

**VA HUDSON VALLEY HEALTH CARE SYSTEM
CASTLE POINT, NEW YORK
MONTROSE, NEW YORK**

DENTAL POSTGRADUATE TRAINING

PROGRAM MANUAL

Revised:3/16/11

RESIDENCY IN ADVANCED GENERAL DENTISTRY

I. OVERVIEW

The primary mission of the Dental Program is to provide comprehensive, appropriate and effective oral health care, essential to veterans' medical needs and as defined by statute, in an atmosphere which promotes continuous improvement in the quality of that care. The Dental Program strives to maximize the productivity with which these services are provided in order to provide the broadest scope of care to the maximum number of veterans, while complying with or exceeding external regulatory requirements, relevant professional standards, and patient expectations. Secondary service missions include supporting excellence in staff education and the training of dental health professionals and supporting clinically relevant oral health research.

The dental residency program begins July 1 and ends June 30. During this period of duty, most of the residents' time will be spent in the dental clinic. There is one major off-service rotation; medicine. This rotation may be provided at Castle Point, FDR Montrose or an affiliated institution.

II. RESPONSIBILITY

A. The Dental Program Manager is responsible for all activities and treatment rendered by the dental staff and residents. He/she is responsible to the Ambulatory Care Line Manager, who reports to the Chief of Staff, who in turn, reports to the Director.

B. The Residency Program Director, with the assistance of the Residency Program Coordinator, is responsible for program development and policies. The Program Director and Program Coordinator are responsible for the supervision, evaluation and delineation of duties of the residents in conjunction with the designated staff dentists and consultants at their respective sites.

III. TREATMENT SUPERVISION

The quantity and complexity of cases assigned to each resident will depend on how effectively and efficiently he/she is managing current cases.

Each resident will be supervised by a staff dentist who is responsible for the supervision of all resident treatment and the quality of care rendered by the resident to the patients assigned. This will include taking an accurate and comprehensive history, ascertaining chief complaints and requests, doing a thorough clinical exam, ordering and evaluating any needed x-rays, preparing diagnostic models, pulp testing, determining and initiating the preventive dentistry phase, and finally, preparing a preliminary plan of treatment. The plan should be sequenced as to the number of visits and what is planned during each visit. The plan of care must be approved by the supervising staff dentist. In the absence of the supervising staff dentist, another staff dentist must approve care, consistent with delineated levels of supervision.

IV. DENTAL ASSISTANTS

Dental assistants will be assigned to assist residents, but occasionally there may be staff shortages. In order to minimize the effect of this, the resident's operatories are in close proximity to each other for ease in sharing auxiliaries. Careful consideration of this possible shortage must be made when determining the amount of time needed per visit. With good planning and cooperation, efficiency and speed will improve.

V. UNIFORMS

The only uniform requirement is a short, white lab coat provided by the facility and worn over one's normal clothing or surgical scrubs. In general, the attire should reflect the professionalism of the position. (See Hospital Infection Control Policy).

VI. CONSULTANTS

Consultants are available to provide specialty level services consistent with patient clinical needs. Patients in need of specialty care (oral surgery, periodontics, endodontics and prosthodontics) are to be appointed for evaluations and treatment with the respective consultant. If a resident does not have a specialty patient when the specialist is in, it is expected that he/she will assist another resident for the learning experience. Usually, patients should not be scheduled for a procedure with a specialist without having been first evaluated by the specialist. Exceptions will be at the discretion of the supervising staff dentist or specialist. No treatment in other disciplines should be planned during specialty clinics.

VII. LABORATORY

While laboratory support is available in regard to the fabrication of prostheses, residents may be required to perform selected laboratory work to expedite processing and to ensure quality results. The resident will survey all diagnostic and final cases, set all semi/fully adjustable articulators and facebow transfers prior to laboratory mounting, determine and score posterior palatal seals prior to the fabrication of occlusal rims and baseplates, and trim dies for cast restorations.

VIII. ON-CALL DUTY

Along with staff dentists, residents will be assigned to after-hours, weekend, and holiday coverage for dental emergencies, generally for one week at a time. These emergencies must be referred by the physician on duty. Eligibility for treatment will be determined by the Medical Administrative Assistant (MAA). A staff dentist will serve in a backup capacity to render advice and/or assistance to the resident when needed. A security officer may be called upon to open and close the clinic and file room for all after-hour calls. There should be no changes to the emergency rotation except in emergent situations. Residents must be present at their respective campuses within 45 minutes of being paged. Long-distance pagers will be provided to the residents when on-call.

IX. BCLS CERTIFICATION

All residents will be required to be BCLS certified and will be trained as part of their hospital orientation at the beginning of the Residency year. Residents who have physical restrictions that cannot perform CPR will be required to provide documentation by their physician as pertinent to their restriction. This documentation will be filled with the copies of BCLS certifications. Such a resident will be required to attend the didactic portion of BCLS training only.

X. OPERATORIES

A. SUPPLIES

Each resident operatory is set up to have a similar arrangement of supplies and equipment. It is the responsibility of the dental assistant to monitor usage so that there is no shortage. Borrowing or other inter-operatory transfers is discouraged.

B. TRAYS

A tray system is in effect for most procedures; this eliminates the need for individual wrapping, identifying and sterilizing. In the event that a bur or instrument is discarded, it should be immediately replaced. Although it is common to have a favorite instrument or bur, the residents are to restrict usage to those items on the tray. In the event that a procedure must be completed in another operatory, all supplies and instruments will be transferred to that operatory.

XI. RECORDS

A period of orientation to learn the paperwork and computer system is scheduled. Whereas good judgment demands utilizing an assistant in some of these areas, the legal responsibility for accuracy is that of the dentist. As such, it is essential that it is accomplished correctly and in a timely manner.

XII. INFECTION CONTROL

Infection control procedures are practiced in accordance with facility policy. Face masks, protective eyewear and gloves must be used and replaced after every patient. Fluid resistant gowns are available for each patient and must be changed after each patient if a handpiece has been used and splattering has occurred. Booties and head covers are likewise available when the need arises. A copy of the Dental Program Infection Control Policy is available in the clinic for review as part of resident orientation.

XIII. SEMINARS

The didactic portion of the program consists of seminars provided throughout the year in accordance with a schedule established before the residency year begins. Literature review assignments are selected monthly based on outcome focused needs.

XIV. TIME, ATTENDANCE, COMPENSATION

Patients are scheduled from 8:00 - 12:00 and 12:30 - 4:30 Monday through Friday, except when meetings and seminars are planned. At the beginning of each day, the resident will review the planned activities for all patients on that day with the supervising staff dentist. Work should be arranged so that the day ends at 4:30 PM. Consequently, laboratory work, routine paperwork, and performance improvement activities should be scheduled to be completed during normal clinic hours.

Each resident is allowed up to 15 workdays of annual leave on a “use or lose” basis. To facilitate patient and rotation scheduling, at least one week (5 days) of annual leave must be taken in a weekly segment. Residents should plan vacations for periods when they are not on-call, and not in the last two weeks of June. Sick leave will be granted in accord with facility policy. Authorized absences, consistent with clinical coverage, may be requested for time required to take dental licensing examinations or to attend approved continuing dental education programs not offered as part of the Program.

XV. INPATIENT CARE

Each resident will be responsible for the examination and care of patients on specific long term care and/or nursing home units. All such patients must be examined within fourteen days of admission and periodically thereafter. In addition, the resident must be available to participate in interdisciplinary treatment planning sessions for each patient, provide a comprehensive preventive dentistry program for each, and provide care as indicated.

XVI. EMERGENCIES

Each staff dentist and resident is assigned on a daily basis to cover emergencies during weekday tours. For emergencies, the receptionist will begin the triage by ensuring that the administrative paperwork is in order, by confirming with the Chief or his/her designee that the patient’s eligibility is correct and by having the patient complete the health questionnaire, VA Form 10-2570a. The assistant will then seat the patient, confer with the resident or staff dentist with respect to taking x-rays, prepare instruments, and initiate consent if indicated. The related examination will focus on the emergency condition and appropriate emergency treatment will be provided.

XVII. PERFORMANCE IMPROVEMENT

It is the policy of the Dental Program to provide effective and appropriate care in the most cost-effective manner. To this end, the Dental Program will monitor and evaluate

end of year evaluations, seminar evaluations and collection of data in order to identify opportunities for improvement. The residents are expected to collect data, perform preliminary analysis, and identify opportunities for improvement to assist in this process.

XVIII. RESIDENCY CERTIFICATE

At the conclusion of the training program, each resident who successfully completes the program will receive a certificate. Although there are no formal requirements as to the numbers of procedures to be completed to receive the certificate, minimally each resident must demonstrate clinical competence in each of the disciplines, and show an ability to manage both one's own caseload and emergencies.

XIX. RESIDENT RESPONSIBILITIES AND DISCIPLINE

Residents, like all dental staff, must adhere to the rules and regulations of the Dental Program and the VA HVHCS. Failure to do so could have serious implications depending on the frequency and nature of infractions. Repeated disregard of Program

policies will result in a one-day suspension of patient care activities, during which time the resident will be given remedial instruction. In the event that the resident fails to respond following such a one-day exercise, subsequent transgressions will be brought to the Resident/House Staff Review Board with the Program's recommendation for more stringent action. This could result in the removal of the resident from the AEGD Program.

CATEGORY I VIOLATIONS

- Fraudulent credentials
- Patient abuse
- Commission of a felony

CATEGORY II VIOLATIONS

- *Providing unauthorized care
- *Providing care inconsistent with the level of required supervision
- Poor/inadequate documentation
- Deviation from laboratory protocol
- Exhibiting unprofessional behavior
- Inconsistently participating in Dental Service/Medical Center requirements
- *Negligence - unprepared to provide or complete care.

*Could be considered under Category I, depending upon the seriousness of the breach.

In general, Category I infringements are of such a serious nature that the action will be at the Medical Center level.

XX. COMPLAINTS

A. PROGRAM COMPLIANCE WITH ACCREDITATION STANDARDS

The Commission on Dental Accreditation reviews complaints that relate to a

program's compliance with accreditation standards. The Commission is interested in the sustained quality and continued improvements 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 students.

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

B. OTHER COMPLIANTS

Residents should direct complaints regarding admissions, appointment, promotion, dismissal or disciplinary action to the program coordinator or program director. In the event that a complaint remains unresolved it will be referred to the Program Manager. If the complaint remains unresolved after review of the Program Manager it will be processed consistent with institutional complaint policies and procedures afforded to all employees.

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/S/

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