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*Development and validation of an Anesthesia Simulation Training curriculum for Oral and Maxillofacial Surgeons (AST-OMS)*

The OMS anesthesia delivery model involves a team-based approach where the surgeon is responsible for the delivery of anesthesia, known as the operator-anesthetist model, along with anesthesia certified dental assistants, nurses, or other advanced practice professionals. Several studies have highlighted a track record of safety and high ratings for patient satisfaction with this model. Moreover, office-based anesthesia is a cost effective and time-efficient method to provide safe and affordable care to a high volume of patients, including patients suffering from anxiety for surgical procedures. However, rare complications involving highly publicized fatalities after office-based anesthesia have fueled criticism by the American Society of Anesthesia (ASA), the American Academy of Pediatric Dentistry (AAPD), the American Academy of Pediatrics (AAP), and the American Society of Dental Anesthesiology (ASDA).

The use of simulation training has been documented in other settings to help teams achieve mastery in the management of uncommon anesthetic events, build task-specific skills, enhance team communication and leadership, identify crisis management resources, and increase confidence while reducing anxiety-associated errors in judgment. Robust scientific data has not been acquired specific to the OMFS anesthesia model leading to a significant knowledge gap that should be addressed. Current efforts by AAOMS in the creation of a simulation center, changes in anesthesia training standards and discussions related to development of competencies for members all point this critical need. Scientific support for simulation training in this model would be highly synergistic with these efforts and likely to enhance the overall impact of each of them. To that end, we propose developing and validating an anesthesia simulation program for OMS residents using the team-model of office anesthesia which will then be applied to the private practice setting.