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# PROSPECTUS

## MD ORAL AND MAXILLOFACIAL SURGERY AND BOARD CERTIFICATION



**BOARD OF STUDY IN DENTAL SURGERY  
POSTGRADUATE INSTITUTE OF MEDICINE  
UNIVERSITY OF COLOMBO, SRI LANKA**

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Prospectus of MD Oral & Maxillofacial Surgery (OMFS)  
Conducted by Board of Study in Dental Surgery  
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## Table of Contents

1. Mission and Outcome -----	4
1.1 Mission -----	4
1.2 Outcomes -----	4
1.3 Professionalism and Autonomy -----	5
1.4 (A) Training Outcomes at the end of Pre MD Training(StageII) -----	5
1.4 (B) Training Outcomes at the end of post M.D Training(StageIV) -----	15
2. Training process and Examinations -----	21
2.1 Learning approaches -----	21
2.2 Scientific methods -----	21
2.3 Training Content-----	21
2.4 Training Structure, Composition, Duration of the MD OMFS Training programme and Examinations -----	40
3. Assessment of Trainees -----	46
3.1 Methods of assessments-----	46
3.1.1 Periodic Appraisals - Pre MD and Post MD-----	46
3.1.2 Case Book of 10 cases -----	47
3.1.3 Journal publication-----	48
3.1.4 Stage III- MD OMFS Examination -----	48
4. Post MD Training period -----	50
5. Pre Board Certification Assessment (PBCA)-----	50
6. Requirements to be eligible for Board Certification -----	52
7. Trainees -----	52
8. Staffing -----	53
9. Training setting and educational resources -----	53
10. Evaluation of training programme -----	56
11. Governance and administration -----	57
Record of Surgical Training (Logbook) -----	60

## 1. Mission and Outcome

Statements of Mission and outcomes

PG course – MD OMFS (Oral & Maxillofacial Surgery)

Oral & Maxillofacial Surgery is a clinical specialty comprising the knowledge and skills required for management of diseases and abnormalities of the oral cavity, jaws and facial and neck structures.

The Training programme consists of four stages with two examinations and a supervised training period in Sri Lanka and abroad. Which will be conducted by the B.O.S Dental surgery on the recommendation of Sp. Board In OMFS.

### Summary of Training Structure, Composition and Duration

Stage I - Selection Examination for MD OMF Surgery

*Training Programme*

Stage II - Pre MD Training -(03 years)

*Periodic Appraisals - pre MD training appointments*

*(relevant specialty)*

*Presentation of Case Book*

Stage III - MD OMFS Examination

Stage IV - Post MD Training (overseas and local = 02 years)

*Periodic Appraisals - post MD training appointments (relevant specialty)*

*Board Certification (02 years after the date of MD OMFS Examination)*

### 1.1 Mission

To produce excellent, ethical, compassionate and versatile practitioners in the art and science of Oral & Maxillofacial Surgery.

### 1.2. Outcomes

The Trainee in MD (Oral & Maxillofacial Surgery) should be able to:

- 1.2.1 Achieve competence in the diagnosis of diseases relevant to the scope of Oral & Maxillofacial Surgery
- 1.2.2 Achieve competence in the management of diseases relevant to the scope of Oral & Maxillofacial Surgery
- 1.2.3 Participate in the multidisciplinary team management of patients
- 1.2.4 Gain broad knowledge of the Oral & Maxillofacial Surgery literature

- 1.2.5 Develop applied research skills and contribute to scientific literature
- 1.2.6 Pursue an academic carrier if so desire

### **1.3 Professionalism and autonomy**

Professionalism expected in a PG Trainee

- 1.3.1 Recognize the broad implications of one's work
- 1.3.2 Consider interest and value of patients
- 1.3.3 Provide high quality service at fair price
- 1.3.4 Maintain independence and judgment
- 1.3.5 Embody on integrity and fair-play
- 1.3.6 Be truthful and candid
- 1.3.7 Exhibit diligence and punctuality
- 1.3.8 Show courtesy and respect towards other colleagues
- 1.3.9 Comply with values and expectations of the profession

### **1.4.(A) Training Outcomes at the end of Pre MD Training (Stage II)**

#### **Training Outcomes at the end of Pre MD Training (Stage II)**

(Training Period as a Registrar in Oral & Maxillofacial surgery)

Sufficient medical knowledge of body systems, including cardiovascular, pulmonary, hepatic, neurological, renal and endocrine systems

- 1.4.(A).1 Familiarity with electrocardiography, radiography, and imaging techniques, clinical hematology, clinical biochemistry, clinical microbiology, clinical pharmacology and immunology
- 1.4.(A).2 Knowledge and skills required in Oral & Maxillofacial surgery in following clinical areas:
  - a) Examination & Diagnosis**
    - 1 The ability to carry out a basic clinical examination of the patient (including the chest & abdomen) and identify the symptoms and principal complaint.

- 2 The ability to obtain and interpret an accurate medical, dental, family and psycho-social history, and the ability to register accurately all relevant information in patient records.
- 3 The ability to generate and rank a differential diagnosis correctly using all relevant information.
- 4 The ability to prescribe and understand radiographic examinations that are appropriate for the diagnostic needs of the patient, and to understand the interpretation of radiographs, CT & MRI scans.
- 5 The ability to prescribe and perform an electrocardiogram that is appropriate for the diagnostic needs of the patient.
- 6 The ability to order relevant clinical laboratory & diagnostic tests, and accurately interpret the results.
- 7 The ability to use a face-bow, take impressions and produce accurate diagnostic casts.
- 8 The ability to assess dental and skeletal occlusal relationships in the primary, mixed & permanent dentition accurately, and identify conditions which may require treatment or referral to a specialist.
- 9 The ability to describe in appropriate detail the signs of abuse or neglect, and the procedures that Trainee should be followed when reporting such circumstances to authorities.

- 10 The ability to perform soft tissue diagnostic procedures (including biopsy) correctly.
- 11 The ability to collect and interpret all relevant information in order to formulate a working diagnosis and provide rationale.
- 12 The ability to determine a patient's aesthetic requirements, and identify the degree to which they can be met.
- 13 The ability to perform a thorough examination and diagnosis for maxillofacial trauma, including the identification (& classification) of facial fractures, jaw dislocation and traumatized teeth.
- 14 The ability to perform an accurate assessment of the patient to enable the early diagnosis of cancer.

## **b) Treatment Planning & Patient Management**

- 1 Demonstrate to an appropriate standard the management of pathophysiological conditions, including fluid balance, airway management and the nutritional requirements of the patient.
- 2 Demonstrate to an appropriate standard the ability to present to the patient the findings resulting from examination in a manner the patient understand.
- 3 Demonstrate to an appropriate standard the ability to develop and present to the patient, in a manner they understand, a comprehensive, accurate and correctly sequenced treatment plan that is specific to the requirements of the patient and based on diagnostic data.



- 4 Demonstrate to an appropriate standard the ability to formulate alternative treatment plans for patients when indicated because of unexpected circumstances; specific patient concerns or for those with special needs.
- 5 Understand the principles and obtain informed consent for the proposed treatment from the patient / parent / guardian as appropriate.
- 6 Demonstrate to an appropriate standard the ability to manage effectively and professionally difficult patients or situations where the patient's wishes and the treatment recommendations are in conflict.
- 7 Is willing to communicate with other professionals when appropriate in order to obtain additional information and / or treatment for the patient.
- 8 Listens to additional information given by the patient and / or family.
- 9 Pays attention to changes in the clinical picture and reviews diagnoses and management plans regularly. Demonstrate the ability to act quickly when problems arise.
- 10 Demonstrate accurate judgment in relation to when NOT to intervene in a clinical situation and recognize when help is required.

- 11 Describe in appropriate detail the clinical situations where follow-up is required.
- 12 Demonstrate accurate judgment in relation to patient discharge.
- 13 Demonstrate the ability to prioritize the management of the traumatized patient.

**c) Health Promotion & Disease Prevention**

- 1 Demonstrate to an appropriate standard the ability to provide patients /parents/ caregivers with comprehensive and accurate preventive education & instruction in self-care methods.
- 2 Provides preventive education for patients in a manner that inspires motivation for change, & encourages patients to take responsibility for their oral health.
- 3 Demonstrate to an appropriate standard the ability to identify patients at risk of oral / dental disease or those with detrimental oral habits, and provide them with advice or an effective strategy for control (including smoking cessation, dietary advice and mouth guards for sport).
- 4 Demonstrate to an appropriate standard the ability to prescribe and monitor the effects of pharmacological agents used to improve oral health

#### **d) Medical & Dental Emergencies**

- 1 The ability to prevent, recognize and provide basic life support for medical emergencies, including the ability to establish a patent airway and implement cardiopulmonary resuscitation.
- 2 The ability to remain calm in an emergency.
- 3 The ability to make quick, correct decisions in an emergency.
- 4 The ability to identify and promptly refer medical or dental emergencies, which are beyond the scope of management of the trainee, and to seek advice when necessary.
- 5 The diagnosis and effective management of all common medical & dental emergencies, including those resulting from treatment complications or failures.
- 6 The ability to identify pharmacological agents, their correct dosage and route of administration for the treatment of emergencies, & recognize emergency situations which have arisen from the result of pharmacological treatment or interactions between (in adults & children).
- 7 The ability to interpret routine biochemical data.
- 8 The ability to prescribe, and demonstrate an appropriate knowledge of common drug interactions.

### **e) Anesthesia, Sedation, Pain & Anxiety Control**

- 1 The ability to use local anesthesia techniques and to describe when these techniques are appropriate.
- 2 The ability to describe in appropriate detail the prevention, recognition and effective management of complications relating to the use of drugs, local anesthesia or inhalation sedation techniques.
- 3 The ability to use intravenous sedation and to describe the clinical situations when this is appropriate. The trainee can demonstrate a thorough understanding of the limitations and risks of general anesthesia and sedation.
- 4 The ability to administer relative analgesia using appropriate methods and can describe in detail the circumstances when this technique Trainee should be used.
- 5 The ability to select and prescribe drugs correctly for the relief of pain & anxiety.
- 6 The use of suitable behavioral & interpersonal techniques for the relief of fear & anxiety.

### **f) Hard & Soft Tissue Surgery**

- 1 Demonstrate to an appropriate standard the ability to carry out an accurate pre and post - operative assessment of the patient.
- 2 Knows which instruments to use in different surgical procedures and demonstrates manual dexterity.

- 3 Handle tissues gently and considers the aesthetic requirements of the patient.
- 4 Demonstrate to an appropriate standard the ability to perform routine extractions of single and multi-rooted erupted & unerupted teeth.
- 5 Demonstrate to an appropriate standard the effective removal of `buried` roots and fractured or residual root fragments.
- 6 Demonstrate to an appropriate standard the effective removal of impacted/ ectopic/ supernumerary teeth.
- 7 Demonstrate to an appropriate standard the ability to recognize and quickly treat intra-operative and postoperative complications.
- 8 Demonstrate to an appropriate standard the ability to perform correctly minor soft tissue surgery.
- 9 Demonstrate to an appropriate standard the ability to treat simple facial fractures effectively using direct & indirect methods and understand the procedures required to treat complex & multiple facial fractures.
- 10 Demonstrate to an appropriate standard the ability to treat facial lacerations effectively.

- 11 Understand conditions of craniofacial pain, which require surgical therapy, and the treatment rationale appropriately.
- 12 Describe in appropriate detail the principles of orthognathic surgery (planning & surgical methods).
- 13 Describe in appropriate detail the principles of tumour excision & reconstruction.
- 14 Describe in appropriate detail the principles and techniques involved in the pre-operative planning, surgical placement, restoration & maintenance of dental implants.
- 15 Demonstrate to an appropriate standard the ability to perform effective surgical endodontics.
- 16 Demonstrate to an appropriate standard the ability to design, perform incision & elevation of a muco-periosteal flap.
- 17 Demonstrate to an appropriate standard the management of bleeding disorders and use of anticoagulants

**g) Non-surgical Management of Hard & Soft Tissues of the Head & Neck**

- 1 The investigation, diagnosis and effective management of localised infections and post-operative surgical complications.
- 2 The investigation, diagnosis and effective management of trigeminal neuralgia, oral dysaesthesia & atypical facial pain.

- 3 The ability to evaluate the potential drug interactions that may occur between medications prescribed by the patient's doctor and those used in hospital treatment.
- 4 The ability to assess the need for and prescribe correct pharmacotherapeutic agents.
- 5 The ability to understand and assist in the investigation, diagnosis & effective management of non-neoplastic oral mucosal disease.
- 6 An understanding of the pathology of neoplastic & non-neoplastic diseases of the head and neck.

1.4.(A).3 Knowledge in behavioral and clinical sciences, ethics and jurisprudence, and application of such knowledge in clinical situations

- 1 Demonstrate to an appropriate standard an understanding of and the application of the principles of the SLMC documents that provide guidance on professional and personal conduct.
- 2 Demonstrate to an appropriate standard, an understanding of and the application of the principles of ethical behavior relevant to clinical practice including honesty, confidentiality, personal & professional integrity and appropriate moral values.
- 3 Interacts with patients, staff, peers and the general public without discrimination, and Trainee's respect to these groups.

- 4 Demonstrate to an appropriate standard a professional approach and response to patients' complaints, and accepts responsibility for his/her mistakes.

#### **1.4.(B) Training Outcomes at the end of post M.D Training**

##### **(Stage IV)**

(Training Period as a Senior Registrar in Oral & Maxillofacial surgery)

Knowledge and skill in delivering peri-operative surgical care, critical care, resuscitation, monitoring under general anesthesia and sedation

1.4.(B).1 Patient care that is appropriate, effective and compassionate

1.4.(B).2 Interpersonal and communication skills that ensure effective information exchange with patients, colleagues, scientific community and general public.

##### **a. Communication with Patient & Family**

- 1 The ability to explain to patients (from all age groups) the diagnosis, treatment options and potential risks in a manner that the patient understands, through the effective use of verbal communication skills.
- 2 The ability to communicate with patients (of all age groups) in a sensitive manner, which causes the least anxiety possible.
- 3 The ability to establish a rapport with patients (of all age groups) and inspire confidence through the use of effective interpersonal and communication skills.



- 4 The effective management of difficult, hostile or anxious patients / relatives through the use of suitable interpersonal & behavioral skills and explain in appropriate detail the logic behind the methods used.
- 5 The ability to convey bad news (including that of bereavement) to patients and relatives in a sensitive manner.
- 6 The ability to select and compose the correct styles of written communication that are appropriate for patient and / or guardians in different clinical scenarios.
- 7 The provision of up-to-date preventive education to all patients in a manner they can understand and which inspires motivation for change.
- 8 Be able to describe in appropriate detail the social factors, which may effect the implementation of preventive education & ways these may be overcome

b. Communication with Peers & Other Professionals

- 1 The ability to communicate knowledge effectively to peers and other professionals, both verbally and in writing.
- 2 The ability to present professional knowledge effectively to peers and other professionals (on a personal basis & to a wider audience) in a manner which inspires confidence & respect.
- 3 The ability to perform as an effective member of the team.

- 4 The ability to communicate effectively (verbally & in writing) with referral bodies, and a willingness to seek advice when necessary.

#### 1.4.(B).3 Appraisal and utilization of new scientific knowledge

#### 1.4.(B).4 Function as a trainer, teacher and supervisor

#### 1.4.(B).5 Capability to undertake research and analytical approach on health problems

#### 1.4.(B).6 Professionalism

##### a. Personal Professionalism

- 1 Demonstrate to an appropriate standard the ability (and commitment) to self-assess his/her own capabilities & limitations in order to provide the highest standards of patient care.
- 2 Accepts feedback on performance and seek advice when beyond his/her limits of competence.
- 3 Demonstrate to an appropriate standard a commitment to Continuing Professional Development through regular efforts to update & improve knowledge and skills, and the incorporation of these skills into everyday practice.
- 4 Demonstrate to an appropriate standard a thorough understanding of the professional responsibility of a maxillofacial surgeon and his/her role within & outside the MOH.

5 Be able to describe in appropriate detail the dangers of practicing while impaired by alcohol, drugs or illness.

b. Professionalism towards Staff & Peers

- 1 Can explain in appropriate detail the actions that would be taken by him/herself and the SLMC with regard to the incompetent, impaired or unethical colleague.
- 2 Interacts with staff and peers without discrimination.
- 3 Respect and cooperative with colleagues, staff and peers, and can demonstrate a commitment to the maintenance of high levels of professionalism, training & safety within the team.
- 4 Explain in appropriate detail the role of other unrelated specialties.

1.4.(B).7 Interest and ability to act as an advocate of the patient

- 1 Provides compassionate care for all patients, and demonstrates a willingness to put the needs of the patient first.
- 2 Provides treatment to all patients with courtesy and respect, and without discrimination.
- 3 Maintains honesty & confidentiality with all patients.
- 4 Explains treatment options that are sensitive to the needs of the patient and explains potential risks in a manner that they can understand. Reviews patient management and treatment outcomes regularly in an effort to provide the highest standards of patient care.

5 Keeps accurate, legible and contemporaneous notes and correspondence.

6 The trainee provides preventative education to all patients in a manner they can understand & regularly promotes the importance of health.

7 Keeps the patients' GDP & GMP informed of treatment plans and outcomes.

#### 1.4.(B).8 Knowledge of public health and state policy and regulations Legislative Management

1 Appropriate responsibility for all health & safety issues relating to his/her clinical practice, including those relating to patients and staff.

2 Up-to-date knowledge of cross infection control procedures and is competent in the implementation of these into clinical practice.

3 Demonstrate to an appropriate standard an understanding of the legal issues relating to health & safety & infection control in clinical practice, and can describe where to get additional information if necessary.

4 Demonstrate to an appropriate standard an understanding of the definitions of fitness to practice according to the SLMC and describe the legal implications associated with breach of confidentiality, discrimination, invasion of privacy, defamation and misrepresentation.

- 5 Describe in appropriate detail the legal principles behind informed consent.
  - 6 Demonstrate to an appropriate standard an understanding of the rules & regulations associated with the Department of Health Services and other professional bodies.
  - 7 Describe to an appropriate standard the ability to deal with grievance procedures and complaints in a professional manner.
  - 8 Demonstrate an understanding of the cost and clinical value of different investigations.
  - 9 Uses evidence-based practice where appropriate
- 1.4.(B).9 Awareness of the general regulations and procedures for financial and management issues Personal Organization
- 1 The ability to manage his/her time efficiently.
  - 2 The ability to manage problems effectively and can demonstrate the ability to prioritize.
  - 3 The efficient and organized maintenance of patients' records.
  - 4 The effective use and understanding of IT systems to a standard that is appropriate for clinical practice.

## **2 . Training process and Examinations**

### **2.1 Learning Approaches**

- Should follow a systematic training program
- Must be practice based
- Integrated theoretical and practical (clinical) approaches should be adopted
- Should introduce increasing degree of self learning
- Should focus from general to more specialized areas
- Should provide educational counseling

### **2.2 Scientific Methods**

- Understanding of the scientific method
- Aware of basic research techniques
- Acquire skills analytical thinking
- Ability to practice evidence based Maxillofacial surgery.
- Exposed to critical appraisal of literature
- Understanding of statistical concepts

### **2.3 Training Content**

Relevant knowledge and skills related to following areas:

2.3.1 General Medicine

2.3.2 General Surgery

2.3.3 Anesthesiology and Intensive care

2.3.4 Oral Medicine

2.3.5 Oral Pathology

2.3.6 Radiology including Imaging techniques

2.3.7 Oral & Maxillofacial Surgery

2.3.8 General Topics

### **2.3.1 General Medicine**

(Body systems including cardiovascular, pulmonary, hepatic, neurological, renal and endocrine systems)

\*General Medicine appointment as a Registrar

The trainee (Registrar category studying for MD Part II examination) will be placed under a Consultant Physician in an approved training centre as an observer to take part in clinical activities in the management of general medical conditions which are relevant to the practice of Oral & Maxillofacial Surgery

#### **Clinical Learning Objectives for the General Medicine Appointment**

### **1. History Taking**

- 1.1 Able to take a history and identify symptoms
- 1.2 Able to analyse symptoms in order to work out problems

### **2. Examination**

- 2.1 Ability to conduct a detailed clinical examination with special emphasis on developing a habit of orderly examination of following:

#### **2.1.1 General Examination**

General appearance, posture, physical state, Temperature, pulse, respiration

Head to toe examination

Eyes – Pallor, Icterus, Mouth – tongue – central cyanosis

Skin – pigmentation, rashes, hair, petechiae, spider naevi

Hands – clubbing, Legs -

Expression, Build, State of nutrition, obesity, Deformities, swellings

Neck, Thorax, Abdomen

## 2.1.2. Systems

Cardiovascular system Respiratory system

Gastro intestinal system

Nervous system & mental state

Loco motor system

Able to record the history and examination findings

### **3. Defining the problem/ problems**

Be able to carry out analytical expression of signs and symptoms in order to identify main problems on a priority basis and arrive at a differential diagnosis

### **4. Investigations**

Ability to decide on and to interpret relevant radiological, biochemical, haematological and serological investigations with a view to: diagnose, assess response to treatment and follow up

UFR

Base line blood (Haematological ) investigations

Biochemical investigations

Serology Immunology

Tissue investigations

Others

### **5. Ability to logically analyse history and examination findings and results of investigations to arrive at a definitive diagnosis**



## 6. Management Phase

- 6.1 Ability to understand the rationale of appropriate therapy
- 6.2. Be aware of management of medical emergencies and post operative medical complications

## 7. Common medical conditions that the trainee should be familiar with

### 7.1 CVS

- Heart failure
- Hypertension
- Ischemic heart disease
- Arrhythmias
- Cardiomyopathies Acute/chronic Rheumatic fever
- Congenital heart diseases
- VSD, ASD, PDA, Coarctation of Aorta,
- Pulmonary Stenosis
- Tetralogy of fallot, MVP, Bicuspid Aortic Valve
- Infective endocarditis
- Venous thrombosis and pulmonary embolism
- Cardiac transplantation

Discuss in detail about Dental implications of above diseases and their management

### 7.2 Haematological diseases

- Be able to detect Signs and symptoms
- Understand relevant investigations and their interpretation
- Understand the principles of management
- Discuss in detail about dental implications and management

### 7.3 Respiratory system

Be able to elicit common signs and symptoms of following respiratory diseases

Respiratory infections including TB cystic fibrosis

COPD, Asthma

Bronchial carcinoma and metastatic lung diseases

Sarcoidosis and granulomatous conditions

Bronchiectasis, Pulmonary fibrosis

Occupational lung diseases

Post operative respiratory complications

ARDS / Mendelssons syndrome

Gain a basic understanding of management of above conditions

Discuss in detail about Dental implications of above diseases and their management

### 7.4 GIT

Be able to elicit common signs and symptoms of following GIT diseases

Dysphagia Peptic ulcers

Gastric Ca

Inflammatory bowel diseases

Celiac disease/ Dermatitis Herpetiformis

Crohn's disease

Ulcerative colitis

Diverticular disease

Irritable bowel syndrome

Pancreatitis / pancreatic tumours

Colon Ca

Pseudomembranous colitis

Gain a basic understanding of management of above conditions

Discuss in detail about Dental implications of above diseases and their management

## 7.5 Hepatic disease

Be able to elicit common signs and symptoms of following hepatic diseases

Obstructive Jaundice Blood born viral infections –  
Hepatitis A, B & others

Chronic hepatitis Cirrhosis

Drug induced liver disease Hepatic malignancy

Post operative jaundice

Gain a basic understanding of management of above conditions

Discuss in detail about Dental implications of above diseases and their management

## 7.6 Nervous system

Discuss and carry out a detailed examination of Cranial nerves

Acquire historical information and be able to elicit common signs and symptoms of following diseases of the nervous system

Headache and facial pain

Cranial nerve palsies

Epilepsy, Syncope

Raised ICP , Infections of the nervous system

Motor neuron disease

CVA

Tumors of the nervous system

Peripheral neuropathies

Gain a basic understanding of management of above conditions

Discuss in detail about Dental implications of above diseases and their management

## 7.7 Diseases of the musculoskeletal system

Be able to elicit common signs and symptoms of following musculoskeletal diseases

Diseases of bone (osteomalacia, osteoporosis)

Genetic skeletal diseases

Osteogenesis imperfecta, Achondroplasia

Cleidocranial dysostosis

Osteopetrosis

Marfan syndrome

Ehlers – Danlos syndrome

Diseases of the calcium metabolism and bone

Rickets and osteomalacia, Osteoporosis

Paget's

Diseases of the joints

Osteoarthritis

Rheumatoid arthritis

Gout

Ankylosing spondylitis

Reiter's syndrome

Myopathies

Gain a basic understanding of management of above conditions

Discuss in detail about Dental implications of above diseases and their management

## 7.8 Renal disorders

Be able to elicit common signs and symptoms of following renal diseases

Chronic renal failure and renal transplant

Nephritic and Nephrotic syndromes

Renal stones

Gain a basic understanding of management of above conditions  
Discuss in detail about Dental implications of above diseases and their management

## 7.9 Endocrine and metabolic diseases

Be able to elicit common signs and symptoms of following endocrine diseases

Functional abnormalities of Hypothalamus and pituitary

Functional abnormalities of Adrenal cortex

Systemic corticosteroid therapy

Adrenal medulla problems

Thyroid abnormalities

Parathyroid abnormalities

Diabetes mellitus and pancreatic tumours

Inborn errors of metabolism

Pregnancy and dental implications / oral contraceptives

Obesity

Gain a basic understanding of management of above conditions

Discuss in detail about Dental implications of above diseases and their management

**8 . The trainee should be able to present and discuss findings of history, clinical examination and investigations of the following long cases at length and understand the principles of their therapy**

8.1 CVS:

- Congestive cardiac failure
- Hypertension
- Chronic valvular disease
- SABE
- Cor pulmonale
- Young hypertension
- Myocardial infarction
- Angina (stable / unstable)

8.2 Respiratory system:

- Pleural effusion
- Pneumonia
- Bronchiectasis
- Bronchial asthma
- Pulmonary TB
- COPD
- Lung cancer
- Pulmonary fibrosis

8.3 Haematological:

- Leukaemia
- Anaemia
- Lymphoma

## Multiple myeloma

- 8.4 GUT: Nephritic syndrome  
Nephrotic syndrome  
Chronic renal failure  
UTI
- 8.5 GIT : Chronic liver disease  
Infective hepatitis  
Jaundice  
Changes in bowel habits
- 8.6 Infections:  
Viral fever eg. Dengue  
Bacterial infections – Typhoid,  
Parasitic infections – Malaria, Leptospirosis
- 8.7 Nervous and muscular system:  
Hemiplegia  
Peripheral neuropathy  
Cervical spondylosis  
Epilepsy  
Motor neurone disease  
Parkinsonism  
CVA  
Wasting of muscles
- 8.8 Endocrine: Diabetes mellitus  
Thyrotoxicosis  
Myxoedema

Addisons disease

8.9 Systemic: Rheumatoid arthritis  
SLE

8.10 Miscellaneous: PUO  
Purpura

**9. The trainee should be able to present and discuss findings of clinical examination and relevant investigations of following short cases**

9.1 CVS: Septal lesions  
Valvular heart diseases  
SVC/ IVC obstruction

9.2 RS: Pneumothorax  
cavity  
Lobar pneumonia  
Pleural effusion  
Emphysema

9.3 GIT: Hepatosplenomegally  
Hepatomegally  
Splenomegally

9.4 Endocrine:  
Acromegally  
Cushings syndrome  
Myxoedema



## Diabetic leg

9.5 Infections: Herpes zoster

9.6 Systemic: Ankylosing spondylitis  
Rheumatoid arthritis  
Scleroderma

9.7 Miscellaneous: Clubbing  
Purpura  
Pemphigus

9.8 Nervous and musculoskeletal:

Motor neurone disease

Myasthenia gravis

Cranial nerve palsies

Gait abnormalities

Spinal cord tumours

Myopathies

Neurofibromatosis

Spastic paralysis

Rheumatoid chorea

Horner's syndrome

Paraplegia

Vertigo

## 2.3.2 General Surgery

(Inflammation, Infections, wounds, trauma, neoplasia, surgical practice)

### General Surgery Appointment- 3 months

Timing: Stage II, Pre MS Training period as a Registrar (1<sup>st</sup> on-call level, work along with surgical intern)

### Clinical Learning Objectives for the General Surgery Appointment

#### **Didactic objectives**

At the end of the course the trainee should be able to:

1. Describe principles of diagnosis and treatment of General Surgical cases:

1.1 swellings: Cutaneous and subcutaneous masses including masses of neck and rest of the body.

1.2 Inflammation: Inflammation or abscesses of skin and subcutaneous tissue

1.3 G.I. Tract:

1.3.1 Abdominal pain – acute and chronic vomiting

1.3.2 Diarrhoea and constipation

1.3.3 Haemetemesis and malaena

1.3.4 Abdominal mass

1.3.5 Bleeding per rectum

1.3.6 Mucous in stools

1.3.7 Dysphagia

1.4 Vascular anomalies:

1.4.1 Aneurysms

1.4.2 Angiopathies

1.4.3 Arterial injuries

1.4.4 Varicose veins

1.4.5 Thrombophlebitis and post thrombotic venous

incompetency.

- 1.4.4 Deep vein thrombosis
- 1.5 Bone & joints
  - 1.5.1 Injuries of the extremities back and neck
  - 1.5.2 Pain involving the extremities, back and neck
  - 1.5.3 Swelling of the joints and joint disease (Arthritic Conditions)
  - 1.5.4 Masses in the extremities (soft tissue and bone)
  - 1.5.5 Generalized bone disease–Osteoporosis, Osteomalacia
- 1.6 Peritoneum
  - 1.6.1 Acute peritonitis
  - 1.6.2 Trauma
  - 1.6.3 Neoplasms
- 1.7 Other
  - 1.7.1 Jaundice
  - 1.7.2 Pain in extremities,
  - 1.7.3 Shock (haemorrhagic , septicæmic, cardiac)
- 2 Describe principles / indications of following procedures:
  - 2.1 Oesophagoscopy
  - 2.2 Upper and Lower GI flexible endosocopy
  - 2.3 Sigmoidoscopy
  - 2.4 Cystoscopy/dilation of urethra
  - 2.5 Abdominal paracentesis
  - 2.6 Fluid therapy
- 3. Describe basics of postoperative care of following general surgical procedures
  - Appendicectomy, Exploratory Laparotomy, Drainage of appendix abscess

Thyroidectomy, Exploration of parathyroid glands,

Herniorraphy, Surgery of varicose veins

### **Clinical objectives**

At the end of the course the trainee should be able to:

- 1 record an adequate clinical history.
- 2 conduct a detailed clinical examination with special emphasis on developing habit of orderly examination  
ie: Inspection , palpation, percussion, auscultation comparing with normal side where relevant, examination technique for breasts, thyroid, hernia, varicose veins and examinations above and beyond lump when relevant (eg. regional lymph node examination). Correct technique for fluctuation, transillumination and other basic signs
- 3 discuss procedure and carry out
  - a). Examination of wounds
  - b). Examination of peripheral vascular system
- 4 perform a logical analysis of data from history , examination and investigations and arrive at a reasonable diagnosis
- 5 select an appropriate method of therapy with special attention to pre-operative resuscitation and post operative problems.
- 6 demonstrate ability to manage pain

### 2.3.3 Anesthesiology and Intensive care

#### 1. Pre-operative assessment

- I. Trainee should be able to take a relevant history, do an appropriate examination, order and interpret relevant investigations (including ECG, Chest Xray and Lung function tests) and optimize the patient based on the above findings.
- II. Should be able to understand and evaluate peri-operative and peri-anaesthetic risks.  
Should have an understanding of common and important anaesthetic complications. Be familiar with common anaesthetic risk classifications  
eg ASA classification

#### 2. Intra-operative care

Procedures to be familiar with

- 2.1 setting up monitoring-ECG, NIBP, SpO2
- 2.2 setting up iv drips
- 2.3 intravenous cannulations
- 2.4 Preoxygenation
- 2.5 Endotracheal intubations (at least 10)
- 2.6 Bag and mask ventilation
- 2.7 Insertion of Laryngeal Mask Airways
- 2.8 nasogastric tube insertions
- 2.9 administering drugs through an iv cannula
- 2.10 giving im and sc injections

Commonly used drugs during an anesthetic. Eg. anaesthetics (intravenous and inhalational), analgesics, neuromuscular blockers, antiemetics etc

### 3. Post operative care

- 3.1 monitoring vital parameters
- 3.2 fluid and electrolyte balance, assessing hydration status, resuming oral feeds
- 3.3 fluid management-“how much of which fluid to be given”
- 3.4 Post operative analgesia
- 3.5 Post operative nausea and vomiting (PONV)
- 3.6 Medical and surgical conditions which need special attention-  
eg Diabetes, Hypertension, Ischaemic heart disease, Bronchial asthma

### 4. Acute pain and Analgesia

- 4.1 Assess pain objectively in both pre and post operative conditions
- 4.2 Importance of analgesia: cardiocascular, respiratory and gastrointestinal beneficial effects of analgesia
- 4.3 Principles of “Multimodal-Multidisciplinary Analgesia”  
Methods of analgesia-Pharmacological and Non-harmacological  
Be familiar with different analgesics, doses, common side effects of Opiates, NSAIDS, Paracetamol, Tramadol, Ketamine and local anaesthetics vv  
Different routes available for administration of analgesics-
- 4.4 im, sc, po, pr, local infiltrarion, topical

### 5. Fluid and electrolyte balance

- 5.1 Ability to assess dehydration clinically
- 5.2 Be familiar with different iv fluids-crystalloids, colloids and their uses
- 5.3 Ability to interpret “CVP”
- 5.4 Understand the importance of-urine output, pulse rate and volume.

## 5.5 Interpretation of “arterial blood gas reports”

### 6. Blood and blood products

- 6.1 Blood conservation techniques
- 6.2 Indications for blood and blood product transfusion
- 6.3 Complications of blood transfusion
- 6.4 Massive transfusion
- 6.5 Autologous blood transfusion

### 7. Intensive care

- 7.1 Ventilation and respiratory therapy
- 7.2 Invasive monitoring
- 7.3 Use of Inotropes

### 8. Resuscitation

- 8.1 after a cardiac arrest
- 8.2 of a patient in cardiovascular collapse
- 8.3 of a patient with dyspnoea

### 9. Sedation

Trainee should learn safe administration of oral sedation for dental procedures.

#### **2.3.4 Oral Medicine**

- 2.3.4.1 Acute and chronic orofacial pain conditions
- 2.3.4.2 Temporomandibular disorders (TMDs) and other musculoskeletal problems in the head and neck region
- 2.3.4.3 Potentially malignant oral disorders (PMODs)
- 2.3.4.4 Habit intervention programmes including tobacco

cessation and opportunistic screening for patients at high risk of oral cancer

- 2.3.4.5 Mucositis and other adverse effects of radiotherapy and chemotherapy
- 2.3.4.6 Oral manifestations of systemic disease
- 2.3.4.7 Oral effects of local and systemic use of pharmacological agents
- 2.3.4.8 Benign oral mucosal diseases
- 2.3.4.9 Common fungal and bacterial infections in the orofacial region

### **2.3.5 Oral Pathology**

- 2.3.5.1 Biopsy Practice
- 2.3.5.2 Macroscopic Pathology & Cut-ups
- 2.3.5.3 Histopathology of dental & Oral diseases
- 2.3.5.4 Principles of immunochemistry and molecular biology

### **2.3.6 Radiology including Imaging techniques**

- 2.3.6.1 Basic radiation physics, Radiation induced injuries and radiation protection
- 2.3.6.2 Principles of intra oral radiography, extra oral radiography, Digital radiography and Special imaging techniques
- 2.3.6.3 Radiographic anatomy
- 2.3.6.4 Principles of Radiographic interpretation
- 2.3.6.5 Imaging techniques of above common diseases of interest.
- 2.3.6.6 Medico-legal aspects



### **2.3.7 Oral & Maxillofacial Surgery**

- 2.3.7.1 Management of abnormalities and diseases of the oral cavity, jaws and associated facial and neck structures.
- 2.3.7.2 Dento-alveolar surgery
- 2.3.7.3 Management of Head & Neck Infections
- 2.3.7.4 Management of Maxillofacial Trauma
- 2.3.7.5 Management of cysts and benign tumours of mouth and jaws
- 2.3.7.6 Orthognathic surgery, Craniofacial deformities
- 2.3.7.7 Preprosthetic and implant surgery
- 2.3.7.8 Management of TMJ pathology
- 2.3.7.9 Salivary gland surgery
- 2.3.7.10 Maxillary sinus related surgery
- 2.3.7.11 Management of Cleft lip and Palate
- 2.3.7.12 Management of malignant tumours of maxillofacial region  
Reconstructive maxillofacial surgery
- 2.3.7.13 Facial Plastic Surgery

### **2.3.8 General Topics**

Behavioral and social sciences – basic demography, sociology, psychology, ethics and community dentistry  
Administration  
Management

## **2.4 Training Structure, Composition, Duration of the MD OMFS Training programme and Examinations**

*Summary of Training Structure, Composition and Duration*

2.4.1 Stage I- Selection Examination for MD OMF Surgery Training Programme

2.4.2 *Stage II - Pre MD Training -(03 years)*

2.4.3 *Periodic Appraisals - pre MD training appointments  
(relevant specialty)*

2.4.4 *Presentation of Case Book*

2.4.5 *Stage III- MD OMFS Examination*

2.4.6 *Stage IV- Post MD Training (overseas and local= 2 years)*

2.4.7 *Periodic Appraisals - post MD training appointments (relevant  
specialty)*

2.4.8 *Board Certification (02 years after the date of MD OMFS  
Examination)*

**2.4.1 Stage I- Selection Examination for MD OMF Surgery  
Training Programme**

**Eligibility Criteria**

**Examination Format -**

**Common MCQ Paper** (held three weeks before other components)

90 questions (three hours)

General Anatomy      23 MCQ

Dental Anatomy      23 MCQ

Physiology            22 MCQ

Pathology              22 MCQ

Only the candidates who obtain 50% or more at the MCQ paper are permitted to proceed for the rest of the examination which will be held three weeks later:

**Theory Paper 1 – General Anatomy & Oral Anatomy**

three separate theory papers (Structured Essay) for the three specialties.

**Paper 1.1** for candidates opting for MD OMF Surgery training programme

**Paper 1.2** for candidates opting for MD Orthodontics training programme

**Paper 1.3** for candidates opting for MD Restorative Dentistry training programme

Each paper (3 hrs) will have a total of eight questions in two parts.

Part A –General Anatomy (four questions)

Part B – Oral Anatomy (four questions)

3 out of 4 questions of each part to be answered and all questions carry equal marks.

examiners: content experts and clinicians in relevant field

### **Theory Paper 2 – Physiology & Pathology**

common paper (Structured Essay) for candidates opting for all three specialties

Each paper ( 3 hrs ) will have a total of eight questions in two parts.

Part A – Physiology (four questions)

Part B – Pathology (four questions)

3 out of 4 questions of each part to be answered and all questions carry equal marks.

examiners: content experts and clinicians in relevant field

**Viva voce-** separate Viva Boards for three specialties

Histology slides                      10 min for two slides

General Anatomy Viva              10 min with two examiners

Dental Histology slides	10 min for two slides
Dental Anatomy Viva	10 min with two examiners
Physiology Viva	10 min with two examiners
Pathology Viva	10 min with two examiners

Round I – for candidates opting for MD OMF Surgery training programme  
 Round II- for candidates opting for MD Orthodontics training programme  
 Round III- for candidates opting for MD Restorative Dentistry training programme

Examiners at each board: content experts and clinicians in relevant field

**MARKING** - Percentage Marking will be adopted for all components: MCQ, Theory and VIVA

**PASS MARK FOR** - Candidates are required to obtain a mark of at least 50%

**MCQ PAPER** - in the MCQ paper in order to proceed to the Essay and Viva Components of the examination.

**PASS MARK FOR** - **SUBJECTS**

- In order to pass the examination a candidate must pass all four subjects in one sitting.
- In order to pass a subject a candidate must obtain 50% or more in the total mark of all three components (MCQ+Theory+Viva) of the subject.

## Award of Marks in each component of a subject

	SUBJECT 1 General Anatomy	SUBJECT 2 Dental Histology	SUBJECT 3 Physiology	SUBJECT 4 Pathology	Grand total aggregate obtained in all four subjects
MCQ	40%	40%	40%	40%	
THEORY	40%	40%	40%	40%	
VIVA	20%	20%	20%	20%	
Total mark for each subject	100%	100%	100%	100%	400%
Pass mark for each subject	50%	50%	50%	50%	

### 2.4.2 Stage II - Pre MD Training (3 years)

#### Appointment structure (under relevant consultant units)

2.4.2.1 <b>General Medicine</b>	<b>03 months</b>
2.4.2.2 <b>General Surgery</b>	<b>03 months</b>
2.4.2.3 <b>Short Appointments in Allied Medical Disciplines</b>	<b>09 months</b>
Intensive care unit/ Anaesthesiology	06 weeks
Accident / Trauma	02 months
Emergency Treatment Unit	01 month
Plastic Surgery	01 month
Neurosurgery/Neuro Trauma Unit	01 month
Paediatric Surgery	02weeks
Cardiology	02weeks
Oncology	02 weeks
E.N.T	02 weeks
Radiology	02 weeks

**2.4.2.4 Faculty of Dental Sciences, Peradeniya 06 months**

Surgical Anatomy	02 weeks
Oral & Maxillofacial Surgery	06 weeks
Oral Medicine	06 weeks
Oral Pathology	04 weeks
Oral Radiology	02 weeks
Orthodontics*	04 weeks

(\* Orthodontic unit in any approved training centre)

**2.4.2.5 Oral & Maxillofacial Surgery Units 01year and 03 months**

Main Training Centre	01 year
Peripheral Training Centre	03 months

**2.4.2.6 Compulsory Completion of following Training programmes, Workshops**

- Advanced Trauma Life Support or similar course
- Cardio Pulmonary Resuscitation or similar course
- Basic facial soft tissue surgery course(Conducted by a recognized Association or a College)

**2.4.6 Stage IV- Post MD Training (overseas and local; 2 years)**

2.4.6.1 Overseas training in Oral & Maxillofacial Surgery -01 year

2.4.6.2 Local training in Onco - Surgical Unit -03 months

2.4.6.3 Local training in Oral & Maxillofacial Surgery

Main Training Center for OMFS- 09 months

2.4.6.4 PGIM weekend courses on Research Methodology, Statistics

and Information Technology (Trainees are expected to produce certificates of participation)

**Total Duration of the Training programme: 5 years**

### **3. Assessment of Trainees**

#### **3.1 Methods of Assessment-**

##### **MD Oral & Maxillofacial Surgery Training Programme**

- 3.1.1 Periodic Appraisals (RITA method)  
Trainees' Log Diary, Trainees' Portfolio  
Self Assessment and Feedback forms
- 3.1.2 Case Book of 10 cases
- 3.1.3 Journal publication (considered as a pre-requisite to sit for the MD examination)
- 3.1.4 MD OMFS Summative Examination
- 3.1.5 Pre Board Certification Assessment

#### **3.1.1 Periodic Appraisals - Pre MD and Post MD**

##### **Record of In-service Training Appraisal (RITA)**

###### **3.1.1.1 Timing of Appraisals :**

For Long Appointments taking more than 06 months

1<sup>st</sup> Appraisal within the first week of appointment

Subsequent Appraisals at 04 month intervals

For Short Appointments (less than 06 months)

End of 1<sup>st</sup> week in each appointment and at the end of the appointment

###### **3.1.1.2 Methods of Documentation:**

### **Portfolio development by the Trainee**

Recommended contents of a portfolio

Syllabus Guide prepared by the Educational Supervisor

Self-Assessment of the Training/ Acquisition of clinical experience by the Trainee

Assessment of the Trainee's progress by the Educational supervisor

Pages to record clinical activity during the appointment

Pages to record attendance at essential courses

Pages to record experience obtained in tutorials, journal clubs, Clinio- pathological Conferences and audits

Trainee's Personal Log diary where every single clinical activity is recorded and authenticated by the supervisor

#### 3.1.1.3 Appraisals-

“Confidential educational review process for the benefit of the Trainee”

Review and discussion on the education received during the appointment.

Establishment of a Personal Development Plan for the future

### **3.1.2 Case Book of 10 cases**

Case Book of 10 cases during training period,

#### **Topics:**

Dento-Alveolar Surgery, Maxillofacial Trauma, Salivary Gland Disease, Developmental Anomalies of the face, Orthognathic Surgery, Reconstructive maxillofacial surgery, Oral Malignancies, Oral Mucosal diseases and Facial Pain

Case Book in two copies in spiral bound format should be submitted 6 weeks before the MD examination for assessing and



marking.

### Viva III

component of the examination will be a discussion on the case book.

Corrected version, properly bound in hard cover should be re-submitted. One copy will be retained at the PGIM Library.

### **3.1.3 A Journal publication**

(in a peer reviewed local or international Journal)

### **3.1.4 Stage III- MD OMFS Examination**

The end of course examination will consist of eight components as follows:

Theory papers I and II

Practical

Clinicals I , II and III

Vivas I and II

The close marking scheme will be adopted with a range of 7 to 10 and 9 as the pass mark.

In order to pass the examination a total of 72 marks must be scored.

#### **3.1.4.1 Details of Examination Format:**

##### **Theory**

##### **Theory Paper I**

(4 questions)

**Duration 03 hours**

Oral & Maxillofacial Surgery 2 Q

Oral and Maxillofacial Surgery with a bias on

Oral Radiology or Prosthetics 1 Q

General Surgery 1 Q

## **Theory Paper II**

(4 questions)

**Duration 03 hours**

Oral Medicine

1 Q

Oral Pathology

1 Q

General Medicine

1 Q

Orthodontics

1 Q

## **Practical**

### **Practical - Oral & Maxillofacial Surgery**

**Duration 02 hours**

Surgical removal of an impacted lower third molar tooth under local anaesthesia. Psychomotor component involving administration of LA, muco-periosteal flap, removal of bone and suturing technique.

## **Clinicals**

### **Clinical I-**

**Duration 01 hour**

#### **(a) One Long Case in Oral & Maxillofacial Surgery**

(Examination 30 min. and discussion 30 min.)

### **Clinical II**

**Duration 02 hours**

#### **(a) Oral Pathology**

**Duration 01 hour**

3 OSCE stations –10 minutes each and 30 minutes discussion. This component involves identification of histological features and relating them to the clinical situation.

(b) **Oral Medicine Short cases** **Duration 01 hour**

Two short cases

(Examination 15 mins, Discussion 15 mins for each case)

**Clinical III-** **Duration 03 hours**

(a) **One Long case in General Medicine**

(Examination 30 min. and discussion 30 min.)

(b) **One long cases in General Surgery** (Examination 30 min. and discussion 30 min.)

(c) **12 OSCE stations in Allied Medical Disciplines**  
(5 minutes each)

### Viva Component

**Viva I –**

a. **General Medicine**

b. **General Surgery**

c. **Oral Medicine**

(15 minutes with each examiner)

**Duration 45 min**

**Viva II - Maxillofacial Surgery and Case book discussion**

**Duration One**

**hour**

## **4 Post MD Training period**

There shall be one year training in a recognized unit in Sri Lanka and one year in a recognized unit overseas

## **5 Pre – Board Certification Assessment (PBCA)**

5.1 Eligibility to sit for the PBCA

The following criteria have to be accomplished to be eligible to appear for the PBCA.

5.1.1 Successful completion of prescribed Post MD training

5.1.2 Provision of satisfactory Progress Reports for ALL stages of training.

## 5.2 Details of PBCA

This will consist of a Portfolio Viva conducted by two examiners appointed by the BOS. The marking will be done as described below.

The completed portfolio should be submitted after completion of training for the purpose of assessment. It will be assessed by a panel of two examiners appointed by the BOSP. The panel will sit at a formal discussion with the trainee and evaluate the portfolio over a period of 45 minutes.

At the 45 minute portfolio *viva voce* the performance of the trainee will be marked by the examiners using the following rating scale:

### Rating Scale

Grading	Closed Mark
Bad Failure	7
Borderline failure	8
<b>Pass</b>	<b>9</b>
<b>Good pass</b>	<b>10</b>
<b>Excellent pass</b>	<b>11</b>

It is mandatory to obtain a minimum mark of 9. A trainee who would score a closed mark of less than 9 will be advised by the panel on exactly how the portfolio could be improved to achieve a closed mark of 9 or more. In such a case, the necessary corrections and amendments have to be made by the trainee and

the portfolio submitted to the same panel of examiners for a second evaluation. If a closed mark of 9 or more is not obtained, a third evaluation by the same panel of examiners will become necessary.

The completed portfolio, its satisfactory assessment by the BOSP and a minimum pass grading is necessary for the trainee to be eligible for Board Certification

## **6 Requirements to be eligible for Board Certification**

6.1 Pass the Portfolio Viva

**AND**

6.2 A Presentation acceptable to the BOS indicating a self evaluation of the training received and the trainee's vision for the future development of patient care services in Sri Lanka and further career development.

## **7 Trainees**

### **7.1 Admission policy and selections**

Trainees should have successfully completed MD OMF Surgery selection examination

### **7.2 Allocation of Main Training centers among Trainees**

- Allocation Board Meeting to be held at the PGIM will be comprised of officials of the PGIM, nominees of the Board of Study and all eligible Trainees
- Statistics of various training centers will be made available to Trainees
- Should be acceptable to the professional bodies

- Criteria should be clearly stated and publicized
- Selection procedure should be transparent
- There should be a mechanism for appeal

### **7.3 Trainee representation**

#### **Responsibilities of Course Coordinator**

Views of Trainees have to be taken into account on the management board

Trainees views should be considered during program planning

## **8 Staffing**

### **8.1 Appointment policy**

Trainers, supervisors or teachers qualifications and expertise should be specified

Responsibilities and duties of trainers should be spelt out

Trainers should be appointed for a specific period of time and renewed

### **8.2 Obligations and development of trainers**

There should be a programme on staff development

Trainers also should keep some form of records

Trainers should be adequately rewarded and their service should be recognised

## **9 Training setting and educational resources**

### **9.1 Clinical Setting and Patient**

Training location should be recognized on an accepted criteria

There should be sufficient support service

Adequate mix of patients should be available

Main training should be in a main training centre defined below

## **Criteria for recognizing Training Centers for MD OMFS**

Main training centers

Peripheal training centers

### **Main Training centers**

Maxillofacial units of Dental Institute, Colombo

Department of Oral & Maxillofacial Surgery of the Faculty of Dental Sciences University of Peradeniya

Maxillofacial units of Teaching Hospitals and Provincial General Hospitals

### **Peripheral Training centers**

Maxillofacial Units of General & Base Hospitals

Out station appointments of the M.D. Oral & Maxillofacial Surgery Trainees will be trained in peripheral training centers.

Every 3 years, standard of training centers should be revised. After that training centers should be identified as main training centers and sub training centers. Teaching hospitals can be taken as main training centers. Statistics of the training centers should be available to PG Trainees. Therefore they can select the training places according to merit and their wish.

## 9.2 Physical facilities and equipment

Adequate space for self learning/ tutorial

Availability of reference books or journals

Specialised equipment needed

### 9.3 Clinical teams

Provide opportunity to work in multi-professional and multidisciplinary environment

### 9.4 Information technology

Sufficient exposure to information technology with a view to enhance knowledge, skills and attitudes

Ability to utilize computers wherever necessary

### 9.5 Research

Basic research methodology should be introduced

Promote to undertake research in the clinical setting

Facilitate undertaking of research in areas of healthy quality development

### 9.6 Educational expertise

Assistance should sought in program development and in selecting appropriate assessment methods

### 9.7 Training in other settings and abroad

Opportunities should be provided to work in specialized setting locally or overseas with specific objectives

Promote mutual recognition as well as sharing of experiences with other training centers

Offer Credit system for training units for future use



## 10 Evaluation of training programme

### 10.1 Mechanism for programme evaluation

Reliable indicators to assess the training programme should be identified

In the area of educational process, resources available, organization and learning environment have to be included

In program evaluation, description of the program and performance of the Trainees should be considered as key factors

Performance of the Trainees after the training in the real world would be a true indicator

### 10.2 Feedback from trainers and Trainees

Systematic and regular feedback should be obtained from the Trainees

Trainees also should be given the opportunity to write a report on their own on the programme

### 10.3 Using Trainee performance

Trainee performance should be assessed in terms of the expected outcomes from the programme

Areas such as, duration of the training, drop outs, pass and failures and delays should be quantified

### 10.4 Authorization and monitoring of training settings

There should be a committee or authority to monitor training settings

They should consider the number and the mix of patients, equipment available, support staff and the trainer profile,

library and IT facilities

#### 10.5 Involvement of stakeholders

The principal stakeholders are the Trainees, trainers and the health authorities

The involvement of all the stakeholders should be identified

## 11 Governance and administration

### 11.1 Governance

The training programme should be conducted and completed as prescribed in the prospectus

The relevant Certificate, Degree should be conferred on successful completion of the programme

### 11.2 Professional leadership

Sufficient opportunities should be provided to acquire professional leadership

Mechanisms should be introduced to ensure the inculcation of the professional leadership qualities within a Trainee

### 11.3 Funding and resource allocation

There should be a clear line of committed budgeting identified for the total programme

Budget should be managed to meet the expected outcomes of the course / programme

### 11.4 Administration

There should be sufficiently trained support staff

### 11.5 Requirements and regulations

Recognised National Bodies should spell out the number of specialists to be trained

All relevant stakeholders should be consulted in reviewing the number of Trainees to be registered each year

## **Quality review and continuous renewal**

The structure function and the quality of the training should be frequently reviewed.

The following areas have to be considered in quality assurance

Adaptation of the mission and vision of the programme in the training process

Curriculum design, content and review

Quality of Trainees

Process of student feedback

What efforts are taken to introduce generic skills

How the training program promote independent learning and scientific thinking

What mechanisms are involved for peer observation

How skills development are ensured

What facilities are available for academic guidance and counseling

Annexure

MD ORAL AND MAXILLOFACIAL SURGERY (OMFS)

**RECORD OF SURGICAL TRAINING (LOGBOOK)**

**Post Graduate Institute of Medicine  
University of Colombo  
Sri Lanka.**

**RECORD OF SURGICAL TRAINING (LOGBOOK)**

**INDEX**

SECTION –I	Training Programme - Appointments
SECTION –II	Academic Activities
SECTION –III	Presentations
SECTION –IV	Publications
SECTION –V	Audit Activities
SECTION –VI	Research Activities
SECTION –VII	Operation Record
SECTION –VIII	Consolidation Sheet

**Name of the Trainee:** .....

**Address:** .....  
.....  
.....  
.....  
.....

**Telephone Number:** -----

**E-mail:**-----

**MD ORAL AND MAXILLOFACIAL SURGERY (OMFS)**  
**RECORD OF SURGICAL TRAINING (LOGBOOK)**

**EXPLANATORY NOTES**

Record of Surgical Training (logbook) is intended to be a record of trainee's operative experience in Oral and Maxillofacial Surgery with other clinical and academic activities.

The logbook should indicate the practical experience obtained by the candidate in surgery and that he/she has the appropriate knowledge and skills required for the practice of oral and maxillofacial surgery to a high standard.

1. You are required to list, in chronological order, the training appointments which you follow during the training period.
2. You are required to record all surgical procedures in which you have been personally involved during the tenure of your listed training. The Consultant supervising your training as soon as possible after its completion should countersign each page of this record.
3. The operation record includes the date of the operation, the patients name, BHT number, age, sex, the nature of the procedure and an indication of whether it was performed, without supervision (P), or under supervision (S), or if you assisted (A). The procedures described should be classified in relation to the form of anaesthesia administered (LA/GA).
4. Consolidated experience: At the end of each training appointment you must record consolidated lists of your operative experience on the separate pages (consolidation sheets) provided.
5. Academic activities: You are invited to record the various academic activities in which you have been involved in each of your training appointment. This record should include publications, and contributions to clinical and scientific meetings, attendance at meetings and training courses, involvement in research projects and audit activities.

6. A copy of the Record of Surgical Training (logbook) must be submitted to the PGIM when you submit your application for Part II of the examination. The Record of Surgical Training (logbook) will be assessed by the Examination Board. Communication with the Trainer(s) would take place at this time. During the oral examination the Record of Surgical Training (logbook) will be discussed.

On completion of the training period in Oral and Maxillofacial Surgery, operative proficiency should have been acquired in the following procedures:-

1. Diagnosis and management of oral and maxillofacial disease.
2. Diagnosis and management of maxillofacial emergencies
3. All aspects of dento-alveolar surgery.
4. Management of maxillofacial trauma (hard and soft tissue injuries) including the initial management of an injured patient.
5. Minor soft tissue surgery and biopsy techniques.
6. Management of cysts and benign lesions of the mouth jaws and face.
7. Management of salivary gland disease.
8. Management of patients with temporomandibular joint disorders.
9. Surgical aspects of dental implantology and pre-prosthetic surgery.
10. Diagnosis and management of oro-facial pre-cancer and cancer including the reconstructive procedures
11. The diagnosis and management of dento-facial deformity including the orthodontic and orthognathic interface.
12. Management of cleft lip/palate and other craniofacial deformities.
13. Aesthetic and reconstructive procedures of the mouth, jaws and face.

14. Each trainee must perform, under supervision or as the first assistant, minimum of 40 major/intermediate oral & maxillofacial surgical operations under general anesthesia including adults and children. There must be at least 05 patients in each main category of surgery. The categories of major surgery are defined as: 1) Maxillo-Facial trauma, 2) Orthognathic surgery, 3) Oro-Facial malignancies, 4) Cleft lip/palate, 5) Salivary gland surgery, 6) Reconstructive maxillofacial surgery.

A minimum of 50 minor dento-alveolar/ oro-facial surgical procedures should have been performed independently by a candidate under supervision.



## LOG BOOK SECTION -I

### TRAINING PROGRAM – APPOINTMENTS

<b>Hospital &amp; Unit</b>	<b>D a t e - Beginning</b>	<b>D a t e - Completion</b>	<b>Trainer</b>	<b>Signature</b>

## LOG BOOK SECTION -II

### ACADEMIC ACTIVITIES

Conferences, Academic sessions, Seminars, Workshops, Courses and Study days

<b>Date</b>	<b>Title</b>	<b>Location</b>

## LOG BOOK SECTION -III

Presentations (O-Oral P-Poster IL-Invited Lecture)

<b>Date</b>	<b>Title</b>	<b>O/P/IL</b>	<b>Location</b>

## LOG BOOK SECTION -IV

Publications (List Vancouver style)


**Audit Activities** (Title of the audit, co-workers, Institution)


**LOG BOOK SECTION -V**

**Research Activities** (Title of project, co-workers, funding source & amount)


**LOG BOOK SECTION -VI**

**Operation Record**

<b>Date</b>	<b>Patient's Name BHT No</b>	<b>Age Sex</b>	<b>Procedure</b>	<b>P/S/A</b>	<b>LA/ GA</b>

**Consultant** (Block Letters):----- **Signature:** -----

**LOG BOOK SECTION -VIII**

**CONSOLIDATION SHEET**

Appointment: ..... Date-Beginning: -----

Date-Completion: -----

Procedure	P	S	A	Total	Procedure	P	S	A	Total

**Consultant (Block Letters):**----- **Signature:** -----