Competencies and Proficiencies
VISN 12 Zablocki VA Great Lakes AEGD Residency
Introduction

Education is a path, not a destination, and not the accumulation of nuggets of knowledge or a repertoire of skills. Competency represents a point along this path where the learner understands the foundations of his or her skills and has internalized appropriate professional values to work independently in normal settings and manage his or her own continued growth.” (Chambers; J of Dental Education Vol 57, 1993)

This statement by Dr. David Chambers serves as the introduction to our philosophy of advanced dental education.

The Zablocki VA Great Lakes Advanced Education in General Dentistry Residency is committed to the idea that post doctorate general dentistry education plays an important role in the educational continuum of our students. We appreciate our role as educators, mentoring the novice dental practitioner on to higher achievement within the profession.

The goal of the Zablocki VA Great Lakes Advanced Education in General Dentistry Residency is to allow the opportunity for recent dental school graduates to build upon his/her dental school experiences. Residents learn new techniques in a variety of areas; work to become competent/proficient in skills previously learned; and become capable primary oral health care providers for patients with complex medical, dental and social conditions. Residents also learn to integrate professional values within the various aspects of dental treatment in order to provide long term comprehensive care to the veterans we serve.

The Zablocki VA Great Lakes Advanced Education in General Dentistry Residency incorporates competency and proficiency concepts into the program. It is anticipated this document will be useful for applicants who desire to know more about our program and also as a reference to matriculated residents who wish to measure their progress. Finally, it is a guide for the program director and faculty to use as a measure for outcomes assessment and continuous improvement of the program.
Definitions

To facilitate the reading of this document, the following terms are predefined. These definitions have been adapted from those originally proposed by Drs. Chambers and Gerrow in 1997.

It is assumed that: all knowledge, skills, and values described will be used to perform procedures for appropriate reasons, in appropriate circumstances, and in an appropriate manner.

Assess. Evaluation of physical, written, and psychological data in a systematic and comprehensive fashion to detect entities or patterns that would initiate or modify treatment, referral, or additional assessment. Assessment entails understanding of relevant theory, and may also entail skill in using specialized equipment or techniques. Assessment is always controlled by an understanding of the purpose for which it is made and its appropriateness under the present circumstances. Recognition is a more limited term that does not subsume the notion of evaluating findings. Diagnosis a more inclusive term that relates evaluated findings to treatment alternatives.

Competency. Behavior expected of the beginning practitioner. This behavior incorporates understanding, skill, and values in an integrated response to the full range of requirements presenting in practice. The level of performance requires some degree of speed and accuracy consistent with patient well-being but not performance at the highest level possible. It also requires an awareness of what constitutes acceptable performance under circumstances and desire for self-improvement.

Diagnose. Diagnosing means systematically comparing a comprehensive data base on the patient with an understanding of dental and related medical theory to identify recognized disease entities or treatable conditions. The concept of diagnosis subsumes an understanding of disease etiology and natural history.

Document. Making, organizing, and preserving information in standardized, usable, and legally required format.

Manage. Management refers to the selection of treatment including: no intervention; choice of specific care providers-including hygienists, medical specialists, and dental specialists; timing and evaluation of treatment success; proper handling of sequelae; and insurance of patient comprehension of and appropriate participation in the process. In circumstances where the resident may perform some treatment but is more likely to oversee treatment or refer, the term “manage” is used.

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

Perform. (conduct, restore, treat) When a procedure is performed, it is assumed that it will be done with reasonable speed and without negative unforeseen consequences. Quality will be such that the function for which the procedure was undertaken is satisfied consistent with the prevailing standard of care and that the practitioner accurately evaluates the results and takes needed corrective action. All preparatory and collateral procedures are assumed to be a part of the performance.

Prevent. (the effects of) The negative effects of known or anticipated risks can be prevented through reasonable precautions. This includes understanding and being able to discuss the risk and necessary precautions and skill in carrying out the precaution. Because preventing future damage is of necessity a response to an internal stimulus rather than a present one, additional emphasis is placed on supportive values.
Proficiency. A level of practice that exceeds competency. Proficiency entails slightly greater speed and accuracy of performance, ability to handle more complicated and unusual problems, and problems presenting under less than ideal circumstances, and greater internalization and integration of professional standards.

Recognize. (differentiate, identify) Identify the presence of an entity or pattern that appears to have significance for patient management. Recognition is not as broad as assessment — assessment requires systematic collection and evaluation of data. Recognition doesn’t involve the degree of judgment entailed by diagnosis.

Refer. A referral includes determination that assessment, diagnosis, or treatment is required which is beyond the practitioner’s competency. It also includes discussion of the necessity for the referral and of alternatives with the patient, discussion and cooperation with the professionals to whom the patient is referred, and follow-up evaluation

Understanding. The residual cognitive foundation knowledge the is incorporated into competency. Understanding is more than a broad knowledge of details. It is organized knowledge that is useful in performing the competency. Understanding alone is not a competency; it must be blended with skill and value.

References

The five stages from Beginner to being an Expert

Chambers (Journal of Dental Education Vol 58 No. 5/1994)

Stage one (Beginner):
Characterized by learning facts and features relevant to a skill and acquiring the rules for determining actions. According to Dr. Chambers beginners are rule driven, externally motivated, lack understanding of any but the surface features of what they are doing, and will fail unless a knowledgeable person structures nearly ideal situations and offers frequent guidance.

Stage two (Novice):
Characterized by obtaining practical experiences in concrete situations with meaningful elements. They understand a great deal about the theory underlying what they are doing and are sometimes able to use it in combination with rules to guide behavior. They are beginning to recognize their mistakes and sometimes they understand what has caused them. They are able to perform in some situations that differ from the ideal, yet they need help in deciding when to begin a task and in identifying when it has been concluded successfully.

Stage three (Competent):
Is characterized by a hierarchical procedure of decision-making. Students are capable of independent performance. They are skilled enough to handle situations that arise under normal circumstances, understand what actions are necessary, recognize when the challenge is beyond their talents, manage tasks that are not going well, take great pride in doing well, and find intrinsic reward in their own performance. According to Chambers, these are the characteristics necessary to begin dental practice.

Stage four (Proficient):
This stage involves a greater breadth and depth of understanding and ability to handle a wider range of presenting problems. This level is characteristic of individuals with specialty training or several years of experience in practice.

Stage five (Expert):
This is the highest level and is characterized by a fluid and natural response to a great range of problems. It also includes the highest level of professionalism in terms of internalized standards.

Chambers goes on to state that a dentist's professional development takes time. In his opinion, it may take the first 12 years of practice to fully mature.
Program Goals and Teaching Concepts

Zablocki VA Great Lakes
Advanced Education in General Dentistry Residency

The Zablocki VA Great Lakes Advanced Education in General Dentistry Residency is a post-doctorate dental education program designed to facilitate the professional growth of recent dental graduates.

Our program is designed as a one (1) year course of study with an optional second year. As our name implies, this residency is designed to mentor the skills required by a General Dentist. It strives to enhance the understanding, management, competency/proficiency of various dental procedures, manage medically compromised dental patients and help the resident function effectively within a complex federally run regional medical center or clinic. For over 40 years the Clement J. Zablocki VA Medical Center has provided post-doctorate dental education.

The Zablocki VA Great Lakes Advanced Education in General Dentistry is accredited by the American Dental Association’s Commission on Dental Accreditation and was granted the status of “approval without reporting requirements” in February of 2013. The Milwaukee Campus enrolls three dedicated and talented PGY-1 residents who are consummate team players. The optional PGY-2 (second year) position (one resident) was originally accredited in July 2010 and was again accredited without reporting requirements in February of 2013. The addition of our Green Bay Campus received its initial approval in 2013 and accreditation without reporting requirements in 2014, and enrolls one resident per year.

All prospective residents are reminded that the Commission on Dental Accreditation has accredited this postdoctoral program as an Advanced Education in General Dentistry. However, this educational program is not one of the American Dental Association recognized dental specialties. Therefore, dentists graduating from this program cannot announce that they are specialists, as recognized by the American Dental Association.

The objective of our residency is to enhance the professional growth and development of individuals who truly desire to be exceptional general dentists. Our residency is overwhelmingly patient oriented and clinically focused. The teaching staff believes that its role is to help each resident refine raw clinical skills and then challenge the resident to greater clinical and decision-making capability. Fledgling residents/clinicians soon realize that each and every course taught during their undergraduate dental training is extremely important. Our patients and staff expect evidence based answers to clinical questions as they arise. Prospective residents can expect that initial efforts to dredge pertinent information from their memory banks will be difficult and will require after hours literature review and study. Training is conducted under the direction and supervision of attending full and part-time staff. Attending instructors are educationally and/or clinically qualified to provide up-to-date practical instruction and are consistently present during clinic and seminar sessions for consultations.

Seminars are conducted throughout the year to build upon the knowledge gained during dental school. New developments are explored through literature reviews and patient management seminars. Excellent library facilities are available. Our interlibrary loan system is exceptional and allows essentially unlimited access to...
literature. Each of our AEGD residency sites are linked with state of the art communication and conferencing programs, so that real time didactic seminars and telemedicine consulting services can take place.

It should be noted that the Zablocki VA Great Lakes Advanced Education in General Dentistry utilizes secure VA access and verify codes for all computer interactions including teleconferencing seminars. This is designed to protect the privacy of our residents, patients, and maintain VA computer security. In addition, it should be noted that no fees are associated with seminars and courses provided by this residency. The resident should be aware that from time to time they will be asked to travel between the AEGD training sites. This may be for specific didactic enrichment or at the resident’s option to work with another attending for additional clinical experience. In this case the resident is responsible for any and all transportation costs. Prospective residents should take note that a stipend is paid and no tuition is charged.

**Our program is demanding.** Residents are expected to use non-clinic time and evenings to review journal articles, prepare treatment plans, presentations, complete assignments, and yes, even practice clinical procedures on extracted teeth. Prospective residents must also understand that as part of a major federal institution there are medical center obligations which must be fulfilled by all residents and staff.

The AEGD residency is not a “fifth or sixth year” of dental school nor is it a time of unsupervised practice. This residency is designed as a transition for residents to enhance clinical skills under faculty mentorship, and at the same time, learn to understand and respect the expectations of dentistry as a business within this federal healthcare network. Prospective residents must understand that any residency has an obligation not only to matriculated residents but to the patients served by the institution. Residents of this or any institution play an integral role in the delivery of care to the patient’s served. The statement “I don’t want to do that” or “I am not interested in doing that” is not in our resident’s vocabulary.

Our patients are indeed complex. Their needs tax and challenge every dental provider whether attending staff or resident, yet our standards are high. It is expected that residents will work efficiently within the framework of this Veterans Affairs facility to effectively meet the needs of the veterans we serve. It is anticipated that if each resident truly attempts to meet the needs of the veteran seeking treatment under their care, the resident will be provided unlimited opportunities to enhance his/her professional growth and development.
Applications

To become part of this AEGD residency, applicants should apply during their senior year of dental school. The applicant must be enrolled in and/or a graduate of an American Dental Association accredited dental school. Applicants must pass parts I and II of the Dental National Board. Applicants must be United States citizens. A state license in not required for PGY-1 residents however successful completion of a state licensing exam is strongly encouraged. A state license is required for the optional PGY-2 position. This residency is NOT designed to be a remediation of skills not acquired in dental school nor is it an alternative to traditional licensing examinations.

Applications may be filed through the Postdoctoral Applications Support Service (PASS) sponsored by the American Association of Dental Schools. PASS applications should be received by PASS prior to published deadlines. Please note, the PASS program simply facilitates the application process and has no impact upon the selection process. Information and PASS application forms and instructions can be obtained online. https://portal.passweb.org

In addition to the material requested by PASS, please send the following materials directly to our dental service at the address listed below.

VA Residency Application Form 10-2650b

2015 Resident Application 10-2850d

Biosketch:

ADA BioSketch - Template.docx

A second mechanism for interested candidates is to apply directly to the program.

Clement J. Zablocki VA Medical Center
Dental Clinic 8CN
5000 W. National Avenue
Milwaukee, Wisconsin 53214
c/o Dental AEGD Program Director

Candidates are selected based upon academic records, letters of recommendation, and a personal interview. Prospective applicants are reminded that the Zablocki VA Great Lakes AEGD residency is sponsored by the United States Department of Veterans Affairs. Thus, all federally established guidelines and policies concerning non-discrimination are followed. Non-discrimination is practiced not only in the selection process but also in every aspect of this program.
The applicants are also reminded that significant variation exists between accredited programs in terms of personnel, resources, and patient demographics. A prospective resident must assess programs on an individual basis to determine whether the program structure and personality will satisfy their objectives for advanced professional education.

*A personal visit and interview is essential to achieve this goal.*

Please note: This program *does NOT participate in the National Matching Service (MATCH)* sponsored by the American Association of Hospital Dentists.

**ADMISSION CRITERIA (PGY-1)**

1. Applicants for dental residencies must be graduates of a dental school accredited by the American Association and have passed both parts I & II of the National Board of Dental Examiners.

2. Applicants must be U.S. citizens – Proof of citizenship is required (Passport, birth certificate, naturalization papers)

3. Applicants must meet all requirements established by any non-VA hospitals with which the VA Medical Center may be affiliated for training purposes.

4. Applicants must meet all established security and training requirements established by the department of Veterans Affairs.

5. Resident stipends are set nationally. Currently the estimated stipend is:
   - First Year Resident (PG-1): approximately $62,000
   - Second Year Resident (PGY-2): approximately –$60,000

6. Currently AEGD residents receive 15 days of annual leave (vacation) per year and 10 days of sick leave per year. This is in addition to all federal holidays. Prospective residents must note that any time away from the clinic must be recorded as a day of annual leave, sick leave or federal holiday. This includes any continuing dental education outside of the VA.

7. Malpractice coverage is provided by this VA Medical Center while working within the confines of the institution.

8. A DEA license is not required while practicing within the confines of this institution.

9. Outside practice “moonlighting” is discouraged and this program provides absolutely no practice privileges or professional liability coverage to any outside practice.

10. A state license is not required to enter the PGY-1 position however it is STRONGLY encouraged. A state license *is required* for the optional PGY-2 position.
All residents must provide the VA with their National Provider Identifier Number (NPI)

**ADVANCED PLACEMENT ADMISSION CRITERIA (PGY-2)**

Individuals interested in the Optional PGY-2 training year are welcome to apply. The following criteria have been established to allow candidates a successful and rewarding additional year of training.

1. Applicants must document successful completion of an American Dental Association accredited 1-year AEGD or GPR residency.

2. Applicants must show documentation of significant clinical experience gained during their previous residency in all phases of general dentistry, (oral surgery, periodontics, direct placement restorations, fixed and removable prosthodontics, implants and endodontics)

3. Applicants must be U.S. citizens – Proof of citizenship is required (Passport, birth certificate, naturalization papers)

4. Applicants for dental residencies must be graduates of a dental school accredited by the American Dental Association and have passed parts I & II of the National Board of Dental Examiners.

5. Applicants must meet all established security and training requirements established by the department of Veterans Affairs.

6. Applicants must meet all requirements established by non-VA hospitals with which the VA Medical Center may be affiliated for training purposes

7. A state license is required to enter the PGY-2 position

8. Resident stipends are set nationally. Currently the estimated 2017-2018 stipend is:
   - First Year Resident (PG-1): approximately $58,380
   - Second Year Resident (PGY-2): approximately –$59,420

9. A DEA license in not required while practicing within the confines of this institution

Malpractice coverage is provided by this VA Medical Center while working within the confines of the Medical Center

Currently AEGD residents receive 15 days of annual leave (vacation) per year and 10 days of sick leave per year. This is in addition to all federal holidays. Prospective residents must note that any time away from the clinic must be recorded as a day of annual leave, sick leave or federal holiday. This includes any continuing dental education outside of the VA.

Outside practice “moonlighting” is discouraged and this program provides absolutely no practice privileges or professional liability coverage to any outside practice.
The Overall Goals for the
Zablocki VA Great Lakes Advanced Education in General Dentistry Residency
PGY–1 and PGY-2

The following statements are designed to describe the overall goals of this residency. They are also intended to communicate the expectations of the faculty to the resident and serve as the basis for evaluation of the resident's satisfactory completion of the program.

Following American Dental Association guidelines, the Zablocki VA Medical Center has developed the following overall program goals:

1. Enhance the graduate's ability to provide patient care while acting as a primary dental care provider for individuals and groups of patients. This includes:
   a. providing emergency and multidisciplinary comprehensive oral health care;
   b. obtaining informed consent
   c. functioning effectively within interdisciplinary health care teams including consultation and referral
   d. providing patient-focused care that is coordinated by the general practitioner
   e. directing health promotion and disease prevention activities
   f. using advanced dental treatment modalities

2. Enhance the graduate’s ability to provide patient care within the scope of a general dentist. Enhancing skills to assess, diagnose and plan for the provision of multidisciplinary oral health care for a wide variety of patient’s including patients with special needs

3. Prepare the graduate to manage the delivery of oral health care by applying the concepts of patient and practice management, quality improvement and insuring appropriate use of informed consent.

4. Prepare the graduate to function effectively and efficiently as a general dentist within multiple healthcare environments within interdisciplinary health care teams.

5. Enhance resident education through the application of scientific principles to oral health care. This includes using critical thinking, evidence or outcomes-based clinical decision-making and technology-based information retrieval systems.

6. Foster the values of professional ethics, lifelong learning, patient centered care, adaptability, and acceptance of cultural diversity in professional practice.
7. Nurture resident understanding of the oral health care needs of the community and to engage in **community service**. In addition, residents are encouraged to support the mission of organized dentistry and prepare the resident to assume future leadership roles.

As prescribed by accreditation standards the Clement J. Zablocki VA Medical Center has established the following as its definition of community service.

**Clement J. Zablocki VA Medical Center – Definition of Community Service:**

Community service is the hallmark of the Veteran’s Affairs Health Care System. Eloquently stated by Abraham Lincoln as he inaugurated what is now the Veterans Affairs Health Care system—Our mission is: “to care for him who shall have borne the battle”

The Zablocki VA Great Lakes Advanced Education in General Dentistry Residency is dedicated to the Veterans who have served this country and who made the sacrifice of youth and health. Our Veterans come from all walks of life but all seem to carry with them ghosts and scars of times gone by when they answered our nations call. The time may be World War II, Korea, Viet Nam, the Cold War, Desert Storm, Iraqi Freedom, or today’s conflict in Afghanistan, Enduring Freedom. All of these Veterans are in need of compassionate, second to none care.

The VA dental service and the residents who participate in this program are committed to this culture of community service. We are proud to bring state of the art dental care to our Nation’s Veterans and are proud be part of this service to our Nation’s Veterans.

**What the Program Does to Achieve the Goals**

- Provide extensive clinical and didactic experience in comprehensive treatment planning enabling the resident to put sequential plans into action and then evaluate the outcomes of their plans.
- Provide extensive clinical experience in various aspects of general dentistry including emergency care. Our patients come from all walks of life and as a group have experienced much of the good and bad life has to offer.
- Mentor residents in advanced treatment modalities and modern practice procedures.
- Encourage participation in community oral health activities with emphasis on geriatric and the physically/emotionally challenged patients.
- Provide a wide variety of patient encounters with attending staff feedback.
- Provide mentoring and practical experience in the day-to-day management of a high volume multi-specialty Veterans Affairs group dental practice.
- Provide interaction with medical and dental specialty staff within a multi-specialty regional medical center to enable the resident to develop confidence in coordinating total patient care.
- Provide insight into the expanse of dental/medical literature enabling the resident to recognize the necessity for continual advancement of their dental education.
✓ Provide the opportunity to meet the dental treatment needs of our homeless veterans as well as those Veterans ill equipped to seek care outside of the Veteran’s Affairs health care safety net.

✓ Encourage each resident to actively participate in organized dentistry with exposure to the lifelong educational opportunities they provide.

Outcomes Assessment Measures for the Zablocki VA Great Lakes Advanced Education in General Dentistry Residency

The residency program utilizes the following outcomes assessment processes for both the PGY-1 and Optional PGY-2 Training Years

The American Board of General Dentistry – Outcomes Assessment Examination:
This written pre and post-test serves as a benchmark outcomes evaluation. This examination covers all specialty areas of dentistry and is adapted to advanced general dentistry residents. In addition, this examination prepares our graduate for subsequent educational advancement in the Academy of General Dentistry.

Staff evaluations of resident clinical performance:
Informal daily mentoring coupled with daily review and countersignature of all clinical records. Written evaluations by attending staff dentists occur Tri-annually. Clinical performance, patient management, productivity, didactic participation, and compliance with medical center regulations are all factors considered by attending staff in the resident’s overall performance evaluation.

Directors Tri-annual evaluation of performance with residents counseled on their progress and performance.

Resident critiques of the program:
Conducted two (2) times during the program. Once a mid-year and once upon completion.

Annual evaluation of the staff by the resident.

Resident self-evaluation survey:
Completed at the beginning, and end of year.

One year post-graduation survey (where possible)

Resident Education Committee Minutes
Annual curriculum and competency review (review of the ADA self study) accomplished during this meeting
Attending General Dentist Faculty

Dr. David Armin
  Attending General Dentist
  Advanced Mentorship: Internal Medicine for the General Dentist, Comprehensive Pain Control (oral analgesia),

Dr. Matthew Binninger
  Attending General Dentist
  Advanced Mentorship: Restorative and Oral Surgery for the General Dentist

Dr. Edward Binninger
  Attending General Dentist
  Advanced Mentorship: Restorative, Removable Prosthodontics

Dr. Kathryn Elliot
  Attending General Dentist
  Advanced Mentorship: Restorative Dentistry, TMD

Dr. Richard Kaplan
  Attending General Dentist
  Co-Program Director
  Advanced Mentorship: Restorative, Endodontics, Removable Prosthodontics

Dr. Ankur Patel
  Co-Program Director
  Lead Dentist, Green Bay, WI - Attending General Dentist – Primary Site: Green Bay Campus,
  Advanced Mentorship: Endodontics, Oral Surgery, Non-Surgical Periodontics, Advanced restorative techniques, Restorative aspects of implant dentistry, Fixed and Removable Prosthodontics, Preventive Dentistry

Dr. John Ramer
  Board Certified American Board of General Dentistry
  Attending Comprehensive Dentist
  Advanced Mentorship: Endodontics, Advanced restorative techniques, Restorative aspects of implant dentistry, Fixed and Removable Prosthodontics, Preventive Dentistry, Orofacial Pain

Dr. Mathew Sandberg
  Attending General Dentist
  Advanced Mentorship: Oral Surgery

Dr. Kristine Schedler
Attending General Dentist
Advanced Mentorship: Restorative, Endodontics, Removable Prosthodontics

Dr. Rachael Vogel
Attending General Dentist
Advanced Mentorship: Restorative, Practice Management

Specialty Referral Faculty

Dr. Omaid Ahmad
Attending Oral and Maxillofacial Prosthodontist, Oral and Maxillofacial Radiologist
Dual Board Certification
Primary Site: Green Bay Campus,

Dr. Andrew Kabele
Attending Oral and Maxillofacial Surgeon (Board Certified)
Primary Site: Green Bay Campus,

Dr. David Kachelmeyer
Attending Prosthodontist (Board Eligible)

Dr. Shiza Khan
Attending Periodontist (Board Certified)
Primary Site: Green Bay Campus,

Dr. Steven Koutnik
Attending Prosthodontist (Board Certified)

Dr. Omar Hussain
Oral and Maxillofacial Surgeon (Board Eligible)

Dr. Ma’Lou Sabino
Chief of Dental Service, Madison, WI VAMC
Oral and Maxillofacial Surgeon (Board Certified)

Dr. Kent Shinozaki
Oral and Maxillofacial Surgeon (Board Certified)

Dr. Jesse Smith
Prosthodontics Residency Program Director
Attending Prosthodontist (Board Certified)

NOTE: Residents practice under the credentials of their supervising (attending) mentor. Residents cannot treat patients unless they are under the supervision of an attending. ALL dental and medical record entries MUST be countersigned by the supervising mentor.
Zablocki VA Great Lakes Advanced Education in General Dentistry
Competency and Proficiency Statements
PGY-1

A graduate of the Zablocki VA Great Lakes Advanced Education in General Dentistry Program will:
   a. Provide emergency and multidisciplinary comprehensive oral health care
   b. Obtain informed consent
   c. Function effectively within the interdisciplinary health care teams
   d. Provide patient-focused care that is coordinated by the general practitioner
   e. Direct health promotion and disease prevention activities
   f. Use advanced dental treatment modalities as defined by the program

With regards to Oral Diagnosis and Comprehensive Treatment Planning:
The objective of Oral Diagnosis and Comprehensive Treatment Planning is to mentor skills required to make sound judgments in diagnosis, sequential treatment planning, and decision-making during the course of comprehensive treatment. It is essential that residents systematically evaluate patients, determine etiologies of problems, and develop appropriate treatment plans for patients requiring multidisciplinary treatment. Residents are instructed in problem-oriented treatment planning and mentored through the treatment planning process. Treatment planning seminars are conducted to stimulate both residents and staff in the complexities of treatment planning.

Topics covered in formal seminars are revised annually.
Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

1. Function as a patient’s primary and comprehensive oral health provider as part of an interdisciplinary health care team to provide emergency and multidisciplinary comprehensive oral health care to all patients, including those with special needs. (Competency)

2. Explain and discuss with patients, or parents or guardians of patients, findings, diagnoses, treatment options, realistic treatment expectations, patient responsibilities, time requirements, sequence of treatment, estimated fees and payment responsibilities, in order to establish a therapeutic alliance between the patient and the health care provider. (Competency)

3. Obtain and interpret the patient’s chief complaint, medical, dental, and social history, and review of systems. (Competency)

4. Perform dental consultations and request medical consultations for outpatients in assigned health care settings. (Competency)

5. Obtain and interpret clinical and radiographic data and additional diagnostic information from other health care providers or other diagnostic resources. (Competency)
6. Integrate multiple disciplines into an individualized, comprehensive, sequenced treatment plan using diagnostic and prognostic information for patients with complex needs. (Competency)

7. Obtain and/or document written approval from patients to perform those specific dental procedures requiring consent. (Competency)

8. Provide and manage patient-focused care that is coordinated by the general dentist effectively and efficiently in a dental practice setting. (Competency)

9. Select and use assessment techniques to arrive at a differential, provisional, and definitive diagnosis for patient. (Competency)

10. Use the services of clinical, medical, and pathology laboratories, and refer to other health professionals for the utilization of these services. (Competency)

11. Perform a limited history and physical evaluation, 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. (Competency)

12. Maintain a patient record system that facilitates the retrieval and analysis of the process and outcomes of patient treatment. (Competency)

13. Inform patients of alternative treatment options available and/or risk of potential complications prior to performing invasive, surgical, and/or high risk dental procedures that will allow patients to determine risk vs. benefit for the proposed treatment and arrive at a decision towards treatment. (Competency)

With regards to Preventative Dentistry:
The objective of this area of the residency is to properly assess caries and periodontal risk factors, determine etiologies of disease and establish protocols for treatment. Residents are encouraged to integrate preventive measures into their daily practices.

Topics covered in formal seminars are revised annually. Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

14. Direct health promotion and disease prevention activities. (Competency)

15. 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. (Competency)

With regards to Community Service:
Expose the residents to opportunities where they may use their talents and skills to the greater good of society as a whole. Opportunities abound within the Department of Veterans Affairs. During this residency, residents will be challenged to use their skills to educate, evaluate, and provide for others. Residents are encouraged to challenge all health care providers to become involved in oral health care. Factors important to the success of oral health and caries management such as diet, oral hygiene, and salivary status are stressed. Residents are encouraged to integrate
preventive measures such as fluoride therapy, oral hygiene instruction, antimicrobial therapy and use of fluoride releasing materials as part of their disease control protocol.

Topics covered in formal seminars are revised annually. Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

16. Participate in opportunities for community service to direct health promotion and disease prevention activities. (Competency)

With regards to Practice Management and Professional Ethics: The objective of practice management is to provide the resident with practical exposure to the operational complexities of running an efficient, safe, and productive group practice. Residents experience firsthand the direct chair-side management of auxiliary personnel and clinical schedules. This trial by immersion soon teaches the resident that a personal philosophy of treatment room management is essential for any future endeavors.

This residency is supported and housed within a federally sponsored major medical center (i.e. the Department of Veterans Affairs). As such, the resident will learn and be expected to comply with all training and management requirements of this JCAHO accredited institution. Soon after arrival, residents receive instruction in patient records security/maintenance, infection control, compliance with OSHA standards and institutional employee standards. Residents learn to appreciate the peer review process by exposure to the Medical Center’s Continuous Process Management and Improvement Committee. These experiences are intended to fully reinforce the management/compliance issues expected of any dental office whether a private practice or institution.

Although the primary focus of the curriculum is management of a Veterans Affairs group practice, a secondary objective is to provide exposure to alternative healthcare delivery systems in the civilian community.

Ethics and ethical principles are stressed in every resident-attending interaction. Residents are expected to understand principles of jurisprudence and professional ethics in the practice of dentistry. Residents complete didactic training and seminars in this program area.

Topics covered in formal seminars are revised annually. Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

17. Obtain an understanding of the hospital organization, functioning, and the credentialing process. (Competency)

18. Participation in the management of a system for continuous quality improvement in a dental practice. (Competency)

19. Provide and manage patient-focused care that is coordinated by the general dentist effectively and efficiently in a dental practice setting. (Competency)

20. Support the program’s mission statement by acting in a manner to maximize patient satisfaction in a dental practice. (Competency)

21. Provide patient care by working effectively with allied dental personnel, including performing sit down, four handed dentistry. (Competency)
22. Practice and promote ethical principles in the practice of dentistry and in relationship with patients, personnel, and colleagues. *(Competency)*

With regards to Oral Mucosal Diseases:
The objective of the oral and maxillofacial pathology curriculum is to reinforce and apply the knowledge obtained in dental school to clinical situations. Differential diagnoses and appropriate patient management is our focus.

*Topics covered in formal seminars are revised annually.*
Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

23. Diagnose and manage oral mucosal diseases. *(Competency)*

24. Clinically develop a differential diagnosis and manage oral pathological abnormalities. *(Competency)*

With regards to Temporomandibular Disorders/Orofacial Pain:
The objective of this area of the residency is for the PGY-2 resident to gain additional practical clinical experience with the systematic evaluation of patients with symptoms suggestive of craniomandibular and/or occlusal disorders.

*Topics covered in formal seminars are revised annually.*
Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

25. Diagnose and manage disorders of occlusion and temporomandibular joint. *(Competency)*

26. Diagnosis and manage orofacial pain. *(Competency)*

With regards to Physical Evaluation/Medical Emergencies:
The objective of this portion of the residency is to enhance the resident’s knowledge and skills in physical evaluation to broaden the resident’s awareness of the modalities utilized in evaluating a patient’s health prior to initiating dental treatment and its impact on the dental treatment plan. In addition, PGY-1 residents are required to be CPR certified and Advanced Cardiac Life Support certified to enhance their ability to manage a medical emergency which may occur in the dental office. Through this experience it is expected the resident will be more competent in assessing the medical status of patients, appropriately modifying dental treatment and interacting with medical specialists in the joint management of dental patients with compromising systemic diseases.

27. Diagnose and manage medical emergencies. *(Competency)*

28. Achieve and maintain BLS certification. *(Proficiency)*

29. Achieve and maintain ACLS certification. *(Competency)*

With regards to Comprehensive Pain and Anxiety Control:
The goal for this aspect of training is to broaden the resident's awareness of various means to manage apprehension and pain in dental practice. The objective is to teach the resident to safely manage pain and anxiety in the conscious patient beyond the scope of local anesthetics. Residents must fully understand that an accurate assessment of the patient’s medical condition coupled with responsible management is paramount for patient safety. Patient evaluation for the purpose of pain control goes hand in hand with physical assessment and the ability to deal with medical emergencies. One-on-one clinical teaching from qualified staff will be available to motivated residents in oral anxiolysis however, the PGY-1 year in not intended to provide the clinical and didactic opportunity for state certification for oral anxiolysis.

Topics covered in formal seminars are revised annually.
Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

30. Possess a thorough working knowledge of the management of potential medical emergencies which may occur within in the dental clinic. (Competency)

31. Understand the anatomy; physiology, pharmacology and psychology associated with various pain and anxiety control methods. (Competency)

32. Select the proper regiment for the control of pain and anxiety after adequate physical and psychological assessment of the patient. (Competency)

33. Prevent, recognize and manage complications related to the use and interaction of local anesthetics, systemic medications and agents used in the control of pain and anxiety. (Competency)

With regards to Hospital Dentistry/Oral medicine/Special Care/Geriatric Dentistry
The Zablocki VA Great Lakes AEGD Residency Program takes pride in the fact that it provides exceptional care to thousands of eligible Veterans throughout the state of Wisconsin and Northern Illinois. Many of these veterans are aging and present to our facility with multiple medical complications. These patients rely on us for their care and to truly service our veterans, a comprehensive dentist must be knowledgeable not only of the patient’s dental needs but the effects of aging, medical conditions, and of course physical limitations on both their systemic disease and the expected course of our dental treatment. The objective of this aspect of the curriculum is to provide the resident with practical clinical knowledge of the management of medically compromised, geriatric and special needs patients. Our veterans routinely present these challenges.

Topics covered in formal seminars are revised annually.
Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

34. Perform dental evaluation, prepare appropriate responses to physician consultation requests, develop treatment plans, and provide appropriate dental treatment to geriatric/special needs patients as well as inpatients/outpatients with moderately severe medical problems. (Competency)

35. Understand impact of age on oral health and aware of current trends in aging that impact dentistry and dental treatment plans. (Competency)

With regards to Restorative Dentistry:
The objective of the Restorative/Operative dentistry portion of the AEGD is to enhance diagnostic and treatment skills in dentition attacked by disease and/or trauma. Complex restorative techniques, soft tissue management and pulpal considerations of restorative biomaterials are stressed. Current, evidence based dental biomaterials are available for use by the residents. Residents are encouraged to develop a personal philosophy for general practice, total patient care
and continuity of treatment with particular emphasis placed on the development of a restorative philosophy for the physically, emotionally, and socially compromised patient.

*Topics covered in formal seminars are revised annually.*

Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

36. Restore individual, vital teeth using a wide range of materials and methods that will enhance the patient’s esthetics and/or function. *(Competency)*

37. Restore endodontically treated teeth. *(Competency)*

**With regards to the Treatment of the Edentulous Space:**

The objective for this segment of the residency is to enhance the prosthodontic skills a general dentist is likely to encounter in the course of daily practice. Traditional fixed and removable prosthodontics is stressed. Residents learn to communicate effectively with the dental laboratory and with other clinical departments in the course of patient treatment.

Prosthodontic diagnosis and comprehensive treatment planning is stressed. Many of our Veterans require fixed and/or removable prostheses. It is essential for the dentist to employ the proper principles of preparation design, soft tissue management, and manipulation of prosthodontic materials. An exposure to implant prosthodontics will be provided and residents have the opportunity to participate in the treatment planning and restoration of implant cases.

*Topics covered in formal seminars are revised annually.*

Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

38. Treat patients with missing teeth requiring removable appliances. *(Competency)*

39. Treat patients with missing teeth requiring uncomplicated fixed restorations. *(Competency)*

40. Manage patients requiring complicated fixed restorations, including implants. *(Competency)*

41. Communicate case design with laboratory technicians and evaluate the resultant prostheses. *(Competency)*

**With regards to Periodontal Therapy:**

The objective of this phase of the residency is to expand the resident’s ability to diagnose and treat periodontal diseases. Emphasis is placed upon the relationship of the periodontium to overall treatment planning. Prevention and non-surgical corrective measures are stressed however; residents are instructed in up-to-date surgical procedures.

*Topics covered in formal seminars are revised annually.*

Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

42. Diagnose and treat early and moderate periodontal disease using appropriate therapies and procedures. *(Competency)*

43. Manage advanced periodontal disease. *(Competency)*
44. Evaluate the results of periodontal treatment and establish and monitor a periodontal maintenance program. (Competency)

With regards to Endodontic Therapy:
The objective of this portion of the residency is to afford the resident the opportunity to develop skill and confidence in the diagnosis and treatment of non-surgical endodontic cases. Clinical and didactic training in endodontics will include techniques of biomechanical preparation and obturation of the root canal system, non-vital bleaching, and management of odontogenic infections. In addition, the resident will have the opportunity to use the latest in rotary instrumentation.

Topics covered in formal seminars are revised annually.
Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

45. Diagnose and treat pain of pulpal origin. (Competency)

46. Perform uncomplicated non-surgical anterior endodontic therapy. (Competency)

47. Perform uncomplicated non-surgical posterior, including molar, endodontic therapy. (Competency)

48. Treat non-complex endodontic complications. (Competency)

49. Manage complex endodontic complications. (Competency)

With regards to Oral Surgery:
The objective of the oral and maxillofacial surgery curriculum is to allow the opportunity for residents to improve their skills in dentoalveolar surgery. In addition, it is designed to enhance the resident's ability in physical diagnosis and to reinforce the impact of medical conditions on dental treatment plans. Basic oral surgical principles are reviewed with clinical cases assigned as the resident demonstrates expanding surgical skill and interest. Under staff supervision and as cases present, the resident may gain exposure to various surgical techniques and above all how to treat medically compromised patients. An important objective is the development of good clinical judgment and the ability to effectively interact with other health care providers within the hospital setting. Understanding emergency care is essential.

Topics covered in formal seminars are revised annually.
Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

50. Perform uncomplicated intra-oral surgical procedures, including surgical extraction of teeth. (Competency)

51. Perform non-surgical extraction of teeth. (Competency)

52. Treat patients with intraoral dental pain and infections. (Competency)

53. Treat patients with non-complex, post-operative complications to dental treatment. (Competency)

54. Manage patients with complex, post-operative complications to dental treatment. (Competency)

55. Anticipate, diagnose and provide initial treatment and follow-up management for medical emergencies that may occur during dental treatment. (Competency)
56. Treat intraoral hard and soft tissue lesions of traumatic origin. (Competency)

**With regards to Current Literature Review/Research/Presentations:**
The objective of this portion of the curriculum is to help the resident learn the "language" of research; to develop the ability to critically analyze the dental literature; to learn how and where to find information, and to increase skills in communicating ideas to others.

One method for attaining these objectives is through current literature review. During literature reviews, residents choose articles of interest from current dental journals and provide a brief overview and scientific critique. A vast array of library resources is available to help the resident achieve these objectives.

During the year, residents may also be called upon to make presentations and/or table clinics illustrating clinical techniques or other topics.

*Topics covered in formal seminars are revised annually.*
Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

57. Demonstrate the ability to critically analyze a research report in the dental literature and use this information to make professional decisions. (Competency)

**With regards to Orthodontics and Pediatric Dentistry:**
Our residency program involves outpatient veterans. These patients are aging and present with multiple medical complications. As such, the areas of orthodontics and pediatric dentistry are not stressed.

Zablocki VA Great Lakes Advanced Education in General Dentistry
Optional PGY-2 (Second Year)

The PGY-2 curriculum is offered by the Milwaukee Campus designed to allow the resident to build upon the experience gained during the PGY-1 year. Leadership, teaching, advanced clinical experience and research is the mantra of the PGY-2 year. It is the goal of the second year to provide the tools for graduates to challenge the American Board of General Dentistry specialty examination.

1. Integrate all aspects of dentistry in the treatment of patients with complex dental, medical, and social situations
2. Perform advanced procedures in the selected area of concentration
3. Use proper health center protocol with treating and managing patients in a health center environment
4. Perform dental consultations and request medical consultations for outpatients in assigned health care settings
5. Participate in programs within the AEGD program to prevent and reduce the incidence of oral disease
6. Participate in the management of a system of continuous quality improvement in a dental practice

7. Teach undergraduate dental students and/or mentor PGY-1 level residents in selected clinical and didactic disciplines

**DUE PROCESS FOR AEGD RESIDENTS**

The Due Process Policy is currently under review, the updated edition will be made available to candidates as it becomes available – A working draft is below, and due process is discussed beginning on page 21 of this draft document.

**ADA Accreditation Complaints Policy**

*ADA Accreditation Complaints Policy* - residents are aware that the Commission on Dental Accreditation will review complaints that relate to the program’s compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but it does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. A copy of the appropriate accreditation standards and/or the Commission’s policy and procedures for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago IL. 60611 or by calling 1-800-621-8099 extension 4653

**References**


Chambers DW: Competencies: A new view of Becoming a Dentist; J Dent Education 1994 58:342-345