GENERAL PRACTICE RESIDENCY PROGRAM MANUAL

2013-2014

General Practice Residency
Veterans Affairs Medical Center
Dental Service (160)
1030 Jefferson Ave.
Memphis, TN 38104

Program Director: Michael K Savage, DDS

TABLE OF CONTENTS

1:00 **Curriculum Outline**

The Dental Service of the Veterans Affairs Medical Center, Memphis sponsors three positions for a one-year ADA accredited General Practice Residency Program. The program begins July 1 and is designed to provide the recent dental graduate with an instructional curriculum in general dentistry in the Department of Veterans Affairs Hospital.

Our staff resources include three general dentists, two oral surgeons, one periodontist, two prosthodontists and two dental hygienists with all individuals being experienced in hospital dentistry. Additionally, the program utilizes the services of off-service consultants to supplement the instructional curriculum. Some didactic components of the program are held with the University of Tennessee College of Dentistry specialty residents.

The resident has the opportunity to gain significant experience in all disciplines of dentistry with the exception of pedodontics and orthodontics (limitations being placed on these by our regulating authorities). Location, availability of patients, and staffing direct the major emphasis of the program toward the management of medically compromised dental patients. Emphasis is placed on the dental disciplines of oral surgery, prosthodontics (fixed and removable), endodontics, periodontics and implant dentistry.

Organizationally, the program is divided into clinical, didactic, and administrative areas.

The clinical phase of the program comprises the bulk of the curriculum. It includes thirty-five weeks assigned to the general practice clinic as well as rotations through anesthesiology, the emergency room, and oral-maxillofacial surgery.

The didactic activities support the clinical aspects of the program. Heavy emphasis is placed on patient management and treatment planning. This is a continuing effort in day-to-day clinical operations and is reviewed on a periodic basis during Treatment Planning Seminars, Literature Reviews, Webinars, Oral Surgery Rotations, Interdisciplinary Resident Presentations, the Hospital Dentistry Course, and Continuing Education Courses. The consultant lecture series comprises the remainder of the didactic activity.

The administration of the program is based around the need for documentation of curriculum, resident evaluations, and the commitment to evaluate the program on a continuing basis as a means of change and improvement. Documentation includes quarterly production and activities summaries, as well as rotation evaluations by the residents. Additionally, residents participate in periodic reviews of program curriculum and the selection of new residents. On the

administrative side, staff dentists, rotation mentors, and the Program Director evaluate residents. The philosophy is to provide the Program Director and staff with a continual flow of information that can be used to improve the program and the individuals involved in it.

The program's objectives are to graduate residents that are able to:

1. Evaluate, diagnosis, manage and treat ambulatory, non-ambulatory and medically compromised patients through a multidisciplinary oral health care approach.
2. Function effectively within the hospital and other health care environments.
3. Continually strive to expand their dental knowledge base by critically reviewing literature and improving their clinical skills.
4. Evaluate and treat most dental emergencies.
5. Appreciate the importance of providing dental resources to the community (i.e. community service).

At the completion of the program, residents are well-trained hospital dentists. They have a good command of general dentistry, are confident of their abilities, and know their limitations. The program provides them with a reasonable basis for future professional development in general dentistry or specialty training.

Stipend: $54,000 (approximate)

VA is committed to an aggressive, affirmative policy to ensure equal employment opportunity and advancement to all qualified persons. Federal antidiscrimination laws are followed and enforced. Both the letter and the spirit of equal opportunity are observed in employment, assignment, and training opportunities. Federal laws prohibit discrimination on the basis of race, color, religion, sex national origin, age (40 and over), or mental or physical disability.

ADMINISTRATIVE

2.01 **The Dental Service organization:**

ORGANIZATIONAL OUTLINE
DENTAL SERVICE (160)
VAMC, MEMPHIS TN

Chief, Dental Service:	Daniel L. Reaves, DDS, Oral Maxillofacial Surgeon
Assistant Chief:	
Staff Dentists:	Michael Savage, DDS, ABGD, MAGD , General Dentist John West Lewis III, DDS, Prosthodontist Jeffery Wingo, DDS, Periodontist, Pharmacist Jackie Drake, DDS, General Dentist Chad A. Baltz, DMD, General Dentist Gregory J. Paprocki, DDS, Prosthodontist Ryan K. Austin, DDS, Oral Maxillofacial Surgeon
Dental Hygienists:	Ayda Khuri, RDH., MS Wendy Ducham, RDH
Dental Assistants:	Gladys Grainger, RDA Aundrell Whitelow-Mallett, CDA Mona Campbell, RDA Terri Welch, RDA Lashebia Murchinson, CDA Francis Wright, CDA Karen Wallace, RDA Brittany Graham, RDA Tina Sarah Roberson, RDA
Dental Laboratory:	
Secretary:	Tetric Johnson
Program Asst.:	Sandra Vollmer, CDA

2.02 **Resident Selection**

Applicants for the General Practice Residency are required to:

A. Have a Postdoctoral Application Support Service (PASS) package sent to this institution;
B. Graduate from dental school prior to the July 1st entry date;
C. Graduate from an ADA accredited dental school;
D. Be proficient in the English language

(Preference is given to citizens of the United States)

Closing date for receipt of applications is October 15. This date may be extended as special circumstances warrant.

In December, some applicants will be invited for an interview based on their class rank, National Board Scores, and letters in the PASS package. A rank order list is submitted after interviews and the GPR selection committee then selects the three residents by December 31.

VA's Core Values: **I**ntegrity, **C**ommitment, **A**dvocacy, **R**espect, and **E**xcellence (I CARE) is intended to ensure that discrimination is not tolerated and that diversity is promoted so that every individual can contribute his or her fullest potential to VA's mission.

2.03 **Leave Policies**

The VA Hospital has set forth strict policies for the administration of leave for non-career dental residents. These policies are briefly outlined in the following sections 2.031-2.033 of this manual. All leave requests must be entered into the VA/Vista computer program and failure to comply with this directive may result in forfeiture of paid leave.

2.031 **Annual Leave**

. Use of this leave is subject to the approval of the Program Director and the Chief of Dental Service. Requests should be submitted a minimum of seven days in advance. The Program Director reserves the right to direct use of annual leave. Annual leave and Sick Leave are charged in accordance with VA regulations for Veterans Health and Research Administration (VHRA) Title 38 employees Should an emergency arise and a resident needs unplanned annual leave, he/she will contact the program director prior to the beginning of the work day.

2.032 **Sick Leave**

Residents accrue 10 days of sick leave per year. Sick leave cannot be used in lieu of annual leave. The Program Director reserves the right to request certification of illness if usage is deemed excessive. It is requested that the residents notify the Program Director when sick leave is used. In the absence of the Program Director, the Chief of Dental Service or the Assistant Director may serve as alternates. Information left with other than the above named individuals may result in incorrect charging of leave.

The Federal Employees Family Friendly Leave Act allows employees to utilize sick leave to provide care for a family member as a result of factors listed within the policy. Employees are to apply in writing to request Family Friendly Leave.

2.033 **Administrative Leave**

Administrative leave (authorized absence) may be granted to permit attendance at activities, which are deemed to be educationally beneficial by the Program Director. Residents are encouraged to attend selected CE courses that are offered by the University of Tennessee. Generally, residents are allowed to attend at faculty discounts. Unfortunately no tuition or other reimbursement for expenses can be made by the Department of Veterans Affairs.

2.04 **Administrative Tour of Duty**

The Department of Veterans Affairs, Veterans Health and Research Administration (VHRA) employ General Practice Residents. They are considered twenty-four hour per day employees under Title 38 of the Civil Service Code. The administrative tour of duty refers to the minimum forty hours per week that VHRA employees must work.

The administrative tour of duty for General Practice Residents is Monday through Friday from 8:00 a.m. to 4:30 p.m. including a half-hour lunch period. The tour does not preclude additional duty assignments.

2.05 **Call Schedule**

All Dental Service residents are expected to serve as Officer of the Day (OD) and as such will carry a pager as scheduled and be on call for after-hours emergencies. The schedule is generated quarterly and is posted on the resident bulletin board. If residents need to exchange duty dates, both residents will

inform Chief, Dental Service for approval and will notify the hospital operator to correct the operator's schedule. The GPR on oral surgery rotation will be responsible for closing and securing the clinic and will use the following guidelines:

1. Operatories: Turn off all dental units, electrical appliances, radios, x-ray machines; turn off all gas lines.
2. Laboratory: Turn off gas lines, overhead lights and all electrical appliances except the porcelain oven.
3. Lobby and hallways: Turn off the television
4. X-Ray Room: Turn off the panoramic x-ray unit, the CBCT unit and central vacuum. water and air
5. Lock the conference room, front and back doors to Dental Clinic, turn off the toggle switch to door opener
6. If a resident wants to swap responsibility for closing and securing the clinic, he/she must inform the program director
7. Each practitioner should attempt to complete their patient's dental treatment by closing time. If anyone has not completed the episode of treatment by closing time, the GPR assigned to close the clinic will be required to stay with the treating practitioner until the patient is discharged from the clinic.
8. If you fail to secure the clinic, you will be charged leave and subject to disciplinary action.

2.06 **Vehicle Registration, Parking, and Traffic Regulations**

Employees wishing to operate and park their vehicle on the VA property must register their vehicle with VA Police and Security Service, Room CEG 27. A hang tag will be issued that must be affixed to the car's inside mirror.

Residents will park their vehicles in the assigned employees parking lot. For access to this lot a gate-controlled card will be issued to each resident. Replacement of a lost gate-controlled card will be at the resident's own expense.

Vehicles entering the VA campus must be operated in a safe manner. VA Police Officers will issue citations, VA Form 10-9019, for moving and nonmoving violations, which may result in a fine.

2.07 **Resident Documentation**

In order for the General Practice Residency to maintain an accredited status with the American Dental Association, it is necessary for the sponsoring institution to maintain documentation of the residents' activities. Additionally, the documentation provides the Chief of Service and Program Director with a convenient reference source for letters of recommendations and program evaluation.

2.071 **Resident Computer Log**

Each resident is to maintain a log of his or her case pans. At a minimum this is to include the names of patients seen, and procedure(s) performed. Residents will refer to the log during the quarterly case pan reviews. While in VA Hospital rotations, residents will utilize the log as a patient tracking record to report their work as well as the Computerized Patient Record/Dental Record Manager for documentation of work performed.

2.072 **Resident Evaluation Forms**

At the completion of each off service rotation, the supervising individual will be provided a Resident Evaluation Form. When completed, this is to be forwarded to the Program Director. Additionally dental attending staff will generate a resident evaluation form every quarter. Results of these evaluations will be discussed with each resident at least four times a year on an appointed date as to not interfere with scheduled rotations.

2.08 **Liability Issues**

The activities of the General Practice Residents are covered under the Federal Torts Act as concerns professional activities at the Veterans Affairs Medical Center.

2.09 **Payroll**

The General Practice Residents are paid on a biweekly basis. The rate of pay is determined by the Chief Medical Director on an annual basis. All General Practice Residents are paid at the "PGY 1 pay level."

Although residents are paid as of July 1, a lag period exists before health insurance becomes effective. Effective date is the first day of the first complete pay period in July.

Residents may participate in health insurance and various other payroll deduction programs, such as savings bonds and credit union installment loans. There is no VA sponsored retirement plan for residents.

2.10 **Standards of Attendance and the Use of VA Equipment/Supplies**

The American Dental Association Council on Advanced Education specifies that a General Practice Residency must be a minimum of one year in length.

Un-excused absences will not be tolerated. The resident is expected to attend all didactic classes and clinical rotations. Repeated absenteeism is grounds for sanctions.

The resident is encouraged to manage the use of leave. In particular, interviewing for post-graduate programs and jobs takes time and can quickly deplete annual leave reserves. Residents may not take leave on the last day of the training year.

VA equipment, supplies and materials are for use only on VA patients on the physical grounds of the VA Hospital. These items are property of the United States government. Without the expressed written consent of both the GPR Director and the Chief of the Dental Service, no supplies will be allowed to leave the Dental Service. If theft is determined, immediate sanctions will be imposed.

DIDACTIC

3.01 **Treatment Planning Seminars**

Treatment planning seminars provide the resident and staff with the opportunity to exchange ideas and philosophies of patient care. They provide the resident with the opportunity to present new treatment plans and report on the progress of their active cases. Attending staff is afforded the opportunity to review treatment plans and discuss special interest topics, as well as suggest alternate approaches to care.

Treatment planning seminars are a weekly activity with adjustments made depending on special circumstances. Guidelines are :

I. Requirements

A. Residents are required to present to the faculty and fellow residents 4 clinical patient treatment seminars per year.

B. Satisfactory completion of this requirement is a prerequisite for certification. If a presentation is judged to be unsatisfactory by the faculty, the resident will be required to make an additional presentation.

C. Presentations are to be developed by the resident. Input from faculty should be for guidance only.

D. Write-ups are to be submitted to the faculty at least 24 hours prior to the presentation.

II. Objectives

This course is designed to give the resident experience in presenting patient treatment plans to peer groups such as study clubs and develop a defensible treatment plan using evidence based information.

III. Visual Aids (required)

A. Slides

1. Photographs of face, frontal view and profile including smile line.

2. Occlusal photographs of maxillary and mandibular arches.

3. Anterior and posterior views of occluded dentition.

4. Facial and lingual views of all sextants.

5. Full mouth radiographs

6. Panoramic film

B. Casts

1. Diagnostic casts mounted on semi-adjustable articulator, using a facebow and a centric record.

2. Any other casts i.e., RPD design casts, etc.

3. Diagnostic wax-up when applicable.

IV. Presentation and Write-Up Format

A. Vital Statistics (use patient's initials, not name)

B. Chief Complaint

C. Medical History

1. Past medical history: Include all past hospitalizations, how conditions were treated and outcomes or sequelae, if any.

2. Present medical history: Include present state of health as advised or evaluated by physician, medications, allergies, blood pressure, alcohol and tobacco consumption. A partial list of medical problems that relate to dentistry include: serious cardiovascular disease (recent heart attacks, or venous grafts, rheumatic heart disease, prosthetic heart valves, history of S.B.E.), hepatitis, bleeding disorders, cancer, diabetes, immunosuppressive therapy, serious respiratory disorders and drug allergies.

D. Dental History: Briefly describe the frequency of dental visits, types of treatment and the history of its success or failure, reasons for incomplete or partial treatment (such as missing teeth without replacements), the patient's attitude toward this treatment and previous dental preventive education.

E. Examination Findings:

1. Extraoral: Project full frontal and full lateral facial photographs, list and describe any head and neck pathology noted or any body

abnormality that may affect hygiene or treatment, if not previously mentioned.

2. Intraoral: Project photographs. List and describe the intraoral findings. Discuss the gingival color, consistency and contour as it deviates from normal; discuss the teeth individually in shape and state of health as well as their arch alignment. Note any wear facets and comment on the occlusion. Relate the results of any pulpal vitality tests.

3. Radiographic: Project photographs of panographic, bitewing and periapical radiographs. List and describe the bone trabecular pattern, any unusual radiopacities or radiolucencies, crestal bone density, lamina dura, periodontal ligament space, crown to root ratios and adjacent anatomic areas such as foramina or sinus cavities; further include caries, impacted teeth, condition of existing restorations and pulpal changes.

4. Chart periodontal conditions including: existing gingival and bone levels on teeth, pocket depths, areas with lack of attached gingiva or mucogingival defect, furcation involvement, mobility of teeth and drifting or supra-eruption, etc. Duplicate this chart as a handout.

5. List and describe all caries, defective restorations, open contacts and non-vital teeth.

F. Diagnosis: List and describe all therapeutically significant diagnoses and their specific areas of involvement.

G. Treatment Plan: List and describe an ideal treatment plan as well as alternate treatment plans taking into consideration factors such as oral hygiene, patient motivation, cost, life expectancy, etc.

H. Literature Citation and References: Pertinent articles reviewed in books and journals should be presented to the group. A brief bibliography should be supplied as a handout so others could review the subject if necessary.

3.02 **Literature Review**

Literature reviews acquaint the resident with reading and interpreting current and past literature. Presented weekly, each resident will provide a written synopsis of a journal article that has been assigned by the Program Director or Assistant Director or one chosen by the resident as a personal interest. Discussion of the information and text of the article will be supplemented in a round table format.

3.03 **Consultants**

The Dental Service employs the services of consultants in the following subject areas:

Endodontics
Oral and Maxillofacial Surgery
Oral Pathology
Periodontics
Prosthodontics
Restorative Dentistry
Pain Control

The consultants present lectures on a scheduled basis. Lectures may be scheduled in conjunction with the UT specialty residents as appropriate

3.04 **Continuing Education Courses**

Opportunities are available to attend continuing education courses, on a space available basis, at the University of Tennessee, College of Dentistry. Generally, tuition is waived with only a small fee being charged. Funds are not available through the VAMC. Residents are responsible for determining the programs they wish to attend and requesting administrative leave to attend and enroll.

3.05 **Hospital Dentistry Course**

During the resident year, the residents will attend and actively participate in a 10 part course in Hospital Dentistry. The course is designed to orient the resident to medically compromised patients and hospital protocol. Residents will be assigned specific topics and will present in a seminar format.

3.06 **CPR**

Proficiency in CPR is the foundation of medical emergency management. General Practice Residents are required to be certified in Basic Cardiac Life Support. Certification and re-certification courses are provided at the VAMC.

Certification in Advanced Cardiac Life Support is not required but recommended. The course provides an excellent orientation to advanced resuscitative techniques, pharmacology and physiology.

3.07 **Assessment of Outcomes**

Performance based assessments are accomplished throughout the course of the program. Participation, resident evaluations and the administration of standardized tests at the beginning and conclusion of the program are given to evaluate effectiveness. During the first quarter of each year the GPR committee will meet to evaluate documentation and make recommendations for changes in the program for the current year. This meeting will be called by the Program Director and minutes will be kept on the assessment of the program and suggested course for the future.

Clinical Rotations

4.01 **Rotations**

The General Practice Resident is rotated through various dental departments to enhance patient management skills. In house Oral Surgery (12 weeks per year), Periodontics (once weekly), Examination Room and Triage (bimonthly), are in house Dental rotations. Other hospital rotations will require time outside of the dental clinic. All rotations are intended to enhance diagnostic skills and reinforce principles of patient management.

4.011 **General Dentistry**

During the clinical general dentistry rotation, residents will gain experience in Fixed Prosthodontics, Removable Prosthodontics, Implant Prosthodontics, Operative, and Endodontics. There will be minimal Orthodontics but no Pedodontics instruction.

Objectives of this rotation include the improvement of problem solving skills, to increase clinical abilities and knowledge, to enhance confidence, to know when to refer, to advance treatment-planning skills, and to develop speed. Specific objectives in clinical competency have been developed for endodontics. For endodontics they are to demonstrate proficiency in diagnosis of endodontic disease, demonstrate proficiency in treatment planning of endodontic disease, demonstrate proficiency in nonsurgical, endodontic procedures (e.g. pulpectemies, obturation of canals, etc.), have exposure to surgical endodontic procedures (e.g. apicectomies, etc.).

It is understood many of these objectives are unfortunately under-taught in the dental school curriculum. The General Dentistry rotation will afford the opportunity for this development.

Residents will develop and administer treatment plans under the supervision of the Program Director and attending staff.

Residents are responsible for their own patient scheduling, however, residents are expected to use their time efficiently. On the occasion of a patient cancellation, the resident must notify the Program Director.

4.012 **Anesthesiology**

The residents are assigned to the Anesthesiology Section for a minimum period of 70 hours during which they assist the anesthesia staff in the OR. They are

expected to intubate patients and perform venipuncture in the operating room assisted by the attending anesthesia staff.

The goals of the rotation are:
a. To understand preoperative evaluation of surgery patients
b. To perform MACs and assess the behavioral and pharmacologic techniques used
c. To perform venipunctures
d. To participate in monitoring the patient
e. To discuss and perform airway management and intubation.
f. To observe the administration of pharmacologic agents and discuss the effects.
g. To recognize and understand the prevention and treatment of anesthetic emergencies.
h. To assess patient recovery from anesthesia

4.013 **Oral Surgery**

The oral surgery rotation is a 12 week, year-long assignment. The resident attends to all oral surgery patients semi-independently and with the oral surgery residents. Additionally, they staff the oral surgery clinic, perform histories and physicals, do supervised admissions and discharges, participate in operating room procedures, and stand call.

The goals of the rotation are:

a. Perform simple and complex exodontias
b. Perform basic pre-prosthetic surgery(torus reduction, exostosis reduction, tuberosity reductions).
c. Evaluate history and physical exams, and medical risk assessment.
d. Understand and perform operating room procedures.
e. Understand admission and discharge procedures and perform, as appropriately.
f. Understand and satisfactorily perform sound anesthetic techniques and sedation.
g. Treat oral pathologic conditions

4.014 **Emergency Room**

The Emergency Room rotation is a minimum 70 hour assignment during which the resident assists the ER personnel in the management of the emergency medical patient. Opportunities also exist to observe the operation and function of an emergency room.

The goals of the rotation are:

a. To obtain and interpret the patient's chief complaint, medical, and social history, and review of systems

b. To obtain and interpret clinical and other diagnostic data from other health care providers;

c. To use the services of clinical, medical, and pathology laboratories

d. To perform a history and physical evaluation and collect other data in order to establish a medical assessment

e. To take, record and interpret a complete medical history

f. To interpret the physical evaluation performed by a physician with an understanding of the process, terms and techniques employed

g. To understand the indications of and interpretations of laboratory studies and other techniques used in the diagnosis of oral and systematic diseases

h. To understand the relationship between oral health care and system diseases

4.015 **Periodontics**

The periodontics rotation is on Wednesday mornings throughout the year. One GPR resident will rotate through the periodontics department each week. For periodontics they are to demonstrate proficiency in diagnosis of periodontal disease, demonstrate proficiency in treatment planning of periodontal disease, demonstrate proficiency in non-surgical periodontal procedures (e.g. probings, scaling/root planning, etc.), have exposure to surgical periodontal procedures (e.g. flap design, crown lengthening, gingivectomies, etc.)

The goals of the rotation are:

a. To perform effective non-surgical periodontal therapy
b. To perform, observe, and/or assist basic periodontal surgery
c. To understand the need and the rationale for periodontal recall
d. To understand the basic concepts of flap design
e. To be familiar with advanced techniques of periodontal surgery

4.016 **Clinical Instructor**

During the last quarter of the resident year, the resident will assist with clinical instruction at the University of Tennessee College of Dentistry in the restorative dentistry department . The resident will provide clinical instruction in operative

dentistry as a volunteer faculty member for one-half day per week . Other opportunities for volunteer community service, (i.e. health fairs, screening clinics) may be available as well.

The goals of this rotation are:

a. To understand the role that the part-time volunteer faculty has in providing value to the undergraduate dental experience

b. To understand the level of expertise of the D-3 and D-4 student and to anticipate the clinical help that the undergraduate dental student will need for that episode of care

c. To appreciate the value of providing dental resources to the community

4.02 **Administration of Rotations**

When assigned to off-service rotations, General Practice Residents shall adhere to all policies of the specific service.

Residents must keep the Dental Service timekeeper, the Program Director and the Rotation Director advised of any leave (annual, sick or administrative) taken while on rotation.

Rotation Directors have been advised that program activities, such as literature reviews and consultant lectures, may require the resident to leave or to return to the Dental Service during a rotation.

4.03 **VA Dental Record Manager**

Residents will use the DRM program as a clinical record and digital radiographs to document treatment progress and to aid in diagnosis of dental disease. During in-processing and orientation, classes are given to the residents to provide competency in the use of this technology. Residents are expected to conform to confidentiality standards that are VA policy

4.04 **Intravenous Protocol**

Instruction in intravenous administration of sedative and other medications is provided. Didactic material is reinforced by clinical practice during the Anesthesia, Oral Surgery, and Clinical Dentistry Rotations.

A staff member that has credentials in IV sedation must supervise all IV sedations. Staff with proper credentials may supervise other procedures, such as IV steroid administration and IV prophylaxis.

4.05 **Exposure Control to Blood-borne Pathogens**

Standard precaution and infection control is to be observed at all times. Masks, exam gloves, scrub suits, and protective eyewear are minimum requirements for all non-surgical procedures. Gowns, surgical head covers and shoe covers are required when overt contamination of the head and/or feet can be reasonably anticipated.

All surgical procedures shall be accomplished using sterile gloves, surgical gowns, head covers and protective eyewear. Patients will have their head and chest draped with sterile towels.

NOTE: PROTECTIVE EYEWEAR MUST BE EQUIPPED WITH SIDE SHIELDS

Contact surfaces, such as light handles, will be covered with an impervious barrier material (sterile or non-sterile, according to the procedure) to avoid cross contamination during handling. All personnel will take care not to break aseptic technique.

Prior to, and after all procedures, the assistant and doctor will wash their hands with an antiseptic soap or antimicrobial foam hand rinse. At the termination of a procedure, surgical gowns, masks and gloves shall be placed in appropriate receptacles. Sharps (needles, blades, suture sets, expended carpules, expended endodontic instruments, etc.) shall be placed in a biohazard labeled sharps container located in the operatory. Sharps are not to be transported outside the operatory. Sharp, non-expendable instruments shall be transported to the contaminated instrument area in such manner as to minimize chances of injury to staff. All contact surfaces will be disinfected or protected with impervious barriers.

Surgical gowns are considered protective clothing. Do not wear them in the waiting room, offices, conference room, bathroom or any area outside the Dental Clinic. Home laundering of VAMC issued personal protective clothing is not permitted. Scrubs are not considered to be protective clothing.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling of contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure (operatory, laboratory, instrument preparation areas).

Storage of food or drink in refrigerators, freezers, cabinets, or on shelves, counter or bench tops where blood or other potentially infectious materials are present is strictly prohibited.

In the event an occupation exposure takes place, the resident will promptly report the incident to the Program Director and he will then report to Employee Health for treatment.

The General Practice Resident is responsible to the Program Director for implementation and supervision of these procedures.

4.051 **Occupational Safety, Health, & Fire Prevention**

All safety, health, and fire prevention issues are addressed in mandatory training during new employee orientation that will be scheduled by the Medical Center. The Material Safety Data Sheets (Figure 12, MSDS) for all chemicals to which employees may be exposed will be kept in the bookcase of the Secretary of the Dental Service. The MSDS will be available for review to all designated employees during each work shift.

4.06 **Staff Utilization**

Practitioners staff the Dental Service with a variety of sub-specialty interests. The resident is encouraged to work with staff, taking advantage of their skills and different treatment philosophies. Referral to appropriate staff may be accomplished by the Program Director or on request of the General Practice Resident. Attending staff document case supervision by counter signature of progress notes. Case progress is reviewed with the Program Director.

4.07 **Patient Screening for General Practice Residents**

With the exception of emergency care and single event procedure (primarily endodontics and exodontia), patients are not assigned to General Practice Residents without prior screening by the Program Director or Assistant Director.

4.08 **Management of Controlled Substances**

General Practice Residents will comply with all Federal and Veterans Affairs Medical Center regulations concerning the management and administration of controlled substances.

Controlled substances are secured in the clinic computerized drug safe. All medications, withdrawn or returned, are logged in by Chief, Dental Service or the Oral Surgeon

4.09 **Standard of Care**

All clinical procedures performed in the General Practice Clinic shall meet the following criteria:

1. Procedures shall be consistent with current VA policy as established by the Chief Medical Director and the Office of the Assistant Chief Medical Director for Dentistry;
2. Procedures shall be consistent with currently accepted therapeutics
3. Clinical studies shall be conducted only as part of authorized protocols;
4. All procedures shall be in the patient's best interest;
5. The patient shall be afforded the right of informed consent.

Patient Eye Protection:
All patients are required to wear safety glasses when chemical, heat, aerosol, or projectile risks exist.

Endodontic Procedures:
During instrumentation or obturation procedures in Endodontics the use of a rubber dam is mandatory. Difficulty in placement of the dam is not an excuse for its nonuse.

4.10 **GPR Supervision and Due Process**

The General Practice Resident receives training in a supervised environment. The Program Director and/or Rotation Supervisor are responsible for this supervision. Through the course of the program the resident assumes an increasing level of responsibility for independent patient care.
Supervision levels are:

Level 1: staff practitioner is present (and scrubbed, if in the OR) in the procedure or operating room.

Level 2: Staff practitioner is present in the procedural/surgical suite and available for consultation

Level 3: Staff practitioner is not present, but is immediately available to the resident for consultation and support by telephone or in person.

The Dental Service will adhere to The Memphis VA Medical Center policy on resident supervision (Policy Memorandum 11-27).

All residents are afforded due process in any disciplinary action and is clearly defined in Policy Memorandum 11-14, *Functions of Housestaff in Graduate Medical and Dental Education Program.*

4.11 **Medical Risk Assessment and Consultations**

Instruction is provided in the management of the medically compromised dental patient. Medical risk assessment forms the foundation for this management.

At the initial treatment visit, medial risk assessment is to be documented in the permanent treatment record. This is to consist of:

1. Vital Signs
    a. Blood pressure-mandatory
    b. Pulse-mandatory
    c Temperature-as necessary
    d. Respirations-as necessary
2. Statement of Pertinent Medical History
    a. Significant disease status.
    b. Significant medications.
3. ASA Risk Classification

Utilizing the information developed in 1 and 2, a risk classification based on ASA standards is derived. The following is an abbreviation of these guidelines:

ASA I. A patient without systemic disease; No treatment modification in dental treatment necessary.

ASA II. A patient with mild systemic disease. Routine dental care with possibility of treatment limitations and/or special modifications.

ASA III. A patient with severe systemic disease that limits activity but is not incapacitating. Dental care requires treatment limitations and special modifications.

ASA IV. A patient with incapacitating systemic disease that is a threat to life. Emergency dental care only; severe limitation and/or special modification

At subsequent appointments, review of medical history and treatment modifications shall be accomplished and the recording of vital signs will be obtained for all invasive procedures.

Occasionally it may be necessary to complete a written consultation to another Service within the hospital. The consult tab in the CPRS will be used for this purpose.

4.12 **Case Staffing**

Attending Staff must staff all cases. To provide for continuity of care, once the treatment plan is established, care is to be provided under the supervision of the Attending. In the absence of the Attending, the Program Director will staff. It is recommended that appropriate staff specialists supervise cases involving prosthetics or oral surgery. As the complexity of a case increases, this becomes mandatory.

4.13 **Informed Consent**

DM&S Manual M-4 requires written documentation of informed consent for the following circumstances:

1. All surgical procedures;

2. All biopsies;

3. Any dental procedure which presents unusual risk due to the patient's health;

4. Any dental procedure which is not commonly practiced by the profession;

5. Any procedure of which the patient would not be expected to have knowledge;

6. Administration of general anesthesia, analgesia or intravenous sedation.

iMedConsent™ must be used to document patient consent for treatments or procedures that require signature consent (See VHA Handbook 1004.05) When iMedConsent™ is not used due to exception, signature consent must be documented on the appropriate printed VA Form 10—431a or VA Form 10-0431b These forms are valid for five days and must be completed in their entirety.

Documented consent is not required for dental procedures of a routine nature. The chronological record should, however, contain a note reflecting that the treatment plan was presented to the patient. If there is any question of a patient understanding the benefits and risks of any procedure, it is requested that a formal consent be accomplished. This is especially true when extracting teeth for relief of pain where replacements may not be authorized.

4.14 **Prescription of Medication**

All dental staff and residents may prescribe medications through the Computerized Patient Record System. All schedule II drugs must also have a hard copy that is signed and dated by the prescribing provider. The hard copy can be accomplished by printing the completed CPRS prescription, sign and date, and give to patient.

VA form 10-2577F is an alternate pathway used to prescribe controlled substance medication to outpatients. The forms are issued by serial number, to individual prescribers. Proper utilization and security is essential for maintenance of medical and pharmacy records in accordance with hospital policy. Patient data may be handwritten on the upper portion of the form using, the patient's name and social security number. Prescription will be legible, written in pen and utilize the Rx, Disp, Sig, format. Quantities of medications must be written to prevent alteration of the prescription. Numbers of refills should be indicated. Prescriptions must bear a signature, which includes a professional degree. To further assist the pharmacy in identification, the name of the prescriber should be printed below the signature block and hospital narcotics number placed in the DEA box. All prescriptions must be dated

4.141 **Electronic Progress Notes**

Whenever any treatment is performed upon a VA Patient, an Electronic Progress Note must be completed in a timely fashion. It is expected that residents have notes completed by the end of the day that treatment was rendered and appropriate co-signature of the supervising attending staff should be flagged at the end of the note.

4.15 **In-House Dental Lab**

The Dental Service has a fully staffed laboratory capable of fabricating crowns, fixed-partial-dentures, and dentures (with the exception of removable partial denture frameworks, which are made at the Central Dental Lab).
The VA dental laboratory offers a complete range of laboratory services for the dental residents. Our laboratory contains eight workstations, one laboratory technicians, three high bench stations, a porcelain room and a storage area.

Each person who uses the laboratory is responsible for following protocol established to promote a good, safe work environment.

1. Any prosthesis or impression that has been in the mouth ***must*** be decontaminated prior to entering the laboratory. The item should be rinsed with water and placed into a sealable plastic bag with copious spraying of a suitable biocide agent as standard procedure. Allow 2 minutes for decontamination prior to handling or transfer to the lab.

2. Gloves are not allowed to be worn into the laboratory regardless of contamination status. Gloves are available in the lab if needed.

3. Any prosthesis or impression that is to be managed by the in house laboratory must be checked in by the laboratory technician. Mr. Babb must be contacted so that proper logging may occur. A date for insertion of the finished prostheses will be issued at this time. Residents are responsible for submitting mounted cases in a timely manner so that fabrication of prostheses will not unduly be delayed. Cases are not to be left in the operatory after mounting. It is unreasonable to expect the technician to seek out the case. Cases must be in the lab on time for them to be completed as scheduled. Undue delay in patient treatment due to the resident's failure to follow protocol will not be tolerated.

4. A properly executed laboratory prescription will accompany each case submitted to the in-house lab or the CDL. Forms are available to each resident and must be co-signed by a staff dentist (preferably the resident's mentor). Each prescription must be kept by the resident after the case is returned and submitted quarterly to the program director.

5. A case quality evaluation should be performed on each case returned to the resident from our laboratory. Problems should be discussed with the laboratory supervisor and mentor and an honest assessment provided on each case reviewed. Problems with unacceptable cases will be noted on the patient ID card and the card returned to the laboratory supervisor(Dr Lewis)

6. Any resident using the laboratory must clean up any mess created; be considerate of others and leave the area clean. Counters and work surfaces must be wiped clean and stone should be removed from sinks; bowls and spatulas must be left clean. Equipment must be returned after usage to its

storage place. Articulators will be cleaned free from stone and replaced on the shelf and mounting plates will be replaced free from gross mounting stone.

7. Supplies are available in the storage areas and it is every employee's responsibility to maintain proper stocks of supplies. Any low levels of supplies that are noted by the resident should be reported to the laboratory supervisor.

A laboratory prescription form (available from the Laboratory supervisor) must be completed for all laboratory work. Writing is to be legible and complete, giving a thorough description to the laboratory staff of the work to be undertaken. The Program Director's signature is required on the form for all laboratory steps, with the exception of pouring preliminary and master impressions. These forms will be returned to the resident with the completed case and then the resident will give those forms to the Program Director for documentation purposes.

4.16 **Central Dental Lab**

Located in Washington DC, Central Dental Lab (CDL) constructs our partial denture cast frameworks.

All cases sent to CDL require a laboratory requisition, VA form 10-2804**.** All station and patient identification should be complete. The lab prescription should be spelled out, indicating all clasps, rest seats, and retentive mesh. Areas of undercut should be defined; plating and retention specified. The resident must sign the requisition, with their name printed in the appropriate box. Resident lab requisitions require countersignature by Attending Staff. The bottom copy of the requisition is retained and placed in the Dental Lab folder maintained by the removable technician.

Master casts should be indexed. Only tripod markings should be made on this cast. Diagnostic casts are used to display the partial denture design. Markings in red indicate metal markings (framework design) in blue indicate plastic and wrought wire clasps... Indexed master casts and design casts are forwarded to the removable lab technician to be carefully packed and sent with the lab requisition to CDL.

4.17 **Regional Licensure Examination (Boards)**

During your residency year you will have the opportunity to take any number of different regional licensure examinations, if you have not already taken one. VA patients may not be used for board exam patients. Additionally, no VA materials,

equipment or supplies will be allowed to leave the VA grounds for the purpose of taking this exam; residents will have to make their own arrangements to obtain these items.

4.18 **Policy on Complaints Directed at CODA**

Students, faculty, constituent dental societies, state boards of dentistry, and other interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation (CODA) regarding any CODA-accredited dental, allied dental or advanced dental education program, or a program which has an application for initial accreditation pending. The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the continued improvement and sustained quality 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 the Commission's policy and procedure for some mission of complaints maybe obtained by contacting the Commission at 211 E. Chicago Ave, Chicago, IL 60611 – 2678 or by calling 1 – 800 – 621 – 8099 extension 4653.

In accord with its responsibilities to determine compliance with accreditation standards and required policies, the Commission does not intervene in complaints as a mediator but maintains, at all times, an investigative role. This investigative approach to complaints does not require that the complainant be identified to the program.

The Commission, upon request, will take every reasonable precaution to prevent the identity of the complainant from being revealed to the program; however, the Commission cannot guarantee the confidentiality of the complainant.

Only written, signed complaints will be considered by the Commission; oral and unsigned complaints will not be considered. The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint with the Commission. The following procedures have been established to manage complaints:

Inquiries:

When an inquiry about filing a complaint is received by the Commission office, the inquirer is provided a copy of the Commission’s Evaluation Policies and

Procedures (EPP) manual (includes the Complaint Policy) and the appropriate Accreditation Standards document.

The initial screening is usually completed within thirty (30) days and is intended to ascertain that the potential complaint relates to a required accreditation procedure (i.e., one contained in Evaluation Policies and Procedures [EPP]) or to one or more accreditation standard(s) or portion of a standard which have been or can be specifically identified by the complainant.

Written correspondence clearly outlines the options available to the individual. It is noted that the burden rests on the complainant to keep his/her identity confidential. If the complainant does not wish to reveal his/her identity to the accredited program, he/she must develop the complaint in such a manner as to prevent the identity from being evident. The complaint must be based on the accreditation standards or required accreditation procedures. Submission of documentation which supports the non-compliance is strongly encouraged.

Written Complaints:

When a complainant submits a written, signed statement describing the program's non-compliance with specifically identified procedure(s) or standard(s), along with the appropriate documentation, the following procedure is followed:

1. The materials submitted are logged in and reviewed by staff.

2. Legal counsel, the chair of the appropriate review committee, and the applicable review committee members may be consulted to assist in determining whether there is sufficient information to proceed.

   a. If the complaint provides sufficient evidence of probable cause of non-compliance with the standards or required accreditation procedures, the complainant is so advised and the complaint is investigated using the procedures in the following section "formal complaints."

   b. If the complaint does not provide sufficient evidence of probable cause of non-compliance with the standards or required accreditation procedures, the complainant is so advised. The complainant may elect:

      (1) to revise and submit sufficient information to pursue a formal complaint.
      (2) not to pursue the complaint. In that event, the decision will be so noted and no further action will be taken.

   c. Initial investigation of a complaint may reveal that the Commission is already aware of the program's non-compliance and is monitoring the program's progress to demonstrate compliance. In this case, the

complainant is notified that the Commission is currently addressing the non-compliance issues noted

4.19 **Medical Center and Dental Service Policy**

The General Practice Resident is responsible to adhering to all Medical Center and Dental Service Policies. Not all of these policies were reviewed within this Residency Manual. These policies will be provided to the resident for their review during the Orientation week.

General Practice Residency Manual Acceptance Form

I, _____, have received a copy of the General Practice Residency Program Manual for the 2013-2014 academic year. I have read the Manual, understand its contents, and accept the Medical Center, Dental Service, and General Practice Residency Policies listed therein.

Resident Signature _____ date _____