

**U.S. ARMY DENTAL CORPS
ADVANCED EDUCATION IN GENERAL DENTISTRY
12-MONTH PROGRAM**



**U.S. ARMY DENTAL HEALTH ACTIVITY
Fort Bliss, Texas**

ADVANCED EDUCATION IN GENERAL DENTISTRY 12 MONTH PROGRAM SYLLABUS

FORT BLISS DENTAL HEALTH ACTIVITY FORT BLISS, TEXAS

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Class of 2020-2021

Updated pages will be generated as needed. They will be briefed and distributed to residents, mentors and staff.
When warranted by updates, a new version of the handbook will be generated.

Please report errors to Program Director, Assistant Program Director or Education Technician.

The Army Values

Loyalty – Bear true faith and allegiance to the U.S. Constitution, the Army, your unit, and other Soldiers.

Duty – Fulfill your obligations.

Respect – Treat people as they should be treated.

Selfless-Service – Put the welfare of the Nation, the Army, and your subordinates before you own.

Honor – Live up to all the Army Values.

Integrity – Do what's right, legally and morally.

Personal Courage – Face fear, danger or adversity (physical or moral).

The Soldier's Creed

I am an American Soldier.

I am a Warrior and a member of a team.

I serve the people of the United States and live the Army Values.

I WILL ALWAYS PLACE THE MISSION FIRST.

I WILL NEVER ACCEPT DEFEAT.

I WILL NEVER QUIT.

I WILL NEVER LEAVE A FALLEN COMRADE.

**WARRIOR
ETHOS**

I am disciplined, physically and mentally tough, trained and proficient in my warrior tasks and drills.

I always maintain my arms, my equipment, and myself.

I am an expert and a professional.

I stand ready to deploy, engage, and destroy the enemies of the United States of America in close combat.

I am a guardian of freedom and the American way of life.

I am an American Soldier.

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**Fort Bliss Dental Health Activity
AEGD 12- MONTH PROGRAM
CLASS OF 2020-2021**

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INTRODUCTION

The Advanced Education in General Dentistry 12-Month Program (AEGD 12-MP) at Fort Bliss, TX is a world-class quality, accredited, postgraduate educational experience providing professional education at the post doctorate level. It encompasses supervised training and clinical experience in all major specialty areas of dental practice. Its mission is to develop recent dental school graduates into competent, productive, efficient clinicians capable of skillfully and confidently managing patients requiring complex multi-disciplinary treatment. As a program sponsored by the United States Army, it has the additional mission of training residents to be well rounded, competent military officers.

The program emphasizes a practical approach to clinical and didactic training. The resident receives considerable experience and close guidance from highly trained specialists and is expected to demonstrate the interest and enthusiasm necessary to derive maximum benefit from the program. Residents are chosen from among the most outstanding dental graduates in the nation. Participating in the program represents an exceptional opportunity for the new dentist to develop both as a dental professional and an Army Officer.

The AEGD 12-MP is guided by the Office of The Surgeon General (OTSG), which establishes and exercises agency supervision of educational programs for officers of the Dental Corps in accordance with Department of the Army policies. The Commander, United States Army, Dental Health Activity, Fort Bliss, Texas, maintains active supervision over the program which conforms to the policies of the Education and Training Division, the OTSG, U.S. Army Dental Health Command (DHC) and The Council on Dental Education of the American Dental Association (ADA). The AEGD 12-MP at Fort Bliss has been granted initial accreditation by CODA. This classification is granted to an educational program to indicate that it is expected to achieve or exceed the basic requirements for accreditation by the Commission on Dental Accreditation, a specialized accrediting body recognized by the Council on Post-secondary Accreditation and the United States Department of Education.

EVOLUTION OF THE TRAINING PROGRAM

The Army Dental Intern Program was first approved by the Office of The Surgeon General in August 1946. The actual implementation of the training began in July 1947. This program was initially conducted at six installations, and from its inception, all spaces were completely filled. Beginning in 1974, the programs were accredited by the ADA under the title of Dental General Practice Residency. In 1985, the program title was changed to Advanced Educational Program in General Dentistry One-Year; in 1990, the title was changed to Advanced Education in General Dentistry, One-Year Program, in 2000 to Advanced General Dentistry-12 Month Program, and in 2006 to Advanced Education General Dentistry-12 Month Program.

PROGRAM ACCREDITATION AND COMPLIANCE WITH STANDARDS

The Fort Bliss AEGD-12MP is accredited by the Commission on Dental Accreditation [*and has been granted the accreditation status of “initial accreditation”*]. The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611. The Commission’s web address is: <http://www.ada.org/en/coda>.

The Commission on Dental Accreditation has accredited the program in advanced education in general dentistry (12 months). However, accreditation of the program does not in itself constitute recognition of any dental specialty status.

In cases where the Fort Bliss AEGD 12-MP fails to comply with existing program accreditation standards, it is the right of each resident, each faculty member, or any other knowledgeable, interested party to file a complaint of noncompliance with the ADA Commission on Dental Accreditation.

The Commission on Dental Accreditation will review and investigate all complaints that relate to a program’s compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental related education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or residents.

Only written, signed complaints will be considered by the Commission; oral and unsigned complaints will not be considered. All investigations conducted by the Commission subsequent to receipt of the complaint will strive to conceal the identity of the complainant; the Commission will take every reasonable precaution to prevent the identity of the complainant from being revealed to the program. However, the Commission cannot absolutely guarantee the confidentiality of the complainant.

The Commission strongly encourages attempts at informal or formal resolution of the alleged grievance through the program’s or sponsoring institution’s internal processes prior to initiating a formal complaint with the Commission.

A copy of the appropriate accreditation standards and/or the Commission’s policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.

GOALS OF THE PROGRAM

The goal of the AEGD-12MP is to provide training beyond the level of pre-doctoral education in oral health care, using applied basic and behavioral sciences. Education in this program is based on the concept that oral health is an integral and interactive part of total health. This program is designed to expand the scope and depth of the graduates’ knowledge and skills to enable them to

provide comprehensive oral health care to a wide range of beneficiaries of the Army Health Care System. The goals of the AEGD-12MP are as follows:

1. Enable the graduate to act as a primary care provider for individuals and groups of patients. This includes: providing emergency and multidisciplinary comprehensive oral health care; providing patient focused care that is coordinated by the general practitioner; directing health promotion and disease prevention activities.
2. Plan and provide multidisciplinary oral health care for a wide variety of patients including patients with special needs
3. Manage the delivery of oral health care by applying concepts of patient and practice management and quality improvement that are responsive to a dynamic health care environment
4. Function effectively and efficiently in multiple health care environments within interdisciplinary health care teams
5. Apply scientific principles to learning and oral health care. This includes using critical thinking, evidence or outcomes-based clinical decision-making, and technology-based information retrieval systems
6. Utilize the values of professional ethics, lifelong learning, patient centered care, adaptability, and acceptance of cultural diversity in professional practice
7. Understand the oral health needs of communities and engage in community service
8. Prepare the resident to assume positions of increasing responsibility and authority within the U.S. Army Dental Corps

DEFINITION OF TERMS

Competencies: Written statements describing the levels of knowledge, skills, and values expected of residents completing the program

Competent: level of knowledge, skills, and values required by residents to perform independently an aspect of dental practice after completing the program

Interdisciplinary: including dentistry and other healthcare professions

Multidisciplinary: including general dentistry and specialty disciplines within the profession of dentistry

Patient with special needs: those patients whose medical, physical, psychological or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations.

COMPETENCY BASED TRAINING PHILOSOPHY

What the Resident “learned” rather than what the Resident was “taught” is the basic premise behind the Competency Based Training Philosophy. In other words, the focus is on the “outcome” of learning rather than the “process.”

The expected “outcome” of a graduate of the Fort Bliss AEGD-12 Month Program (or what was “learned”) is competency. Graduates are expected to do a procedure or aspect of dental practice independently with adequate knowledge, skill and values. Proficiency indicates a level of practice exceeding competency and entails greater speed, accuracy, and repeated quality of performance. Proficiency represents greater internalization and integration of professional standards with more efficient utilization of time.

Achieving competency is a critical training outcome. The expectation is that graduates of this program will minimally achieve competency in all measured areas and may achieve proficiency in performing certain procedures by the conclusion of training.

Assessing, validating and certifying a Resident’s progress towards meeting the performance standards of the program’s core competencies and overall competency is an ongoing and continuous process. One solitary episode of acceptable performance cannot convey a mastery of a particular core competency with any degree of certainty.

Faculty members observe and document student resident performance and progress towards achieving core competencies in a variety of ways. Typical methods of Resident assessment commonly include: direct and indirect observation; demonstrations; case reviews; self-assessments; mock events; presentations; discussion groups; examinations and post-tests. Quality improvement monitors items such as dental record reviews and workload documentation are also useful.

Additionally, faculty members formally discuss the Resident’s progress towards achieving competency during monthly Mentor meetings and the Resident’s quarterly performance evaluation sessions. As a result of these frequent interactions, Residents should never doubt where they stand regarding their performance or progress in meeting the performance standards of each core competency.

COMPETENCY STATEMENTS

The graduate of the Advanced Education in General Dentistry 12-Month Program will be able to perform the stated departmental competencies:

Comprehensive Care/Operative

1. Provide and/or coordinate comprehensive, multidisciplinary patient focused oral health care in a sequenced treatment plan
2. Diagnose, triage, and manage dental emergencies

3. Coordinate referrals and consultations to interdisciplinary health care professionals for the treatment of dental and adjunctive health needs
4. Restore teeth with a variety of restorative materials
5. Place restorations and perform techniques to enhance patient esthetics
6. Manage patients with special needs
7. Diagnose and manage patients with symptoms of TMD, orofacial pain, and occlusal disorders
8. Manage anxious patients with a variety of behavioral and pharmacological techniques
9. Use principles of practice management, such as, management of auxiliaries, time & records management, scheduling & workload reporting, quality improvement, infection control, risk management, and professional ethics

Endodontics

1. Diagnose and treat pain of pulpal/periradicular origin
2. Perform non-surgical endodontic therapy on single and multi-rooted teeth using a variety of techniques and materials
3. Manage pre and post treatment endodontic complications, and emergencies

Oral Surgery

1. Perform removal of erupted teeth
2. Perform surgical removal of impacted teeth
3. Be familiar with the diagnosis and management of oral mucosal diseases and soft tissue biopsies
4. Diagnose and manage post-surgical complications
5. Diagnose and manage intra-oral infections

Periodontics

1. Diagnose periodontal disease using current diagnostic criteria
2. Provide surgical and non-surgical treatment of periodontal disease
3. Treat compromised biological width/insufficient clinical crown height with crown lengthening procedures
4. Provide adjunctive periodontal soft/hard tissue procedures to improve periodontal health, enhance esthetics, or facilitate restorative procedures
5. Evaluate the results of periodontal treatment and establish/monitor a periodontal maintenance program
6. Diagnose, manage, and maintain implants

Prosthodontics

1. Diagnose, treatment plan, and treat patients requiring single unit crowns.
2. Diagnose, treatment plan, and treat patients with missing teeth using implant restorations, Fixed Partial Dentures or removable appliances.
3. Restore endodontically treated teeth.
4. Expose residents to non-surgical treatment for temporomandibular dysfunction (TMD) and obstructive sleep apnea (OSA) patients.
5. Expose residents to various treatment modalities used in the restoration of edentulous spaces.

EXPECTATIONS OF THE AEGD 12-MP GRADUATE AND PROGRAM PHILOSOPHY

1. Serve as the dentist of first contact with the patient and provide a means of entry into the oral health care system
2. Evaluate the patient's total oral health needs, provide professional general dental care and refer the patient, when indicated, to appropriate specialists while preserving the continuity of care
3. Develop responsibility for the patients' comprehensive and continuous oral health care and when needed, act as the coordinator for the patients' total oral health care
4. Serve effectively as an Army Dental Officer in any duty position to which he or she may be assigned

PROGRAM PHILOSOPHY

The program is a comprehensive learning experience involving training in multiple disciplines of dental practice. The program is predominately clinically oriented, supported by a didactic component of 20-25 percent.

The clinical phase of the program consists of rotations through various specialties of dentistry. It is designed to emphasize the basic general dentistry concepts of total patient treatment and continuity of care. The resident is expected to provide total dental treatment within his/her capabilities, and to coordinate referrals to the appropriate specialist for those treatment needs that are beyond his/her capability.

Patient screening, selection and assignment are directed toward providing the resident with patients requiring a broad range of dental treatment. Isolated, independent rotations have been avoided wherever possible. The more interdependent specialties; Endodontics, Prosthodontics and Periodontics are done in one location to facilitate the application of these concepts. Mentors and residents are given sufficient flexibility to enable the resident to schedule patients from other services during their specialty rotation, allowing continuity of care.

The didactic component is an important aspect of the program providing each resident with a broad academic background from which sound clinical judgments can be made regarding diagnosis, treatment planning, and the selection of appropriate treatment materials and methods for the patient. The didactic phase is scheduled on a regular basis and includes lectures, literature reviews, journal clubs, and patient care conferences. In addition to the regularly scheduled didactic portion, each resident will be required to present a table clinic and lecture. A detailed description of these projects is found in Part III: Special Training Requirements, Appendices.

Comprehensive Care Training Philosophy

The Comprehensive Care Training Philosophy is based on the premise that the General Dentist is ultimately responsible for a patient's dental health. The General Dentist is the dental provider of 1st contact. It is the General Dentist who will diagnose and formulate the treatment plan. The General Dentist performs dental care that is within his/her level of expertise, and then makes the appropriate referral to help the patient achieve dental health. The General Dentist maintains contact with the patient throughout the referral, and also manages the maintenance of that patient when the referral is complete. Patient "ownership" is fundamental to the Comprehensive Care Training Philosophy.

The resident will provide and oversee a planned course of treatment for a patient from start to finish, particularly in patients presenting with complex, multidisciplinary treatment needs. Residents will perform a complete diagnostic work-up, formulate a comprehensive treatment plan, obtain a faculty member's approval of the proposed treatment plan, discuss the proposals and alternatives with the patient, and then gain the patient's consent prior to beginning any definitive, non-emergency treatment. Residents will strive to complete the prescribed dental care for the patient in a timely manner, employing an appropriate degree of oversight and follow-up as required.

Ideally, the resident will perform the entire spectrum of the treatment. However, the resident will also learn when to refer the patient to a specialist to provide specific aspects of the planned care to optimize the patient's overall treatment outcome. In this way, the dental care is delivered in an efficient and effective manner.

Residents are assigned Comprehensive Care Patients in a variety of ways. Some are assigned based upon a resident's interest in a particular patient or procedure. Others are assigned based upon the uniqueness, desirability or applicability of a specific condition to provide a particular clinical training experience. The criteria for patient selection in these instances is based upon the case's teaching merits, specifically, whether the case is suitable in helping the resident achieve a critical Competency.

Residents are held accountable for, and are evaluated on, their ability to ensure that the patient's continuity and sequence of appointed care continues beyond their limited encounter. This is accomplished when the resident assumes responsibility for the patient's total treatment needs by becoming the new comprehensive care manager, or when the resident provides a timely, appropriate and coordinated referral to another provider who then assumes responsibility for the patient's overall treatment.

RESPONSIBILITIES OF THE PROGRAM DIRECTOR

The Program Director is responsible to the Commander, United States Army Dental Health Activity, Fort Bliss, TX, for the conduct of the program. In accordance with CODA's Standards

for Advanced Education Programs in General Dentistry, the Program Director's responsibilities will be as follows:

1. Program Administration
2. Development and implementation of the curriculum plan
3. Ongoing evaluation of program content, faculty teaching, and Resident Performance
4. Evaluation of Resident training and supervision in affiliated institutions and off-service rotations.
5. Resident Selection
6. The Program Director maintains effective operation of the program on a daily basis. He/she provides direct and close supervision over all aspects of the educational program.
7. The Program Director is responsible to the Commander for the development, implementation, and continuing refinement of the program curriculum. He/she maintains responsibility for the administration of the program in an efficient manner. He/she also maintains an ongoing evaluation of program content, resident and faculty performance.
8. The Program Director ensures that adequate administrative records are maintained relative to the program. These records provide documentation of the clinical and administrative components of the program, and include all records needed to provide a comprehensive description of the program.
9. The Program Director is responsible for the coordination of the Residents' clinical and didactic activities, so as to provide a balanced, well rounded, and effective educational experience.
10. The Program Director provides supervision for some of the Residents' clinical activities and participates actively in the didactic program.

RESPONSIBILITIES OF THE ASSISTANT PROGRAM DIRECTOR

1. Serve as the Program Director in the absence of the assigned Program Director. As interim Program Director he or she will assume all responsibilities of the Program Director.
2. Responsible for all resident projects, which include the Treatment Planning Board and Patient Care Conference presentations, Table Clinics and Professional Lectures
3. Responsible for evaluating, assigning and tracking the treatment progress of all Comprehensive Care Patients and providing guidance and instruction in Comprehensive Care to the residents

RESPONSIBILITIES OF THE FACULTY MEMBERS

Faculty members, also called mentors, for the AEGD 12-MP are specifically assigned to participate in the program. All mentors are Diplomats of their approved American Specialty Board or are educationally eligible for Board Certification. In addition to having the appropriate educational credentials, the mentors must possess strong clinical skills and be highly responsive to the educational needs of the residents.

Each mentor:

1. Must be fully aware of the philosophy and objectives of the AEGD 12-MP.
2. Provide clinical supervision for residents, guiding them through all phases of treatment from patient evaluation and treatment planning through the resolution of post-operative evaluations/observations and/or complications. This includes training residents in the latest state of the art techniques in their dental specialty.
3. Review the required competencies, goals and objectives for their rotation no less than annually. Propose suggested changes to the Director.
4. Attend the formal Treatment Planning Boards, Patient Care Conferences, Mock Oral Boards, Table Clinic Presentations, Journal Clubs, and Professional Lectures.
5. Review the resident's dental record narratives and workload input for accuracy and completeness of each patient the mentor staffed.
6. Perform objective evaluations of each resident in their specialty area and report resident's progress to the Director at the monthly Mentor's Meetings. Written evaluations will be submitted to the Director on a quarterly basis, with more frequent evaluations when deemed necessary.
7. Lecture when scheduled and inform the Director of any necessary schedule changes.
8. Assign and discuss articles, readings, projects etc. to complete didactic goals.
9. If selected by a resident as their advisor for a table clinic or lecture, work with and ensure that the resident completes the project on time.
10. Participate along with the Program Director in scheduled mentor meetings that are held monthly to review and assess the activities of the program.
11. Recommend changes that will improve his/her rotation and the program to the program director for evaluation and implementation if needed.

RESIDENT ADDITIONAL DUTIES

1. **CLASS LEADER (PRESIDENT):** The class leader will serve as spokesperson for the residents. He or she will be the intermediary between residents and the Program Director. The class leader accomplishes tasks on behalf of the Director or AEGD 12-MP staff such as ensuring accountability of residents at lectures and meetings, reminding residents of upcoming deadlines, distributing dental articles or other documentation, etc. The class leader also relays concerns from residents to the Program Director when a consensus exists on an issue. He or she will also represent the class as a speaker at the graduation ceremony.

Serving as the class leader allows the resident to demonstrate the ability to assume leadership and responsibility, coordinate with faculty on issues, and work with resident peers as the group leader. This position can be held by one resident or rotated among residents throughout the year.

2. **SOCIAL COMMITTEE:** The social committee is responsible for organizing periodic get-togethers among the residents, as well as organizing the program's hosting of consultants. This committee is also responsible for coordinating light breakfasts for mentors and residents on days of Treatment Planning Board presentations. The social committee is also responsible for ensuring maximum class participation at major DENTAC activities. Finally, the social committee is responsible for organizing the residents'/mentors' graduation dinner.
3. **INFORMATION TECHNOLOGY OFFICER:** The information technology officer should be residents who is very knowledgeable and has experience working with Windows-based automation and audiovisual equipment. They are responsible for assisting fellow residents, mentors and consultants with computer or audiovisual problems.
4. **HISTORIAN:** The Historian will record minutes of weekly resident meetings and distribute to residents, directors and Education Technician. They will also be responsible for taking pictures of activities, to include all social events and consultant visits. The Historian will also prepare an end-of-year PowerPoint presentation with resident photos taken throughout the year.

DENTAL EDUCATION COMMITTEE

1. The organization, integration, and supervision of the AEGD 12-MP are the responsibility of the Commander, United States Army Dental Health Activity, Fort Bliss, TX. Guidance is provided by the Education and Training Division, OTSG, and by the Council on Dental Education, American Dental Association.
 - a. The Commander appoints a Dental Education Committee to assist in the administration of the program. The Committee consists of the following personnel:

- (1) Chairman, Dental Education Committee (can also hold position 2, 3, or 4)
 - (2) Director, Advanced Education in General Dentistry - AEGD 12-MP
 - (3) Director, Oral and Maxillofacial Surgery Program
 - (4) Director, Continuing Dental Education
 - (5) Other personnel as designated by the Commander
- b. The Committee is responsible for general supervision of the following dental education programs at Fort Bliss, TX:
- (1) Advanced Education in General Dentistry 12-Month Program.
 - (2) Oral and Maxillofacial Surgery Residency Program
 - (3) Continuing Dental Education Program.
- c. Dental Education committee will meet monthly or as required to carry out the following duties:
- (1) Maintain minutes of the Dental Education Committee proceedings. Minutes will reflect a continuing evaluation of the goals, progress, and accomplishments of the advanced dental education programs and will provide a source record for accreditation evaluations by the American Dental Association. The "Professional Activities" section will include the titles of papers presented, addresses, lectures, and appointments to professional organizations, committee assignments, information relative to specialty board certification and other pertinent data concerning the dental officers of the Committee or the residents. A copy of the minutes of each meeting of the Committee will be forwarded to Department of Education & Training, AMEDD Center and School, ATTN: MCCS-HED, 1750 Greely Road, Bldg. 4011, Fort Sam Houston, TX 78234-6122.
 - (2) Evaluate the professional progress of the residents. Specific recommendations will be made by the Committee for the continuation, relief, or advancement of each resident and will be noted in the minutes. Forms used for this purpose will become a part of the permanent record of the Committee. (See section on resident evaluation procedures.)
 - (3) Maintain a permanent record of resident activities. Each service is required to submit a record of activities on a monthly basis.
 - (4) Make recommendations concerning absences of residents. Short absences may be authorized upon the recommendation of the Dental Education Committee. Residents who are absent from any program for more than 30 training days in a training year must either be extended a corresponding number of days or be terminated from training at the discretion of the Assistant Surgeon General for Dental Services.
 - (5) Approve research projects, clinical studies, professional papers, lectures and table clinics by residents

- (6) Recommend attendance of residents at professional short courses or other professional meetings
 - (7) Recommend awarding certificates upon completion of the resident's participation in the AEGD 12-MP and Oral and Maxillofacial Surgery Residency
 - (8) Such other responsibilities as directed by Army regulation or as delegated by the Commander
- 2. Residents as a group may submit written input to the quarterly Education Committee meeting through the Program Director. The Education Committee will address any suggestions, comments, or complaints submitted by the group. Individual residents who have a suggestion, problem or complaint should meet with the Program Director on an individual basis.
 - 3. The AEGD 12-MP Director, Assistant Director and faculty also hold monthly meetings to discuss issues specifically related to the AEGD 12-MP. Topics covered include review of teaching plans and clinical and didactic schedules, plans for guest consultants and courses, discussion of special equipment and materials required to support the clinical rotations and didactic curriculum, resident progress and resident disciplinary actions.

FACILITIES

The facilities in which the program is conducted at Fort Bliss are as follows:

- 1. **DENTAL CLINIC # 3:** A 38-chair facility where training in comprehensive general dentistry, outpatient oral surgery, oral diagnosis/emergency dental care, operative dentistry, endodontics, prosthodontics, and periodontics is provided. It also houses the resident offices, the resident conference room, and administrative offices of the program.
- 2. **WILLIAM BEAUMONT ARMY MEDICAL CENTER (WBAMC) DENTAL CLINIC #1:** A 16-chair facility with two oral surgery suites where training in oral pathology, forensic dentistry, orthodontics, physical evaluation, pain control, anesthesia, exodontia, oral and maxillofacial surgery, and operating room procedures are provided.
- 3. **DENTAL CLINICS OUTSIDE OF THE FORT BLISS DENTAL HEALTH ACTIVITY:** Currently no outside affiliations exist, but could be added if the opportunity presents to improve learning opportunities for the resident.

ORIENTATION

The first two to three weeks after residents report to Fort Bliss will be devoted to welcoming residents, in-processing, arranging for housing, initiation of credentials and computer-based training. The following two weeks will consist of orientation to the program, completion of credentials, initial counseling, meeting of mentors, familiarization with clinic operations,

scheduling, records management and clinical assignments.

CURRICULUM SUMMARY

1. **PATIENT ASSIGNMENTS:** Patients are referred for evaluation as potential residency cases from dental clinics on Fort Bliss and other local military treatment facilities. Depending on dental needs, the patients are evaluated by the appropriate mentor and are assigned so residents receive an appropriate variety of clinical experiences and encounter problems of increasing complexity as they progress through their training. Records of each resident's clinical activities are maintained and evaluated monthly to assure that the desired quality and mix of patients are maintained.
2. **COMPREHENSIVE CARE:** Comprehensive Care is a major part of the residency clinical experience. Residents spend time throughout the year providing comprehensive care to selected patients with multidisciplinary dental needs. This extends from the initial treatment planning phase through completion of all treatment. All comprehensive care is accomplished under the supervision of the Assistant Director, Director and/or other graduates of a two-year Advanced Education in General Dentistry program. Comprehensive care is completed by residents during various rotations throughout the week. Residents have the responsibility for directing the overall care of these patients.
3. **CLINICAL ROTATIONS:** Each resident will approximately average the following clinical assignments:
 - a. Comprehensive Care, Sick Call, Examinations, Restorative - 2 days/week
 - b. Oral & Maxillofacial Surgery Service – One 3-week rotation during the year with the option of additional elective, shorter rotations later in the program, depending on desire of the resident and academic/clinical performance in other areas up to that point.
 - b. Endodontic Service – ½ day/week
 - c. Periodontic Service – ½ day/week
 - d. Prosthodontic Service – ½ day/week
 - e. Orthodontic Service - ½ day/month
 - f. Another facet of the clinical experience is to provide the resident with the opportunity of learning to work in harmony with ancillary personnel. It has been demonstrated that hygienists, expanded duty dental auxiliaries, dental assistants, laboratory technicians, and receptionists are vital adjuncts to the efficient practice of modern dentistry. The clinical phase of this program provides a broadening experience for the resident in these relationships, and enables the resident to learn to make more efficient use of his or her professional qualifications.

4. DIDACTIC SESSIONS:

- a. **TREATMENT PLANNING BOARD:** Each resident will present and defend one patient to a panel of mentors early in the academic year, with an end of year synopsis and defense. The format for this conference is included on page 51. It is envisioned that the resident will complete the treatment required prior to the completion of the residency.
- b. **LITERATURE REVIEWS/JOURNAL CLUB:** Held approximately 6 times throughout the year. Each resident will be assigned a professional journal article to review, abstract and distribute. Faculty assign pertinent journals for review prior to journal clubs. (See page 58)
- c. **SPECIALTY LECTURES:** Presented in block lectures to the group during orientation and weekly, usually on Fridays throughout the year.
- d. **CONSULTANT VISITS:** Specialty consultants are invited from outside military or civilian institutions to present lectures and hands-on classes to the residents. Additional consultant interaction may be scheduled after normal duty hours subject to availability. Attendance at consultant visits is primarily for residents. Staff officers usually do not attend. A continuing education presentation by the consultant to all DENTAC officers and dentists from other services and civilian offices may be arranged during the consultant visit.
- e. **PATIENT CARE CONFERENCES (PCCs):** PCC's are classified as presentations and discussions centered on patient treatment. PCC's include comprehensive care patient reviews (3984 reviews), case of the month, and treatment planning boards.
 - (1) 3984 Reviews: conferences with PD/APD to present, defend and update treatment plans for comprehensive care patients
 - (2) Case of the Month: a PPT presentation that highlights a clinical case encountered during the year that teaches a salient point. This presentation should include clinical photos, radiographs, and/or other pertinent materials as required.
 - (3) Treatment Planning Boards: a PPT presentation each resident creates, presents and defends about a selected comprehensive care patient to a panel of mentors. The format for this conference is found on page 51. It is envisioned that the resident will complete treatment required prior to the end of residency.
 - (4) Implant Boards: a presentation of proposed implant placement(s) in a patient to a minimum of the surgeon, the restorative dentist, and the Chair of the Implant Board and/or the AEGD PD/APD. Careful consideration should be given to all other dental disciplines during the work up and treatment planning of a dental implant.

5. SPECIAL COURSES:

- a. **MINIMAL ENTERAL SEDATION TRAINING:** A course that introduces residents to the philosophy and technique of conscious oral sedation with instruction in pharmacology and physiology.

- b. **BASIC LIFE SUPPORT TRAINING:** 4 hours for re-certification, given as needed during orientation to residents.
 - c. **COMBAT CASUALTY CARE COURSE (C4):** Residents are required to receive training on the Medical Role of the Army Dental Officer in Combat and Mass Casualty Situations. This is fulfilled by attending the 8-day Combat Casualty Care Course where the focus is working alongside and in conjunction with their medical counterparts (physicians, nurses, veterinarians, etc.) to perform interdisciplinary emergency and battlefield health care. The temporary duty (TDY) training site and base of operations is Camp Bullis, a military reservation northwest of San Antonio, Texas. Course activities are conducted at Camp Bullis and Fort Sam Houston. The course is very demanding with 12 to 16 hours of training a day. Prehospital Trauma Life Support (PHTLS)/Advanced Trauma Life Support (ATLS) and a number of exercises requiring decisions under simulated combat conditions provide a significant challenge to the residents' medical and soldiering abilities. The course includes triage, NBC warfare, bandaging and splinting, medical support during combat, field site selection, and other field and combat skills, many of which are physically demanding. C4 has been approved for 77 hours Category I Continuing Medical Education credits.
 - d. **IMPLANT COURSE:** One or two half day courses presented by a guest consultant in coordination with Nobel Biocare and/or 3i covering both the surgical and restorative phases of dental implants.
- 6. **ACADEMIC ASSESSMENTS:** The residents will take the ABGD written exam at the beginning and end of the academic year to ascertain their didactic progress. In addition, at the end of the year, they will be given an oral board examination to articulate and demonstrate their accumulated academic knowledge.
 - 7. **TABLE CLINIC:** Each resident will prepare a table clinic to be presented to the DENTAC in spring and to other professional groups if the opportunity arises. Faculty members will be available to advise the residents in the preparation of their table clinics. A guide to preparation is found on page 56.
 - 8. **PROFESSIONAL LECTURE:** Residents are required to prepare and present one formal lecture on a selected and approved subject area different from their table clinic topic. The lecture will be presented to the DENTAC and other professional guests at a Continuing Education event late in the academic year. Lecture requirements include slides and/or other audiovisual aids. Lecture preparation information is found on page 58. The resident will have wide latitude in choosing the lecture topic, with approval of program faculty. Residents must become thoroughly familiar with the lecture material and be prepared to answer questions on their topic. Presentations will be limited to 45 - 50 minutes per resident.
 - 9. **MANAGEMENT OF THE MEDICALLY COMPROMISED PATIENT SEMINARS:** Management of the medically compromised patient has assumed increasing importance in the delivery of oral health. The senior citizen group is expanding and longevity is increasing leading to an increase in diseases and disabilities. This has led to a rise in ever-evolving diagnostic techniques, treatment procedures, and medications. In an attempt to stay as current as possible the resident will be responsible for presenting seminars updating recent advances

in the treatment of some of the more prevalent diseases and medical conditions that may be encountered in a typical general dentistry practice. These seminars will be presented throughout the academic year. Each resident will be responsible for one seminar in the academic year. A PowerPoint lecture should be presented reviewing the designated topic and how the medical condition impacts the practice of dentistry. The lecture should be no longer than 20 minutes with 10 minutes of discussion at the end. Topic possibilities include the following: Cardiovascular Disease (HTN/Valvular Heart Dz/Endocarditis/Ischemic Heart Dz/CHF); CVD/Stroke/Coagulopathy (Platelet disorders/coagulation disorders/hemostasis); Pulmonary Diseases (Asthma/COPD); Diabetes; Cancer/rad/chemo/Biphosphonates/Osteoporosis; Infectious Diseases (Viral Hepatitis/Chronic Hepatitis/HIV); Adrenal Gland; Kidney and Liver Disease.

- 10. CLINICAL PHOTOGRAPHY:** Clinical photography is an essential and integral component of any postgraduate training program in dentistry. Photographic documentation of patient treatment during the residency becomes an invaluable record of the resident's educational experience and a very useful future reference source. More importantly, the photographic image is perhaps the most effective audiovisual aid available for patient education, teaching and communication with colleagues. Residents will be taught clinical photography as part of their initial orientation. Throughout the training year residents are encouraged to employ clinical photography as part of their learning experience. Clinical photographs will be required for all Treatment Planning Board and Patient Care Conference presentations.

DUTY AS DENTAL OFFICER OF THE DAY (DOD)

All residents will be assigned as Dental Officer of the Day (DOD) on a rotating basis. Call begins Wednesday at 1630 and runs until 0700 the following Wednesday. The DOD phone, log book and other documents will be transferred to the incoming DOD by the outgoing DOD NLT 1630 on the Wednesday the new DOD rotation is to begin. All DOD after hours care will take place in the Hospital Dental Clinic (DC#1). All residents will tour and inspect the room as part of their orientation to become familiar with the available instruments, materials and supplies. While on duty, the DOD will treat any patients requiring emergency dental care. Once the DOD signs for the device, he/she should contact the emergency room to verify the proper functioning of the device, provide cell number if applicable, and also contact the enlisted dental assistant assigned Charge of Quarters (CQ). If the DOD performs patient treatment, the dental record and CQ log must be filled out and will remain at DC#1. The Corporate Dental System (CDS) workload, credited to the Hospital Dental Clinic, must be recorded immediately after completion of emergency treatment. It is advised to contact the CQ a day or two prior to ensure that CQ knows how to turn on central suction, where instruments are located, can operate x-ray equipment etc. The Program Director/ Assistant Director are available for consultation.

ON CALL DUTY WHILE ON THE ORAL AND MAXILLOFACIAL SURGERY ROTATION

Residents will accompany and assist the duty OMS resident or staff when he or she is called in to

treat a patient with an oral and maxillofacial emergency/trauma. This experience is an integral part of the Hospital OMS rotation and serves two purposes:

1. To familiarize the resident with the handling and treatment of patients who sustain maxillofacial trauma and head injuries or who suffer from severe facial space infections
2. To familiarize the resident with the hospital emergency room and its functions, to learn medical techniques for treatment of oral and maxillofacial emergencies and trauma and to gain experience in the handling of life-threatening situations

PROFESSIONAL ORGANIZATIONS

1. Residents are encouraged to be active members in relevant professional dental organizations. Membership in these organizations is essential to the maintenance of high professional standards. The American Dental Association (ADA) and the Academy of General Dentistry (AGD) are regarded as appropriate organizations for the general practitioner. These organizations strive to advance the art and science of dentistry through continuing dental education. They also serve as powerful advocates for the dental profession in Congress, promote the stature of the dental profession, encourage the public to seek better oral care and protect the public's interest with respect to access to and quality of dental care.
2. Both the ADA and AGD authorize resident membership at substantial reductions in dues. In addition, the AGD will grant 150 hours of continuing education credit to its members who complete an AEGD 12-MP. Only 500 hours are required for Fellowship in the Academy of General Dentistry (FAGD). Residents receive an overview of the benefits of the ADA and AGD membership during orientation and should give serious consideration to membership in both of these professional organizations.
3. The journals published by the ADA, AGD other professional organizations are used for Journal Club. Copies are not provided.

RESIDENT EVALUATION PROCEDURES

1. **RESIDENT EVALUATION:** Continuous objective and subjective evaluations are conducted throughout the training year to assess the residents' progress and the quality of the training program. Resident or program weaknesses will be identified and corrective action taken as a result of this process.
 - a. Resident performance will be assessed and critiqued on a regular basis to identify strengths and weaknesses and to provide advice on how to improve performance. They will be evaluated by a mentor daily after each patient via the **Daily Patient Encounter Form**. Mentors will also report on resident progress monthly at the Mentors' GDE Meeting.
 - b. Quarterly academic and clinical evaluations will be completed by the Program Director using the **Dental Resident Evaluation Report**. The report will be submitted through the Commander to the Dental Education Committee. The Director will formally counsel the

residents on their performance and the contents of the quarterly evaluation reports. Residents will read and sign the quarterly evaluation reports. Once quarterly evaluations have been signed by the residents, Program Director and DENTAC Commander, copies will be sent to the Directorate of Education and Training, Department of Graduate Dental Education, U. S. Army Medical Department Center and School, Fort Sam Houston, TX.

- c. At the end of the academic year, the residents will be given a **written examination and oral review** to ascertain their professional progress. These academic exercises are primarily designed for the residents to bring together all that they have learned over the academic year and give them idea of their level of professional accomplishment. The results of these reviews are used by the director and faculty to determine the effectiveness of their teaching plans and to make changes to the program that will enable it to more effectively achieve its goals and objectives.
- d. Residents performing at a substandard level in any area will be identified as early as possible. Appropriate counseling will be provided by the specialty service mentor and/or the Program Director. Withdrawals and probation will be managed IAW AR 351-3. For more details, see the AEGD 12-MP Due Process Plan (p. 27).
- e. Military evaluations will be accomplished annually by the resident's rater, and Senior Rater. At the beginning of the academic year an Officer Evaluation Report (OER) Support Form (DA Form 67-9-1) will be completed in conjunction with the rater. These forms will be used by the rater during the resident's initial counseling and quarterly counseling. At the end of the training year, an **Officer Evaluation Report** (DA Form 67-9) will be completed on each resident by the rater and senior rater. DA Forms 67-9-1 will serve as the basis for this report.

2. GENERAL CRITERIA FOR RESIDENT EVALUATIONS

- a. Level of interest, motivation, attentiveness and punctuality
- b. Academic curiosity and initiative in the pursuit of knowledge
- c. Level of postgraduate competency in each of the major specialty areas of dentistry
- d. Interest shown in hospital dental practice and protocol during rotation
- e. Competency in the dental management of medically compromised patients
- f. Organizational and administrative skills in the areas of patient and practice management
- g. Communication skills as demonstrated by participation in literature reviews, treatment planning board and patient care conferences and the preparation of a table clinic and lecture
- h. Records Management. In accordance with accreditation requirements, the assigned mentor will review all records of patients which the resident has seen each day and inform the resident of errors or deficiencies to be corrected. In addition, five records of patients treated by each resident will be reviewed on a rotating basis each month. Record audit forms

delineating discrepancies will be turned into the Record Audit Officer for the clinic and a copy of the residents' Record Audit Forms given to the Education Technician.

- i. Develop and display the standards and personal conduct expected of a Soldier and a highly trained member of today's Dental Corps and today's Army.

PROGRAM, FACULTY AND CONSULTANT EVALUATION PROCEDURES

In keeping with American Dental Association requirements, the Residents will submit evaluations of the program and the faculty. These will be submitted to the Program Director for discussion with the mentors at mentors' meetings and the annual Faculty Conference in June. Additionally, mentors will be evaluated annually by the Program Director. Residents will complete the Program Evaluation Form during the final quarter of the program and submit them to the Education Technician. The Program Director will complete Faculty Evaluation Forms for each faculty member and submit these to the Chairman, Dental Education Committee. Mentors complete evaluations of the program with a goal on program quality improvement.

1. PROGRAM EVALUATION:

- a. The purpose of the program evaluation is to assess the quality of training provided to residents, to identify weak areas and to suggest modifications to improve the educational experience. Evaluations are obtained from the residents and the teaching staff.
- b. Residents will be asked to complete an evaluation of the program at the middle and end of the training year. They will also be asked to evaluate the program 9-12 months after they graduate. An additional evaluation form assessing the resident's dental and military skills is sent to and completed by the graduate's immediate supervisor 9-12 months after graduation from the program. Resident evaluations will be reviewed and discussed by the mentors at the Annual Faculty Conference and will be presented to and reviewed by the Dental Education Committee.

2. FACULTY MEMBER EVALUATION: The following are the criteria for the evaluation of the faculty members of the AEGD 12-MP, at Fort Bliss, TX:

- a. Sensitivity to individual resident strengths and weaknesses (has the mentor demonstrated ability to adapt to concerns of residents or program staff?)
- b. Availability to assist residents with their clinical and didactic concerns.
- c. Quality of guidance and supervision given to the residents. While residents should be given increasing clinical responsibility as they progress through their training, faculty members should be present at clinic sessions and be readily available for consultation.

- d. Establishment of teaching competencies and what is expected of the residents. These should be meaningfully addressed during orientation and throughout the year.
- e. Quality of didactic sessions. These should be relevant, up-to-date and clinically oriented and presented in an interesting and stimulating manner (well organized, quality handouts, evidenced based).
- f. Appearance, professionalism and military bearing; ability to set a proper example of army standards for the residents

3. CONSULTANT EVALUATIONS:

- a. Teaching responsibilities of visiting consultants are limited to lectures and seminars and do not include clinical supervision. Consultants should be well organized and well prepared to present informative and stimulating programs. The aspects of the consultant presentations which will be evaluated by the residents and the teaching staff include:
 - (1) Instructor:
 - Organization and level of preparation
 - Emphasis on major points
 - Quality of examples and illustrations for clarifications
 - Ability to challenge the residents
 - Ability to answer questions clearly and concisely
 - (2) Presentation:
 - Logical and sequential presentation of material
 - Quality of audiovisual aids
 - Quality and appropriateness of handouts and references
 - (3) Subject Matter:
 - Appropriateness of material for an AEGD 12-MP
 - Validity and clinical relevance of information presented

RESIDENT REPORTS

1. Throughout the program each resident is required to maintain a record of his or her clinical and didactic activities. This is a requirement of the Commission on Dental Accreditation of the American Dental Association and is designed to provide a comprehensive documentation of the resident's education.
2. Residents will submit a **Monthly Education Summary** to the Education Technician. The Summary must reach the Education Technician prior to the monthly Mentors' meeting. The report consists of Literature Reviews (Journal Reviews), Professional Reading/Home Study, Patient Care Conferences, Treatment Planning, Boards, and Patients Treated, Comprehensive Care, Conscious Sedation, and Medically Compromised, and Other Activities. Addendums will include a monthly workload summary and the AEGD Group Outlook calendar for the month.

GENERAL POLICIES

- 1. PROPER ATTIRE:** Residents must comply with all existing policies pertaining to the proper attire and hours of duty of the DENTAC and the AEGD 12-MP. Under typical conditions the DENTAC and the Program's policies are identical. The duty attire for Fort Bliss DENTAC is the Operational Camouflage Pattern (OCP) and is worn throughout the day except when engaging in patient care or organized physical fitness training (PT). The duty attire for patient care in the Dental Activity is the surgical scrubs and all personal protective equipment. Scrubs are not to be worn outside the clinic. Outside the clinic, during normal duty hours, the normal duty uniform is the OCP. The Army Service Uniform (ASU) is required to be worn during inspections, professional presentations, and other events as designated. Guidance on the wear and appearance of Army uniforms can be found in Army Regulation (AR) 670-1.
- 2. DUTY HOURS:** Duty hours for the residents will be highly variable. Duty hours should not be confused with normal clinic hours. Normal patient care hours run from 0730 to 1130 and 1230 to 1630 hours. The residents' duty day is not confined to clinic hours only. Residents are expected to use their clinical time wisely and maximize patient care. Residents will not block off appointment time to perform lab work, administrative work or residency projects. Residents are expected to have their patients seated no later than the designated starting time. The resident is expected to have completed all of the necessary pretreatment consultations with the mentor prior to the patient's arrival.
- 3. ACADEMIC SCHEDULE:** This schedule is updated on a continual basis by the Program Director, Assistant Director, and Education Technician. It contains specific information including lectures, consultant visits, treatment planning conferences and literature reviews. It also lists special events and DENTAC continuing education activities that all residents are expected to attend, but which are not directly related to the residency. These include Commander's Calls, Leader Professional Development Training, Sergeant's Time Training, and DENTAC Continuing Education. This schedule is available to residents through the Director's Outlook Calendar.
- 4. PHYSICAL TRAINING: Physical fitness is resident's personal responsibility.** Adherence to physical fitness and height and weight standards are **non-negotiable** issues in today's Army. Guidance can be found in Field Manual (FM) 7-22 and Army Regulation (AR) 600-9. A notation of performance on the Army Physical Fitness Test (APFT) and conformation to the Army height and weight control standards is mandatory on all Officers Evaluation Reports. Residents are required to pass an Army Physical Fitness Test and/or Army Combat Fitness Test (ACFT) during the training year.
- 5. AUTHORIZED ABSENCES:** Residents may be granted up to two weeks of ordinary leave to be taken during the Christmas holiday period. Leave requests will be submitted to the Program Director prior to 1 December. Final approval will depend upon the residents' academic and clinical performance. Passes and leave will not be routinely granted during the training year. On a case by case basis, the Program Director may approve leave or passes for family emergencies and unique circumstances. Absences for the purpose of taking state board examinations may be recommended by the Dental Education Committee subject to final

approval by the DENTAC Commander. Permission must be requested at least 30 days prior to the examination date. Leave or pass requests to go outside the continental United States must be submitted according to current leave pass policy. The DENTAC Leave and Pass Policy can be found on the Fort Bliss Dental Health Activity SharePoint site.

- 6. SICK POLICY:** The AEGD-12 Month Program encourages the resident to use their professional judgment to determine whether they are too ill to report to work or to treat patients. Residents should telephone either the Program Director or Assistant Director and the Education Technician by 0645. A provider can call out sick for a day. However, if the provider is still not well come day two, he or she will need to go to Sick Call and get a Sick Call slip for any further quarters. ****All Sick Call Slips MUST be signed by the Company Commander.**** If the SM is still feeling sick come the day that the quarters end the SM must then return back to Sick Call for a quarters extension. Any quarters given MUST be on a Sick Call Slip DA Form 689. If a SM receives quarters, the medical officer MUST indicate in the remarks section of the DA Form 689 the duration of the quarters status in number of hours, and indicate the inclusive period (for example, Quarters, 24 hours, 0730 17 May until 0730, 18 May.). If the Sick Slip for quarters is not filled out properly and the SM received quarters at 1300 the Clinic Leadership or the COC can have the SM report the next day at normal time in the morning as always. **** Family members.** If you are having to take off of work to assist a family member with an illness you need to let your clinic leadership know that you have an ill family member and are working to resolve any doctor appointments or other arrangements while the family member is ill. It is up to the clinic leadership as to how your place of duty for the day is to be determined. If the SM is requesting anything past the first day of letting the clinic leadership know of their family members illness they will need to take leave.
- 7. COMMANDER’S CALL:** Commander’s Call is held regularly by the Commander when he/she wishes to assemble all of his/her personnel. Attendance is mandatory for all personnel, including the residents. DENTAC Commander’s Call usually involves mandatory military and professional training, information briefings and awards recognition. It is usually held once each quarter during normal clinic hours.

DUE PROCESS PLAN (ADVERSE ADMINISTRATIVE/DISCIPLINARY ACTIONS)

Army Regulation 351-3, chapter 5 and ADA Mandates govern the rules of the AEGD to include all adverse administrative and/or disciplinary actions. The standards of the Army govern order and discipline regarding you as an Army Officer. There is not a conflict between the two standards, in that what is right in one would be wrong in another. What is wrong in one may not be addressed in the other and in that instance, the more stringent guidance should be assumed.

The rules for “Due Process” come into play whenever the potential exists of a resident failing to meet the standard or complete the program’ training in the 12-month timeframe. “Due Process” rules exist to protect the interests of both the program and the resident.

The following are excerpts from AR 351-3 govern due process in Army AEGD programs. In this excerpt, AGD-1, Residents are all speaking of the AEGD 12-Month Program and the residents within the program:

Chapter 5
Policy and Dental Corps Policy and Programs
Section I
General Administration

5–5. Withdrawal, probation, termination, and extension

Dental residency program directors (PDs) and commanders of dental units sponsoring residency training programs are responsible for ensuring that residents satisfactorily complete all requirements for their respective specialty training programs and are clinically and academically competent to practice the specialty prior to graduation. Deficiencies in performance will be identified and documented as early as possible in the training program. When deficiencies are identified, PDs and assigned teaching staff will make every reasonable effort to assist residents in improving their performance. A resident is expected to complete all degree requirements within the time specified. If additional time is required, the resident will submit a request for extension to the DC, GDE office, at the above address. This request must arrive in the career branch from the GDE office no later than four months prior to the required need for additional time and the exact date that the training will be completed. If deficiencies cannot be overcome despite the best efforts of the PD and teaching staff, procedures for withdrawal, probation, termination, or extension will be initiated as outlined below.

a. Reasons for withdrawal. An AGD–1 may be withdrawn from the program for any of the following reasons:

- (1) Voluntary request
- (2) Recommendation of the DENTAC commander and the Dental Education Committee
- (3) On authority of the Chief, DC to meet the needs of the Army

b. Withdrawal procedures. The withdrawal procedures are as follows:

- (1) When a resident wishes to voluntarily withdraw from training, the resident must submit a request in writing through the PD and the Dental Education Committee. The request for withdrawal, to include an endorsement by the unit commander and an effective date, will be forwarded through the Academy of Health Sciences, Chief, GDE, ATTN: MCCS–HED, through Chief, DC branch, AHRC, for final action by the Chief, DC.
- (2) A DA Form 67–9 (Officer Evaluation Report) will be submitted on an officer withdrawn from training in accordance with procedures outlined in AR 623–3.
- (3) Residents attending a civilian program who desire to withdraw from training prior to completion must submit a request to Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN: MCCS–HED, Fort Sam Houston, TX 78234–5075. The request must contain an effective date of withdrawal and a statement from the training PD indicating acceptance of the withdrawal request. Appropriate channels will be notified by the Corps program manager.

c. Probation. The following are reasons for probation:

- (1) *Cause.* A resident may be placed on probation by the unit commander for unsatisfactory performance for no less than 30 days and must receive notification in writing that he or she has been placed on probation. During the probationary period, the resident will be given appropriate opportunity to improve performance to a satisfactory level. The probationary period may be extended. A resident may be processed for immediate termination, based on matters other than those upon which the probation is based, during the period of probation.
- (2) *Unsatisfactory performance.* Examples of unsatisfactory performance include, but are not limited to—

- (a) Failure to meet academic or technical performance standards or objectives of the program.
- (b) Unprofessional conduct. Such conduct includes, but is not limited to:
 - 1. Any act of omission constituting misconduct, or moral or professional dereliction as that phrase is described in AR 600–8–24
 - 2. Any act of omission which is inconsistent with the safe, orderly, and competent practice of dentistry
 - 3. Inappropriate personal conduct that disrupts the academic atmosphere, adversely affects patient care, or casts doubt upon a resident’s future value to the DC.
 - 4. Lack of motivation and/or application
- d. *Procedures for requests for probation are as follows:*
 - (1) A written request for probation, with supporting documentation, may be submitted to the Dental Education Committee by the PD. A copy of this request will be furnished to the resident and a record of this notification will be maintained by the PD.
 - (2) The Dental Education Committee will consider the request and, if recommended by the majority vote, recommend to the commander that the resident be placed on probation. A resident may be placed on probation only by the unit commander.
- e. *Notification of probation.* The Director of Dental Education or unit commander will notify the resident, in writing, that he or she has been placed on probation. The notification will include—
 - (1) The reasons for probation
 - (2) The suggested corrective actions for improvement
 - (3) The duration of probation
- f. *Probationary period.* During the probationary period, which must be for a minimum of 30 days, the resident will be given appropriate opportunity to improve performance to a satisfactory level. The probationary period may be extended by a majority vote of the dental education committee. A resident may be processed for immediate termination, based on matters other than those upon which the probation was based, during any period of probation.
- g. *Termination of probation procedures are as follows:*
 - (1) The probationary status will end—
 - (a) When the resident has improved to a satisfactory level, as determined by the dental education committee
 - (b) When the resident has voluntarily withdrawn from training
 - (c) When the resident has been terminated from training
 - (2) The Director of Dental Education will notify the resident, in writing, of the end of probation.
- h. *Reports.* A Dental Resident Evaluation Report will be completed and forwarded through the Academy of Health Sciences, ATTN: MCCS–HED, Suite 201, 1750 Greeley Road, Fort Sam Houston, TX 78234–5075, within five working days after an individual has been placed on probation or relieved from probation. A copy of the letter of notification sent to the resident will be included.
- i. *Procedures for termination of training are as follows:*
 - (1) *Authority.* A two-thirds vote of the Dental Education Committee is required to recommend termination.
 - (2) *Reasons for termination.* Examples of reasons for termination include, but are not limited to:
 - (a) Failure to satisfactorily progress toward correction of deficiencies while on probation
 - (b) Regression or failure to satisfactorily progress in training after removal from probation
 - (c) Any act of gross negligence, misconduct, or moral or professional dereliction (see AR 600–8–24)

(d) Demonstrated inability or unwillingness to engage in the safe, orderly, and competent practice of dentistry

j. Procedures for recommendation for termination are as follows:

- (1) If termination is recommended, the PD will—
 - (a) Submit a written recommendation for termination with supporting documentation to the Dental Education Committee
 - (b) Furnish the resident a copy of the recommendation for termination
 - (c) Maintain a record of resident notification
- (2) After notification of the recommended termination, the resident—
 - (a) Will have five working days to examine the recommendation and file and submit a written statement
 - (b) May consult with counsel (who need not be a lawyer)
 - (c) May not appear before the committee, with or without counsel, nor may have his or her counsel appear before the committee alone on the resident's behalf
- (3) The Dental Education Committee will consider the termination request and the affected resident's statement to determine whether to recommend termination to the commander. A two-thirds vote is required to terminate. The PD's request and the recommendations of the Dental Education Office will be forwarded to the commander within five working days.

k. The following are actions by the commander:

- (1) The commander will notify the resident in writing of the Dental Education Committee's recommendation and their decision within five working days.
- (2) If the commander's decision is to continue the resident in training, an information copy of the proceedings will be forwarded through the Academy of Health Sciences, Department of Health Education and Training, 1750 Greeley Road, Suite 201, ATTN: MCCS-HED, Fort Sam Houston, TX 78234-5075.
- (3) If the commander's decision is termination of training, the resident will be given five working days to submit a statement of appeal to the commander and/or request a personal appearance with the commander. The resident may not be accompanied by counsel during such personal appearance.
- (4) The commander should consider whether further action, such as initiation of elimination action, is appropriate under the circumstances of the case.

l. Further processing. If further processing is needed—

- (1) The commander's decision, with resident appeal, if provided, and the Dental Education Committee's recommendation will be forwarded to the Academy of Health Sciences, Department of Health Education and Training, 1750 Greeley Road, Suite 201, MCCS-HED, Fort Sam Houston, TX 78234-5075, for final action by the Chief, U.S. Army Dental Corps.
- (2) A DA Form 67-9 will be submitted on an officer terminated from training in accordance with procedures outlined in AR 623-3.

m. Procedures for extensions of training are as follows:

- (1) Residents who are absent from any program for more than 30 training days in an AY or who otherwise fail to satisfactorily complete requirements for graduation must either be extended or be terminated from training at the discretion of the Chief, DC.
- (2) The Dental Education Committee will determine whether a resident's training should be extended or terminated. The committee's recommendation, including the duration of any recommended extension, will be forwarded to the commander for his or her review and concurrence.
- (3) If the recommendation is for extension in training, the commander will notify the resident in writing of the decision; the duration of the recommended extension; and that the

recommended extension must be acted upon by the Chief, DC. A copy of the proceedings will be forwarded through the Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN: MCCS–HED, Fort Sam Houston, TX 78234–5075, for final action by the Chief, DC.

(4) If the recommendation is for termination, the instructions in paragraph 5–5j, above, will be followed.

n. Active duty service obligation. Residents who withdraw or are terminated from training may be required to complete their ADSO (as stated in their contract or SAs), at the option of the Chief, DC and with approval of the Secretary of the Army. However, nothing in this policy will be construed as limiting the authority of HQDA to discharge, separate, or release from AD any officer whose conduct, record, qualifications, status, or performance would permit such action under applicable regulations. Further, nothing in this policy will be construed to modify the ADSO provisions of any contract SA.

o. Other Federal programs. Withdrawal, probation, terminations, and extension procedures are determined by applicable agreements and other regulatory guidance of the sponsoring institutions.

Section III

Administration of Educational Programs

5–10. Responsibility for programs

The DENTAC commander at installations conducting dental residencies or fellowships is responsible for the organization, integration, and supervision of dental education programs at that installation.

5–15. Dental Resident Evaluation Report

The Dental Education Committee will maintain a Dental Resident Evaluation Report for the professional activities of each resident and fellow during periods of formal training. The record will be a part of the permanent file of the committee. Should the individual be transferred to another Army DENTAC before completion of training, copies of these evaluations will be forwarded to the gaining DENTAC.

a. Purpose. This report provides information required for professional progress of residents and fellows.

b. Preparing agencies. Reports will be prepared by the Dental Education Committee on activities designated to conduct GDE programs.

c. Frequency and period covered. Evaluations will be—

(1) Prepared quarterly during the period of training. A copy of these reports will be maintained as a part of the permanent file of the Dental Education Committee. A special evaluation will be completed when a resident is placed on probation, is relieved from probation, or is terminated from training for any reason.

(2) Grouped and sent with a transmittal memorandum to the Academy of Health Sciences, DHET, 1750 Greeley Road, ATTN: MCCS–HED, Ft. Sam Houston, TX 78234–5075.

In summary, the initiation of corrective and/or disciplinary action against a graduate dental education resident having academic, clinical or other difficulties poses serious consequences for the individual resident, for the training program, and for the Army Dental Corps. Protection of the resident's rights, as well as the timely and accurate documentation and communication of all academic and clinical deficiencies associated with a resident's performance, will be strictly adhered to in the administration of the program and in upholding the best interest of the Army Dental Corps.

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PROGRAM FACULTY

LTC Richard Standage*	Program Director/Comprehensive Dentistry
MAJ Troy Lundell*	Assistant Director/Comprehensive Dentistry
MAJ James McCann*	Oral Maxillofacial Pathology
MAJ Andrew Steidley*	Endodontics
MAJ Steven Handel*	Prosthodontics
MAJ Nathan Kosiba	Prosthodontics
CPT Dane Swenson	Periodontics
CPT Robert Engel	Orthodontics
MAJ James Shaner	Oral and Maxillofacial Surgery
MAJ Shakasha Scruggs-Williams	Oral and Maxillofacial Surgery

*Diplomate American Specialty Board

+ Surgeon General's "A" Proficiency Designator

PROGRAM CURRICULUM PLAN

Restorative Dentistry and Comprehensive Care

General

The restorative and comprehensive care phase of training is designed to increase the resident's ability to effectively diagnose and treat restorative conditions of varying degrees of complexity, and to familiarize him/her with the art and concept of treatment planning and coordinating patient care. Additionally, this phase enhances the resident's knowledge and skill in adeptly selecting and performing complex restorative techniques using state-of-the-art restorative materials and techniques.

The resident is assigned select patients requiring multidisciplinary treatment during the course of clinical training. The resident develops a viable treatment plan which addresses the patient's needs and concerns, using input from the other specialty departments as needed, and then presents the proposed treatment plan outlined on DA Form 3984 to the Comprehensive Care mentors for approval and signature. The resident then presents the treatment options to the patient and educates them on these options gaining *informed consent* before initiation of treatment. Once approved, the resident assumes responsibility for the timely coordination and/or delivery of the planned treatment to that patient.

Clinical Objectives:

1. Develop expertise in the recognition and treatment of primary, recurrent and rampant caries
2. Develop skill in rendering complex restorative care
3. Develop competency in the use of time and resources, including the management of ancillary staff and effectively managing their appointment book
4. Improve skill in clinical dental photography and in taking dental radiographs
5. Develop a philosophy for preventive dentistry practices
6. Develop competency in the art and science of comprehensive treatment planning
7. Develop competency in the proper selection, manipulation and placement of state-of-the-art restorative materials

Didactic Objectives:

1. Develop a total patient care philosophy for the practice of comprehensive dentistry
2. Develop a strong degree of knowledge and expertise in the selection and manipulation of restorative materials that he/she will commonly use in the scope of their practice
3. Develop a strong and flexible reasoning process when formulating primary and alternative forms of treatment for the patient
4. Develop ability to appropriately and adequately diagnose and document the patient's existing oral pathosis and treatment needs, to include dental photography
5. Provide practical experiences designed to improve managerial skills with ancillary personnel
6. Develop an appreciation for the dental literature and for continuing dental education

Clinical Assignments/Experiences in Achieving Objectives:

Supervised clinical instruction in the Comprehensive Care and the Sick Call sections of Dental Clinic #3 will provide the resident experience in the processes associated with examination, review of systems, and the consideration of appropriate treatment precautions, treatment planning, and definitive treatment. Additionally, the resident will gain practical experience in the management of his/her appointment book and assigned ancillary(s), and will gain experience in intraoral photographic and diagnostic gathering skills.

Didactic Activities to Achieve Objectives:

The lectures, seminars, literature reviews and treatment planning conferences will cover the following topics:

1. Treatment Planning Board Overview (Orientation, PCC)
2. Photography (Orientation)
3. DOD Dental Readiness and Army Dental Record (Orientation)
4. Dental Sick Call (Orientation)
5. Digital Radiography (Orientation)
6. Evidence-Based Dentistry (Literature Review/Journal Club)
7. Anxiolysis and Minimal Sedation (2 day course)
8. Restoring Endodontically Treated Teeth
9. Preventive Dentistry: High Caries Risk Program, Minimally Invasive Dentistry
10. Materials Review: Amalgam, Glass Ionomers, Dentin Bonding Agents, Tooth Colored Restorations, Curing Lights

Recommended Texts – Current Editions of

1. “Sturdevant’s Art and Science of Operative Dentistry”, Roberson, Heymann, Swift
2. “Fundamentals of Operative Dentistry”, 1996 Schwartz, Summitt, Robbins

Endodontics

1. Diagnose and treat pain of pulpal origin
2. Perform non-surgical endodontic therapy on single and multi-rooted teeth using a variety of techniques and materials
3. Manage pre and post treatment endodontic complications, and emergencies

General

The endodontic portion of the residency will provide the resident with experience in treatment of teeth with diseases of the pulp and periapical tissues. The resident will be expected to develop competency in evaluation and diagnosis; to learn techniques of non-surgical and exposure to surgical endodontic therapy, and exposure in the management of endodontic emergencies and trauma. The role of endodontics in the general practice of dentistry will be emphasized and reinforced through consultation and coordination of care with other dental specialties.

Clinical Objectives

1. To correlate knowledge gained from didactic presentations and clinical demonstrations

with radiographic and clinical findings to reach an accurate diagnosis and provide proper treatment for pathology of the pulp and periapical tissues

2. To gain experience in the management of potential problems associated with both nonsurgical and surgical treatment
3. To develop skill in the diagnosis and treatment of endodontic emergencies, to include control of pain and infection through the proper use of pharmacological agents and techniques
4. To coordinate and perform the endodontic portion of all comprehensive care patients assigned to the resident

Clinical Assignments/Experience to Achieve Objectives

Endodontic mentors assign patients, with every effort to expose the resident to a wide variety of endodontic problems involving the following areas:

1. Endodontic evaluation and diagnosis utilizing clinical and radiographic examination and the proper use of endodontic diagnostic tests
2. Pulp capping, pulpotomy and pulpectomy
3. Access cavity preparation, instrumentation and obturation of the root canal space using conventional and mechanical methods
4. Restoration of the endodontically treated tooth
5. Bleaching of vital and non-vital teeth
6. Didactic coverage and observation of Endodontic Surgeries and Endodontic Re-Treatments
7. Management of the fractured tooth with and without pulpal involvement
8. Management of the pulpless tooth with incomplete root formation
9. Management of endodontic emergencies
10. Gain familiarity with state-of-the-art materials and techniques for canal preparation and obturation

Didactic Activities to Achieve Objectives

The following topics are covered in lectures, seminars, demonstrations, or laboratory courses:

1. Endodontic Orientation, Morphology & Access, and Endodontic Diagnosis, cleaning and shaping, and Obturation
2. Retreatments
3. Calcium Hydroxide
4. Endodontic Surgeries
5. Endodontic Emergencies
6. Trauma
7. Pharmacology and LA
8. Apexogenesis and Apexification
9. Resorption
10. Regeneration
11. Veterinary Endodontics
12. IMP VS Endodontics
13. Exposure to Endodontic Mishaps
14. Radiology & Lesions of Non-Odontogenic Origin
15. Non-Vital Bleaching
16. Cracked Teeth

17. Case Selection and Outcomes

Reference Text:

1. Pathways of the Pulp, 10th edition, Hargreaves & Cohen, Mosby, 2010.
2. "Recommended Guidelines of the American Association of Endodontists for the Treatment of Traumatic Dental Injuries" 2004.
3. "Journal of Endodontics", American Association of Endodontists.

Oral & Maxillofacial Pathology

General

The Oral and Maxillofacial Pathology component is organized to increase the resident's competence and confidence in the identification and management of oral pathologic conditions. The goal is to increase the resident's confidence and competence at developing a valid prioritized differential diagnosis for common oral and facial abnormalities. For discussion purposes, diseases will be grouped by clinical appearance, rather than by etiology or histogenesis. The emphasis will be placed on clinical differential diagnosis rather than histopathology. The program will include opportunities for the residents to practice their diagnostic acumen in the format of clinical pathologic conferences.

Clinical Objectives:

1. Each resident will rotate with the Oral and Maxillofacial Pathologist Service at WBAMC HDC for a minimum of a day throughout their program. Residents will be exposed to laboratory preparation of oral biopsy submissions, sign-out process for definitive diagnostic interpretation and the tumor board. As circumstances permit, the residents will have the opportunity to participate in the process of forensic dental identification. This will enable residents to communicate with the patients, other healthcare professionals and address oral pathologic lesions in multi-disciplinary treatment plans.

Learning Objectives

1. To enhance the residents' skill at collecting and critically evaluating relevant information to generate a prioritized differential diagnosis
2. To increase the residents' knowledge of the clinical presentation of both focal and systemic diseases as they manifest in the oral and maxillofacial area
3. Clinical Pathology Conference is in conjunction with each lecture provided

Oral and Maxillofacial Pathology Didactic Topics/Lectures

1. White Lesions
2. Oral Manifestations of Systemic Disease
3. Vesiculoulcerative Lesions
4. Odontogenic Cysts and Tumors
5. Oral Squamous Cell Carcinoma
6. Verrucous and Papillary Lesions
7. Dental Abnormalities
8. Pigmented Lesions

9. Red and Blue Lesions
10. Salivary Gland Pathology
11. Soft Tissue Pathology
12. Bone Pathology

Curriculum will also include orientation to oral pathology and indications and techniques for biopsy. Students will attend a forensic odontology laboratory workshop.

Reference Text:

1. Neville BW, Damm DD, et al. Oral and Maxillofacial Pathology. Fourth Edition. Saunders, 2016.
2. Differential Diagnosis Handouts (Dental Abnormalities, Gingival Abnormalities, Intraoral Ulcerations, Mass Lesions, Pigmented Lesions, Red and Blue Lesions, Verrucal and Papillary Lesions, White Lesions, and Radiographic Differential Diagnosis of the Jaws). Torske, 2013.

Oral & Maxillofacial Surgery

General

The oral and maxillofacial surgery component is organized to increase the resident's competence and knowledge in both exodontia and minor out-patient oral surgery procedures. Resident will be exposed to hospital inpatient dental care and major oral and maxillofacial surgery. Each resident will treat patients assigned to their care at WBAMC HDC and DC #3.

Clinical Objectives

1. To gain insight into the resident's surgical abilities and limitations, allowing him to distinguish cases within his capabilities and those requiring referral for specialty care
2. Become knowledgeable in anatomy of the head and neck, with emphasis on maxillofacial structures
3. Gain experience in physical evaluation of patients and treatment of medically compromised patients
4. Become competent in simple and complicated exodontia techniques, to include difficult extractions, impactions, mucosal flaps, sectioning and alveoloplasty
5. Develop proficiency in minor outpatient oral surgical procedures such as preprosthetic surgery and biopsies
6. Enhance capabilities in diagnosis, treatment and referral of infections of the face and jaws
7. To develop knowledge regarding the diagnosis and stabilization of uncomplicated facial fractures
8. Become competent in the diagnosis and management of minor soft tissue injuries to the mouth, jaws, and face
9. Enhance ability in pain control, to include local anesthesia and conscious sedation and familiarization with IV conscious sedation techniques

Clinical Assignments/Experience To Achieve Objectives

Each resident will rotate through the Oral and Maxillofacial Surgery Service at WBAMC and at DC3. Patients will be assigned with increasing complexity as the resident's dentoalveolar surgical skills increase. Definitive and follow up care of referral/emergency patients will be provided by the resident while under supervision of the Oral and Maxillofacial surgery mentors. Experience will be increased in the following areas:

1. Diagnosis, treatment planning and radiographic interpretation of elective and emergency conditions
2. Instruments, techniques and complications in exodontia procedures
3. Management of soft tissue trauma
4. Extraction of impacted and surgically difficult teeth to include flap design, sectioning and suturing
5. Minor surgical procedures including biopsies, frenectomies, and soft and hard tissue reduction/recontouring
6. Diagnosis and treatment of infections to include pharmacotherapeutic and surgical management
7. Familiarization with oral and maxillofacial surgical procedures in the operating room
8. Post-operative management

Didactic Activities To Achieve Objectives:

1. Diagnosis, treatment planning and physical evaluation
2. Anatomy of infection and antibiotic therapy
3. Surgical removal of erupted and impacted teeth
4. Management of complications of minor oral surgery
5. Preprosthetic surgery
6. Care of the hospitalized patient
7. Pharmacology and the use of pain medications
8. Diagnosis and treatment of fractures
9. Pre and postoperative care of the radiation patient
10. Management of the immunocompromised patient, the patient receiving chemotherapy and the transplant patient

Teaching topics/sessions:

- ❖ Orientation
 - Learning objectives
 - Suggested reading
 - Role of oral surgery resident and the AEGD resident in Oral Surgery
 - ASA Classifications
- ❖ Wound Care Seminar
 - Types of suture materials and needles
 - Suture patterns and indication
 - Hands-on practice
- ❖ Extraction of Third Molars and Management of Dentoalveolar Complications
 - Impaction classification systems/ Rood's Indicators
 - Indication for removal
 - Common complications
 - Pre/peri/post-operative care
 - Surgical technique for various impaction types
 - Sinus exposure and management
 - Oral-Antral fistula diagnosis and treatment

- Root/tooth displacement and management
 - Alveolar/tuberosity fracture
 - Nerve injury and management
 - Alveolar osteitis
 - Osteomyelitis
 - Avulsions/Subluxation, management, nonrigid splints, transplant medium
 - Trauma – Erich arch bar exercise
- ❖ Odontogenic Infections
- Fascial space infections-- description and diagnosis
 - I & D, drain placement, & management protocols
 - Focused history and physical exam
 - Treatment of infections related to space involved
 - Microbiology review
 - Pharmacologic review
 - Hospital Management (admissions) /clinic manager
- ❖ Temporal Mandibular Disorders
- ❖ History and Physical Exam
- Required hospital paperwork
 - “The hospital chart”
 - Complete history and physical exam
 - Selected diagnostic tests and laboratory analysis
 - ASA Classifications

There is the potential for review of Advanced Cardiac Life Support and/or Advanced Trauma Life Support.

Suggested Texts and Journals – Current edition of:

1. “Contemporary Oral and Maxillofacial Surgery,” Peterson et Al
2. “Dental Management of the Medically Compromised Patient,” Little, Falace, Miller, Rhodus
3. “Advanced Trauma Life Support,” American College of Surgeons

Orthodontics

General

This purpose of this course is to provide a general overview of orthodontics in order to provide exposure to the specialty and to better enhance comprehensive treatment planning. The orthodontics program is designed to place the art and science of orthodontics into the proper perspective relative to an Army practice of general dentistry. The general practitioner should be able to diagnose and treat those cases within his/her capabilities. The student resident should be able to identify and refer those cases that require specialty care. The student resident should be prepared to effectively counsel and advise patients and parents concerning civilian care when military care is not available.

Clinical Objectives:

The orthodontic rotations will expose the resident to orthodontic treatment planning based on concepts of skeletal and occlusal evaluations along with esthetics. This enables residents to recognize malocclusions, communicate clearly with the patients, and incorporate the orthodontic treatments in the multi-disciplinary treatment plans.

Following completion of your orthodontic course, you should be able to:

1. Understand basic orthodontic terminology
2. Articulate how the orthodontic appliance works in a general sense
3. Take accurate orthodontic records
4. Trace a lateral cephalometric radiograph
5. Provide a basic orthodontic diagnosis
6. Understand the concepts of anchorage and retention
7. Place appliances, to include bonding brackets as well as placing and tying in wires
8. Understand the importance growth plays in treatment planning
9. Recognize what contributes to case difficulty

Clinical Experience to Achieve Objectives:

Orthodontic diagnosis and treatment planning with the orthodontic mentor. The residents will also have experience in performing routine orthodontic appliance adjustments, ligation, and handling orthodontic emergencies.

Each resident will rotate through the orthodontic clinic at WBAMC for one (1) half day each month. Designated 1-yr AEGD rotations are on Wednesday mornings from 0730 to 1230. Most of your hands-on experience will come during your rotations through the clinic. You can expect your days to include a mixture of patient care, “lab” work, individual didactic instruction, and discussion. You are encouraged to bring loupes and a light if you have them, but they are not required. Please also bring any cases you would like to discuss.

Each resident will be assigned one case to start. These cases have been selected for you and will be ready for you to bond. Though you are only assigned one case to treat comprehensively, you are encouraged to consider how orthodontics could be used in all of your cases. We might not be able to treat every case, due to resources and availability, but we are happy to talk through any case for learning and maximum resident benefit.

Didactic Objectives:

To provide an understanding of current philosophies of orthodontic diagnosis and treatment and relate the basic sciences to treatment methods.

Didactic Activities to Achieve Objectives: The following topics will be covered in lectures, seminars and demonstrations:

Labs:

1. Tracing Lateral Cephalometric radiographs
2. Indirect bonding
3. Wire bending (*time permitting*)

Lectures topics:

1. The Orthodontic Appliance and Basic Terminology
2. Diagnosis
3. Tracing Cephalometric Radiographs
4. Bonding
5. Archwires and Ligation
6. Treatment Planning
7. Anchorage
8. Appliances and Retention
9. Growth, Timing, Surgery
10. Adjunctive Treatment

**This list only contains the topics to be covered; it is not a schedule. Multiple topics may be covered in a single lecture session or a topic may be split amongst multiple sessions as deemed necessary. Schedules will be disseminated as soon as possible in order for you to adequately prepare.*

Periodontics

General

The periodontics component is designed to increase the resident's expertise in the diagnosis and treatment of acute and chronic periodontal disease. Emphasis is placed on the practical application of periodontal principles, therapeutic and patient management skills to the daily practice of general dentistry. Maximum exposure to the diagnosis, treatment planning and treatment of patients requiring comprehensive dental care is designed to integrate periodontics with the other specialty disciplines in the successful completion of the patient's total treatment requirements by the general dentist.

Clinical Objectives

1. Successfully diagnose and manage most cases of periodontal pathosis
2. Develop skills in non-surgical and surgical techniques to include diagnosis, treatment planning, emergency treatment and management of soft tissue and osseous defects
3. Apply the principles of periodontics in every aspect of general practice
4. Develop a philosophy and technique for patient education, plaque control and preventive dentistry
5. Be thoroughly knowledgeable in post-surgical maintenance and follow-up patient care

Clinical Experience To Achieve Objectives

Chairside consultation and instruction will be provided during various clinical experiences and management of procedures listed below, as patient population allows:

1. Different treatment modalities as well as the technical management of varying forms of the disease process
2. Examination, diagnosis and treatment planning
3. Scaling and root planning
4. Gingivectomy and gingivoplasty
5. Mucogingival surgery
6. Osseous contouring and grafting
7. Guided tissue regeneration procedures
8. Exposure to surgical placement of implant fixture, assisted by the periodontics mentor

Didactic Objectives

1. To gain an understanding of current concepts of the pathogenesis of periodontal disease as well as the classification and treatment philosophy for different types
2. Be knowledgeable in the rationale of different treatment modalities as well as the technical management of varying forms of the disease process

Didactic Lectures To Achieve Objectives

The following topics are covered in lectures, seminars and demonstrations:

1. Diagnosis and Treatment Planning
2. Osseous Resective Surgery
3. Crown Lengthening
4. Implants
5. Bone grafting (GTR/GBR/Ridge preservation) Mucogingival Therapy Local
6. Chemotherapeutics

Recommended Texts – Current edition of:

1. “Carranza’s Clinical Periodontology,” Newman, Takei, Klokkevold, Carranza

Prosthodontics

General

The prosthodontics program is organized as a comprehensive course to enhance the resident’s knowledge and skill in this discipline of dentistry. This will be accomplished through lectures, seminars, demonstrations, and supervised clinical experience with a variety of dental patients. Utilizing these modalities of education, the graduate resident will be more qualified to manage the diagnosis, treatment planning, render treatment and referral of fixed and removable prosthodontic patients in the overall concept of a general dentistry practice.

Clinical Objectives

1. To increase competence in examination, diagnosis, and treatment planning in the partially edentulous patient
2. Understand the anatomy, physiology, and function of the stomatognathic system and be able to identify normalities and abnormalities
3. Know the principles of occlusion, be able to detect and correct occlusal interferences and be able to develop an acceptable occlusal scheme for each individual patient
4. Be capable of designing Kennedy Class I, II, III, and IV removable dental prosthesis
5. Be capable of fabricating complete dentures for patients with varying jaw relations and recognize the need for surgical intervention to improve the denture bearing foundations
6. Be competent in the design and preparation of teeth for all types of cast and ceramic restorations that are functional, esthetic, and physiologically sound
7. Be knowledgeable in the biomechanical principles of crown, pontic, and framework design
8. Be knowledgeable in basic laboratory procedures which support fixed prosthodontics care
9. Learn to make appropriate and accurate jaw relation records using articulators and facebows
10. Become competent in preparing restorations for insertion, including adjustment for fit, contour, occlusion, and esthetics

11. Become competent in chairside shaping and characterization of ceramic restorations
12. Become knowledgeable in the management of endodontically treated teeth
13. Be familiar with basic prosthodontics restorations involving implants
14. Be familiar with basic concepts involving non-surgical treatment for OSA and TMD patients

Clinical Assignments/Experiences to Achieve Objectives

Chairside consultation and instruction will be provided during various clinical experiences and management of procedures listed below, as patient population allows:

1. Diagnose, develop treatment plan, and treat patients requiring anterior and/or posterior cast or CAD/CAM restorations of various levels of complexity, including restoration of implants.
2. Simple and complex fixed partial dentures
3. Management of endodontically treated teeth
4. Basic occlusal equilibration
5. Exposure to complete dentures, immediate dentures, and overdentures
6. Impression techniques and materials
7. Determining and recording jaw relationships
12. Preparation of laboratory work authorizations
13. Exposure to soft denture liners, tissue conditioning, relines, rebases, and repairs
14. Delivery and post-delivery instructions and proper patient follow-up/recall

Didactic Objectives

1. To develop advanced knowledge in the uses and limitations of various procedures, techniques, and materials currently employed in fixed prosthodontics
2. To instill in the resident an appreciation for continuing education and the ability to critically analyze new prosthodontics techniques and materials

Didactic Lectures to Achieve Objectives

The following topics will be addressed in lectures, seminars and demonstrations

1. AEGD Intro to Prosthodontics
2. Color and Dental Photography
3. Digital Dentistry
4. Prosthodontic Treatment Planning
5. Implant Prosthodontics: Planning and Treatment
6. Implant Prosthodontics: Complications
7. Preparation Design and Considerations
8. Esthetics
9. Mandibular Movement and Articulators
10. Functional Occlusion and the Worn Dentition
11. Removable Prosthodontics
12. Non-surgical TMD
13. Sleep Dentistry

Recommended Texts and Journals:

1. Contemporary Fixed Prosthodontics, 3rd edition, Rosentiel, Mosby, 2001
2. Fundamentals of Fixed Prosthodontics, 3rd edition, Shillingburg, Quintessence, 1997
3. Removable Partial Prosthodontics, 10th edition, McCracken, Mosby, 2000
4. "Fundamentals of Implant Dentistry, Volume 1: Prosthodontic Principles" Beumer, Quintessence, 2015
5. "Functional Occlusion: From TMJ to Smile Design" 3rd edition, Dawson, Mosby, 2007

6. “Journal of Prosthetic Dentistry”, Mosby

Physical Evaluation

As introductory experience in Physical Diagnosis will be obtained through lecture, operating room rotation, and the time spent on the Oral and Maxillofacial Surgery Service. The basic skills of physical examination and obtaining a complete and accurate medical history will be taught.

Physical Diagnosis Objectives:

Through lectures and rotation in the Oral and Maxillofacial Surgery Service, the resident should be able to:

1. Obtain a thorough medical history from patients
2. Perform a basic physical examination of patients
3. Collect and interpret findings and determine the potential impact they may have on the planned dental treatment of the patient
4. Display competence preparing a proper consultation to the patient’s physician based on the findings of the physical evaluation

Didactic Activity to Achieve Objectives:

Formal lectures and discussions, while on Oral and Maxillofacial Surgery and DC3 rotations will be conducted in the following areas:

1. Obtain a thorough medical history from patients
2. Medical History
3. Vital Signs
4. Head/Ears/Eyes/Nose/Throat/Mouth
5. Heart/Vessels
6. Chest/Lungs
7. Abdomen
8. Neurological Examination
9. Dermatology

Clinical Activity to Achieve Objectives:

Clinical experience will be obtained through:

1. Daily patient care
2. Oral and maxillofacial surgery rotation
3. Operating room experience
4. Conducting medical histories and physical evaluations
5. Consultation with medical colleagues
6. Monitoring patient’s vital signs

Preventive Dentistry

Modern dentistry requires a working knowledge of preventive care that ranges from individual

oral hygiene instruction to advising community groups on fluoridation. Residents should be conversant in the theories and research concerning dental caries to include its etiology, microbiology, progression, and prevention.

In addition, general practitioners must be knowledgeable in the application of fluoride, oral hygiene, behavior modification, patient counseling, and nutrition to the area of preventive dentistry. The role of saliva as to its sources, composition, reasons for changes in flow/chemistry and its significance in the maintenance of oral health must be appreciated.

Comprehensive Control of Pain and Anxiety

General:

A major reason for avoidance of routine dental care is fear of discomfort. The comprehensive control of pain and anxiety in the conscious patient is not only the standard of care in modern practice, but it is a major practice builder. Instruction, consultations, demonstrations, and participation in a formal course entitled “Conscious Sedation” will lead to a working knowledge of which techniques and agents to employ for the comfort of each individual patient. Residents will also treat patients under various means of conscious sedation and general anesthesia in the Oral Surgery rotations at Dental Clinic #3 and in the WBAMC Operating Room.

Minimal Sedation Objectives:

Through didactic and clinical experience, the resident should be able to:

1. Review medical history and identify potential problems and their effects on proposed treatment
2. Identify the advantages and disadvantages of each conscious sedation technique: the inhalation, oral, intramuscular, and intravenous routes
3. Be knowledgeable in the types, techniques, and proper use of local anesthetics
4. Be knowledgeable in the use of nitrous oxide inhalation sedation
5. Be knowledgeable in the use of oral sedation
6. To familiarize the resident with the use, maintenance, and fundamentals of intravenous fluid therapy. To understand the effects, advantages, and dangers associated with intravenous conscious sedation.
7. Identify and be familiar with managing medical emergencies occurring with or without the use of conscious sedation
8. To be familiar with the fundamentals of airway management in an unconscious patient with emphasis on maintaining the airway and monitoring vital signs
9. Perform proper airway management

Didactic Activity to Achieve Objectives:

Participate in the following:

1. Physical Diagnosis
2. Conscious Sedation
3. Pharmacology
4. Annual BLS Recertification

Clinical Experience to Achieve Objectives:

1. Clinical use of oral sedation, and local anesthetics
2. Clinical experiences during Oral and Maxillofacial Surgery Clinic at WBAMC using intravenous conscious sedation
3. Clinical experiences in WBAMC operating room using inhalation and intravenous conscious sedation as well as general anesthesia

Implants

General:

Implants have become an important part of modern dental therapy. Residents will be exposed to clinical treatment of implant cases to include diagnosis, treatment planning, surgical placement, and prosthetic restoration of cases as they become available.

Objectives:

1. To develop the diagnostic skills for determining if implants are indicated
2. To expose the resident to the oral surgical and periodontal aspects of implant placement, management, uncovering, hygiene, and maintenance
3. To familiarize the resident with the procedures for final prosthetic restoration of implants
4. To understand the total time required for treatment of the single and complex implant case from initial planning to completion

Didactic Activities to Achieve Objectives:

Scheduled lectures and seminars will be held as follows:

1. Implant Lecture
2. Implant Hands-On Workshop sponsored by Biomet 3i and/or Nobel Biocare
3. Periodic Implant Boards

Clinical Activity to Achieve Objectives:

1. Diagnosis and treatment planning AEGD patients for implants as available
2. Observation of surgical placement
3. Restoration of osseointegrated implant cases
4. Maintenance/follow-up of cases

Medically Compromised*Special Needs Patients*Community Service

As described in the sections in this syllabus on oral and maxillofacial surgery, oral pathology, oral medicine, physical evaluation, anxiolysis/minimal sedation, and pediatric dentistry, there will be didactic and clinical experience with medically compromised patients, special needs patients and community service.

Clinical experience will be gained in the evaluation, diagnosis, treatment planning, and dental care of patients possessing one or more characteristics compromising treatment which must be factored into the evaluation, plan, and ultimate care. Residents will be exposed to treating patients with a

variety of chronic diseases who also are often taking multiple medications, which must be considered when treating this population.

Clinical Activity to Achieve Objectives:

1. OMS Rotations
2. Oral Pathology Rotations
3. Children's Dental Health Month presentations
4. Tobacco Cessation presentations
5. Post-Partum Pregnancy presentations

ASEPSIS, INFECTION, AND HAZARD CONTROL

The practice of "standard-of-care" dentistry requires a working knowledge and constant practice of proper asepsis and hazard control in the clinic, x-ray room, and laboratory. All residents, staff, and employees are required by OSHA to attend training annually.

The infection Control Policies published by the Dental Directorate/MEDCOM is current and is available to each resident and staff member. This document must be read and its protocol followed. All regulations are in accordance with the most current guidelines on a federal, state, and local level, and must be adhered to in all clinical and laboratory activities. Correct use of personal protective equipment and barrier technique will be adhered to in the clinic and laboratory to ensure asepsis. The AEGD clinic is a large multiple chair clinic, and diligent effort must be made to avoid potentially hazardous contamination and/or cross-contamination of any kind. All residents and health care workers are required to be immunized against hepatitis B, and are strongly encouraged to be immunized against mumps, measles, rubella, and to seek annual TB testing.

Hazard control includes knowledge of the risks and proper handling of all potentially harmful materials and devices used in the clinic and laboratory. Knowledge of proper labeling and Safety Data Sheets (SDS) information is required. All staff must know where to gain rapid access to SDS information when necessary. Residents and staff must be responsible for the proper handling of sharps to avoid needle and instrument sticks. In addition, in the event of an accident with a sharp, an Incident Report must be filled out, inform the NCOIC and follow mandated protocol. Annual training in OSHA/Hazard Control is a WBAMC requirement.

BASIC SCIENCES

Clinically applicable basic sciences will be integrated into the didactic program. This will assist the resident in understanding the biologic, physiologic, psychological, and physical ramifications of all proposed treatment. This knowledge is extremely important ethically and medicolegally when a professional is entrusted with treating patients.

In addition, basic science subjects are covered in depth in the following didactic areas:

1. Didactic and clinical aspects of all clinical disciplines
2. Courses in Oral Pathology, Oral Medicine, Physical Diagnosis, and Control of Pain and Anxiety
3. Other basic science areas integrated into the above disciplines are physiology, histology, anatomy, genetics, endocrinology, biochemistry, and psychology

PART III: SPECIAL TRAINING REQUIREMENTS, APPENDICES

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RESIDENT'S PORTFOLIO

1. In order for the AEGD 12-MP to maintain its accredited status with the American Dental Association's Commission on Dental Accreditation (CODA), it is necessary for the program to maintain documentation of Resident activities. One of the main vehicles that will be employed to document Resident activity will be the Resident Portfolio.
2. The portfolio will contain evidence of clinical and didactic work that the Resident has accomplished during the program year. Residents will document clinical dental procedures from start to finish as much as possible through photographs and radiographs. For all clinical documentation, personally identifiable information should be removed or hidden.
3. A standardized format allows easy reference and retrieval of information. Portfolios may be referenced during quarterly counselings and if not updated could reflect poorly on evaluations.

Portfolios will be organized as follows:

<u>TAB</u>	<u>SUBJECT</u>
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Section 1: Administrative	
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|--|--|
| A. Curriculum Vitae, Bio, ORB | |
| B. Pre and Post Residency Written Examination | |
| C. Quarterly Evaluations, OER Support Forms, OER | |
| D. Monthly Education Summary | |
| E. Monthly Record Audit Forms | |
| F. Credentials (Oath, Orders, License, BLS, Peer Letters, Sedation etc.) | |

Section 2: Clinical	
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- | | |
|---|--|
| G. Comprehensive Care & Treatment Planning Board Patients (3984s) | |
| H. Patient Daily Encounter Form | |
| I. Oral Sedation Patients | |
| J. Medically Compromised Patients | |
| K. Implant Patients | |

Section 3: Projects	
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- | | |
|---|--|
| L. Table Clinic | |
| M. Lectures/Presentations/PCC/Oral Medicine | |
| N. Journal Club | |

Section 4: Training	
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- | | |
|---------------------------------|--|
| O. Training Certificates | |
| P. Continuing Education Courses | |
| Q. Other | |

TREATMENT PLANNING BOARD

(The How To and Expectation Guide)

1. INTRODUCTION:

Each resident is required to present a formal treatment planning case to a panel of mentors and fellow residents. The Program Director and/or Assistant Program Director (PD/APD) will assign each resident a specific treatment planning case patient. The PD/APD will provide supervision and advice for any treatment delivered prior to the presentation. **DO NOT START TREATMENT WITHOUT APPROVAL FROM PD/APD.**

Comprehensive dental examination begins with a complete diagnostic work-up. This includes: obtaining proper informed consent (AEGD enrollment & photography); social, medical and dental history; thorough hard and soft tissue examination; complete radiographic series; study casts and clinical photographs. Residents develop a comprehensive Problem List (CMOREPOOOPE) based on the pathology or problems identified during the examination.

Residents independently formulate a sequenced treatment plan to address the patient's chief concern and achieve the desired therapeutic end. This should be done without the assistance of the mentors. Residents should consider the patient's attitude toward dentistry, the patient's oral hygiene and motivation, and the patient's previous compliance with appointed dental care and instruction while developing the treatment plan. The dental treatment goals are to restore a patient to an optimal state health using comfort, function, esthetics, and maintenance as guiding principles. The treatment plan must address each item on the patient's Problem List.

The resident is responsible for overseeing the completion of the final treatment plan. It is understood that some of the treatment may be referred to specialists. It is further realized that the treatment may not be completed prior to the resident's PCS. Every other month the resident will present updates to the PD/APD on their Treatment Planning Board patient during DA 3984 review sessions.

2. OBJECTIVES:

- a. To improve patient care by providing an opportunity for all specialty services to review cases and offer suggestions on the patient's total treatment plan
- b. To emphasize to the resident the need for a careful and systematic collection of information utilizing complete case histories, radiographs, diagnostic casts and other diagnostic aids in the formulation of dental treatment plans
- c. To teach the resident how to present a case to a professional group in a formal setting
- d. To help the resident gain confidence in his/her ability to speak before groups

3. CASE PRESENTATION:

Each resident will present their Treatment Planning Board case to the mentors and fellow residents. They should be prepared at least one preferred treatment plan and at least one alternate. The presentation follows the format outlined below, and includes the diagnostic findings, problem list and proposed treatment plans. The quality of the resident's presentation, problem list, treatment plan and visual aids will be evaluated by faculty.

The resident will prepare a PowerPoint presentation that will demonstrate thorough knowledge of the patient and clinical findings. The following format will be used for all Treatment Planning Boards:

- a. Patient introduction
 - 1) Name, Rank, Age, Sex, Job, Time remaining at Ft Bliss
 - 2) Chief Complaint
 - 3) History of present illness
 - 4) Present medical status
 - a. Medication list
 - 5) Medical history
 - 6) Social history
 - 7) Family history
 - 8) Dental history
 - b. Radiographic Requirements:
 - 1) Panoramic radiograph (PANX)
 - 2) FMX
 - c. Images to be presented must include
 - 1) Full face (repose and smiling)
 - 2) Right facial profile (repose and smiling)
 - 3) Anterior (cuspid to cuspid with patient in centric occlusion)
 - 4) *Left buccal with patient in centric occlusion (cuspid to most distal molar)
 - 5) *Right buccal with patient in centric occlusion (cuspid to most distal molar)
 - 6) *Maxillary occlusal
 - 7) *Left palatal of maxillary bicuspid and molars
 - 8) *Palatal of maxillary incisors and cuspids
 - 9) *Right palatal of maxillary bicuspid and molars
 - 10) *Mandibular occlusal
 - 11) *Left lingual mandibular posteriors
 - 12) *Lingual view of mandibular incisors and cuspids
 - 13) *Right lingual mandibular posteriors (cuspid or bicuspid to most distal molar)
 - 14) Photo(s) illustrating unique pathology/patient features
 - 15) Periodontal charting by quadrant
- * Taken using intraoral photography mirrors

- d. Problem list (CMOREPOOOPE). See Appendix A.
 - 1) Extraoral findings
 - 2) Intraoral findings
 - 3) Radiographic findings
 - 4) Results of special tests and diagnostic studies (medical or dental)
- e. Preferred Treatment plan (DA 3984)
 - 1) DD 2322 with designed prosthesis
- f. Alternate treatment plans (DA 3984)
 - 1) Based on limited time
 - 2) Based on unlimited resources

4. PRESENTATION:

The diagnostic work-up and treatment plan will be presented to faculty and residents. Residents will provide a copy of this presentation for each of the board members and for the other Student/Residents in attendance. The following format will be used for all treatment planning conferences:

- a. Printed PowerPoint presentation handouts (6 slides per page)
 - 1) Periodontal Charting Form
 - 2) Treatment Plans (DA Form 3984)
 - 3) Laboratory reports, as needed
- b. Diagnostic Cast - 2 sets:
 - 1) One mounted set on semi-adjustable Articulator
 - 2) One set poured and trimmed to be in occlusion when resting on heels

5. DISCUSSION:

After the presentation, the board will discuss the proposed treatment plan. The board will often make modifications to the treatment plan, and the Resident should not be discouraged when this occurs. However, this does not negate the Resident's responsibility to be as thorough, complete and precise as his/her knowledge and experience allows. The Resident should be aware that more than one treatment modality may be satisfactory and should be prepared to justify the choice of one treatment over other acceptable treatments.

If the treatment plan is modified during the discussion period, the presenting resident must incorporate the recommended modifications into a newly fabricated, finalized treatment plan. They should document the revised treatment plan on Form DA 3984 and present to the PD/APD within 5 clinic days.

6. CONSULTATION:

The Resident will contact the patient and arrange for a consultation appointment to discuss the treatment plan. Patient understanding and acceptance is critical to the ultimate success of the planned treatment, yet most dental patients are uninformed or misinformed concerning the methods and rationale for dental treatment. The patient has the right to know what to expect from the treatment in terms of reasons for treatment, time involved, prognosis, etc. The patient should also be instructed in his own responsibility toward maintaining his oral health. An informed patient is more likely to be cooperative, to keep appointments and to appreciate the treatment.

7. FOLLOW-UP:

The Resident is responsible for ensuring that the treatment is accomplished in an expeditious manner. This involves actually providing the treatment whenever possible and coordinating referrals for those phases of the treatment which he/she cannot accomplish. This may require referral to one of the specialty mentors because of the difficulty of the procedure or to another Student/Resident if the Student/Resident is unable to provide treatment due to the limitations of his present assignment.

The entire treatment plan and subsequent treatment should be documented to include pre-treatment, treatment and post-treatment photographs or digital images. This documentation will be entered in the Student/Resident's portfolio. When portions of the treatment are referred to specialists or other Student/Residents, efforts should be directed toward interdepartmental cooperation in providing expeditious treatment and sharing of photographs or images.

The Resident will monitor the patient's treatment and will present periodic progress reports to the treatment planning board.

8. CONSIDERATIONS

1. Treatment plans that are formulated must reflect the actual pragmatic management of the patient in terms of:

- a. Chief complaint
- b. Motivation and desire of the patient
- c. Physical status of the patient
- d. Eligibility of the patient
- e. Patient's available time for treatment
 - 1) Military, business, and other
 - 2) ETS and PCS dates
- f. Capability to provide the resources necessary for completion of the case
 - 1) Orthodontic treatment?
 - 2) Space available for retired patients?

2. Differences in treatment philosophy can be expected among members of the board and among clinicians of the same specialty. Brief discussion of these differences of opinion is welcome and

encouraged, but prolonged debates, which serve to cloud the final treatment plan should be avoided.

3. Start as early on the case as possible; it takes time to duplicate casts and radiographs. Ensure that missing teeth are marked on the periodontal chart, mobility is charted and teeth that require vitality testing have results of that testing noted on the chart.

There will be a final Treatment planning board presentation in June/July. For this presentation the resident will review what they have been able to complete on their TPB patient; this will be a ppt presentation with photos and radiographs as needed. Expectations- review pt info, review accepted treatment plan and discuss current status.

PATIENT CARE CONFERENCES

1. There will be at least twelve Patient Care Conferences (PCC) throughout the year. Conferences will be distributed throughout the year so that diagnosis, treatment planning, progress, and outcomes can be followed and discussed. These conferences will be attended by residents and faculty and will not replace the daily interaction between faculty and residents regarding patient care.
2. A PCC will serve as a forum for the presentation and discussion of patients currently under the care of Residents. Presentation topics include:
 - a. **DA 3984 Review:** Residents will conference with directors individually throughout the year to present updates on comprehensive care patients. They will present materials (photos, casts, etc) that document problem list, treatment progress of patient's clinical care.
 - b. **Treatment Planning Boards:** a PPT presentation each resident creates, presents and defends about a selected comprehensive care patient to a panel of mentors. The format for this conference is found on page 51. It is envisioned that the resident will complete treatment required prior to the end of residency.
 - c. **Implant Boards:** a presentation of proposed implant placement(s) in a patient to a minimum of the surgeon, the restorative dentist, and the Chair of the Implant Board and/or the AEGD PD/APD. Careful consideration should be given to all other dental disciplines during the work up and treatment planning of a dental implant.
 - d. **Case of the Month (COM):** A PowerPoint presentation documenting a clinical case encountered clinically that teaches a salient point. Clinical photos and/or radiographs, plus any other pertinent materials are required as part of the presentation.
 - i. Complications and trauma cases encountered during the treatment of a particular patient, and how the patient was managed (ex: DOD, post-operative infections, separated instruments etc.)

- ii. Unusual or interesting cases (ex: Oral Pathology, unusual anatomy or physiology etc.)
 - iii. Complicated cases that require a multi-disciplinary approach to aid in treatment planning
- e. **Management of the Medically Compromised Patient Seminars:** Residents will choose an Oral Medicine topic (see below for a list) and prepare a PowerPoint presentation. Use a variety of sources for current information. Present your materials to the group (mentors & colleagues) and field questions. Substitution of topics will be considered and approved by PD/APD or other mentors.
 - i. **Oral Medicine Topics:** Cardiovascular Disease; CVD/Stroke/Coagulopathy; Pulmonary Diseases; Diabetes Mellitus; Cancer/rad/chemo/MRONJ/ARONJ/Osteoporosis; Infectious Diseases; Hyper/hypothyroid and Parathyroid dysfunction; Antibiotic Prophylaxis; Medical Emergency; etc.

3. A schedule of the PCCs will be kept and maintained on the Program Director's outlook calendar.

GUIDELINES

1. Presentations will be 20 minutes in length with 10 minutes of discussion.
2. Every Resident will present at least one patient during the conference.
3. Appropriate radiographs, photographs, diagnostic casts and diagnostic waxings will be used to present the case through the use of Microsoft Office PowerPoint or Apple Keynote.
4. Patient Care Conference will be held every month except the months in which Residents are presenting Treatment Planning Board Patients.

TABLE CLINICS

INTRODUCTION

Residents are required to prepare and present a table clinic to further develop their oral communication and research skills. Most table clinics are clinically oriented and are designed to impart "pearls of wisdom" in a short period of time – about 5-10 minutes.

Residents must select a topic of personal interest that is relevant to the general dentistry audience. They will select or be assigned an advisor from the program's teaching staff. The advisor provides the resident with guidance in their efforts.

The Table Clinic Advisor and Program Director will preview and approve the layout and design of the table clinic boards **prior to** submitting to HQ/DLA for final printing. Residents have the

opportunity to present their table clinics to program faculty, DENTAC personnel, and/or to another dental conference as the opportunity permits (for example – the Hinman Meeting in Atlanta, GA). Upon the completion of the presentation, the table clinic becomes the Resident's personal property and may be used again in future presentations at professional meetings, or in future assignments.

MATERIALS

POSTERS: May be 1 to 3 pieces which will stand as a unit or be tacked to a corkboard. A template for poster panels will be provided to the Residents. All displays, including charts, models etc., must be confined to the tabletop. No auxiliary displays, easels, etc. can be used. Table size is 4-6' long and 32" deep.

- a. Each presentation should not exceed 8 minutes, with 5 minutes following the demonstration for questions from those viewing the presentation. Visual aids may be used, and any visual aids requiring audio accompaniments must be equipped with individual headsets. Amplified sound devices, patients, and live models cannot be used.
- b. Handouts are encouraged for use. The handout heading should include the title of the table clinic, resident's name and date. The body of the handout may include:
 - 1) General Information
 - 2) Materials list
 - 3) Procedure: step-by-step
 - 4) Warnings
 - 5) Suggestions
 - 6) References

RECOMMENDATIONS

- a. The clinic should be easily portable and should fit in an automobile trunk.
- b. Choose a limited topic. Try not to make the posters too "busy," i.e., do not make them too wordy. It is usually best to use an outline technique on the posters. Don't write long sentences or paragraphs or use large images.
- c. Once Table Clinic PPT templates are finalized, they will be submitted through HQ Supply office for coordination with DLA for printing/fabrication of hard copy Table Clinic presentation. Residents MUST meet deadlines to ensure receipt of panels in time for presentation.
- d. Depending on the Resident's requirements, demonstration models or devices can be fabricated by the area dental laboratory.

PROFESSIONAL LECTURE

1. **PURPOSE:** To train residents in research, preparation, and presentation of lectures to a larger audience. To provide low-cost/no-cost Continuing Dental Education to the DENTAC and other invited providers.
2. **PREPARATION:**
 - a. The lecture will be a PPT presentation 45-50 minutes in length. Selection of a topic should be something that is timely and of interest to the speaker and the audience. **The lecture may not be on the same topic as the table clinic.** The content of lectures given should be tempered to render the material relevant, comprehensive, and interesting. Be sure to include plenty of pictures, graphs, or other audiovisual aids. Do not have a slide full of words.
 - b. Although handouts are not required, past experience has shown that they are greatly appreciated by the audience.
 - c. The presentation will be well received if the resident is articulate, logical, and appears to be in control of his material. It is absolutely essential that the resident practice the presentation until he feels relatively comfortable with his delivery. **Practice, practice, practice.** Ideally, you should be able to present without any notes. The resident will be considered the subject matter expert by the audience, therefore, preparation should extend beyond the presentation. There will be a practice about 1 week prior where mentors will give feedback for any final adjustments.

JOURNAL CLUB

1. **PURPOSE:** The purpose of journal club is to help residents learn how to critically review current dental literature. Residents will learn how to identify, assess and incorporate clinically significant and relevant information into clinical practice. It trains residents in evaluating published literature so that decisions can be made using evidence-based dentistry and best clinical practices. To ensure residents and mentors read relevant and current dental literature. To develop the habit of lifelong learning and staying current.
2. **GUIDELINES**
 - a. Each resident will read, abstract (see sample journal club abstract) and lead the discussion of one journal article during each Journal Club, but is responsible to read all articles assigned so they can participate in the discussion. The article(s) to be reviewed will be assigned no later than the month prior.
 - b. Residents will prepare a written review of the article focusing on validity of the science, applicability, and if the research will change the resident's clinical practice.

- c. Articles and abstracts should be completed and submitted at least 1 week prior to Journal Club so participating faculty can have adequate time to review them.
- d. **Abstracts will be no longer than one page in length.**
- e. Technique articles and opinion articles can be selected for review, but the focus should be on scientific and research articles.

SAMPLE JOURNAL CLUB ABSTRACT

20 Oct 16

XXX, XXXX., CPT, DC
AEGD 12-Month Program, Ft Bliss

I. Title, Author & Journal: “Evaluation of the Akinosi Mandibular Block Technique in Oral Surgery”, Allen L. Sisk, D.D.S., Medical College of Georgia. JADA, Vol. 1, No. 2, pgs. 120-4, Feb 98.

II. Purpose: This article was intended to report the findings of clinical study comparing the Akinosi Block technique to conventional inferior alveolar nerve block technique.

III. M&M (Materials/Methods): Twenty patients requiring bilateral extraction of bony impacted mandibular third molars were studied. The patients received each block technique unilaterally and the indicated surgery was performed. The side receiving the conventional block technique also received lingual and long buccal block. Surgical degree of difficulty, surgical trauma, and quality of anesthesia were evaluated by the surgeon. Because of the within subject designed employed, the influence of surgical variability on treatment outcome was considered to be minimal.

IV. Results:

- % of patients reporting anesthesia in 5 minutes was 90% for Akinosi, 85% for conventional block.
- % of patients reporting anesthesia after 10 minutes was the same for both techniques.
- 20% of patients receiving Akinosi blocks required buccal nerve injections.
- There was no significant difference in degree of intraoperative bleeding between the two treatments.

V. Discussion: The Akinosi technique for mandibular nerve block has been stated to have an approximately equal success rate to conventional inferior alveolar nerve block. Possible advantages to this technique: increased rate of onset, less pain on injection, decreased psychological stress, and block of mandibular, lingual, and buccal nerves with a single injection.

VI. Comments: Informative, concise article describes an effective alternative to conventional mandibular block anesthesia.

ACADEMIC REVIEWS

Within the academic year, the residents will be evaluated using two separate formats to ascertain their professional progress. These reviews are primarily designed to be educational exercises for the residents. They allow residents a comprehensive format in which to demonstrate their educational progress and professional accomplishment. The results of these reviews are used by the director and faculty to determine the effectiveness of their teaching plans and to make changes to the program that will enable it to be more effectively achieving its mission.

ORAL BOARDS

This 4-hour exercise involves seven 25 minute one-on-one oral examinations. The examination subjects are: Restorative, Prosth, Perio, OS, Endo, Ortho, and Oral Path.

WRITTEN ASSESSMENT

This tool is prepared by the American Board of General Dentistry to assess both residents and programs by comparing initial and final performance using a battery of questions covering a wide range of dental topics.

BRIGADE HEALTH CARE PROVIDER COURSE

If the resident's follow-on assignment is as a Brigade Dental Surgeon, efforts will be made to enroll them in the Brigade Health Care Provider Course. In this event, the resident will be given further information at the appropriate time.

COMBAT CASUALTY CARE COURSE (C4)/PHTLS

1. **BACKGROUND INFORMATION:** In wartime, the dentist is expected to fill multiple roles. As well as providing dental care, the dentist will act as administrator, medic, physician, nurse, and Soldier. The Combat Casualty Care Course will assist in preparing the residents to fulfill several of these roles. It will also expose the residents to the tri-service healthcare team.
2. **COMBAT CASUALTY CARE COURSE (C4)/PHTLS:**
 - a. The Combat Casualty Care Course is 9 days (including travel days) in duration. The TDY training site and base of operations is Camp Bullis, a military reservation northwest of San Antonio, Texas. Course activities are conducted at Camp Bullis and Fort Sam Houston.
 - b. The residents will take either Advanced Trauma and Life Support (ATLS) or Pre-Hospital Trauma and Life Support (PHTLS). A multi-day training and practical exam in the form of a combat simulated field exercise will follow.

- c. Before departing Ft Bliss to attend C4, the resident will be given a partial field issue. Past classes have found inadequate amounts of cold weather gear. Supplement with layered undergarments due to the unpredictable winter weather at Camp Bullis.
- d. ATLS: Participants will be transported each day to Fort Sam Houston where they will receive instruction from experienced trauma surgeons and physicians. The course consists of three 8-hour days of classroom instruction consisting of lectures, a hands-on simulation surgical lab, written exam, and practical exam. The ATLS textbook should be provided by the AMEDD C&S to the course participant. Historically, this book was received immediately prior to departure, if at all. It is highly recommended for the resident to be prepared to procure their own text. Success will require nightly study, both prior to and during training.
- e. PHTLS: Participants will complete training in a classroom at Camp Bullis where they will receive instruction from experienced medics. The course consists of three days of classroom instruction in first responder training. No pre-training preparation is required for this course. Minimal review is required for successful completion. Percent pass rate is significantly higher than ATLS.
- f. Prior classes have mixed opinions as to the preferred course. Those who attended ATLS expressed satisfaction with the high level of instruction of ATLS. Benefit was felt regardless of difficulty and outcome, due to superior instruction and hands-on training. Others regarded PHTLS as the more relevant course for the dental health care provider and appreciated the narrowed scope for retention of pertinent information.

RESIDENT PROJECT TIMELINES

A complete schedule of resident projects (to include TPB, PCCs, Table Clinic deadlines, Lecture deadlines, Oral Board Exam, Written Exam, etc.) will be kept and maintained on the Program Director's outlook calendar. Residents should check this calendar regularly to ensure compliance with timelines and deadlines.

Appendix A

- CHIEF COMPLAINT
 - Pt's own words
 - In quotes
- MEDICAL/SYSTEMIC (PRSM EVLA)
 - Past medical history
 - ROS
 - Social habits
 - Meds
 - Allergies
 - Vitals
 - Labs
 - ASA classification
- ORAL PATH
 - Differential diagnoses
 - Lumps, bumps, etc
 - Negative findings
- RESTORATIVE (A CCD UnQuestionably Evaluates lesions)
 - Cervical Abrasion/erosion
 - Caries risk assessment
 - Carious lesions
 - Defective contacts/restorations
 - Undermined tooth structure
 - Questionable restorability
 - Endo-treated teeth
- ENDO (PVS P S/RP) - ironic because PVS and S/RP have nothing to do with endo
 - Periapical Pathology
 - Vitality tests
 - Symptoms
 - Potential need for RCT
 - Status of prior endo-treated teeth
 - Root canal morphology
 - Perforations/sinus tracts
- PERIO (Can Eventually Overwhelm Most Likeable Practitioners Due To Many Frustrating Moments & Rarely Keeps Residents' Minds Brilliant)
 - Classification Dx of disease
 - Etiology of disease
 - OH and home care status, Diet
 - Modified O'Leary plaque index
 - Local factors
 - Probe depths, attachment levels, bone loss
 - Disease activity (BOP)
 - Trauma from occlusion
 - Tooth Mobility (Miller)
 - Furcation invasion (Hamp)
 - Mucogingival defects/frenum attachments
 - Root proximity
 - Lack of Keratinized gingiva
 - Residual ridge defects
 - Marginal ridge discrepancy
 - Biologic width problems
- ORTHO (Orthodontists Can Definitely Make a Living)
 - Occlusion classification
 - Crossbites
 - Diastemmas
 - Malposition and crowding
 - Loss of M-D space
- OCCLUSION (VDO Terrifies Every Practitioner. Can't Occlusal Patterns be Obvious?)
 - VDO
 - TMJ status - consider non-TMD etiology, muscle
 - Excursive contacts
 - Plane of occlusion/malposed teeth
 - CO/MI discrepancy
 - Occlusal scheme
 - Parafunctional habits
 - Occlusal wear

- ORAL SURGERY (Rowshan Pisses-off and Bullies Practitioners Non-stop)
 - Retained roots
 - Pathology (hard or soft tissue)
 - Blood pressure/medical status
 - Potential extraction problems
 - Non-restorable teeth
- PROSTHO (Missing Tons of Teeth Can Sometimes Result In Atrocious & Demoralizing Esthetics)
 - Missing teeth
 - TMJ Status
 - Tori and exostoses
 - Clinical crown height
 - Sufficient vertical stops
 - Residual ridge defects
 - Interarch space
 - Abutment status
 - Defective existing prostheses
 - Esthetics
- ESTHETICS (S-S-SAD)
 - Smile line
 - Symmetry
 - Shade
 - Alignment
 - Diastemas

U.S. Army Dental Corps Creed

Established: 13 April 2012

I am a member of the Army Dental Corps.

I am the cornerstone of the American Soldiers' oral health.

I am an advocate for Soldiers' dental readiness and for Soldiers' and their Families' dental wellness.

I will maintain the American Soldiers' trust in me to be knowledgeable, skilled, understanding, and compassionate in my treatment.

I promise to set high standards for myself, always to exceed the Soldiers' expectations in clinical proficiency.

I am a consummate professional and I am committed to self-improvement through lifelong learning, continuing education, and professional military education.

I am not alone; I am a member of a diverse team of talented dental professionals, dedicated to excellence and unified in service as integral members of the Army Medical team.

I am privileged to serve in the Army and the Army Dental Care System; my conduct will always be above reproach and I will live the Army Values and maintain the honor of the Army Dental Corps.

I am a member of the Army Dental Corps.

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