

DAYTON VA MEDICAL CENTER
AEGD MANUAL
2022-2023



Richard I. Vance, DMD, ABGD

Resident Director

Carl Crutchfield, DDS

Deputy Resident Director

THE DEPARTMENT OF VETERANS AFFAIRS

"TO CARE FOR HIM WHO SHALL HAVE BORNE THE BATTLE AND FOR HIS WIDOW, AND HIS ORPHAN"

Abraham Lincoln, 1865 - THE MOTTO OF THE DEPARTMENT OF VETERANS AFFAIRS

VA History

The United States has the most comprehensive system of assistance for veterans of any nation in the world. Concern for those who serve our country traces its roots back to a law enacted in 1636, when the Pilgrims of Plymouth Colony were at war with the Pequot Indians. The law provided that "If any man shall be sent forth as a soldier and shall return maimed, he shall be maintained competently by the colony during his life".

The Continental Congress of 1776 encouraged enlistments during the Revolutionary War by providing pensions for soldiers who were disabled. Direct medical and hospital care given to veterans in the early days of the Republic was provided by the individual States and communities. In 1811, the first domiciliary and medical facility for veterans was authorized by the Federal Government. In the 19th century, the Nation's veteran's assistance program was expanded to include benefits and pensions not only for veterans, but also their widows and dependents.

After the Civil War, many State veteran's homes were established. Since domiciliary care was available at all State veteran's homes, incidental medical and hospital treatment was provided for all injuries and diseases, whether of service origin. Indigent and disabled veterans of the Civil War, Indian Wars, Spanish-American War, and Mexican Border period as well as discharged regular members of the Armed Forces were cared for at these homes.

Congress established a new system of veteran's benefits when the United States entered World War I in 1917. Included were programs for disability compensation, insurance for service persons and veterans, and vocational rehabilitation for the disabled. By the 1920s, the various benefits were administered by three different Federal agencies: The Veterans Bureau, the Bureau of Pensions of the Interior Department, and the National Home for Disabled Volunteer Soldiers.

The establishment of the Veterans Administration came in 1930 when Congress authorized the President to "consolidate and coordinate Government activities affecting war veterans." The three component agencies became bureaus within the Veterans Administration. Brigadier General Frank T. Hines, who directed the Veterans Bureau for seven years, was named as the first Administrator of Veterans Affairs, a job he held until 1945.

The VA health care system has grown from 54 hospitals in 1930, to include 171 medical centers; more than 350 outpatient, community, and outreach clinics; 126 nursing home care units; and 35 domiciliary. VA health care facilities provide a broad spectrum of medical, surgical, and

rehabilitative care. The responsibilities and benefits programs of the Veterans Administration grew enormously during the following six decades. World War II resulted in not only a vast increase in the veteran population, but also in large number of new benefits enacted by the Congress for veterans of the war. The World War II GI Bill, signed into law on June 22, 1944, is said to have had more impact on the American way of life than any law since the Homestead Act more than a century ago. Further educational assistance acts were passed for the benefit of veterans of the Korean Conflict, the Vietnam Era, Persian Gulf War, and the All-Volunteer Force.

In 1973, the Veterans Administration assumed another major responsibility when the National Cemetery System (except for Arlington National Cemetery) was transferred to the Veterans Administration from the Department of the Army. The Agency was charged with the operation of the National Cemetery System, including the marking of graves of all persons in national and State cemeteries (and the graves of veterans in private cemeteries, upon request) as well and administering the State Cemetery Grants Program.

The Department of Veterans Affairs (VA) was established as a Cabinet-level position on March 15, 1989. President Bush hailed the creation of the new Department saying, "There is only one place for the veterans of America, in the Cabinet Room, at the table with the President of the United States of America."

Purpose, Mission, & Vision

VA's purpose is:

To administer the laws providing benefits and other services to veterans, their dependents, and the beneficiaries of veterans.

VA's mission is:

To serve America's veterans and their families with dignity and compassion and be their principal advocate in ensuring that they receive medical care, benefits, social support, and lasting memorials promoting the health, welfare, and dignity of all veterans in recognition of their service to this Nation.

VA's vision is:

As the Department of Veterans Affairs heads into the 21st century, we will strive to meet the needs of the Nation's veterans today and tomorrow.

We are a more customer-focused organization, functioning as "One-VA" and delivering seamless service to our customers. We benchmark our service with the best in business. We use innovative means and high technology to deliver "World-Class Customer Service." We foster partnerships with our customers and stakeholders, making them part of the decision-making process.

Veterans Health Administration

The Veterans Health Administration (VHA) is one of the three major components of the Department of Veterans Affairs. VHA manages one of the largest health care systems in the United States. It is the component of VA that provides the inpatient, outpatient, nursing home, and domiciliary care to veterans. VA Medical Centers are grouped into 22 Veterans Integrated Service Networks (VISN) which provide efficient, accessible health care to veterans in their areas. Our medical center is part of VISN 5 – VA Capital Health Care Network. The VHA also conducts research and education and provides emergency medical preparedness. Of the 236,000 employees under the VA, 215,000 are part of the VHA.

The VA operates the Western World's largest hospital-based Dental Service. All the 172 VA health care facilities contain Dental Services. This places the VA in the unique position of providing oral care as an essential part of total health care.

The VA is contributing significantly to post-doctoral education in dentistry. This fiscal year, there are over 300 residency positions at 72 VA health care facilities, with approximately five million dollars in stipends expended. Active residency programs in six specialties and two sub-specialty areas are offered, with 38 facilities conducting both general practice and specialty training. VA conducts approximately one-fourth of the Dental General Practice Residency programs in the United States.

The Office of Dentistry, a component of VHA at the VA Central Office in Washington, DC, has developed a close relationship with the Council on Dental Education in establishing program guidelines. Members of our dental staff have served as consultants to the American Dental Association, have been appointed as special consultants to the Office of Dentistry, and have served as resource persons during the American Dental Association's evaluation of our educational program.

There are two VA Central Dental Laboratories which support the Prosthodontic needs of VA Dental Services. They are in Dallas, Texas and Washington, D.C.

The other two major components of the VA are the Veteran Benefits Administration (VBA) and the National Cemetery System (NCS). VBA provides benefits and services to the veteran population through over 50 VA regional offices. Some of the benefits and services provided by VBA to veterans and their dependents include compensation and pension, education, loan guaranty, and insurance. NCS is responsible for providing burial benefits to veterans and eligible dependents. The delivery of these benefits involves managing over 100 National Cemeteries nationwide, providing grave markers worldwide, administering the State Cemetery Grants Program that complements the National Cemeteries network, and providing Presidential Memorial Certificates to next of kin of deceased veterans.

DAYTON VA MEDICAL CENTER AEGD

INTRODUCTION

The Advanced Education in General Dentistry (AEGD) Residency offered by the Department of Veterans Affairs Medical Center, Dayton, Ohio was first approved as a Rotating Dental Internship in December 1967 and was converted to a General Practice Residency (GPR) in December 1973. At its May 1975 meeting, the American Dental Association Commission on Accreditation of Dental and Dental Auxiliary Educational Programs adopted a resolution granting the General Practice Residency Program the accreditation classification of "approval", after an evaluation conducted on February 4, 1975. An on-site evaluation of the program by the ADA Commission on Accreditation was conducted on January 29, 1982. Following this evaluation, the program was granted "approval" status, with the recommendation to "expand from 2 to 4 residents based on the dedication of the attending staff and the clinical experiences available at the hospital." In January 1991, "preliminary provisional approval" was granted for a 24-month advanced education program, however, this was not implemented due to a lack of funding. Another on site evaluation of the one-year program was completed on May 27, 1992, and subsequently, the Commission adopted a resolution again granting the program the accreditation classification of "approval" at its December 1992 meeting. The program transitioned during the summer of 2012 from a General Practice Residency (GPR) to an Advanced Education in General Dentistry Residency to better match the need of our residents after graduation. On Aug 9, 2012, the Commission on Dental Accreditation granted the program change approval without reporting requirements. The most recent periodic on-site evaluation of the program was completed on December 2, 2021. At its January 2022 meeting, the Commission on Dental Accreditation once more granted accreditation to the Dayton VA AEGD Residency program. The Commission is the dental specialty accrediting body recognized by the United States Department of Education. The next scheduled site visit for the program was scheduled for December 2028.

The program presently has four one-year residents. Residents spend a minimum of 80% of their time in the program treating the oral health needs of ambulatory patients. While in the dental clinic, the residents rotate through Oral Surgery, Periodontics, Orthodontics as well as General Dentistry (including Prosthodontics and Endodontics). Residents maintain an on-call schedule; attend conferences, seminars and perform hospital rounds. The scheduled practice hours are 7:45 AM to 4:30 PM but may be extended as necessary for patient care and teaching requirements. There are also rotations through Anesthesia, General Medicine, the Emergency Room, and Pathology. Residents will interface not only with teaching staff at the VA Medical Center but also will receive didactic lectures from the staff at the Wright-Patterson Air Force Base Dental Service.

Previous residents have found the training year to be a truly rewarding experience and our goal is make this program one of the finest in the nation. **We provide an environment for learning, but the real value received is only as great as the effort invested by the resident!**

William Records, DDS
Chief, Dental Service
Dayton VA Medical Center

THE DAYTON VA MEDICAL CENTER

The Department of Veterans Affairs Medical Center at Dayton, Ohio consists of a general medical, surgical, and psychiatric hospital with 120 beds located in a hospital building dedicated in 1992, a nursing home care unit with 265 beds, and a domiciliary with 115 beds, all combined under one management. It is located on a beautifully landscaped 382-acre tract at the western edge of Dayton.

The Medical Center employs approximately 1900 full-time equivalent personnel. Our staff includes 71 physicians, 7 full-time/3 part-time dentists, and 4 dental residents, as well as physician, medical residents, and dental consultants. Volunteer workers from many civic, service, and fraternal organizations in the local community augment the medical staff.

The Dental Service provides comprehensive dental treatment to eligible veterans in the main clinic located in the Patient Tower.

The modern dental clinic in the patient tower is comprised of twenty-one treatment rooms which include fourteen general treatment chairs, two examination chairs, three hygiene chairs, and two oral surgical suites. A completely digital radiology section includes intraoral, panoramic and two cone beam CT units, capability as well as integrated CAD/CAM capability. A centralized sterilization system and complete on-site dental laboratory facilities provide outstanding clinical support.

Our Mission:

Provide accessible, safe, high-quality dental care and education

Our Vision:

To be the dental service of choice for Veterans, Dental Staff and Residents

Our Values: ICARE

Integrity

Commitment

Advocacy

Respect

Excellence

AEGD GOALS AND OBJECTIVES

2022-2023

Objective #1:

To train the resident to coordinate the treatment of a diverse patient population; to also work effectively with other healthcare professionals. This includes providing emergency and multidisciplinary comprehensive oral health care, patient focused care and directing health promotion and disease prevention activities.

Objective #2:

To offer experiences that will enable the resident to refine and advance his or her knowledge and clinical skills in the practice of general dentistry.

Objective #3:

To provide a better understanding of medical and dental sciences as they relate to the delivery of comprehensive dental care including the critical review of literature and evidence-based practice to provide comprehensive preventive and definitive health care.

Objective #4:

To provide the resident with the necessary skills to become a lifelong, self-motivated learning professional who utilizes evidence-based information for clinical decision making and technology-based information retrieval systems.

Objective #5:

To provide educational opportunities that will prepare the resident to effectively establish and maintain an efficient private practice outside the hospital environment or to evaluate the best opportunity that matches the resident's long-term professional goals.

Objective #6:

To provide educational experiences that will prepare the resident to provide quality dental care to a wide variety of patients taking into consideration their special needs, cultural diversity, and ability to access care.

Facility Leadership Directory-Chain of Command



Mark Murdock
MHA, FACHE, Director, Dayton VAMC, Dayton VA
Medical Center Director

Mark.Murdock@va.gov

Phone: 937-262-2114



James T Hardy, DO
Chief of Staff

James.Hardy5@va.gov

Phone: 937-268-6511



Bradley A Lloyd, DO, MBA, CPE
Assistant Chief of Staff / Chief, Health Information

Bradley.Lloyd@va.gov

Phone: 937-268-6511x101



William A. Records, DDS
Service Chief, Dental Services

William.Records@va.gov

Phone: 937.268.6511 x2102



Shawn J. Bell, DDS
Deputy Service Chief, Dental Service

Shawn.bell2@va.gov

Phone: 937-262-2102 x2691



Richard I. Vance, DMD
Director AEGD

Richard.Vance@va.gov

Phone: 937-262-2102 x3427

DAYTON VA DENTAL STAFF 2022-2023

NAME	ROOM #	EXTENTION
ADMINISTRATIVE		
RECORDS, WILIAM (SERVICE CHIEF)	2B-108	2132
BELL, SHAWN (DEPUTY SERVICE CHIEF)	2B-107	2445
HAERR, AARONN (AO)	2B-104	3447
NEAL, MORRISTINE (MSS)	2B-106	2102/2452
DENTISTS		
BETTINESCHI, ROB	2B-101	3431
OSBORN, THOMAS	2B-101	3432
VANCE, RICHARD (AEGD DIRECTOR)	2B-141	3427
CRUTCHFIELD, CARL (DEPUTY DIRECTOR)	2B-141	2691
VALLERAND, WARREN (OMFS)	2B-114	2446
BRENDLINGER, ERIC (ORTHODONTIST)	2B-127	3223
PATEL, RIKUL	2B-141	3427/2691
AZER, MIRNA	2B-141	3427/2691
RESIDENTS		
BEEDY-STORTS, KERRI (R1)	2B-142	3455
HELFFERICH, NATHAN (R2)	2B-142	3428
LINGENFELTER, MACKENZIE (R3)	2B-142	3418
THOMPSON, TYLER (R4)	2B-142	3429
DENTAL ASSISTANTS/EFDA'S		
SANDERS, TAMMY (LEAD ASST.)		
GREER, TERESA (EFDA)	2B-122	3414
DONOVAN, FAITH	2B-130	2529
FLORY, RHONDA (EFDA)	2B-131	3420
BOGUMILL, BRANDIE (EFDA)	2B-132	3421
JACKSON, DEANNA (EFDA)	2B-134	3423
HAWLEY, LORETTA	2B-135	3946
CARROLL, DANIELLE	2B-136	3425
VINEY, MARCIA	2B-133	3422
FIELDS, HALEY	2B-126	3417
ORAL SURGERY		
CARPENTER, ANDREA	2B-115	3409
	2B-113	3408
DENTAL HYGIENISTS		
MCCALL, CHRISTINE	2B-120	3412
LINDSEY, SEPTEMBER	2B-119	3424
HUGEE, TAMMY	2B-121	3433
DENTAL LAB		
FREEMAN, TERRY	2B-109	2451
SPENCER, STEPHEN	2B-109	2451
STEEL, JOSHUA	2B-109	2451
SUPPLY/TERESA GREER		2529/1545

RESPONSIBILITIES OF THE RESIDENT

Your employment begins on 5 July 2022 and ends on 30 June 2023, contingent upon the following: 1) passing Part 2 of the National Dental Board Examination; 2) you have successfully graduated from an American Dental Association accredited dental school; and 3) being awarded a DDS or DMD degree prior to 5 July 2022 and 4) obtaining a permanent state license or a Limited Ohio Resident License.

Duty Hours and Punctuality

You are expected to observe your clinic schedule, to attend all assigned seminars and rotations, and to be consistently on time. This is for your benefit as well as a courtesy to your patients, the Dental Staff and Consultants, and the other residents.

Duty hours for residents are not limited. You must be on duty between 7:45 a.m. and 4:30 p.m., Monday through Friday with some exceptions (lectures may start at 7:30 and treatment planning and or Literature Review can go until 5:00). However, your hours may include weekends when on call. Reporting after 7:45 a.m. or leaving before 4:30 p.m., without the permission of the Chief, Dental Service or the Director of the AEGD program will result in your being charged one day's annual leave for each instance regardless of the amount of time involved. On the first occurrence, you are verbally warned in addition to being charged annual leave. Thereafter, you will be notified in writing, and your performance evaluation will be affected. Repeated violations of this policy can result in personnel action including loss of pay or termination of your residency.

When you are assigned to Medicine, Anesthesiology, Emergency Room or Pathology at the Dayton VA Medical Center, you will report for duty at the time specified by the individual you are responsible to at each service. You are expected to follow your schedule, to carry out assigned duties promptly and to the best of your ability, and to conduct yourself in a manner that will reflect favorably on yourself, on the Dental Service, and on our profession.

Participation in Seminars/Lectures

You are expected to participate fully in all seminars and lectures. You are still required to attend all seminars or lectures even if you are on rotation.

You are expected to be aware of the topic to be discussed at each seminar and to review textbooks and periodic literature so that you are prepared to participate in the discussion. If specific readings have been assigned, you must study the material in depth and be prepared to discuss the topic.

Who Are You Responsible To?

You are directly responsible to the Residency Director throughout the residency program irrespective of the rotation that you are on. You are also responsible to the Staff Dentist or Physician under whose supervision you are working. During the off-service rotations on Anesthesiology, Medicine, Emergency Room, and Pathology, you are responsible to their respective staff.

VHA Handbook 1400.1, Resident Supervision, 2016 accompanies this manual (please see *Appendix C*). This document is the Veterans Health Administration's policy for resident supervision. You are responsible for following all sections.

Attending Preceptor (Staffing Personnel)

You have been assigned to an Attending Dentist who will act as your preceptor for all patient care that you provide when assigned to a specific clinic. *Staffing Assignments* are listed in *this manual*. When providing periodontal therapy, you will work under the supervision of the Periodontist. If you treat a patient in Oral and Maxillofacial Surgery, you will be supervised by the OMF Surgeon.

The preceptor or other attending under which you are working has the responsibility of monitoring the quality of care being delivered by you because the attending has overall responsibility for the actions of the Resident. *The patients that you will be treating are the patients of the Attending under whose supervision you are working.*

As stated in section 3. a. Scope, of VHA Handbook 1400.1, "Supervising practitioners are responsible for the care provided to each patient, and they must be familiar with each patient for whom they are responsible. Fulfillment of that responsibility requires **personal** involvement with each patient and each resident who is participating in the care of that patient. Each patient must have a supervising practitioner whose name is identifiable in the patient record. Other supervising practitioners may at times be delegated responsibility for the care of the patient and the supervision of the residents involved. It is the responsibility of the supervising practitioner to

be sure that the residents involved in the care of the patient are informed of such delegation and can readily always access a supervising practitioner.”

To meet this requirement, you must:

Introduce your preceptor to each patient during the first appointment that you see the patient.

Discuss each patient’s examination findings, assessment, and treatment plan with your staff preceptor prior to initiating treatment.

Discuss changes in medical history, oral condition, and treatment plan with you staff preceptor.

Inform the appropriate staff member about treatment progress, about problems that you encounter, and about complications of your treatment.

Request that your staff preceptor evaluate clinically all procedures required for competency or proficiency (please see *Competency Assessment*).

Document the involvement of your preceptor in the progress notes when appropriate.

Designate an appropriate co-signor for all progress notes and consultation responses.

Patient Care

It is your responsibility to conduct yourself professionally always. Delivery of patient care is to be done ethically and to the best of your ability. You are not expected to be able to perform all techniques perfectly. However, you are expected to perform to the best of your ability. When not familiar with a patient problem (medical or oral/dental) or method of treatment, or not capable of performing clinically acceptable dentistry due to inexperience or lack of knowledge, you are expected to seek the advice and help of the Dental Staff and to review the appropriate literature. Failure to do so is not tolerated. Asking questions and seeking assistance are part of your learning process as a resident.

Incompetent, sloppy, inferior quality technique and results, and care delivered with little regard for the patient (no matter what the result) are not tolerated.

Patient Relations

A pleasant disposition and sincere attitude are always expected of your interaction with patients and clinic staff. You are to be respectful. Address your patients appropriately. For instance, it is usually inappropriate to address a patient by his or her first name. Arrogance towards patients is unacceptable.

You are not expected to have a perfect relationship with all your patients. You will not be able to build rapport with some patients. *But you are expected to act professionally.* Do not wait until

the situation becomes intolerable before discussing it with the supervising Staff Dentist or Specialist or with the Residency Director. Take time to listen to your patients' concerns, problems, and desires. This will help build a good patient-doctor relationship. If a patient has a complaint, listen to it, and attempt to resolve it. If you are unable to deal with it or resolve it to the patients' satisfaction, discuss the matter with the supervising Staff Dentist or Specialist and/or the Director.

Problems and Complaints

Problems can arise between yourself and members of the Dental Staff, other residents, clinic staff members, or patients. If you feel that you can discuss the problem with the other person, you should do so privately, out of earshot of patients and others. If you are uncomfortable addressing the issue with the other person or are unable to resolve it, please bring it to the attention of the Residency Director.

If you have a complaint about someone or about something, please discuss it with the Director. It is better if your complaints are voiced by you rather than through someone else. Your criticisms and suggestions are important and are sought since they are a means of identifying problems and solutions, and how the program grows and improves.

Mistakes

It is likely that during this residency program you will make mistakes in judgment, in quality of patient care, or in things said to patients, Dental Staff, or clinic staff. The only people who never do anything wrong are those who never do anything. Acting beyond your level of knowledge or clinical ability can often lead to problems. It is very important that you learn to accurately assess your level of knowledge and level of clinical ability. It is also very important that you can assess your own actions so that you can recognize when mistakes occur.

When mistakes occur, the most prudent thing is for you to inform the appropriate Dental Staff member and/or the Director. By doing so, you will find them more supportive. It is very embarrassing to the Director and to the Dental Service, and of course to you, if the Dental Staff learns of mistakes from someone other than yourself and/or long after the incident has occurred.

Dress

You are expected to dress professionally and appropriately to your activities. Residents are expected to wear professional attire (a shirt with collar and slacks for men and a shirt and slacks/skirt for women; do not wear jeans or open toe shoes in the clinic or medical center. You may wear scrubs while in the clinic.). The dental clinic does provide scrubs but not laundry services. White lab coats (obtained from uniform services in the basement during the week of orientation) and ID badges are provided by the hospital. ID badges are to be worn always. The white lab coats must be returned at the completion of the residency program.

You are required to wear the proper Personal Protection Equipment (PPE) - a mask, gloves, safety glasses/side shields and disposable gown whenever you are examining or treating a patient. All the above will be provided to you in the dental clinic.

A scrub suit is worn when you are on the Anesthesia rotation and whenever you are in the Operating Room.

When you are on the Medicine rotation, the white coat worn over a scrub suit or over a shirt with tie or appropriate attire for women is required.

Treating Friends and Relatives

You are **NOT** permitted to treat friends, relatives, or non-eligible patients. Violation of this rule can result in termination of your residency.

Practicing Dentistry Outside of the VA Medical Center

Due to the nature of your responsibilities, you are encouraged to not work or practice outside of the VA Medical Center during the early stage of the residency year. If you choose to moon light later, it in the year it should not impact your residency

Gifts of Value

You must not accept money or gifts of value for any patient care. If offered by a patient or relative, politely decline. Refer the individual to the Chief, Volunteer Service if he or she wishes to make a gift to the VA Medical Center. Violation of this rule can result in termination of your residency.

Gold Removed from a Patient

Any gold removed from a patient during treatment is the property of the patient and is not yours or the VA Medical Centers. Under no circumstance can you keep gold removed from a patient. Violation of this rule can result in termination of your residency.

However, the patient may donate the gold to the VA. You are to ask the patient whether he or she wishes to keep the gold or donate it. You must note the patients' decision in your progress note in the patients' chart (I-Med Consent). If the gold is donated, it must be logged in by the lead laboratory technician.

Equipment and Supplies

All the equipment and supplies that you will be using are the property of the VA Medical Center and are not to be removed from the clinic by you for any reason. Violation of this rule can result in termination of your residency and prosecution.

Please use only the quantity of supplies that are necessary for the procedure that you are doing. The high cost of the supplies that we use, and budget limitations make conservation of supplies vital.

To keep an accurate inventory, dental supplies will be removed from the storage areas (Omni Cell) only by the dental assistants. If you need an item, you are to ask a dental assistant for it.

It may be necessary for you to borrow a piece of equipment or a supply item from another operatory. You are expected to return it to its original location when you are finished using it.

You are responsible for the management of your operatory. You are expected to keep the clinic and laboratory areas to which you are assigned neat and clean. You must report equipment problems promptly to the residency director or dental assistant supervisor.

Infection Control Policy

You are responsible for knowing and following the policies and procedures contained in the ***Dental Service Infection Control Policy***.

The below items are important facts that need to be adhered to other than what is in the Dental Infection Control Policy.

Sterilization describes a process that destroys or eliminates all forms of microbial life and is carried out in health care facilities by physical or chemical methods.

Disinfection describes a process that eliminates many or all pathogenic microorganisms, except bacterial spores on inanimate objects.

Cleaning is the removal of visible soil (organic or inorganic material) from objects and surfaces and normally is accomplished manually or mechanically using water with detergents or enzymatic products.

Reusable Medical Equipment (RME)

Reusable Medical Equipment is defined as ANY piece of equipment that will be used on more than one patient. All RME must be cleaned, appropriately disinfected, or sterilized per its RME instructions before reuse on any patient. *WHEN IN DOUBT, ASK.*

No personal RME can be used in the medical center. Dirty RME must be transported in a closed, designated dirty or biohazard container to the area where they will be reprocessed. Please allow your dental assistant to clean the dental operatory and transport the dirty instruments to the designated area.

Amalgam Containing Products

Amalgam containing products that ARE NOT contaminated i.e.: scrap amalgam, amalgam capsules, and amalgam cloths will be stored in the hazardous waste container WITHOUT disinfectant. Amalgam containing products that ARE contaminated i.e. amalgam traps will be

stored in the hazardous waste container WITH disinfectant. The EPA is very stringent on how hazardous waste products should be labeled, stored, and disposed of. The containers for disposing of scrap amalgam/ amalgam containing products is in the soiled room 2B-123. All expired hazardous dental materials and universal waste i.e., batteries may be given directly to Brandie Bogumill (Dental Safety Supervisor).

SALARY AND BENEFITS

You will be paid a salary of \$58,800.00 that is subject to state and federal withholding taxes. You will have your pay directly deposited into a checking or savings account. Direct Deposit is the only way for you to receive your pay. Direct Deposit forms are available from Fiscal Service. You will receive your first few pay-check stub ("Earnings and Leave Statement") from the Dental Service secretary who is the unit timekeeper. Any discrepancies in your Earnings and Leave Statement should be brought to her attention immediately. It is your responsibility to check your statement and verify that the information, payments, and deductions are correct. After your first few pay periods, you will need to log onto My Pay to view your pay stubs.

<https://mypay.dfas.mil/mypay.aspx?FLPS=LES~DCPS>

You must notify the Residency Director and Resource Management Service of a change in your address so that your W-2 Form can be properly addressed. You must also provide your forwarding address after completing the residency program for the same purpose.

Health Insurance and Life Insurance are available. Information and costs can be obtained by contacting Personnel Service. The health insurance plan that you select will not become effective until the start of the next pay period after the date that it is selected.

You will be treating patients who are carriers of Hepatitis B. You may choose to obtain vaccination against Hepatitis B if you have not already done so. You can obtain vaccination from Employee Health Service.

If you are a female resident and become pregnant, you need to limit your exposure to radiation and to inhalation anesthetics and analgesics. Please inform the Residency Director so that appropriate arrangements can be made.

Malpractice liability coverage is provided for you.

If you become ill enough so that you cannot work, you must call the Director of the AEGD program before 7:30 A.M. After informing the director, you are to call and inform the front desk/receptionist (937-262-2102) that you will not be in clinic.

During your residency year, you are entitled to 13 days of vacation time and 6 days of sick leave. Remember it is the responsibility of the resident to complete the following before leave will be approved:

All leave must be approved by the Residency Director. Submit your leave request for approval via email to the Director at least *two months* in advance. Include in your email the requested leave date(s); if you have any resident obligations (i.e., on-call, literature reviews, case discussions, Oral Diagnosis), if you do which resident is covering your obligation; if you are coming in late or leaving early, the time you expect to arrive or leave the dental clinic. Requested leave is approved by the director on a first come first serve basis.

The Call Schedule is prepared at the beginning of the residency year. You can view the Call Schedule on the S:\Drive > Dental Resident Call. You **must** cover your call schedule if you are taking leave. There are absolutely no exceptions.

Vacation time will NOT be granted as follows:

During the first two weeks of the residency program.

During the last two weeks of the residency program in June.

During the Implant Course, Esthetic Dentistry Course, Sedation Course or TMD Course

During the OMFS rotations.

During Simulation rotation

During the Emergency rotation.

During the Anesthesiology rotation

During the Medicine rotation.

During the Pathology rotation.

It will not interfere with any consultant visits from Wright-Patterson

Leave will only be granted if it does not interfere with the function and objectives of the program.

Federal holidays are not counted toward your leave.

Religious holidays which require you to be absent from work must be counted as leave.

Disciplinary Process

Veterans Affairs Medical Center, Dayton, Ohio

THE MEDICAL CENTER AGREES:

To provide a suitable environment for your education experience.

To provide graduate clinical training and an education program that meets the standards of the Commission on Dental Accreditation.

And to provide notice to you of delinquencies in completing the requirements of the program, including medical records, for which you are responsible.

YOU AGREE:

To fulfill the clinical and educational requirements of the residency program to your best ability.

To comply with Medical Center policies and procedures and the rules and regulations promulgated there-under; and to comply with affiliated hospital's policies and procedures and the rules and regulations promulgated there-under.

That your primary commitment is to the residency program and work outside of the medical center is not to interfere with this commitment.

To have health examinations as required by Medical Center policy and health department regulations.

To complete medical/dental records in accordance with the medical center's rules and regulations; failure to complete those records shall constitute grounds for suspension of academic credit and may be recorded in performance evaluations.

EMPLOYMENT: Your employment is terminated at the completion of the required residency training. You may be separated sooner for the good of the service upon recommendation of the Resident Review Board (members include the Residency Director (chair of the committee); the Chief of Dental Service; and two full-time staff general dentists named on the committee by the Residency Director) following approval of the Deans Committee and the Medical Center Director (see Disciplinary Process).

DISCIPLINARY PROCESS: You are obligated to conform to the performance and conduct standards for your residency program, which will be provided to you in writing during orientation. You must also adhere to the ethical standards established for Federal Government and VA employees, including those relating to discrimination and sexual harassment. Deficiencies in performance could result in disciplinary action up to and including termination. A proposed termination shall be provided to you in writing, clearly stating:

The proposed reason for termination (i.e., delineation of the deficiencies, or explanation of the nature of the conduct or incident).

A written review by the Resident Review Committee (members include the Residency Director (chair of the committee); the Chief of Dental; and two full-time staff dentists named on the committee by the Residency Director).

You may appear before the Committee to make a reply to the proposed termination or provide a written reply to the Committee.

The Resident Review Committee will make a written recommendation, the recommendation will be sent to the Washington, DC Veterans Affairs Medical Center Director for concurrence or non-concurrence and a final action will be determined.

POLICY ON COMPLAINTS TO THE COMMISSION ON DENTAL ACCREDITATION (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 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. 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, always, an investigative role. This investigative approach to complaints does not require that the complainant is 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 programs 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 (Including 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.

Within 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:

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

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

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

Commission of Dental Accreditation

211 East Chicago Avenue, Chicago, IL 60611

1.800.621.8099, ext 4653

A copy of the appropriate accreditation standards and/or the Commission's policy on their-party comments may be obtained by contacting the Commission using the above address and/or telephone number.

VA DENTAL ELIGIBILITY

Eligibility for dental care in VA is limited to specified groups of veterans. There are nine groups who are legally entitled to VA dental care:

CLASS I *Service-connected for a compensable dental disability or condition.*

CLASS II *Service-connected non-compensable dental disability in existence at time of discharge from active service if application for treatment is made within 90 days after discharge. one-time care only (no recall).*

CLASS II-A *Service-connected non-compensable dental condition or disability resulting from combat wounds or service trauma (usually specific teeth).*

CLASS II-B *Veterans who are part of the Veterans Homeless Dental Program*

CLASS II-C *Prisoner of War for 90 days or more.*

CLASS III *Dental condition professionally determined to be aggravating a service-connected medical condition. treatment for only those dental conditions having a direct detrimental effect on the service-connected medical condition.*

CLASS IV *Service-connected medical, physical, or psychiatric disability rated at 100%.*

CLASS V *Service-connected veteran participating in an approved Vocational Rehabilitation Program; care may be limited.*

CLASS VI *Non-service-connected veterans with a dental condition that is complicating a medical condition which is currently under treatment in a VA outpatient treatment program, or which will require a scheduled admission.*

In addition, other groups have been administratively deemed to have high priority for treatment: inpatients and outpatients with emergency problems; and in patients with a compelling medical need for oral/dental evaluation and treatment (treatment may be completed as an outpatient).

Outpatients, who are **not** legally entitled to VA dental care, can be provided with emergency oral/dental care. If care is provided on an outpatient basis, these outpatients are required to pay for treatment. When necessary, they can be admitted to the hospital.

NEVER provide non-emergency care to a non-eligible outpatient without specific authorization from a Staff Dentist.

PATIENT RECORDS

VA has developed and implemented nationally an electronic patient record called the *Clinical Patient Record System (CPRS)*. All patient medical and dental records at this Medical Center are electronic. Included in the electronic record are progress notes, vital signs, adverse reactions (including allergies), inpatient and outpatient pharmacy orders, laboratory orders and results, radiology orders and reports, consultation requests and responses, discharge summaries, medical procedure notes (ECG, Echo, Endoscopy, Cardiac Cath, Pulmonary Function Tests, etc.), informed consent and imaging.

Dental Record Manager Plus (DRM) is software developed for VA for use by all dental services. It functions from within CPRS and is initiated by clicking “Tools” and then “Dental Record Manager Plus” on the drop-down menu. It is used for entry of all dental progress notes and consultation responses, and for data entry (diagnostic and procedure codes) for each procedure.

You must enter all notes in DRM at the time the patient is seen and/or treated.

UNIVERSAL PROTOCOL

(Non-OR Invasive Note)

This is included in an invasive procedure progress note (i.e., removing tooth structure – oral surgery procedure, endodontic procedure, periodontal surgery). Before the procedure begins you must note and record the time; ask the patient to identify him/herself by their full name & date of birth; verify the information given by the patient; name the procedure to be completed this appointment; describe the procedure site to the patient (use a hand mirror to point to the area/tooth or use the diagram of the teeth in Dental Record Manager Plus); and record your name (the dental provider) and the name of the dental assistant who witnessed this protocol. See below:

UNIVERSAL PROTOCOL: The following were confirmed prior to the start of the procedure at (enter time of day): Time of Day

1. Patient ID - Full Name and Date of Birth.

2. Name of procedure(s).
3. Procedure site(s) (and tooth number if appropriate).
4. Names of personnel (minimum of 2) participating in the Time Out:
 - a. Dentist: Your Name
 - b. Dental assistant: The name of the dental assistant who witnessed the protocol.

PROOF OF RESIDENT SUPERVISION

All notes that you enter must be electronically signed by you and subsequently electronically co-signed by the responsible attending staff member (“Expected Co-Signer”). The responsible staff member is the individual who supervised your care of that patient on that day. At the prompt requesting the name of the “Expected Co-signer”, type the name of the appropriate staff member.

OUTPATIENT RECORDS

Dental Service has developed approximately 20 plus templates (L-Drive and in CPRS) to be used in CPRS/DRM for entering clinic examination and progress notes. The templates generally follow a *S-O-A-P* like format:

S SUBJECTIVE (information that you obtain from the patient)

Identification of Patient (ID)

Chief Complaint (CC)

History of Present Illness (HPI)

Dental History

Past Medical History (PMH)

Review of Systems (ROS)

O OBJECTIVE

Physical Examination (PE): what you observe; your findings on examining the patient; radiographic findings; laboratory test results.

A ASSESSMENT

Diagnosis (Dx): a list of the patient's diagnoses and the Medical Risk Assessment.

P PLAN

Treatment plan.

To the above sections, we add the following when appropriate:

TX Treatment

A description of the treatment you provided during that appointment.

RX Prescriptions

When you enter a prescription in CPRS, you must also describe the drug, dosage, and instructions in a separate *Prescription* section titled "Rx" after the "Treatment" section in the progress note. If parental medications were administered to the patient, however, you should describe the drug, quantity, and route of administration in the "Treatment" Section.

DISP Disposition

The last part of each progress note is *Disposition*. In this section, abbreviated "Disposition", you are communicating what you plan to do at the next appointment, and how long it will take. You also will be entering a CID date (Clinically Indicated Date) into the record in your disposition write-up.

All templates contain a Subjective section which includes at minimum five items inserted automatically by the software that are drawn from the appropriate database:

Patient age
Patient gender
Patient Problem List
Allergies
Medications.

The following additional information should be typed in the *Subjective* section of a note when appropriate:

Note that a Consent Form was signed whenever informed consent is required (see the *Consent* section of this manual).

You should ask every patient who was required to **take premedication (e.g., antibiotics or sedatives) before the scheduled appointment time whether he or she followed the instructions (i.e., when was the medication taken and how much was taken). In the "Subjective" section, note what, when, and how much was taken.**

Whenever you discuss a patient with your Preceptor, other Staff dentist or Specialist, you must document the name of the individual and the nature of the discussion. That documentation is placed in the "Subjective" section. This includes instances when the Staff member evaluated the patient clinically, or when you discussed the case, but the Staff member did not clinically evaluate the patient.

It will occasionally be necessary for you to discuss a patient with his or her physician. A summary of that conversation, when it pertains to patient care, should be made in the patient's record. You should include the date of the conversation and the physician's name.

The extent of documentation in each note template will vary, depending on the procedure. Dr. Shawn Bell will be teaching you how view CPRS and how to write dental records in DRM Plus.

CONSULTS

Other services in the Medical Center frequently send consults to the Dental Service requesting evaluation and/or treatment on inpatients and outpatients. Protocol requires that all consults be answered within 24 hours. When you answer a consult, thoroughly review CPRS and note significant points. After examining the patient, type a concise but thorough note.

All consults to which you respond must be entered in the Consult section of CPRS using the dental outpatient or inpatient focused exam template. You **must** list in the *Subjective* section of your note a brief summary of the pertinent Past Medical History, including allergies, and current medications.

The examination, described in the *Objective* section, must include a complete head and neck examination regardless of the reason for the consultation request. Significant negative and positive findings should be noted.

The *Assessment* section must contain all pertinent diagnoses. You are to describe in the *Plan* section your **recommendations**. As a consultant, you do not have primary responsibility for the patients care. Thus, recommendations rather than a treatment plan are listed in the *Plan*. You are not to proceed with treatment unless permission is received from the requesting physician. Occasionally (particularly on outpatients) the requesting physician may authorize in the request that any needed treatment be provided.

ROTATIONS

Most of your clinic time while in the residency program will be spent in the Dental Clinic. All patients are initially examined by a Staff Dentist or Specialist (except for when residents rotate

through the exam room). Selected patients will be assigned to you for evaluation and treatment. Many of the patients who are assigned to you for treatment will have a medical, physical, or psychiatric disability. You will provide comprehensive patient care except when your level of knowledge and/or clinical ability makes it necessary to refer the patient to a specialty area.

Monday-Friday (if not on OMFS rotation) you will be providing Operative, Preventive, Periodontics, Fixed Prosthodontics, Removable Prosthodontics, and Endodontic services to your patients. When oral surgical procedures are included in your approved treatment plan, you can refer the patient to Oral and Maxillofacial Surgery or treat the patient under the supervision of the Oral and Maxillofacial surgeon. When a patient requires periodontal therapy, you will treat the patient under the supervision of the Staff Periodontist (please see the section, *Periodontics*).

Orthodontic care will be provided on Tuesday or Wednesdays depending on Dr. Brendlinger's staff schedule

The General Practice rotation (General Dentistry minus Oral Surgery/Periodontics) is scheduled throughout the residency year, and thus will be interrupted by other rotations. This makes patient management extremely important. You must arrange the treatment of each patient, particularly when fixed or removable prosthodontics is planned, taking into account those interruptions. For instance, if you will be off service for two weeks, try to schedule the treatment of your fixed and removable prosthodontic patients so that the cases will be at the point of preparation and impression for the partial denture framework, crown, or bridge during the one or two weeks prior to the rotation. Thus, the cases can be at the laboratory while you are off service.

It is your responsibility to be knowledgeable about the medical condition(s) and medications of each patient, and the relationship between those conditions and medications and the treatment which you intend to provide.

The objectives of the AEGD are, that at the completion of the program, you will:

- Demonstrate an increased level of ability in diagnosis, treatment planning, and therapy for patients requiring general dental treatment.

- Recognize significant deviations from normal health status in a patient's medical history and physical evaluation; describe the influence of the deviation on oral/dental health, treatment planning, and treatment; and assess the medical risks to a patient of oral/dental treatment.

- Demonstrate oral/dental evaluation, treatment planning, and management of patients with medical, physical, and psychiatric disabilities.

- Apply preventive dental methodologies to individual patient situations, particularly in the case of patients with medical, physical, and/or psychiatric disabilities.

- Understand the properties of restorative materials and demonstrate selection and use of restorative material appropriate to the application.

- Understand and teach the importance of excellent oral hygiene to patients prior to initiating definitive prosthodontic procedures.

- Understand jaw motion and how it relates to occlusal morphology and concepts of occlusal function.

- Orthodontically understand oral examinations, make good clinical decisions/diagnosis, Consults with appropriate clinical experts, proper treatment of minor orthodontic cases, referral of appropriate orthodontic cases.

- Understand the importance of centric relation and when it should be selected as the restored position for either fixed or removable prosthodontic procedures.

- Describe the importance of maintaining the proper vertical dimension of occlusion.

- Describe the indications and contraindications of fixed partial denture restorations.

- Describe the advantages and disadvantages of porcelain versus acrylic resin versus metal occlusal surfaces in both fixed and removable prosthodontic restorations.

- Describe the advantages and disadvantages of cusped versus zero-degree teeth and relate the appropriate use of each to the anatomy of the edentulous ridge.

- Describe and demonstrate flat plane and balanced occlusal arrangements; and describe the indications and contraindications of each in both complete and partial denture fabrication.

- Describe the anatomy of edentulous and partially edentulous arches which influence impression making, prosthesis design, and prosthesis function.

- Demonstrate ability to design removable partial denture frameworks in both totally tooth supported, and tooth and tissue supported RPD's; understand and demonstrate which clasp design, indirect retainer location, guide plane, and rest seat preparation is appropriate for each.

- Demonstrate alteration of natural tooth and existing restoration contours for removable partial dentures, maintaining proper shape and depth of guiding planes, retentive undercut areas, and rests.

- Complete the laboratory prescription, properly communicating all necessary information for the work that is desired of the Laboratory in an appropriate sequential format for simple and complex fixed and removable cases.

- Demonstrate diagnosis, treatment planning, and treatment of pulpal pathology, including emergency treatment, conventional molar, bicuspid, and anterior root canal therapy, and endodontic surgical procedures for anterior teeth.

- Maintain the integrity of the tooth during endodontic treatment.

- Describe the indications for endodontic surgery.

AEGD patients assigned to you for comprehensive care in the clinic will be examined by you during the first appointment. The examination will consist of:

1. Taking and recording the Chief Complaint, History of Present Illness, Review of Oral Systems.

2. Taking and recording a Past Medical History.

3. Taking and recording the patient's blood pressure, temperature, and pulse.

4. Conducting and recording a head and neck examination, and an intraoral soft tissue examination, a periodontal examination, and an examination of the existing dentition and/or prosthesis.

In addition, you will obtain other radiographs, laboratory tests, and study models as deemed necessary for diagnostic and treatment planning purposes as discussed in the *Patient Records* section.

You will then determine the appropriate diagnoses, the Medical Risk Assessment, the ASA Physical Status classification, and a Treatment Plan.

You must introduce the patient to your preceptor, and present your findings, assessment, treatment plan, models (mounted where indicated), and radiographs prior to initiating treatment. As stated above, ***all treatment plans must be approved by your Preceptor before you begin treatment.*** At each patient's first treatment appointment, you will discuss the approved treatment plan with the patient.

If urgent or emergency care is needed at the examination appointment, you must discuss the case with your Preceptor and obtain approval before treating the patient.

Where appropriate, treatment plans may be modified at any stage of treatment when warranted by changes in medical condition or oral condition. Changes must be discussed with your preceptor and approved prior to proceeding with treatment. When changes are made, they must be documented in DRM. You must state why the change was necessary.

Should you need assistance during patient care and your Preceptor is unavailable, contact any other available preceptor.

All CPRS records must be entered and signed by you before the end of the duty day and will be cosigned within 24 hours of the patient being examined and/or treated. Any additions or changes to treatment plans are entered as an addendum to an existing note.

At the completion of every case, you must have your Preceptor evaluate the patient and the quantity and quality of care provided by you.

You must meet with your Preceptor regularly during the residency year to discuss the patients you are treating. These meetings can be scheduled by your Preceptor or Wednesday afternoons at 4:00 PM during treatment planning sessions. Your patients' charts may be reviewed and the quality of your examination and treatment progress notes evaluated. Compliance with the instructions in the previous section will be evaluated. Your clinic productivity will also be evaluated. It is your responsibility to have the charts available for review, and to have verified that all examination notes and required treatment progress notes have been co-signed by your Preceptor. Cases to be submitted to the dental laboratory should be available for review and co-signature also at this meeting.

ORAL PATHOLOGY AND DIAGNOSIS

The experience that you receive in Oral Pathology and Diagnosis during the residency will include formal instruction, seminars, webinars, and clinical experience. Clinically, you will perform head and neck hard and soft tissue examinations on every patient that you are assigned in the General Practice Clinic, Periodontics, and Oral and Maxillofacial Surgery. In addition to clinically evaluating patients, you will obtain necessary radiographs and clinical laboratory studies, and document the results in the patient's record. From the information obtained, you will determine the diagnosis or differential diagnosis and the Medical Risk Assessment and prepare a treatment plan. When assigned to Oral and Maxillofacial Surgery, you will have the opportunity to clinically evaluate lesions referred for biopsy and to perform soft tissue biopsies.

The objectives of training in the Oral Pathology and Diagnosis are, that at the end of the program, you will:

- Demonstrate oral/dental evaluation techniques, including obtaining a history, performing a head and neck examination, performing dental and periodontal examinations, and obtaining radiographs and diagnostic records on assigned patients.
- Appropriately obtain radiographic and clinical laboratory studies with knowledge of the justification and interpretation of the studies requested.
- Describe the manifestations of medical conditions in the head and neck region.
- Describe the indications for biopsy and other special diagnostic techniques.

- Describe the clinical and histologic findings of commonly encountered oral lesions of bone and soft tissue.

The seminars and courses provide the didactic component of the Oral Pathology and Diagnosis training (please see the *Seminar Schedule*):

PERIODONTICS

The purpose of the rotation is to give you a basic understanding of periodontal therapy including surgery. You will treat and assist in treating patients under the direct supervision of the staff Periodontist.

You will also work under the supervision of the staff Periodontist when you are providing periodontal therapy to the comprehensive care patients assigned to you. After completing the interview and examination of a comprehensive care patient, you will determine the diagnosis, Medical Risk Assessment, and Treatment Plan. At this stage, you must present the patient to your Preceptor, and obtain approval or modification of the Assessment and Plan. **If the patient will require Periodontal therapy, you must then discuss the patient with the staff Periodontist prior to initiation of any treatment.** Under the Staff Periodontist's supervision, you will conduct any further necessary work-up, initial therapy (such as scaling and root plane, oral hygiene instruction, and occlusal treatment), and reevaluation. The level of your involvement in the patient's care will be, in part, based on your level of knowledge and clinical competence.

The objectives of the Periodontics rotation are, that at the end of the residency, you will:

- Demonstrate proficiency in the diagnosis and treatment planning of periodontal diseases.*
- Describe the indications and contraindications of the various periodontal treatment modalities.*
- Demonstrate skill in nonsurgical periodontal procedures.*
- Demonstrate skill in common surgical periodontal procedures including flap surgery.*
- Recognize significant deviations from normal health status in a patient's medical history and physical evaluation; describe the influence of the deviation on oral/dental health, treatment planning, and treatment; and assess the medical risks to a patient undergoing oral/dental treatment.*
- Manage oral and dental conditions in medically, mentally, and physically compromised patients.*

ORAL AND MAXILLOFACIAL SURGERY

You will rotate in Oral and Maxillofacial Surgery (OMFS) for 10-11 weeks (2-week blocks). During the rotation, you will participate actively in outpatient OMFS care, inpatient OMFS care, admission, and discharge of OMFS patients, and Operating Room procedures. You will perform a variety of procedures in the outpatient clinic. You will also provide emergency treatment. In addition, you will participate, to the extent that you are qualified, in the surgical management of soft tissue lesions (incisional and excisional biopsies) and selected hard tissue lesions. You will be given the opportunity to participate in the surgical management of soft and hard tissue bony impactions and conscious sedation techniques and the monitoring involved. On Oral and Maxillofacial Surgery admissions, you will be actively involved in the admission, perioperative management, surgical treatment, and discharge of patients. You will be supervised by the Staff Oral and Maxillofacial Surgeon.

***You will NOT be granted leave while on the OMFS rotation.**

The objectives of the Oral and Maxillofacial Surgery rotation are that at the completion of the program you will:

- Demonstrate the diagnosis and treatment planning of oral disease conditions.*
- Demonstrate an increased level of surgical skill in routine oral surgical procedures including simple exodontia, excision of minor soft and hard tissue lesions, biopsy procedures, minor pre-prosthetic surgery (alveoloplasty, tuberosity reduction, removal of tori), and treatment of infections.*
- Describe the manifestations of medical conditions in the head and neck region.*
- Recognize significant deviations from normal health status in a patient's medical history and physical evaluation; describe the influence of the deviation(s) on oral/dental health, treatment planning, and treatment; and assess the medical risks to a patient of oral/dental treatment.*
- Demonstrate evaluation, treatment planning, and management of patients with medical, physical, and psychiatric disabilities.*
- Demonstrate physical evaluation, work-up, admission, and discharge procedures in hospitalized dental patients.*
- Demonstrate the use of proper protocol in the Operating Room, including scrub technique, gowning, and gloving, preparing, and draping a patient, and maintaining a sterile field.*
- Demonstrate preoperative and postoperative management of hospitalized dental patients, including making rounds and writing progress notes, writing orders, ordering medical*

consultations, dictating operation and discharge summaries, and communicating follow-up care to the nursing staff and to the family.

- Describe the use of intravenous sedation and nitrous oxide analgesia.*

- Describe the appropriate surgical management and pre-surgical counseling necessary in surgical removal of hard and soft tissue dental impactions.*

- Demonstrate competency in starting an intravenous line, obtaining blood samples, and discontinuing an intravenous line.*

- Demonstrate appropriate knowledge level in management of medical emergencies in the dental environment including syncope, allergic reaction, hypotension, hypertension, angina, seizure, and insulin shock.*

When on the OMFS rotation, you will adhere to the schedule determined by the Chairman, Oral and Maxillofacial Surgery.

The following procedures are to be followed by you when treating patients in the OMFS Clinic at the VAMC:

You **must** follow all Medical Center and Dental Service Infection Control policies and procedures pertaining to the OMFS area. You will perform surgically sterile procedures always. You are to conduct a head and neck examination and an oral screening prior to treating each patient irrespective of whether another Staff Dentist or Resident previously examined the patient. Prior to performing and/or assisting with a surgical procedure, you must be familiar with the problem being treated, the patient's medical and dental history, and the surgical technique to be used. You must present your evaluation of the patient and your treatment plan to the Staff OMFS Surgeon prior to administering anesthesia or beginning patient treatment.

You will obtain informed consent from each patient and have the consent form signed by the patient and properly witnessed prior to performing a surgical procedure (see the *Consent* section in this manual). All invasive procedures also require a non-OR note (see non-OR note section). You must be familiar with emergency drugs, equipment, and protocols and their location before treating patients in the OMFS area.

All pre-prosthetic joint replacement, IV Bisphosphonate, head and neck cancer, pre-cardiothoracic surgery patients must be evaluated clinically by the attending assigned to Oral Surgery in addition to being seen by you.

Blood pressure monitors will be used on all OMFS patients at every appointment. You must take and record initial vital signs (blood pressure and pulse rate) for every patient. You must also take and record vital signs prior to discharge of the patient from the clinic whenever a surgical procedure has been performed.

No surgical procedure will be performed without (2) surgical assistants available in the OMFS clinic, without exception.

NO IM or IV medications, conscious sedation, or nitrous oxide analgesia are to be administered unless supervised by the Staff OMFS Surgeon. **NO** medication other than local anesthesia will be administered in the Dental Clinic after hours or on weekends except when the OMFS Surgeon is present.

You are responsible for properly disposing materials and cleaning instruments used in the Dental Clinic **after regular clinic hours and on weekends**. You must properly discard disposable items, and place instruments in the soiled room for transportation to Central Sterilization. You will **NOT** treat patients alone in the Dental Clinic after hours or on weekends. You are expected to expose all necessary panoramic and dental x-rays necessary for evening and weekend treatment in the appropriate manner, following infection control guidelines.

ON-CALL RESPONSIBILITIES

You will be on-call for oral/dental emergencies that present to the Emergency Room and that occur in hospital inpatients. Emergencies include trauma to the mouth, face, and jaws; infection; toothaches; and bleeding.

1st On-Call - AEGD Resident

2nd On-Call - Staff General Dentist Assigned

3rd On-Call - Staff Oral and Maxillofacial Surgeon

The Residency Director prepares the monthly Dental Service On-Call Schedule. This schedule is prepared before the beginning of the residency year. You can access the on-call schedule on the G: Drive Dental Resident On-Call. It is a Read-Only File; therefore, any changes can only be made by the residency director.

The following must be completed if you would like to switch your scheduled On-Call Day/evening with another AEGD dental resident:

You must make sure you have coverage for any residency responsibilities.

After switching call with another resident, you must inform the residency director of this change via email.

State the following in your email asking to switch on-call:

The name of the provider who is covering your call.

The dates the on-call is covered.

One day/night of call equals one day/night of call.

You will wait for the Residency Director to give you permission before the On-Call switch is official. You must also notify the Emergency Room.

When you are on-call, you must carry your cell phone with the number you provided on the call roster. **You must answer all calls immediately.** During regular clinic hours, the AEGD Staff dentist will screen emergency patients who show during normal duty hours or will assign an available resident to screen patient.

On-call assignments begin at 4:30 PM Monday and end at 7:30 AM the following Monday. Whenever you are on call, **you must be available within 30 minutes** if you are called to evaluate a patient in the Emergency Room or an inpatient. You must also report to the Medical Center promptly when called by the Staff OMFS Surgeon or by a Staff Dentist to see a patient or assist in patient care.

***Before leaving the Medical Center at the end of the day when you are on-call you must complete the following:**

Each weekday that you are on-call, you must contact both the Staff Doctor of the Day and OMFS between 4:00 p.m. and 4:30 p.m. to discuss any dental emergencies or inpatients. Clinically evaluate all Dental Service inpatients and any other in-patients who have been treated by the Dental Service and require follow-up with OMFS. OMFS will give you specific instructions about the management of inpatients that you are expected to treat or evaluate while you are on-call.

Assist in the treatment of any patient being treated in the Operating Room, Dental Clinic, or the Oral Surgery Clinic. This includes assisting with any after clinic hour operating room procedure. Ultimately you are to follow the instructions given by either the Staff Oral Surgeon and/or Residency Director.

When on call, you must contact either the Staff dentist or OMFS after you have evaluated a patient and before beginning treatment under the following circumstances:

All maxillofacial trauma.

Swelling of the face, neck, floor of mouth, or any retromolar area.

Medical complications and emergencies occurring in Dental Service inpatients.

Uncontrolled post-operative bleeding.

Whenever you cannot establish a diagnosis.

Whenever management of the patient is beyond your capabilities or qualifications.

Under **NO** circumstances will you evaluate or treat a patient in the Dental Clinic alone. This is for your safety and the safety of the patient. You should provide all patient care in the Emergency Room or on the wards. Under the rare circumstances when it is necessary to treat a patient in the Dental Clinic after clinic hours or on weekends, **BOTH the Resident and the Dental Assistant MUST be present**. You will need to notify the Staff dentist assigned and the residency director.

CONSENT

Informed consent must be obtained from a patient prior to any surgical procedure. Surgical procedures include all Oral and Maxillofacial Surgery, Endodontics/ surgery, and Periodontal

surgery. In addition, informed consent must be obtained for conscious sedation and nitrous oxide analgesia, whether the intended procedure is surgical. Informed consent is obtained electronically using iMed Consent through CPRS. The name of the Staff Dentist or Specialist under whose supervision you are working must be included in the consent. The patient is then to electronically sign the form if he or she agrees to the procedure. The signing should be witnessed by a Dental Service employee (other than a member of the treatment team), who is to sign the form on the appropriate line.

It is your responsibility to explain the intended procedure, its risks, benefits, and alternatives to the patient. If you are **NOT** familiar with the procedure and/or its risks, you cannot obtain ***informed consent***. Under those circumstances, the supervising Staff Dentist or Specialist must obtain the consent. It is your responsibility to request your supervising Staff Dentist or Specialist to obtain consent.

For a consent to be valid, the patient must be competent to weigh the risks and benefits of the procedure. For a patient to be competent, he or she must:

- 1. possess the ability to understand the specific proposed procedure and its associated risks and benefits.*
- 2. possess the ability to retain an understanding of the proposed procedure as evidenced by the ability to describe the procedure and its associated risks and benefits.*
- 3. demonstrate the ability to choose between alternative procedures including refusing treatment.*
- 4. and choose a procedure based on rational reasons.*

The above criteria, as well as a discussion of medical problems affecting competence, are found in Friedlander, A.H., et al. Consent for dental therapy in severely ill patients. Oral Surgery, Oral Med., Oral Pathology. 1988; 65:179-82.

PRESCRIPTIONS

You may enter CPRS prescriptions for medications *appropriate to your field and level of expertise* for patients seen by you.

Under NO circumstance are you to prescribe medications for patients that you have not evaluated in person or for individuals not registered as a patient.

All prescriptions must be entered into CPRS and electronically signed. In addition, narcotic (Schedule II) prescriptions must be written on a traditional pad and signed. You are assigned a suffix (beginning with "DR-") to be used with the hospital's Drug Enforcement Agency (DEA) number. It must be written in the appropriate box on all prescriptions that you write.

State the quantity to be dispensed both numerically and alphabetically when you write a prescription for a controlled substance. Complete the box marked "NON-REFILL".

Use your best judgment in listing refills. As a rule, do **NOT** allow refills for medications that can be abused. Watch out for the patient who is looking for drugs.

At each patient's appointment, state in the *Subjective* portion of your progress note whether the patient has properly taken any medication that you prescribed for that appointment. For example, if at the previous appointment, you prescribed an antibiotic for preventive of bacterial endocarditis to be taken for the current appointment, write in your note, "Patient took Amoxicillin 2 grams at ___ am or pm (should be 1 hour before appointment)".

Whenever you write a prescription, you must describe the drug, dosage, and instructions in your progress note, in a section titled "Rx". This is to be after the *Treatment* ("TX") section.

DENTAL LABORATORY

You will be submitting fixed and removable prosthodontic cases to the Dental Service's laboratory, regional Dental Laboratories (which are in Dallas Texas) or a contracted dental laboratory.

Fixed partial dentures, crowns, and removable partial denture frameworks are fabricated by the Central Dental Laboratory (CDL) in Dallas, Texas. All acrylic cases are also sent to the CDL in Dallas, Texas. Custom implant abutments are sent to a private lab (see Dr. Bell before sending out).

The following case work is done in the Dayton VAMC Dental Service's laboratory: pouring impressions, custom impression trays, bite (occlusion) rims, night guards, diagnostic wax-ups, splints, stents, and Sirona CAD/CAM all-ceramic restorations. You have the option of doing any procedure yourself. In some instances, you may have to do the laboratory work if it is urgent or may be required to do a procedure for teaching purposes.

There are certain procedures that you must do: mounting of casts (study models, fixed cases, and removable cases) on an articulator; and trimming dies and marking margins for all crown and bridge cases.

You must complete a laboratory prescription (VA Form 10-2804a for Fixed, VA Form 10-2804b for Removable with metal frameworks and VA Form 10-2804c for Acrylic) for all cases submitted to the CDL. This form is in a PDF file.

The prescription must include:

1. The hospital name (VAMC, Dayton, Ohio) and number (160).
2. The patient's name, social security number, VA Dental Classification.

3. The date mailed.
4. A complete description of the work to be done, including shades and molds (drop down menus in PDF format).
5. Your signature.
6. The signature of your staff preceptor. **NO work will be done without your preceptor's approval and signature.**

You must adhere to the procedures relating to our dental laboratory and the CDL that are found in the *Infection Control Policy*.

CLINICAL PHOTOGRAPHY

A digital clinical camera is available for your use in the Dental Clinic. You are encouraged to take photographs of interesting pathology and cases, and of material relating to your Case Presentations and Table Clinic. Since it is shared by all Dental Staff and residents, each resident will be given their own memory card.

Whenever you take photographs of a patient, you are **legally required** to properly inform the patient of the reason for photographing, and to have the patient electronically sign a consent form (I-Med).

Anesthesia Rotation

The dental residents will report to the VA Operating Room for the anesthesia rotation. The dental residents will be expected to report each day @~0730. The residents will remain in Anesthesia until all cases are started and there are no more learning opportunities. The residents will rotate through for 5 days from 0730-1200.

The goals and objectives for the anesthesia rotation include:

Preoperative patient evaluation and risk assessment.

Assessment of the effects of pharmacological agents.

Venipuncture technique and administration of intravenous agents.

Patient monitoring, airway management.

Anesthetic induction and intubation.

Administration of anesthetic agents.

Prevention and treatment of anesthetic emergencies.

Patient recovery from anesthesia.

Anticipation, recognition, and management of medical emergencies.

IMPORTANT! Resident evaluation forms are to be initialed at the end of each day by the supervising staff in the operating room. Dental Residents will return the forms to Dr. Vance (Dental-160) at the end of the rotation.

*This is an ADA requirement

Emergency Medicine Rotation

The dental residents will report to the VA Emergency Room for the emergency medicine rotation. The dental residents will be expected to report Monday and Friday @~12:30 p.m. The residents will remain in the emergency room until 4:30 p.m. or when there are no more learning opportunities.

The goals and objectives for the emergency medicine rotation include:

1. Evaluation of a patient's general health status and interpretation of the physical signs and symptoms of seriously ill patients from the patients with minor emergencies.
2. Anticipation, recognition and understanding the management of medical emergencies.

3. Distinguishing the seriously ill patients from the patients with minor emergencies.
4. Understanding how to support and stabilize the acutely ill patient and arrange appropriate management and referral.
5. Performing a physical examination, in conjunction with medical staff.
6. Increased understanding of the pathophysiology and management of patients with common medical conditions including but not limited to:

Diabetes Mellitus

Hypertension

Coronary Artery Disease (CAD)

Congestive Heart Failure (CHF)

Valvular Heart Disease (VHD)

Arrhythmias

Pacemakers

Chronic Obstructive Pulmonary Disease (COPD)

Asthma

Thyroid Disease

Psychiatric Disorders

Seizure Disorder

Gastrointestinal Disorders

Renal Disorders

Liver Disorders

7. Understanding the indications for and interpretations of laboratory studies and other techniques used in the diagnosis of emergency conditions.
8. Better understanding of and appreciation for the pharmacological actions of drugs used in treating emergencies.

Dental Residency Medicine Rotation

The dental residents will report to the VA Primary Care Clinic for the medicine rotation. The dental residents will be expected to report Thursday and Friday @~8:00 a.m. The residents will remain in Prime Care until 1200 or there are no more learning opportunities.

The Goals and Objectives for the Prime Care Medicine rotation include:

1. Evaluation of a patient's general health status and interpretation of the physical signs and symptoms of systemic disease.
2. Accomplishing and interpretation of a complete medical history.

3. Understanding the principles and techniques of physical diagnosis and their relevance to pertinent medical conditions.
4. Performing a physical examination, in conjunction with medical staff.
5. Increased understanding of the pathophysiology and management of patients with common medical conditions including but not limited to:

Diabetes Mellitus

Hypertension

Coronary Artery Disease (CAD)

Congestive Heart Failure (CHF)

Valvular Heart Disease (VHD)

Arrhythmias

Pacemakers

Chronic Obstructive Pulmonary Disease (COPD)

Asthma

Thyroid Disease

Psychiatric Disorders

Seizure Disorder

Gastrointestinal Disorders

Renal Disorders

Liver Disorders

6. Understanding the indications for and interpretations of laboratory studies and other techniques used in the diagnosis of systemic diseases.
7. Better understanding of and appreciation for the pharmacological actions of drugs used in treating systemic diseases.
8. Better understanding of the management of individual inpatients with the supervision of medical staff including
 - Admitting and discharging patients
 - Obtaining medical histories
 - Conducting appropriate physical exams
 - Prescribing treatment and medication
 - Preparing the patient record
 - Appropriate consultations and referrals

Dental Residency Pathology Rotation

The dental residents will report to the Pathology Department at the Dayton VA Medical Center for the Pathology rotation. The dental residents will be expected to report on two separate Monday afternoons from 1300-1500.

The goals and objectives for the Oral Pathology rotation include:

Patient Care

Residents are expected to demonstrate a thorough understanding of pathologic diagnosis and differential diagnosis and its impact on patient care.

Medical Knowledge

Residents must demonstrate a basic understanding of applied anatomy and histology, and knowledge of odontogenic, salivary, soft tissue and bone pathology of the head and neck.

Practice-Based Learning and Improvement

Residents are expected to make use of on-line information (both internet and local network) in gathering information relevant to oral and maxillofacial cases. This includes gathering published references and relevant images, as well as preparing documentation and presentation materials. Residents will also be using the text and reference books to learn about the differential diagnosis.

Interpersonal and Communication Skills

Residents are expected to be able to understand how to prepare clear and concise final reports, and to communicate and discuss results to clinicians, both physicians and dentists.

Professionalism

Residents are expected to be dedicated to the completion of all cases and other assigned tasks while they are on the service. Furthermore, residents must be cooperative, courteous, and dependable. They are expected to adhere to hospital regulations regarding patient confidentiality.

Residents will also decide to look at future oral pathology cases that they themselves submit during the residency year

COMPETENCY ASSESSMENT

Educational programs, in general, are focusing on the outcome of the program and the impact of the program on its participants expressed as competencies. This contrasts with the past emphasis on the process of the education and on discipline-based content expressed as behavioral objectives. You must demonstrate competency or proficiency in specific areas to satisfactorily complete the residency. Implicit in this statement is a shift of responsibility for the education process to you, the resident. Competency and proficiency statements have been adopted by this residency program, which apply to the program in general, to specific portions of the program, or to both. This document contains the statements of competency, proficiency and states your responsibilities and the responsibilities of the attending staff.

Definitions

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

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

Proficient: The level of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality, and with a more efficient utilization of time.

Proficiencies: Written statements describing the level of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality, and with a more efficient utilization of time.

Responsibility

VA policy states, “Staff practitioners are responsible for the care provided to each patient, and they must be familiar with each patient for whom they are responsible. Fulfillment of that responsibility requires **personal** involvement with each patient and each resident who is participating in the care of that patient.” Resident Supervision, VHA Handbook 1400.1, 2012. It is responsibility to notify your staff preceptor the first time that you see each patient and to introduce the patient to your preceptor. Furthermore, it is your responsibility to discuss the clinical examination findings, assessment, and treatment plan with you preceptor prior to initiating treatment. It is also your responsibility to notify the preceptor when a new problem develops, or it is necessary to modify a treatment plan.

You must know the specific areas in which you must demonstrate competency or proficiency. Each area has a specified minimum number required. Please see below and the accompanying summary list.

You will be assigned a diverse selection of patient medical and dental problems and oral/dental procedures. However, it is your responsibility to ensure that you are obtaining the experiences clinically that will enable you to achieve competency and proficiency in the desired areas. For

instance, assigned patients may fail to keep clinic appointments or treatment plans may change. When such events interfere with your ability to achieve and demonstrate competency and proficiency, you must notify your staff preceptor and/or program director. You must document progress towards completing the minimum number required for competency or proficiency in each area. It is your responsibility to have the appropriate attending staff member evaluate you in those areas in which you must demonstrate competency or proficiency. It is the responsibility of the attending staff to evaluate you when requested. Only those procedures in which you have demonstrated competency/proficiency count towards the minimum number specified. It is your responsibility to keep a record of your activities (ADA Log: L Drive)

COMPETENCY AND PROFICIENCY MEASURES

Patient Assessment/Diagnosis/Oral Health/Disease Prevention/ Comprehensive Care

1. Perform comprehensive patient assessment, obtain, and interpret chief complaint, history of present illness, past medical history, past surgical history, and review of systems. (C)	P	C	E	N
2. Work with patients in a manner that is professional, builds rapport and confidence, respects patient's rights and dignity, puts patient's interests first, and maximizes patient's satisfaction with dental care. (C)	P	C	E	N
3. Make referrals to obtain consultations from and interpret clinical and other diagnostic data from professional colleagues for the treatment of dental, medical, psychological, and social problems presented by dental patients. (C)	P	C	E	N
4. Perform examination, diagnostic, and treatment planning procedures. (C)	P	C	E	N
5. Order and interpret appropriate radiographs. (C)	P	C	E	N
6. Develop a findings or problem list to arrive at a differential, provisional, and definitive diagnosis, and risk assessment for patients with complex needs. (C)	P	C	E	N
7. Order and interpret appropriate medical laboratory tests for patients, as required to guide treatment decisions. (C)	P	C	E	N
8. Demonstrate an understanding of the etiology and progression of dental caries, understanding of the modes of preventing caries, to include the "Medical Model". (P)	P	C	E	N
9. Integrate multiple disciplines into individualized, comprehensive, and sequenced treatment plans for patients with complex needs. (C)	P	C	E	N
10. Modify the treatment plan, if indicated, based on therapeutic outcomes, unexpected circumstances, or the patient's individualized needs. (C)	P	C	E	N
11. Maintain a patient record system that facilitates the retrieval and analysis of the process and outcomes of patient treatment. (C)	P	C	E	N
12. Obtain informed consent for dental treatment by discussing with patients or parents or guardians of patients: findings; diagnoses; the risks, benefits, and process of various treatment options; patient responsibilities during and after treatment; and estimated fees and payment responsibilities. (C)	P	C	E	N
13. Properly use pharmacological agents in the treatment of dental patients. (C)	P	C	E	N
14. Demonstrate the ability to assess the pulpal and periodontal health of dental tissues using appropriate diagnostic procedures. (C)	P	C	E	N
15. Demonstrate an understanding of the prevention, etiology, pathogenesis, prognosis, and management of periodontal disease. (C)	P	C	E	N
16. Evaluate a patient's occlusion, and properly treat any dysfunction when indicated. (C)	P	C	E	N

17. Perform a comprehensive orofacial pain examination, provide the diagnosis, contributing factors, and management plan for orofacial pain. (C)	P C E N
18. Take and analyze orthodontic records as an aid for diagnosis, to include facial and intraoral photos, accurate casts, and cephalometric radiographs. (E)	P C E N
19. Differentiate minor orthodontic cases treatable by the general dentist from those that should be referred for treatment by the orthodontic specialist. (C)	P C E N
20. Recognize major infections of the oral and maxillofacial structure and make the appropriate specialty referral. (C)	P C E N
21. Recognize major maxillofacial trauma and refer for specialty care. (C)	P C E N
22. Clinically diagnose and manage common oral pathological abnormalities. (C)	P C E N
23. Educate the patient on TMD self-management, stretching exercises, and describe the mechanical detriments related to the diagnosis. (C)	P C E N
24. Demonstrate an understanding of and educate patient/parents on pediatric preventative and oral disease process. (E)	P C E N

Restoration of Teeth

1. Demonstrate the ability to properly isolate teeth to be restored with rubber dam and/or other adjunctive techniques. (C)	P C E N
2. Restore teeth with a wide range of direct and indirect placement materials and methods. (C)	P C E N
3. Place restorations and perform techniques to enhance a patient's facial esthetics. (C)	P C E N
4. Restore endodontically treated teeth. (C)	P C E N

Replacement of Teeth Using Fixed and Removable Appliances

1. Treat patients with missing teeth requiring removable prostheses. (C)	P C E N
2. Treat patients with missing teeth requiring fixed restorations. (C)	P C E N
3. Communicate case design with laboratory staff. (C)	P C E N
4. Diagnose and manage a patient's occlusion. (C)	P C E N
5. Demonstrate an understanding of the principles of implant placement, its indications, and limitations. (C)	P C E N
6. Assist in the diagnosis, treatment planning, placement, and restoration of implant supported prostheses. (C)	P C E N
7. Provide follow-up care and preventive maintenance therapy for patients with implant supported prostheses. (C)	P C E N

Pulpal Therapy

1. Assess the pulpal health of dental tissues using appropriate diagnostic procedures. (C)	P C E N
2. Provide diagnostic and emergency endodontic services in the acute care environment, including the management of traumatic injuries. (C)	P C E N
3. Use adjunctive, radiographic, and alternative anesthetic techniques for diagnosis and	

treatment. (C)	P C E N
4. Perform independent nonsurgical endodontic treatment for routine single and multirooted teeth. (C)	P C E N
5. Diagnose, treat, and assess the prognosis of endo-perio lesions. (C)	P C E N
6. Become familiar with nonsurgical retreatment of failing endodontic cases. (E)	P C E N
7. Become familiar with surgical treatment of failing endodontic cases. (E)	P C E N
8. Gain knowledge regarding etiology, clinical management, and prognosis of resorption defects. (E)	P C E N

Special Needs Patients

1. To manage hospitalized patients, including the administrative requirements for the hospital admission, including chart review, writing orders, progress notes and consultation. (C)	P C E N
2. Perform dental evaluations, prepare appropriate responses to physicians' consultation requests develop treatment plans, and provide effective, appropriate dental treatment to inpatients and outpatients with moderately severe medical problems. (C)	P C E N
3. To be able to discuss a wide variety of systemic medical conditions and the implications for dental management of these patients. (C)	P C E N
4. To be able to recognize the need for hyperbaric oxygen therapy in the prevention and treatment of Osteoradionecrosis. (C)	P C E N
5. To gain experience in performing head-and-neck physical examinations. (C) Diagnose, treat, and assess the prognosis of endo-perio lesions. (C)	P C E N
6. To administer conscious sedation and other therapeutic medications to the medically compromised patient. (E)	P C E N
7. To demonstrate knowledge of the steps required to arrange and manage dental care patients under general anesthesia. The resident must demonstrate familiarity with general anesthesia procedures and operating room protocol by the end of the hospital rotations. (E)	P C E N
8. Evaluate and educate the patient on bisphosphonate-associated oral pathology. (C)	P C E N

Practice Management/Ethics

1. Treat patients efficiently in a dental practice setting. (C)	P C E N
2. Use selected business systems in dental practice including scheduling, patient flow and record keeping. (C)	P C E N
3. Use and implement accepted sterilization, disinfection, universal precautions, and occupational hazard prevention procedures in the practice of dentistry. (C)	P C E N
4. Provide patient care by working effectively with allied dental personnel, including performing sit down, four-handed dentistry. (C)	P C E N
5. Provide dental care as a part of an inter-professional health care team such as that found in an institution, or community health care environment. (C)	P C E N
6. Apply principles of jurisprudence and professional ethics in the practice of dentistry. (C)	P C E N

Obtaining Informed Consent

1. Obtain informed consent for dental treatment by discussing with patients, parents, or guardians of patients: findings; diagnoses; the risks, benefits, and process of various treatment options; patient responsibilities during and after treatment; and estimated fees and payment responsibilities. (C)	P C E N
--	----------------

2. Document wrong site/wrong surgery prevention by identifying patient with name and last four of SSN and confirming procedure to be accomplished – documented in the record per JCAHO instruction. (C)	P C E N
3. Appropriately document informed consent in the electronic patient record (iMed). (C)	P C E N

Treatment of Dental and Medical Emergencies

1. Achieve and maintain certification in BLS and ACLS. (P)	P C E N
2. Properly use pharmacological agents in the treatment of dental patients. (C)	P C E N
3. Prevent, recognize, and manage complications related to the use and interaction of local anesthetics, systemic medications, and agents used in the control of pain and anxiety. (C)	P C E N
4. Treat and manage patients with localized dentoalveolar infections and appropriately refer those which have extended into adjacent head and neck fascial spaces. (C)	P C E N
5. Manage routine post-extraction complications. (C)	P C E N
6. Possess a working knowledge of medical emergencies in the dental clinic and their treatment. (C)	P C E N

Medical Risk Assessment

1. Perform adequate patient assessment, to include chief complaint, history of present illness, past medical history, past surgical history, allergies, medications, social history, and a focused physical examination. (C)	P C E N
2. Order and interpret appropriate medical laboratory tests for patients as required to guide treatment decisions. (C)	P C E N

Sedation, Pain, and Anxiety Control

1. Properly use pharmacological agents in the treatment of dental patients. (C)	P C E N
2. Possess a thorough knowledge of anatomy, physiology, pharmacology, and psychology associated with various pain and anxiety control methods. (C)	P C E N
3. Select the proper regimen for control of pain and anxiety after adequate physical and psychological assessment of the patient, and evaluation of the procedure required. (C)	P C E N
4. Determine the appropriate modality for the control of pain and anxiety (intravenous, inhalation, or oral anxiolysis) appropriate for the individual patient and procedure. (C)	P C E N
5. Prevent, recognize, and manage complications related to the use and interaction of local anesthetics, systemic medications, and agents used in the control of pain and anxiety. (C)	P C E N
6. Pre and post anesthetic evaluation and management of the anesthetized and/or consciously sedated patient. (C)	P C E N
7. Provide additional therapies of medications, referrals to physical therapy and	

psychology. (C)	P C E N
8. Use non-pharmacological behavior management skills with the pediatric patient. (E)	P C E N

Hard and Soft Tissue Surgery

1. Routine extraction of all indicated erupted teeth and retained root fragments. (C)	P C E N
2. Removal of uncomplicated soft tissue impactions. (C)	P C E N
3. Removal of uncomplicated bony impactions. (C)	P C E N
4. Perform routine alveoloplasty and exostosis removal. (C)	P C E N
5. Perform minor pre-restorative/prosthetic surgery. (C)	P C E N
6. Perform suturing of uncomplicated intraoral lacerations. (C)	P C E N
7. Perform routine intraoral biopsies. (C)	P C E N
8. Manage routine post-op surgical complications. (C)	P C E N
9. Perform soft tissue surgery necessary to correct mucogingival defects. (E)	P C E N
10. Perform surgical endodontic therapy for anterior and premolar teeth. (E)	P C E N
11. Perform uncomplicated surgical procedures on pediatric patients. (E)	P C E N

Periodontics

1. Demonstrate an understanding of the prevention, etiology, pathogenesis, prognosis, and management of periodontal disease. (C)	P C E N
2. Perform examination, diagnostic, and treatment planning procedures. (C)	P C E N
3. Provide non-surgical management of mild-moderate irritant-related periodontal disease. (C)	P C E N
4. Provide surgical treatment of uncomplicated mild to moderate periodontitis. (C)	P C E N
5. Provide surgical treatment of moderate periodontitis with or without osseous regeneration. (C)	P C E N
6. Understand guidelines for specialist referral in advanced periodontal disease. (C)	P C E N
7. Become acquainted with soft tissue surgery necessary to correct mucogingival defects. (E)	P C E N
8. Perform minor pre-restorative/prosthetic surgery. (C)	P C E N
9. Manage acute periodontal conditions and routine post-surgical complications. (C)	P C E N
10. Evaluate treatment results, establish, and monitor supportive periodontal treatment.	P C E N

(C)	
11. Provide follow-up care and preventive maintenance therapy for patients with implant supported prostheses. (C)	P C E N
12. Identify dental implant complications. (C)	P C E N
13. Become familiar with complex soft tissue augmentation and periodontal regenerative procedures. (E)	P C E N

Orthodontics

1. Understand basic craniofacial anatomy, physiology, growth and development. Introduce fundamental orthodontic diagnosis criteria which may be employed in the general practice of dentistry. (E)	P C E N
2. Differentiate minor orthodontic cases treatable by the general dentist from those that should be referred for treatment by the orthodontic specialist. (E)	P C E N
3. Introduce fundamental biomechanical principles relevant to the clinical application of orthodontic force. (E)	P C E N
4. Learn design principles for the design, construction, insertion, and adjustment of limited orthodontic tooth movement appliances. (E)	P C E N
5. Introduce fundamentals of comprehensive orthodontic care as they relate toward fixed appliances, orthopedic applications, and ortho-surgical considerations. (E)	P C E N

Out-of-OR Airway Management (OOORAM)

Dayton VA Simulation Center

Properly turn on and use AED and/or AED mode on defibrillator. (C)	P C E N
Demonstrate how to “crack open” an oxygen cylinder and adjust flow rates. Demonstrate how to shut off/” bleed” the oxygen tank. (C)	P C E N
Demonstrate how to open an airway with the “head-tilt” technique. (C)	P C E N
Demonstrate how to open an airway with the “jaw thrust” technique. (E)	P C E N
Demonstrate proper technique to access the pulse. (C)	P C E N
Demonstrate how to perform proper chest compressions (depth, rate, location). (C)	P C E N
Demonstrate proper technique for ventilation with the Bag Valve Mask (BVM). (C)	P C E N
Demonstrate and discuss use of nasal cannula. (C)	P C E N
Demonstrate and discuss use of face mask without reservoir. (C)	P C E N

Demonstrate and discuss use of face mask with reservoir. (C)	P	C	E	N
Demonstrate and discuss use of Laryngeal Mask Airway (LMA). (E)	P	C	E	N
Demonstrate and discuss use of Oropharyngeal Airway (OPA). (C)	P	C	E	N
Demonstrate and discuss use of Nasopharyngeal Airway (NPA). (E)	P	C	E	N
Demonstrate and discuss treatment of syncope. (C)	P	C	E	N
Demonstrate and discuss treatment of a mild allergic reaction. (C)	P	C	E	N
Demonstrate and discuss treatment of postural hypotension. (C)	P	C	E	N
Demonstrate and discuss treatment of insulin shock. (C)	P	C	E	N

Demonstrate and discuss treatment of angina pectoris. (E)	P	C	E	N
Demonstrate and discuss treatment of an asthmatic attack. (C)	P	C	E	N
Demonstrate and discuss treatment of a local anesthetic overdose. (C)	P	C	E	N
Demonstrate and discuss treatment of suspected myocardial infarction. (E)	P	C	E	N
Demonstrate and discuss treatment an anaphylactic reaction. (E)	P	C	E	N
Demonstrate and discuss treatment of cardiac arrest. (E)	P	C	E	N
Demonstrate and discuss features on the defibrillator. (E)	P	C	E	N
Demonstrate and discuss management of V fib and pulseless V tach. (E)	P	C	E	N
Demonstrate and discuss management of bradycardia. (E)	P	C	E	N
Demonstrate and discuss management of tachycardia. (E)	P	C	E	N
Demonstrate and discuss treatment of asystole/PEA. (E)	P	C	E	N

EVALUATION

You will be evaluated by the teaching staff three times during the academic year; by the Oral and Maxillofacial Surgeon at the completion of the rotation; by a staff anesthesiologist at the completion of the Anesthesiology rotation; by a staff physician at the completion of the emergency room rotation, by a staff physician at the completion of the Medicine rotation and by

the Staff Pathologist at the completion of the pathology rotation. You will also be evaluated clinically monthly. The purpose of the evaluations is to inform you of your strengths and weakness during the program. It should be your objective to build upon your strengths and to overcome your weaknesses. Where appropriate, action designed to upgrade performance will be suggested to you and followed up on subsequent evaluations. You will be evaluated on:

1. Technical Skills

- a. Patient management
- b. Medical Records
- c. Diagnostic techniques
- d. Rate of progress in improving skills
- e. technical skills in each of the clinical areas

2. Cognitive Performance

- a. Literature review
- b. Seminar presentations
- c. Diagnostic procedures
- d. History and physical examinations
- e. Treatment Planning
- f. Correlation of medical history with the treatment plan and with treatment
- g. Clinical judgement
- h. Communications skills
- i. Initiative
- j. Responsibility
- k. Cooperation
- l. Reliability
- m. Emotional stability
- n. Teach ability

Restorative Clinic Evaluations

Patient Initials _____	Last 4 SSN: _____
Procedure: _____	
	Outstand Excellent Average Marginal Poor
Diagnosis:	5 4 3 2 1 N/A
Isolation:	5 4 3 2 1 N/A
Preparation:	5 4 3 2 1 N/A
Materials:	5 4 3 2 1 N/A
(Choice/Placement)	
Final Restoration	5 4 3 2 1 N/A
Endodontic Procedure	5 4 3 2 1 N/A
RPD/Complete Denture	5 4 3 2 1 N/A
Write-Up:	5 4 3 2 1 N/A
Comments:	Overall Score: _____ Evaluator: _____

Periodontal Clinic Evaluations

Patient: Initials _____	Last 4 SSN: _____
Procedure: _____	
	Outstand Excellent Average Marginal Poor
Charting/Radiographs:	5 4 3 2 1 N/A
Diagnosis:	5 4 3 2 1 N/A
Treatment Planning:	5 4 3 2 1 N/A
SC/RP:	5 4 3 2 1 N/A
Surgical Treatment:	5 4 3 2 1 N/A
Write-Up:	5 4 3 2 1 N/A
Comments:	Overall Score: _____ Evaluator: Dr. Rasch

OMFS/Sedation Clinic Evaluations

Patient Initials: _____	Last 4 SSN: _____
Procedure: _____	
	Outstand Excellent Average Marginal Poor
Diagnosis:	5 4 3 2 1 N/A
Infection Control:	5 4 3 2 1 N/A
Extraction Techniques:	5 4 3 2 1 N/A
Suturing:	5 4 3 2 1 N/A
Biopsy:	5 4 3 2 1 N/A
Emergencies	5 4 3 2 1 N/A
Write-Up:	5 4 3 2 1 N/A
Comments:	Overall Score: _____ Evaluator: _____

Evaluation by Residents

You are required to submit an evaluation of your Preceptor and of the teaching faculty on your rotations. The preceptor evaluations will be done three times a year. These evaluations are kept confidential, being reviewed only by the Residency Director and the Chief, Dental Service.

In addition, you are required to submit an evaluation pertaining each rotation and at the end of each trimester. These evaluations are to enable the Dental Staff to make changes and improvements in the program. Your evaluation should contain the following:

1. What you feel you gained from the rotation or program.
2. Positive points about the rotation or program.
3. Criticisms of the rotation or program.
4. Suggestions for improvement.
5. Your assessment of the quality and quantity of instruction from the attending staff.

TABLE CLINIC PRESENTATION

As a requirement of the Residency Program, you will present an approved table clinic at the Thomas P. Hinman Meeting in Atlanta March. The topic you choose can relate to any aspect of dentistry or hospital dentistry. The topic should lend itself to a short presentation (10 minutes), be of professional interest to dentists and auxiliaries in the community and be such that material and clinical photographs can be readily obtained.

The poster presentation's topic should be discussed with your preceptors or the residency director before submitting the topic to the Hinman. Make sure your topic is specific.

See Table Clinic Guidelines Handout

RESIDENT PRESENTATIONS

You have been assigned to present four case presentations, one dental service continuing education in-service, multiple support staff in-services, numerous journal reviews and present at our annual Dayton Dental Symposium during your residency year. You will also be presenting multiple cases at the monthly implant board the 4th Tuesday of the month. Assigned presentations and dates are listed in this document

Attachments

**Dayton VA AEGD Dental Rotations
2022-2023**

Date	Residents/Rotations				Special Events
2022-2023	R1 Beedy-Storts	R2 Helfferich	R3 Lingenfelter	R4 Thompson	
4 Jul-8 Jul (1)	Orientation	Orientation	Orientation	Orientation	Holiday (4 Jul 22)/Hospital Employee Orientation (5-8) / Lectures/ HRMS
11 Jul-15 Jul (2)	Orientation	Orientation	Orientation	Orientation	Dental Resident Orientation / BLS (15 Jul 22) Simulation Training/ACLS Prep (15 Jul) OR Training (15 Jul)
18 Jul-22 Jul (3)					Residents Start Clinic ACLS/TMS PM (18 Jul) DOD/Call Starts (Dr Beedy-Storts)
25 Jul-29 Jul (4)	OMFS				Suture Lab OMFS (29Jul) OMFS Rotations Start (R1)
1 Aug-5 Aug (5)	OMFS	Exams (1) Sedation AM			
8 Aug-12 Aug (6)	ANES/OMFS		Exams (1)	Path Lab	Resident In-Service 9 Aug (R4) Mock Code Blue (8 Aug 0800-1000) Path Lab-(Mon) 1300-1500 R4 CEREC Course (12 Aug 22 PM)
15 Aug-19 Aug (7)		OMFS	Path Lab Sedation AM	Exams (1)	Path Lab-(Mon) 1300-1500 R3 OMFS Rotations Start (R2)
22 Aug-26 Aug (8)	Exams (1)	OMFS	ER (M,F PM)		ER Rotation Starts
29 Aug-2 Sept (9)	EFDA	ANES/ OMFS		ER (M,F PM) Sedation AM	EFDA Clinic Starts 30 Aug
5 Sept-9 Sept (10)	Sedation AM		OMFS	EFDA	Holiday (5 Sept 22) Resident Case Presentation #1 (R1/R2) OMFS Rotations Start (R3) Rotary Endo Course (9 Sept)
12 Sept-16 Sept (11)	ER (M,F PM)	Path Lab	OMFS	EFDA	Nitrous Course (17 Sept 21) AM Resident In-Service 13 Sept (R3) Resident Case Presentation #1 (R3/R4) Implant Course (14-15 Sept 22) Path Lab-(Mon) 1300-1500 R2
19 Sept-23 Sept (12)					Sedation Course WPAFB (19-22 Sept 2022) Post Test 23 Sept
26 Sept-30 Sept (13)	EFDA	ER (M,F PM) EFDA	ANES/ OMFS		
3 Oct-7 Oct (14)	Path Lab	EFDA	Sedation AM (2)	OMFS	Path Lab-(Mon) 1300-1500 R1 OMFS Rotations Start (R4)
10 Oct-14 Oct (15)	Exams (2)			OMFS	Resident In-Service 11 Oct (R2) Holiday (10 Oct 22) TMD Consultant Visit (12-14 Oct 22)

17 Oct-21 Oct (16)	Sedation AM (2)	Exams (2)	EFDA	ANES/OMFS	Esthetic Dentistry Course (21 Oct 22)
24 Oct-28 Oct (17)	OMFS		EFDA	Exams (2)	Oral Path WP (27-28 Oct 22)
31 Oct-4 Nov (18)	OMFS	Sedation AM (2)	Exams (2)	EFDA	1 st Trimester Feedbacks (2 Nov 22)
7 Nov-11 Nov (19)		OMFS		EFDA	Veterans Day (11 Nov 22) Resident In-Service 8 Nov (R1)
14 Nov-18 Nov (20)	EFDA	OMFS		Sedation AM (2)	Perio Osseous Course PM WP (Nov 19)
21 Nov-25 Nov (21)	EFDA		OMFS		Thanksgiving Break (24 Nov 22)
28 Nov-2 Dec (22)		EFDA	OMFS	Sedation AM (3)	Deadline Hinman Application Simulation Training #2 (2 Dec 22)
5 Dec-9 Dec (23)	Exams (3) Sedation AM (3)	EFDA		OMFS	Resident Case Presentation #2 (R1/R2) Resident Case Presentation #2 (R3/R4)
12 Dec-16 Dec (24)		Exams (3)	EFDA	OMFS	WP Resident Lecture Series (12 Dec) Resident In-Service 13 Dec (R4)
19 Dec-23 Dec (25)	OMFS		EFDA Sedation AM (3)	Exams (3)	
26 Dec-30 Dec (26)	Christmas Break/No Rotations				Holiday (26 Dec 22)
2 Jan-6 Jan (27)	OMFS	Sedation AM (3)	Exams (3)	EFDA	Holiday (2 Jan 23)
9 Jan-13 Jan (28)		OMFS	Path Lab	EFDA	Path Lab-(Mon) 1300-1500 R3 Resident In-Service 10 Jan (R3)
16 Jan-20 Jan (29)	EFDA	OMFS	Sedation AM (4)		Holiday (16 Jan 23)
23 Jan-27 Jan (30)	EFDA		OMFS	Path Lab	Path Lab-(Mon) 1300-1500 R4
30 Jan-3 Feb (31)	Path Lab	EFDA	OMFS	Sedation AM (4)	Path Lab-(Mon) 1300-1500 R1
6 Feb-10 Feb (32)	Exams (4)	EFDA Path Lab		OMFS	Resident In-Service 7 Feb (R2) Path Lab-(Mon) 1300-1500 R2 Resident Case Presentation #3 (R1/R2)
13 Feb-17 Feb (33)	Sedation AM (4)	Exams (4) Medicine	EFDA	OMFS	Resident Case Presentation #3 (R3/R4)
20 Feb-24 Feb (34)	OMFS		EFDA	Exams (4)	Holiday (20 Feb 2023) Resident Lecture Series 21 Feb (R1) Dental Materials Consultant (21-22 Feb) WPAFB
27 Feb-3 Mar (35)	OMFS	Sedation AM (4)	Exams (4) Medicine	EFDA	
6 Mar-10 Mar (36)		OMFS		EFDA	2nd Trimester Feedbacks (1 Mar 23) Simulation Training #3 (10 Mar 23)
13 Mar-17 Mar (37)	EFDA		Sedation AM (5)		Resident In-Service 14 Mar (R1) Hinman Meeting (15-18 March 23)
20 Mar-24 Mar (38)	EFDA	OMFS		Medicine	Resident Lecture Series 21 Mar (R2)
27 Mar-31 Mar	Medicine	EFDA	OMFS	Sedation AM	

(39)				(5)	
3 Apr- 7 Apr (40)	Sedation AM (5)	EFDA	OMFS		
10 Apr-14 Apr (41)		Exams (5)	EFDA	OMFS	Resident In-Service 11 Apr (R4)
17 Apr-21 Apr (42)	Exams (5)	Sedation AM (5)	EFDA	OMFS	Resident Lecture Series 18 Apr (R3)
24 Apr-28 Apr (43)	OMFS			EFDA	Oral Med Consultant WP (24-26 April 23 WPAFB)
1 May-5 May (44)		OMFS	EFDA	Sedation AM (6)	Simulation Training #4 (5 May 23)
8 May-12 May (45)	EFDA		OMFS	Exams (5)	Resident In-Service 9 May (R3)
15 May-19 May (46)		EFDA	Sedation AM (6) Exams (5)	OMFS	Resident Lecture Series 16 May (R4)
22 May-26 May (47)	OMFS		EFDA		
29 May-2 Jun (48)	Sedation AM (6)	OMFS		EFDA	Holiday (29 May 2023)
5 Jun-9 Jun (49)	EFDA	Sedation AM (6)	OMFS		Resident Case Presentation #4 (R1/R2)
12 Jun-16 Jun (50)	EFDA Thurs	EFDA Tues		OMFS	Resident Case Presentation #4 (R3/R4) Resident In-Service 13 Jun (R2)
19 Jun-23 Jun (51)	EFDA Tues			EFDA Thurs	Holiday (19 June 2023) 3 rd Trimester Feedbacks (21 Jun 23)
26 Jun-30 Jun (52)					ABGD Post Test (29 June 23) Out-process (29 Jun 23) HR (30 June 23)
3 Jul-7 Jul (1)	Orientation	Orientation	Orientation	Orientation	New Class Arrives Orientation
10 Jul-14 Jul (2)	Orientation	Orientation	Orientation	Orientation	Orientation

Rotations	Weeks/Resident	Information
OMFS ROTATION (M-F),	10.5 Weeks	OMFS Resident will rotate Tuesday-Fridays. Fridays are reserved for walk-in sick-calls and ward rounds
PERIO (M)	40 days	Periodontal Clinic Mondays
RESTORATIVE/PROS/ ENDO/ORTHO (T-F)	33-35 Weeks	Restorative Clinic will not have the resident who is rotating through OMFS except "B Group" on Fridays
EFDA ROTATION (RESTORATIVE)	10 weeks (19-20 days)	Resident will work with 2 expanded duty dental assistants and run 2 rooms on Tuesdays and Thursdays Starting 30 Aug 2022
EXAM ROTATION (Tuesday)	5 Days	Resident will rotate through the examination schedule on Tuesdays from 0745-1630 during the resident calendar year
IV SEDATION ROTATION	6 Days	Residents will rotate through OMFS Wed AM for sedation
ANESTH (M-F)	20 hours	AM (0730-1200) 3 rd week of 1 st OMFS Rotation
ER (F, M)	8 hours	AM (1230-1630)
MEDICINE (Th-F)	8 hours	AM (0800-1200)
PATHOLOGY LAB (Mon)	4 hours	2 Afternoons-PM (1300-1500) Dayton VAMC

JULY 2022 AEGD ORIENTATION SCHEDULE

COURSE	PROVIDER	DATE	TIME
FIRST WEEK 6-9 JULY 2021 /GROUP B OFF			
HOLIDAY		4 JULY 22	
NEW EMPLOYEE ORIENTATION	2A-103	5 JULY 22	0800-1600
RESIDENT EDUCATION MEETING	VANCE	5 JULY 22	1300-1400
DENTAL RESIDENT IN-PROCESSING	VA DENTAL SERVICE	6 JULY 22	0800-1000
DENTAL SOPS	BETTINESCHI	6 JULY 22	1000-1100
SOPS/RME FOR DENTAL SERVICE PART 2	BETTINESCHI	6 JULY 22	1100-1200
INTRODUCTION TO DENTAL HYGIENE	MCCALL	6 JULY 22	1300-1400
RESTORATIVE/INTRO TREATMENT PLANNING	VANCE	6 JULY 22	1400-1500
MONTHLY WEBINAR	VA DENTAL	6 JULY 22	1500-1600
COMPUTER ACCESS/ OUTLOOK/E-MAIL	VA DENTAL SERVICE	6 JULY 22	1600-1700
COMPUTER KERNEL TRAINING	OIT	7 JULY 22	0800-1000
DENTAL LAB INTRO	STEEL/ FREEMAN	7 JULY 22	1000-1100
DENTAL INFECTION CONTROL	BETTINESCHI	7 JULY 22	1100-1200
PMDB TRAINING	MED CENTER	7 JULY 22	1300-1600
DENTAL CLINIC KEYS SCRUBS	HAERR	8 JULY 22	0800-1000
SAFETY PROGRAM MSDS	BOGAMILL	8 JULY 22	1000-1030
ABGD TEST	VANCE	8 JULY 22	1030-1200
RESIDENT CLINICAL OUTCOMES ASSESS	VANCE	8 JULY 22	1300-1400
RESIDENT RECORDS REVIEW/ADA CODING	VANCE	8 JULY 22	1400-1500
DOD SCHEDULE /DENTAL EMERGENCIES	VANCE	8 JULY 22	1500-1545
PRESENTATION PROJECTS	VANCE	8 JULY 22	1545-1630

SECOND WEEK 11-15 JULY 2022 LV VANCE /GROUP A OFF			
INTRO RESTORATIVE CLINIC	BETTINESCHI	11 JULY 22	0800-0900
JAW RECORDS /IMPRESSIONS PART 1	BETTINESCHI	11 JULY 22	0900-1000
CPRS/DRM TRAINING #1	BELL	11 JULY 22	1000-1200
INTRO PERIO CLINIC EXAM/DIAGNOSIS	AZER/WADE	11 JULY 22	1300-1430
OMFS SOPS	CARPENTER	11 JULY 22	1430-1500
SUPPLY/OMNICELL	T GREER	11 JULY 22	1500-1530
CLINICAL PHOTO LECTURE	BETTINESCHI	11 JULY 22	1530-1630
CPRS/DRM PLUS TRAINING #2	BELL	12 JULY 22	0800-1000
CLINICAL PHOTOGRAPHY LAB	BETTINESCHI	12 JULY 22	1000-1100
INTRO TO RPD DESIGN	BETTINESCHI	12 JULY 22	1100-1200
DENTAL PROFESSIONAL STAFF	STAFF MINUS RESIDENTS	12 JULY 22	1300-1400
INTRO TO DENTAL ETHICS	RECORDS	12 JULY 22	1400-1500
INTRO ENDO CLINIC ENDO DIAGNOSIS	CRUTCHFIELD	12 JULY 22	1500-1600
ADMIN FRONT DESK/ TIMESHEETS/LV	M. NEAL	12 JULY 22	1600-1630
CPRS/DRM TRAINING #3	BELL	13 JULY 22	0800-0900
TMS TRAINING HIPPA/SECURITY	HAERR/BELL/ CRUTCHFIELD	13 JULY 22	0900-1000
EKG/ACLS REVIEW	CRUTCHFIELD	13 JULY 22	1000-1100
IMPLANT BOARD TREATMENT PLANNING	BELL	13 JULY 22	1100-1200
INTRO ORTHO CLINIC EXAM/DIAGNOSIS	BRENDLINGER	13 JULY 22	1300-1430
INTRO ORTHO CLINIC DEMO PATIENT/CHARTING	BRENDLINGER	13 JULY 22	1430-1600
TREATMENT PLANNING SEMINAR #2/HANDOUT ACUTE PHASE REVIEW	VANCE	13 JULY 22	1600-1700
INTRO OMFS/ MEDICAL HISTORY	VALLERAND	14 JULY 22	0800-1000
DENTOALVEOLAR SURGERY	VALLERAND	14 JULY 22	1000-1200

MIPACS TRAINING	BELL	14 JULY 22	1300-1400
CT/CONE BEAM INTERPRETATION	BELL	14 JULY 22	1400-1500
ELIGIBILITY/VISTA/CONSULTS	RECORDS	14 JULY 22	1500-1600
DENTAL CLEARANCE EXAM	VALLERAND	14 JULY 22	1600-1700
RESIDENT OR TRAINING	CARPENTER	15 JULY 22	0800-1000
ACLS PREP /SIMULATION TRAINING #1	DAYTON VAMC	15 JULY 22	1000-1200
BLS	DAYTON VAMC	15 JULY 22	1300-1630
THIRD WEEK 18-22 JULY 2022 LV VANCE/ GROUP B OFF			
OMFS/SEDATION	VALLERAND	18 JULY 22	0800-1200
ACLS TRAINING	SIMULATION CENTER	18 JULY 22	1300-1630

2022-2023 RESTORATIVE/ENDODONTIC/TMD LECTURE SERIES

Date/Time	Course	Lecturer
06 Jul 22 / 1500-1600	Intro Treatment Planning Lecture Pass Out Acute Phase Handout	Dr Vance
11 Jul 22 / 0800-0900	Intro Restorative Clinic	Dr Bettineschi
11 Jul 22 / 0900-1000	Jaw Relation Records /Impressions Part 1	Dr Bettineschi
11 July 22 / 1530-1630	Clinical Photography Lecture	Dr Bettineschi Dr Crutchfield
12 July 22 / 1000-1100	Clinical Photography Lab	Dr Bettineschi Dr Crutchfield
12 July 22 / 1100-1200	Intro to RPD Design	Dr Bettineschi
12 July 22 / 1500-1600	Intro Endodontic Clinic Equipment/Diagnosis/Techniques	Dr Crutchfield
13 July 22 / 1600-1700	Treatment Planning Part 2 Review Acute Phase Handout/Handout Case #1	Dr Vance
19 July 22 / 0730-0830	Jaw Relation Records/Splints Part 2	Dr Bettineschi
20 July 22 / 1600-1700	Restorative Literature Review	Dr Crutchfield
26 July 22/ 0730-0830	Jaw Relation Records/Splints/Remount	Dr Bettineschi

	Part 3	
3 Aug 22 / 0730-0830	Caries Diagnosis/Gingival Management/ Amalgam/Handout Diagnostic/Systemic Phase Handouts	Dr Vance
03 Aug 22 / 1600-1700	Treatment Planning Seminar- Vance Case #2/ Review Diagnostic/Systemic Phase Handouts	Dr Vance
10 Aug 22 / 1600-1700	Endo Literature Review	Dr Bell
11 Aug 22 / 0730-0830	Endo Radiology	Dr Crutchfield
12 Aug 22 / 1300-1600	CEREC Hands on Course	Dr Bell/Patel
24 Aug 2022 / 0730-0830	Enamel/Dentin Adhesives	Dr Vance
08 Sept 22 / 0730-0830	Endo Emergencies/Trauma Irrigation/Medicaments	Dr Crutchfield
09 Sept 22 / 1430-1630	Rotary Endo Lecture/Lab	Dr Crutchfield/Bell
03 Oct 2022 / 1200-1300	Dental Materials Lit Review	Dr Vance
12-14 Oct / 0800-1630	TMD Course	Wright-Patterson AFB
17 Oct 22 / 1200-1300	Treatment Planning Seminar Case Presentation #3	Dr Vance
21 Oct 22 / 0800-1630	Dental Esthetics Symposium / Ceramics /Veneers/Luting Agents//Bleaching	Dr Bettineschi (WP Residents)
03 Nov 22 / 0730-0830	Endo Access/Hand Instrumentation Lecture	Dr Crutchfield
16 Nov 22 / 1600-1700	TMD Literature Review	Dr Bettineschi
23 Nov 22 / 1600-1700	Treatment Planning Seminar/Disease Control Phase	Dr Vance
07 Dec 22 / 0730-0830	Composites/Glass Ionomers	Dr Vance
14 Dec 2022 / 1600-1700	Endo Literature Review	Dr Bell
15 Dec 22 / 0730-0830	Endo Surgery	Dr Crutchfield
21 Dec 22 / 1600-1700	Restorative Literature Review	Dr Vance
11 Jan 23 / 1600-1700	Treatment Planning Seminar/Re-Eval Phase Handout	Dr Vance
18 Jan 23 / 0730-0830	Vital/Non-Vital Bleaching/Micro- abrasion	Dr Vance
09 Feb 23 / 0730-0830	Endo Retreatment/ Procedural Mishaps	Dr Crutchfield
23-24 Feb 23 / 0730-1630	USAF Dental Materials Consultant	Dr Vandewalle

22 Mar 23 / 1600-1700	Treatment Planning Seminar Case Presentation #4	Dr Vance
5 Apr 2023 / 1600-1700	Treatment Planning Seminar/Definitive Phase Handout	Dr Vance
12 Apr 2023 / 1600-1700	Restorative Literature Review	Dr Vance
13 Apr 23 / 0730-0830	Management of the Open Apex/ Resorption/Apexification/Apexogenesis	Dr Crutchfield
27 Apr 23 / 1600-1700	Endo Literature Review	Dr Bell
03 May 23 / 1600-1700	Treatment Planning Seminar/ Maintenance Phase Handout	Dr Vance
17 May 23 / 1600-1700	Treatment Planning Seminar Case Presentation #5	Dr Vance
Total Hours	90.0	

2022-2023 ORAL SURGERY/ORAL MEDICINE/RADIOLOGY LECTURE SERIES		
Date/Time	Course	Lecturer
07 Jul 22 / 1100-1200	Infection Control Needle Sticks	Dr Bettineschi/Brandie Bogumill
11 Jul 22 / 1430-1500	SOPS OMFS	Ms. Sanders
13 July 22 / 1000-1100	EKG/ACLS Review	Dr Vance
13 Jul 22 / 1100-1200	Implant Board Treatment Planning	Dr Bell
14 Jul 22 / 0800-1000	Intro OMFS/Medical History	Dr Vallerand
14 Jul 22 / 1000-1200	Dentoalveolar Surgery	Dr Vallerand
14 Jul 22 / 1300-1400	MIPACS/Digital Imaging	Dr Bell
14 Jul 22 / 1400-1500	CT/Cone Beam Interpretation	Dr Bell
14 Jul 22/ 1600-1700	Dental Clearance Exams	Dr Vallerand
15 July 22 / 0800-1000	OR Training	Ms. Sanders
15 Jul 22 / 1000-1200	ACLS/Airway Management /Emergency Management	Dr Vallerand Simulation Center

15 Jul 22 / 1300-1630	BLS	Dr. Bell
18 Jul 22 / 0800-1200	Intro OMFS/Sedation	Dr Vallerand
18 July 22 / 1300-1630	ACLS on TMS	Dr Crutchfield
27 July 22 / 1600-1700	Literature Review Special Needs Surgical Patient Protocols	Dr Vallerand
29 Jul 22 / 0800-1000	OMFS Suture Lab	Dr Vallerand
26 Aug 22/ 0800-0900	Local Anesthetics	Dr Vance
14 Sept 22 / 0800-1600 15 Sept 22 / 0800-1600	Implant Course	Dr Bell, Dr Bettineschi, Dr. Crutchfield, Dr Vallerand
15 Sept 22/ 0800-0900 (Implant Course 14-15 Sept)	Surgical Implantology	Dr Vallerand
19-22 Sept 22 / 0730-1630	Oral Medicine/Sedation Course	OMFS Clinic WPAFB
23 Sept 22 / 0800-0900	Anxiolysis and Oral Sedation	Dr Vallerand
12-14 Oct 22 / 0730-1630	Orofacial Pain/TMD Course	WPAFB DS (LtCol Duffin)
19 Oct 22 / 1600-1700	Oral Pathology Literature Review	Dr Vallerand
27-28 Oct 22 / 0730-1630	Oral Pathology Course Forensic Dentistry Course	Oral Pathology Consultant USAF Wright-Patterson AFB
04 Nov 22 / 0800-0900	Bone Grafting	Dr Vallerand
16 Nov 22 / 1600-1700	TMD Literature Review	Dr Bettineschi
18 Nov 22 / 0800-0900	Maxillofacial Infections	Dr Vallerand
02 Dec 22 / 0800-0900	Complex Exodontia	Dr. Vallerand
02 Dec 22 / 1300-1500	BLS/ACLS Review Mega code/Code 99	Dr Crutchfield Simulation Center
16 Dec 22 / 0800-0900	Osteoradionecrosis/Medication Related Jaw Necrosis	Dr Vallerand
8 Mar 23 / 1600-1700	Sedation Literature Review #18	Dr Crutchfield
10 Mar 23 / 0800-1000	Most Common Medical Emergencies	Drs Vallerand/Crutchfield

	in the Dental Office	Simulation Center
21 Apr 23/ 0800-0900	OSA-Surgical and Non-Surgical Treatment	Dr Vallerand
24-26 Apr 23 / 0730-1630	Oral Medicine Course	USAF Consultant (Col Krey)
5 May 23 / 0800-1000	Simulation Scenarios/Medical Emergencies	Drs Vallerand/Crutchfield Simulation Center
31 May 2023 / 1600-1700	Oral Medicine Literature Review	Dr Vallerand
2 June 23 / 0800-0900	Maxillofacial Trauma and Fractures	Dr Vallerand
TOTAL HOURS	153	

2022-2023 ORAL PATHOLOGY LECTURE SERIES

Date	Subject	Location
27 July 2022 / 1600-1700	Oral Pathology/Oral Med Literature Review	Dr. Vallerand
08 Aug 2022 / 1300-1500	Oral Pathology Lab Rotation/ Dr Thompson	Dayton VA
15 Aug 2022 / 1300-1500	Oral Pathology Lab Rotation/ Dr Lingenfelter	Dayton VA
19 Aug 22 / 1200-1300	VA Path Lecture Series Webinar/Exam/Biopsy	VA Webinar Dr Jill White
12 Sept 2022 / 1300-1500	Oral Pathology Lab Rotation/ Dr Helfferich	Dayton VA
03 Oct 2022 / 1300-1500	Oral Pathology Lab Rotation/ Dr Beedy-Storts	Dayton VA
26 Sept 2022 / 1200-1300	VA Path Webinar/Red, White and SCC	VA Webinar Dr Jill White
19 Oct 2022 / 1600-1700	Oral Pathology/Oral Med Literature Review	Dr. Vallerand
20 Oct 2022 / 1200-1300	VA Path Webinar/Lesions of the Gingiva	VA Webinar Dr Jill White
18 Nov 2022 / 1200-1300	VA Path Webinar/Salivary Gland Pathology	VA Webinar Dr Jill White
28-29 Nov 2022 / 0800-1600	Oral Pathology Course WPAFB	Dr. Klingman/ WPAFB
23 Dec 2022 / 1200-1300	VA Path Webinar/Ulcers	VA Webinar Dr Jill White
09 Jan 2023 / 1300-1500	Oral Pathology Lab Rotation/ Dr Lingenfelter	Dayton VA
20 Jan 2023 / 1200-1300	VA Path Webinar/Viral Lesions of the Oral	VA Webinar

	Cavity	Dr Jill White
24 Jan 2023 / 1300-1500	Oral Pathology Lab Rotation/ Dr Thompson	Dayton VA
30 Jan 2023/ 1300-1500	Oral Pathology Lab Rotation/ Dr Beedy-Storts	Dayton VA
06 Feb 2023 / 1300-1500	Oral Pathology Lab Rotation/ Dr Helfferich	Dayton VA
17 Feb 2023 / 1200-1300	VA Path Webinar/Odontogenic Cysts and Tumors	VA Webinar Dr Jill White
20 Mar 2023 / 1200-1300	VA Path Webinar/Bone Pathology	VA Webinar Dr Jill White
21 Apr 2023 / 1200-1300	VA Path Webinar/Pigmented Oral Lesions	VA Webinar Dr Jill White
24-26 Apr 2023 /0730-1630	Oral Medicine Course WPAFB	Dr. Fisher/WPAFB
19 May 2023 / 1200-1300	VA Path Webinar/Pediatric Oral Pathology	VA Webinar Dr Jill White
31 May 2023 / 1600-1700	Oral Pathology Literature Review	Dr. Vallerand
Total	33-57 Hours	

2021-2022 PERIODONTAL LECTURE SERIES

Date/Time	Course	Lecturer
14 July 21 / 1300-1430	Intro Perio Clinic/ Exam/Diagnosis	Dr Lee/Dr Vance
XX July-Aug 21 / 0730-0900	Perio Treatment Planning	Dr Wade/Dr Vance
16 Aug 21/ 1200-1300	Perio Literature Review #1	Dr Vance
XX Aug 21 / 0730-0900	Perio Surgery/Crown Lengthening/Osseous	Dr Wade/Dr Vance
XX Sept 21 / 0730-0900	Mucogingival	Dr Wade/Dr Vance
15-16 Sept 21 1000-1200	Implant Course (2 hours)	Dr Lee (WPAFB)
4 Oct 21 / 1200-1300	Perio Literature Review #2	Dr Vance
XX Oct 21/ 0730-1630	Perio Osseous Surgery Lab Suturing Lab/Laser Lab	88 Dental Squadron WPAFB
XX Oct 21 / 0730-0900	Treatment Planning Cases	Dr Wade/Dr Vance
13 Dec 21 / 1200-1300	Perio Literature Review #3	Dr Vance

10 Jan 22 / 1200-1300	Perio Literature Review #4	Dr Vance
XX Nov 21 / 0730-0900	Regeneration	Dr Wade/Dr Vance
XX Jan 22 / 0730-0900	Systemic Considerations	Dr Wade/Dr Vance
XX Mar / 0730-0900	Acute/Aggressive Diseases	Dr Wade/Dr Vance
4 Apr 22 / 1200-1300	Perio Literature Review #5	Dr Vance
23 May 22 / 1200-1300	Perio Literature Review #6	Dr Vance
Total Hours	27 Hours	

2022-2023 PROSTHODONTIC LECTURE SERIES

Date/Time	Course	Lecturer
07 July 22 / 1000-1100	Intro to the Dental Lab /Dayton VA	Mr. Freeman/Mr. Steel/ Mr. Spencer
11 July 22 / 0900-1000	Jaw Record/Impressions Part 1	Dr Bettineschi
11 July 22 / 1530-1630	Clinical Photography Lecture	Dr Bettineschi Dr Crutchfield
12 July 22 / 1000-1100	Clinical Photography Lab	Dr Bettineschi Dr Crutchfield
12 July 22 / 1100-1200	Intro RPD Design	Dr. Bettineschi
13 July 22 / 1100-1200	Implant Board/Treatment Planning	Dr Bell
14 July 22 / 1400-1500	CT/Cone Beam Interpretation	Dr Bell
19 July 22 / 0730-0830	Jaw Record/Impressions Part 2	Dr Bettineschi
26 July 22 / 0730-0830	Jaw Record/Impressions Part 3	Dr Bettineschi
2 Aug 22 / 0730-0900	Intro Prosthodontics	Dr Sellers
12 Aug 22 / 1300-1630	Introduction to CEREC/Lab	Dr Patel Dr Bell
31 Aug 22 / 1600-1700	Pros Literature Review	Dr Bettineschi
6 Sept 22 / 0730-0900	Preparation Design	Dr Sellers
14 Sept 22 / 0800-1630 15 Sept 22 / 0800-1630	Implant Course VAMC/WPAFB	Dr Bettineschi / Dr Vallerand/ Dr Bell/

		Dr Crutchfield
4 Oct 22 / 0730-0900	Crown Selection/Cement Selection	Dr Sellers
21 Oct 22 / 0800-1600	Esthetic Dentistry Symposium	Dr Bettineschi
1 Nov 22 / 0730-0900	Implant Considerations	Dr Sellers
22 Nov 22 / 0730-0830	RPD Design/Distal Extensions	Dr Bettineschi
30 Nov 22 / 1600-1700	Pros Literature Review/Implants	Dr Crutchfield
6 Dec 22 / 0730-0900	The Definitive Restoration	Dr Sellers
3 Jan 23 / 0730-0900	Removable Considerations	Dr Sellers
1 Feb 23 / 1600-1700	Pros Literature Review	Dr Bettineschi
7 Feb 23 / 0730-0900	Implants and Components	Dr Sellers
7 Mar 23 / 0730-0900	Interim Prosthesis	Dr Sellers
4 Apr 23 / 0730-0900	Communication to the Surgeon	Dr Sellers
2 May 23 / 0730-0900	Complex Restorative Considerations	Dr Sellers
6 Jun 23 / 0730-0900	Prosthodontic Lecture #10 (Lecture's Choice)	Dr Sellers
Total Hours	54.0	

2021-2022 ORTHODONTIC LECTURE SERIES

Date/Time	Course	Lecturer
13 July 22 / 1300-1430	Intro Orthodontic Clinic Examination/Diagnostic Records	Dr. Eric Brendlinger
13 July 22 / 1430-1600	Orthodontic Demo/Patient Charting	Dr. Eric Brendlinger
10 Aug 22 / 0730-0830	Cephalometrics	Dr. Eric Brendlinger
07 Sept 22 / 0730-0830	Etiology/Incidence of Malocclusion	Dr. Eric Brendlinger
05 Oct 22 / 0730-0830	Interceptive Orthodontic Care	Dr. Eric Brendlinger
05 Oct 22 / 1600-1700	Ortho Literature Review #1	Dr. Eric Brendlinger

02 Nov 22 / 0730-0830	Limited Tooth Movement, Adults	Dr. Eric Brendlinger
14 Dec 22 / 0730-0830	Fixed Orthodontic Appliances	Dr. Eric Brendlinger
04 Jan 23 / 0730-0830	Biology of Tooth Movement	Dr. Eric Brendlinger
01 Feb 23 / 0730-0830	Orthopedic Appliances	Dr. Eric Brendlinger
01 Mar 23 / 0730-0830	Completed Ortho Cases and Complications	Dr. Eric Brendlinger
29 Mar 23 / 1600-1700	Ortho Literature Review #2	Dr. Eric Brendlinger
05 Apr 23 / 0730-0830	Topics TBA	Dr. Eric Brendlinger
03 May 23 / 0730-0830	Topics TBA	Dr. Eric Brendlinger
07 Jun 23 / 0730-0830	Ortho Case Pan Review Transfer Notes/ RTC Orders	Dr. Eric Brendlinger
Total Hours	17.0	

2022-2023 PERIODONTAL LECTURE SERIES

Date/Time	Course	Lecturer
11 July 22 / 1300-1430	Intro Perio Clinic/ Exam/Diagnosis	Dr Azer/Dr. Wade Webinar
25 July 22 / 1200-1300	Perio Treatment Planning	Dr Azer
15 Aug 22/ 1200-1300	Perio Literature Review #1	Dr Azer
14-15 Sept 22 1000-1200	Implant Course (2 hours)	Dr Lee (WPAFB)
24 Oct 22 / 1200-1300	Bone grafting/Augmentation: Guided Bone Regeneration	Dr Thomas Scorziello VA Webinar
7 Nov 22 / 1200-1300	Principles of Periodontal Surgery	Dr. Patel VA Webimar
21 Nov 22 / 1200-1300	Gingival Augmentation for Root Coverage and Soft Tissue Enhancement	Dr. Joan Otomo-Corgel VA Webinar
5 Dec 22 / 1200-1300	Soft Tissue Management for Generalized Recession	Anna Brunetti, DMD, MDS VA Webinar
09 Jan 23 / 1200-1300	Perio Literature Review #2	Dr Azer
30 Jan 23 / 1200-1300	Lasers and the Treatment of Periodontitis	Dr. Charles Cobb VA Webinar

13 Mar 23 / 1200-1300	Interrelationship of Pupal & Periodontal Disease (Dr. Barnett)	Dr Barnett VA Webinar
3 Apr 23 / 1200-1300	Perio Literature Review #3	Dr Azer
22 May 23 / 1200-1300	Periodontics Fads, Facts and Fallacies	Dr Ambrose VA Webinar
Total Hours	17 Hours	

2022-2023 TREATMENT PLANNING LECTURE/CASE SERIES

Date/Time	Course	Lecturer/Presenter
06 July 22 / 1400-1500	Intro Treatment Planning Seminar #1 Pass Out Acute Phase Handout	Dr Vance
12 July 21 / 1500-1600	Endodontic Diagnosis/Treatment Planning	Dr Crutchfield
11 July 22 / 1300-1430	Periodontal Diagnosis/Treatment Planning (Webinar)	Dr Wade/Dr Azer
13 July 22 / 1100-1200	Implant Board Treatment Planning	Dr Bell
13 July 21 / 1430-1600	Orthodontic Examination/Diagnostic Records/Treatment Planning	Dr Brendlinger
13 July 21 / 1600-1700	Treatment Planning Seminar #2 Review Case Presentation #1 Initial Review Acute Phase Handout	Dr Vance
3 Aug 2022 / 1600-1700	Treatment Planning Seminar #2 & Case Presentation #1	Dr Vance
08 Aug 22 / 1200-1300	Monthly Implant Board (July)	Staff/Residents
17 Aug 22 / 1600-1700	Resident Treatment Planning Seminar Case Pan Reviews	Vance/Residents
23 Aug 22 / 1200-1300	Monthly Implant Board	Staff/Residents
07 Sept 22 / 1600-1700	Resident Treatment Planning Presentation #1	R1/R2
14-15 Sept 22 / 0800-1630 (2 Hours)	Implant Course/Perio Treatment Planning/Implants	Dr Lee/Dr Bell/ Dr Bettineschi
16 Sept 22 / 1200-1300	Resident Treatment Planning Presentation #1	R3/R4
28 Sept 22 / 1200-1300	Monthly Implant Board	Staff/Residents
28 Sept 22 / 1600-1700	Resident Treatment Planning Seminar Case Pan Reviews	Vance/Residents
21 Oct 22 / 1100-1200	Esthetic Dentistry Symposium Tx Planning the Esthetic Case	Dr Bettineschi
25 Oct 22 / 1245-1400	Monthly Implant Board	Staff/Residents

26 Oct 22 / 1600-1700	Resident Treatment Planning Seminar	Vance/Residents
01 Nov 22 / 0730-0900	Implant Treatment Planning Considerations	Dr Sellers
22 Nov 22 / 1245-1400	Monthly Implant Board	Staff/Residents
23 Nov 22 / 1600-1700	Resident Treatment Planning Seminar Review Disease Control Handout	Vance/Residents
7 Dec 22 / 1600-1700	Resident Treatment Planning Presentation #2	R1/R2
09 Dec 22 / 1200-1300	Resident Treatment Planning Presentation #2	R3/R4
22 Dec 22 / 1200-1300	Monthly Implant Board	Staff/Residents
4 Jan 23 / 1600-1700	Resident Treatment Planning Seminar	Vance/Residents
11 Jan 23 / 1600-1700	Resident Treatment Planning Seminar Review Re-Eval Phase	Vance/Residents
24 Jan 23 / 1245-1345	Monthly Implant Board	Staff/Residents
25 Jan 23 / 1600-1700	Resident Treatment Planning Seminar Case Pan Reviews	Vance/Residents
08 Feb 23 / 1600-1700	Resident Treatment Planning Presentation #3	R1/R2
15 Feb 23 / 1600-1700	Resident Treatment Planning Presentation #3	R3/R4
22 Feb 23 / 1600-1700	Resident Treatment Planning Seminar Case Pan Reviews	Vance/Residents
28 Feb 23 / 1200-1300	Monthly Implant Board	Staff/Residents
22 Mar 23 / 1600-1700	Treatment Planning / Case Presentation #4	Vance
28 Mar 23 / 1245-1345	Monthly Implant Board	Staff/Residents
05 Apr 23 / 1600-1700	Resident Treatment Planning Seminar Review Definitive Phase Handout	Dr Vance/Residents
19 Apr 23 / 1600-1700	Resident Treatment Planning Seminar	Dr Vance/Residents
25 Apr 23 / 1245-1345	Monthly Implant Board	Staff/Residents
3 May 23 / 1600-1700	Resident Treatment Planning Seminar Maintenance Phase Handout	Dr Vance/Residents
17 May 23 / 1600-1700	Treatment Planning / Case Presentation #5	Vance
23 May 23 / 1245-1345	Monthly Implant Board	Staff/Residents
07 Jun 23 / 1600-1700	Resident Treatment Planning Presentation	R1/R2

	#4	
14 Jun 23 / 1600-1700	Resident Treatment Planning Presentation #4	R3/R4
27 Jun 23 / 1245-1345	Monthly Implant Board	Staff/Residents
Total Hours	47.5	

2022-2023 PEDIATRIC DENTISTRY LECTURE SERIES

Date/Time	Course	Lecturer
26 Aug 2022 / 1300-1630	Nitrous Oxide /Inhalation Course	Dr. Angela Cook WPAFB
29 Aug 2022 /1215-1300	Nitrous Oxide Post Test	Dr. Vance
13 Jan 2023 /0730-1000	Introduction to Pediatric Dentistry Pediatric Literature review	Dr. Angela Cook
27 Jan 2023 /0730-0900	Behavior Guidance	Dr. Angela Cook
10 Feb 2023 /0730-0900	Trauma/Pediatric Dental Emergencies	Dr. Angela Cook
03 Mar 2023 /0730-0900	Pulp Therapy	Dr. Angela Cook
7 Apr 2023 /0730-0900	Restorative Dentistry	Dr. Angela Cook
28 Apr 2023 /0730-0900	Growth and Development	Dr. Angela Cook
26 May 2023 /0730-0900	Common Clinical Presentations in Pediatric Dentistry	Dr. Angela Cook
09 Jun 2023 /0730-0900	Child Abuse/Special Needs	Dr. Angela Cook
Total Hours	17.5	

MEMORANDUM FOR AEGD RESIDENTS/TEACHING STAFF

FROM: RICHARD I. VANCE, DMD

SUBJECT: CHIEF RESIDENT SCHEDULE ACADEMIC YEAR 2022-2023

1. The following schedule is effective immediately:

<u>Resident</u>	<u>Dates</u>
Dr Thompson	6 July 2021 - 30 September 2021
Dr Lingenfelter	1 Oct 2021 – 31 December 2021
Dr Helfferich	1 January 2022– 31 March 2022
Dr Beedy-Storts	1 April 2022-2 July 2022

- The duties of the chief resident may include but are not limited to the following:
 - Serving as a conduit of information between residents and staff
 - Assisting the Program Director in administrative tasks as required
 - Attending the first portion of each AEGD Education Meeting (1st Tuesday/12:45-1:00)
 - Attending the professional staff meeting (2nd Tuesday/12:45-13:45)
 - Arranging the conference room and assist in procuring refreshments for consultant visits and/or specially arranged seminars within the AEGD schedule
 - Administrative duties for the resident class. Will work with AO Aaronn Haerr, Dr Crutchfield and Dr Vance
 - Take minutes at the monthly Implant Board (4th Tuesday/12:45)
- The chief resident is the point of contact for the teaching staff. Although the rotation may seem burdensome at times, it will make the residency easier in the long run for the entire class.
- Take the job seriously as you are being evaluated while you are chief resident. If the scheduled chief resident is not available on a given day, he or she will ensure there is an alternate and will inform the teaching staff of the change.
- The bottom line is the chief resident is the **Leader**. Take charge of the class and make things happen!

Resident Staffing Schedule 2021-2022

1. No patients will be scheduled for staff dentists on the days that they are staffing residents unless the staffing dentist specifically OK's the patient.
2. On staffing days, the staffing dentist will generally have one assistant and will be staffing 3-4 residents. He/she may put in procedures like impressions, seating, etc. at his/her discretion. The staffing dentist will need to look at resident rotation schedules in advance to make that decision and will need to see if assistants are available.
3. STAFFING SCHEDULE (Starting 19 July 2022)

	MON	TUES	WED	THURS	FRI
AM	Azer	Bettineschi	Vance	Crutchfield	Patel Bell/Vance
PM	Azer	Bettineschi	Vance	Crutchfield	Patel Bell/Vance

4. Duty Hours for residents: 0745-1215-patients, 1215-1245-lunch, 1300-1630-patients
Wednesday, due to treatment planning seminars and literature reviews, the duty is extended from 0730-1700. Wed PM optional for perio surgery (one afternoon per resident per month)
5. Tuesdays are meeting days/room clean-up. No patients will be scheduled on Tuesdays from 12:45-1:45.
6. Resident literature review/treatment planning sessions will be on Wednesday from 1600-1700 starting 20 July 2022. Patient care will need to finish around 1545 for residents to finish writing up records prior to literature review/treatment planning.
7. Staffing dentist will oversee any/all open/broken appointment times for the residents. Dental personnel must go through the staff dentist and must refrain from putting patients in open resident slots.
7. Resident records need to be completed prior to end of duty day

Responsibilities and Evaluation of Teaching Staff

1. The American Dental Association's "STANDARDS FOR ADVANCED EDUCATION IN GENERAL DENTISTRY":

"Attending faculty performance **must** be evaluated at least annually to determine whether staff members are meeting their teaching and supervisory responsibilities. Written criteria used to evaluate faculty **must** be predetermined and clearly identified and communicated to the staff. Input should be solicited from residents and other staff regarding faculty members' performance as measured against established criteria." (6.3)

2. Annual evaluations will be based upon the following ADA standards:

- a) Faculty **should** possess strong clinical skills and be current in the recent advances in dentistry.
- b) Faculty **must** be fully aware of the philosophy, goals, and objectives of the advanced education program in general dentistry, as set forth in the 2022-2023 Dayton VA Residency Program Goals and Objectives.
- c) Faculty **must** take an active role in the presentation of seminars, lectures, conferences, and other didactic activities, to include treatment planning sessions and literature reviews.
- d) Faculty **must** review computer records of patients assigned to residents to assure their accuracy and comprehensiveness.
- e) Faculty **must** discuss patient evaluation, treatment planning, management, complications, and outcomes of cases with residents.
- f) Faculty **must** always supervise residents in clinical activities. Faculty will also be assigned to staff after-hours emergent dental care on a rotational basis.
- g) Staffing faculty members **must** review and co-sign all dental entries following treatment by the resident member.
- h) Faculty **must** participate in resident and program evaluations, e.g., monthly clinical evaluations and trimester evaluations.
- i) Faculty **must** meet as a group with the program director on a regular basis to review and assess curricular activities and outcomes, e.g., monthly resident education meetings and annual resident education off-site meetings.

3. Annual teacher evaluations will be accomplished using the "Responsibilities of Teaching Staff", as listed above. This will be augmented with resident critiques.

4. Please read the above as well as the attached "ACCREDITATION STANDARDS FOR ADVANCED EDUCATION IN GENERAL DENTISTRY" and sign below, acknowledging your understanding and acceptance of your teaching responsibilities.

DAYTON VA DENTAL RESIDENCY CASE PRESENTATION SCHEDULE 2022-2023

AEGD Residents are required to present four significant treatment cases during their training year. Cases will be presented to the teaching staff during treatment planning sessions on Wednesdays during the following dates:

Case Number	Dates	Provider	Time
#1	07 Sep 2022	R1	1600/1630
	07 Sep 2022	R2	1630/1700
	16 Sep 2022	R3	1200/1230
	16 Sep 2022	R4	1230/1300
#2	07 Dec 2022	R1	1600/1630
	07 Dec 2022	R2	1630/1700

	09 Dec 2022	R3	1200/1230
	09 Dec 2022	R4	1230/1300
#3	08 Feb 2023	R1	1600/1630
	08 Feb 2023	R2	1630/1700
	15 Feb 2023	R3	1600/1630
	15 Feb 2023	R4	1630/1700
#4	07 Jun 2023	R1	1600/1630
	07 Jun 2023	R2	1630/1700
	14 Jun 2023	R3	1600/1630
	14 Jun 2023	R4	1630/1700

Guidelines:

- All case presentations will be **formatted on the computer** (i.e., PowerPoint document) and electronic copies must be e-mailed to the dental staff **at least the day** prior to the presentation. A copy will be kept in the resident's permanent record and on the L drive. PowerPoint format is required.
- It is suggested that the cases might include one significant surgical case (OMFS or perio) and three complex restorative cases (significant fixed prosthetics, implants, RPDs).
- The presenting resident should be prepared to answer any questions regarding the case and defend his/her treatment plans.

Specific Requirements included in the Power-point:

- Diagnostic casts
- Intraoral photos
- Radiographs – Panorex/BWXR/CBCT Scan or full mouth series
- Past medical history
- Past dental history
- Laboratory tests and findings if indicated
- Dental examination findings (perio chart if indicated)
- Problem List (CMOREPOOOPE)
- Ideal Phased Treatment Plan
- Alternate Treatment Plans/Options

**TABLE CLINIC GUIDELINES
DAYTON VA AEGD
2021-2022**

During the academic year, residents are required to research and develop a table clinic on a topic of interest to a general dental audience. Presentation will be at the Thomas P. Hinman Meeting, 16-18 March 2023, in Atlanta, Georgia.

Residents will select their topics with input from the VA Dental Staff, subject to the approval of the Program Director. Background research and development of a suitable format is the responsibility of the resident. Once the final draft has been approved, Medical Media will complete the display board presentation. **It is critical to maintain the timeline, to ensure the presentations are ready for the day of the Thomas P. Hinman meeting.**

Guidelines:

- Select a topic that is interesting to **you!**
- Avoid selecting a topic that is too broad – pick a topic that is narrow enough to be presented well in a 3-panel format, speaking for 5-10 minutes.
- Display must be esthetically pleasing - avoid filling the panels with text – select interesting photos, then use the text to elaborate.
- Use the text on the display as the outline - practice the delivery until you can carry on a discussion with your audience.
- Attention to details: watch for typographical errors, cite credits appropriately, have references available for your audience.

Suspense Date	Task
17 Oct 2022	Turn in Table Clinic topic and staff advisor name to Dr Vance
14 Nov 2022	Turn in List of Literature Review Articles on Your Topic to staff advisor and Dr Vance
01 Dec 2022	Deadline application form to Thomas P. Hinman Meeting (2 Registrations Required 1 for Table Clinic, 1 for Meeting) Travel Arrangements-Go on website CONCUR/Will need access for residents (Williams, Sheila VHADAY)- Sheila.williams2@va.gov *See Dr. Haerr (AO) on guidance with CONCUR to do a link with ACES. Make Hotel Reservations EARLY!!!
09 Jan 2023	Draft #1 of Table Clinic to staff advisor and Dr Vance. Contact with Medical Media to start small posters
30 Jan 2023	Final Draft of Table Clinic with typed outline of discussion to advisor, medical media, and Dr. Vance.
06 Feb 2023	Present Table Clinics (small posters) for Review to Staff/Advisor
13 Feb 2023	Turn in Table Clinics to Medical Illustrations for fabrication of large poster boards
06 Mar 2022	Ship Out Table Clinic Posters to Hotel in Atlanta
16-18 Mar 2023	Thomas P. Hinman Meeting: Table Clinic Presentations

AEGD Class 2022-2023 Dental Literature Review Timeline

Review #	Category	Subject	Resident Leader	Lit Review	Staff Leader
1	Restorative	Preventive Dentistry/Caries Diagnosis	R1	20 July 22	Crutchfield
2	Oral Medicine	Medically Compromised Patients	R2	27 July 22	Vallerand
3	Endodontics	Access/Debridement/Tech	R3	10 Aug 22	Bell
*4	Periodontics	Systemic Disease/Periodontitis	R4	15 Aug 22	Azer/ Vance
5	Pros	Diagnosis/Treatment	R1	31 Aug 22	Bettineschi

*6	Dental Ethics	ADA Ethics	R2	30 Sep 22	Records
*7	Restorative	Dental Materials	R3	03 Oct 22	Vance
8	Ortho	TBD	R4	05 Oct 22	Brendlinger
9	Oral Path/Oral Surgery	H/N Pathology/Treatment	R1	19 Oct 22	Vallerand
10	Oral Medicine	TMD Patient	R2	16 Nov 22	Bettineschi
11	Pros	Implants	R3	30 Nov 22	Crutchfield
12	Endodontics	Obturation Tech	R4	14 Dec 22	Bell
13	Restorative	Resins/GI	R1	21 Dec 22	Vance
14	Periodontics	Osseous Surgery	R2	09 Jan 23	Azer/Vance
*15	Pediatric Dentistry	TBD	R3	13 Jan 23	Cook
16	Dental Ethics	ADA Ethical Dilemmas	R4	18 Jan 23	Records
17	Pros	TBD	R1	01 Feb 23	Bettineschi
18	Sedation	TBD	R2	08 Mar 23	Crutchfield
19	Ortho	TBD	R3	29 Mar 23	Brendlinger
*20	Periodontics	Regenerative Surgery	R4	03 Apr 23	Azer/Vance
21	Restorative	Cements/Bleaching/Curing	R1	12 Apr 23	Vance
*22	Endodontics	Surgery/Non-Vital Bleach	R2	27 April 23	Bell
23	Dental Ethics	ADA Ethical Dilemmas	R3	10 May 23	Records
24	Practice Manage	TBD	R1/R2	24 May 23	Crutchfield
25	Oral Medicine	TBD	R3/R4	31 May 23	Vallerand

Literature review will take place on Wednesdays starting at 1600 in the resident conference room. Please check the resident Outlook Calendar. Residents are responsible for reading all the articles and will be called on to lead the discussion. We will have a total of 4-6 articles with each resident being responsible for leading the discussion of one article. Residents also have literature review during periodontal rotation with Dr. Vance on Mondays 1200-1300. All articles must be turned into the AEGD Director prior to the literature review

DAYTON VA DENTAL RESIDENCY LECTURE SERIES SCHEDULE 2022-2023

AEGD Dental Residents are required to present a 40 to 45-minute education presentation to the entire dental service during their training year. Presentations will be presented to the assembled dental service on the following dates:

Presentation	Dates	Providers	Time
Resident #1	21 Feb 2023	R1	1245
Resident #2	21 Mar 2023	R2	1245
Resident #3	18 Apr 2023	R3	1245
Resident #4	16 May 2023	R4	1245

Guidelines:

- All presentations will be **formatted on the computer** (PowerPoint document) and a copy must be distributed to the Dental Staff Mentor and Program Director **at least two days** prior to the presentation. A copy will be kept in the resident's permanent record.
- The presenting resident should be prepared to answer any questions regarding the presentation and defend his/her topic.
- PowerPoint presentation format is required.
- Please check with Mrs. Teresa Greer and Medical Media to make sure equipment is working at least 24 hours prior to presentation.
- Check with Staff (Dr. Vance/Dr. Crutchfield/AO Aaronn Haerr) to make sure proper room size has been reserved at least 4 weeks prior to presentation date.

Timetable:

Resident	R1	R2	R3	R4
Topic/ Mentor Selection	20 Dec 2022	17Jan 2023	14 Feb 2023	14 Mar 2023
Outline	03 Jan 2023	31 Jan 2023	28 Feb2023	28 Mar 2023

Draft #1	31 Jan 2023	28 Feb 2023	28 Mar 2023	25 Apr 2023
Draft #2	07 Feb 2023	07 Mar 2023	04 Apr 2023	02 May 2023
Present to Mentor	14 Feb 2023	14 Mar 2023	11 Apr 2023	09 May 2023
Presentation Date	21 Feb 2023	21 Mar 2023	18 Apr 2023	16 May 2023

Dayton VA Resident Training Agreement 2021-2022

As a resident assigned to the Dayton VA Advanced Education General Dentistry (AEGD) residency training program for Training Year 2022-2023, I understand that Dayton VA Dental Service shall provide a graduate general dentistry education program that meets all the standards of and is approved by the ADA Commission on Dental Accreditation. Furthermore, I understand the following policies and my rights, responsibilities, and benefits:

I. RESIDENT RESPONSIBILITIES:

- A. To develop a personal program of learning to foster continued professional growth with guidance from the teaching staff.
- B. To participate in patient care, under supervision, commensurate with my level of advancement and responsibility.
- C. To participate fully in the educational and scholarly activities of my program; to meet all program and dental service requirements; and to demonstrate the knowledge and skills defined by my program.
- D. To participate as appropriate in institutional programs and dental staff activities and to adhere to established practices, procedures, and policies of the institutions in which I am training.
- E. To submit to the program director, at least annually, confidential anonymous written evaluations of the faculty and of educational experiences of the training program.
- F. To adhere to the highest standards of integrity, professionalism, and ethical conduct for dentists of the Department of Veterans Affairs.
- G. To meet all training, administrative, and patient care requirements as designated in the Dental Service and Medical Center Operating Instructions and Policies.
- H. To maintain certification in Basic Life Support and Advanced Cardiac Life Support as directed.
- I. To comply with VA policies requiring all residents to have in their possession a current, active, valid, and unrestricted state dental license and or resident license prior to the start of the AEGD
- J. To comply with the supervisory lines of responsibility for each dental specialty about training requirements and the care of patients and comply with these specific requirements.
- K. Follow the supervisory chain of command in the residency section.
- L. To obtain from program director all updated documents involved in my training year schedule including the monthly training calendar, Dentist of the Day call schedule and schedule of assignments (rotations) and comply with these schedules.
- M. To comply with restriction on Outside Practice Activities (Moonlighting). VA policy expressly forbids outside dental practice and gainful employment during the residency. Such practice and employment will be grounds for dismissal from the program.

II. RESIDENT BENEFITS AND RIGHTS:

As a Dayton VA resident, I will receive the same benefits in the areas of health care, leave and financial support as any other dental resident doing graduate dental education. Full pay and allowances continue for the duration of the residency and during permitted absences listed below. In addition, I understand the following policies relating to my benefits:

A. **Absence from Training** – If a resident has frequent unexcused absences or tardiness during the academic year, due process disciplinary actions including removal from the program may be initiated.

B. **Convalescent Leave (sick leave)** - Granted for cause, in accordance with VA regulations. If extended illness significantly compromises resident training, due process actions including removal from the program may be initiated.

C. **Ordinary Leave (vacation)** - Granted during the training year for 13 days at the discretion of the program director

D. **Parental Leave** - Follows VA guidelines, which allows up to 42 days of maternity leave. Paternity leave of up to 5 days may be arranged at the discretion of the program director. However, such extended absence from the program may lead to dismissal from the AEGD Program if training is significantly compromised.

F. **Disability Care** - Provided in accordance with VA regulations.

G. **Liability Coverage**-Under the Federal Tort Claims Act 28 USC, Section 2679d, the Westfall Act, dental malpractice coverage is provided to me free of charge. Coverage will be in effect for all care rendered within the scope of my federal employment. This requires me to provide the best possible documentation of the best possible care to my patients and always to utilize appropriate levels of supervision as outlined in the policies of the hospital in which I am training.

H. **Counseling & Support Services** - Confidential counseling, medical, and support services are available at any time through the routine medical and mental health services of the Dayton VA Medical Service/Employee Health.

I. **Administrative Leave/Absence** – May be granted by your program director to attend professional meetings at your own expense. It requires approval of the Dental Service Chief.

J. **Laundry** – Personal protective equipment meeting VA Infection Control and OSHA standards will be provided. “Scrubs” are provided at no cost to the resident.

K. **Restrictive Covenants** – Residents are not required to sign a non-competition guarantee.

L. **Duty Hours** - The normal duty day for the VA Dental Service AEGD is 0730-1630 (M-Th) except when lectures/EFDA clinic may dictate later times. Resident and staff time are commonly extended beyond normal duty hours. Residents should arrive at work by 0730 as a minimum for proper pre-operative preparations. The resident should obtain approval from the program director prior to leaving earlier than 1630. Duty hours for Friday are 0800-1630, residents again should arrive by 0745 unless lecture dictates 0730 start time.

M. **Food services** – Food service is available in the lobby area of the Medical Center. Cost is covered by the resident.

N. **Work environment free from Sexual Harassment and Discrimination**- Department of Veterans Affairs has zero tolerance for sexual harassment, exploitation, and discrimination. Defined policies and procedures addressing sexual harassment and exploitation are outlined in VA Newcomers briefing.

O. **Guarantee of Due Process**- Due process for remediation, probation, extension, and/or termination actions are outlined in VA Due Process Policy given to you at orientation.

P. **System for Resolving Grievances**- Complaints, grievances, or request for assistance may be presented through the resident’s chain of command.

III. DURATION OF TRAINING: By ADA accreditation standards, the AEGD Residency is a year in duration training program and my graduation/residency certificate is contingent upon satisfactory performance in the program including resident skills that meet the criteria of the Dayton VA Dental Service AEGD Competency and Proficiency Statements given to me at orientation.

I acknowledge receipt of, have read and understand the terms of this training agreement of the Dayton VA Dental Service