dr. Kolokythas</td>
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<td>9614</td>
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<tr>
<td>Dr. Weiskopf</td>
<td>314-640-6178</td>
<td>9612</td>
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<tr>
<td>Maria Limon</td>
<td>6-1052, fax 6-5987</td>
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<tr>
<td>OMFS Clinic</td>
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<td>OMFS Resident Rm</td>
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**RESIDENT EVALUATION FORM**

**Resident:**

**Rotation:**

**Evaluating Attending:**

**PGY:** [ ] 1  [ ] 2  [ ] 3  [ ] 4

**Dates of Rotation:**

**DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY**

**INSTRUCTIONS:** Circle the numerical rating best matching the resident’s skills and abilities with the description given for each component of the clinical competence. Evaluate the resident’s abilities to carry out the clinical tasks and provide substantive comments for each assessment. Site major strengths and weaknesses, including reports of critical incidents.

**HISTORY AND PHYSICAL EXAMINATION**

Obtains a complete chronological history. Performs an accurate physical examination, using the correct fundamental techniques and emphasizing those areas of importance suggested by the medical history. Demonstrates concern for patient comfort and modesty.

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**COMMENTS:**

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**DIAGNOSTIC SKILLS**

Selects appropriate diagnostic tests. Avoids unnecessary studies. Interprets studies meaningfully. Seeks appropriate consultation. Presents information accurately, concisely, and in logical sequence. Able to formulate a rational differential diagnosis and understands the physiologic basis of each entity.

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**COMMENTS:**

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**MEDICAL KNOWLEDGE AND CARE**

Selects effective care with least risk to patient. Understands the indications and pharmacology of all medications ordered. Initiates preventive measures when necessary. Effective in emergency care. Understands risks of various procedures and explains them thoroughly to patient and patient’s family. Carries out indicated procedures with skill. Performs appropriate follow-up care, including scheduling postoperative visits and obtaining any outstanding laboratory data, pathology results, and radiographic studies in a timely fashion.

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**COMMENTS:**

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**SURGICAL KNOWLEDGE AND SKILLS**

Understands the indications, contraindications, risks and benefits for each procedure. Selects the appropriate procedure for each situation. Performs all procedures with strict adherence to the basic principles of surgery and sterile technique. Demonstrates good surgical technique and manual dexterity.

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**COMMENTS:**

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**RECORD KEEPING**

Maintains clear, legible, up-to-date, and accurate patient records. All hospital and clinic chart documentation is complete and articulate. Operative notes and discharge summaries are dictated in a timely fashion, and contain all pertinent information.

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**COMMENTS:**

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**INTERPERSONAL SKILLS AND ETHICAL BEHAVIOR**

Shows enthusiasm and interest. Demonstrates a good work ethic and knows the limitation of his/her abilities. Empathizes with patients and shows genuine concern for their well-being. Establishes positive relationships with patients and their families. Maintains good rapport with faculty, support staff, and other residents. Readily accepts responsibility for own actions. Consistently demonstrates honest/ethical behavior.

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</tr>
</tbody>
</table>

**COMMENTS:**

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**OVERALL IMPRESSION**

<table>
<thead>
<tr>
<th>UNSATISFACTORY</th>
<th>SATISFACTORY</th>
<th>SUPERIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**SPECIFIC STRENGTHS:**

**SPECIFIC WEAKNESSES:**

**RECOMMENDATIONS:**

Do you feel that this resident has successfully passed this rotation and should proceed with the next stage in his/her training? [ ] YES  [ ] NO

**SIGNATURE:**

**PLEASE RETURN TO:**

Dr. Michael Miloro, Program Director

University of Illinois College of Dentistry
Department of Oral and Maxillofacial Surgery – M/C 835

801 S. Paulina St.
Chicago, IL 60612
(312)-996-1052
Fax: (312) 996-5987

Form 4.2.006
University of Illinois Department of Oral and Maxillofacial Surgery
Rotation Evaluation
Name: ___________________ Rotation: ___________ Hospital: _________________
Start Date: ______________________ End Date: ______________________

*Please complete this form honestly. Your feedback is very important in determining the content of the residency program. Please comment on any negative responses or other items you deem important.*

**Rotation**
The goals/objectives of this experience were outlined for me before I began the rotation. [ ] Yes [ ] No [ ] N/A
My assignment/role on the service was clearly defined. [ ] Yes [ ] No [ ] N/A
The amount of responsibility appropriate for my level of training. [ ] Yes [ ] No [ ] N/A
Comments:_____________________________________________________

**Rounds**
Rounds were a worthwhile educational experience. [ ] Yes [ ] No [ ] N/A
Attendings and senior residents provided useful advice/information. [ ] Yes [ ] No [ ] N/A
Feedback was useful and constructive. [ ] Yes [ ] No [ ] N/A
Comments:_____________________________________________________

**Lectures/Conferences/Seminars**
Appropriate number and frequency. [ ] Yes [ ] No [ ] N/A
Presenters possessed good lecture skills. [ ] Yes [ ] No [ ] N/A
Content was relevant. [ ] Yes [ ] No [ ] N/A

**Interaction**
Good administrative support and interaction. [ ] Yes [ ] No [ ] N/A
Good nursing/assistant staff support and interaction. [ ] Yes [ ] No [ ] N/A
Good resident support and interaction. [ ] Yes [ ] No [ ] N/A
Good attending support and interaction. [ ] Yes [ ] No [ ] N/A

**Faculty**
The faculty was very helpful. [ ] Yes [ ] No [ ] N/A
The faculty demonstrated high quality teaching skills. [ ] Yes [ ] No [ ] N/A
Most feedback was useful and constructive. [ ] Yes [ ] No [ ] N/A
The faculty had a positive influence on my learning. [ ] Yes [ ] No [ ] N/A

**Cases/Procedures**
There was a sufficient number of cases/procedures during the rotation. [ ] Yes [ ] No [ ] N/A
The variety and severity of cases/procedures were appropriate for my level of training. [ ] Yes [ ] No [ ] N/A
There were opportunities to exercise my own clinical judgment. [ ] Yes [ ] No [ ] N/A

**On-Call**
On-call rooms were safe. [ ] Yes [ ] No [ ] N/A
On-call rooms were private. [ ] Yes [ ] No [ ] N/A
On-call rooms were clean. [ ] Yes [ ] No [ ] N/A
Food cost was reasonable. [ ] Yes [ ] No [ ] N/A
Food quality was appropriate. [ ] Yes [ ] No [ ] N/A
On-call frequency was appropriate. [ ] Yes [ ] No [ ] N/A
On-call responsibilities were appropriate. [ ] Yes [ ] No [ ] N/A
There was adequate senior resident/attending support while on-call. [ ] Yes [ ] No [ ] N/A

**Parking**
Parking was readily available. [ ] Yes [ ] No [ ] N/A
Parking cost was reasonable. [ ] Yes [ ] No [ ] N/A
Parking location was appropriate. [ ] Yes [ ] No [ ] N/A

**Security**
The security met my needs. [ ] Yes [ ] No [ ] N/A
There was appropriate security for my belongings. [ ] Yes [ ] No [ ] N/A
I had no security incidents. [ ] Yes [ ] No [ ] N/A

**Overall Rating**
I was treated fairly by the residents. [ ] Yes [ ] No [ ] N/A
I was treated fairly by the attendings. [ ] Yes [ ] No [ ] N/A
This rotation was of value to me in becoming an oral and maxillofacial surgeon. [ ] Yes [ ] No [ ] N/A
I would recommend this rotation to a fellow resident. [ ] Yes [ ] No [ ] N/A
I enjoyed this rotation. [ ] Yes [ ] No [ ] N/A

**How does this rotation compare with most other rotations in the program?**
[ ] Above average [ ] Average [ ] Below average

Comments:____________________________________________________________________
University of Illinois at Chicago
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Faculty Evaluation

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>PGY</th>
<th>Attending Name</th>
<th>Rotation Dates</th>
</tr>
</thead>
</table>

Instructions
Please use this form to evaluate each Oral and Maxillofacial Surgery faculty member you come in contact with. Circle the number that best characterizes his/her performance corresponding to the questions below. Please be honest and consistent. Use the area below and the opposite side of the evaluation form for added comments or clarifications.

### Availability

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>At rounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the clinic</td>
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<tr>
<td>In the operating room</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At conferences/seminars</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For preoperative planning</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For postoperative discussion</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Education

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gives well organized and beneficial lectures</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Is willing to spend adequate time teaching</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Clearly communicates his/her expectations regarding resident responsibilities</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Relates clinical activity to basic biomedical science</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Explains/demonstrates procedures to be learned</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Reviews rationale behind treatment/procedures</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Is consistent in his/her instruction and actions</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Encourages residents to develop clinical/surgical judgment</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Rarely performs the residents’ work at the expense of the residents’ learning</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Gives residents adequate amount of responsibility</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Provides constructive, helpful feedback</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Takes advantage of teaching opportunities</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Encourages teacher-resident interaction</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
</tbody>
</table>

### Interpersonal

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintains a positive attitude and enthusiasm</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Displays a humane, caring attitude towards patients</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Relates well with residents and staff</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Is tactful and diplomatic when criticizing</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
<tr>
<td>Serves as a good role model</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
</tbody>
</table>

**Average**

Overall, I would rate this faculty member as: 1 2 3 4 5

**Additional Comments:**
#### Semi-Annual Resident Evaluation

**Name:** ____________________________________  
**PGY:** ________  
**Date:** ___________

**Log:**  
- Complete  
- Missing  

**Rotation Evaluations:**  
- Completed  
- Missing  

**Resident Evaluations:**  
- Completed  
- Missing  

**Evaluation of Attendings:**  
- Completed  
- Missing  

**Current BLS:**  
- Yes  
- No  

**Current ACLS:**  
- Yes  
- No  

**ATLS:**  
- Yes  
- No  
- n/a

**PALS:**  
- Yes  
- No  
- n/a

**Examination Scores:**
- Pharmacology: ______  
- n/a
- Statistics: ______  
- n/a
- Surgical Anatomy: ______  
- n/a
- Pathology: ______  
- n/a
- Orthognathic Surgery: ______  
- n/a
- Advanced Anatomy: ______  
- n/a
- OMSSAT/OMSITE: ______  
- n/a
- Mock Boards: ______  
- n/a

**Participation:**
- CDS Midwinter Meeting Table Clinic:  
- Yes  
- No  
- n/a
- UIC Clinic and Research Day:  
- Yes  
- No  
- n/a
- AAOMS Dental Implant Conference:  
- Yes  
- No  
- n/a
- Other: ________________________________________________________________

**Research Topic:** ____________________________________________________________

**Progress:** ________________________________________________________________

**Cognitive Skills:** __________________________________________________________

**Clinical Skills:** ____________________________________________________________

**Interpersonal Skills:** ______________________________________________________

**Patient Management Skills:** ________________________________________________

**Ethical Standards:** _________________________________________________________

**Teaching Skills:** __________________________________________________________

**Enthusiasm and Interest:** __________________________________________________

**Professionalism and Maturity:**
- **Strengths:** _____________________________________________________________
- **Weaknesses:** ____________________________________________________________

**Recommendations:** ________________________________________________________

**Resident’s Comments:** _____________________________________________________

**Senior residents completing the program:**
- This resident has demonstrated competency to practice independently.  
- Yes  
- No

**Resident’s Signature:** ____________________________________  
**Date:** ____________

**Program Director’s Signature:** __________________________  
**Date:** ____________

**Department Head’s Signature:** __________________________  
**Date:** ____________

4.2.030
End of Self-Study
University of Illinois at Chicago
Oral & Maxillofacial Surgery