

<b>FOURTH YEAR ELECTIVE TITLE</b> <b>ORAL &amp; MAXILLOFACIAL SURGERY: THE MOUTH AS A MIRROR OF SYSTEMIC DISEASE</b>		<b>COURSE NUMBER</b> SURG 9004	<b>LOCATION</b> ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, OFFICE: 109 LIVINGSTON AVE., NEW BRUNSWICK
<b>ELECTIVE DIRECTOR</b> PHILIP ENGEL, DMD	<b>ELECTIVE FACULTY</b> PHILIP S. ENGEL, DMD DAVID M. RAUCH, DDS CONSTANTINE SIMOS, DMD MICHAEL E. STERN, DMD RICHARD K. STERN, DDS	<b>ELECTIVE CONTACT</b> PHILIP ENGEL, DMD 109 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	<b>CONTACT PHONE/FAX/EMAIL</b> PH. 732-247-8083 FAX 732-247-1584 <a href="mailto:pengel4osg@hotmail.com">pengel4osg@hotmail.com</a>
<b>BLOCKS AVAILABLE</b> ALL	<b>DURATION/WEEKS</b> MIN 2; MAX 4	<b>HOURS PER WEEK</b> VARIABLE	<b>STUDENTS</b> MAX 2
<b>LECTURES/SEMINARS</b> YES	<b>OUTPATIENT</b> YES (AT LEAST 80%)	<b>INPATIENT</b> YES	<b>HOUSESTAFF</b> YES
<b>NIGHT CALL</b> NO	<b>WEEKENDS</b> NO	<b>LAB</b> NO	<b>EXAM REQUIRED</b> NO

**OVERALL EDUCATIONAL GOAL OF ELECTIVE**

Clinical diagnosis from signs and symptoms common to the oral cavity; Method of regional examination of soft and hard tissues of the oral cavity and associated structures; In depth review of clinical, radiographic and histologic changes in diseases common to oral tissues.

**OBJECTIVES**

- To become familiar with the head and neck malillo-facial regional exam
- To palpate and appreciate signs and symptoms of local oral disease
- To examine and Dx and Tx diseases of the major and minor salivary glands
- To examine and Dx oral manifestations of Systemic Disease and discuss pathology of same
- To perform a differential diagnosis of radiographically evident diseases of hard tissues of oral cavity and associated structures
- Study benign and malignant neoplasms of the oral cavity and associated structures
- To study developmental abnormalities of the head and neck

**BRIEF DESCRIPTION OF ACTIVITIES**

The course is conducted in the clinical setting of the oral surgery office, the dental department at RWJUH, and in small group slide presentation.

**METHOD OF STUDENT EVALUATION**

A written evaluation will be provided.

**ARE THERE ANY PREREQUISITES FOR THIS ELECTIVE?** No

**IS THIS ELECTIVE AVAILABLE TO THIRD YEAR MEDICAL STUDENTS AS WELL?** Yes