



Idaho Advanced General Dentistry (IAGD)

Residency Manual

11/2023

TABLE OF CONTENTS

Section 1-Introduction

Introduction	1
Evidence of Understanding	2
Mission Statement and Philosophy	3

Section 2-Campus Information

Financial Aid	4
Bengal Cards	4
Bookstore	5
Parking.....	5
University Housing	5

Section 3-Department of Dental Sciences

Guests in the Clinic	7
Instruments and Supplies.....	7
Faculty Recommendations for Residents	7
Release for Recommendation Form	9

Section 4-the Program

Residency Requirements Summary	10
Application/Registration/Enrollment	11
Patient Centered Comprehensive Care	12
Community Service.....	13
Professional Service	13
Academic Information	15
Supporting Objectives.....	15
Educational Objectives	15
Didactic Requirements.....	16
Curriculum Overview.....	16
Clinical Requirements.....	17
Academic Performance Advancement Committees	18
Attendance	19
Grading	19
Academic Appeals Process	21
Complaints Process	21
Withdrawals/Progress/Promotions	22

Resident Evaluation.....	22
Education.....	23
Fitness for Duty Policy Statement	25
Continuation of Employment/Enrollment Contract.....	26
Confidentiality	27
Professional Conduct.....	27
Clinical Philosophy	28
Professionalism	31
Hours/ Vacation/Personal Leave	38
Working Hours	39
Dress Code	39
Correspondence.....	39
Licensure Requirements	40
Organizational Memberships	40
Leave of Absence	40
Emergency Care Coverage.....	40
Resident-on-Call Procedure	41
Rotations.....	45
Sedation Competency Protocol.....	47
General Dentistry Practicum.....	50
Patient Care Conferences/Seminars.....	59

Section 5-Evaluations and Record Audits

Overview of Program Methodology.....	61
Faculty Course Evaluations	61
Competency and Proficiency Statements	63
Residents Evaluation Form	68
Continuous Quality Improvement Plan (CQI).....	83
Routine Chart Audit	84
Periodic Evaluation Forms	86
Monthly Staff Evaluation of Resident Performance	87
Monthly IAGD Resident Self-Evaluation	88
Quarterly Resident Evaluation of Faculty.....	89

Section 6-Scheduling

Non-Clinical Days/Didactic Day/Monday Routine Schedule	90
Residents' Schedule Quick Checklist	91

Section 7-Clinical Operations

Financial Policy of IAGD	92
Charting and Record Keeping	92
Dress Code	93
Infection Control.....	90
Personal Protective Equipment.....	98
Consequences of Not Following Sterilization Standards	100
Vaccination and Testing Policies and Procedures	101
Vaccination Declination Form	104
Employee/Resident HBV/MMR Medical Record	105
Clinical Safety Protocol	107
Operatory Zones	111
Procedures on Aids and Hepatitis B or C.....	121
Communicable Diseases Statement	121
At Risk Accidents.....	122

SECTION 1

INTRODUCTION

Welcome to Idaho State University Advanced Education in General Dentistry Residency Program (IAGD) at Idaho State University. The following information in this Residency Manual provides the resident with both an overview of resources and policies concerning Idaho State University, as well as information regarding resident responsibilities, policies and procedures, clinical evaluations and organization specific to the IAGD dental clinic. Each resident is expected to be familiar with the rules and regulations found in this clinical handbook. Compliance with the information will ensure the maintenance and promotion of high standards in health care delivery, education, and professional growth. Information concerning class schedules, call schedule, rotations, etc, will be provided in a separate format. In recognition of an appropriate level of understanding of the information in this manual, the signed Evidence of Understanding (page 5) will be maintained in every resident's file.

Policies and procedures are constantly changing to improve the educational experience and quality of care. At all times, the residents will be expected to maintain an updated IAGD Resident's Policies and Procedure Manual. If policies and/or procedures are changed, the department office notify the resident of appropriate changes or additions in writing and electronically edit the manual. It is then the resident's responsibility to review the manual and be familiar with the changes.

EVIDENCE OF UNDERSTANDING

Idaho State University

Idaho Advanced General Dentistry Residency Program

EVIDENCE OF UNDERSTANDING

Name (Print)_____

My signature below indicates that I have read the IAGD Policies and Procedures Manual for the Idaho State University IAGD Residency Program. I understand the contents and have had the opportunity to obtain clarification and/or explanation of areas or information in question. In signing, I further agree that I will adhere to the specific policies and procedures during enrollment/service as a resident or during my employment as a faculty or staff for the program.

In the event that I do not follow the policies and procedures, I am willing to abide by the consequences identified in the course outline, this statement of policies and procedures, and/or the Idaho State University Bulletin, or the ISU Faculty and Staff Handbook respectively.

I also understand that failure to comply with the policies and procedures outlined as well as valid promulgated policies of Idaho State University, the Idaho Personnel Commission, Portneuf Medical Center or St. Alphonsus Medical Center can result in sanctions, actions and consequences, possibly including dismissal from the program.

Signed_____Date_____

MISSION STATEMENT

The mission of the Idaho Advanced General Dentistry Program is to provide an outstanding educational experience employing patient-centered dental services focused on underserved individuals coupled with service to the community and professions. Residents completing the program are expected to advance their knowledge, skills, and experience beyond that obtained in the pre-doctoral curriculum and develop a sense of personal responsibility for continued learning and constantly advancing clinical skills while providing caring, competent services to their patients. This mission statement is based upon the departmental core values of Education, Excellence and Service.

PHILOSOPHY

Idaho State University (ISU) sponsors the Idaho Advanced General Dentistry Program, an Advanced Education in General Dentistry Residency program accredited by the Commission on Dental Accreditation*. The goal of the program includes increasing the knowledge and clinical skills of the resident beyond that achieved in the pre-doctoral education. The program utilizes an integrated multi-disciplinary learning environment where residents are able to increase their competence in the application of modern standards of dental care and practice management.

This one-year residency focuses on providing comprehensive care in a variety of clinical settings, emphasizing underserved, at risk and rural populations. Residents also receive training with patients who have emergency or episodic needs. A certificate is awarded upon the successful completion of the program.

SECTION 2

Financial Aid

Residents are considered full-time enrollees at the Idaho State University and are eligible for deferment of federally qualified student loans during their period at ISU. Financial Aid staff is available to discuss resident's deferment concerns related to financial aid. The staff will describe the types of deferment available and help residents with the application process.

Student ID Cards (Bengal Cards)

Residents are required to have a valid ISU photo identification card as proof of current enrollment. These cards, called Bengal Cards, are available at the Bengal Card Service, located at Public Safety or the ISU-Meridian facility. Bengal Cards are used for your safety to control access to dorms, labs and other buildings around campus. Bengal Cards are required for admission to test, check cashing services, distribution of paychecks and financial aid, pre-registration, athletic events, ASISU events and library privileges.

There is a fee of \$10.00 assessed for a replacement ID Card. During fee payment, cards may be obtained at the fee payment area in the Student Union. During any other time, they are available at Public Safety between 8:00 a.m. and 5:00 p.m. Monday through Friday.

Spouses of married students are eligible to purchase a student spouse ID. The student must be enrolled in four or more credit hours before a spouse is eligible to purchase an ID card. A valid student ID, proof of marriage, and valid driver's license are necessary to purchase a spouse ID which is validated each semester. Brochures listing details of benefits and fees are available at the information desk area in the Student Union and Public Safety at 5th and Humboldt or contact the office via e-mail at photoid@isu.edu.

Bookstore

The ISU Bookstore is located in the basement of the Student Union Building. It stocks all course and reference books for the dental residents. The bookstore also carries a full line of ISU insignia items, and gift items. The bookstore also offers a variety of services, including special book orders.

The bookstore is open from 7:30 a.m. to 4:45 p.m. Monday through Friday.

Phone number is (208) 282-3237

Parking

All parking on campus (in Pocatello) requires a purchased permit. The Parking Office provides permits, visitor passes, and various other parking services. If you do not regularly drive to campus, but find it necessary on occasion, one day parking permits are available. If you don't obtain a permit, you will be cited. If you ever believe you unjustly received a ticket, you may make an appeal within seven school days. The Student Traffic Appeals Board consists entirely of students; they will review your appeal and recommend appropriate action to the Parking Office. For more information, call the Parking Office at 282-2625.

The mission of the ISU Parking Office is to provide sufficient parking to meet the needs of the campus community, ensure a safe parking environment, and to regulate to use of university parking facilities by enacting rules and procedures that will establish the fair and orderly administration of campus parking. Note: ISU parking permits are not valid in posted residential areas.

University Housing

University Housing (in Pocatello) offers a variety of on-campus living accommodations. Students may choose from six residence halls, three suite halls, and five apartment complexes. To qualify for on-campus housing, an applicant must be enrolled as a full-time student or, if a part-time student, receive permission from the Director of Housing. If you have an interest in either a residence hall or apartment unit, please contact the University Housing Office at (208) 282-2120, ISU Box 8083, Pocatello, Idaho 83209.

The staff at ISU Family Dentistry and Pocatello Family Dentistry will assist the resident in obtaining a hospital identification badge through the credentialing process to be used while attending rotation or on-call services at the hospital.

SECTION 3 –

Department of Dental Sciences

“Guests” in the Clinic and Classroom/Lab Facilities

Due to the requirements stated herein, resident’s guests are not permitted in clinical operatories during patient care, set-up/clean-up or preclinical/clinical sessions. In addition, “guests” in the classrooms and lab facilities are not permitted during class sessions. There is a need to discuss resident performance and patient treatment in confidence; guests are not trained in departmental OSHA/infection control/safety procedures; and clinician’s attention is diverted from important issues such as accurate completion of patient records, daily evaluation, etc. The department also would be liable if your family member or guest was injured and the department cannot accept the liability because our insurance only covers enrolled residents.

Department Instruments and Supplies

Residents are asked to use departmental supplies conservatively since the budget is limited. Waste results in problems with keeping adequate supplies available throughout the year.

Residents are asked to use and treat all dental equipment as if it were you own, meaning that you know how to properly use it and maintain it. If you don’t know, find the manual and read the instructions, or ask someone who knows how to use it. The residency has high quality, high tech equipment that is very costly to replace.

Faculty Recommendation for Residents

Residents often request recommendations from the program director or faculty for scholarship or graduate school applications, employment references or licensure applications. Prior to the recommendation being granted by the director or faculty, the resident must complete, authorize and sign the “Release for Recommendation” form. Faculty will not provide recommendations unless the form is appropriately completed and on file in the Resident’s departmental file. Residents and/or graduates can sign another “Release for Recommendations” form to change their previous decision concerning recommendations at any point in time during the program or after graduation.

Residents should be aware of the following criteria upon which departmental faculty base recommendations.

1. Professionalism
2. Attitude
3. Team spirit
4. Ability to relate to patients, other residents and faculty.
5. Cooperation
6. Enthusiasm
7. Cumulative GPA
8. Clinical performance
9. Academic rank
10. Community service
11. Scholarly activity
12. Communication skills

(Sample)

**Idaho Advanced General Dentistry Program
RELEASE FOR RECOMMENDATION**

I, _____ authorize the faculty of Idaho State IAGD
Residency Program to provide _____

(Resident Name)

verbal or written recommendations/ information to potential employers,
post-graduate programs or financial aid institutions about my dentistry
knowledge and performance as well as my clinical, academic, and
professional performance (refer to IAGD Residency Clinic Handbook)
while enrolled in the IAGD Residency Program.

Date Resident Signature

Please sign only one of the statements below.

I hereby voluntarily waive any right of access to the recommendations.

Date Resident Signature

I retain my right of access to the recommendations.

Date Resident Signature

Section 4 –the Program

Residency requirements summary

1. Portfolio due first week in June. More detailed guidance in orientation week handout.
2. Presentation of “Wow” case to the SEIDS Apr/May. Requirements and details provided in another handout.
3. Literature reviews, 13 total – schedule, topics, and details in separate hand out
4. Competency and proficiency reviews Fall/Spring/June with Clinic Site Director. Examples of these are provided later in this section of the handbook.
5. Pre- and post-residency testing for the Academy of General Dentistry. July and June of each resident year.
6. On-call coverage, as scheduled by residents, so that each day of the year is accounted for.
7. Attendance at all scheduled seminars, lectures and presentations.
8. Participation in all periodic record reviews and staff/faculty/course evaluations for quality assurance.

Application/Registration/Enrollment

The IAGD residency program in Advanced General Dentistry uses the American Association of Dental Schools PASS application service. Application materials may be submitted through the PASS program.

Sequence of steps to apply

- A. Obtain an application packet from PASS program (see below). The ISU IAGD program number is #157.

AADS PASS

1625 Massachusetts Ave. NW, Suite 600
Washington, DC 20036-2212
Phone: (800) 353-2237 or (202) 667-1887
Fax: (202) 667-4983
E-mail: pass.status@aads.jhu.edu
Web: www.aads.jhu.edu/pass.html

- B. The PASS system does not process all required application materials; additional materials must be submitted directly to the program director (see Required Application Materials).
- C. An interview is required for acceptance into the program and will be granted only upon application completion and at the request of the Program Director, and/or the Clinical Site Director or appointees.
- D. Required Application Materials
 1. Completed PASS Application
 2. Small Photograph (approx. 2"x 2")
 3. C.V. or Resume
 4. Dean's letter including grade point average, class standing and National Boards Scores
 5. Dental School Transcripts
 6. Two additional letters of recommendation (other than Dean's letter) from clinical faculty.
 7. Personal statement – not more than 2 typewritten pages describing relevant past experience, career goals and reasons for applying to an AGD program.
 8. Supplemental application

Applicants will submit items numbered 2, 3, and 8 directly to the Departmental Coordinator of the IAGD residency program. PASS will process items 4-For further information, write or call the ISU IAGD program at (208) 236-3289. Send Application Materials To:

IAGD Residency Program
921 S. 8th Ave., Stop8088
Idaho State University
Pocatello, ID 83209-8088

Registration/Enrollment

The residents will be classified initially as special graduates and after as Professionals. Each resident will complete an Application for Enrollment to ISU, and will be registered and enrolled by the IAGD department.

Patient Centered Comprehensive Care

Providing patient centered comprehensive care involves delivery of the same breadth and scope of high quality of care experienced in the accepted practice of general dentistry and will focus on delivering care to individuals who are demonstrated to represent underserved population groups in Southeast Idaho. The patient care mission will be evaluated by providing an annual report which indicates:

1. A breakdown of the number and frequency of procedures performed divided by ADA codes which indicated the scope of procedures performed and the number of times each procedure was completed.
2. A demographic breakdown of the patient's treated by economic categorization, ethnicity, referral source and listing by emergent vs. comprehensive care.
3. Statistical analysis and composition of the patient base as required in the EMR.

Community Service

The community service component of the program's mission provides opportunities to volunteer. There are several different avenues to volunteer in the Pocatello community. All residents are expected to participate in various community service activities throughout the professional phase of the program.

Some are:

1. Relating to dentistry - there is the "Give Kids a Smile Day" collaboration with SEIDS, SWIDS and the Department of Dental Hygiene during ADA's national Children's Dental Health Month every February. The resident can volunteer to provide free dental exams during the "Give Kids a Smile Day".
2. Spinderella – A community bike ride to raise funds for charities that for 2023 were SE Idaho Make A Wish and SE Idaho Alzheimer's Association.

[Spinderella – Idaho's premier ladies-only bicycle ride \(spinderellaride.com\)](http://spinderellaride.com)

Professional Service

As an entering professional, it is important that the residents set a pattern and become involved in the profession through participation in organized dentistry and teaching. Evidence of achieving the mission of professional service will involve inclusion in the resident's portfolio of:

1. Presentation(s) provided to the Southeastern Idaho Dental Society and Southwestern Idaho Dental Society. This is held at the beginning of June each year.
2. The table clinic conducted for the Annual Scientific Session of the Idaho State Dental Association.(optional)

Cost Effective and Efficient

As a state sponsored program, it is important that the program is fiscally responsible, maximizing the patient revenue in support of the clinical operations of the program and for the support of the educational mission of the program. The program will make efforts to demonstrate maximization of the external and patient centered funding sources. Evidence of the achievement will be noted in the financial section of the annual program report. The financial section of the annual report will

indicate fund sources and separate operating expenses into those which are directly supportive of the educational mission and clinical services.

ACADEMIC INFORMATION

Supportive Objectives

1. The graduates of this program will raise their level of confidence and competence in both their didactic and clinical skills in General Dentistry.
2. In completing this program, the residents, through increased exposure to general dentistry, will increase their base knowledge and skills in the treatment of oral and maxillofacial diseases through diagnosis and post-treatment outcomes. Training will include developing comprehensive treatment plans that include many patient options.
3. The graduates will obtain experience in interacting with other health care practitioners in coordinating the patient's clinical treatment.
4. The program will provide the graduate with training in all aspects of modern practice including patient management techniques.

Educational Objectives

Upon completion of the IAGD Residency Program, the residents will be prepared to:

1. Function effectively as a patient's primary dental care provider. This includes being able to provide emergency and comprehensive oral health care of both a rehabilitative and preventive nature. This includes personally providing patient focused care utilizing routine and advanced treatment modalities, as well as directing interdisciplinary treatment among the various specialty providers necessary for the safe and efficacious treatment of the patient.
2. Plan, implement and manage the multidisciplinary care of patients with special needs. Patients with special needs include those patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems and significant physical limitations.
3. Actively manage the delivery of oral health care utilizing current concepts of practice management, standards of care and quality assessment of patient care outcomes. Interact effectively with other health care providers and dental specialists to provide patients with an interdisciplinary health care approach to their care.

4. Support care and treatment decisions with adequate scientific and methodological background through utilization of basic scientific principles, critical thinking and outcomes or evidence based clinical decision making.
5. Understand how incorporation of technology based information retrieval systems is used as an integral component of providing care.
6. Comprehend the importance of and utilizing professional values and ethics in the provision of patient care.
7. Appreciate the role which a constantly changing practice based upon continual learning and patient centered care plays in promoting a healthy and active practice of general dentistry.
8. Provide culturally competent care to underserved populations and persons as part of a multidisciplinary and interdisciplinary team.

Didactic Requirements

Residents are required to register at Idaho State University, enroll in the didactic coursework outlined below, and complete the course with no less than a 3.00 GPA in all courses. Residents who are unable to complete the prescribed coursework will not be permitted to complete the residency program and will not be awarded the Certificate of Residency Completion.

Residents will be graded utilizing the most commonly accepted grading scale established by Idaho State University.

Curriculum Overview

Fall Semester

IAGD-610 General Dentistry Practicum – 12Cr
IAGD-624 Dental Practice Management I – 1Cr
IAGD-635 Medicine Seminar I – 1Cr
IAGD-645 General Dentistry Videoconference I – 4Cr
IAGD-630 Dental Implantology I – 2Cr
IAGD-640 Parenteral Sedation – 2Cr
IAGD-650 Dental Literature Review – 1 Cr

Spring Semester

IAGD-620 General Dentistry Practicum – 12Cr
IAGD-625 Dental Practice Management II – 1Cr
IAGD-636 Medicine Seminar II – 1Cr

IAGD-646 General Dentistry Videoconference II – 4Cr
IAGD-631 Dental Implantology II – 2Cr
IAGD-641 Parenteral Sedation – 2Cr
IAGD-651 Dental Literature Review – 1Cr

Summer Session

IAGD-630 General Dentistry Practicum – 12 Cr
IAGD-626 Dental Practice Management III – 1Cr
IAGD-637 Medicine Seminar III – 1Cr
IAGD-647 General Dentistry Videoconference III – 3Cr
IAGD-632 Dental Implantology III – 2Cr
IAGD-642 Parenteral Sedation – 2 Cr
IAGD-652 Dental Literature Review – 1Cr

Clinical Requirements

The IAGD resident will receive the majority of their training and provide the majority of patient care in the Pocatello Family Dentistry Clinic/ISU Family Dentistry. The resident's clinical experience is expected to permit the residents to attain the educational objectives and proficiencies outlined for the program. The evaluation of the resident's clinical performance will constitute one principle mechanism for grade assignments in the curriculum. This program is designed to provide each resident with exposure to a variety of comprehensive and episodic care encounters within the framework of a small group practice situation. The emphasis is placed on comprehensive care based upon the patient's needs. It is anticipated that the residents will avail themselves of the immediate access readily offered by generalist and specialist faculty. Prior to consultation with the faculty, residents should attempt diagnosis and initial treatment planning. Residents are then required to consult with the Clinical Site Director or Program Director to present all treatment plans. Once this consult is completed, a final treatment plan, with alternatives and outcomes, along with fee estimates and treatment sequencing must be presented to the patient and documented in the record. The resident will review the treatment plan with the patient, answer questions, and obtain the patient's signature of acceptance and informed consent. The Front Desk Staff will present all costs associated with the treatment plan.

Modern practice management techniques will be utilized in the program. Each resident will actively participate in the management of their patients, working with the IAGD auxiliaries, complete laboratory prescriptions and records, and supply inventories. Data base

management using an EMR will be used for all Monthly reports based on production will be provided and evaluated with the Clinical Site Director.

The Clinical Site Director and faculty will monitor the progress of each resident through the approval of treatment plans and laboratory cases, record audits, and evaluation of monthly printouts showing quantity, and types of procedures performed. The attending faculty will complete an evaluation for each resident for each day they are attending in clinic in order for the resident to have feedback immediately about the treatment that was provided that day.

The program will provide each resident with hands-on experience in the production and filing of dental insurance claims. Residents are expected to work with the dental auxiliaries, clinic office manager/receptionist and the residency's insurance clerk to learn and become competent in assisting with insurance claims for their patients.

An important aspect of any dental practice is effective communication with laboratory personnel. During their residency, each resident is expected to work with laboratory personnel. The resident is expected to consult appropriate faculty for complex cases. On the difficult and complex cases, the resident must make arrangements to be supervised during treatment of the cases by appropriate faculty. The overall general supervision of the case will be the resident's responsibility in consultation with the generalist faculty.

Academic Performance Advancement Committees

The IAGD Clinical Site Director is responsible for evaluating the resident's scholastic performance and progress, which shall include the resident's course grade, compliance with the Technical Standards demonstration of Professional Conduct expected of a dental professional and achievement of the program's competencies and proficiencies. Residents who appear to be experiencing difficulty in maintaining the required standards will be informed in writing and a corrective plan created to rectify the problem. The corrective plan will be created by the Clinical Site Director. Each resident must continue to meet the requirements of satisfactory progress as defined herein.

Professionalism is a graded component of all courses. Any student failing to meet the required standards of professionalism may earn a failing grade for that course and face other penalties to be determined by the Clinical Site Director if patterns of unprofessional behavior are evident.

Attendance

Residents are expected to attend all meetings for classes in which they are registered. Each instructor may, consistent with departmental policy, establish such specific regulations governing attendance as may seem suited to his/her particular course. No one is authorized to excuse a resident from a class meeting except the instructor in charge of the class.”

General: Absences should be limited to cases of extreme illness, rotation of service or circumstances beyond the control of the resident. The didactic instructor or clinic coordinator must be notified of any absences on or before the day of absence. Residents are referred to specific course outlines for attendance policies in lecture/lab courses. In cases of resident illness, a physician’s note may be required on the day of return depending on the individual discretion of the faculty member. When required, the physician’s note must be submitted to the program’s Clinical Site Director.

Class: In lecture and seminar classes, attendance is mandatory. If there is a special circumstance, it will be handled on a one by one basis determined by the Clinical Site Director. In all, residents are allowed one unexcused absence per credit hour.

Clinic/ Rotations: Attendance is mandatory at all clinical sessions. If a resident must be absent he/she is required to call the Clinical Site Director and clinical receptionist prior to the clinical session. Residents who do not meet this requirement will receive one letter grade deduction off the final grade for each unexcused absence (a grade of “A” will become a “B”, etc.) Residents are responsible for making sure patient appointments are cancelled on the day of their absence.

Call Schedule: A call schedule will be published. When on-call, residents must be available within 30-45 minutes for emergency care at local hospitals, in conjunction with the local oral surgeons or for established patients or the IAGD Dentistry Clinics.

Grading

The IAGD Program used the letter grades of A, B, C, D, F with the identified +’s and –’s and I for course work. Numerical values are established by Department policy. At the graduate level the grades of A+

to B indicate passing work, with “A+” being the highest grade given. The “I” will be converted to the letter grade the student has earned. Graduate students are not permitted to receive B- through F grades and remain in good standing in the program. All residents are notified of their academic standing in writing at the end of each evaluation period.

The grade point average (GPA) is derived by dividing the total number of quality points by the total number of hours attempted. Proportional weight is given to the number of clock hours in each course. An “A” has a value of 4 quality points, B = 3 quality points, C = 2 quality points, D = 1 quality point, and F = No quality points. Thus a 3.00 GPA is equivalent to a “B” grade.

Grading Scales:

A	94 – 100%	4.0
A –	90 – 93%	3.7
B+	87 – 89%	3.3
B	84 – 86%	3.0
B –	80 – 83%	2.7
C +	77 – 79%	2.3
C	74 – 76%	2.0
C –	70 – 73%	1.7
D +	67 – 69%	1.3
D	64 – 66%	1.0
D –	60 – 63%	0.7
F	0 – 59%	0.0

The “I” grade denotes course requirements have not been completed for verified reasons beyond the student’s control at the time grades for the course are reported. The deficiency must be removed by the student at which time the “I” will be converted to the letter grade the student has earned.

- A. **Late Assignments:** The mechanism for evaluation of late assignments will be at the instructor’s discretion and will be specified in the course outline
- B. **Make-up assignments:** The mechanisms of make-up assignments for missed coursework will be at the instructor’s discretion and will be specified in the course outline.
- C. **Supplemental reading assignments:** The ADA Commission on Dental Accreditation suggest that dental resident be given outside reading assignment to provide a variety of viewpoints on a given issue, to supply current information for consideration, and to insure experience in utilization of the library. Faculty will assign

- outside readings to supplement information or textbooks in order to teach the most current theories, skills, techniques, etc.
- D. **Tardiness:** Residents are expected to arrive promptly for classes, labs and clinical sessions. The mechanism of evaluation for tardiness will be at the instructor's discretion and will be specified on the course syllabus.
 - E. **Review of Midterm, Final and other Examinations:** Completed quizzes and examinations may be returned to the residents in class or review sessions and returned immediately thereafter to the instructor. These may not be taken from the department or copied. Failure to comply with this policy will be interpreted as "cheating" and could result in dismissal from the program.
 - F. **Resident Inspection of Records:** In accordance with the Family Educational Rights and Privacy Act (FERPA), residents must not be denied the opportunity to inspect his/her academic records. Therefore, the following policies and procedures shall be implemented for residents enrolled in the IAGD Program to inspect their personal records:
 - 1. **Clinical Evaluations:** Written request shall be submitted to the program. The written request (including date, request, and signature) shall be filed with the resident's clinical record. The Clinical Site Director or Program Director shall be present during the student's inspection of the evaluation.
 - 2. **Didactic Courses:** Verbal and/or written request for inspection of records associated with courses shall be directed to the course instructor. The instructor shall maintain a record of the resident's name and the date the inspection was requested.

Academic Appeals Process

Appeals of final course grades must be initiated by the resident within five working days of receipt of the disputed grade. To appeal a final course grade, the student must first meet with the Course Instructor to discuss the situation and attempt to arrive at a solution. If the matter is not resolved between the student and the Course Instructor, and the student wishes to pursue the appeal, the student must then make a written request to the Clinical Site Director asking for a meeting with the Clinical Site Director and the Course Instructor. The Clinical Site Director shall arrange a meeting within 10 working days of receipt of the request and at the close of the meeting or within five working days thereafter, will render a decision. All parties shall be informed in writing. Appeals to the Clinical Site Director's decision may be made through the normal appeals process available in the College of Health Professions and Idaho State University.

Withdrawals/Progress/Promotions

A resident who, for legitimate reasons, is unable to return to the program at the opening of any semester or who, for acceptable reason, must discontinue the program during the academic year will ordinarily be permitted to withdraw in good standing. A resident who withdraws from the program will receive a “W” grade for each course that is less than 80% completed, according to assigned clock hours. For courses that are 80% or more complete at the time of withdrawal, a “WF” will be recorded when resident performance is unsatisfactory. A resident who has withdrawn in good standing may apply for readmission through the normal application procedure. In general, a resident will not be considered for readmission if the absence has been for more than two consecutive years.

Resident Evaluation

Resident’s performance will be evaluated by the Clinical Site Director three times annually. Individual evaluations will be prepared upon completion of each rotation by the Clinical Site Director in charge of the particular rotation, and course grades will be assigned by the course director in accordance with program policy.

The evaluations will be written proficiencies and formatted to indicate progress toward achievement of competencies. Deficiencies or problems of a serious nature observed by the Clinical Site Director will be immediately discussed with the resident.

The focus of residency training, while still directed toward dental education, is completely different from that of pre-doctoral training. In dental school it was expected that the faculty would be the repository of knowledge and that they would pass that knowledge on to the student directly and it was expected the student would absorb the knowledge and possess the ability to reproduce what was given. As a dental student testing was done with examinations, practical examinations and by amassing requirements, indicating that a task had been repeated a sufficient number of times to assure the task could be performed independently.

In residency training we will assume that you have been educated to the point of being a “safe beginner” and that you have many areas where you are competent. The operational definition of a competency is “the ability

to completely perform a particular task independently and with a reasonable degree of accuracy under nearly ideal circumstances.”

One of the goals of the residency is to increase the number of competencies into the realm of proficiencies. The definition of proficiency is: “the ability to perform a particular task independently in more complex situations, with repeated and improving quality and with a more efficient utilization of time.” By moving some of your competencies to the realm of proficiencies we hope to increase the depth of your education.

In the residency program the evaluation mechanisms utilized will differ significantly from those in the pre-doctoral curriculum. In the courses where you are adding to your list of competencies (IV Sedation, etc.) you will still have lectures and some written tests and practical examinations to assure that you are prepared with the basic knowledge level in those courses. For the majority of the curriculum you will be presented with a list of competencies and proficiencies and you will spend the time in the residency working toward achieving them. The evaluation mechanisms will consist of: 1) Course Grades, 2) Quarterly Progress Evaluations and 3) A Resident’s Portfolio. Each of the evaluation mechanisms is detailed below.

Education

Fulfilling the educational mission involves completing the educational goals of:

1. Function effectively as a patient’s primary dental care provider. This includes being able to provide emergency and comprehensive oral health care of both a rehabilitative and preventive nature. This will include personally providing patient focused care utilizing routine and advanced treatment modalities, as well as directing interdisciplinary treatment among the various specialty providers necessary for the safe and efficacious treatment of the patient
2. Plan, implement and manage the multidisciplinary care of patients with special needs. (Patients with special needs include those patients whose medical, physical, psychological or social situations make it necessary to modify normal dental routines in order to provide entail treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems and significant physical limitations.)
3. Actively manage the delivery of oral health care utilizing current concepts of practice management, standards of care and quality assessment of patient care outcomes. Interact effectively with other

- health care providers and dental specialists to provide patients with an interdisciplinary health care approach to their care.
4. Support care and treatment decisions with adequate scientific and methodological background through utilization of basic scientific principles, critical thinking and outcomes or evidence based clinical decisions.
 5. Understanding that incorporation of technology based information retrieval systems will be an integral component of provision of care.
 6. Comprehend the importance of and utilize professional values and ethics in the provision of patient care. Appreciate the role which a constantly changing practice bases upon continual learning and patient centered care plays in promoting a healthy and active practice of general dentistry.
 7. Provide culturally competent care to underserved populations and persons as part of a multidisciplinary and interdisciplinary team.

Evidence that the objectives have been satisfied will be authenticated by:

1. Completion of a resident's portfolio which provides evidence of achieving the competency and proficiency statements outlined in support of the educational goals of the program.
2. Attaining satisfactory ratings on the resident's evaluation system.
3. Two special patient cases documented as prescribed.
4. Participation in the process and outcome measures prescribed.
5. Passing all courses outlined in the dental residency program curriculum with 3.00 or higher GPA (School of Graduate Studies Requirement)

Fitness for Duty Policy Statement

Any individual who works for or is enrolled in the Idaho State University IAGD Residency Program is expected to report to class/clinical sessions or on-call visits in a fit and safe condition. An individual who has an alcohol, drug, psychiatric, or medical condition(s) that could be expected to impair their ability to perform in a safe manner must immediately self-report their medical status to the residency Clinical Site Director and/or Program Director.

IAGD Residency program requires all faculty, staff, residents, students, or other workers who observe an individual who is believed to be impaired or is displaying behavior deemed unsafe at class/clinical sessions or on-call visits to report the observation(s) to the residency director for appropriate action. The residency director may decide to make a referral to the appropriate resources.

Scope

This policy applies to all faculty, staff, residents, students, contract and subcontract workers, medical staff, volunteers, laborers, or independent agents (henceforth referred to as individuals) who are conducting business on behalf of, providing services for (paid or gratis), or being trained in the ISU IAGD.

Purpose

The ISU IAGD Residency Program promotes and protects the well-being of faculty, staff, residents, students, and patients by

1. Identifying impaired individuals
2. Providing assistance in obtaining medical care and/or rehabilitation for impaired individuals.
3. Ensuring impaired individuals are fit for employment/enrollment upon return to the program after receiving treatment.
4. Ensuring that an individual, whose medical condition(s) could place them “at risk” of posing a danger to self or provided optimum support and supervise to minimize future risks and relapse.

Continuation of Employment/Enrollment Contract

The IAGD program may, as a condition of continued employment/enrollment, require an “at risk” individual to maintain a continued care plan either recommended or approved by the referral resource and sign a Continuation of Employment/Enrollment Contract with the following stipulations:

- A. The IAGD program will, as a condition of continued employment/enrollment, require an “at risk” individual to participate in additional appropriate follow-up programs as determined by referral.
- B. The individual will authorize all persons involved in their evaluations and/or treatment to disclose to the residency director any evaluation or information relevant to their treatment. Withdrawal or failure to successfully complete the treatment program, failure to have necessary medical or psychological evaluations, evidence or non-compliance with treatment guidelines, incomplete treatment, non-compliance with an aftercare program, or failure to abide by any part of a Continuation of Employment/Enrollment Contract will be ground for immediate suspensions and/or termination.
- C. An individual who is returning to work/school will be required to provide a medical release documenting the individual is fit to perform all duties of their position.
- D. Submission to periodic and/or random alcohol and drug tests upon request by the IAGD program is required and is a condition for continued employment/enrollment for an individual who tested positive for alcohol or drugs or was diagnosed with an alcohol or drug abuse/dependency problem. Any continuing evidence of alcohol or drug abuse, a subsequent drug related misconduct, or a subsequent positive alcohol/drug test may result in notification of local, state, or federal law enforcement agencies and professional licensing boards (if applicable) and will be grounds for immediate termination/suspension of employment/enrollment.

Confidentiality

Except as otherwise provided by this policy or in an executed release form, any information related to patient medical history, diseases, conditions, treatment, referral or evaluations shall be kept confidential. Information, however, may be released to the individual's immediate supervisor, Human Resources, an appropriate administrative body or their designee and appropriate agencies (when required).

All alcohol and drug testing, treatment, and referral under this policy will be done in strict confidence. Information regarding results, such as the alcohol concentration or the identification of a drug, will be provided only to the individual's immediate supervisor, Human Resources, the appropriate administrative body or their designee and the administrator(s) responsible for supervising the individual. All alcohol and drug test results will be maintained in separate files and handled in accordance with Federal Law 42 CFR Part 2.

Professional Conduct

Residents must demonstrate the highest standards of character and integrity, which warrant the public confidence and trust bestowed on them as health professionals. Among the elements of professionalism, each resident must adhere to the following specific standards:

1. Each resident must exhibit professional courtesy towards faculty, supporting staff, fellow students, and patients
2. Each resident must maintain up-to-date, accurate, and complete records regarding treatment performed on patients and patient fees.
3. No resident shall deviate from treatment plans unless the deviation is authorized by the appropriate faculty.
4. No resident shall jeopardize the well-being of a patient under any circumstances.
5. Residents are expected to attend all clinical, didactic and on call sessions as scheduled or provide the program director with appropriate notice.

The Program Director may deny a resident permission to continue in the educational programs should the resident fail to demonstrate professional conduct even if other performance measures are within acceptable ranges.

Procedures for Evaluation of Professional Judgment

1. Professional judgment and case management will be evaluated during all clinical procedures and may be evaluated at other times during the educational process in lecture courses and on all rotations.
2. Faculty will use professional and personal judgment in evaluating case management.
3. Each resident's performance will be reviewed three times during program including feedback from all supervising faculty. All clinical and academic evaluations may be used during the review to determine the resident's progress, grade assignment and progress toward achieving the competency and proficiency statements.
4. Each resident will have access to the written evaluation for any review, with identification of strengths and weaknesses and goals outlined for the next review period.

Purpose of the Faculty Review

1. To assure that each resident receives a regular review and evaluation from the faculty.
2. To identify strengths and weaknesses early in the program to allow maximum opportunity for academic and professional development and to assure timely achievement of the competencies and proficiencies.
3. To identify deficiencies that may prevent advancement in the program. The faculty may recommend academic dismissal based on grades and/or violations of the Resident Code of Conduct, or Code of Ethics.

CLINICAL PHILOSOPHY

The Idaho State University IAGD Residency Program is operated to provide an opportunity for residents to integrate and utilize knowledge and skills for the development of postdoctoral clinical competency. The practice of clinical dentistry requires performance characterized by:

- acceptance of responsibility for learning with integration of knowledge and skills into the clinical setting
- development of clinical competency
- demonstration of ethical, legal and professional practice
- development of a professional attitude
- belief in the importance of the patient as an individual

- delivery of services based on the patient's individual oral physiological and social needs
- ability to perform responsibilities as an integral part of the dental team
- recognition of the dentist's role in the prevention and treatment of dental disease and maintenance of oral health
- belief in the importance of providing total oral health care

The primary intent of the clinical facilities is to educate residents in clinical dental practice. The clinic is also operated as a public service contributing directly or indirectly to an increasing public awareness of the need for dental care. Motivating the public to seek the services available will be accomplished through increasing public awareness. Additionally, patients are recruited to provide clinical conditions necessary for a wide spectrum of student experiences.

There are three main constituencies of the clinic: 1) residents, 2) patients, and 3) faculty.

The role of each constituency is identified below to aid program in accomplishing its role and mission on clinical dentistry.

Residents

1. Accept the primary responsibility for learning.
2. Participate as a team member by contributing to a cohesive teaching-learning environment and assume responsibility for developing and improving the educational process.
3. Utilize the clinical evaluation system as a means for personal, clinical, and professional growth and development.
4. Accept constructive criticism and peer review as a learning experience that contributes to professional knowledge and growth.
5. Utilize knowledge and skills to provide total patient care.
6. Utilize clinical experience and faculty as an opportunity to develop to fullest potential.
7. Utilize principles of interpersonal relations in communications with patients, peers, faculty and staff.
8. Demonstrate assertive and flexible behavior in educational and professional environments and in one's interpersonal relations.
9. Accept legal and ethical responsibilities in the delivery of oral health services.
10. Develop personalized learning skills essential to self-education for life-long learning.
11. Accept the responsibility for professional dress and conduct.

12. Accept the responsibility for volunteering professional services to patients and members of the community.
13. Believe in the necessity for conscientious care and maintenance of clinical equipment.
14. Believe in the importance of the services provided to optimum oral health, and as such, understand the importance of charging a fee for such service.
15. Adhere to Departmental and University policies and procedures.

Patients

1. Accept primary responsibility for personal oral health status.
2. Accept responsibility for practicing self-care procedures and seeking dental care.
3. Understand that this is a teaching-learning situation and increased time will often be required for completion of services.
4. Believe in the fact that he/she will receive quality oral health care despite the additional time required.
5. Understand that fees must be charged for services and complete adequate arrangements for payment of those fees.

Faculty

1. Specify parameters within which residents will have the primary responsibility for learning.
2. Participate as a team member by contributing to a cohesive teaching-learning environment and assume responsibility for developing and improving the educational process.
3. Maintain and upgrade clinical skills.
4. Provide each resident with fair and impartial evaluations, including constructive feedback for improvement.
5. Provide opportunities for professional growth and development of residents.
6. Provide opportunities for residents to pursue individual interests.
7. Correlate the basic and dental sciences to achieve optimum clinical application.
8. Provide individualized clinical instruction.
9. Accept responsibility for legal and ethical practices of dentistry.
10. Contribute to the best clinical education possible within personal skills and abilities.
11. Attend and participate in all clinically related faculty meetings.
12. Adhere to Departmental and University policies and procedures.

PROFESSIONALISM

Professionalism encompasses the conduct, aim, and qualities that characterize or mark a profession or professional person. This sense of professionalism is developed through two avenues. First, professionalism is learned and practiced through specialized education in dentistry. Secondly, professionalism is developed over a lifetime through a continuing desire to improve oneself. Involvement in continuing education, community affairs, and professional organizations provides a means for the aspiring individual to obtain the competence and expertise essential to one's professional growth.

Professionalism includes far more than will be discussed in this manual. However, for purposes of departmental and clinical operations, policies most pertinent are included.

The general conduct of dental residents at all times reflects a respect for their profession and themselves.

1. Clinic policies and procedures are to be strictly followed.
2. Residents are expected to be on time for all classes and clinic sessions.
3. Maintain a professional manner at all times.
4. Chewing gum is not permitted in the clinic area.
5. Smoking and smokeless tobacco are not permitted in the clinic area, classrooms, locker rooms or corridors.
6. Beverages or food are not to be consumed in the clinic area they should be confined to the staff/resident/student break room.
7. Asepsis is to be maintained at all times in the clinical environment.
8. Running in the clinic and hallways is considered unacceptable behavior.
9. Total patient care should be provided rather than periodic or episodic care.
10. Whenever any procedure is attempted or completed in clinic, the "Informed Consent Form" must have all the details written and then signed by the patient and the resident. This is a legal responsibility.
11. All HIPAA rules will be adhered to at all times. A patient's chart contains confidential information.
12. The appearance of the resident study room and clinic reception area depends on the cooperation of each resident. Personal belongings and other property for which a resident is responsible are to be kept in the locker assigned to her/him.

Dishonest Conduct

Dishonest conduct in the classroom, clinic or on any rotations is unacceptable. The Student Code of Rights states: "In cases of cheating, students may be dismissed from the class and failing grades issued." A necessary component of dental education is the care of patients in the clinical setting. The IAGD residency program requires adherence to the ADA Code of Ethics; legal code established in the Idaho State Dental practice Act and the Rules and Regulations; and the standard of care for dentistry. Some specific examples of dishonest conduct include cheating or plagiarism; forgery or alteration of documents or records; falsification of records or misrepresentation of facts; breaking a patient's confidentiality; performing care without adequate informed consent; and failure to follow infection control standards.

Updated 8.22 Commission on Dental Accreditation Guidelines for Filing a Formal Complaint Against an Educational Program

The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint with the Commission. The 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 treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. The Commission does not intervene in complaints as a mediator but maintains, at all times, an investigative role. A "formal" complaint is defined as a complaint filed in written (or electronic) form and signed by the complainant. This complaint should outline the specific policy, procedure or standard in question and rationale for the complaint including specific documentation or examples. Complainants who submit complaints verbally will receive direction to submit a formal complaint to the Commission in written, signed form following guidelines in the Evaluation and Operational Policies and Procedures manual. The complaint will be reviewed to determine whether there is sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed with an investigation. An "anonymous comment/complaint" is defined as an unsigned comment/complaint submitted to the Commission. Any submitted information that identifies the complainant renders this submission a formal complaint and will be reviewed as such (e.g. inclusion of a complainant's name within an email or submitted documentation). All anonymous complaints will be reviewed by Commission staff to determine linkage to Accreditation Standards or CODA policy and procedures. If linkage to Accreditation Standards or CODA policy is identified, 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 evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed with an investigation. (See Formal Complaints). However, due to the anonymous nature of the submission, the Commission will not correspond with the complainant. Anonymous comments/complaints determined to be unrelated to an Accreditation Standard or CODA policies and procedures will not be considered. Anonymous comments/complaints that do not provide sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed, will not be considered. For a Formal Complaint, once you have carefully read the Commission on Dental Accreditation's Policies on Complaints, please fully complete this form and submit it to the commission office along with any relevant information to support the complaint. For an Anonymous Complaints, once you have carefully read the Commission on Dental Accreditation's Policies on Complaints, you may use the form below to identify standards or policies for which the program may not be compliant and provide any relevant information to support the complaint; however, the anonymous complaint must not include the name, contact information or signature of

the complainant. If a name, contact information or a signature is included, the complaint will be handled as a formal complaint.

Updated 8.22

In your responses to the items below, do not disclose any sensitive personally identifiable information (“PII”) or identifiable patient information (“PHI”). See below for more information about PII and PHI.*

Dental Discipline of the Program:

Name of School/Institution and Address of Program:

Please list the Accreditation Standards with which you believe the program is non-compliant.

1. Provide specific references to the standards and include sub-sections if applicable. You can find the Accreditation Standards on the CODA website. If you do not have access to the internet to view the relevant standards, please call 312-440-4653.
2. Following each standard listed, describe how/why the program is not in compliance.
3. Attach documentation which reflects the alleged noncompliance (The complaint must provide sufficient evidence of probable cause of noncompliance with the standards).

Please list any Commission on Dental Accreditation policies and/or procedures with which you believe the program is non-compliant.

1. Provide specific references to policies and/or procedures and include sub-sections if applicable. You can find the CODA Evaluation and Operational Policies and Procedures (EOPP) manual on the CODA website. If you do not have access to the internet to view the relevant standards or EOPP, please call 312-440-4653.
2. Following each policy/procedure listed, describe how/why the program is not in compliance.
3. Attach documentation which reflects the alleged noncompliance of the program. (The complaint must provide sufficient evidence of probable cause of noncompliance with required accreditation policies and procedures).

It is noted that the burden rests on the complainants to keep their identity confidential. Complainants who do not wish to reveal their identities to the accredited program must develop their complaints in such a manner as to prevent the identity from being evident. The Commission, upon request, will reasonable precautions to prevent the identity of the

complainant from being revealed to the program; however, the Commission cannot guarantee the confidentiality of the complainant. Please check here if applicable:

I would like the Commission to take reasonable precautions to prevent my identity from being revealed to the program. I understand that the Commission cannot guarantee the confidentiality of the complainant.

Updated 8.22

In addition, please note that following submission of the complaint, it becomes property of the Commission and cannot be withdrawn.

Signed (your name):

Date:

Your Name (printed):

Address:

City, State, Zip:

Email:

Phone Number:

Note: E-signatures are acceptable.

***About PII and PHI:**

The complaint must NOT contain any sensitive personally identifiable information (“Sensitive Information” or “PII”) as outlined in “Privacy and Data Security Requirements” (see below). Similarly, such documentation must not contain any identifiable patient information (“PHI”); therefore, no “patient identifiers” may be included (see below).

Before sending documents, the complainant must fully and appropriately redact all PII and all patient identifiers such that the PII and patient identifiers cannot be read or otherwise reconstructed. Covering information with ink is not an appropriate means of redaction.

PII: What is sensitive personal information?

In general, sensitive personal information is information about an individual that can be used to commit identity theft and other kinds of harm. CODA prohibits all

programs/institutions and complainants from disclosing PII in electronic or hard copy documents. Some examples of categories of sensitive personal information are:

- Social security numbers
- Credit or debit card number or other information (e.g., expiration date, security code)
- Drivers' license number, passport number, or other government issued ID
- Account number with a pin or security code that permits access
- Health insurance information
- Mother's maiden name
- Tax ID number
- Full date of birth (If a program or complainant has sent information that only includes birthdate, redact the information and save the copy in File Web. No further action required.)
- Any data protected by applicable law (e.g. HIPAA, state data security law)

HIPAA: De-identifying PHI

- a. Do not include any patient information (even de-identified PHI) in a site visit report or any other CODA document.
- b. Do not use redaction (e.g., black marker) to de-identify PHI without the prior approval of the Security Official. Updated 8.22
- c. How to de-identify PHI:
<http://www.hhs.gov/ocr/privacy/hipaa/administrative/combined/hipaa-simplification-201303.pdf>. The HIPAA Privacy Rule provisions on de-identification, including the 18 identifiers, can be found on pages 96-97.

To de-identify protected health information, the following identifiers of the individual or of relatives, household members, and employers must be removed:

1. Names, including initials
2. Address (including city, zip code, county, precinct)
3. Dates, including treatment date, admission date, over 89 or any elements of dates (including year) indicative of such age, date of birth, or date of death [a range of dates (e.g., May 1 – 31, 2021) is permitted provided such range cannot be used to identify the individual who is the subject of the information]
4. Telephone numbers
5. Fax numbers
6. E-mail addresses
7. Social Security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers (e.g., finger and voice prints)
17. Full face photographic images and comparable images

18. Any other unique identifying number, characteristic, or code:

- that is derived from information about the individual
- that is capable of being translated so as to identify the individual, or
- if the mechanism for re-identification (e.g., the key) is also disclosed

In addition, if the information provided to CODA cannot be capable of being used alone or in combination with other information to identify the individual.

HOURS, VACATION, PERSONAL LEAVE AND HOLIDAYS

The ADA Commission on Accreditation requires a minimum of 48 weeks training in any given year of residency for certification.

Residents' hours will generally be 8:00am to 5:00pm Monday through Friday. There may be some evening didactic sessions that will be scheduled in advance. Rotations for after hour's emergencies will be scheduled by the Clinical Site Director and/or Program Director and posted at the beginning of the year.

The Pocatello Family Dentistry Clinic and ISU Family Dentistry Clinic hours will be as posted on the clinic calendar, but generally 8:00-12:30 and 2:00 – 4:00 Monday through Friday. Residents are expected to meet with the for the morning huddle with clinic staff at 7:45 am in Pocatello, and at 8:15 am in Meridian on the days they will be working in clinic.

Residents are permitted ten days of absence during the training year. Vacation times will not be taken during a rotation. There will be no exceptions and no additional days will be allowed except in emergency situations and granted by the Director.

The Clinical Site Director and/or Program Director will assign the rotation and on-call schedule around Thanksgiving, Christmas, and New Year's Holidays. Personal leave in excess of available vacation will be charged as leave without pay.

Paid holidays on which the clinic will be closed are:

New Year's Day
Martin Luther King, Jr./Idaho Human Rights Day
Presidents Holiday
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Day after Thanksgiving
Day before Christmas
Christmas Day
Day after Christmas

Other days may be scheduled out of the clinic at the discretion of the Program Director.

Residents will receive their compensation check every two weeks.

Working Hours

Required working hours will coincide with those of the service where the resident is working. In general, the residents should expect to be at the clinic by 7:30am to 5:00pm, Monday through Friday. Hospital rounds, special duty requirements, laboratory work, and other resident responsibilities may require extension of these hours. This may include hours before 8:00am and after 5:00pm and weekends may be involved. Residents are required to be prompt. As health care professional residents are expected to avail themselves on a 24-hour basis unless previous arrangements are made.

Dress Code

Residents will follow the dress code formulated and in effect at the dental clinic, rotational sites, hospital on-call sites, or sites as assigned.

- Dress according to the clinic dress code with neat, clean scrubs and clean shoes
- Hair that is shoulder length or longer needs to be pulled back if you will be working on patients

Appropriate dress does not include jeans or other sportswear worn by male or female.

Identification tags will be made available for residents. These will be worn whenever the resident is outside of the clinic on rotation or another residency activity. All residents are required to display their identification tags while at the dental clinic. Residents will insure that the clinic coats are clean and neat. Soiled coats will not be worn. Extra or lost/damaged clinic attire will be purchased at the resident's expense.

Correspondence

Any correspondence, transmitted by mail or fax, conducted by a resident that is related to the Department must be approved prior to transmission. The letter, handout, project, survey, etc., must be submitted to the appropriate instructor for review five days prior to deadline for transmission. At that time, the instructor will read the materials, make revisions as necessary and return to the student for corrections. The correspondence is then approved by the faculty member and forwarded to the chairperson for approval. All correspondence from the Department that is initiated by residents must be signed by the department chairperson or course instructor prior to mailing. The

Department is responsible for all resident actions and must insure that appropriate measures are taken in any correspondence.

Licensure Requirements

For both the program requirements and for hospital rotations, dental residents are required to be licensed by the Idaho State Board of Dentistry. Residents accepted into the program may obtain either a Regular Active Status Dental License or may apply for a Special Status License. The rules and regulations regarding obtaining Idaho Dental Licensure is forwarded to each resident accepting a position in the IAGD program.

Organizational Memberships

The Idaho Advanced General Dentistry Program encourages the active participation of the residents in the American Dental Association and the Academy of General Dentistry. The dues and membership requirements for these organizations are minimal in comparison with the unique benefits offered by both organizations. Residents may wish to join other organizations such as those for Special Care in Dentistry, Pediatric Dentistry, and Hospital Dentistry if they have an interest in those areas.

Leave of Absence

The Clinical Site Director and/or Program Director may grant a petition for a short leave of absence in case of illness, pregnancy, approved participation at a professional meeting, or any emergency, with the explicit understanding that the resident will arrange with the faculty involved to satisfactorily make up all the work the resident may miss. Extended medical or personal leave of absence will be considered through Program Director's office and will be reviewed by ISU's HR department on a case by case basis.

Emergency Care Coverage

The dental residents will be responsible for emergency care coverage for the registered patients of the IAGD clinic. Residents are encouraged to individually follow-up on difficult procedures/patients with a phone call. In addition to coverage for the IAGD clinic, the on-call resident will

participate with the local oral surgeon and local physicians for dento-alveolar trauma and infection.

The on-call resident will arrange for after-hours care within the policy of the program, hospital, emergency room or ISU Dental Hygiene Clinic. It is the policy of the IAGD program to provide after-hours coverage for **patients of record** for the IAGD clinic when it is the most appropriate therapy for the patient. At the same time, it is necessary that the health and safety of the dental residents be preserved in providing this service. Dental residents are to see after hours patients only in the presence of an additional fellow resident, referring physicians, or dental staff member. Under no circumstance is it appropriate for a dental resident to see a patient for clinical care with only the dental resident and patient on the premises. If at all possible, considering the patient's condition, try to have the patient wait until the next dental clinic business hours to be seen.

Campus Security should be notified if there is an after hour patient being seen.

All forms must be filled-out if no chart for the patient is present in the clinic. Forms include; Registration, Health history, HIPAA policy, HIPAA acceptance.

Emergency fees of \$200 for patients not of record in the clinic must be paid in cash or by check and collected by the resident at the time of the emergency/after hours visit.

RESIDENT-ON-CALL PROTOCOL

Prime directive: Relieve pain and infection as well as treating other dental emergencies/urgencies that may present themselves.

Hospital ER Calls: Utilize whatever means available to relieve pain and infection. Definitive treatment will be deferred until daylight hours (normally 8:00 AM to 9:00 PM) and will be provided in the Pocatello Family Dentistry Clinic, ISU Family Dentistry Clinic or appropriate referral be made to the patient's dentist-of-record. Procedures will be limited to incision and drainage of orofacial infections and the prescription of antibiotics and/or analgesics. There will be no means available in the ED for extractions or endodontic access. If it is determined by the on-call resident and/or the attending faculty that extractions or endodontic access are the only means with which to relieve the infection, exception may be made to the daylight hours restriction to treatment in our clinics. As this relates to dento-alveolar trauma, for

example, an avulsed tooth, exceptions to the daylight hour's restrictions may also be made.

Patients who call the resident-on-call directly: Every effort will be made to limit any treatment provided in our clinics to be during daylight hours. Exceptions may be made as previously mentioned after consultation with the attending on-call faculty.

After the hour of 9:00 PM and until the hour of 8:00 AM: Patients will be directed to report to our clinics at 8:00 AM the following day or another mutually agreed upon time, Exceptions may be made for trauma or special circumstances.

Other items of note:

Any and all medications will not be prescribed to any patient without first being examined by the resident-on-call. Medications may be prescribed without examination for Pocatello Family Dentistry or ISU Family Dentistry patients of record who are known to the resident-on-call.

At no time will any treatment fall below the standard of care for any patient regardless of circumstances, the day of the week or the hour of the day. However, it should be noted that the resident-on-call may determine the most prudent modality of treatment based upon the circumstances. This may be determined to be prescription of antibiotics for the initial treatment of an orofacial infection, administration of local anesthetic or prescription of an analgesic to control pain until such time as any other treatment may be provided in our clinics.

An emergency fee will be incurred for all treatment rendered.

Certificate upon Residency Completion

A certificate of residency will be awarded to those who successfully complete the residency program, to include but not limited to the following:

- Successfully complete all rotations.
- Receive positive evaluations from all rotations and faculty in attendance.
- Turn in all statistical reports, evaluations, monthly, quarterly and clinical evaluations. All statistical data must be turned in by the 3rd Friday in June.
- Complete all assigned on-call rotations.
- Complete all course & clinical requirements.
- Complete the pre-post program evaluations.
- Produce the resident's portfolio

Records and Reports

1. Clinical-

Residents will maintain all records in the prescribed manner.

- a. Outpatient Records – a problem oriented type record will be maintained properly and audited periodically by the program director or assistant director. Outpatient records do not leave the clinic.
- b. Hospital Charts – properly maintained according to existing guidelines and audited by patient care or medical records committee.

2. Clinical Logs-

Each resident will be required to maintain a weekly log in the following format, with the weekly logs comprising one component of the resident's portfolio.

- a. Record of professional treatment of each patient.
 1. Diagnosis
 2. Treatment (including types of Anesthesia)
 3. Outcome and Disposition
- b. Summary of each seminar, conference, meeting, literature review, and training attended.
- c. Other information required by the faculty, such as reprints, consultations, pathology reports, narrative summaries, operation reports, etc. Each record will be placed in digital form and properly identified and divided as appropriate.

3. Administrative

Each resident will submit a quarterly report to the program director, utilizing the information collected above, and it will be in the following format.

- a. Period of time covered by report.
- b. Number of patients treated.
- c. Number of histories and oral examinations performed.
- d. Number and type of cases completed (e.g. root canal treatment, biopsies performed, TMJ-MFPD work-ups). etc.
- e. Number and type of anesthesia administered.
- f. Number of surgical operations performed or assisted.
- g. Hours spent in the laboratories
- h. Number of lectures, seminars, clinics, conferences, meetings, and CPC's etc. attended.

Resident's Daily Journal (log)

(Sample entry)

July 1, 2006 –

Treated six patients today, accomplished three extractions, two posterior composite and prepared an endodontic access for a maxillary first molar in which I found my first MB2.

Dr. Dean lectured on cranial nerves during lunch.

I was on call and had no calls.

It can be more detailed if you desire. It is intended to help you recall the experiences of the year. But at the very least should document:

1. Diagnosis
2. Treatment including type of anesthesia
3. Outcome and disposition
4. Summary of seminars, conferences, meetings, lit reviews and all training attended
5. Other information as directed by faculty. Each day will be recorded and filed in this ring binder.

ROTATIONS

Anesthesia- Meridian

Description: The anesthesia rotation will consist of several different site visits. The residents will be on anesthesia rotation for a 2 week period. The rotation will be in the morning and the resident will typically have patients scheduled in the afternoon (2 p.m.) at ISU Family Dentistry. The rotation will be spent at St. Alphonsus Medical Center.)

Goals and Rotation: To have the resident become proficient in intravenous access, monitoring of patients under anesthesia, airway management, and determining a patient's relative risk for anesthesia or sedation. To achieve these goals the resident should attempt to obtain as much experience as possible in intravenous access, airway management including ventilation and intubations, and observing and interpreting the patient monitors.

Pre-rotation Obligation: Read the assigned chapters in the Basics of Anesthesia textbook prior to beginning anesthesia rotation. The assigned chapters are marked with a star in the table of contents. Practice intravenous access and know the proper technique for using an angiocath for intravenous access. It would also be beneficial to read the ACLS Provider Manual prior to or during the anesthesia rotation.

Rotation Obligation:

While on rotation the resident will be scheduled for normal clinic hours in the afternoon, usually starting at 2 p.m. If the resident wishes not to be scheduled on any given afternoon in order to observe in a private practice or another opportunity for his/her anesthesia rotation, he/she should let the clinic receptionist know as soon as possible. It is also strongly suggested that a resident keep the clinic receptionist informed as to where he/she will be rotating at the following day, so the clinic receptionist can communicate with you if necessary due to schedule changes, patient emergencies, or any other circumstances.

Rotation Sites:

St. Alphonsus Medical Center: Residents can expect to arrive 6 a.m. (unless otherwise informed of a time change), and should dress into scrubs and wear a name badge. Residents should report to the pre-operative nurse and he/she will help guide the resident in preparing patients for the operating room

Anesthesia- Pocatello

Description: The residents will be on anesthesia rotation for a 2 week period. The rotation will be in the morning and the resident will typically have patients scheduled in the afternoon (2 p.m.) at Pocatello Family Dentistry. The bulk of the rotation will be spent at Portneuf Medical Center (West Campus).

Goals and Rotation: To have the resident become proficient in intravenous access, monitoring of patients under anesthesia, airway management, and determining a patient's relative risk for anesthesia or sedation. To achieve these goals the resident should attempt to obtain as much experience as possible in intravenous access, airway management including ventilation and intubations, and observing and interpreting the patient monitors.

Pre-rotation Obligation: Read the assigned chapters in the Basics of Anesthesia textbook prior to beginning anesthesia rotation. The assigned chapters are marked with a star in the table of contents. Practice intravenous access and know the proper technique for using an angiocath for intravenous access. It would also be beneficial to read the ACLS Provider Manual prior to or during the anesthesia rotation.

Rotation Obligation:

While on rotation the resident will be scheduled for normal clinic hours in the afternoon, usually starting at 2 p.m. If the resident wishes not to be scheduled on any given afternoon in order to observe in a private practice or another opportunity for his/her anesthesia rotation, he/she should let the clinic receptionist know as soon as possible. It is also strongly suggested that a resident keep the clinic receptionist informed as to where he/she will be rotating at the following day, so the clinic receptionist can communicate with you if necessary due to schedule changes, patient emergencies, or any other circumstances.

Rotation Sites:

Portneuf Medical Center(Pocatello): Residents can expect to arrive 6 a.m. (unless otherwise informed of a time change) and should dress into scrubs and wear a name badge. Residents should report to the pre-operative nurse and he/she will help guide the resident in preparing patients for the operating room.

IAGD CONSCIOUS SEDATION COMPETENCY PROTOCOL

1. New residents accepted into the IAGD Residency Program will be expected to complete the coursework to become certified for a conscious sedation permit, or recertifying for a permit based on coursework previously completed at another institution. The resident must successfully complete all six levels of the IAGD CONSCIOUS SEDATION COMPETENCY PROTOCOL requirements before a letter of certification will be sent to the Idaho State Board of Dentistry, or other regulating board, in support of an application for a conscious sedation permit, or renewal of such a permit. If a resident declares that he/she intends to complete the coursework and apply for a conscious sedation permit, or renew an existing permit, he/she must successfully complete the following requirements, adhere to the provided timeline, and obtain a consensus from the Conscious Sedation faculty that the resident is prepared for independent administration of parenteral sedation.

Level I: October 1--the resident will have successfully completed an accredited ACLS course. A copy of the course completion certificate will be placed in the resident's file and portfolio.

Level II: January 1--the resident will have successfully completed the anesthesia rotation with at least a 95% attendance record. The anesthesia rotation will emphasize airway management, assisted respiration, and circulatory access (IV's).

Level III: January 1--the resident will have completed 60 hours of instruction through DOCS, focusing on pharmacology and IV sedation drug therapy. Each resident will be given up to three opportunities to pass the test. A passing grade of 90% or better is required. Test results will be placed in the resident's file and portfolio.

Level IV: April 1--the resident will have passed an oral test based on office emergencies. Each resident will be given two opportunities to pass the test. Successful completion means 90% or better. Test results will be placed in the resident's file and portfolio.

Level V: June 1--the resident will have successfully completed at least 25 (twenty-five) conscious sedation cases in the dental clinic, at least 10 (ten) of which the resident is responsible for administration of the anesthesia and patient monitoring, and 15 (fifteen) of which the resident is responsible for the administration of the anesthesia, patient monitoring, in addition to the dental procedure. These conscious sedation cases must be documented in the dental clinic anesthesia log

book, a copy of which will be included in the resident's portfolio. Cases completed prior to the October 1st deadline will count toward the total number of sedation cases.

Level VI: June 15--the resident will have successfully passed a mock office anesthesia evaluation to be administered by an evaluator for the State of Idaho. A copy of the evaluation will be placed in the residents file and portfolio.

2. When a resident has successfully completed all six levels of the IAGD CONSCIOUS SEDATION PROFICIENCY PROTOCOL, he/she may be eligible to apply for a conscious sedation anesthesia permit through the appropriate issuing agency; however, whether or not the resident is given a letter to support the application is dependent on the faculty who teach and oversee the sedation cases. The final determination of whether or not a resident has achieved a level of competency associated with conscious sedation will be made by the faculty and director of the Idaho Advanced General Dentistry Program. The ultimate duty and responsibility of this institution is to foster the safe and efficacious treatment of patients by the graduates of this program.
3. After a resident has successfully completed all six levels of the IAGD CONSCIOUS SEDATION PROFICIENCY PROTOCOL, he/she must make application for a conscious sedation anesthesia permit to an appropriate issuing agency within six months of completion of the IAGD CONSCIOUS SEDATION PROFICIENCY PROTOCOL. If application is not made within six months, the certification granted by IAGD Residency will expire and residents will need to recertify as directed by individual state licensing agencies.

**IAGD CONSCIOUS SEDATION PROTOCOL
DECLARATION OF INTENT**

I, _____, having read the IAGD CONSCIOUS SEDATION PROTOCOL, do affirm that I understand the requirements as set forth by the Idaho Advanced General Dentistry Residency for certification for a conscious sedation permit, and hereby declare my intent to complete the required coursework for certification for a conscious sedation permit.

Signature

Date

Witness

GENERAL DENTISTRY PRACTICUM

IAGD 610	Fall Semester	12 Cr
IAGD 620	Spring Semester	12 Cr

1. GOALS This series of courses is designed to enable the resident to complete the goals outlined below:
 - a. Fulfill the IAGD Program's technical and clinical Competencies and Proficiencies (C/P) related to the practice of general dentistry
 - b. Partially fulfill the Program Mission and Educational Goals of the program through the provision of general dental services.
 - c. Provide the authentic documentation of clinical care, case presentations and appropriate C/P for the resident's portfolio.
 - d. Enable the resident completing the curriculum to serve effectively in the capacity as a general practice dentist.

2. FACULTY

Course Director

Margaret Walker, DMD and Tim Huff, DDS

IAGD Clinical Site Directors

Clinical Supervising Faculty assigned to Pocatello Family Dentistry Clinic ISU Family Dentistry (See Monthly Schedule of Assigned Faculty)

3. SCHEDULE

- a. The courses are facilitated by the assigned schedule for each resident in the Pocatello Family Dentistry Clinic. A schedule for each dental resident is developed by the Course Director and PFD Clinical Administrator and is coordinated with the other rotations, courses and experiences directed by the IAGD Program Director. The General Dentistry Practicum runs continuously for twelve months from the first week in July of the IAGD Program until the last week in June of the following year or as arranged by the Clinical Site Director and/or Program Director. Acceptable absences include pre-arranged off-site rotations (Anesthesia, Indian Health Services, ISU Dental Hygiene, Orthodontics and others as needed), planned vacation days and excused medical absences. Other than acceptable absences, the resident is expected to attend all scheduled clinical sessions and providing patient care as directed in the methodology section.

- b. The General Dentistry Practicum Courses also serve as the residency program's emergency, on-call, after hours care and hospital emergency room service. For the 12 months of the practicum, one resident is on-call at all times (24 hours a day, seven days a week) for the entire year. Residents enrolled in the General Dentistry Practicum are assigned on a rotating basis as the on-call resident. The on-call resident serves in one week time periods beginning at 12:01PM on a Wednesday and ending at 12:00 Noon on the following Wednesday. The on-call resident is expected to be available within 20 minutes of either hospital or the dental clinic and will carry the prescribed beeper/phone whenever the clinic phone is not being answered. Exchange of all or part of the on-call rotation(s) may be arranged with fellow residents with prior notice to the course director, clinic administrator and receptionist/scheduling coordinator. One of the program faculty is assigned as attending dentist for the on-call resident at all times. The faculty must be available within one-hour of the hospitals / dental clinic to assist with procedures unfamiliar to the resident.

4. METHODOLOGY

The General Dentistry Practicum represents a systematic and programmed increasing level of responsibility and efficiency in providing general dental services to patients. The outcome of the process is designed to cultivate a dental resident that can fulfill the program goals and C/P that are related to the technical and clinical provision of general dental services. The General Dentistry Practicum is designed to be an integral component of the other didactic and clinical experiences of the residency program experience. The Practicum courses are not designed to function as stand-alone courses and are one component of the entire programmatic plan for achieving the competencies and proficiencies of the program. The General Dentistry Practicum courses are organized around changes in levels of responsibility and oversight in the four quarters of the 12-month experience. The quarterly outline is provided below and is integrated with the outcomes assessment process and entire curriculum plan.

- a. **FIRST QUARTER (usually July – September)**{During the first quarter, the faculty will serve as co-therapists, especially in the areas of diagnosis and treatment planning, assuring that residents have adequate technical skills and guide them in the process of learning

new techniques and introducing them to new materials.}

- b. Assure / Provide Basic Technical Skills
- c. Residents will complete and faculty will evaluate ALL of the following:
 - 1. examinations, radiographs, diagnostic impressions, pour-ups, and bite relationships, local anesthetics, inhalation analgesics, prescriptions, pre and post-op instructions
 - 2. all temporaries, preparations, impressions, length and obturation films, completed direct restorations and indirect restorations prior to cementation / delivery
 - 3. assure there is a radiograph of final restoration taken and checked for quality of work
 - 4. chart notes, treatment plans, informed consents and treatment plan discussions
 - 5. final case completions with a case completion form
 - 6. Faculty will serve as co-therapists, with direct oversight, observation, evaluation, demonstrating and assist with: all items listed above
 - 7. Faculty will observe, evaluate and sign all completed cases, daily record of services, finalized treatment plans for simple and complex cases, consent forms, patient financial arrangements (signed and observed by scheduling and financial coordinator)
 - 8. assure that the residents have the basic skills and techniques to complete individual procedures.
 - 9. complete the quarterly evaluations

Course Director will:

- 1. assist with developing and coordinating treatment planning efforts.
- 2. serve as a faculty member as in section b. above
- 3. provide evaluation system (forms) for faculty to assess and measure the progress of residents

4. provide to the Clinical Site Director and/or Program director the summary of faculty evaluations along with explanatory comments
5. Introduce new clinical techniques and competencies and proficiencies initially rated as C or P by the residents.
6. Demonstrations – at the discretion of the faculty or resident, they will demonstrate
7. posterior composites, all ceramic restorations, veneers, complicated endodontic procedures, surgical extractions
8. other preparations and procedures as necessary based upon the resident's initial skills assessment.

Discussions – the beginning / end of the clinical session discussions should focus on the items above

Portfolio Components

- a. Course Director will provide the information and forms required for completion of the General Dentistry Practicum information in the Resident's Portfolio
- b. Residents will complete the records and documentation necessary for:
 1. first distance learning treatment planning case presentation
 2. the observation, evaluation of C/P required in the first quarter
 3. Faculty will assist with case selection for the first treatment planning case and with evaluation of the planned presentation.

SECOND QUARTER (usually Oct – Dec)

1. Complete Basic Program Competencies and work on Proficiencies
 - a. When approved by faculty, residents will delegate to dental auxiliary and evaluate for adequacy
 1. most routine radiographs (EFDA / RDA)
 2. alginate impressions and pour-ups (EFDA)
 3. simple temporaries (EFDA)
 4. preventative and non-surgical periodontal care (RDH)

- b. Residents will continue to perform:
 1. complex and anterior temporaries
 2. facebow, bite relationships and cast mountings
 3. in-house laboratory (custom trays, bite rims)
- c. Residents will present to faculty:
 1. complete diagnostic information for treatment planning decisions
 2. preliminary treatment plans with options and risk/benefit and cost/benefit considerations included
 3. competencies that residents believe they are ready to complete and have evaluated
- d. Faculty will:
 1. observe, assist and demonstrate as needed with basic competencies and proficiencies (C/P) including treatment planning and consent discussions / processes
 2. assure there is a radiograph of final restoration taken and checked for quality of work
 3. complete C/P Observation and Evaluation Forms daily for residents
 4. finalize treatment plans when residents provide complete diagnostic information, sign and then follow-up on case completion by reviewing final restorations, individual prostheses and when completed the entire case for evaluation
- e. Course Director will:
 1. function as a faculty member
 2. assure continuity and oversight, assign complex / integrated patient cases to faculty members based upon expertise or interest
 3. assign fall semester grade based upon cumulative faculty evaluations, progress on C/P statements and personal interaction with resident

Portfolio Components

- a. Course Director will:
 1. assure completion of first treatment planning presentation and have completed documentation for second presentation
 2. assure residents have selected and started documentation for clinical cases related to comprehensive care
 3. assure that residents have selected clinical cases that will integrate with the Literature Review Course in areas of Oral Pathology/Oral Medicine and in Dental Materials
 4. assure that residents have started or completed (depending upon cycle) SEARCH Project in partial fulfillment of Community Interprofessional Teams requirement

- b. Resident will:
 1. select cases and faculty mentors for portfolio requirements as described above
 2. complete documentation for second treatment planning presentation

- c. Faculty will:
 1. serve as faculty mentors for Complex Treatment Planning and Comprehensive Care patient cases based upon personal interest and expertise.
 2. observe, assist and demonstrate as needed with basic competencies and proficiencies (C/P) including treatment planning and consent discussions / processes
 3. assure there is a radiograph of final restoration taken and checked for quality of work
 4. complete C/P Observation and Evaluation Forms daily for residents
 5. finalize treatment plans when residents provide complete diagnostic information, sign and then follow-up on case completion by reviewing final restorations, individual prostheses and when completed the entire case for evaluation

THIRD QUARTER (usually Jan – Mar)

1. Complete basic Program Competencies and Proficiencies
 - a. Residents will delegate and evaluate for adequacy
 1. radiographs (EFDA/RDA)
 2. alginate impressions, pour-ups and laboratory mounting of cases with resident provided records (EFDA)
 3. temporaries, except as desired for diagnostic or therapeutic purposes(EFDA)
 - b. Residents will continue to perform:
 1. temporaries as above
 2. facebow, bite relationships and critical analysis of case mountings
 - c. Residents will present to faculty:
 1. complete treatment planning decisions based upon the program's mission statement and educational objectives.
 2. C/P statements the residents are prepared to have evaluated by observation and evaluation.
 - d. Faculty will:
 1. observe, assist and demonstrate as needed to promote achieving C/P statements related to technical procedures.
 2. assure there is a radiograph of final restoration taken and checked for quality of work

3. complete C/P Observation and Evaluation Forms daily for residents
4. evaluate treatment plans residents provide, sign and then follow-up on case completion by reviewing final restorations, individual prostheses and when completed the entire case for evaluation
- e. Course Director will:
 1. function as a faculty member described in section above to assure continuity and oversight, assign complex / integrated patient cases to faculty members based upon expertise or interest
 2. provide each resident with quarterly evaluation based upon cumulative faculty evaluations, progress on C/P statements and personal interaction with resident

Portfolio Components

- a. Course Director will:
 1. assure completion of both treatment planning presentations
 2. assure residents have completed documentation for one clinical case related to comprehensive care and have achieved significant progress toward completely documenting the two additional cases
 3. assure that residents have completed the literature review and summaries for the cases that will integrate with the Literature Review Course in areas of Oral Pathology/Oral Medicine and in Dental Materials
- b. Resident will:
 1. work with faculty mentors for portfolio requirements as described above
 2. complete second treatment planning presentation
 3. select one ongoing case for presentation to the Southeast Idaho Dental Society scientific meeting
- c. Faculty will:
 1. serve as faculty mentors for Complex Treatment Planning and Comprehensive Care patient cases based upon personal interest and expertise.
 2. assist with complete documentation of care provided
 3. complete C/P Observation and Evaluation Forms for specific statements related to patient care and technical procedures.

FOURTH QUARTER (usually Apr – Jun)

1. Program Competencies and Proficiencies
 - a. Residents will delegate and evaluate for adequacy:

1. all procedures permitted under Idaho Statute except those cases or situations where the diagnostic or therapeutic outcomes necessitate personal intervention
- b. Residents will continue to perform:
 1. all aspects of general dentistry with a focus on the provision of care in an effective and efficient manner.
 2. restorative care with a focus on achieving the care in a manner specified in C/P statements
- c. Residents will present to faculty:
 1. complete patient treatment based upon the program's mission statement and educational objectives
 2. the remaining C/P statements on technical procedures that have not been completed or evaluated in previous quarters
- d. Faculty will:
 1. assist with skills necessary to complete the remaining C/P statements in technical areas
 2. evaluate all remaining C/P statements with the standard C/P Observation and Evaluation Forms
 3. evaluate completed cases based upon the program's mission and educational objectives
- e. Course Director will:
 1. function as a faculty member as described above
 2. assure that all C/P statements under the purview of the course are evaluated prior to completion of the quarter
 3. assign semester grades based upon the cumulative faculty evaluations, completion of all C/P statements, completion of course requirements for the portfolio and personal interaction with the resident

Portfolio Components

- a. Course Director will:
 1. assure that residents have completed documentation for all areas of the Resident's Portfolio that are under the purview of the course and review the final product prior to submission to the Program Director.
- b. Resident will:
 1. work with faculty mentors to complete portfolio case documentation for all areas remaining.
 2. provide complete documentation and final format for Portfolio in conjunction with the guidelines / timeframe outlined (All documentation is due on or before the first Friday in June at 5:00PM)
- c. Faculty will:
 1. work with the residents to complete the documentation and care of patients in Comprehensive Care and Treatment Planning sections

2. integrate the completed C/P statements with the documented cases for completion of remaining requirements
-
5. GRADES / EVALUATION
 - A. Course grades will be submitted in a timely fashion to coordinate with the Idaho State University semester schedule, even though the courses run in a continuous and on-going manner.
 - B. Grading Scale
 1. A=Faculty Evaluation Average 9.00 – 10.00All C/P Statements current with schedule and in advance of schedule in some areas.
Professional conduct, ethics and attendance superior in all aspects.
 2. B= Faculty Evaluation Average 6.75 – 8.99Most C/P Statements current with schedule
Professional conduct, ethics and attendance above average in all aspects
 3. C=To coordinate and integrate with the requirements of Idaho State University’s College of Graduate Studies, any performance below that of a “B” does not permit continuance in the program. Performance below that of a “B” must be remediated prior to the completion of a semester. If the grade of “C” or lower is to be awarded, the resident will not be permitted to continue in the IAGD program.
 4. Competency and Proficiency Evaluations for relevant C/P Statements are completed as indicated in the Resident’s Portfolio Requirements and as indicated on the C/P Observation and Evaluation Form.
 - C. Grades and Evaluations may be appealed in writing to the Course Director within five business days of their issuance. In the event that the appeal is denied, the matter will automatically be referred to the Program Director for additional evaluation and review. The Program Director has final authority for decisions on individual evaluations. Final Grades may be appealed as indicated the Kasiska College of Health Professions and Idaho State University guidelines for Academic Appeals.

PATIENT CARE CONFERENCES/ SEMINARS

TREATMENT PLANNING

Approval by faculty and financial officer must be completed prior to treatment.

All patients that have been accepted for treatment are to have a written treatment plan that is approved by appropriate faculty and reviewed by the financial officer with the resident before any treatment and presented to the patient before any treatment can be performed for the patient.

Each specific form of treatment should be listed individually and the treatment prescribed for it as well as all other contemplated treatment. The patient's chief complaint and requests for treatment, periodontal condition and charting, x-rays, study models, health history, dental history, and any other diagnostic aids should be present during the planning.

After initial treatment planning by the resident, the case should be discussed with appropriate faculty member(s) and a final treatment plan and alternatives, if applicable decided upon. When the final plan has been decided, a sequence of treatment should be planned with the resident and faculty.

A final written treatment plan and sequencing should be discussed with the financial officer and other staff (example: Cielo for ordering implants or other fixtures and signed by faculty before formal presentation to the patient. Only after the preceding has been done can the patient be scheduled for a consultation with the resident.

At the consultation, the resident will present the treatment plan to the patient, solicit and answer questions regarding the treatment. A copy of the treatment plan and **"Informed Consent"** must be signed by the patient. Financial obligations must be addressed by the financial coordinator. If the treatment plan is accepted by the patient, the financial coordinator will schedule the patient and conclude firm financial arrangements.

A copy of the signed treatment plan should be given to the patient or their authorized representative.

Weekly during the didactic day schedule, the residents will meet and discuss their upcoming, ongoing and completed comprehensive cases. Radiographs, mounted study models and other clinical information gathered will be presented and discussed among the group.

SECTION 5

-Evaluations and Record Audits

Overview of Program Methodology

The Idaho Advanced General Dentistry Program (IAGD) is strongly committed to the residency model of education. The residency model of education promotes the concept of guided self-learning – a model that will serve the successful professional throughout their career. The residency model of education is based on the concept of personal responsibility and motivation to achieve the goals and standards of the program. Although the outcomes assessments tools and evaluation systems will identify unsatisfactory performance, beyond that residents will find that their personal success is dependent upon their individual motivation and talent.

The IAGD program has chosen to utilize a series of Competency and Proficiency Statements as the basis for both resident performance expectations and evaluation. The most current IAGD Competency and Proficiency Statements (C/P) are attached to this manual as Appendix A. Satisfactory completion of the established C/P will ensure that the resident has fulfilled the Program's Goals and Educational Objectives. The IAGD residents cultivate the skills and attributes necessary for completing the C/P statements through an integrated array of clinical care in the Pocatello Family Dentistry Clinic along with both local and distance learning didactic programming, specific rotations and participation in community and professional organizations.

Faculty/Course Evaluations

Faculty and course evaluations are essential for providing faculty with feedback regarding strengths and weaknesses. Each resident, therefore, is expected to complete a course evaluation for each course in which he/she is enrolled and for each of the clinical faculty.

Residents are asked to utilize constructive feedback in completing the evaluations so that faculty can utilize the information to strengthen courses. Course evaluations are summarized and submitted to the Clinical Site Director and/or Program Director, with resident anonymity, for review. These reviews allow the Directors to use the feedback for formal faculty evaluations. The information will then be forwarded to the respective faculty to use as constructive feedback. This allows the faculty members to grow professionally and to strengthen courses.

- A. Constructive feedback should include the following:
 - 1. Positive feedback on what the instructor is doing well. This is necessary to reinforce this behavior so that it is continued.
 - 2. Constructive feedback on what behavior the student would like to see changed.

3. Example(s) of undesirable behavior so that the instructor clearly understands what he/she needs to improve.

Clinic faculty evaluations will be conducted at least twice during the academic year, once each semester before course grading. Resident feedback is used for annual evaluations of faculty, as well as for tenure and promotion decisions. Your cooperation with evaluations will be appreciated.

- B. Protocol for anonymous student evaluations of instructors: The State Board of Education requires that resident evaluations of faculty be conducted and these evaluations be used in assessing instructors regarding tenure, promotions and/or continued employment. Your responses to this questionnaire will be anonymous and the instructor will not have access to any of this information until after final grades for the course have been turned in to the Registrar. The instructor is not to be present in the room while evaluations are being completed. Completed evaluations are to be placed in the envelope provided and will be returned to the departmental secretary by the last resident completing the questionnaire or by a person designated by the department. Your participation in the instructor evaluation process is strictly voluntary and failure to participate will have no effect on your grade or your standing within the university. Please do not identify yourself on the questionnaire.

IDAHO ADVANCED GENERAL DENTISTRY PROGRAM COMPETENCY AND PROFICIENCY STATEMENT

A graduate of the Idaho Advanced General Dentistry Program will be competent (C) and proficient (P) in the following areas

Planning and providing comprehensive multidisciplinary oral health care

1. Establish a therapeutic alliance between the patient and dentist that permits function as a patient's primary, and comprehensive, oral health care provider. **(P)**
2. Integrate multiple disciplines into an individualized, patient centered, comprehensive, sequenced treatment plan using diagnostic and prognostic information for patients with complex needs. **(P)**
3. Use the principles and processes of informed consent to explain and discuss with patients, parents / guardians of patients; findings, diagnoses, treatment options, realistic treatment expectations, patient responsibilities, time requirements, sequence of treatment, estimated fees and payment responsibilities. **(C)**
4. Perform dental consultations and request medical consultations for hospitalized patients and patients in other health care settings. **(C)**

Health care delivery:

5. Provide patient care by working cooperatively with allied dental personnel to treat patients in an efficient and effective manner. **(C)**
6. Support the program's mission by acting in a manner to maximize patient satisfaction in the treatment process. **(C)**
7. Use and reinforce accepted sterilization, disinfection, CDC universal precautions, OSHA occupational hazard prevention and HIPAA privacy procedures in the practice of dentistry. **(C)**
8. Use scheduling systems, production/collection goals and insurance and financial arrangements to maximize productivity in the treatment process. **(C)**

9. Provide dental care as a part of a multi-disciplinary health care team such as that found in a hospital, institution, or community health care environments. **(C)**
10. Practice and promote ethical principles in the practice of dentistry and in relationships with patients, personnel, and colleagues. **(P)**
11. Participate in organized dentistry. **(C)**

Information management and analysis:

12. Evaluate scientific literature and other sources of information to determine the safety and effectiveness of medications and diagnostic, preventive, and treatment modalities, and make decisions regarding the use of new and existing medications, procedures, materials and concepts. **(P)**
13. Demonstrate use of available information technology and evaluate state of the art information systems as they are developed. **(C)**
14. Maintain a patient record system that facilitates the retrieval and analysis of the process and outcomes of patient treatment. **(C)**
15. Analyze the outcomes of patient treatment to improve future treatment using a system for continuous quality improvement in a dental practice. **(C)**

Oral disease detection and diagnosis:

16. Select and use assessment techniques to arrive at a differential, provisional and definitive diagnosis for patients with complex needs. **(C)**
17. Obtain and interpret the patient's chief complaint, medical, dental, and social history, and review of systems. **(P)**
18. Obtain and interpret clinical and radiographic data and additional diagnostic information from other health care providers or other diagnostic resources. **(P)**
19. Use the services of clinical, medical, and pathology laboratories and refer to other health professionals. **(P)**
20. Perform a limited history review of systems and physical evaluations and collect other data in order to establish a risk assessment for dental treatment and use that risk assessment in the development of a dental treatment plan. **(C)**
21. Manage intraoral soft tissue lesions of non-traumatic origin. **(C)**
22. Diagnose and manage oral manifestations of systemic disease. **(C)**

23. Diagnose and manage common oral pathological abnormalities. (C)

Promoting oral and systemic health and disease prevention:

24. Participate in community programs to prevent and reduce the incidence of oral disease. (C)

25. Use accepted prevention strategies such as oral hygiene instruction, nutritional education and pharmacologic intervention to help patients maintain and improve their oral and systemic health. (P)

Assessment of medical risks:

26. Treat patients with a broad variety of acute and chronic systemic disorders and social difficulties including patients with special needs. (C)

27. Develop and carry out dental treatment plans for patients with special needs in a manner that considers and integrates the patient's medical, psychological, and social needs. (C)

Sedation, pain, and anxiety control

28. Use pharmacologic and non-pharmacologic behavior management skills with the pediatric patient. (C)

29. Use pharmacologic agents in the treatment of dental patients. (P)

30. Provide control of pain and anxiety in the conscious patient through the use of psychological interventions, behavior management techniques, local anesthesia, nitrous oxide analgesia and oral medications. (C)

31. Provide control of pain and anxiety in the conscious patient through the use of parenteral sedation medications/techniques. (C) OPTIONAL

32. Prevent, recognize, and manage complications related to use and interactions of drugs, local anesthesia, and conscious sedation. (C)

Restorative Treatment:

33. Restore single teeth using direct and indirect materials and methods. (P)

34. Place restorations and perform techniques to enhance patient's facial esthetics. (P)

35. Diagnose and manage a patient's occlusion, integrating treatment into a comprehensive patient care plan. **(C)**
36. Restore endodontically treated teeth. **(P)**
37. Restore primary teeth in the primary and mixed dentitions, treating uncomplicated diseases and abnormalities of the pediatric patient. **(P)**

Replacement of teeth:

38. Treat patients with missing teeth requiring removable restorations. **(P)**
39. Treat patients with missing teeth requiring uncomplicated fixed restorations. **(P)**
40. Communicate case design with laboratory technicians and evaluate the resultant prostheses. **(P)**
41. Perform uncomplicated endosseous implant restorations. **(C)**

Periodontal therapy

42. Diagnose and treat early and moderate periodontal disease using non-surgical and surgical procedures. **(C)**
43. Diagnose and manage advanced periodontal disease. **(C)**
44. Evaluate the results of periodontal treatment and establish and monitor a periodontal maintenance program. **(C)**

Pulpal therapy

45. Diagnose and treat pain of pulpal origin. **(P)**
46. Perform uncomplicated non-surgical and surgical anterior and posterior endodontic therapy. **(P)**
47. Diagnose and manage complicated non-surgical and surgical endodontic therapy. **(C)**
48. Treat common endodontic complications. **(P)**
49. Manage complex endodontic complications. **(C)**
- 50. Perform pediatric pulpal therapy. (P)**

Hard and soft tissue surgery:

- 51. Perform surgical and nonsurgical extraction of primary and permanent erupted teeth, including soft tissue embedded tooth fragments. **(C)**
- 52. Extract most soft tissue impactions, some partially bony impaction and selected full bony impactions based on diagnosis of difficulty. **(C)**
- 53. Perform uncomplicated pre-prosthetic surgery. **(C)**
- 54. Assess and manage or perform biopsy of oral tissues. **(C)**
- 55. Treat patients with complications related to intra-oral surgical procedures. **(C)**

Orthodontics:

- 56. Provide uncomplicated space analysis and maintenance. **(P)**
- 57. Identify and participate in the management of comprehensive orthodontic cases including adolescent adult and combined surgical-orthodontic cases. **(P)**

Treatment of dental and medical emergencies:

- 58. Treat patients with intra-oral dental emergencies and infections. **(P)**
- 59. Anticipate, diagnose and provide initial treatment and follow-up management for medical emergencies that may occur during dental treatment. **(C)**
- 60. Treat intraoral hard and soft tissue lesions of traumatic origin. **(C)**
- 61. Use proper hospital protocol when treating and managing patients in a hospital environment. **(C) OPTIONAL**
- 62. Provide dental treatment in an operating room. **(C) OPTIONAL**

RESIDENT EVALUATION FORM

RESIDENT NAME: _____

FACULTY NAME: _____

COMPETENCY/PROFICIENCY STATEMENT	RES S/E	Fall	Spring	COMMENTS: Identify by Number and Quarter below and on attached Comment Sheet
Planning and providing comprehensive multidisciplinary oral health care:				
1. Establish a therapeutic alliance between the patient and dentist that permits function as a patient's primary, and comprehensive, oral health care provider. (P)				
2. Integrate multiple disciplines into an individualized, patient centered, comprehensive, sequenced treatment plan using diagnostic and prognostic information for patients with complex needs. (P)				
3. Use the principles and processes of informed consent to explain and discuss with patients, parents/guardians of patients; findings, diagnoses, treatment options, realistic treatment expectations, patient responsibilities, time requirements, sequence of treatment, estimated fees and payment responsibilities. (C)				
4. Perform dental consultations and request medical consultations for hospitalized patients and patients in other health care settings. (C)				
Health care delivery:				
5. Provide patient care by working cooperatively with allied dental personnel to treat patients in an efficient and effective manner. (C)				
6. Support the program's mission by acting in a manner to maximize patient satisfaction in the treatment process. (C)				
7. Use and reinforce accepted sterilization, disinfection, CDC universal precautions, OSHA occupational hazard prevention and HIPAA privacy procedures in the practice of dentistry. (C)				
8. Use scheduling systems, production/collection goals and insurance and financial arrangements to maximize productivity in the treatment process. (C)				
9. Provide dental care as a part of a multi-				

disciplinary health care team such as that found in a hospital, institution, or community health care environments. (C)				
10. Practice and promote ethical principles in the practice of dentistry and in relationships with patients, personnel, and colleagues. (P)				
11. Participate in organized dentistry. (C)				

COMPETENCY/PROFICIENCY STATEMENT	RES S/E	Fall	Spring	COMMENTS: Identify by Number and Quarter below and on attached Comment Sheet
<i>Information management and analysis</i>				
12. Evaluate scientific literature and other sources of information to determine the safety and effectiveness of medications and diagnostic, preventive, and treatment modalities, and make decisions regarding the use of new and existing medications, procedures materials and concepts. (P)				
13. Demonstrate use of available information technology and evaluate state of the art information systems as they are developed. (C)				
14. Maintain a patient record system that facilitates the retrieval and analysis of the process and outcomes of patient treatment. (C)				
15. Analyze the outcomes of patient treatment to improve future treatment using a system for continuous quality improvement in a dental practice. (C)				
<i>Oral disease detection and diagnosis:</i>				
16. Select and use assessment techniques to arrive at a differential, provisional and definitive diagnosis for patients with complex needs. (C)				
17. Obtain and interpret the patient's chief complaint, medical, dental, and social history, and review of systems. (P)				
18. Obtain and interpret clinical and radiographic data and additional diagnostic information from other health care providers or other diagnostic resources. (P)				
19. Use the services of clinical, medical, and pathology laboratories and refer to other health professionals. (P)				
20. Perform a limited history review of systems and physical evaluations and collect other data in order to establish a risk assessment for dental treatment and use that risk assessment in the development of a dental				

treatment plan. (C)				
21. Manage intraoral soft tissue lesions of non-traumatic origin. (C)				
22. Diagnose and manage oral manifestations of systemic disease. (C)				
23. Diagnose and manage common oral pathological abnormalities. (C)				

COMPETENCY/PROFICIENCY STATEMENT	RES S/E	Fall	Spring	COMMENTS: Identify by Number and Quarter below and on attached Comment Sheet
<i>Promoting oral and systemic health and disease prevention:</i>				
24. Participate in community programs to prevent and reduce the incidence of oral disease. (C)				
25. Use accepted prevention strategies such as oral hygiene instruction, nutritional education and pharmacologic intervention to help patients maintain and improve their oral and systemic health. (P)				
<i>Assessment of medical risks:</i>				
26. Treat patients with a broad variety of acute and chronic systemic disorders and social difficulties including patients with special needs. (C)				
27. Develop and carry out dental treatment plans for patients with special needs in a manner that considers and integrates the patient's medical, psychological, and social needs. (C)				
Sedation, pain, and anxiety control:				
28. Use pharmacologic and non-pharmacologic behavior management skills with the pediatric patient. (C)				
29. Use pharmacologic agents in the treatment of dental patients. (P)				
30. Provide control of pain and anxiety in the conscious patient through the use of psychological interventions, behavior				

management techniques, local anesthesia, nitrous oxide analgesia and oral medications. (C)				
31. Provide control of pain and anxiety in the conscious patient through the use of parenteral sedation medications/ techniques. (C) OPTIONAL				
32. Prevent, recognize, and manage complications related to use and interactions of drugs, local anesthesia, and conscious sedation. (C)				
<i>Restorative Treatment:</i>				
33. Restore single teeth using direct and indirect materials and methods. (P)				
34. Place restorations and perform techniques to enhance patient's facial esthetics. (P)				
35. Diagnose and manage a patient's occlusion, integrating treatment into a comprehensive patient care plan. (C)				
36. Restore endodontically treated teeth. (P)				
37. Restore primary teeth in the primary and mixed dentitions, treating uncomplicated diseases and abnormalities of the pediatric patient. (P)				

COMPETENCY/PROFICIENCY STATEMENT	RES S/E	Fall	Spring	COMMENTS: Identify by Number and Quarter below and on attached Comment Sheet
<i>Replacement of teeth:</i>				
38. Treat patients with missing teeth requiring removable restorations. (P)				
39. Treat patients with missing teeth requiring uncomplicated fixed restorations. (P)				
40. Communicate case design with laboratory technicians and evaluate the resultant prostheses. (P)				
41. Perform uncomplicated endosseous implant restorations. (C)				

Periodontal therapy:				
42. Diagnose and treat early and moderate periodontal disease using non-surgical and surgical procedures. (C)				
43. Diagnose and manage advanced periodontal disease. (C)				
44. Evaluate the results of periodontal treatment and establish and monitor a periodontal maintenance program. (C)				
Pulpal therapy:				
45. Diagnose and treat pain of pulpal origin. (P)				
46. Perform uncomplicated non-surgical and surgical anterior and posterior endodontic therapy. (P)				
47. Diagnose and manage complicated non-surgical and surgical endodontic therapy. (C)				
48. Treat common endodontic complications. (P)				
49. Manage complex endodontic complications. (C)				
50. Perform pediatric pulpal therapy. (P)				
<i>Hard and soft tissue surgery:</i>				
51. Perform surgical and non-surgical extraction of primary and permanent erupted teeth, including soft tissue embedded tooth fragments. (C)				
52. Extract most soft tissue impactions, some partially bony impaction and selected full bony impactions based on diagnosis of difficulty. (C)				
53. Perform uncomplicated pre-prosthetic surgery. (C)				
54. Assess and manage or perform biopsy of oral tissues. (C)				
55. Treat patients with complications related to intra-oral surgical procedures. (C)				
<i>Orthodontics:</i>				
56. Provide uncomplicated space analysis and maintenance. (P)				
57. Identify and participate in the management of comprehensive orthodontic cases including adolescent adult and combined surgical orthodontic cases. (P)				
COMPETENCY/PROFICIENCY STATEMENT	RES S/E	Fall	Spring	COMMENTS: Identify by Number and Quarter below and on attached Comment Sheet
<i>Treatment of dental and medical emergencies:</i>				
58. Treat patients with intra-oral dental				

emergencies and infections. (P)				
59. Anticipate, diagnose and provide initial treatment and follow-up management for medical emergencies that may occur during dental treatment. (C)				
60. Treat intra-oral hard and soft tissue lesions of traumatic origin. (C)				
61. Use proper hospital protocol when treating and managing patients in a hospital environment. (C) OPTIONAL				
62. Provide dental treatment in an operating room. (C) OPTIONAL				

Beginning Evaluation Scoring Criteria

- A. Resident had completed multiple similar procedures in dental school and feels competent in this area.
- B. Resident has some clinical experience but does not feel competent in this area.
- C. Resident has minimal clinical experience but does have didactic background to gain competence.
- D. Resident has no clinical experience and has limited didactic background - needs additional didactic background before beginning clinical experience.
- E. Resident has no clinical experience and no didactic background in this area.

1st Evaluation -> End of Residency Scoring Criteria

- 9-10 Resident demonstrates they are competent or proficient at this level; ready to advance to more complex procedures or patients.
- 8-7 Progressing Satisfactorily. Resident displays increasing skill or aptitudes with successive treatment encounters.
- 5-6 Satisfactory; but resident is not increasing skills/aptitudes and similar performance at next review would be unsatisfactory.

- 3-4 Unsatisfactory. Resident has not demonstrated accomplishment of the relative competencies but with remediation and additional clinical experience in this area the resident can achieve satisfactory scores at next evaluation.
- 1-2 Unsatisfactory. Resident has not demonstrated accomplishment of the relative competencies/procedures and may or may not be able to achieve satisfactory performance even with remedial assistance.
- NA Unable to observe this C/P during this evaluation period.

IAGD RESIDENTS EVALUATION FORM
COMMENTS

Please identify each comment by Competency/Proficiency Statement number and Quarter

Competencies and Proficiencies

Subject Area: Hard and Soft Tissue Surgery

Competencies:

Upon completion of the AEGD program, the resident will be competent to:

1. Diagnose and treatment plan the need for biopsy and histopathologic examination or other diagnostic measures to evaluate suspicious lesions.
2. Complete the care involving extraction of most soft tissue impactions and some partial bony and full bony impactions including post-operative care and most common complications.
3. Manage acute infections, up to level of intraoral incision and drainage including most levels of outpatient care.

Proficiencies:

Upon completion of the AEGD program, the resident will be proficient at:

1. Diagnosing and treatment planning the need for surgical procedures involving the teeth and associated dentoalveolar structures.
2. Determining the difficulty of planned care, evaluating the care in relation to the planned procedure, the practitioner's knowledge skills and abilities, the patient's physical and psychological status; referring to Oral and Maxillofacial Surgeon's when indicated.
3. Extraction of erupted permanent and primary teeth, including soft tissue embedded root tips and tooth fragments.
4. Managing treatment plans which involve the specialty care of the Oral and Maxillofacial Surgeons.
5. Designing and executing flap entry and closure for the various sites involved in surgical procedures.

Subject Area: Planning and Providing Multidisciplinary Oral Health Care

Competencies:

Upon completion of the AEGD program, the resident will be competent to:

1. Develop of comprehensive treatment plan which addresses all problems discovered in the patient assessment and diagnosis processes.

2. Present a patient involved and patient decision based on treatment plan which will facilitate formal and informal informed consent processes.
3. Evaluate the need for and interaction of specialist care in the proposed treatment plan based upon a combination of the practitioner's skill levels and the patient's needs.
4. Seek the input of specialists and ancillary personnel (e.g., lab technicians) during the treatment planning process.
5. Coordinate the treatment of patients by various specialists when involved in the care of the patient.

Proficiencies:

Upon completion of the AEGD program, the resident will be proficient at:

1. Understanding the rationale for utilization of specialty care based upon:
 - a. the knowledge and skill level of the general practitioner
 - b. the knowledge and skill level of the specialist
 - c. the needs and desires of the patient
 - d. the standard of care for a particular discipline or procedure.
2. Communicating with all involved specialists and practitioners of the overall goals, objectives and procedures include in the treatment plan.

Subject Area: Treatment of Dental and Medical Emergencies

Competencies:

Upon completion of the AEGD program, the resident will be competent to:

1. Manage a patent airway for the unconscious patient.
2. Administer first aid for minor non-dental injuries.
3. Complete ACLS certification.

Proficiencies:

Upon completion of the AEGD program, the resident will be proficient at:

1. Managing the avulsed, luxated or traumatically fractured teeth including immediate, post-op and follow-up care.
2. Providing initial care for orofacial traumatic injuries, medical emergencies and emergent dentoalveolar infectious processes.
3. Effecting preventive measures for medical emergencies.

Subject Area: Sedation, Pain and Anxiety Control

Competencies:

Upon completion of the AEGD program, the resident will be competent to:

1. Recognizing and modify treatment for the fearful dental patient and dental phobics.
2. Determining the need for modalities beyond local anesthetic and Nitrous Oxide.
3. Evaluating patients for potential use of conscious sedation or general anesthesia as an adjunct.
4. Provide parenteral conscious sedation, (prepared to apply for an Idaho Conscious Sedation Permit) including appropriate evaluation, monitoring and care of commonly encountered adverse reactions.

Proficiencies:

Upon completion of the AEGD program, the resident will be proficient at:

1. Selecting and administrating local anesthetic in a traumatic and efficacious manner utilizing infiltration, block, intraosseous and intrapulpal techniques.
2. Selecting and using Nitrous Oxide / Oxygen analgesia when indicated and not contraindicated.
3. Addressing patient fear of dental procedures and anesthesia in an age appropriate, open and non-judgmental manner.

Subject Area: Restoration of Teeth

Competencies:

Upon completion of the AEGD program, the resident will be competent to:

1. Most aspects of multiple tooth restoration including:
 - a. understand indications and contraindications for treatment of the involved teeth
 - b. select material, including benefit to risk evaluation of various materials
 - c. utilize appropriate techniques of application for optimal serviceability and longevity
 - d. take occlusal and other force considerations into account during materials selection and use,
 - e. understand the esthetic properties, benefits and limitations of materials and restorations,
 - f. understand the differences and complexities involved in multiple versus single tooth restoration.

Proficiencies:

Upon completion of the AEGD program, the resident will be proficient at:

1. All aspects of single tooth restoration including:
 - a. understanding indications and contraindications for treatment of a particular tooth
 - b. material selection, including benefit to risk evaluation for various materials.
 - c. utilizing appropriate techniques of application for optimal serviceability and longevity
 - d. taking occlusal and other force considerations into account during material selection and use,
 - e. understanding the esthetic properties, benefits and limitations of materials and restorations.

Subject Area: Replacement of Teeth

Competencies:

Upon completion of the AEGD program, the resident will be competent to:

1. Understand and work with complex occlusal schemes which dictate modification of materials or procedures for optimal results.
2. Understand the indications and contraindications for combined fixed and removable prosthetic replacement of teeth and be capable of treatment planning and executing straightforward cases of combined fixed and removable prosthetic rehabilitation.
3. Understand the indications and contraindications for precision attachments in the prosthetic replacement of teeth and be capable of treatment planning and executing uninvolved cases of precision attachment prosthetic rehabilitation.
4. Execute complete removable denture cases for patients with extensive (C level bone) to extreme (D level bone) bone loss including evaluation of these cases for potential benefit from endosseous implant treatment.
5. Diagnosis, plan and complete treatment with endosseous implants for most patients utilizing a prosthetically driven approach to providing implant replacement of teeth.

Proficiencies:

Upon completion of the AEGD program, the resident will be proficient at:

1. Treatment planning the replacement of missing teeth for most cases, coordinating the replacement therapy with that planned for the restoration of existing teeth.
2. Executing complete removable denture cases with mild (A level bone) to moderate (B level bone) bone loss including:

- a. determining prognosis for care based upon clinical factors such as bone level, interarch alignment, saliva patient psychomotor skills and non-clinical factors such as patients' expectations; past experience and psychological status;
 - b. tooth selection, developing occlusal schemes, and esthetics
 - c. post-insertion care and counseling on prosthesis use.
3. Executing removable partial denture cases including:
- a. determining prognosis for care based upon clinical factors such as remaining abutment teeth and condition, bone level, interarch alignment, occlusal pattern, saliva, past caries and periodontal experience, patient psychomotor skills and non-clinical factors such as patient expectations, past experience, psychological status;
 - b. selecting, designing, preparing and modifying of abutment teeth as well as impressions; fitting, delivery and post-insertion care and counseling on prosthesis use and necessary oral health care measures.
 - c. fitting, delivery and post-insertion care and counseling on prosthesis use and necessary oral health care measures.

Subject Area: Pulpal Therapy

Competencies:

Upon completion of the AEGD program, the resident will be competent to:

1. Understand the indications and contraindications for surgical treatment versus retreatment of endodontic cases.
2. Complete uncomplicated endodontic treatment of anterior, premolar and molar teeth.

Proficiencies:

Upon completion of the AEGD program, the resident will be proficient at:

1. Diagnosing the need for and treatment planning of the appropriate pulpal therapy needed for both reversible and irreversible pulpitis, cracked tooth syndrome and endodontic-periodontic lesions.
2. Predicting the expected case difficulty, determining the need for specialty care and referring.
3. Recognizing the indications and contraindications for pulp capping and pulpotomy on primary and permanent teeth, as well as completing therapy.
4. Specifying and completing the appropriate medications for effective restoration of endodontically treated teeth.
5. Managing treatment plans involving the endodontic specialist including appropriate communications and post-treatment follow-up and restoration.

Subject Area: Patient Assessment and Diagnosis

Objectives of Training: Upon completion of the residency program, the resident will be competent and proficient in the areas listed under adequacy of instruction.

Competencies:

Upon completion of the AEGD program, the resident will be competent to:

1. Evaluate patient for temporomandibular disorders.

Proficiencies:

Upon completion of the AEGD program, the resident will be proficient at:

1. Data collection procedures and protocol for diagnosis of dentoalveolar pathosis, including:
 - a. charting of existing conditions and restorations
 - b. recording condition and serviceability of existing restorations and replacements
 - c. selecting appropriate intraoral and extraoral diagnostic imaging techniques
 - d. taking and mounting of diagnostic models
 - e. taking and recording an adequate past and present dental and medical history
 - f. completing additional diagnostic evaluations (eg. Pulp testing) when indicated for complete diagnosis of the patient's oral health status
2. Examining Head, Neck and Oropharynx for infectious non-infectious abnormalities as well as potential neoplastic entities.
3. Diagnosis of dentoalveolar pathosis including:
 - a. Caries
 - b. periodontal disease
 - c. occlusal abnormalities, traumatism and related disorders
 - d. pulpal pathosis and status

Subject Area: Promoting Oral Health and Disease Prevention

Objectives of Training: Upon completion of the residency program, the resident will be competent and proficient in the areas listed under adequacy of instruction.

Competencies:

Upon completion of the AEGD program, the resident will be competent to:

1. Determine disease susceptibility for caries and periodontal disease based upon accepted screening and testing mechanisms.
2. Determine the risks and benefits of adjunctive pharmaceutical management of caries and periodontal disease.
3. Assess and help patients seek appropriate care for health concerns which relate to oral health or overall health such as:
 - a. tobacco use and cessation
 - b. substance abuse and stress management issues
 - c. hypertension and diabetes

Proficiencies:

Upon completion of the AEGD program, the resident will be proficient at:

1. Prescribing appropriate preventive regimens for individual disease patterns.
2. Specifying recare schedules and procedures to provide for optimal oral health.
3. Counseling patients on preventive measures.
4. Elucidating the pathogenesis of oral disease factors in individual patients with the objective of changing or reversing inappropriate factors.

Subject Area: Periodontal Therapy

Competencies:

Upon completion of the AEGD program, the resident will be competent to:

1. Manage periodontal reconstructive surgical procedures.
2. Manage refractory or resistant periodontal disease cases.

Proficiencies:

Upon completion of the AEGD program, the resident will be proficient at:

1. Diagnosing the degree of periodontal involvement and etiological factors involved.
2. Perform non-surgical periodontal care and straightforward surgical periodontal care.
3. Recognizing the indications and contraindications for pharmacological treatment of periodontal disease, utilizing systemic and local antimicrobial therapy.
4. Determining the need for and integrate the services of appropriate specialists in a multidisciplinary treatment plan involving periodontal therapy.
5. Communicating multidisciplinary treatment with the specialist and managing a shared recare schedule for patients when appropriate.

Subject Area: Medical Risk Assessment

Competencies:

Upon completion of the AEGD program, the resident will be competent to:

1. Conduct a review of systems and complete a basic past medical history to determine modifications for dental treatment or referral for medical evaluations.
2. Recognize the components of a basic physical evaluation and significant findings from that evaluation.

Proficiencies:

Upon completion of the AEGD program, the resident will be proficient at:

1. Assess a patient's ASA classification to manage treatment based upon the classification.

Subject Area: Medical Consultations

Proficiencies:

Upon completion of the AEGD program, the resident will be proficient at:

1. Obtain a consulting with medical personnel.
2. Providing medical personnel with accurate and concise report of a patient's dental status with special emphasis on possible complications related to planned medical/dental care.

Subject Area: Obtaining Informed Consent

Competencies:

Upon completion of the AEGD program, the resident will be competent to:

1. Recognizing when additional measures are necessary to ensure complete understanding is achieved prior to informed consent.

Proficiencies:

Upon completion of the AEGD program, the resident will be proficient at:

1. Obtain formal (signed and witnessed documentation of understanding) informed consent.
2. Obtain informal (chart recorded documentation of understanding) informed consent.
3. Providing medical personnel with accurate and concise report of a patient's dental status with special emphasis on possible complications related to planned medical/dental care.

CONTINUOUS QUALITY IMPROVEMENT PLAN (CQI)

Quarterly chart audits as well as biannual audit of your medically compromised patient list.

Catalog the results of these audits here after checking off completion:

Fall _____

Winter _____

Spring _____

Summer _____

Medically Compromised patient record audit:

Fall _____

Spring _____

**SUMMARY FORM
ROUTINE CHART AUDIT RECORD**

Resident Name: _____ Date of Evaluation: _____

CRITERIA	1	2	3	4	5	6	7	N /A	Y	N	% Y
1. Films are appropriate for complexity of case and of diagnostic quality?											
2. Resident has obtained and used appropriate additional diagnostic aids?											
3. Chart displays complete charting of existing periodontal conditions?											
4. The chart contains informed consents for all extractions/surgeries, endodontic procedures and dentures/partial dentures?											
5. The chart contains initial vital signs and are updated as appropriate for procedure and patient history?											
6. Chart notes are in the proper format? SOAP											
7. Chart notes provide information about patient? complaints, problems, complications?											
8. If indicated (N/A if not) antibiotic premed regime is listed in medical history and administration is noted at each appointment?											
9. Computer generated treatment plan included and sequenced?											
10. Treatment records indicate treatment accepted in order sequenced or variations/deviations explained?											
11. For surgical or other complex procedures, the chart contains all medications/#, strength, dosage schedule?											
12. For surgical or other complex procedure, chart indicates post-operative instructions provided, explained and understood?											
13. For restorative procedures, all surfaces charted, materials used and parameters of care (e.g. rubber dam) are indicated?											
14. Pre and Post cementation crown/bridge cementation radiographs taken.											
15. Post fill/restorative radiographs taken											
16. Does patient demonstrate a complex Med hx? If no, stop here											
17. Was a med consult obtained for this patient?											
18. Do Notes Indicate any modifications due to Medical history?											

Record Abstractor: _____ Record Abstractor: _____

**SUMMARY FORM
COMPLEX MEDICAL HISTORY/SPECIAL CARE PATIENT**

Resident Name: _____

Date of Evaluation: _____

CRITERIA PATIENT CHART #	1	2	3	4	5	6	7	NA	Y	N	% Y
1. Does the Patient demonstrate a complex medical history (if no please skip to question 5)											
2. Does the chart indicate the resident completed a comprehensive evaluation of the patient's medical history and drug regimen?											
2. Was there a medical consultation obtained for procedures with potential complications caused by interaction of the planned treatment with the patient's condition?											
3. If no medical consult- were correct procedures modified to provide adequate care for patient without consult?											
5. Does the patient represent a Special Care Patient (ADA Definition) if no - do not complete remaining questions.											
6. Were modifications in treatment protocol or treatment plan noted in chart notes or treatment plan notes?											
7. Do the chart notes indicate the treatment modifications used at each appointment/ or for each protocol?											

Record Abstractor: _____

Record Abstractor: _____

PERIODIC EVALUATION FORMS

PATIENT EVALUATION

Date_____

As an educational program our goal is to train dentists and develop a dental team that provides the best service possible. To help us evaluate your care, please fill out this form and leave it in the evaluation box by the front desk. *All information is used in a confidential manner.* Thank you.

The name of the resident you saw today:
(optional)_____

	Yes	no	don't know
Did the dentists and other staff answer your questions about your dental treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the clinic look, smell and feel clean and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your appointment comfortable with little or no pain or discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you understand the costs of your dental treatment and how you can pay for your care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your appointment begin and end on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any comments or things that we could do to serve you better:

Signature (optional)_____

MONTHLY STAFF EVALUATION OF RESIDENT PERFORMANCE

Resident_____ Staff Member_____

Date_____

Please comment on:

resident's preparation

courtesy

team operation

efficiency

professionalism

additional comments

Monthly IAGD Resident Self-evaluation

Resident name _____ Date _____

Please comment on areas including, but not limited to:
personal preparation

technical execution

outcome

care

comfort

professionalism

faculty assistance and availability

team operation

efficiency

overall learning experience

additional comments

QUARTERLY RESIDENT EVALUATION OF FACULTY

Faculty name _____ Date _____
Resident name _____

Please make specific comments regarding your impression of faculty performance based on, but not limited to the following areas:

_____ assistance

_____ availability

_____ professionalism

_____ courtesy

_____ overall assistance in the learning experience

Section 6- Scheduling

Non-Clinical Day/Didactic Day/Monday Routine Schedule

Each week one day will be non-clinical and four will be in the clinic. At this point in time, Monday will be the non-clinical day for both Pocatello and Meridian. During this time each resident is expected to make the best use of the unobligated time to complete lab work, write and follow up on consultations, make additions to his/her portfolio and/ or daily journal and other administrative and research projects that will be required. Treatment plans are to be presented to the clinical site director as well as planning for and reviewing the week's scheduled patients.

Literature Reviews, Distance Learning presentations and Patient Care seminars will be held on these days as well and residents will be notified of the schedules. Additionally, chart audits, resident evaluations with the Site Director or Director, and other administrative tasks can be completed as needed.

Typical Non-Clinical day Schedule

8-9:00 AM Lab work, consultation follow-up, review the week's schedule of patient's and activities

9-10:00 AM Review the week's schedule with the Site Director

10-12:00 PM Patient Care Conference (Treatment Planning Seminar-reviewing cases progress and outcomes)

12-1:00 PM Lunch

1-3:00 PM Literature review with Site Director or Program Director

3-5:00 PM Distance Learning on various topics.

RESIDENTS' SCHEDULE QUICK CHECKLIST

Daily

- check patient schedule for the next day
- prepare day with chairside assistant
- make daily journal entry
- complete ALL charts (dental treatment records)

Weekly

- preview scheduled patients
- distance learning (Mondays)
- patient care conferences (treatment planning)
- screenings

Monthly

- resident meetings
- staff meetings
- literature reviews (+1)

Quarterly

- evaluations
- CQI record audits

Annually

- pre/post testing (June)
- exit interviews (June)
- personal portfolio (June)
- case presentation to the SWIDS/SEIDS (Spring)
- case presentation Med Comp Pt (March)

SECTION 7- Clinical Operations

Financial Policy of IAGD

The patient (or responsible party) is responsible for all charges incurred for treatment, and must pay at the time of service unless financial arrangements are made prior to the start of treatment. If at any time the patient (or responsible party) is unable to pay for treatment or maintain regular monthly payments (as arranged), treatment will be suspended until the account is paid in full.

Interest on payment plans or past due accounts is 1 ½% a month or 18% per year.

If the account goes to COLLECTIONS, then treatment will be suspended until the account is paid in full. Continued treatment will then be dependent upon review of chart by the Clinical Site Director and payment at the time of service. All COLLECTION and/or court costs will be the responsibility of the patient (or responsible party).

All comprehensive treatment must be approved by the the Clinical Site Director and/or Program Director. Consultations can be scheduled after the approval of a faculty member.

After consultations are completed, the financial manager will meet with the patient (and/or responsible party) to determine ability to handle financial obligations. Work will begin when appropriate financial arrangements are made.

Charting and Record Keeping

Charting and record keeping are critical areas that must be completed and signed by the resident as soon as possible.

Charting and appropriate treatment rendered are entered and signed off by the resident at the time the patient's treatment is completed. Any additional notes or treatment planning can be completed later.

Each patient should have a routing slip which should be completed at the same time as the chart is filled out, procedures will be completed on the Dentrix software before being given to the receptionist. The patient's next appointment will be scheduled by the assistant as well, if no

financial discussions need to be made. The routing slip should contain the procedure(s) performed including use of nitrous (in hours).

The receptionist will verify that correct charges were applied, make any adjustments, and collect payment. If the next appointment isn't made, the receptionist will make it.

There are evaluation sheets that patients should fill out for their doctor at some point during treatment and a final evaluation sheet when treatment is completed.

Dress Code

Health professionals, wherever employed, should consider the impact of their personal appearance in the clinical environment. The policies presented in the dress code are set forth to aid the resident in appearing clean and neat at all times. Additionally, the dress code policy complies with American Dental Association and Occupational Safety and Health Administration (OSHA) policies.

Residents are required to wear blue clinical attire during all clinical sessions and when exposing radiographs for patients. Laboratory coats will also be worn during some designated laboratory activities.

The IAGD program will provide the resident attire, and arrange for laundering services of lab jackets during the clinical program. The following is the dress code policy.

Attire: Clinical Attire

Clinical attire will include black clinical coats. The lab coat will be worn over a pair of blue scrub pants and blue scrub top. Denim jeans, leggings, T-shirts with large and/or brightly colored logos are unacceptable attire.

At the conclusion of a clinic session or clinic day the lab coat will be placed in the laundry to be picked up by laundry service according to department policy before being worn again.

It is suggested that shoes that are easy to clean be selected (i.e. minimal or no design, smooth surface). Shoes must be clean. They should be washed or polished and buffed frequently and have clean shoelaces.

Laboratory Attire and Attire for Outside of Clinic Time

The lab coat designated for laboratory use will be worn over street clothes. Regular street shoes may be worn; however, closed-toed shoes are required.

Hair: Should always be clean, neat and off the collar and out of the working area. Long ponytails, braid(s) are not acceptable. Plain, conservative barrettes, combs or clips may be worn to secure hair longer than shoulder length.

Jewelry: Watches and small (contained within the earlobe) post earrings, one per ear, may be worn. All other jewelry does not meet infection control guidelines as they provide greater areas for bacteria to collect.

Make-up: Light eye shadow, thin eyeliner, and mascara in moderation is acceptable for female residents.

Hands & Nails : Should always be scrupulously clean. Nails must be kept short so they do not extend over the fingertips in order to accommodate patient comfort and infection control guidelines.

Nametags: Nametags must be worn on the left-hand side of clinic or lab coat during all clinical or laboratory sessions.

Hygiene: Daily bath or shower, use of deodorants, and frequent shampoos are essential to good personal hygiene.

The maintenance of a clean, healthy mouth demonstrates that dentists practice what they "preach." All residents should be on plaque control. Regular visits to a dentist are essential. Smokers must take particular care to prevent offensive mouth odors and Buddy's Breath is unacceptable.

Additional Dress Code Policies

A professional atmosphere should be maintained at all times in the clinic facility as prospective patients come into the building at all times of the day. All residents entering a wing of the clinic when patients are present must be wearing a lab coat.

Non-compliance with the Dress Code Policy

Any resident not meeting the dress code policy will be asked to leave the clinic setting. Grade reductions, dismissal from clinic or dismissal from the program are potential consequences for non-compliance with the dress code policy. Refer to policy on Consequences of Not Following the Department Asepsis/Sterilization Standards.

Infection Control

INFECTION CONTROL PROTOCOL AND EXPOSURE CONTROL PLAN

PREFACE

Written Exposure Control Plan

This manual contains all policies and protocols to minimize exposure to blood borne diseases from all employees of the Idaho Advanced General Dentistry Residency Program. This plan was implemented in total by July 2000. It will be continually updated based upon forthcoming information and/or requirements by the departmental committee for OSHA. A copy of the manual will be in operatory of the OSHA representative assigned by the Clinical Site Director of the Residency program. Employee records of training and vaccinations are filed in the department chairperson's office with employers' personnel records. These files are confidential and are maintained separately from other personnel records.

The OSHA Standard describes how to determine who has occupational exposure to blood borne pathogens. OSHA defines occupational exposure as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infection materials (with included saliva in dental procedures) that may result from the performance of an employee's duties.

To prepare an exposure determination the employer must list, without regard to the use of personal protective equipment (PPE),

- * The job classifications in which all employees have occupation exposure.
- * The job classifications in which some of the employees have occupational exposure, example is a receptionist who is occasionally asked to assist chair side or in clean-up duties.
- * All tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in job classifications that have occasional occupational exposure, as described in the second bullet above.

Goal of Infection Control

The goal of our infectious disease control program is to prevent patients and health care workers from developing treatment associated infections. A continuous development and review of procedures to reduce the spread of disease agents and to provide education in their use is necessary to assure effective protection in health care settings. Each individual must become an advocate for infection control in the performance of their health activities. This means that everyone must perform using the best possible aseptic techniques. The following represent minimum precautions and health care workers are free to utilize additional procedures for the protection of their patients and themselves.

Infection Control Policy

As our knowledge on infectious diseases has increased and as “new” diseases have emerged, especially AIDS and more recently COVID, the dental profession has become more concerned with the potential for transmitting diseases in the dental environment. Dental personnel may be exposed to a wide variety of microorganisms through the blood and saliva of patients they treat in the dental operator. There are also documented cases of dental personnel transmitting disease to their patients. Infections may be transmitted in the dental environment by blood or saliva through direct contact, droplets, or aerosols. There is also the potential for transmission of infection through indirect contact.

Because of the number of people (patients, faculty, residents) using the clinical facility, it is critical that every resident and faculty who provide patient care practice effective infection control procedures. In order to minimize the possibility of transmitting disease in the clinical environment, the following procedures will be practiced in the IAGD Clinic. These procedures follow the recommended Infection Control Practices for Dentistry as outlined by the Occupational Safety and Health Administration (OSHA), Centers for Disease Control (CDC), and American Dental Association.

A. Infection Control Protocols apply to all patients (universal precautions). IAGD faculty and residents must continually consider the potential for cross contamination. Treatment for patients who report active infection(s) will be planned on a case by case basis, with respect for the person’s right to privacy, and with consideration for protecting the patient’s own welfare as well as the welfare of others. The clinical director will be consulted in cases of active communicable disease. The IAGD clinical faculty will be used to make a decision regarding the most appropriate mode of treatment.

B. In cases where the patient’s communicable disease has been classified as a handicap (e.g., AIDS, tuberculosis, etc.), treatment will be provided to the patient following the IAGD referral guidelines. In other cases of short-term communicable infections (e.g., herpes, strep throat, staph, COVID etc.), treatment will be deferred until the patient is well and/or clearance is obtained from the patient’s physician.

Care of Patients with Infectious Diseases

The American Dental and Medical Associations support the ethical concept that patients diagnosed as having AIDS or being infected with the HIV virus can be treated in conventional health care settings. The same holds true for many other infectious diseases as well, with the proper use of universal precautions.

Staff in this office are expected to treat HIV+ patients without discrimination and with dignity. Practitioners and staff shall respect the right of privacy and confidentiality of all patients as well as those having infectious diseases.

Patient Medical Health History – Proper screening of patients through a medical history may detect infectious disease conditions. Such detection will benefit the patient by possibly identifying needed medical care and by allowing for proper health care based upon the medical history. Such detection will also benefit personnel by identifying patients who present the risk of spreading an infectious disease while being treated. Since it is impossible to detect all such infectious disease risk patients, it is imperative that proper infection control procedures be practiced with ALL patients. All new patients and patients of record should have a current complete medical history prior to treatment. A new health history should be completed at least every year and as the patient comes in for periodic recall appointments s/he should be asked to please review the information for accuracy, make any necessary changes and initial those changes. It is unlikely that s/he will remember the information which was reported months or years ago. The question, “Has there been any change in your health?”, is not adequate.

Barrier Protection

All infectious diseases begin by an initial exposure of the body to potentially dangerous microorganisms. This exposure may result from inhalation, ingestion, percutaneous inoculation or direct contact with mucous membranes. Not all exposures result in disease because the dose of the microorganism may be too low or the resistance of the body may be great enough to ward off the infection. Thus, it follows that one effective approach to the prevention of disease is to reduce the dose of potentially dangerous microorganisms that may contaminate the body. The techniques used to interfere with this initial step in the infectious disease process are called barrier techniques. They provide a physical barrier between the body and a source of contamination. The barriers are gloves, masks, eyeglasses, clinic attire and specific dentistry the use of rubber dam.

Personal Protective Equipment (PPE)

Provisions

When there is occupational exposure, the employer will provide, at no cost to the employee, appropriate PPE such as, but not limited to, gloves, gowns, laboratory coats, clinic jackets, face shields or masks, and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. PPE will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to

or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membrane under normal conditions of use and for the duration of time which the protective equipment will be used.

Use

The employer requires that the employee always uses appropriate PPE .

Accessibility

The employer ensures that appropriate PPE in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic non-latex gloves, glove liners, powderless gloves, or other similar alternatives is readily accessible to those employees who are allergic to the gloves normally provided.

Repair, replacement, removal and storage

The employer repairs or replaces PPE as needed, at no cost to the employee. If a garment is penetrated by blood or other potentially infectious material, the garment should be removed immediately or as soon as feasible. All PPE should be removed prior to leaving the work area. When PPE is removed it should be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Confidentiality (HIPPA)

Be aware that 410 IAC specifies that anyone who fails to maintain confidentiality or recklessly or knowingly discloses confidential information regarding an HIV positive person commits a Class A misdemeanor, punishable by up to one year in prison and a \$5,000 fine. Confidentiality is the right of all of our patients and failure to maintain confidentiality will be considered a serious offense.

11. Off-Site Transportation of Infectious Waste (whether effectively treated or not).

Containers marked with a label that states the name, address, and telephone number of the generating facility and treatment facility, if applicable.

11.1 BIO-HAZARD CONTAINER

11.1.1 The bio-hazard container will be kept in the Equipment storage room.

11.1.2 It will be located in the back left hand corner and labeled with a bio-hazard label.

11.1.3 This container is to contain the bio-hazard material that is taken from the sterilization bio-hazard area. It will also be used to place the filled sharps container.

11.1.4 The bio-hazard container will be emptied weekly by the bio-hazard personnel employed by ISU.

11.1.5 Under no circumstances will the bio-hazard be removed, or transported by any other than the designated personal.

Form on record that has the same labeling information as the container, a brief description of the waste, the method of effective treatment, and signature of a

responsible person.

11.2 A log of infectious waste treatment and disposal will be kept on a clipboard in the sterilization room. When the log is filled it will be placed in the infection control manual as a permanent record. All disinfected waste which is disposed of will be recorded and initialed by the person disposing of the waste.

Consequences of not Following the Department ASEPSIS Sterilization Standards

1. Instruments not sterilized
 - a. First Offense - Grounds for dismissal from the program.
2. Instruments sterilized but not stored properly (ie. open autoclave bags, bags not dated or labeled properly).
 - a. First Offense - Dismissal from clinic for the rest of the session/day with no make-up time. "Zero" grades in case management for all patients that were to be seen during the dismissal time.
 - b. Second Offense - Grounds for dismissal from the program.
3. If it is obvious that instruments aren't sterilized and/or stored properly they will be considered not sterile and/or stored properly.
3. Failure to adhere to other asepsis standards (depending upon severity).
 - a. A grade of zero will be issued in case management.
 - b. Dismissal from clinic for the rest of the session/day with no make-up time. "Zero" grades in case management for all patients that were to be seen during the dismissal time.
 - c. A 5-point deduction from the final % in the clinical course.
 - d. Repeated failures to adhere to asepsis standards or a severe infraction would constitute grounds for dismissal from the program.

Vaccination and Testing Policies and Procedures

Policies and procedures for vaccinations, testing, and post-exposure incidents have been developed to comply with Occupational Safety and Health Administration (OSHA) Centers for Disease Control (CDC), American Dental Association (ADA), and extramural/off-campus site recommendations or policies.

Dental residents, in the course of their clinical/academic duties have significant exposure to blood, blood products, tissue, secretions or body fluids of patients potentially containing hepatitis B (HBV) or other infectious diseases. Additionally, despite careful technique, unintentional punctures of the skin with contaminated instruments or needles sometimes occur. These factors increase resident risk for contracting infectious diseases.

Vaccination is one of the recommendations for decreasing the risk of contracting some of the infectious diseases. The following vaccinations, and/or testing or completion of a "Vaccination Declination" form are required by the Idaho State University IAGD. The Department cannot guarantee participation in extramural rotations should the student choose not to comply with the immunization or testing requirements of the extramural site.

The IAGD Residency Program requires:

- 1 . Hepatitis B vaccination (HBV) and/or antibody testing identifying proof of immunity.
2. Measles, mumps, and rubella vaccination. (MMR) or antibody testing identifying proof of immunity.
3. Tuberculosis skin test (PPD) and verification of the results (positive or negative).
4. Completion of a "Vaccination Declination" form for each of the preceding vaccinations or testing which the resident refuses. This form can be obtained from the Department Chairperson.

Hepatitis B vaccination and/or antibody testing identifying proof of immunity

The Hepatitis B vaccination consists of three injections administered in the deltoid muscle of the arm. Four to six weeks after the third injection antibody blood testing to determine immunity to HBV is recommended.

- 1) Residents who have had the HBV vaccination prior to acceptance into the IAGD program must submit antibody blood test results verifying immunity to HBV on or prior to the first day of class.
- 2) Residents who have not had the HBV vaccination prior to acceptance into the IAGD

program should begin the series of injections as soon as possible after their acceptance. 3) Residents who began the series of injections after acceptance into the program will have the antibody blood testing conducted four to six weeks after the third injection and submit a copy of the results of the antibody blood test as soon as it is received. To date HBV booster vaccination has not been recommended except in cases where post-vaccination blood test results have been negative. In these cases, one more injection is administered and antibody testing is conducted four to six weeks later to determine immunity. Additionally, recommendations regarding the frequency of antibody testing have not been published. This decision has been left to each individual.

Measles, mumps, and rubella(MMR) vaccination

Vaccination verification, proof of immunity to measles (rubeola) and rubella (German measles), or completion of a "Vaccination Declination" form is required. If documentation of vaccination is not available residents may choose to have the vaccine or have a blood test to verify immunity. This vaccination is not without some risk for those age 35 or older, therefore, District 7 Public Health Department will not administer it for individuals in this age group. In these cases the student may have blood tests to determine immunity or complete a "Vaccination Declination" form. The MMR vaccination or proof of immunity is required by the policies of extramural sites.

Other recommended vaccinations

Immunization for Influenza, Diphtheria, Pertussis, Tetanus (DPT or DT), Polio, and Chicken Pox (Varicella) are also recommended for additional protection.

Vaccination and blood testing sites

Vaccinations and testing can be received at any District Health Department, ISU Family Medicine Clinic or through the resident's personal physician. Costs associated with the vaccinations and testing are the responsibility of the resident.

Verification of vaccinations

Residents will complete an "Employee/Resident HBV/MMR Medical Record" form, during orientation, identifying the dates of the HBV and MMR injections they have received. Or, if the resident chooses not to have the HBV and/or the MMR vaccinations for medical or personal reasons completion of the "Vaccination Declination" form is required.

Additionally, residents will submit a copy of their vaccination history to be kept on file.

Procedure for cases of a prospective residents or resident with an infectious disease

In cases when a prospective resident or a resident discloses that they have an infectious disease, a case by case review, rather than application of a strict approach, will be conducted. It may be necessary to modify educational methods, employment responsibilities and/or treatment protocols once assessment of specific risks, confidentiality issues, and available resources is made. Upon the individual's disclosure of an infectious disease, and as appropriate, the individual will be referred to the Idaho State Board of Dentistry which will work with the Idaho Department of Health and Welfare, Division of Health to convene a review panel for counsel. If a resident has or contracts an infectious disease, he/she should consider how that status would affect his/her future in healthcare. Information to help make decisions about one's future as a resident or healthcare worker is available through a district health department or personal physician.

Idaho State University
IAGD Residency Program
Vaccination Declination Form

Resident Name: _____

Social Security Number: _____

HEPATITIS B:

I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk of acquiring Hepatitis B virus (HBV) infection; however, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series. As a resident, I realize any charges associated with the vaccine series are my responsibility.

Resident Signature

Witness

Date

MEASLES, MUMPS, RUBELLA:

I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk of acquiring measles, mumps, and/or rubella; however, I decline the MMR vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring these infections. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated, I can receive the vaccination. As a resident, I realize any charges associated with the vaccine are my responsibility.

Resident Signature

Witness

Date

Idaho State University
IAGD Residency Program
Employee/Resident HBV/MMR Medical Record

The following information should be recorded and retained in permanent personal files for all ISU IAGD residents and employees:

Resident/Employee Name (circle one) Social Security Number

Address

Date(s) of
Matriculation/Employment: _____

Month / Day / Year to Month / Day / Year

HBV Vaccination History

I received the Hepatitis B vaccines on the following dates:

1. _____
2. _____
3. _____

I had a follow-up blood test on _____ Antibody
Status _____

If HBV vaccine not received, a brief explanation of why not:

History of exposure incident(s) (dates, brief explanation, attachments)

Results of medical exams and follow-up procedures regarding exposure incident or hepatitis B immunity, including written opinion of healthcare professional (dates, brief explanation, attachments)

Information provided to the healthcare professional regarding hepatitis B vaccination and/or exposure incident(s) (dates, brief explanation, attachments)

MMR Vaccination History

I received the measles, mumps, rubella vaccine (MMR) on the following date(s):

If MMR vaccine not received, a brief explanation of why not:

Maintain this record for duration of employment plus 30 years.

General Guidelines

- A. Infection control protocols apply to all patients Universal Precautions.
- B. Continually consider the potential for cross-contamination.
- C. Take the time to plan your unit preparation and set-up according to the clinical infection control protocol identified on the following pages. It will save time in the end and preserve the integrity of your operatory.
- D. Clinic dress code policy will be followed whenever patient treatment is being rendered.
- E. Always wear PPE
- F. Always wash your hands with soap before putting examination gloves on and immediately after removing examination gloves. Always place gloves on as the last step before starting work on the patient.
- G. The dental equipment and operatory is cleaned/sanitized and disinfected prior to and after use.
- H. All instruments and items used during patient care are cleaned and autoclaved or disinfected after use. All instruments or items used which can be autoclaved are autoclaved. Instruments or items are disinfected only when they cannot be autoclaved.
- I. Any impression or intraoral record made during a planned procedure must be cleaned and handled in the manner stipulated by the Laboratory Procedure Protocol both in the operatory and in the laboratory settings.
- J. A variety of methods, equipment, and chemicals have approved for sanitization, surface disinfection, disinfection, and sterilization.

The following procedures and chemicals have been selected for infection control.

1. All instruments and equipment that can be heat sterilized are autoclaved in steam autoclave.
2. Each load will have a steri-strip in it to prove sterilization. This will be saved and taped in the autoclave log book.
3. The proper functioning of sterilization equipment is checked by the department materials supervisor with the weekly use of a spore test. The results of the spore test will be kept by the department materials supervisor in a binder labeled MSDS.

4. Any instruments requiring replacement will be properly sterilized prior to be turned into the materials supervisor.
5. Any equipment/items which cannot be sterilized will be properly disinfected prior to being turned in for repair.
6. Surface cleaning and disinfection is accomplished using Cavicide with 2x2 or 4x4 gauze that will be kept in container in each operatory. All surfaces are wiped down once to remove bio-burden and wiped down a second time for disinfection.
7. Products currently used for cleaning/sanitization, surface disinfection.

Cavicide - Solution used for surface disinfection. Used as described in #6 above.

Alcohol - used to wipe the working ends of instruments during patient treatment.

Vibrakleen EZ - General purpose cleaner for ultrasonic, and solution which is run through the saliva ejector and high speed suction at the end of each day to prevent “clogging” of the vacuum/ suction system. Also, this procedure is done after each surgery.

Use and disposal of sharps

Sharps, which include disposable syringes, needles, scalper blades, orthodontic wire, glass tubing and glass cartridges, acid etch syringe tips, endo irrigation syringe tips, suture needles, and all other items that can penetrate skin, are contained for storage collection, transportation and disposal in leak proof, puncture resistant red containers. Dispose of all contaminated sharps as soon as feasible after use in the red containers. Do not place contaminated sharps in any waste receptacle other than the red puncture resistant sharps container that is provided.

When moving containers of contaminated sharps and during the handling, processing, storage, or transport, the containers shall first be closed to prevent spillage. If leakage is possible or if outside contamination of the primary container has occurred, it will Hands are not to be exposed to the needle point. Needles shall not be recapped, purposely bent or broken by hand, or otherwise manipulated by hand. Recapping with the use of a mechanical device (cardboard needle protectors) is permitted. This makes the needle available for possible reuse on the same patient and facilitates safe disposal.

Reusable containers for disposable sharps will not be used in this facility. The red sharps receptacles are disposed of by a designated hazardous waste service employees by ISU.

Infection Control Procedure During Patient Treatment

- A. PPE will be worn at all times during patient treatment.
- B. Clinic dress code policy will be followed in all clinic sessions.
- C. Procedure during patient treatment
 - 1. Seat patient.
 - 2. Review patient's health history and take vital signs.
 - 3. Wash hands for 30 seconds, with cold or warm water, not hot, and dry thoroughly.
 - 4. Put on all PPE
 - 5. Proceed with treatment.

*It is extremely important that you always change gloves when:

- leaving the operatory for any reason
- obtaining an additional piece of equipment
- entering into an uncontaminated area

- 6. It is extremely important to continually consider the potential of cross-contamination. Certain items are not autoclavable, easily disinfected or disposable; these items should remain uncontaminated (i.e. dentoform and visual aids used during self-care education).
- 7. If equipment such as ultrasonic scalers or light curing devices, amalgamators, and pulp testers are used, they need to be disinfected. Knobs and end pieces are disinfected before and after use. If nitrous oxide is used, the knobs should be disinfected before and after use. The nosepiece should be cared for following the procedures presented in sterilization procedure.
- 8. If any supplies are brought to the operatory, they must be kept in the non- contaminated area.
- 9. Place clean towels on counters for sterile instruments
- 10. Rinse instruments in cold sterile under hot water, and place on clean dry towel.

Waste disposal

- 1. Clinic garbage is divided into contaminated and uncontaminated waste. Contaminated waste is blood saturated identified by a biohazardous waste label.
- 2. The sink counter waste receptacles for uncontaminated waste is

- located in the sterilization area on left side of the door
3. Contaminated waste is disposable items that have had patient contact. Examples: examination gloves and over gloves, 2x2 gauze wipes, saliva ejector tips.
 4. Uncontaminated waste is waste that has not had patient contact. Examples: paper towels used by clinician after washing his/her hands, autoclave bags, empty boxes (Kleenex, gloves, plastic bags)
 5. At the end of the day the uncontaminated waste is collected and centralized in the sterilization room for pick up by the janitorial service. The contaminated waste that should only be in the labeled area in the sterilization room is removed and placed in the bio-hazardous waste receptacle, located in the equipment room. This then will be picked up weekly by the persons employed by ISU to remove biohazardous waste.

Sharps Container Placement

1. The sharps container will be kept on the counter top in the sterilization room. It will be in plain view, with easy access, to the left of the door by the trash receptacle openings.
2. There will be empty sharps containers for replacement in the 1st cabinet to the left of the ultrasonic on the bottom shelf.

Bio-hazard Container

The bio-hazard container will be kept in the Equipment storage room. It will be located in the back left hand corner and labeled with a bio-hazard label. This container is to contain the bio-hazard material that is taken from the sterilization bio-hazard area. It will also be used to place the filled sharps container. The bio-hazard container will be emptied weekly by the bio-hazard personnel employed by ISU. Under no circumstances will the bio-hazard be removed, or transported by anyone other than the designated personal.

Operatory Zones

The red zone (1) is the area for items which are highly contaminated with blood and/or saliva. These items therefore will be autoclaved or disposed of after use. In some cases where an amalgamator or light curing unit is used or other mobile equipment these will be properly disinfected, and returned to proper places after procedure.

The yellow zone (2) is the area for items which should not be contaminated with blood and saliva because they cannot be autoclaved, disinfected, or disposed of after use.

The location of each zone with examples of Instruments and supplies include within each is provided in the following charts for procedures.

SAMPLE SCHEMATIC OF OPERATORY ZONES

LOCATION	PROCEDURE	ZONE	EXAMPLE ITEMS
Endodontics	1.Center working counter (Highly contaminated)	RED ZONE (1)	Tray and instruments (Green) Gauze sponges Cotton pellets Pre-punched rubber dam material, forceps, and clamp with floss. Syringe and anesthetic Irrigation solution and irrigation syringe Endodontic files Endodontic measurer Alcohol dispenser Lighter Burning alcohol torch Glass slab Endo cement Cavit Strand of dental floss Paper points(one coarse and one fine cell package) Accessory gutta percha

			points High and low volume suction Air water syringe 2 unexposed X-rays Straight hemostat Coin envelope for exposed X-ray's Patient's protective eyewear
	2. Dr.'s unit tray and hand pieces (highly contaminated)	RED ZONE (1)	High and slow speed hand pieces Air water syringe Bur Blocks Gates Glidden Drills
	3. Dr.'s counter (moderately contaminated)	YELLOW ZONE (2)	Patient's X-ray's Patient's chart
	4. Assistants counter (moderately contaminated)	YELLOW ZONE (2)	Endodontic tub Additional irrigation solution in closed bottle 3M writing pad and pen to record measurements lead apron Additional items in tub are on an as needed basis and should be removed with cotton pliers or over gloves.

LOCATION	PROCEDURE	ZONE	EXAMPLE ITEMS
Crown and Bridge	1. Center working counter (Highly contaminated)	RED ZONE (1)	Tray and instruments (coral) Gauze sponges Cotton rolls Cotton pellets Syringe and anesthetic Alcohol dispenser Temporary cement Small mixing pad

			<p>Strand of dental floss</p> <p>Temporary crown material and impression if needed</p> <p>Crown and collar scissors and contouring pliers if needed</p> <p>Dappen dish</p> <p>Hemodent leaded into disposable dropper</p> <p>Packing cord(pre-cut if possible)</p> <p>Heavy bodied impression material and spatula</p> <p>Large mixing pad</p> <p>Prepared impression tray</p> <p>Shade guide</p> <p>Adhesive tag to record shade and patient's name</p> <p>High and low volume suction</p> <p>Air water syringe</p> <p>Patient's protective eyewear</p>
	2. Dr.'s unit tray and hand pieces (highly contaminated)	RED ZONE (1)	<p>High and slow speed hand pieces</p> <p>Air water syringe</p> <p>Bur Blocks (blue, coral, and acrylic if necessary)</p> <p>Light bodied impression material cartridge loaded and ready in gun</p>
	3. Dr.'s counter (moderately contaminated)	YELLOW ZONE (2)	<p>Patient's X-ray's</p> <p>Patient's chart</p>
	4. Assistants counter (moderately contaminated)	YELLOW ZONE (2)	<p>Crown and bridge tub</p> <p>Alginate (if needed)</p> <p>Spatula</p> <p>Impression trays</p> <p>Water for mixing</p> <p>Measurer for water</p> <p>Additional items in tub are on</p>

			an as needed basis and should be removed with cotton pliers or over gloves.
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SAMPLE SCHEMATIC OF OPERATORY ZONES

LOCATION	PROCEDURE	ZONE	EXAMPLE ITEMS
Composite	1. Center working counter (Highly contaminated)	RED ZONE (1)	Tray and instruments (yellow) Gauze sponges Cotton rolls Cotton pellets Syringe and anesthetic Pre-punched rubber dam material, forceps, and clamp with floss. Alcohol dispenser Vitrabond Small mixing pad Strand of dental floss Finishing strips-one coarse and one fine Polishing discs (if needed) Polishing paste(small amount on small pad) 3M 3-slot container with material pre-measured and ready colored brushes etch matrix material wizard wedges Shade guide Composite guns and selected shades High and low volume suction Air water syringe Patient's protective eyewear

			Curing light
	2. Dr.'s unit tray and hand pieces (highly contaminated)	RED ZONE (1)	High and slow speed hand pieces Air water syringe Bur Block Disposable prophylaxis angle Pumice (if needed) Polishing point
	3. Dr.'s counter (moderately contaminated)	YELLOW ZONE (2)	Patient's X-ray's Patient's chart
	4. Assistants counter (moderately contaminated)	YELLOW ZONE (2)	Composite tub Shade containers with shades Additional items in tub, and shade containers are on an as needed basis and should be removed with cotton pliers or over gloves.

SAMPLE SCHEMATIC OF OPERATORY ZONES

LOCATION	PROCEDURE	ZONE	EXAMPLE ITEMS
<i>Amalgams</i>	1. Center working counter (Highly contaminated)	RED ZONE (1)	Tray and instruments (blue) Gauze sponges Cotton rolls Cotton pellets Syringe and anesthetic Pre-punched rubber dam material, forceps, and clamp with floss. Alcohol dispenser Vitrabond Small mixing pad Strand of dental floss Matrix bands and tofflemire pre-set wizard wedges

			amalgamator amalgam well pre selected amalgam compressor if necessary copolite is pre-loaded disposable dispenser High and low volume suction Air water syringe Patient's protective eyewear Curing light
	2. Dr.'s unit tray and hand pieces (highly contaminated)	RED ZONE (1)	High and slow speed hand pieces Air water syringe Bur Block
	3. Dr.'s counter (moderately contaminated)	YELLOW ZONE (2)	Patient's X-ray's Patient's chart
	4. Assistants counter (moderately contaminated)	YELLOW ZONE (2)	Amalgam tub Additional items in tub are on an as needed basis and should be removed with cotton pliers or over gloves.

SAMPLE SCHEMATIC OF OPERATORY ZONES

LOCATION	PROCEDURE	ZONE	EXAMPLE ITEMS
<i>Post and Core</i>	1. Center working counter (Highly contaminated)	RED ZONE (1)	Tray and instruments (yellow) Gauze sponges Cotton rolls Cotton pellets Syringe and anesthetic Pre-punched rubber dam material, forceps, and clamp with floss. Alcohol dispenser Ti-core pre selected and set out on small mixing pad with plastic spatula 3M 3-slot container with material pre-measured and ready colored brushes etch Mark III centrex delivery syringe Pre selected tubes and plugs Strand of dental floss Matrix material (if needed) Wizard wedges (if needed) High and low volume suction Air water syringe Patient's protective eyewear Curing light
	2. Dr.'s unit tray and hand pieces (highly contaminated)	RED ZONE (1)	High and slow speed hand pieces Air water syringe Bur Block Dentatus posts and a set of reamers Endo stopper and measurer if necessary
	3. Dr.'s counter (moderately contaminated)	YELLOW ZONE (2)	Patient's X-ray's Patient's chart

	4. Assistants counter (moderately contaminated)	YELLOW ZONE (2)	Ti-core tub Additional items in tub are on an as needed basis and should be removed with cotton pliers or over gloves.
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SAMPLE SCHEMATIC OF OPERATORY ZONES

LOCATION	PROCEDURE	ZONE	EXAMPLE ITEMS
Pulpotomy	1. Center working counter (Highly contaminated)	RED ZONE (1)	Tray and instruments (blue) Gauze sponges Cotton rolls Cotton pellets Syringe and anesthetic Pre-punched rubber dam material, forceps, and clamp with floss. Alcohol dispenser Vitrabond Small mixing pad Dappen dish Formocresol pre-loaded in disposable dropper Glass slab IRM Strand of dental floss High and low volume suction Air water syringe Patient's protective eyewear Other working items to be pre-determined if composite or amalgam is to be used for filling material or if stainless steel crown will be necessary. If using stainless steel crown, crown and collar

			scissors and contouring pliers will be needed as well as Duralon powder and liquid with mixing pad. Whatever is pre-determined as the necessary items for procedure will be in this zone.
	2. Dr.'s unit tray and hand pieces (highly contaminated)	RED ZONE (1)	High and slow speed hand pieces Air water syringe Bur Block
	3. Dr.'s counter (moderately contaminated)	YELLOW ZONE (2)	Patient's X-ray's Patient's chart
	4. Assistants counter (moderately contaminated)	YELLOW ZONE (2)	Endodontic tub, Amalgam or Composite tub whichever is pre-determined Additional items in tub are on an as needed basis and should be removed with cotton pliers or over gloves.

SAMPLE SCHEMATIC OF OPERATORY ZONES

LOCATION	PROCEDURE	ZONE	EXAMPLE ITEMS
	1. Center working counter (Highly contaminated)	RED ZONE (1)	Tray and instruments (yellow) Gauze sponges Cotton rolls Cotton pellets Dry angles Etch Sealant material Curing light High and low volume suction

			Air water syringe Patient's protective eyewear
	2. Dr.'s unit tray and hand pieces (highly contaminated)	RED ZONE (1)	slow speed hand pieces Air water syringe Bur Block (if adjusting is necessary) Prophy brush Pumice in dappen dish
	3. Dr.'s counter (moderately contaminated)	YELLOW ZONE (2)	Patient's X-ray's Patient's chart
	4. Assistants counter (moderately contaminated)	YELLOW ZONE (2)	Sealant tub Additional items in tub are on an as needed basis and should be removed with cotton pliers or over gloves.

SAMPLE SCHEMATIC OF OPERATORY ZONES

LOCATION	PROCEDURE	ZONE	EXAMPLE ITEMS
EXAM'S CROWN SEATS, DENTURE ADDJUSTMENTS, EMERGENCY PROCEDURES, AND ALL OTHER PROCEDURES NOT REQUIRING A SPECIFIC PROCEDURE SET UP IN THE MANUAL	1. Center working counter (Highly Contaminated)	RED ZONE (1)	Tray and instruments (yellow) Gauze sponges Patient's protective eyewear
	2. Dr.'s unit tray and hand pieces (highly contaminated)	RED ZONE (1)	Hand pieces only if necessary Air water syringe
	3. Dr.'s counter (moderately contaminated)	YELLOW ZONE (2)	Patient's X-ray's Patient's chart
	4. Assistants counter (moderately contaminated)	YELLOW ZONE (2)	NA

Additional procedure equipment or supplies may be needed, they are to be placed in the appropriate zones of work space as to the procedure being done.

Procedures on AIDS (HIV) and Hepatitis B or C (HBV)

Preamble

Faculty, staff and students/residents who are HIV/HBV infected, and who perform exposure prone procedures are encouraged to self-identify to the Clinical Site Director. In reporting their status, HIV/HBV infected individuals are assured that every effort will be made to maintain confidentiality and that a mechanism is in place, through the HIV/HBV Policy/Procedure, to maintain balance between the individual's job-related responsibilities and the institution's responsibilities to faculty, staff, students/residents, patients and the community. There is a need to protect the HIV/HBV infected individuals, faculty, staff and patients. This procedure is in place to fulfill this need.

Communicable Diseases Statement

Any Idaho State University student/resident or employee with a positive antibody test for HIV/HBV exposure, or with the actual disease itself, shall not be discriminated against or denied access to the University experience. Every effort also must be made to protect the privacy of the individual.

1. Persons having HIV/HBV shall be treated as any other student or employee on campus with guidance from the Idaho Code Regulations on communicable diseases (LC 30-601 et. Seq).
2. It is strongly recommended that the University Medical Director be informed of any existing communicable disease. Each reported incident will be handled on a case-by-case basis, with respect for the person's right to privacy and with consideration for protecting his/her own welfare.
3. Each campus department involved in contacting or handling blood or certain body fluids shall develop individual policies and procedures concerning potential contact with communicable diseases. There will be a central file of all departmental policies and procedures maintained in the Student Health Center.
4. It is the responsibility of the department head to ensure annually that all employees are aware of the University Statement on Aids HIV/HBV and any departmental policies and procedures concerned with communicable diseases. The Student Affairs Office shall disseminate information regarding the University Statement of Aids HIV/HBV to students/ residents. Students/residents participating in course work or activities in academic department where there exists a reasonable potential for the exchange of certain body fluids shall be made aware of any departmental policies and procedures concerned with communicable diseases by the responsible faculty or staff member.
5. This statement and associated guidelines will be reviewed and revised on a regular basis according to new information. The responsibility will be Student Health Center.

6. It is the responsibility of the department head to ensure annually that all employees are aware of the University Statement on AIDS and any department policies and procedures concerned with communicable diseases.
7. The ISU University Counseling and Testing Service and Student Health Center shall provide counseling to assist student/residents or employees who have AIDS or related illnesses, or who have concerns regarding AIDS or related illnesses certain body fluids shall be made aware of any departmental policies and procedures concerned with communicable diseases by the responsible.
8. The Campus Education Committee on AIDS shall coordinate and implement education programs to inform all campus constituents about AIDS and its transmission.
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At-Risk Accidents

When a student/resident has an accident, which is considered an “at risk” incident (i.e. needle stick, puncture or cut from a potentially contaminated source) the student/resident must immediately report the incident to his/her supervisory faculty member and the Dental Departmental Coordinator.

The Dental Departmental Coordinator is responsible for reporting the incident and following procedures to ensure proper testing and medical care are provided. The incident will be filed as if it were eligible for Worker’s Compensation and submit the appropriate forms for coverage. The physician and/or clinic treating the student/resident must be notified that the student/resident had an “at risk” incident for HIV/HBV and that proper testing must be performed. Based on the initial testing, additional testing or treatment may be warranted and must be recommended by the examining physician at time of treatment in order to be considered for eligibility under Worker’s Compensation.

A form entitled First Report of Injury must be promptly completed and forwarded to the Office of Human Resource Management as soon as possible or at the latest within 30 days. The itemized bill from the health care provider must be submitted to the Office of Human Resource Management within 90 days after services were rendered, for eligibility under Worker’s Compensation.

Counseling for residents is available through the University Counseling and Testing Service, located in Gravelly Hall, 4th floor, Bldg. 15, 236-2130. The Student Health Clinic can also provide information to the resident, located 990 S 8th Ave., 282-4330.

Summary of steps to be taken when an “at risk” incident occurs:

- Report incident to supervisor and Dental Departmental Coordinator
- Provide immediate medical attention and testing
- File required paperwork
- Seek counseling if necessary