

ORAL SURGERY RESIDENCY STUDY PROGRAM DESCRIPTION

The residency program name	Program state code
Oral surgery	733A40008

Higher education institution, , department	The program language
Lithuanian University of Health Sciences, Medical Academy of Oral and Maxillofacial Surgery clinic, , Eivenių g. 2, LT-50009 Kaunas	Lithuanian language

Study type	Study level	Qualification rate by LKS
University studies	Non-degree studies	VII level

Study form and duration in years	Program scope in credits	All of a resident's workload hours	Overhead contact hours	Independent work hours
Continuous, 3 years	198	5278		

Study area	Main program area (branch)	Parallel degree programme (branch) (if any)
Biomedical Sciences	Odontology	-

Granted professional qualification
Doctor oral surgeon

Study program manager	Manager's contact information
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The accrediting institution	Accredited to
Study quality and evaluation center	2020 y.

The residency program goal
Basic oral surgery residency program goal is a specialist having a doctor's oral surgeon qualifications, ethically responsible, independent, interested in scientific innovations, and reaching a higher scientific qualification studies.

The profile of residency program		
Residency program: groups of cycles	Residency program type	Residency program distinctive features
Content of residency studies: cycles Program consists of mandatory and optional cycles which include theory, practice and independent autonomous studies. Mandatory cycles are directed to improve knowledge of oral surgeon and clinical practice improving in	Oral Surgery residency program is focused on practical activities and evolving research work skills and providing medical oral surgeon occupational qualification	The program is designed according to the legislation of the Republic of Lithuania: European Parliament and Council Directive 2005/36/EC, International Speciality Guidelines for Training and Education in Oral and Maxillofacial Surgery, revised and approved in Durban, 2001, XV, Icom, May 19-25, 2001, Directive 2001/19/EC and 93/16/EEC European Parliament and of the Council of 14 May 2001, Cumming AD, Ross MT. The Tuning Project (medicine) - learning outcomes / competences for undergraduate medical education in Europe. Edinburgh: The University of Edinburgh, 2008. Available at: http://www.tuning-medicine.com ; Bulajeva T., D. The transition, Šileikaitė-Kaishauri D. Study programs Guide. Vilnius, 40 p., 2012 (prepared by the project of the European Credit Transfer and Accumulation System (ECTS) National Level: Credit harmonization and learning outcomes based

<p>oral and maxillofacial traumatology, neurology, clinical diagnostic, medical and surgical treatment, disease prophylaxis, self-abilities and skills. In mandatory cycles are taught extra diagnostic methods and preprosthetic surgery. In optional cycles are taught one selected subject (for example dental implantology, orthognathic surgery, facial anomalies, cleft lip and palate surgical treatment, otorhinolaryngology).</p>		<p>education program design and implementation '(No. VP1-2.2-MES-08-V -01-001);</p> <p>According to the ruling of Lithuanian Government No. 1359 „On medical training“; Ruling of Minister of Education No. ISAK-969/V-445 from 17th of June 2004 „On medical odontology residency and veterinary science educational program requirements and residency basic draft and evaluations acceptance“; Ruling of Minister of Education No. ISAK-1310 from 24th of August 2004 „On medical, odontology and veterinary science educational program evaluation and registration“; Ruling of of Minister of Education No.V-97012 of December 2005 „On Lithuanian medical norm MN 44:2005 „Doctor, oral surgeon. Rights, obligations, competence and responsibilities“ approval; Council’s directive Nr. 93/16/EEB from 5th of April 1993 which is designed to help in doctors, their diplomas, certificates and other document movements and mutual improvements. LUHS regulations of post graduation studies KMU.</p> <p>Lithuanian university of health sciences Rector's 2003 05 23 order No. 2848-R “The residency programming principles”; Lithuanian university of health sciences Rector's 2004 06 30 order No. PS-8-105-R “For resident education organization”.</p> <p>Lithuanian university of health sciences Rector's 2004 12 06 Order No. V-419 “On residency and internship bases for evaluation and selection”.</p> <p>The program is based on the theoretical study and practical integration of the first year of study. Practical skills are learned and absorbed theoretical course, the University professors - residency databaseprofessionals. Main base of oral surgery residency - Hospital of Lithuanian University of Health Sciences Kaunas Clinics has all the mouth, maxillofacial disease diagnosis and treatment-related structuresconcentrations. Scientific work skills schooled in the scientific work of the University of Oral and Maxillofacial surgery clinic. The possibility of residency in selected foreign clinic.</p>
<p>The program consists of required and optional cycles, involving theory, practical work and work independently. Required cycles are focused on doctor oral surgeon knowledge and skills deepening of the oral maxillofacial diseases and injuries, congenital and acquired neurological diseases, clinical diagnostic, medical and surgical treatments, knowledge of disease prevention, abilities and skills of self-absorption. For supplemental diagnostic methods preprosthetic oral preparation - is formed separate mandatory-cycles. Optional cycles are created to deepen knowledge into one of</p>	<p>Oral Surgery residency program is applied nature program focused on practical activities and evolving research work skills and providing medical oral surgeon professional qualification.</p>	<p>The program is designed according to the legislation of the Republic of Lithuania: European Parliament and Council Directive 2005/36/EC, International Speciality Guidelines for Training and Education in Oral and Maxillofacial Surgery, revised and approved in Durban, 2001, XV, Icom, May 19-25, 2001 , Directive 2001/19/EC and 93/16/EEC European Parliament and of the Council of 14 May 2001, Cumming AD, Ross MT. The Tuning Project (medicine) - learning outcomes / competences for udergraduate medical education in Europe. Edinburgh: The University of Edinburgh, 2008. Available at: http://www.tuning-medicine.com; Bulajeva T., Lepaite. D., Šileikaitė-Kaishauri D. Study program manager. Vilnius, 40 p., 2012 (prepared by the project of the European Credit Transfer and Accumulation System (ECTS) National Level: Credit harmonization and education outcomes based education program design and implementation '(No. VP1-2.2-MES-08-V -01-001) LR Government Resolution 2003 10 31 Resolution No. 31., 1359., training of doctors; LR Minister of Education and Science and Minister of Health 2004 06 17 Order No.. ISAK-969/V-445 the Medical Residency, dentistry and veterinary medicine residency curriculum requirements and residency bases the selection and assessment regulations "Ministry of Education and Science 2004 08 24 Order No.. ISAK-1310., for medicine, dentistry and veterinary medicine residency curriculum evaluation and registration "Minister of Health Order 2005. December 12. No. V-970 of the Lithuanian Medical Standard MN 44:2005 "The doctor oral surgeon. rights, duties, competence and responsibility "approval; 1993. April 5. Council Directive 93/16/EEC to facilitate the free movement of doctors and the mutual recognition of diplomas, certificates and other evidence of formal qualifications of mutual recognition.</p> <p>LUHS postgraduate study Regulation; KMU Rector 2003 05 23 Order No. 23. 2848-R for residency program planning principles; KMU Rector</p>

<p>the area (eg, dental implantation, Orthognathic surgery, congenital anomalies, and facial lip and cleft palate surgery, ENT organ pathology).</p>	<p>2004 06 30 Order No.. PS-8-105-R “Resident education organization”. KMU Rector 2004 12 06 Order No.. V-419 “Evaluation and selection of residency and internship bases”.</p> <p>The program is based on the theoretical study and practical integration since the first year of study. Practical skills are learned with University lecturers help. The main base of oral surgery residency is Lithuanian University of Health Sciences Clinics at Kaunas. Scientific work skills are improving in the scientific work at the department of Oral and Maxillofacial Surgery at Lithuanian University of Health Sciences. Also there is possibility to perform the residency in foreign clinics.</p>
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Requirements for entrants	Recognition of prior learning
<p>Master's degree in dentistry and odontologist qualification are necessary. Admission is organized by the common contest. Competitive grade structure is stated in the acceptance of the LUHS residency programs. The main competitive grade consists of integrated studies, subjects average grade, the final exam, clinical practice evaluation, student's scientific performance evaluation and motivation interview assessment. Motivation interview is organized by preliminary schedule. Motivation board consists of lecturers from Department of Maxillofacial Surgery and delegated resident. Scientific activity in oral surgery area, clinical volunteering in the surgical departments and universal properties are evaluating. A cover letter addressed to the Commission are made one day before the scheduled motivation interview. Contest is open and processes in each residency program in two stages (main and additional). Additional step can be organized after the main reception if there are free vacancies.</p>	<p>Earlier study results individually, taking into account the skills and was trained for the program outcomes that meet the residency program of study "Oral Surgery", in accordance with procedures established by the Senate LUHS.</p>

Access to further studies
<p>Previous study results are appreciable individually, taking into account the skills of the prior program. Access to further studies Degree-awarding studies PhD (5-10% graduated oral surgeons continue the studies).</p>

Career opportunities
<p>Doctor oral surgeon can work in practical work both in public and private health care facilities licensed to provide oral surgery services. Oral surgeon's license is provided by presenting dental education program diploma, a certificate of internship and residency completion certificate. The doctor also can work in a scientific-research and teaching activities in higher education institutions. Residency completion certificate is well appreciable by the European Union.</p>

Studies methods	Assessment methods
<p>There are various teaching and learning methods: lectures, seminars, consultations, group discussions with doctors residents. Diary filling of daily activities, preparing and presenting presentations in the morning medical conferences, educational films, personal development plan making and realization.</p>	<p>Participation in lectures, activity in seminars or consultations and in group discussions identified in a special log. Every year it is required to report of at least 75% of the covered topics in the theoretical sessions. It is allowed to equalize payments with previous year resident or with individual schedule.</p> <p>Settlements orally and in writing takes place at the end of each cycle. In writing settlements there are tests, presented open and closed-ended questions/tasks, clinical situations. Graded ten-point grading system.</p>
<p>Abilities and skills are gaining in researching and treating patients at Emergency department, Intensive Care Department, Oral and Maxillofacial Surgery Department, other hospital departments, ambulatory, participation in daily and weekly clinic visitations and</p>	<p>Weekly evaluation of continuous clinical work, diagnostic procedures, appropriate performance/interpretation in daily activity diary, approved residency head seal.</p> <p>Evaluation of analysing and presenting individual clinical</p>

<p>patient department discussions, mentoring patients under resident care, attending in the Face and Jaws Surgery Department under the resident or a licensed physician and maxillofacial surgeon's supervision.</p>	<p>cases on every weekly visit, deselecting in daily activity diary, and confirming residency head seal.</p> <p>Practical skills and abilities, that are gained during cycle, are assessed by a mark in ten-point grading system, and recorded in the daily activity diary and in resident credits booklet.</p> <p>Literature review and clinical examination of cases with review of the literature preparation and presentation in the morning medical conferences by individual schedule. Presentations are recorded in daily activity diary and approved resident manager once in half a year.</p> <p>Research work theme can offer same resident or the resident manager has to do it. Preliminary scientific subject, the subject matter and methods are discussed and approved at Maxillofacial Surgery Clinic meeting. The results of research work are presented at the Maxillofacial Surgery Clinics conference, no later than one month before the final exam.</p> <p>Residency program concludes with the practical and theoretical examinations. The practical exam takes place at the patient's bed. The theoretical test conducted in writing in response to the five questions and then discussing them orally.</p>
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General competency		Residency program aim	
1.	Professional features	1.1	To be fair, honorable, to comply with dental ethics, adhere to good dental practice, to be critical, to be able to sympathize, be creative and initiative.
2.	Occupational activity	2.1	Being able to border your own confidence and ask for help when necessary. Being able to work out in case of changed conditions. Work alone, solve the problems and take action. Also communicate and work in team with the others. Being able to organize and plan, including your own time.
3.	Analizing doctor's activity	3.1	Being able to analyze and synthesize, life long improve yourself while learning. Being able to apply theoretical knowledge into practical skills, transfer your knowledge and skills to the others. Being able to plan and implement scientific researchs.

General competency		Residency program aim	
4.	Patient consultation	4.1	Resident should be able to perform common evaluation of patient, to clarify and interpret symptoms of maxillofacial diseases, to assemble and interpret objective anamnesis, to evaluate pain and formulate diagnosis.
		4.2	Resident should be able to explain the purpose and significance of actions made to the patient. To explain maxillofacial findings and discuss the following actions, to calm and motivate the patient.
5.	The formation of patients' examination and plan of treatment	5.1	To recognise and evaluate the clinical condition and severity level of oral and maxillofacial region, to create the plan of indispensable diagnostic examination, to be able to interpret results of examination, to perform primary and secondary differential diagnosis of causes of symptoms; to create reasonable individual treatment plan and discuss it with relatives; to be able to evaluate possible interaction between different drugs and its negative effect and effectiveness of assigned treatment.
		5.2	Resident should be able to communicate with patients and their relatives in critical conditions, to acquire confidence and informed written agreement of patient, to communicate with patient in writing (medical documentation), to communicate with aggressive patient.
6.	Offer of first medical aid	6.1	Resident should be able to recognize the somatic conditions that require first aid, to offer first aid, primary intensive care according to recommendations, to treat conditions of urgent oral and maxillofacial diseases.
7.	Perform of diagnostic procedures, evaluation and interpretation of results	7.1	Resident should be able to evaluate data of radiographic, radioisotopic, electrophysiological and genetic craniomandibular examination.
8.	Participation in promoting and ensuring healthy living	8.1	Resident should be able to evaluate the risk of patients' health and to adjust appropriate and rational measures for its reduction; to adjust measures for infection control; to evaluate the risk of professional factors for health and to take action to avoid these factors.
		8.2	Resident should participate in health programs at individual as well as population level.