

Degree programme	Type	Course
Medicine	OP	5

Contact lecturer

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Group languages

You can consult this information at the [end](#) of the document.

Prerequisites

It is advisable that the student has achieved an advanced knowledge of head and neck anatomy and basic skills in medicine (general pathology), as well as sufficient training on the basis of the disease, pathology, diagnostic imaging, microbiology, treatment of the surgical patient and treatment of the traumatic patient.

Objectives

This subject will be taught at the UDH Vall d'Hebron, responsible Dr. Juan Antonio Hueto Madrid (jahueto@vhebron.net); Dra. Coro Bescós Atín (cbescos@vhebron.net); Dr. Jorge Pamias Romero (jpamias@vhebron.net); UD Germans Trias i Pujol, responsible Dr. Antonio Vázquez Rodríguez (a29516avr@wanadoo.es) and Dr. Oscar Escuder de la Torre (secmaxilofacial@tauli.cat)

Its general objective is to make known:

- The basic knowledge of dentistry for the doctor
- The foundations of Oral and Maxillofacial Surgery, as well as their interactions with other specialties surgical and dentistry.
- The diagnosis and treatment of the pathologies of the organs and tissues of the face and neck both of acquired and congenital origin.
- Head and neck surgery, oral surgery, surgery of the salivary glands, cancer of the oral cavity and oropharynx, congenital and acquired deformities of the skull and dento-face, trauma to the face, temporomandibular joint and of facial cosmetic surgery.

Learning outcomes

1. Identify the ethical bases for decision-making in the field of surgery.
2. Transmit the information on the surgical procedure to be performed and draw up a document of informed consent.
3. Manage the information available and set levels of discussion in multidisciplinary groups.
4. Back decision-making with the best scientific evidence.
5. Anticipate and compare information for good decision-making.
6. Participate in the whole process of patient-care, from diagnosis to aftercare.
7. Justify decisions taken based on the information obtained.
8. Enumerate the alarm signs that require urgent attention to the patient.
9. Identify emergency situations and establish an order of priorities.
10. Distinguish the implications of different interventions regarding functional and morphological changes.
11. Describe the mechanisms of action of physical and chemical agents on the organism.
12. Further investigate the risk factors of morbidity and mortality in operations.
13. Make a critical analysis of the objectives to be achieved with surgery, contrasting this with the adverse effects that may be involved.
14. Encourage the search for answers to the questions that arise during surgery.
15. Critique original or review scientific papers.
16. Evaluate the appropriate scientific methodology for a biomedical paper.
17. Use the specific bibliographic sources that will help to develop further one's knowledge.
18. Build diagnostic and therapeutic algorithms based on the best scientific evidence, taking into account the facilities available.
19. Establish a working hypothesis and its objectives.
20. Choose the best possible research design to respond to the hypothesis put forward.
21. Define the statistical methodological bases.
22. Formulate and discuss the results obtained.
23. Present results orally or in writing.
24. Identify funding sources and set up a budget.
25. Obtain the most important data, both on the illness being treated and on factors influencing morbidity and mortality.
26. Adapt the therapy procedure and the surgical technique, if appropriate, in accordance with the available data.
27. Approach the physical examination not only from the diagnostic perspective, but also the therapeutic perspective, with special emphasis on surgical procedures.
28. Use the scales that assess the general (physical and mental) state of the patient.
29. Integrate all pre-operative information for decision-making.
30. Calculate the surgical risk indices, both general and by apparatus, and adjust the indications accordingly.
31. Categorise emergency situations in accordance with the available indices of seriousness.
32. Perform the initial assessment automatically and acknowledge the actions that require an immediate response.
33. Distinguish the bases of the different surgical specialisations to integrate and lead the treatment in acute and chronic patients with multiple conditions.
34. Estimate the risks and benefits of the various therapy options.
35. Provide clear, comprehensible information on the therapy options to patients and their families.
36. Choose a therapy option in accordance with available information and patient preference.
37. Recognise when a patient is in the terminal phase and avoid therapeutic obstination.
38. Identify all prophylactic measures to reduce indices of morbidity and mortality to the minimum.
39. Provide the bases for preparing clinical guides and constructing diagnostic and therapeutic algorithms.
40. Apply basic surgical manoeuvres in practice with simulated models.
41. Gather information and select the most important facts about the patient, both in normal visits and emergencies.
42. Transmit information clearly and accurately, leaving no room for possible misunderstandings.
43. Establish rapport as the first important step in all medical procedures, both in elective and emergent situations and leave a written record of the information transmitted and the wishes of the patient.
44. Describe biomedical bibliographic databases and ways to filter the information provided.
45. Choose content in accordance with the rules of evidence-based medicine.

46. Identify the legal bases for creating, maintaining and using databases that contain medical information.
47. Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
48. Convey knowledge and techniques to professionals working in other fields.
49. Be able to work in an international context.
50. Demonstrate, in professional activity, a perspective that is critical, creative and research-oriented.
51. Formulate hypotheses and compile and critically assess information for problem-solving, using the scientific method.
52. Demonstrate basic research skills.
53. Use information and communication technologies in professional practice.
54. Acknowledge the importance of research to medical progress.

Contents

MAX 1 Dental basics for doctors I

Subject: Anatomy of the stomatognathic system. Dental nomenclature. Chronology of teeth eruption. Dentistry and its specialties. Image diagnosis.

MAX 2 Dental basics for doctors II

Subject: Odontogenic infections. Caries. Periodontal disease. Severe infections of the cervical-facial areas. Fungal infections of the oral cavity. Other infections.

MAX 3 Dental basics for doctors III

Subject: Pathology of teeth eruption: agenesis, inclusions and supernumerary teeth. Orthodontics for doctors.

MAX 4 Dental basics for doctors IV

Subject: Rehabilitation of teeth and alveolar processes. Removable prosthesis. Fixed prosthesis. Dental implants.

MAX 5 Diseases of the oral mucosa

Subject: Premalignant lesions, leucoplakia, erythroplakia, oral manifestations of systemic diseases

MAX 6 Pathology of occlusion and the temporomandibular joint

Subject: Fundamentals of occlusion. Pain-dysfunction syndrome of the TMJ. Bruxism. Mandibular distraction Temporomandibular joint surgery.

MAX 7 Pathology of salivary glands I

Subject: Inflammatory pathology of the salivary glands. Lithiasis.

MAX 8 Pathology of salivary glands II

Subject: Tumors of salivary glands.

MAX 9 Congenital craniofacial malformations

Subject: Congenital dental malformations, facial fissures, craniofacial syndromes.

MAX 10 Cysts and odontogenic tumors

Subject: Cysts. Odontogenic tumors.

MAX 11 Oral and oropharyngeal cavity cancer

Subject: Epidemiology and risk factors. Premalignant lesions. Diagnosis protocols and treatment.

MAX 12 Craniofacial reconstructive surgery

Subject: Local flaps. Myocutaneous flaps. Microvascularized flaps. Mandibular reconstruction. Face transplant.

MAX 13 Dentofacial deformities

Subject: Diagnosis and planning. Sagittal deformities. Facial asymmetries. Osteogenic distraction.

MAX 14 Face aesthetic surgery

Subject: Rhinoplasty. Blepharoplasty. Cosmetic surgery. Minimal invasive techniques.

MAX 15 Maxillofacial trauma

Subject: Nasal fractures. Mandibular fractures. Fractures of the middle third of the face. Fronto-ethmoid-orbital fractures. Frontal sinus fractures.

Optional seminars

SEM1

Basic oral exploration

SEM2

Evaluation of orthopantomography

SEM3

Assessment of facial trauma

SEM4

Assessment of cervical tumor

Learning activities and methodology

Title	Hours	ECTS	Learning outcomes
THEORY	15	0.6	
HUMAN CLINICAL CARE PRACTICE (PCAh)	15	0.6	
PREPARATION OF WRITTEN WORKS / SELF STUDY / READING OF ARTICLES / REPORTS	41.25	1.65	

DIRECTED TEACHING TYPOLOGIES

Theory (lectures, TE typology). Group size: registration group. Scheduled sessions: 15 (1h per session)

SUPERVISED TEACHING TYPOLOGIES

HUMAN CLINICAL CARE PRACTICE (PCAh)

Period of unregulated curricular practices corresponding to studies in the field of health, during which the student experiences in a real context and acquires specific skills under the direct supervision of the UAB faculty or external professionals involved. It is not foreseen in the counting of face-to-face activities, although this practice may involve individual or group work meetings with the UAB faculty. Therefore, only follow-up and evaluation of the students are computed. In this calculation, the preparation will also be implicit.

The student will acquire the commitment of preserving the confidentiality and the professional secrecy of the data to which he / she may have access due to his / her learning in the assistance services. Also in maintaining an attitude of professional ethics in all its actions.

AUTONOMOUS WORK (50-55% of the total 37.5-41.25 hours)

Comprehensive reading of texts and articles, study and realization of schemes, summaries and conceptual assimilation of the contents. Preparation of presentations and deliveries.

EVALUATION (5% of the total, 3.75 hours)

Exceptionally, according to the criteria of the responsible professors, depending of the available resources and the health situation, part of the contents corresponding to the theoretical lessons, practices and seminars may be delivered online or in other alternate methods.

Annotation: within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

Assessment

Continuous assessment activities

Title	Weight	Hours	ECTS	Learning outcomes
Evaluation through case studies and	40%	2.75	0.11	1, 4, 7, 9, 14, 16, 17, 18, 19, 20, 21, 23, 27, 31, 33, 34, 36, 39, 40, 46, 52

problem solving				
Attendance and active participation in class and seminars	10%	0	0	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54
Objective test of multiple choice	50%	1	0.04	1, 4, 7, 9, 14, 16, 17, 18, 19, 20, 21, 23, 27, 31, 33, 34, 36, 39, 40, 46, 54

Written evaluation through objective tests: Selection issues / Restricted questions

50%

Evaluation through case studies and problem solving

40%

Attendance and active participation in class and seminars

10%

Students who fail to carry out both theoretical and practical evaluation tests will be considered as Not evaluated by exhausting the rights to the registration of the subject

The subject contemplates a second-chance examination for students who have not passed the contents of the final evaluation, with a format to be determined.

Bibliography

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- Baladrón J. Cirugía maxilofacial. 10a ed. Oviedo: Curso Intensivo MIR Asturias; 2005.
- Raspall G. Cirugía oral e implantología. 2a ed. Buenos Aires, (etc.): Médica Panamericana; 2006.
- Sociedad Española de Cirugía Oral y Maxilofacial. Cirugía oral y maxilofacial. 3a ed. Buenos Aires; Madrid [etc.]: Médica Panamericana; 2011.
- Jones BM. Facial rejuvenation surgery. Philadelphia, PA: Elsevier Mosby; 2008.
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- Master techniques in facial rejuvenation. Philadelphia, PA: Elsevier Saunders; 2007.
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- Raspall G. Tumores de cara, cabeza y cuello: atlas clínico. 2a ed. Barcelona, [etc.]: Masson; 2000.

Software

Adobe Acrobat Reader

Course groups and languages

The information provided is provisional until November 30. After this date, you will be able to consult the language of each group through this [link](#). To access the information, you will need to enter the course CODE