

## DDS 6161 Oral & Maxillofacial Surgery Clinical Rotations

### CONTACT INFORMATION FOR COURSE DIRECTOR:

Rachel Uppgaard, DDS

Office hours: By appointment, contact course admin to schedule.

Office phone: 612-624-1660

E-mail: uppg0003@umn.edu

### CONTACT INFORMATION FOR COURSE ADMINISTRATOR:

Jordan Knapp

7-174 Moos Tower

Office phone: 612-301-2233

E-mail: jknapp@umn.edu

---

### COURSE PURPOSE

The purpose of the School of Dentistry pre-doctoral clinic rotation in oral surgery is to provide the opportunity to learn the fundamental skills of oral surgery required for the practice of general dentistry.

During this clinical rotation, the junior student will be assigned a variety of responsibilities and will gain experience in the following areas: general operation of the oral surgery clinic; aseptic technique and infection control procedures; assisting an operator during basic oral surgery procedures; surgical instrumentation; and tray set-ups and breakdown. The student will also have the responsibility of obtaining vital signs, such as blood pressure, and pulse, and providing postoperative care instructions to the surgical patient.

3<sup>rd</sup> year students are initially assigned to the oral surgery clinic as an assistant. The time allocation for the Junior rotation averages approximately 10 session equivalents. During the Junior clinic rotation, the student functions as a surgical assistant. The student is introduced to the methods of clinic operation, aseptic technique and infection control, surgical instrumentation and familiarity with the operative techniques of exodontia and dento-alveolar surgery. More experienced students may be assigned to the clinic as "student surgeons."

---

### COURSE OBJECTIVES

1. Develop a foundation of professional knowledge that enables the student to diagnose and properly manage surgical problems encountered in the practice of general dentistry.
2. Provide clinical opportunities for the development of the basic technical skills required for the performance of the oral surgical procedures common to the practice of general dentistry.
3. Reinforce and integrate knowledge of the biomedical sciences required in the clinical practice of oral surgery.
4. Develop the clinical judgment required to distinguish between simple and complicated problems in oral surgery—and between those that can be treated by the general dentist and those that require referral to a specialist in oral and maxillofacial surgery. *Experience in the Following Areas Will Be Stressed*
1. Evaluation of the medical history and management of the medically compromised patient presenting for oral surgical care.
2. Evaluation of anxiety in the surgery patient and the use of N<sub>2</sub>O/O<sub>2</sub> inhalation conscious sedation.
3. Administration of local anesthesia for oral surgical procedures.
4. Pre-surgical evaluation of the anticipated difficulty of dental extractions.
5. Single and multiple dental extractions.
6. Surgical extraction of erupted teeth including soft tissue flap reflection, tooth sectioning and suturing technique.
7. Root recovery procedures.
8. Alveoloplasty.
9. Immediate denture surgery.
10. Evaluation and management of uncomplicated acute dentoalveolar infections.
11. Simple biopsy.
12. Postsurgical care of the oral surgical patient.
13. Recognition and management of complications associated with oral surgery procedures, including: displaced roots; sinus complications; hemorrhage control; postoperative infection; etc.
14. Prescription writing.

The surgical removal of impacted third molars requires advanced training beyond the undergraduate level. It is not an objective of the pre-doctoral clinic program to teach surgical removal of impacted third molars.

---

## **SCHOOL OF DENTISTRY COMPETENCIES ADDRESSED BY COURSE**

### **Major competencies addressed in this course are:**

- 1.1: Selecting, obtaining, and interpreting patient data, information and radiographs to be able to use these findings to accurately assess and treat patients.
- 1.2: Formulating a comprehensive diagnosis and treatment and or referral plan for the management of patients.
- 1.7: Minimizing and managing pain and anxiety in the dental patient.
- 1.10: The performance of minor oral surgical procedures.
- 1.11: Applying universal infection control guidelines for all clinical procedures.
- 2.1: Apply appropriate communication skills in providing patient-centered health care to a diverse population.
- 3.1: Apply appropriate ethical and legal standards in providing patient centered care within the individual's scope of competence.
- 4.2: Maintaining and utilizing dental records.

### **Minor competencies in this course are:**

- 1.3: The prevention, assessment, and management of medical and dental emergencies.
- 1.4: The prevention, identification, and management of odontogenic and non-odontogenic oral diseases and disorders in pediatric, adolescent, adult, and geriatric patients.
- 1.6: Managing the medically, physically and/or mentally compromised dental patient.
- 3.2: Recognizing the importance of maintaining professional growth and life-long learning.
- 4.4: Understanding and demonstrating principles of risk management, including compliance with state and federal regulations.
- 5.2: The integration of scientific evidence with clinical expertise and patient values for optimum evidence-based care.
- 6.2: Providing appropriate prevention, intervention, and educational strategies for all patients at risk for disease.

### **Major Components Addressed:**

- 
- Selecting, obtaining, and interpreting patient data, information and radiographs to be able to use these findings to accurately assess and treat patients.
  - Formulating a comprehensive diagnosis and treatment and or referral plan for the management of patients.
  - Minimizing and managing pain and anxiety in the dental patient.
  - The performance of minor oral surgical procedures.
  - Applying universal infection control guidelines for all clinical procedures.
  - Apply appropriate communication skills in providing patient-centered health care to a diverse population.
  - Apply appropriate ethical and legal standards in providing patient centered care within the individual's scope of competence.
  - Maintaining and utilizing dental records.
- 

### **Minor Components Addressed:**

- 
- The prevention, assessment, and management of medical and dental emergencies.
  - The prevention, identification, and management of odontogenic and non-odontogenic oral diseases and disorders in pediatric, adolescent, adult, and geriatric patients.
  - Managing the medically, physically and/or mentally compromised dental patient.
  - Recognizing the importance of maintaining professional growth and life-long learning.
  - Understanding and demonstrating principles of risk management, including compliance with state and federal regulations.
  - The integration of scientific evidence with clinical expertise and patient values for optimum evidence-based care.
  - Providing appropriate prevention, intervention, and educational strategies for all patients at risk for disease.
-

---

## REQUIRED TEXT AND READINGS

Prior to beginning this rotation, it is important that you review some basic material in preparation for your clinical experience in oral surgery.

Much of your success as a student surgeon during the oral surgery clinic rotation will depend upon adequate review of the background material prior to beginning your clinic assignment, and following the reading assignments on the seminar topics. We encourage you to take the necessary time to prepare well.

There are three specific areas of background material, which you need to review, and be prepared to be tested on during your orientation to the rotation and clinic.

A. Lecture notes from courses Oral Surgery I and Oral Surgery II with specific emphasis on techniques of exodontia and dentoalveolar surgery.

B. Chapters 5, 6, 7, and 8

Ellis, Hupp and Tucker, Contemporary Oral and Maxillofacial Surgery, 5th Edition, C.V. Mosby, 2008

### Topics/Reading List

1. Surgical Extractions, Root Recovery and Flap Procedures,  
Ellis, et al: Chapter 3, 6, 7, 8
2. Local Anesthetic Agents and Techniques,  
Review Malamed #1 {see below}
3. Rx Writing  
Ellis, et al: Appendix III, IV, VI
4. N2O-O2 Sedation and Administration  
Malamed #2: Chapters 12-20
5. Suturing Technique, Hemorrhage Control  
Ellis, et al: pp. 132-136, 133f-137f 76-77f, 179,
6. Drug Therapy in Dental Practice: Analgesics and Antibiotics  
Ellis, et al: pp. 181, 302-314, 621b
7. Acute Dentoalveolar Infection  
Ellis, et al: Chapters 15 and 16
8. Management of the Medically Compromised Surgery Patient  
Ellis, et al: Chapter 1 and 2 {review Malamed}
9. Complications of Dentoalveolar Surgery  
Ellis, et al: pp. 477-489, Chapter 11
10. Venipuncture Practicum  
Malamed #2: pp. 341-356

### Texts

1. Ellis, Hupp and Tucker, Contemporary Oral and Maxillofacial Surgery, 5th Edition, C.V. Mosby, 2008
2. Malamed #1: Malamed, Stanley, Handbook of Local Anesthesia, 4th Edition, C.V. Mosby, 1997
3. Malamed #2: Malamed, Stanley, Sedation: A Guide to Patient Management, 3rd Edition, C.V. Mosby, 1995.
4. Malamed #3: Malamed, Stanley, Medical Emergencies in the Dental Office, 4th Edition, C.V. Mosby, 1993

---

## CREDITS

2.8 Credits

---

## GRADING AND EVALUATION POLICIES

---

During the senior student rotation in the pre-doctoral oral surgery clinic, the students are evaluated and graded on the basis of their clinical performance and theoretical knowledge.

Clinical performance will be evaluated on the basis of the following 10 criteria:

1. Compliance with the clinic policy manual.
2. Patient management—preoperative.
3. Pain and anxiety control.
4. Chair position.
5. Operator position and ergonomics.
6. Instrumentation and operative technique.
7. Record preparation.
8. Aseptic technique and infection control.
9. Patient management—postoperative.
10. Professionalism.

The Division of Oral and Maxillofacial Surgery requires a knowledge, skill and behavior **competency assessment** for hard and soft tissue surgery. Competency assessments will be administered for:

- **Pre-surgical patient consultation**, each student must perform 5 Pre-surgical evaluations to a competent level.
- **Performance of a surgical tooth extraction of an erupted tooth**, each student must perform 3 surgical extractions while on rotation.
- **Administration of nitrous oxide**. Each student will competently administer nitrous oxide while being the operator to three patients during the rotation. Administering nitrous oxide during the assisting rotation will not qualify.

The student must demonstrate acceptable performance in each area of evaluation of a given competency. If acceptable performance is demonstrated in each area of the evaluation, the student will then have demonstrated competency for the stated procedure and receive the grade equivalent of "A". If the student receives an unacceptable mark ("U" in any category), the student will not pass the competency and must retake it at another time.

The purpose of the competency assessments is to document minimum competency with hard and soft tissue surgery as well as the administration of nitrous oxide that are within the scope of general dentistry as defined by the School of Dentistry. All these competencies must be successfully completed by meeting the stated criteria to pass the course. Failure of the assessment will require retesting and remediation before a passing grade in the course is awarded.

The final course grade will represent a composite of clinical performance, participation in clinic seminars, and successful completion of competency assessments.

**This course uses the following content delivery methods:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Lecture                     | <input checked="" type="checkbox"/> Seminar    | <input type="checkbox"/> Case-Based (CBL)    |
| <input type="checkbox"/> Problem-Based (PBL)         | <input type="checkbox"/> Faculty Team Teaching | <input type="checkbox"/> IPE Team            |
| <input type="checkbox"/> Community Based Educ (CBDE) | <input type="checkbox"/> Simulation            | <input checked="" type="checkbox"/> Clinical |
| <input type="checkbox"/> Online                      | <input type="checkbox"/> Other:                |  |

**Competency in this is assessed by:**

---

	Progression Toward Competence	Attainment of Competence
Faculty Observation		X
Self-assessment	X	
Independent assessment		
Objective Structured Clinical Examination		
CATS/PICO		
Work Samples		
Written assessment		
Other (please specify)		

## STUDENT EXPECTATIONS

### Professionalism/Code of Conduct

Students must conduct themselves in a mature, courteous, and professional manner in lecture classes, clinics, and laboratories, in other areas of the School of Dentistry and associated teaching environments.

Students are not permitted to use their personal phones within the clinic, including in the CSR and the treatment planning room. Those who cannot abide by this will not be asked to return to our clinic.

### Daily Protocol

1. **Sign-in every day**
2. **Clinic time: 9:45 a.m. – 12:00p.m. and 1:00 p.m. -4:30p.m.** Students are expected to be at the clinic and ready to bring back their patient at the appointment time. **The patient should be brought back to the room at 9:45 a.m. and 1:00 p.m.**
  - Do not ask to leave early; we will dismiss you when we know there won't be any more patients. If you leave without faculty or staff permission, two additional sessions (the one left early and an additional session) will need to be completed.
3. There will be seminars scheduled over the noon hour. Be sure to look daily at the monthly schedule to see when seminars are scheduled. They may occasionally have to be rescheduled on a short term notice.
  - Eat before you come in
4. Universal precaution is expected at all times and that includes; gloves, masks, eye protection, gowns and head cover.
5. Do not bring expensive jewelry or personal belongings to clinic as we no longer have storage and we will not be responsible for theft or loss of these objects.
6. Remove all rings, bracelets and watches; they cannot be worn under sterile gloves. Dangling earrings are also unacceptable.
7. No jeans, shorts, or open-toed sandals. Socks must be worn at all times. T-shirt with writing on the back will not be acceptable.
8. Please become oriented to the clean vs. dirty areas of the CSR.
9. Take tray from bottom of storage area; right side up.
10. Please note the location of:
  - Glucose in refrigerator
  - Cool towels for fainting patients
  - Automatic blood pressure machine

### General Clinical Conduct

1. Please keep voices down when in hallways.
2. Rooms 2, 3, 4, & 5 are all used for undergraduate surgeries. Become oriented to the location of stock in each room. (Masks, drapes, oxygen masks, gloves, Kleenex, emesis basin, buttons/call system, etc.)
3. Know where the cart in the hallway is and become familiar with its contents.
4. Do not touch anything that is sterile with bare hands, and vice-versa.
5. Vital signs and postoperative instructions are to be taken in the treatment room or in the recovery room if this will facilitate patient flow.
6. **Trays go to CSR (small window) with all sharps taken off.**

7. Bridge sectioning should be done prior to patient's surgical appointment by patient's dental student, Family Dentistry, or Emergency Clinic.
8. If the patient is having an immediate denture placed, we need to see the denture before starting any treatment.
9. You are responsible for observing and monitoring your patient. Alert 4<sup>th</sup> year student, staff, or faculty if your patient does look or feel well.
10. While senior dental students escort patients to front desk, the D3 will clean the room and seat the next patient.
11. Cap needles by scooping—not by hand.
12. After surgery, get final check (BP and pulse).
13. Ask assistants for help with the N<sub>2</sub>O (nitrous) units.
14. Clean all patients well before discharge—do not dismiss patient with gauze hanging out of mouth or blood on face.

#### Rotation Protocols

During this clinical assignment, the senior and junior student will be assigned a variety of responsibilities which include: preoperative evaluation of surgical patient; postoperative care of the surgical patient; techniques of exodontia and minor dento-alveolar surgery. During the senior rotation in the examination and screening area of the oral surgery clinic, the student will have the opportunity to evaluate surgical patients who present with a wide variety of medical problems.

#### Surgery Screenings

1. All patients which are to be treated in the clinic must have a recently updated screening.
2. A screening consists of a focused history and physical examination, documentation of this examination, and presenting the patient in an organized and succinct manner to a faculty member.
3. **A full screening is required yearly or if there have been any changes in health or treatment plan.**
4. A review of the overall dental treatment plan should be performed confirming the tooth or teeth to be extracted, the need for pre-prosthetic procedures (such as tori removal or alveoplasties) and whether an immediate denture will be placed at the time of the procedure.
5. Ensure adequacy of radiographs including the diagnostic quality (including visualization of the **root apex of all teeth to be extracted**), date when they were obtained (**in general, radiographs should be no older than 1 year from the examination date**).
6. A screening must include a discussion with the patient of potential risks and complications related to the procedure to be performed. The risks of the proposed surgical procedure must be discussed must be documented clearly in the final screening documentation.
7. Patients should be given appropriate options for their surgical procedure. These include the individual who will be performing the surgery (faculty, resident, or student) as well as the appropriate anesthetic technique to be employed (local anesthesia, nitrous oxide, intravenous sedation, or general anesthetic). All questions regarding the appropriate anesthetic technique or individual appropriate to perform a surgery based on the complexity of the procedure or patient medical history should be addressed to the clinical faculty.
8. All patients having a sedation or general anesthetic for their procedure should be given clear instructions to *not eat or drink anything for 6 hours* prior to their procedure and to have a driver come with them. The patient should be told the driver must be present prior to the surgery and they must remain for the entire procedure and subsequently take the patient home. Ideally there should be an individual present with the patient at home for the next 24 hours.
9. Once all data has been gathered, the instructor should be called and a succinct summary of the patient should be given. A sample would be:

*"Dr. X, I would like you to meet Mary Smith. Mrs. Smith is 45 years old. She has pain and swelling of the right maxillary region for approximately 5 days. She was seen earlier in ICC and tooth #5 was felt to be the source of her pain and was deemed non-restorable. She has a past medical history significant for diabetes mellitus and hypertension. She is presently taking glucatrol, maxzide and hydrochlorithiazide. She is allergic to penicillin. She has had surgery on her wrist and ankle in the past without complications. My physical examination confirms a large carious lesion of tooth #5 which is tender to percussion. She has no vestibular swelling or signs of fascial space involvement. There are no other signs of head and neck pathology from my examination. A periapical radiograph, obtained today, confirms a large carious lesion with a periapical radiolucency. Mrs. Smith states she is somewhat apprehensive about her procedure*

*and wishes to have a student perform the surgery with the use of local anesthesia and nitrous oxide. We have reviewed the procedure and risks with her including damage to adjacent teeth, probably her most significant risk in this case due to the large amalgam restoration present on tooth #4. We have also reviewed fees with her including the possibility this will become a surgical extraction."*

10. The faculty will review your findings and plan and may alter the plan or make new or additional recommendations.
11. Patients having third molar extractions must watch the third molar video prior to their procedure unless otherwise stated by a faculty member. This should ideally occur immediately after their screening examination.
12. Screenings should be performed in an efficient manner to insure proper patient flow through the clinic.

During assignments as a "student surgeon", the dental student will be expected to:

1. Review the consult and dental treatment plan, confirming the tooth to be extracted or procedure to be performed, proper radiograph(s) of the area are present, consent is signed and any questions have been addressed. **This should be done before calling for a start check.**
2. The procedure to be performed should be recorded on the blackboard located within the room.
3. The patient should be asked if there have been any changes in their medical condition since their last examination. Any changes should be documented and considered in relation to the procedure to be performed.
4. The blood pressure and pulse should be taken by the 3<sup>rd</sup> year student or staff assisting on the case and recorded on the blackboard and on the chart.
5. Succinctly present the patient to the faculty (see example above), **include the method which you plan to extract the tooth including instrumentation.** Example:  
"I plan to extract Mrs. Smith's tooth by performing elevation and forceps extraction once I have performed local infiltration and greater palatine block using 2% Lidocaine with 1 to 100,000 Epinephrine. Should this not be possible, I will likely need to convert the procedure to a surgical extraction. I will then likely need to create an envelope flap and create a buccal trough around the tooth."
6. **Anytime an extraction needs to be performed surgically, the flap design should be reviewed with the faculty prior to initiating the flap portion of the procedure. If difficulties are encountered in attempting to perform a procedure, the procedure is taking a prolonged amount of time or there are any issues of patient management including pain control or medical concerns, the instructor should be informed immediately.**
7. A gauze must be present as a barrier in the mouth when any elevator or forcep is being used.
8. Once the extraction is complete, the tooth should remain on the tray, all instruments should be kept in the room and the instructor called to the room. Ideally, either the student surgeon or the 3<sup>rd</sup> year assistant should leave their gloves on until the instructor sees the patient.
9. Once the instructor has examined the patient, **vital signs and instructions should be given by the third year student;** the senior student should complete all necessary chart documentation (surgical note in Axiom) and prescriptions and the patient then escorted by the surgical student to the front desk (the assistant student will be cleaning the room and preparing for the next patient).

#### Record Keeping

1. A "SOAP" note is required for all patient encounters other than a consult or surgery (see example).
2. At the end of each session, procedures, **INCLUDING NITROUS OXIDE USE** should be included on the rotation summary cards. Failure to keep neat and accurate records will result in an incomplete grade for the course.

**Use the following format when writing chart notes in the oral and maxillofacial surgery clinic**

## CHART WRITE-UP FORMAT

### *Oral Surgery Exam Note*

**S** CC, PMH, Meds, Allergies

**O** 1. Clinic exam  
2. Radiographic exam

**A** Diagnosis

**P** Surgical treatment plan

*signature*

*signature*

### *Oral Surgery Operative Note*

#### **Informed Consent**

Risks/Complications

#### **Pre Op Dx**

Diagnosis

#### **Post Op Dx**

Diagnosis

#### **Anesthesia**

Vital signs (pre- and post-op)  
Agent and dose in mg

#### **Procedure**

Surgical procedure  
Sutures

Complications

#### **Discharge**

Instructions  
RTC (return to clinic)  
Rx (prescription)

*signature*

*signature*

### *Oral Surgery Post Op Note*

**S** Patient's subjective description

**O** Post-op clinic findings

**A** Assessment post-op course

**P** Post-op treatment plan

*signature*

*signature*



You are expected to be attentive during class, ask questions if you do not understand something, or participate in classroom discussions. You are also expected to listen respectfully to other students and teachers when they are speaking. Racism, sexism, homophobia, classism, ageism and other forms of bigotry are inappropriate to express in this class. University policy prohibits sexual harassment as defined in the University policy statement of 17 May 1984; copies of this statement are available in 419 Morrill Hall. Complaints about sexual harassment can be reported to the University Office of Equal Opportunity, 419 Morrill Hall. Also, the U of MN Aurora Center in Boynton handles sexual harassment, sexual assault, relationship violence and stalking (626-9111).

---

## **GRADE DISPUTES**

Grade disputes will follow University and SOD policies listed in the student handbook. All grade disputes must first be addressed to the course director

---

## **REMEDIATION POLICIES**

Remediation will be determined on an individual basis and could include a retest of some portion of the course or could include the retaking of the course at the suggestion of the course director.

All student failures are reviewed by the Scholastic Standing Committee and the ultimate decision for remediation for students in academic difficulty lies with that committee.

If a remediation process is recommended and successfully completed, the highest grade that can be earned in the course is a C-.

---

## **MAKE-UP MISSED ASSIGNMENTS/ASSESSMENTS PROCESS**

The following events excuse an absence from rotations: physician documented illness, family emergency, School of Dentistry sponsored event, an act of nature causing the closure of the University or local roads, an event considered significant enough to be excusable by the course director. Must be cleared by the office for student affairs and the Dean of Academics Affairs.

### **ATTENDANCE**

Students are required to attend the clinic seminars. Missed seminars must be made up by the student in a timely fashion. Failure to complete all seminars will result in an incomplete grade for the rotation. Tardiness may result in the student requirement to repeat the seminar.

Clinic Requirements:

There are no numerical requirements for the pre-doctoral oral surgery clinic rotation at the School of Dentistry. Successful completion of approximately 30 session equivalents in the senior oral surgery clinic rotation is a requirement for completion of the clinical course. Attendance at the daily clinical seminars plus completion of the senior oral surgery clinic rotation are necessary.

If you are unable to attend class due to a medical family emergency, you should contact Sara Johnson ([john6461@umn.edu](mailto:john6461@umn.edu) 612-624-6960) in the Office of Student and Resident Affairs regarding requests for excused absences. The School of Dentistry attendance policy may be found on the student intranet.

---

## **ACADEMIC INTEGRITY**

Per the School of Dentistry Code of Conduct, "academic misconduct is any unauthorized act that may

- (1) give a student an unfair advantage over other students,
- (2) interfere with the educational pursuits of others,
- (3) jeopardize the good name and reputation of the School of Dentistry,
- (4) involve attempts to mislead, misrepresent, and/or falsify documents, papers, charts, and/or any information given to faculty or administrative officials or
- (5) place patients under unnecessary risk."

Additional information about acts considered infractions of the code can be found in the School of Dentistry Code of Conduct in the student handbook.

Academic misconduct is a violation of the School of Dentistry Code of Conduct and will be resolved following the procedures in the code.

**Academic Integrity** violations include, but are not limited to:

- ☐ **Scholastic Dishonesty** – Cheating on written examinations, assignments or practical examinations or engaging in unauthorized collaboration on any academic work.
- ☐ **Plagiarism** – presenting the scholarly work of another as one's own.
- ☐ **Dishonesty** – of any type
- ☐ **Falsifying or Forging** – attempts to forge or falsify patient records and charts, classroom attendance, or student pre-clinical and clinical records.
- ☐ **Misrepresenting** – presenting someone else's project or clinical work as one's own.

**Consequences of misconduct will be determined by the Code of Conduct Hearing Board and may include as examples: failure of assignments/examinations, failure of the course, retaking of examination or project, etc.**

---

## COMMUNICATION

All individual and full class communication will be through your University of Minnesota e-mail account. Announcements intended for the whole class will be sent by e-mail or the announcements section on the course canvas site. It is a requirement of the course to check your e-mail daily. While in class, please silence all pagers and cellular phones. Students are not permitted to use their personal phones within the clinic, including in the CSR and the treatment planning room. Those who cannot abide by this will not be asked to return to our clinic.

---

## Disability Resource Center

The University of Minnesota views disability as an important aspect of diversity, and is committed to providing equitable access to learning opportunities for all students. The Disability Resource Center (DRC) is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations.

- If you have, or think you have, a disability in any area such as, mental health, attention, learning, chronic health, sensory, or physical, please contact the DRC office on your campus (UM Twin Cities - 612.626.1333) to arrange a confidential discussion regarding equitable access and reasonable accommodations.
- Students with short-term disabilities, such as a broken arm, can often work with instructors to minimize classroom barriers. In situations where additional assistance is needed, students should contact the DRC as noted above.
- If you are registered with the DRC and have a disability accommodation letter dated for this semester or this year, please contact your instructor early in the semester to review how the accommodations will be applied in the course.
- If you are registered with the DRC and have questions or concerns about your accommodations, please contact your access consultant.

Additional information is available on the DRC website: <https://diversity.umn.edu/disability/> or email [drc@umn.edu](mailto:drc@umn.edu)

---

---

## MENTAL HEALTH RESOURCES

---

**For University sponsored mental health resources that are not included in this syllabus, please reach out to course admin and mental health advocate, Jordan Knapp.**

Mental Health Advocates are volunteers trained to help students, staff, and faculty find resources and support for their wellbeing. Mental Health Advocates have extensive knowledge of campus resources and may make referrals. Mental Health Advocates also support or implement unit-wide strategies designed to promote good mental health. Please note: a Mental Health Advocate is not a therapist, nor are they solely responsible for student mental health.

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce your ability to participate in daily activities. University of Minnesota services are available to assist you with addressing these and other concerns you may be experiencing. You can learn more about the broad range of confidential mental health services available on campus via [www.mentalhealth.umn.edu](http://www.mentalhealth.umn.edu).

*Developed and endorsed by the Provost's Committee on Student Mental Health, June 2006*

---

## **WELLNESS PROGRAM FOR DENTAL STUDENTS:**

The Minnesota Dentist Wellness Program offers a consulting and counseling service to help Minnesota dentists and dental student members with the many stressors that impact their lives and their practice of dentistry. Sand Creek is a service offered free of charge to dental students. Help is available by phone 24 hours a day, 7 days a week by call 1-800-632-7643. Face-to-face help is also offered through a counseling and consulting network with over 500 offices in Minnesota.

---

## **APPROPRIATE STUDENT USE OF CLASS NOTES:**

As a Division, the Oral & Maxillofacial Surgery faculty has agreed to a protocol for the predoctoral level. All of the previous year's lecture notes will be posted to the course website at the beginning of the semester and as each course is given, the new notes will be posted and the previous year's notes removed. Exam questions will be based on this year's information, NOT the previous year's slides.

Students may not distribute, via internet, social media, or other means, instructor-provided lecture notes or other instructor provided materials except to other students within the school of dentistry programs without the express consent of instructor.

---

## **CHANGES MADE IN RESPONSE TO STUDENT FEEDBACK:**

CoursEval data from the previous year's class are reviewed by OMS faculty at their annual faculty retreat. Course syllabus are reviewed and discussed. If deemed appropriate, based on student evaluations and review of content, changes to the course may be made for the following year.

---

## **CLINICAL FACULTY INFORMATION**

Harold Tu, DMD, MD, FACS

Office hours: By appointment, contact course admin to schedule.

Office phone: 612-301-2233

E-mail: [hktu@umn.edu](mailto:hktu@umn.edu)

Robert Nadeau, DDS, MD, FACS

Office hours: By appointment, contact course admin to schedule.

Office phone: 612-625-3933

E-mail: [nad0016@umn.edu](mailto:nad0016@umn.edu)

Rachel Uppgaard, DDS

Office hours: By appointment, contact course admin to schedule.  
Office phone: 612-624-1660  
E-mail: [uppg0003@umn.edu](mailto:uppg0003@umn.edu)

Tudor Stiharu,, DMD

Angie Rake, DDS

Chris Koehn, DDS

Suganya Appugounder, DMD, MS

---

## **COURSE TIMES, ROOMS AND LECTURE TITLES FOR EACH SESSION**

On the first day of your rotation, please report directly to the Oral and Maxillofacial Surgery Clinic (7<sup>th</sup> floor) at the session assigned to you (9:00 a.m. for the morning session). A clinic orientation seminar will be conducted on the first morning or afternoon of your clinic block assignment. During that orientation session a suture and biopsy tutorial will be provided over the lunch hour.

---

## **NOON SEMINARS**

There will be a number of noon seminars held in the Clark/Holte Learning Environment (7-166 Moos) from 12:15-1:00 p.m. Refer to the posted schedule in the clinic for dates and topics. Topics will be assigned to students to present during the lunch hour. Each student will present a topic of their choosing on an assigned time and date.

---

## **OTHER UNIVERSITY WIDE POLICY STATEMENTS:**

- Grade definitions from the Administrative Policy: Grading and Transcripts: Twin Cities, Crookston, Morris, Rochester.
  - Administrative Policy: Makeup Work for Legitimate Absences: Twin Cities, Crookston, Morris, Rochester
  - Board of Regents Policy: Student Conduct Code; Administrative Policy: Teaching and Learning: Student Responsibilities (Twin Cities, Crookston, Morris, Rochester)
  - Board of Regents Policy: Sexual Harassment, Sexual Assault, Stalking and Relationship Violence
  - Board of Regents Policy: Equity, Diversity, Equal Employment Opportunity, and Affirmative Action
  - Board of Regents Policy: Academic Freedom and Responsibility
-

# Oral Surgery Competency Forms

Once completed, submit these forms to **Jordan Knapp** in office suite  
7-174 Moos Health Science Tower.

**Competency Assessment  
Division of Oral and Maxillofacial Surgery**

# Presurgical Consultation

A=Acceptable U=Unacceptable

Student must receive "A" for each statement to pass competency

Patient must be ASA II or greater; excluding ASA II patients who are smokers but otherwise ASA I

	<b>Student self Assessment</b>		<b>Faculty Assessment</b>	
1. The student adequately presented the patient's chief complaint and HPI	A	U	A	U
2. The student presented the patient's medical history and demonstrated acceptable knowledge of possible implications related to oral surgery and anesthesia	A	U	A	U
3. The student was familiar with the patient's current Medicines and demonstrated knowledge of possible interactions or implications associated with oral surgery and anesthesia	A	U	A	U
4. The student obtained proper radiographs	A	U	A	U
5. The consultation note was legible and included the appropriate documentation.	A	U	A	U
6. The student discussed and documented the potential risks and complications of the procedure	A	U	A	U
7. The student discussed anesthetic options and gave proper presurgical instructions	A	U	A	U

Student Name: \_\_\_\_\_ Clinic ID: \_\_\_\_\_

Patients Name and MR#

#1	Acceptable _____	Unacceptable _____
#2	Acceptable _____	Unacceptable _____
#3	Acceptable _____	Unacceptable _____
#4	Acceptable _____	Unacceptable _____
#5	Acceptable _____	Unacceptable _____

Dr.'s Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Submit this form to Jordan Knapp in office suite 7-174 Moos Tower.

**Competency Assessment**  
**Division of Oral and Maxillofacial Surgery**

# Surgical Tooth Extraction

A=Acceptable U=Unacceptable

Student must receive "A" for each statement to pass competency

	Student self Assessment		Faculty Assessment	
1. The student adequately reviewed the patient's chief complaint, medical history including knowledge and implications of the patient's history, medications and allergies, and reviewed the treatment plan	A	U	A	U
2. The student obtained written informed consent	A	U	A	U
3. Adequate anesthesia was obtained. If nitrous was used it was properly administered	A	U	A	U
4. Proper aseptic surgical technique was employed	A	U	A	U
5. The soft tissue flap was managed in a non-traumatic fashion, alveolar bone was managed properly, and the wound was sutured appropriately	A	U	A	U
6. The student removed the tooth without assistance and in an acceptable amount of time	A	U	A	U

---

Student Name: \_\_\_\_\_ Clinic ID: \_\_\_\_\_

Patients Name and MR#

#1

Acceptable \_\_\_\_\_

Unacceptable \_\_\_\_\_

#2

Acceptable \_\_\_\_\_

Unacceptable \_\_\_\_\_

#3

Acceptable \_\_\_\_\_

Unacceptable \_\_\_\_\_

Dr.'s Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Submit this form to Jordan Knapp in office suite 7-174 Moos Tower.

# Nitrous Oxide Administration

**Student must receive “A” for each statement to pass competency**

	Student self Assessment		Faculty Assessment	
1. The student understands indications for nitrous oxide use in the oral surgery patient.	A	U	A	U
2. The student presented the patient's medical history and demonstrated acceptable knowledge associated with nitrous oxide administration.	A	U	A	U
3. The student discussed potential risks and complications and obtained proper informed consent.	A	U	A	U
4. The student demonstrated adequate skill in the administration of nitrous oxide	A	U	A	U
5. The student demonstrated appropriate documentation	A	U	A	U

Patients Name and MR#

#3 Acceptable \_\_\_\_\_ Unacceptable \_\_\_\_\_

14