



## Program-Relevant Information for Training Sites Oral and Maxillofacial Surgery Residency Training Program

**Instruction:** Please fill out the form thoroughly. Make the most of the "Comments" column to provide additional details on the answers given.

**Institution:**

**Date:**

**Department Name:**

**Note:** Information provided must be about program-specific advanced specialty requirements:

A. OMFS Specialty Resources	Y	N	NA	Number	Comments
In-Patient Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<ul style="list-style-type: none"> <li>Average Occupancy</li> </ul>					
<ul style="list-style-type: none"> <li>Average Length of Stay</li> </ul>					
<ul style="list-style-type: none"> <li>Mortality Rate</li> </ul>					
Daycare Beds/Minor Procedure Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Subspecialty Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Oral Surgery/Minor Procedure Suite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Operating Theaters (General and Minor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency Operation Theater Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dental/OMFS Radiology Facilities (OPG, CBCT, Cone-Beam CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dental Laboratory Access (for prosthetics and surgical splints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Handover Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

B. OMFS-Related Hospital Services	Y	N	NA	Comments
<ul style="list-style-type: none"> <li>Anesthesia</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>ICU/High-Dependency Units</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Medicine</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>General Surgery</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>ENT</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. OMFS-Related Hospital Services	Y	N	NA	Comments
• Plastic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Neurosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Hematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Interventional Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other relevant services, please specify				

C. OMFS Specialty Workload	Y	N	Number	Comments
<b>Clinics (specify number of clinics and number of visits in the last 12 months)</b>				
• General Dental	<input type="checkbox"/>	<input type="checkbox"/>		
• OMFS Clinics (including Orthognathic Surgery and Implantology)	<input type="checkbox"/>	<input type="checkbox"/>		
• Oral Medicine/Oral Pathology	<input type="checkbox"/>	<input type="checkbox"/>		
• 3D Surgical Planning/Simulation Labs (for Orthognathic and Reconstructive Surgery)	<input type="checkbox"/>	<input type="checkbox"/>		
• Trauma/Facial Injury Clinics	<input type="checkbox"/>	<input type="checkbox"/>		
• TMJ/Orthognathic Clinics	<input type="checkbox"/>	<input type="checkbox"/>		
• Head and Neck Oncology Clinics	<input type="checkbox"/>	<input type="checkbox"/>		
• Reconstructive and Cleft Clinics	<input type="checkbox"/>	<input type="checkbox"/>		
• Pediatric OMFS Clinics	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Procedures (specify number in the last 12 months)</b>				
• Simple tooth extractions	<input type="checkbox"/>	<input type="checkbox"/>		

C. OMFS Specialty Workload	Y	N	Number	Comments
• Surgical tooth extractions	<input type="checkbox"/>	<input type="checkbox"/>		
• Incision and drainage of facial/odontogenic abscesses	<input type="checkbox"/>	<input type="checkbox"/>		
• Mandibular fracture repair (ORIF)	<input type="checkbox"/>	<input type="checkbox"/>		
• Midface fracture repair (Basic Le Fort or Zygomatic Fractures)	<input type="checkbox"/>	<input type="checkbox"/>		
• Oral cavity tumor resection	<input type="checkbox"/>	<input type="checkbox"/>		
• Local flap reconstruction for oral/facial defects	<input type="checkbox"/>	<input type="checkbox"/>		
• Facial laceration repair	<input type="checkbox"/>	<input type="checkbox"/>		
• Hemorrhage control/airway support in facial trauma	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Total Number of Procedures (in the last 12 months)</b>				

D. OMFS Human Resources	Y	N	NA	Comments
• Senior Consultants/Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Senior Specialists/Specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Senior House Officers/Medical Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Nurses/Dental Surgery Assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Dental Hygienist/Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Dental Laboratory Technicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other Allied Health Staff</b>				
• Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Psychologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Respiratory Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Physical Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Occupational Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Others, please specify				

<b>E. Accessibility of Departmental Educational Facilities and Teaching Resources to Trainees</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>Number</b>	<b>Comments</b>
On-Call Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Lounges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Paging and Communication System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Internet and Wireless Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Computers and Workstations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Teaching/Conference Rooms Equipped with Audiovisual Aids (Computers, Projectors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Availability of Library Resources</b>					
▪ Specialty Books (Print and/or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Specialty Journals (Print and/or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Educational Software/Databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ E-Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Access to Other Departmental Facilities and Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<b>F. OMFS-Specific Academic and Quality Assurance Activities</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>Frequency</b>	<b>Comments</b>
Regular Morning Meetings/ handover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ward Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Morbidity and Mortality Rounds/Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bedside Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Department Lectures/Didactics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Interdepartmental Meetings</b>					
• Tumor Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Multidisciplinary Team Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Academic/Teaching Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

F. OMFS-Specific Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Specialty Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Surgical Simulation Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Journal Clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grand Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Interdepartmental Conferences/Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Peer Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Patient Safety Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Morbidity and Mortality Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other activities, please specify					

**G. Other Resources Relevant to Training and Education:**

Approved by:

(Name of HoD)

Head of Department / Representative

Signature

Date