2015-2016
Nickalus Children's Hospital
Pediatric Dentistry Residency Program
Handbook.
Pediatric Dentistry

Dear Resident:

Welcome to Nicklaus Children’s Hospital Pediatric Dentistry Residency Training Program. This syllabus contains descriptions of all facets of the Residency Program. You should read this syllabus and discuss with the Pediatric Dentistry Residency Director or any Dental attending.

We are looking forward to working with you during the next two years as you acquire the necessary training to become a practicing Pediatric Dentist. We feel that we have an excellent program, and we welcome the opportunity to work with you.

Sincerely Yours,

Rosie Roldan, DMD,MD
Pediatric Dentistry Residency Director
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I. PROGRAM DESCRIPTION

Nicklaus Children’s Hospital (NCH) offers training in pediatric dentistry specialty. This specially designed postdoctoral training program meets CODA (Commission of Dental Accreditations) requirements for a clinical rotation and Accredited as of March 2009. The program’s curriculum and training experiences focus on the integration of the operating room, emergency room, cranio-facial team, sedation, special needs patients, oral surgery patients and routine care for pediatric patients. This approach to the Pediatric Dentistry Residency Program provides the residents with the totality of experience encountered by a Pedodontist. It is didactically and experimentally designed to focus on the physical, cultural, and social context of the pediatric dentist profession.

The program’s major goal is to develop a competent Pediatric Dentist who will be qualified in providing comprehensive, longitudinal, and preventive care as well as managing the full spectrum of problems encountered in Pediatric Dentistry. Pediatric Dentist is one who has integrated medical and dental knowledge, skills and attitudes so that he or she effectively perform the application of dentistry principles and practices in the care of pediatric patients.

Nicklaus Children’s Hospital’s residency curriculum is a structured educational experience that reflects an appropriate balance between clinical and didactic elements. The curriculum is competency based and focuses on skill attainment and skill maintenance. Careful emphasize is placed on attitude and skills necessary for lifelong learning.

The clinical curriculum incorporates both outpatient and inpatient experiences for the residents, during which the residents are guided and supervised by full time faculty and private general dentists.

The didactic curriculum is comprised of departmental conferences, continuing education activities, teaching rounds, and other structured educational experiences that must be conducted on a regular basis.

Our evaluation requires residents to obtain competencies in the six areas, listed below, to the level expected of a new practitioner.

1. Patient Care that is compassionate, appropriate, and effective for the treatment of dental problems and the promotion of oral health.
2. Dental Knowledge about established and evolving clinical and cognate sciences and the application of this knowledge to patient care.
3. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
4. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
5. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of dental care and the ability to effectively call on system resources to provide care that is of optimal value.
II. OVERALL CURRICULAR OBJECTIVES

Main Goal: Develop competent primary care pediatric dentists who will be qualified in providing comprehensive and preventive care for infant, children, adolescents including those with special needs

Goal 1: To prepare pediatric dental residents to be specialists proficient in comprehensive, preventive and therapeutic oral health care of infants, children, and adolescents.

1. Demonstrate adequate oral examination skills to formulate diagnostic and therapeutic intervention for infants and children.

2. Diagnose oral pathologies and be able to treat or supervise the treatment.

3. Recognize the need for and provide referrals for patients, and maintain effective health care team collaboration for the provision of comprehensive and continuous health care for patients.

4. Develop the skills in restorative dentistry required for the pediatric patient.

5. Develop the skills in the diagnosis and treatment of primary and young permanent teeth with pulpal injury or disease.

6. Develop the skills in orthodontic dentistry required in the management of pediatric patient.

7. Demonstrate a commitment to the continuing acquisition of factual knowledge and skill for professional development.

8. Develop the capacity to be effective in self-evaluation as a primary-care provider.

Goal 2: To prepare pediatric dental residents to be pediatric specialists proficient in the management of the biomedical, psychosocial, and developmental aspects of infants, children, and adolescents.

1. Demonstrate appropriate interviewing skills for obtaining a history from parents, parent surrogates, adolescents, and children.

2. Perform effectively in establishing cooperative working relationships with colleagues, general dentists, oral surgeons, endodontists, periodontists, prosthodontists, and orthodontists in meeting the comprehensive oral and psychosocial healthcare needs of patients and their families.

3. Perform effectively in establishing cooperative working relationships with colleague pediatricians, sub-specialists, and allied health personnel (e.g., nurse practitioners; social workers; laboratory technicians; psychiatrists; and psychologists; other.) in meeting the physical and psychosocial healthcare needs of patients and their families.
4. Provide patient/parent education, including anticipatory guidance in oral health and disease.

5. Recognize and adequately address the psychological reactions of children of varied ages and their families in stressful situations.

6. Develop effective communication skills with patients and families involving feelings and behavior and role of behavior management in the dental setting.

7. Demonstrate familiarity with the influences of cross-cultural factors in pediatric and alternative healing practices within a multi-ethnic community related to primary health care.

Goal 3: To prepare pediatric dentists to assume leadership roles in their communities and to serve as advocates for children.

1. Demonstrate an attitude of commitment to serve the community as a pediatric dental provider and child advocate.

2. Recognize the need for and importance of establishing a general primary pediatric dentistry practice, especially in a health manpower shortage area.

3. Demonstrate a willingness to accept ethical and legal responsibility for the delivery of patient healthcare.

4. Demonstrate willingness to interact with professionals and institutions in the community.

5. Participate in community outreach programs, including the implementation of patient awareness and prevention programs.

6. Demonstrate the knowledge and skills required to provide primary and comprehensive oral health including to those with special healthcare needs.
III. CLINICAL ROTATIONS CURRICULUM

The following syllabi provide detailed descriptions of courses, including goals, objectives, skills, available resources, evaluation protocol, and pertinent guidelines. Some courses are required and others may be selected by the individual resident as part of his/her overall professional development and training.

EVALUATIONS: Evaluation of Resident, Procedural Skills Log Book by Direct Preceptor Observation of Resident, Evaluation of Rotation, Evaluation of Faculty

PEDIATRIC DENTAL CLINIC

TYPE: Clinical Rotation

CONTACT HOURS: As Scheduled

BROAD GOAL: Working under the direct supervision of a pediatric dental specialist, the goal of this rotation is to provide the pediatric dental resident with the skills necessary to manage the dental needs of patients with complex restorative dental, medical, behavioral, developmental and psychosocial needs.

COURSE DESCRIPTION: Familiarizes residents with: the pathogenesis, diagnosis, and management of common conditions requiring surgery; the effects of local anesthesia and surgical procedures on the patient; technical skills and management of surgical devices.

CURRICULAR OBJECTIVES: Upon completion, residents will be able to:

1) Manage pediatric patients using non-pharmacological and pharmacological approaches consistent with approved guidelines for care.

2) Apply preventive practices using scientific principles, techniques and treatment planning for the prevention of oral diseases.

3) Apply preventive practices including dental health education programs, materials and personnel to assist in the delivery of preventive care.

4) Provide dental care to pediatric patients requiring comprehensive restorative and prosthetic treatment.

5) Manage oral-facial injuries including the evaluation and treatment of trauma to the primary, mixed, and permanent dentitions, such as repositioning, replantation and stabilization of intruded, extruded, luxated and avulsed teeth.

6) Evaluate, diagnosis, and manage pulpal, periodontal and associated soft tissues following traumatic injury.
7) Recognize injuries including fractures of the mandible and maxilla and relate the mechanism for referring injuries.

8) Recognize child abuse and relate the mechanism for reporting it.

9) Diagnose the various periodontal diseases of childhood and adolescence, treat, and or refer cases of periodontal diseases to the appropriate specialist.

10) Manage pulpal tissues in the primary and developing permanent dentitions.

11) Manage the oral health care needs of patients with special healthcare needs i.e. medically compromised patients, physically compromised or disabled patients, and patients diagnosed to have developmental disabilities, psychiatric disorders or psychological disorders.

PROCEDURE: Residents will:

1) Provide comprehensive restorative treatment

2) Perform initial and recall examinations to develop an appropriate treatment plan.

3) Obtain and participate in evaluating the patient’s medical history thoroughly with parents and follow-up with medical physician with any concerns.

4) Properly document all information into the patient’s record.

PROCEDURAL GUIDELINES

1) Hours: The Clinic Rotation hours are Monday- Friday from 7:30 A.M. to 4:00 P.M. or until last patient is dismissed (unless changed by Dental Program Director)

2) Duties: The pediatric resident will participate in operative procedures and consultations in the dental clinic as well as inpatient departments.

EVALUATIONS: Evaluation of Resident, Procedural Skills Log Book by Resident
ORAL SURGERY

TYPE: Clinical Rotation

CONTACT HOURS: As scheduled

BROAD GOAL: To familiarize residents with the delivery of health care to patients who require surgery, to diagnose, and understand management of most pediatric surgical problems.

COURSE DESCRIPTION: Familiarizes residents with: the pathogenesis, diagnosis, and management of common conditions requiring surgery; the effects of local anesthesia and surgical procedures on the patient; technical skills and management of surgical devices.

CURRICULAR OBJECTIVES: Upon completion residents will be able to:

1) Deal with the emotional status of patients and parents before and after surgery;

2) Recognize and manage common pediatric dental surgical procedures including pre-operative and post-operative management;

3) Identify underlying diseases or abnormalities which may complicate surgical procedures, including allergy to drugs, coagulation disorders; and

4) Identify common anesthetic considerations in children undergoing surgery.

PROCEDURE: Residents will:

1) Participate in clinic or the operating room as assigned to observe and/or provide assistance during surgical procedures when desired.

2) Assist with the performance of examinations; and complicated extraction.

3) Assist in suture placement when appropriate.

4) Assist in the excision of pathology specimens.

PROCEDURAL GUIDELINES

1) Hours: Clinic working hours are from 7:30 AM to 4:00 P.M. (Unless changed by Dental Program Director) and OR working hours 7:00 AM – until patient treatment is completed.

2) Duties: The pediatric resident will participate in selective operative procedures and see surgical consultations both in the out patient and as well as inpatient departments. In addition, the resident should accompany an attending physician during most office hours.

EVALUATIONS: Evaluation of Resident, Procedural Skills Log Book by Resident
OPERATING ROOM AND SEDATIONS

TYPE: Clinical Rotation

CONTACT HOURS: As scheduled

BROAD GOAL: Provide the resident with the knowledge and skills to function as a health care provider within the hospital setting.

COURSE DESCRIPTION: To provide the student with the knowledge and clinical experience in the treatment of pediatric patients under general anesthesia in the operating room and sedations in the clinic.

CURRICULAR OBJECTIVES: Upon completion, residents will be able to:

1) Provide the pre-operative work-up, medical risk assessment, admitting procedures, informed consent, and intra-operative management including completion of the dental procedures, post-operative care, discharge and follow-up and completion of the medical records.

EVALUATIONS: Evaluation of resident, Procedural Skills Log Book by Resident
### IV. DIDACTIC CURRICULUM BASIC SCIENCE SYLLABUS

**Course Name:** Basic Pediatric Dentistry Core  
**Quarter:** Summer, First year

<table>
<thead>
<tr>
<th>Goals:</th>
<th>Provide residents of different academic background basic knowledge in pediatric dentistry and orthodontics to prepare them for the practice of pediatric dentistry.</th>
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</table>
| Objectives: | 1. Gain competency in the making of treatment records, examination, diagnosis, treatment planning of the pediatric patient.  
2. Review the caries risk assessment tool and basic principles of caries prevention.  
3. Review the principles and management of pulp pathology.  
4. Understand basic principles of sedation, pharmacological agents, monitoring, and medical emergencies.  
5. Review the AAPD guidelines and principles in the management of orofacial trauma.  
6. Know the most common oral pathologies and management in the pediatric population.  
7. Understand the basic principles of orthodontics, management with appliance, and correct banding and bracket placement.  
8. Familiarize the residents with basic principle of research development. |

| Outline: | Unit 1: Dental Records  
Unit 2: Examination of the Pediatric Patient  
Unit 3: Diagnosis and Treatment Planning  
Unit 4: Caries Risk Assessment Tool  
Unit 5: Caries Prevention  
Unit 6: Principles of Pulp Pathology  
Unit 7: Management of Pulp Pathology  
Unit 8: Basic Principles of Sedation  
Unit 9: Pharmacological Agents in Sedation  
Unit 10: Monitoring of Sedated Patients  
Unit 11: Medical Emergencies  
Unit 12: AAPD guidelines in Trauma  
Unit 13: Management of Orofacial Trauma  
Unit 14: Oral Pathology  
Unit 15: Basic Principle of Orthodontic  
Unit 16: Orthodontics Records  
Unit 17: Introduction to Research |
Course Name: **Orthodontic Core**

Quarter: Summer, Fall, Spring - First year and Second year

**Goals:** To be able to proficiently understand the basic orthodontic principles, to adequately diagnose, treatment plan and render treatment for the pediatric patient.

**Objectives:**

1. Understand and be able to diagnose, fabricate appropriate records treatment plan simple to moderate orthodontic cases.
2. Understand the concept of space analysis and space management in relationship to interceptive orthodontic treatment.
3. Understand the concept abnormal craniofacial growth and its relationship to malocclusions.
4. Understand and be able to manage oral habits.
5. Understand and be able to manage Class I, Class II and minor Class III malocclusions.
6. Understand the concepts of facial esthetics as related to abnormal craniofacial growth patterns.

**Outline:**

- Unit 1: Introduction to Orthodontic Treatment Planning
- Unit 2: The Initial Exam and Diagnostic Records in Orthodontics
- Unit 3: Phase I Treatment and Mechanotherapy
- Unit 4: Cephalometrics
- Unit 5: 3D Orthodontic Imaging
- Unit 6: Prevention, Management, and Imaging of Impacted Teeth
- Unit 7: Biomechanics of Tooth Movement and Anchorage
- Unit 8: The Ortho/Perio Esthetic Interface
- Unit 9: Congenitally Missing Dentition
- Unit 10: Open and Deep Bites
- Unit 11: Orthodontics Retention
- Unit 12: Appliance Therapy-Fixed, Removable
- Unit 13: Limited Orthodontics Treatment using Removable appliances
- Unit 14: Class I Treatment
- Unit 15: Class II Treatment
- Unit 16: Class III Treatment
- Unit 17: Facial Esthetics
- Unit 18: Congenitally Missing Dentition
Course Name: **Child Development and Behavior Management**

Quarter: Summer and Fall, This course alternate every year

Goals: To be able to rationally evaluate behavior management techniques and applications in the context of treatment of the pediatric patient, risk management and practicality. In addition be able to identify and discuss normal, abnormal physical, psychological and social development in children.

Objectives:
1. Understand physical, cognitive, emotional and social development and milestones in the newborn to adolescent patient
2. Be able to evaluate child behavior in relation to physical, psychological, and social development.
3. Understand the theories of psychosocial development as it relates to behavior management of the pediatric patient in the clinical setting.
4. Understand and employ pharmacological and non-pharmacological methods of behavior management of the pediatric patient in the clinical setting.
5. Understand the role of the parent, pediatric dentist, and dental auxiliary staff in the treatment of the pediatric patient.
6. Understand child behavior in the dental operatory with parental presence
7. Understand the behavior management techniques used with special needs patients
8. Understand the legal and ethical consideration of patient management and be able to relate these to clinical scenarios.

Outline:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Topic</th>
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<tbody>
<tr>
<td>Unit 1</td>
<td>Psychological and Social Development and Milestones</td>
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<td>Unit 2</td>
<td>Physical Development and Milestones</td>
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<td>Unit 3</td>
<td>Child Behavior Part I-Introduction and Behavioral Modification</td>
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<td>Unit 4</td>
<td>Child Behavior Part II-Behavioral Responses</td>
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<td>Unit 5</td>
<td>Dental Environment: Effects on Behavior</td>
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<td>Unit 6</td>
<td>Parental Attitudes Towards Behavior Management and Child Behavior Relative to Parental Presence</td>
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<td>Unit 7</td>
<td>Developmental Disabilities</td>
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<td>Unit 8</td>
<td>Child Behavior Part III-Child Personalities</td>
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<td>Unit 9</td>
<td>Fear and Anxiety-Part I</td>
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<tr>
<td>Unit 10</td>
<td>Behavior Management Pearls</td>
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<td>Unit 11</td>
<td>Fear and Anxiety-Part II</td>
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<td>Unit 12</td>
<td>Restraint and Behavior Management</td>
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<td>Ethical and Legal Issues</td>
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<tr>
<td>Unit 13</td>
<td>Case Presentations</td>
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Materials
Various teaching and learning material pertinent to this unit (eg. lectures, seminars, lab, handouts) will be utilized.

Recommended Reading
-Sample of Literature Review articles:

Assessment
1. Written final exam
2. Periodic quizzes on recommended readings.
3. One case presentation which includes age appropriate behavior management options and behavior management treatment of a pediatric patient
4. One case presentation which exemplifies the behavior of a pediatric patient in the clinic and how it correlates to the physical, cognitive, emotional and social development of the patient.
Course Name: **Sedation in Pediatric Dentistry**

Quarter: Fall, First year, This course alternate every year

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**Goals:**
To be able to understand the principles of oral, inhalation and intravenous sedation in relation to patient management.

**Objectives:**
1. Understand the pathophysiology of acute orofacial pain.
2. Gain knowledge in the principles of sedation in acute pain management.
3. Understand the peripheral and central nervous system mechanism that mediate acute pain.
4. Understand and recognize the impact of dental fear.
5. Understand the continuum of depressed levels of consciousness.
6. Understand the physiology and pharmacology of sedative agents.
7. To be able to select the appropriate sedative agent.
8. Understand the monitoring of the sedated patient.
9. To be able to recognize medical emergencies and their necessary management.

---

**Outline:**
- Unit 1: Sedation History
- Unit 2: Definition and Guidelines of Sedation
- Unit 3: Respiratory System Anatomy
- Unit 4: Pharmacology of Sedative Agents
- Unit 5: Local Anesthesia
- Unit 6: Sedation for the Medically Compromised
- Unit 7: Patient Monitoring
- Unit 8: Chart and Protocol
- Unit 9: When Oral Sedation Fails
# Course Name: Craniofacial Growth and Development

Quarter: Summer, Spring, This Course alternate every year

<table>
<thead>
<tr>
<th>Goals:</th>
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<tbody>
<tr>
<td>To be able to understand the concepts of craniofacial growth and development and to correctly diagnose, and be able to render treatment to patients with abnormal dentofacial growth.</td>
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<tr>
<th>Objectives:</th>
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<tr>
<td>1. Understand the mechanism of growth at the cellular level including dentition, soft tissue, cartilaginous and bony.</td>
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<tr>
<td>2. Understand the concepts, theories, and relationships of craniofacial growth including the cranial base, the mandible, palate and the nasomaxillary region.</td>
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<td>3. Understand the concept of growth modification as it relates to abnormal growth patterns.</td>
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<td>4. Understand and recognize the different facial growth patterns.</td>
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<td>5. Understand the effects of craniofacial growth on speech, TMJ and occlusion disorders.</td>
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<tr>
<th>Outline:</th>
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<tbody>
<tr>
<td>Unit 1: Cellular Growth Mechanism Theories-including Bone and Cartilage</td>
</tr>
<tr>
<td>Unit 2: Growth of Craniofacial Structures: Mandible, Nasomaxillary Region, Cranial Base, Dentition and Dental Arches.</td>
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<td>Unit 3: Growth of the Individuals-Prenatal to Adolescence</td>
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<td>Unit 4: Craniofacial Growth Patterns</td>
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<td>Unit 5: Craniofacial Growth Modifications</td>
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<td>Unit 6: Craniofacial Growth and Function</td>
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Course Name: **Cariology and Preventive Dentistry**
Quarter: Spring, This course alternate every other year

<table>
<thead>
<tr>
<th>Goals:</th>
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<tr>
<td>Provide the resident with the scientific background to understand the causes and therapies of dental caries and to examine and evaluate current, major issues in preventive dentistry.</td>
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<tr>
<th>Objectives:</th>
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<tr>
<td>1. Develop an understanding of the acquisition and ecology of the microbes involved in dental caries.</td>
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<td>2. Develop an understanding of how inheritable characteristics such as anatomy, saliva, and genetics may play a role in caries.</td>
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<td>3. Develop an understanding of early childhood caries and infant oral health.</td>
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<td>4. Develop an understanding of the use of caries risk assessment tools.</td>
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<td>5. Develop an understanding of fluoride; history, uses, vehicles, risks and benefits.</td>
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<td>6. Develop an understanding of how diet and nutrition may affect dental and periodontal diseases.</td>
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<td>7. Develop an understanding of how chemo-therapeutic agents relate to dental and periodontal diseases.</td>
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<td>8. Develop an understanding of the sensitivity and specificity of the diagnostic tools for caries.</td>
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<td>9. Develop an understanding of how restorative materials, including sealants, may affect caries. Furthermore, which restorative materials may be appropriate for various caries risk situations.</td>
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<tbody>
<tr>
<td>Unit 1: Dental caries-an infectious disease</td>
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<tr>
<td>Unit 2: Role of microorganisms in caries etiology</td>
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<tr>
<td>Unit 3: Early Childhood Caries and infant oral health</td>
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<tr>
<td>Unit 4: Caries risk assessment tools</td>
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<td>Unit 5: Current views of risk factors for caries and periodontal diseases</td>
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<td>Unit 6: Modern management of dental caries</td>
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<tr>
<td>Unit 7: Nutritional considerations for the pediatric dental patient</td>
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<td>Unit 8: Fluoride</td>
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<tr>
<td>Unit 9: Preventive restorative materials</td>
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<tr>
<td>Unit 10: Prevention of dental disease</td>
</tr>
<tr>
<td>Unit 11: Prevention of dental disease in the medically compromised</td>
</tr>
<tr>
<td>Unit 12: Prevention of craniofacial and oral injuries</td>
</tr>
</tbody>
</table>
Course Name: **Hospital Dentistry**

Quarter: Summer, Fall, Spring- This course alternates every other year

<table>
<thead>
<tr>
<th>Goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The goal of this didactic course is to provide the residents with the basic knowledge on the indications, applications, and protocols of treatment of patients in the hospital setting. Familiarize the resident with the resources of a hospital for medically, mentally, emotionally, and physically compromised patients.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describe the role of a pediatric dentist within the hospital organization.</td>
</tr>
<tr>
<td>2. Understand the requirements for obtaining hospital privileges.</td>
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<tr>
<td>3. Understand how patient medical or behavioral condition may necessitate dental management under general anesthesia.</td>
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<tr>
<td>4. Understand psychological effects of hospitalization on children.</td>
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<td>5. Describe the advantages and disadvantages of dental management in an outpatient setting versus inpatient setting.</td>
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<tr>
<td>6. Understand normal values in blood chemistry.</td>
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<td>7. Determine the need for fluid and electrolyte management in a dehydrated patient.</td>
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<tr>
<td>8. Evaluate the medical history, physical examination, and clinical laboratory necessary for the referral of the pediatric patient to treatment under general anesthesia.</td>
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<tr>
<td>9. Learn the protocol for admission of a patient to the hospital.</td>
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<tr>
<td>10. Learn the operating room protocol.</td>
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<tr>
<td>11. Understand the properties of the pharmacologic agents commonly utilized in the hospital environment.</td>
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<tr>
<td>13. Understand the proper care provided to the pediatric patient in the post anesthesia care unit.</td>
</tr>
<tr>
<td>14. Learn the components of the Operative Note, Operative Report, and Discharge Summary Statement.</td>
</tr>
<tr>
<td>15. Understand medical conditions that may determine management of the patient in a hospital setting including: congenital cardiac disease, bleeding disorders, coagulopathies, HIV infection and AIDS, Pediatric Oncology, Renal Disease, Liver Disease, Organ Transplantation, Respiratory Disease, Neurological Disease.</td>
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<td>Unit</td>
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<td>Unit 1</td>
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<td>Unit 21</td>
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<tr>
<td>Unit 22</td>
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</tbody>
</table>
Course Name: **Oral Pathology**

Quarter: Fall, This course alternates every other year

Goals: Provide residents with a spectrum of diseases of the hard tissues, oral mucous membrane and paraoral structures with the ability to evaluate, diagnose and treat oral diseases.

Objectives:
1. To be able to define, describe, compare and contrast the multiple developmental and acquired defects of the jaws, mouth, tongue and teeth and to recognize the presence of these abnormalities as a manifestation of selected syndromes.
2. To be able to understand and discuss the nature of periapical lesions, head and neck cysts, neoplasms and dysplastic conditions in the orofacial region of children.

Be able to identify and provide differential diagnosis for white lesions.

Outline:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit 1</td>
<td>Abnormalities of the Teeth, Jaw and Mucosa</td>
</tr>
<tr>
<td>Unit 2</td>
<td>Hypoplasia and Hereditary Disturbances of Teeth</td>
</tr>
<tr>
<td>Unit 3</td>
<td>Periapical disease and cysts of the head and neck</td>
</tr>
<tr>
<td>Unit 4</td>
<td>Fibro-Osseous Lesions</td>
</tr>
<tr>
<td>Unit 5</td>
<td>Paget’s Disease, Langerhans Cell Histiocytosis, Hyperparathyroidism and Giant cell lesions</td>
</tr>
<tr>
<td>Unit 6</td>
<td>White Lesions</td>
</tr>
<tr>
<td>Unit 7</td>
<td>Aphthous and Contact Stomatitis</td>
</tr>
</tbody>
</table>

**FINAL EXAM**

Materials
Various teaching and learning material pertinent to this unit (eg lectures, seminars, handouts) will be utilized.

Recommended Reading
- Reading assignment to be provided by the lecturers at the time of course commencement

Assessment
1. Written final exam
Course Name: **Special Patient Care**

Quarter: Summer, Fall, Spring, This course alternates every year

Goals: Provide residents skills in the management of special patient populations (medically compromised, emotionally and physically handicapped, and the developmentally disabled)

Objectives:
1. Develop the ability to manage medically compromised hospital patients in ambulatory and inpatient settings.
2. Interact with and respond to consultations from other health care professionals.
3. Develop greater practitioner humanity, to become an ethical, moral and empathetic practitioner with a multi-cultural appreciation.
5. Gain knowledge and experience in the physical appraisal of developing child related to normal growth, chronic illness, and debilitating conditions.
6. Master sufficient critically appraised information to devise an adequate program of oral health and institute all proven preventive measures in a patient with special needs.

<table>
<thead>
<tr>
<th>Unit</th>
<th>Topic</th>
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<tbody>
<tr>
<td>Unit 1</td>
<td>Who is a Special Patient</td>
</tr>
<tr>
<td>Unit 2</td>
<td>Multiculturalism and Cultural Competency</td>
</tr>
<tr>
<td>Unit 3</td>
<td>Mental Retardation</td>
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<td>Unit 4</td>
<td>Down Syndrome</td>
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<td>Unit 5</td>
<td>Cerebral Palsy</td>
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<td>Unit 6</td>
<td>Epidermylosis Bullosa</td>
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<td>Unit 7</td>
<td>Erythema Multiforme</td>
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<tr>
<td>Unit 8</td>
<td>Hemifacial Microsomia</td>
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<td>Unit 9</td>
<td>Hearing Impaired and Blindness</td>
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<tr>
<td>Unit 10</td>
<td>Cleidocranial Dysostosis</td>
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<tr>
<td>Unit 11</td>
<td>Ectodermal Dysplasia</td>
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<td>Unit 12</td>
<td>Attention Deficit Hyperactivity Disorder</td>
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<td>Unit 13</td>
<td>Child Abuse and Neglect</td>
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<td>Unit 14</td>
<td>Aspergers and Autism</td>
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<td>Unit 15</td>
<td>The Dying Patient</td>
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<td>Unit 16</td>
<td>Pregnancy, Substance Abuse and Suicide</td>
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<td>Unit 17</td>
<td>Eating Disorders</td>
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<tr>
<td>Unit 18</td>
<td>Cystic Fibrosis</td>
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</tbody>
</table>
Course Name: **Practice Management and Ethics**

Quarter: Fall, Second year, This course alternates every other year

| Goals:  
Generate discussion on the complex issue involving the management of a modern pediatric dentistry practice. |
|---|
| Objectives:  
1. Analyze the decision to enter private practice.  
2. Identify the issues associated with the opening of a private office.  
3. Describe the transition from residency to private practice.  
4. Identify options for handling professional/business aspects of a practice.  
5. Understand the different types of insurances.  
6. Explain appointment management considerations.  
7. Understand scheduling control systems, treatment plan presentations, staff arrangement.  
8. Discuss efficiency through office design, traffic flow and computerization.  
9. Review practice structures: solo practitioner, pediatric group, pedo-ortho, and multi-specialty |
| Outline:  
Unit 1: The Business of Dentistry  
Unit 2: Open a Practice, The Good, The Bad, and The Ugly  
Unit 3: The Doctor – Patient Relationship  
Unit 4: Dental Record  
Unit 5: Inventory Control  
Unit 6: Billing Operation  
Unit 7: Billing and Collection  
Unit 8: Malpractice Exposure  
Unit 9: Dental Risk Management  
Unit 10: Employee Development |
Course Name: **Dental Pharmacology**

Quarter: Spring, First Year, This course alternates every other year

Goals: To be able to rationally evaluate each major drug class, its implication in dentistry, including therapeutic use, side effects and drug interactions.

Objectives:
1. Identify the factors, which influence the absorption, distribution, biotransformation, and elimination of drug and explain how these factors affect the duration and intensity of drug actions.
2. Identify the physiological and biochemical mechanisms by which drugs of each class exert their pharmacologic effects including both their therapeutically desirable and undesirable drugs.
3. Identify for each drug class its major implications in dentistry, including therapeutic use, side effects, and drug interactions.
4. Develop skills in acquiring information about drugs from a variety of sources, e.g. textbooks, review articles, research publication, and electronic sources.

<table>
<thead>
<tr>
<th>Unit</th>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>Unit 1</td>
<td>Drug Absorption, Distribution and Clearance</td>
</tr>
<tr>
<td>Unit 2</td>
<td>Pharmokinetics and Mechanisms of Drug effects</td>
</tr>
<tr>
<td>Unit 3</td>
<td>Opiods</td>
</tr>
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<td>Unit 4</td>
<td>General Anesthetics</td>
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<td>Unit 5</td>
<td>Local Anesthetics</td>
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<tr>
<td>Unit 6</td>
<td>Antiepileptic Drugs</td>
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<td>Unit 7</td>
<td>Cardiac Drugs</td>
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<td>Unit 8</td>
<td>Steroids</td>
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<td>Unit 9</td>
<td>Pulmonary Drugs</td>
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<tr>
<td>Unit 10</td>
<td>Antidepressants, Antipsychotic, Anxiolytics and Sedatives</td>
</tr>
<tr>
<td>Unit 11</td>
<td>Antibiotics/Antivirals/Antifungal</td>
</tr>
<tr>
<td>Unit 12</td>
<td>Drug Side-Effects in the Oral Cavity</td>
</tr>
</tbody>
</table>

**FINAL EXAM**

Materials
Various teaching and learning material pertinent to this unit (eg lectures, seminars, lab, handouts) will be utilized.

Recommended Reading
Reading assignment to be provided by the lecturers at the time of course commencement

Assessment
1. Written final exam
Course Name: **Dental Literature Review**

Quarter: Summer, Fall, Spring - This course alternates every other year

<table>
<thead>
<tr>
<th>Goals:</th>
<th>Familiarize the resident with the current scientific literature as well as to prepare the individuals for board certification</th>
</tr>
</thead>
</table>
| Objectives: | 1. Develop an understanding for the importance of dental literature  
2. Be able to critically review articles for accuracy, pertinence, and validity  
3. Provide historical data on a specific area of research  
4. Provide the descriptive and evaluative elements of the literature review  
5. Familiarize the residents with basic principle of research development  
6. Familiarize the residents with basic principle of scientific writing  
7. Understand the importance of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history  
8. Understand how evidence-based dentistry assist in developing clinical questions, setting protocols for systematic reviews, working with collaborative groups to conduct systematic reviews, critically appraising the reviews and policies |

| Outline: |  
|---|---|
| Unit 1: Diagnosis and Treatment Planning  
Unit 2: Prevention  
Unit 3: Growth and Development  
Unit 4: Special Care for Special Patients  
Unit 5: Conscious Sedation  
Unit 6: Restorative Dentistry  
Unit 7: Pulp Therapy  
Unit 8: Trauma  
Unit 9: Behavior Management |

**Core Curriculum Reading List**

Compiled by the AAPD Council on Postdoctoral Education, the reading list consists of 160 articles on Diagnosis and Treatment, Planning Prevention, Growth and Development in Orthodontics, Special Care for Special Patients, Conscious Sedation, Restorative Dentistry, Pulp Therapy, Trauma, and Behavior Management.
Course Name: **Advanced Pediatric Dentistry Core**

Quarter: Spring, This course alternates every other year

**Goals:** Provide residents an intense review of the principles and practice in Pediatric Dentistry and Orthodontics to prepare them for the practice of dentistry on children. The course focuses on Mock Case-base Examination of complex pediatric patient.

**Objectives:**

1. Review the examination, diagnosis, treatment planning of the pediatric and medically complex patient.
2. Review the caries risk assessment tool and basic principles of caries prevention.
3. Review the principles and management of pulp pathology.
4. Review the principles of sedation, pharmacological agents, monitoring, and medical emergencies.
5. Review the AAPD guidelines and principles in the management of orofacial trauma.
6. Know the most common oral pathologies and management in the pediatric population.
7. Understand the principles of orthodontics, management with appliance, and correct banding and bracket placement.
8. Review the dental literature utilizing the critical thinking and principle of research.

**Outline:**

Unit 1: Oral Exam 1: Examination, Diagnosis and Treatment Planning and Caries Risk Assessment tool and Caries Prevention

Unit 2: Oral Exam 2: Principles and Management of Pulp Pathology

Unit 3: Oral Exam 3: Principles of Sedation and Pharmacology and Monitoring and Medical Emergencies

Unit 4: Oral Exam 4: Management of Orofacial Trauma

Unit 7: Oral Exam 5: Medically Compromised Patient

Unit 8: Oral Exam 6: Principle of Orthodontic
PEDIATRIC DENTISTRY
OFF-SERVICE ROTATION

PEDIATRIC ANESTHESIOLOGY ROTATION

COURSE DESCRIPTION: The first year pediatric dentistry resident will participate in a four week anesthesia rotation provided by the Department of Anesthesia at Nicklaus Children's Hospital. In the Fall Semester, the residents will attend a Pediatric Dentistry Sedation Course. The resident will participate in conference, seminars, lectures provided by the Anesthesia Department while on Anesthesia rotation. The pediatric dentistry resident will be able to participate in Pediatric Human Patient Simulation Program. Through this program, under the supervision of a simulation educator, the residents can be tested in the attainment of airway proficiency and may practice skills on true-to-life scenarios prior to providing care to patients.

CLOCK HOURS: A minimum of 160 hours will be spent in the Anesthesia Rotation. Approximately 30 hours will be spent of attending lectures, seminars, ground round on Sedation and Anesthesia.

FORMAT: The first year pediatric dentistry resident will be assigned to a 4-week Anesthesia Rotation in the Department of Anesthesiology. The resident will participate in educational activities provided by the Anesthesiology Department.

GOALS OF THE ROTATION:
- Gain familiarity in the management of children or adolescents undergoing deep sedation or general anesthesia
- Gain competency in the management of airway
- Provide the basis for the safe and efficacious administration of pharmacologic sedative agents

COURSE OBJECTIVES:
The resident on the 4-week anesthesia rotation should gain knowledge in the pre-operative evaluation, attainment of medical history and physical examination, intra-operative and post-management of the child undergoing deep sedation or general anesthesia. The resident should gain competency in the airway management of the pediatric patient.
# Competency and Objective

<table>
<thead>
<tr>
<th>Competency</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct a Pre-operative Evaluation</td>
<td>• Data gathering and patient interview</td>
</tr>
<tr>
<td></td>
<td>• Provide Pre-operative instructions</td>
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<tr>
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<td>• Secure Medical Consultations</td>
</tr>
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<td></td>
<td>• Determine Pre-operative drug therapy</td>
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<tr>
<td>Evaluation of History and Physical</td>
<td>• Assess anesthesia/sedation risk factors</td>
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<tr>
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<td>• Assess the physical condition of a child</td>
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<td>• Assess Cardiopulmonary status</td>
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<td>• Interpretation of laboratory data</td>
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<td>Intra-operative Management</td>
<td>• Utilize monitoring equipment</td>
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<td>• Assess level of anesthesia and consciousness</td>
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<td>• Assess Cardiopulmonary status</td>
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<td>• Determine Fluid management</td>
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<td>Post-Operative Management</td>
<td>• Determine Pain Management</td>
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<td>• Assess Complications</td>
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<td>• Assess Discharge Criteria</td>
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</tbody>
</table>

**DUTIES:** Actively participate in the management of the patient undergoing deep or general anesthesia. Attend all lecture and rounds provided for residents and attendings on anesthesia service.

**EVALUATION:** The resident will be evaluated by the Supervising Anesthesiology Attending upon completion of the rotation. In addition, the resident will maintain a log of number of patient experiences and will document the number of procedures completed.
PEDIATRIC DENTISTRY
OFF-SITE ROTATION PROCEDURE LOG

Resident: ___________________________

Rotation: ANESTHESIOLOGY ROTATION

Rotation Dates _______________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>Record Number</th>
<th>Patient Age</th>
<th>Diagnosis</th>
<th>Procedure</th>
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<tbody>
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Attending’s Signature: ________________________________
COURSE DESCRIPTION: The first year pediatric dentistry resident participate in a 2-week pediatric medicine rotation provided by the Division of Pediatric Medicine and Community Pediatrics at the Pediatric Care Center at Nicklaus Children's Hospital. This rotation provides the resident the opportunity to participate in family dynamics during medical care, early intervention and health assessment, as well as care of acute and chronic problems of well children and medically complex children. The resident will develop skills in counseling, anticipatory guidance, and development appraisal. The resident will participate in conference, seminars, lectures provided by the Pediatric Medicine.

CLOCK HOURS: A minimum of 80 hours will be spent in the Pediatric Medicine Rotation. Approximately 20 hours will be spent of attending lectures, seminars, and ground round.

FORMAT: The first year pediatric dentistry resident will be assigned to a 2-week Pediatric Medicine Rotation in the Pediatric Care Center at Nicklaus Children's Hospital. The resident will participate in educational activities provided by the Division of Pediatric Medicine and Community Pediatrics.

GOALS OF THE ROTATION:
- Develop an understanding and appreciation for the nature of general pediatric care, including physical and emotional growth and development of the child.
- Develop understanding health promotion and disease prevention.
- Gain familiarity in the management of children or adolescents with acute and chronic conditions.
- Provide the basis for the safe and efficacious administration of vaccination.

COURSE OBJECTIVES:
The resident on the 2-week anesthesia rotation should gain knowledge in the attainment of medical history and physical examination, understand the management of the pediatric patient during well child visit, and gain knowledge in the management of acute medical visit. The resident should participate in medical clearance of patient requiring surgery under general anesthesia.
<table>
<thead>
<tr>
<th>Competency</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation of Medical History</td>
<td>• Apply data gathering and patient interview skills</td>
</tr>
<tr>
<td></td>
<td>• Assess psychosocial development of patient</td>
</tr>
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<td>• Assess Immunization status</td>
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<tr>
<td>Physical Examination</td>
<td>• Understand term and techniques employed in physical examination</td>
</tr>
<tr>
<td></td>
<td>• Determine laboratory assay required in diagnosis</td>
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<td>• Determine radiograph or imaging studies required in diagnosis</td>
</tr>
<tr>
<td>Diagnosis and management</td>
<td>• Acquire skills in diagnosis of disease process in children</td>
</tr>
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<td></td>
<td>• Acquire knowledge in the management of disease</td>
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<td></td>
<td>• Secure appropriate specialist consultation</td>
</tr>
</tbody>
</table>

**DUTIES:** Actively participate in the management of the pediatric patient. Attend all lecture and rounds provided for pediatric medicine residents and attendings.

**EVALUATION:** The resident will be evaluated by the Supervising Pediatric Medicine Attending upon completion of the rotation. In addition, the resident will maintain a log of number of patient experiences and will document the number of procedures completed.
PEDIATRIC DENTISTRY
OFF-SITE ROTATION PROCEDURE LOG

Resident:____________________________________

Rotation: PEDIATRIC MEDICINE ROTATION

Rotation Dates_________________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>Record Number</th>
<th>Patient Age</th>
<th>Diagnosis</th>
<th>Procedure</th>
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Attending’s Signature:____________________________________

PEDIATRIC DENTISTRY
OFF-SERVICE ROTATION

PEDIATRIC OPERATING ROOM ROTATION

ROTATION DESCRIPTION: The first and second year pediatric dentistry resident will participate in year round operating room rotation at Nicklaus Children’s Hospital. Upon completion they should feel comfortable providing restorative and surgical care to the pediatric patient in an operating room or surgical center. The residents will attend a two-year Hospital Dentistry Course that will prepare them to use of the operating room in the dental management of the precooperative and/or medically fragile patient.

CLOCK HOURS: A minimum of 200 hours will be spent in the Anesthesia Rotation. The residents will participate in a minimum of 30 cases that require dental care. A minimum of 60 hours will be spent of attending lectures, seminars, ground round on Hospital Dentistry.

FORMAT: The first year and second pediatric dentistry resident will be assigned three patients/week that require dental rehabilitation in the operating room.

GOALS OF THE ROTATION:
- Gain restorative and surgical expertise in the dental management of children or adolescents undergoing deep sedation or general anesthesia in the operating room or surgical center setting.
- Provide the basis for the safe and efficacious management of the precooperative and/or medically compromised patient.

COURSE OBJECTIVES:
The resident on the 4-week anesthesia rotation should gain knowledge in the pre-operative evaluation, attainment of medical history and physical examination, intra-operative and post-management of the child undergoing deep sedation or general anesthesia.
<table>
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<tr>
<th>Competency</th>
<th>Objective</th>
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</table>
| Conduct a Pre-operative Evaluation | • Data gathering and patient interview  
                                  • Provide Pre-operative instructions  
                                  • Secure Medical Consultations  
                                  • Secure laboratory assay  
                                  • ss anesthesia/sedation risk factors |
| Hospital Protocols            | • Obtain informed consent  
                                  • Write admitting note and admitting orders  
                                  • Complete medical record documentation |
| Intra-operative Management    | • Perform oral rehabilitation  
                                  • Assess pain management  
                                  • Assess need for antibiotics  
                                  • Assess hemostasis |
| Post-Operative Management     | • Complete and dictate post-operative note  
                                  • Provide post-operative instruction to recovery room personnel  
                                  • Assess Complications  
                                  • Assess Discharge Criteria  
                                  • Provide post-operative instruction to caregiver |

**DUTIES:** Provide preoperative and post-operative instructions to the caregiver, write admitting order, operative and discharge notes, dictate the operative report, complete patient medical and dental record. Contact the parent before and after the procedure.

**EVALUATION:** The resident will be evaluated by the Supervising Pediatric Dentistry Attending quarterly. In addition, the resident will maintain a log of number of patient experiences and will document the number of procedures completed.
### OFF-SITE ROTATION PROCEDURE LOG

**Resident:**

**Rotation:** OPERATING ROOM ROTATION

**Rotation Dates:**

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**Attending’s Signature:**
OFF-SERVICE ROTATION
INPATIENT CARE ROTATION

COURSE DESCRIPTION: The first year pediatric dentistry resident will participate in a 1-week inpatient care rotation provided by the Division of Pediatric Medicine and Community Pediatrics at the Pediatric Care Center at Nicklaus Children's Hospital. This rotation provides the opportunity to participate in family dynamics during medical care, medical, surgical and social assessment, as well as care of acute and chronic problems of children and medically complex children in the hospital setting. The resident will observe the medical team approach to the management of an acutely ill child or adolescent. The resident will participate in conference, seminars, lectures and rounds provided by the Pediatric Medicine during rotation.

CLOCK HOURS: A minimum of 40 hours will be spent in the Inpatient Rotation. Approximately 20 hours will be spent of attending lectures, seminars, and ground round.

FORMAT: The first year pediatric dentistry resident will be assigned to a 1-week Inpatient Care Rotation in the at Nicklaus Children's Hospital. The resident will participate in educational activities provided by the Division of Pediatric Medicine and Community Pediatrics.

GOALS OF THE ROTATION:
- Develop an understanding and appreciation with all aspects of health care delivery to the hospitalized child and adolescent.
- Gain familiarity in the management of children or adolescents with acute and chronic conditions in the hospital setting.

COURSE OBJECTIVES:
The resident on the 1-week inpatient care rotation should gain knowledge in the work-up and management of patients’ health care from admission to discharge and necessary follow-up under the supervision of the attending physician. Familiarize the resident with interpretation of laboratory data; development of different aspects of physical examination for various specialty cases; utilization of subspecialty consultants; and the psychosocial needs and attitudes of patients and their families during the child’s hospitalization.
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<tr>
<th>Competency</th>
<th>Objective</th>
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<tr>
<td>Evaluation of Medical History</td>
<td>• Assess history, physical examination and laboratory findings</td>
</tr>
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<td>• Recognize the psychosocial reactions of patients and their families to hospitalization</td>
</tr>
<tr>
<td>Physical Examination</td>
<td>• Understand term and techniques employed in physical examination</td>
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<td>• Determine laboratory assay required in diagnosis</td>
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<td></td>
<td>• Familiarize radiograph or imaging studies required in diagnosis</td>
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<tr>
<td>Diagnosis and management</td>
<td>• Acquire skills in diagnosis of disease process in children</td>
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<td>• Acquire knowledge in the management of disease</td>
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<td>• Secure appropriate consultation required by attending</td>
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</table>

**DUTIES:** Actively participate in the management of a hospitalized patient. Attend all lecture and rounds provided for inpatient care residents and attendings.

**EVALUATION:** The resident will be evaluated by the Supervising Inpatient Care Attending upon completion of the rotation. In addition, the resident will maintain a log of number of patient experiences and will document the number of procedures completed.
OFF-SITE ROTATION PROCEDURE LOG

Resident:_______________________________

Rotation: INPATIENT CARE ROTATION

Rotation Dates__________________________

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<tr>
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Attending’s Signature:______________________________________
OFF-SERVICE ROTATION
GENETICS AND CRANIOFACIAL ROTATION

COURSE DESCRIPTION: The first and second year pediatric dentistry resident will participate in a weekly genetics and craniofacial team rotation provided by the Genetics Division at Nicklaus Children’s Hospital. This rotation provides the opportunity to participate in the diagnosis and treatment of children with craniofacial anomalies and medical, social, and psychological problem. The team include audiology, genetics, nutrition, speech pathologist, plastic surgeon, otolaryngology, social worker, prosthodontics, orthodontics, an pediatric dentistry. The resident will develop skills in interviewing and counseling, anticipatory guidance, development appraisal. The resident will participate in conference, seminars, lectures provided by the Genetics Division.

CLOCK HOURS: A minimum of 25 hours will be spent in the Genetics and Craniofacial Rotation. Approximately 20 hours will be spent of attending lectures, seminars, and ground round.

FORMAT: The first and second year pediatric dentistry resident pair will be assigned to a weekly Genetic and Craniofacial Team Rotation at Nicklaus Children’s Hospital. The resident will participate in educational activities provided by the Genetics Division.

GOALS OF THE ROTATION:

- Provide the pediatric dentistry resident exposure to the multidisciplinary approach necessary in the overall comprehensive treatment of children with craniofacial anomalies.
- Gain familiarity in the management of children or adolescents with genetics and/or craniofacial anomalies.

COURSE OBJECTIVES:
The resident on the weekly genetics and craniofacial team rotation should gain knowledge in the management of the pediatric patient with craniofacial anomalies and multidisciplinary approach required to improve the well being of the child. The resident should actively participate in the craniofacial team conferences.
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<th>Competency</th>
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| Evaluation of Medical History | • Understand the etiology of craniofacial anomalies  
• Assess psychosocial development of patient  
• Assess associated medical conditions |
| Physical Examination       | • Understand term and techniques employed in physical examination  
• Perform a thorough oral examination |
| Diagnosis and management   | • Acquire skills in diagnosis of disease process in children with craniofacial anomalies  
• Acquire knowledge in the team approach in the management of patient with craniofacial anomalies |

**DUTIES:** The resident actively participates in the oral evaluation of patient with craniofacial anomalies. The resident attends the craniofacial team rounds and presents findings of evaluated patients.

**EVALUATION:** The resident will be evaluated by the Supervising Craniofacial Team Attending upon completion of the rotation. In addition, the resident will maintain a log of number of patient experiences and will document the number of procedures completed.
# PEDIATRIC DENTISTRY
## OFF-SITE ROTATION PROCEDURE LOG

**Resident:**

**Rotation:**

**Rotation Dates:**

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**Attending’s Signature:**


42
TYPE: Multidisciplinary Presentation

CONTACT HOURS: As scheduled

BROAD GOAL: To complement the residents’ clinical study of the Basic Sciences within a didactic setting.

COURSE DESCRIPTION: All residents are given the responsibility of researching, presenting, and discussing topic areas in the Basic Sciences during scheduled conferences. Residents will work on teams and be provided a selected Basic Science topic to prepare with an assigned teaching faculty member with appropriate experience, didactic setting, who will provide the resident guidance in the preparation and presentation of the topic.

CURRICULAR OBJECTIVES: Upon completion of the Basic Science curriculum, residents will be able to:

1) Demonstrate the research and utilization of Basic Science resources in the development of an understanding of the mechanisms of diseases and their management; and

2) Demonstrate a strengthening of their acquired factual knowledge within the clinical setting.

PROCEDURE:

1) Residents will participate as a team.

2) The team will research and prepare an assigned Basic Science topic in conjunction with a teaching faculty member.

3) The team will present the researched topic.

4) The session will first be presented by the team and will then be summarized by the faculty moderator.

5) At the conclusion of the session, participants will engage in a question and answer period.

6) Residents will complete a brief written examination at the completion of the session and will be expected to score satisfactorily.

RESOURCES: Medical Library for attainment of literature and research data; select teaching faculty; auditorium; classroom.

EVALUATIONS: Evaluation of Resident, Procedural Skills Log Book by Direct Preceptor Observation of Resident, Evaluation of Rotation, Evaluation of Faculty
CASE PRESENTATIONS SYLLABUS

TYPE: Conference

CONTACT HOURS: As Scheduled

BROAD GOAL: To provide an opportunity for residents to reinforce and expand clinical pediatric dental knowledge and practice.

COURSE DESCRIPTION: Residents are given the opportunity to present a selected case of interest to dental faculty and colleagues, in order to correlate factual knowledge and actual practical observation and patient management.

CURRICULAR OBJECTIVES: Upon completion of Case Presentation curriculum, residents will be able to:

1) Reinforce and expand clinical and non-clinical pediatric knowledge and practice by reexamination/reconfirmation of findings, treatment, and patient management plan prescribed by them in their delivery of primary pediatric dental care;

2) Develop an awareness of how different diseases may demonstrate different findings, characteristics and reactions based on individual patients;

3) Determine varying possibilities to patient treatment and management of specific illness, based on faculty feedback and discussion;

4) Adequately conduct case presentations providing necessary data for discussion of case management and follow-up;

5) Apply newly gained knowledge within a clinical setting to present case or future patient management; and

6) Discuss cost-effectiveness of various diagnostic and treatment modalities.

PROCEDURE: Residents will be assigned to present select cases to dental faculty within a conference setting; and conduct discussion of case findings and patient management with dental faculty and colleagues to compare and contrast different approaches to patient treatment and management.

RESOURCES: Auditorium; patient cases; Medical Library for attainment of literature and research data; audiovisual equipment; laboratory facilities.

EVALUATIONS: Evaluation of Resident, Procedural Skills Log Book by Direct Preceptor Observation of Resident, Evaluation of Rotation, Evaluation of Faculty
CHART REVIEW SYLLABUS

TYPE: Classroom / group setting

CONTACT HOURS: As Scheduled

BROAD GOAL: To provide residents an opportunity to reinforce and share opinions of other residents and attendings on diagnosis and therapy, and specific aspects of particular illness.

COURSE DESCRIPTION: Provides residents an opportunity to present select cases to colleagues and subspecialists within an informal classroom/group setting. Residents summarize and present chart reviews in order to generate discussion and exchange ideas in the manner of patient treatment and management, under the direction of the Program Director.

CURRICULAR OBJECTIVES: Upon completion of Chart Review curriculum, residents will be able to:

1) Reinforce and expand clinical and non-clinical pediatric knowledge and practice by reexamination/reconfirmation of findings, treatment, and patient management plan prescribed by them in their delivery of primary pediatric health care;

2) Develop an awareness of how different diseases may demonstrate different findings, characteristics and reactions based on individual patients and prescribed treatment of pediatrician;

3) Determine varying possibilities to patient treatment and management of specific illness, based on shared opinions and expertise of colleagues and Program Director

4) Adequately conduct a chart review providing necessary data for discussion of patient treatment and management in addition to follow-up; and

5) Apply newly gained knowledge within a clinical setting to present case or future patient management.

PROCEDURE: Residents will be assigned to present select chart reviews to Program Director, one attending, one colleague, and Chief Resident. Resident will conduct group questioning and discussion of chart review to compare and contrast different approaches to patient treatment and management, under the guidance of the Program Director.

RESOURCES: Auditorium classroom; patient charts; Medical Library for attainment of literature and research data; ancillary supportive services.

EVALUATIONS: Evaluation of Resident, Procedural Skills Log Book by Direct Preceptor Observation of Resident, Evaluation of Rotation, Evaluation of Faculty
CONFERENCE SYLLABUS

TYPE: Presentation/Lecture/Demonstration

CONTACT HOURS: One hour per conference

BROAD GOAL: To provide residents a further learning experience designed to: build upon the residency training; complement experiential clinical activities; and apply pedagogical rigor to the greatest practical extent.

COURSE DESCRIPTION: Provides residents the opportunity to reinforce the practical experiences gained during clinical rotations within a didactic approach. Content of conferences covers rotational and subspecialty topics; implications for primary care pediatricians; situations encountered in primary care practice; psychosocial concerns; ancillary (non-clinical) concerns; and residents’ identified needs. Additionally, to meet specific needs as they arise, arrangements are made to offer conferences in areas of expressed special interest.

CURRICULAR OBJECTIVES: The objectives for the conference series are germane to the particular discipline / topic presented. Presenters will provide the audience with an agenda / outline which will include specific learning objectives for the presentation. The overall programmatic curricular objectives for the conferences are to enable the residents to:

1) Correlate theoretical aspects of primary pediatric care with clinical experiences, e.g., psychosocial with medical; non-clinical with medical; general pediatric practice with subspecialty practice, etc.;

2) Discuss important issues and problems encountered in patient diagnosis and management plans within a didactic setting; and

3) Apply new research-based, analytic and descriptive pediatric knowledge on specific medical/psychosocial problems, issues and concerns encountered in primary pediatric practice within residents’ daily clinical setting.

PROCEDURE: Residents will attend the daily, weekly, and monthly conferences as scheduled by the Program as follows:

- If Resident is in Rotation, he/she will assist the lecture and then Return to Rotation.
- Grand Rounds on Fridays at 8:15 a.m.
- All other pediatric and specialty divisions will present at noon time throughout the year.

RESOURCES: Auditorium facilities; attending physicians; psychosocial/behavioral staff; guest speakers from the community; allied health personnel; and primary care residents.

EVALUATIONS: All residents will sign-in at all conferences. Attendance will be monitored and noted, if necessary, in the personal file of each resident.
LITERATURE REVIEW SYLLABUS

TYPE: Conference  STATUS: Required

CONTACT HOURS: As Scheduled

BROAD GOAL: To provide residents the opportunity to keep abreast and be critical of innovative research and current trends in the field of pediatric dental medicine.

COURSE DESCRIPTION: Residents review some of the current dental literature for new ideas and advances in pediatrics and engage in an analysis and presentation of the researched literature to their peers as well as faculty members. Provides residents the opportunity to exchange and share dental knowledge, critical opinions, and personal experiences relevant to the data discussed in the readings and in the dental pediatric practice. Residents are assisted in expanding their basic knowledge in biostatistical research methods and techniques by faculty resource individuals.

CURRICULAR OBJECTIVES: Upon completion of Literature Review, residents will be able to:

1) Recognize the importance of establishing the practice of continuous self-inquiry of dental literature;

2) Develop skills which will enable them to analyze and interpret dental literature in order to formulate an adequate critique of such;

3) Assess the quality and value of dental data and the contrasted opinionated findings of the authors of such literature;

4) Demonstrate the ability to adequately convey a synopsis and personal inference of specific researched topics to a group of colleagues within a presentation format; and

5) Demonstrate the ability to facilitate a general group reaction to the journal presentation in order to discuss and assess the implications of the literature findings on their daily environmental setting of a dental pediatric practice.

PROCEDURES: Residents will be assigned to present a journal article according to schedule provided by Chief Residents. Presenter will provide a copy of the abstract of selected journal article(s) to the residents attendings and Program Director one week prior to presentation; and Residents will be paired with an assigned discussant who, together with the participating audience, will be prepared to (1) provide their personal critique of the article, and (2) assess the presentation under the guidance of the Chief Resident assigned to oversee the presentation and the Program Director.

RESOURCES: Medical Library for attainment of literature and research data

EVALUATIONS: Evaluation of Resident, Procedural Skills Log Book by Direct Preceptor Observation of Resident, Evaluation of Rotation, Evaluation of Faculty
**Subject Area:** Biostatistics and Clinical Epidemiology

**Indicate how instruction is provided in this subject area:** Seminar

**Dental Department seminar, conference, lecture:** Yes

**Formal course-Title:** Literature Review
Basic Pediatric Dentistry Core

**Other (specify):** Research Project

**What is the level of instruction:** Understanding

**Training Objectives:**
To provide the resident the principles of epidemiology and biostatistics and practical applications for investigation of public health issues.

**Topics covered in formal instruction:**

**A. Epidemiology**
1. Concept and basic tools in epidemiology
2. Transmission of communicable diseases
3. Concept of causality
4. Epidemiological study designs
5. Clinical trial design
6. Estimation of risk
7. Outbreak investigation
8. Screening and evaluation of diagnostic test
9. Standardization for rates
10. Bias in epidemiological studies
11. Qualitative research-An overview
12. Questionnaire development and data collection
13. Protocol development
14. Critical review and scientific writing
15. Rapid survey and assessment techniques
16. Ethical issues in research

**B. Biostatistics**
1. Concept, scope and uses of statistics
2. Measures of central tendency and dispersion
3. Normal probability curve
4. Sampling and sampling distribution
5. Test of hypothesis: t-test, z-test, correlation and regression
6. Chi-square test of independence
7. Correlation and regression
8. Sample size for estimation

**Assess the scope and effectiveness of the students’/residents’ instruction in these areas:**
1. The residents will be able to describe the basic epidemiologic principles, delineate the types of research designs used for descriptive, analytic and experimental inquiry, outline the components of a research project, recognize methods for measurement of oral health and disease, apply epidemiologic principles in critical review of the dental literature, understand basic biostatistics, search, access and utilize information through the electronic and in-house holdings of the Nicklaus Children’s Hospital Library.
Subject Area: Pharmacology

Year Offered: Alternate Years. Class composed of 1st and 2nd
Indicate how instruction is provided in this subject area: Course, Seminar
Dental Department seminar, conference, lecture: Yes
Sedation in Pediatric Dentistry

Formal course-Title: Dental Pharmacology
Off-service rotation to: Pediatric Medicine
Anesthesi Rotation

What is the level of instruction: In-depth knowledge

Training Objectives:
To be able to rationally evaluate each major drug class, its implication in dentistry, including therapeutic use, side effects, and drug interactions

Topics covered in formal instruction:
1. Drug Absorption, Distribution and Clearance
2. Pharmacokinetics
3. Overview of CNS Pharmacology
4. Antidepressants
5. Antipsychotics
6. Anxiolytics and Sedatives
7. Antiepileptics Drugs
8. Opiods
9. NSAIDs
10. General Anesthesia
11. Local Anesthesia
12. Pulmonary Drugs
13. Antibiotics
14. Antiviral Agents
15. Drug Side-Effects in the Oral Cavity
16. Drug dependency and abuse

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. The course will provide the residents with the knowledge to appropriately identify therapeutic agents for different disease states in addition to correctly identifying the agents for pharmacological behavioral management.

2. Clinical sessions provided in the dental clinic, anesthesia rotation (operating room), emergency room, and pediatric medicine will serve to supplement with faculty members the proper use of therapeutic drugs when applied to treatment modalities in different hospital settings. Faculty members will assist the residents to acquire proficiency in prescription writing and weight appropriate dosage calculations. Interaction with the parents and discussion of patient medical history will be carried out with the residents to gain knowledge of drug interactions and to help residents discuss risks and benefits with the parents.
**Subject Area:** Microbiology

**Year Offered:** 1st and 2nd Year

**Indicate how instruction is provided in this subject area:** Seminar, Literature Review

**Dental Department seminar, conference, lecture:** Yes
   Cariology and Preventive Dentistry
   Oral Pathology

**What is the level of instruction:** Understanding

**Training Objectives:**

To provide residents with the knowledge to appropriately identify microbiological disease processes and their relationship to oral diseases and oral manifestations.

**Topics covered in formal instruction:**

1. Bacterial Structure and Physiology
2. Inflammatory Process
3. Antigen-Antibody Complexes and Cellular Immunity
4. Infectious Processes-Cariology and Periodontal Diseases
5. Virology-Viral Structures and Disease Processes including their oral manifestations
6. Fungi-Fungi Structures and Disease Processes including their oral manifestations

**Assess the scope and effectiveness of the students'/residents’ instruction in these areas:**

1. Microbiology will provide the residents with in-depth knowledge of pathogens, including those related to acute viral and bacterial diseases of childhood. Causative agents of oral diseases will be identified and the inflammatory and immunological processes will be discussed.
2. During clinical sessions, residents will evaluate patient cases with the ability to discuss possible infectious disease processes with infectious disease attending available for consultation. Residents will learn to adequately diagnosis with appropriate history taking, clinical examination, serology or pathology lab tests if needed to formulate correct treatment plans and render the correct treatment with follow-ups if needed.
**Subject Area:** Embryology

**Year Offered:** 1st & 2nd

**Indicate how instruction is provided in this subject area:** Seminar, Clinical Rotation

**Dental Department seminar, conference, lecture:** Yes
- Special Patient Care
- Craniofacial Growth and Development
- Craniofacial Rounds
- Literature Review

**Off-service rotation to:** Craniofacial Rotation

**What is the level of instruction:** Understanding

**Training Objectives:**

To provide residents an understanding of the developmental basis of structures and systems seen in the pediatric patient.

**Topics covered in formal instruction:**

1. Development of the head and neck
2. Fertilization to the end of the eighth week
3. Differentiation and growth of tissues and organs
4. Prenatal and natal development
5. Life cycle of a tooth /tooth stages of development
6. Embryology of the head, face, and oral cavity
7. Structural basis of congenital anomalies

**Assess the scope and effectiveness of the students’/residents’ instruction in these areas:**

1. The objectives focus on basic science aspects of embryology but also serve as an introduction to clinical conditions reflecting embryology. The residents will participate in seminars and lecture in Embryology provided by the dental department, medical education, and craniofacial rounds. The lectures focus in the growth and development of the head and neck. The seminars will also discuss oral and facial developmental disturbances in reference to the development of the human embryo.
2. Clinical experiences are ample. The residents will be an integral team member of the Craniofacial team and will provide consultation and support to patients with craniofacial anomalies. The dental clinic provides dental care for patients with craniofacial and genetic disorder.
Subject Area: Genetics

Year Offered: 1st & 2nd

Indicate how instruction is provided in this subject area: Seminar and Clinical Rotation

Dental Department seminar, conference, lecture: Yes
   Craniofacial Growth and Development
   Oral Pathology

Off-service rotation to: Craniofacial Rotation

Other (specify): Craniofacial Rounds

What is the level of instruction: Understanding

Training Objectives:

To develop the knowledge to describe concept of classical genetics, molecular biology and genes. Residents will be able to relate disease with immunogenesis and classify genetic disorders.

Topics covered in formal instruction:

1. Overview of human genetics: Nucleic Acids, DNA Analysis
2. Mendelian and polygenic patterns of inheritance
3. Genetic factor in craniofacial disease
4. Pedigree construction
5. Laboratory evaluation methods
6. Management of genetic diseases
7. Orofacial Developmental Anomalies
8. Congenital malformations and Teratology

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. The residents will obtain knowledge on the concepts of genetic factors in craniofacial disease and the formation and management of genetic diseases.
2. During craniofacial rotation and rounds residents will receive extensive training regarding genetic disorders leading to syndromes and possible craniofacial malformations.
Subject Area: Anatomy

Year Offered: 1st & 2nd

Indicate how instruction is provided in this subject area: Seminar

Dental Department seminar, conference, lecture: Yes

Formal course-Title: Special Patient Care
Growth and Development
Oral Surgery Rounds
Radiology Rounds

What is the level of instruction: Understanding

Training Objectives:

To provide residents with the knowledge to appropriately identify anatomical structures of the head and neck and structure and anatomy of primary and permanent dentition.

Topics covered in formal instruction:

1. Bones and sutures of the skull and face
2. Components and function of the temporomandibular joint
3. Innervations of the face and oral cavity
4. Major anatomical landmarks of the face
5. Major landmarks of the oral cavity
6. Major salivary glands/location
7. Tooth Structure and Function
8. Deciduous and permanent dentitions
9. Local Anesthesia in relation to head and neck anatomy

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. The residents will participate in seminars and lecture in Anatomy provided by the Oral Surgery Rounds and Radiology Rounds. The lectures focus on the anatomy of the head and neck and insight into the factors that determine structure position and relationships. These include how definitive structure position and relationships are determined by (a) local features of the head and neck and (b) certain critical developmental processes, which determine typical morphology and common variations of growth.
2. The residents will provide oral surgery care to pediatric patients under the guidance of an oral maxillofacial surgeon.
Subject Area: Oral Pathology

Year Offered: 1st and 2nd Year, Provided in alternate years

Indicate how instruction is provided in this subject area: Seminar, Clinical and Courses

Dental Department seminar, conference, lecture: Yes

Formal course-Title: Oral Pathology
Oral Surgery Rounds
Literature Review

What is the level of instruction: In-depth knowledge

Training Objectives:
To develop a knowledgeable approach of the evaluation, diagnosis and treatment of oral disease.

Topics covered in formal instruction:

1. Abnormalities of Teeth, Jaws and Mucosa
2. Hypoplasia and Hereditary disturbance of teeth
3. Periapical disease and Cysts of head and neck
4. Fibro-osseous lesion and inflammatory lesions of the jawbone
5. White Lesions
6. Odontogenic Tumors
7. Benign Tumors and Tumor-like Lesions
8. Metabolic and Granulomatous Disease-Paget’s Disease, Hyperparathyroidism
9. Salivary Gland Pathology
10. Differential Diagnosis-Hard Tissue
11. Differential Diagnosis-Soft Tissue

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. The purpose of the course will be to present a spectrum of diseases of the hard tissues, oral mucous membrane and paraoral structure.
2. During clinical sessions, residents will evaluate clinical cases, accompanied by adequate history and be expected to provide a definite diagnosis or logical differential diagnosis. Residents will apply the concepts of Oral Pathology during clinical sessions to diagnose lesions, discuss possible treatments with parents and render proper care to their patients.
Subject Area: Physical, Psychological, and Social Development

Indicate how instruction is provided in this subject area: Seminar, Lecture, Case Conference

Dental Department seminar, conference, lecture: Yes
  Child Development and Behavior
  Basic Pediatric Dentistry Core
  Advanced Pediatric Dentistry Core
  Dental Literature Review

Off-service rotation to: Pediatric Medicine Rotation

What is the level of instruction: In-depth knowledge

Training Objectives:

To be able to describe the physical, psychological and social development in children.

Topics covered in formal instruction:

1. Physical Development and Milestones including body, craniofacial and dental development
2. Cognitive Development and Milestones
3. Emotional Development and Milestones
4. Social Development and Milestones
5. Theories of Psychosocial Development
   A. Freud
   B. Skinner
   C. Pavlov
   D. Piaget
   E. Erikson

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. The residents will have lectures and case discussions presented to them by a Clinical Psychologist. Residents will be encouraged to correlate the learned theories with clinical practice to assess patient psychosocial development and exhibited behavior at time of treatment.
2. Hospital staff Pediatricians will provide the residents with in-depth knowledge of physical development milestones.
**Subject Area:** Behavior Management

**Indicate how instruction is provided in this subject area:** Course and Clinical Dental Department seminar, conference, lecture: Yes  
Sedation in Pediatric Dentistry

**Formal course-Title:** Child Development and Behavior Management

**What is the level of instruction:** In-depth knowledge

**Training Objectives:**

To be able to identify different behavioral management techniques and to appropriately apply such techniques to the effective management of pediatric patients in the dental setting.

**Topics covered in formal instruction:**

1. Tell, Show and Do technique
2. Positive and negative reinforcement
3. Safe physical immobilization
4. Modeling
5. Sedation

**Assess the scope and effectiveness of the students’/residents’ instruction in these areas:**

1. The didactic component of the course will provide residents with the need and the objectives of management techniques for child behavior as well as strategies to manage parents in the dental operatory. This didactic course will provide the residents with sufficient knowledge to effectively manage patients in the clinical setting.
2. During clinical sessions the residents will evaluate each individual case and will be able to present different behavioral management techniques to correctly manage patients using alternative methods.
**Subject Area:** Principles of Informed Consent

**Indicate how instruction is provided in this subject area:** Conference, Seminar

**Dental Department seminar, conference, lectures:**
- Behavior Management
- Sedation in Pediatric Dentistry
- Practice Management

**Off-service rotation to:** Emergency Room On Call Rotation
- Anesthesia Rotation

**Other (specify):** Exercises, case studies

**What is the level of instruction:** In-depth knowledge

**Training Objectives:**
To be able to describe the background to informed consent based on current regulations and guidelines, defining the informed consent process and outlining the roles and responsibilities in the informed consent process.

**Topics covered in formal instruction:**
1. Background to Informed Consent
2. Definition of Informed Consent
3. Florida guidelines/regulations
4. Dentist - patient relationships
5. Legal aspects of informed consent
6. How information is presented
7. Issues of language and culture
8. Special circumstances - incapacitated adults and children

**Assess the scope and effectiveness of the students’/residents’ instruction in these areas:**

1. The aim of the course is to improve practices by the residents involved in informed consent by sharing experiences and different perspectives.
2. The course is designed for pediatric dentistry residents actively involved in the consent process of pediatric dental patients.
Subject Area: The Principles and Objectives of Conscious Sedation, Deep Sedation and General anesthesia

Year Offered: 1st and 2nd Year. Provided in alternate years

Indicate how instruction is provided in this subject area: Course

Dental Department seminar, conference, lecture: Yes
Child Development and Behavior Management

Formal course-Title: Sedation of the Pediatric Patient

Off-service rotation to: Emergency Room On Call Rotation
Anesthesia Rotation

Other (specify): Sedation and Operating Room cases

What is the level of instruction: In-depth knowledge

If YES, describe how this instruction is modified for the advanced education program:

Training Objectives:
To be able to describe the indications for use of various types of pharmacological agents and their physiologic actions in the pediatric patient.

Topics covered in formal instruction:

1. AAPD Guidelines on Conscious Sedation, Deep Sedation and General Anesthesia
2. Clinical Protocol - Baseline Information, Appointment Confirmation, Sedation Day Procedures
3. Pharmacologic Management - Anxiolytics, Benzodiazepines, Narcotics, Hypnotics
4. Supportive Agents - Nitrous oxide and Local Anesthesia
5. Informed Consent
6. Pre and post sedation instructions
7. Drug Inventory Log
8. Sedation Monitoring and Anesthesia Flow sheet, normal physiologic parameters
9. Management of Medical Emergencies
10. Pain Management
11. Myofacial pain, headaches, neuralgias
12. Pediatric Physiology
13. PO, IM, IV various modes of sedation
Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. The residents will gain an in-depth knowledge of conscious and deep sedation and general anesthesia. The residents will receive a wide variety of lectures and seminars in Nitrous Oxide, PO, IM, IV conscious and deep sedation and general anesthesia.

2. Attending support will be strong with anesthesiologists, oral surgeons, and pediatric dentists who have experience in this area. The same attendings that provide the clinical support will also provide the didactic component of the program’s curriculum. During both clinical and didactic sessions, the ADA and AAPD guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia will be reviewed and followed.

3. The resident will be required to participate in a two-month anesthesia rotation. The resident will work side by side an anesthesiologist and receives one on one instruction during the cases. The Department of Anesthesia will also provide a lecture series of which the residents attend specific lectures. There will be well defined protocol for pediatric sedation. Indications for sedation and general anesthesia will also be discussed on a case by case basis during seminars. In addition, the outcomes of sedation and general anesthetic cases will be discussed directly after the procedure and during rounds. These outcome discussions play an integral role in the resident’s learning process regarding the appropriateness and specific indications for these behavior management techniques.
Subject Area: Epidemiology of oral diseases encountered in pediatric patients.

Year Offered: 1st and 2nd Year

Indicate how instruction is provided in this subject area: Seminar, Lectures

Dental Department seminar, conference, lecture: Yes
- Cariology and Preventive Dentistry
- Oral Pathology
- Dental Literature Review
- Special Patient Care

What is the level of instruction: In-depth knowledge

Training Objectives:

To be able to describe the pattern of most common diseases of in children and patients with special care needs.

Topics covered in formal instruction:

1. Epidemiology of oral disease in pediatric patients and patients with special needs.
2. Evaluation and diagnosis of oral and peri-oral anomalies and diseases in pediatric patients and patients with special needs.
3. Prevention of common oral diseases in pediatric patients and patients with special needs.
4. Treatment of common oral diseases in pediatric patients and patients with special needs.

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. The principles and methods of epidemiology are presented with emphasis on their application in describing the distribution of dental disease.
2. Philosophy, principles, and methods of study in the epidemiology of oral conditions. Includes measurement techniques, risk factor identification, and disease distribution in populations.
3. The scientific basis for procedures and programs to prevent oral diseases is examined, with emphasis on public health applications. Includes water fluoridation, other fluoride programs, pit-and-fissure sealant, diet, nutrition, oral hygiene, chemotherapeutics, and screening programs.
Subject Area: Oral Disease in Pediatric Patient

Year Offered: 1st and 2nd

Indicate how instruction is provided in this subject area: Seminar, Course and Clinical Rotation

Dental department seminar, conference, lecture program
Special Patient Care
Pediatric Medicine
Oral Pathology
Hospital Dentistry
Cariology
Trauma

Off-service rotation to: Craniofacial Rounds
Emergency Room On-Call Rotation
Pediatric Medicine Rotation

What is the level of instruction: In-depth knowledge

If YES, describe how this instruction is modified for the advanced education program

Training Objectives:
1. Recognize appearance, etiology and development, and common locations of oral lesions in infants, children, and adolescents
2. Recognize the signs and symptoms and treatment recommendations of oral lesions in infants, children, and adolescents
3. Gain knowledge of appropriate diagnostic test to be ordered in patient with oral lesions
4. Recognize the need for consultation and referral of a patient with difficult oral diagnosis
5. Learn to write an appropriate consultation to the referring healthcare provider

Topics Covered:
1. Common oral lesions in infants, children, and adolescents
2. White lesions, red lesions, black and brown lesions
3. Vesiculobullous lesions, and ulcerative lesions
4. Papillary and lip lesions
5. Gingival enlargement
6. Soft-tissue tumors and cysts
7. Bone and neck swellings
8. Dentally and medically compromised patients
9. Diagnostic Test and Biopsies
10. Consultation and referral of patients
Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. The residents will participate in seminars and lecture in oral disease of the pediatric patient. The resident will be able to recognize the appearance, etiology and development, and common locations of oral lesions in infants, children, and adolescents. Develop the ability to manage dentally and medically compromised hospital patients in ambulatory and inpatient settings. The resident will gain knowledge and experience in the physical appraisal of developing child related to normal growth, chronic illness, and debilitating conditions. Master sufficient critically appraised information to devise an adequate program of oral health and institute all proven preventive measures in a patient with special needs.

2. The Nicklaus Children’s Hospital draws children with very specific needs from all over the world, it is also the only licensed specialty hospital exclusively for children in South Florida. The resident will have ample opportunities to provide dental management, collaboration, and consultation to children with special needs.
Subject Area: Diagnosis of Oral and Perioral Lesions

Year Offered: 1\textsuperscript{st} & 2\textsuperscript{nd}

Indicate how instruction is provided in this subject area: Seminar, Course and Clinical Rotation

Dental department seminar, conference, lecture program: YES
- Special Patient Care
- Craniofacial Rounds
- Pediatric Medicine
- Chief Rounds
- Oral Pathology
- Hospital Dentistry
- Cariology

No formal instruction is provided: Seminar and clinical rotation

What is the level of instruction: In-depth knowledge

Is instruction in this subject the same as that provided to:

Training Objectives:

To be able to recognize, diagnose and treat oral and perioral lesions in infants, children, and adolescents and understand the pathogenesis of the caries process.

Topics Covered:

1. Oral and perioral lesions in infants, children, and adolescents
2. Diagnostic Test and Biopsies
3. Caries Process
4. Diagnosis and treatment of carious teeth
5. Diagnosis and treatment of teeth with pulp
6. Consultation and referral of patients

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. The residents will participate in seminars and lecture in the diagnosis and management of oral and perioral lesions in infants, children, and adolescents. The resident will be able to order diagnostic test, perform diagnostic analysis, and biopsies when indicated. The resident will also learn to consult with other specialist when confronted with difficult diagnosis.
2. The resident will gain clinical experience in the management of oral lesions during pediatric dentistry and oral surgery clinic.
Subject Area: Pediatric Oral Radiology

Year Offered: 1st and 2nd

Indicate how instruction is provided in this subject area: Case Conference, Seminar, Lecture, Quality Assessment, and Clinical Rotations

Dental Department seminar, conference, lectures:
  Pulp Therapy
  Dental Trauma
  Basic Pediatric Dentistry Core
  Advanced Pediatric Dentistry Core

What is the level of instruction: Proficiency

Training Objectives:

To be able to correctly and safely use oral and facial radiology to diagnose oral conditions.

Topics covered in formal instruction:

1. Radiographic interpretation
2. Appropriate selection of radiology techniques for pediatric and adolescent patient
3. Radiation safety
4. American Academy of Pediatric Dentistry radiographic guidelines

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. Residents will receive instructions and clinical experience in taking ordering and interpreting different dental imaging modalities including dental, cephalometric, panoramic radiographs. Guidelines set forth by the American Academy of Pediatric Dentistry will be emphasized and appropriate use of radiographs in pre-school and school age children will be stressed.
2. Medical staff radiologist will provide the residents with the training and experience needed to have knowledge on interpreting CT scans and MRI’s as related to orofacial conditions, craniofacial anomalies and facial trauma.
Subject Area: Prevention and Treatment of Dental Disease

Year Offered: 1\textsuperscript{st} and 2\textsuperscript{nd}

Indicate how instruction is provided in this subject area: Seminars, Case Conference

Dental Department seminar, conference, lecture: Yes
   Dental Trauma
   Pulp Management
   Basic Pediatric Dentistry Core
   Advanced Pediatric Dentistry Core
   Oral Pathology
   Dental Literature Review

Formal course-Title: Cariology and Preventive Dentistry

What is the level of instruction: In-depth knowledge

Training Objectives:

The residents will be provided with the knowledge to prevent, diagnose and treat dental diseases using evidence based dentistry.

Topics covered in formal instruction:

1. Early Childhood Caries and infant oral health
2. Role of nutrition in preventing oral disease
3. Caries Risk Assessment
4. Fluoride therapy indications/contraindications
5. Sealant
6. Oral habits
7. Dental materials
8. Restorative Techniques

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. Residents will be provided with in-depth knowledge on all aspects of preventive dentistry. Infant oral health will be emphasized during the Pediatric Dentistry Core courses and importance will be placed on the concept of anticipatory guidance and early childhood caries.
2. The effects of proper nutrition and oral habits will be discussed in the core courses with additional education provided to residents during clinical sessions when discussing oral health concepts with parents.

3. Fluoride use and sealant application will be covered in-detail during the Cariology and Preventive Dentistry course. Indications for and against the use of fluoride and sealants will also be discussed during clinical sessions when individual cases can be discussed.

4. The concepts of restorative dentistry and dental materials will be covered during the Pediatric Dentistry Core courses and the Cariology and Preventive Dentistry course. Discussion of restorative techniques and appropriate materials will also be discussed with dental attendings during clinical sessions. Properties and advantages/disadvantages of dental materials will be discussed in the clinical setting with reference to patient treatment needs.

5. Treatment of pulpally involved teeth will be discussed in the Cariology and Preventive Dentistry Core courses. Rationale for various pulp therapies and alternative treatment options for primary and permanent teeth will be discussed during the courses and during the clinical settings. Factors influencing the decision for certain pulp therapies will also be discussed.

6. Gingival and periodontal diseases as well as other mucosal disorders will be discussed in depth during the Oral Pathology course. Further consultation and education will be provided during clinical settings with the pediatric dentistry attendings and with the oral surgery attending.
Subject Area: Management of Medical Emergencies

Dental Department seminar, conference, lecture: Yes
  Dental Pharmacology
  Sedation in the Pediatric Patient
  Hospital Dentistry

Off-service rotation to: Emergency Room On-Call Rotation
  Anesthesia Rotation

Other (specify): PALS, BLS

What is the level of instruction: In-depth knowledge

Training Objectives:

To be able to manage pediatric and adolescent medical emergencies that may occur in the dental office.

Topics covered in formal instruction:

1. Assessment
2. Cardiac Arrest
3. Physical Evaluation
4. Altered Consciousness
5. Intramuscular Techniques
6. Airway
7. Airway Adjuncts / Monitoring Equipment / O2
8. Drug Kits
9. Respiratory Problems
10. Drug Reactions
11. Medico-legal Aspects

Assess the scope and effectiveness of the students'/residents' instruction in these areas:

1. The resident will develop an in-depth knowledge of the management and prevention of medical emergencies.
2. The resident will receive instruction during lectures and seminars given by Physicians, Oral Surgeons and Pediatric Dentistry Attendings with hospital experience.
3. The resident will have rotations through the Departments of Pediatric Medicine, Emergency Room and Anesthesia. Instruction and knowledge in airway management will play an integral role in the pharmacological management of the pediatric and special needs patients. The resident will also be instructed on how to handle medical emergencies through mock scenarios.
4. All residents will be required to pass BLS and PALS during orientation.
Subject Area: Medical Conditions and the Alternatives in the Delivery of Care

Year Offered: 1\textsuperscript{st} and 2\textsuperscript{nd} Year

Dental Department seminar, conference, lectures:
  Hospital Dentistry
  Oral Pathology

Off-service rotation to: Emergency Room On-Call Rotation

What is the level of instruction: In-depth knowledge

Training Objectives:

To be able to manage special needs patient’s dental care needs and those requiring care in hospital settings and modify treatment according to the medical condition.

Topics covered in formal instruction:

1. Dental care for the handicapped patient.

2. Dental care for the patient with systemic conditions:
   a. Diabetes
   b. Respiratory
   c. Cardiovascular Disorders
   d. Cancer Disorders
   e. Renal Disease

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. Residents will be exposed to clinical aspects of medicine and their impact on dental treatment for patients with medical conditions that may directly impact on dental care.

2. This course will bridge the gap between the basic sciences and the clinical aspects of medicine, as well as explain principles of medicine as they pertain to the provision of dental care.
Subject Area: Craniofacial Growth and Development

Year Offered: 1st and 2nd

Indicate how instruction is provided in this subject area: Course and Clinical Rotation

Dental Department seminar, conference, lecture: Yes

Orthodontic Core

Formal course-Title: Craniofacial Growth and Development

Off-service rotation to: Craniofacial Clinic Rotation

What is the level of instruction: In-depth knowledge

Training Objectives:
To be able to accurately understand the concepts of craniofacial growth and development and to correctly diagnose, and be able to render treatment to patients with abnormal dentofacial growth.

Topics covered in formal instruction:
1. Growth mechanism theories
2. Space management/prevention of malocclusions
3. Managing developing occlusion
4. Orthodontic diagnosis and treatment planning
5. Treatment of class I, II. III
6. Biomechanics/Functional appliances
7. Crossbites
8. Habits

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:
1. Residents will receive in-depth course didactic curriculum regarding the theories of growth mechanism. Instruction will be provided of growth during the pre/post natal periods, growth of the cranial base, the mandible, the palate, the nasomaxillary region. These components will be studied separately and then the relationships will be analyzed.
2. Principles of diagnosis and treatment planning of normal and abnormal dentofacial growth will be analyzed in the Craniofacial Growth and Development and Orthodontic Core courses. The concepts of growth prediction, functional appliances, space management and developing occlusion will also be carried during orthodontic clinical sessions as well as during craniofacial clinic rotations.
3. Instructions on the different modes of treatment including indications and contraindications for extraction and non-extraction therapy will be discussed. Growth predictions and treatments for skeletal problems using conventional orthodontics with fixed and removable appliances will be reviewed in detail during the didactic Orthodontic Core courses.
Subject Area: Child Abuse and Negligence

Indicate how instruction is provided in this subject area: Seminar, Case Conference, Clinical Rotation

Dental Department seminar, conference, lecture: Yes
   Hospital Dentistry
   Special Patient Care
   Basic Pediatric Dentistry Core

Off-service rotation to: Pediatric Medicine Inpatient and Outpatient
   Emergency Room On-Call Rotation

What is the level of instruction: In-depth knowledge

Training Objectives:

To be able to recognize abuse and to be careful and thoughtful in the examination of children presenting with trauma and severe, chronic caries, understanding the requirements of the law with regards to reporting of suspected incidents of abuse and neglect.

Topics covered in formal instruction:

1. Battered child
2. Epidemiology
3. Diagnosis
4. Report
5. Clinical signs and symptoms
6. Orofacial trauma

Assess the scope and effectiveness of the students'/residents’ instruction in these areas:

1. The resident will receive an in depth understanding of the recognition, referral and treatment of child abuse and neglect.
2. Nicklaus Children’s Hospital is staffed by full time social workers and pediatricians. The resident’s rotations will allow them the experience to participate in interviews and examinations of children and adolescents that are suspected of being abused and neglected.
3. The residents will attend lectures on this topic given by the hospital's Department of Pediatric and Emergency Medicine staff and speakers from outside institutions. The medical, legal and ethical issues related to child abuse and neglect will be a standard part of the curriculum.
**Subject Area:** Formulation of Treatment Plan for Special Patients  
**Year Offered:** 1st and 2nd Year  
**Indicate how instruction is provided in this subject area:** Course, Seminar  
**Dental department seminar, conference, lecture program** Craniofacial Rounds  
- Pediatric Medicine  
- Chief Resident Rounds  
- Oral Pathology  
- Hospital Dentistry  
- Literature Review  

**Formal course – Title:** Special Patient Care  
**Off-service rotation to:** Craniofacial Clinic  
- Pediatric Medicine Rotation  
- Pediatric Dentistry Clinic  

**What is the level of instruction:** In-depth knowledge  

**Training Objectives:**  
Develop the ability to manage medically compromised hospital patients in ambulatory and inpatient settings and secure clinical experience in hospital protocol and the dental treatment of impaired children who require special care. Master sufficient critically appraised information to devise an adequate program of oral health and institute all proven preventive measures in a patient with special needs.  

**Topics Covered:**  
1. Who is a Special Patient?  
2. Multi-culturalism  
3. Mental Retardation  
4. Down Syndrome  
5. Cerebral Palsy  
6. Epidermylosis Bullosa  
7. Hemifacial Microsomia  
8. Hearing Impaired and Blindness  
9. Cleidocranial Dysostosis  
10. Ectodermal Dysplasia  
11. Attention Deficit Hyperactivity Disorder  
12. Child Abuse and Neglect  
13. The Dying Patient  
14. Substance Abuse  
15. Eating Disorders  
16. Pregnancy  
17. Suicide  

**Assess the scope and effectiveness of the students’/residents’ instruction in these areas:**  
1. The residents will participate in a formal course to provide them with the knowledge in the management of special patient populations (medically compromised, emotionally and physically handicapped, and the developmentally disabled). This instruction will enable the resident to provide comprehensive and interdisciplinary treatment planning for patient with special needs.  
2. The cases will be selected for presentation in chief rounds, Pedo rounds, or case presentations.
Subject Area: Fundamentals of Pediatric Medicine

Year Offered: First Year

Dental department seminar, conference, lecture program:
- Special Patient Care
- Hospital Dentistry
- Pediatric Medicine Rounds
- Basic Pediatric Dentistry Core

Off-service rotation to: Pediatric Medicine Rotation

What is the level of instruction: Understanding

Training Objectives:
Develop an understanding and appreciation for the nature of general pediatric care, including physical and emotional growth and development of the child, health promotion and disease prevention.

Topics Covered:
1. Data gathering and patient interview
2. Psychosocial development of patient
3. Immunization status
4. Techniques employed in physical examination
5. Laboratory assay
6. Radiograph or imaging studies
7. Diagnosis and management of disease process in children

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. The residents will participate in a formal course to provide them with the knowledge in different areas of pediatric medicine including well child examination, immunization, anticipatory guidance, developmental disabilities, genetic and metabolic disorders, infectious diseases, sensory impairments, and chronic diseases. The resident will also participate in conferences, seminars, lectures provided by Pediatric Medicine.
2. The first year pediatric dentistry resident will participate in a 2-week pediatric medicine rotation provided by the Division of Pediatric Medicine and Community Pediatrics at the Pediatric Care Center at Nicklaus Children's Hospital. This rotation provides the opportunity to participate in family dynamics during medical care, early intervention and health assessment, as well as care of acute and chronic problems of well children and medically complex children. The resident will develop skills in the counseling, anticipatory guidance, development appraisal.
Subject Area: Language Development

Year Offered: 1st and 2nd Year

Indicate how instruction is provided in this subject area: Seminar

Dental department seminar, conference, lecture program:
Pediatric Medicine
Growth and Development
Special Patient Care
Hospital Dentistry

Other (specify): Pediatric Medicine Rotation
Craniofacial Rounds

What is the level of instruction: Understanding

Training Objectives:
Be able to understand anatomy and physiology of the speech mechanism and the mechanics of speech sound production, understand speech, language, cognitive development and disorders, and understand the impact frenums, malocclusions and teeth extraction may have on speech development

Topics Covered:
1. Acquisition of speech skills by the normally-developing child
2. Language development in a multicultural environment.
3. Implications of language development and how it affects academic achievement as well as social and emotional development
4. Speech development and teeth extractions
5. Frenums and Speech development
6. Speech development and malocclusions

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:
1. The courses will provide the resident with the opportunity to gain knowledge in anatomy, physiology, and developmental process of speech and language acquisition. The resident will be exposed to the craniofacial, orofacial, and dental anomalies causes leading to defective articulation.
2. The resident’s clinical experience of management of patients with speech and language deficiencies will be ensure through the Craniofacial Clinic rotation. The resident will also interact with the speech pathologists at Nicklaus Children’s Hospital and observe speech therapy clinical sessions.
Subject Area: Design, Implementation and Management of a Contemporary Practice

Year Offered: 1st and 2nd year. Offered on alternate years

Formal course-Title: Practice Management

Off-service rotation to: Selective Rotation

What is the level of instruction: Understanding

Training Objectives:

To be able to design, implement and manage a pediatric dental practice.

Topics covered in formal instruction:

1. Orthodontic/Pediatric Practices.
2. Multi-specialty Offices, Solo Practitioners; Associate Positions (interviews, salary, contracts).
4. Advertising in private practice;
5. The Role of Referrals
6. Hygienists, Dental Assistants and Office Personnel.
7. The Insurances (malpractice, disability, life, health)
9. Record keeping
10. Infection control
11. Coordination or supervision of dental health personnel
12. Application of administrative principles

Assess the scope and effectiveness of the students'/residents' instruction in these areas:

1. The residents will receive a practice management lecture series given by private practitioners and the program director. The course will allow the resident to formulate comprehensive information outlines with respect to setting up and maintaining a private practice.
2. The lecture series will be complemented by scheduled visits to pediatric dentistry private practices. During the second year, the residents will also be encouraged to visit the offices of practitioners that are seeking associates.
3. Practice management concepts including collections, production, overhead, staff and location will be integrated into seminars, treatment planning sessions and departmental administrative sessions.
Subject Area: Jurisprudence and Risk Management

Year Offered: 1st and 2nd Year

Dental Department seminar, conference, lecture: Yes
Practice Management

What is the level of instruction: Understanding

Training Objectives:

To be able to apply legal principles to his/her professional practice and understand those principles of jurisprudence relevant to their practice.

Topics covered in formal instruction:

1. Dental Jurisprudence
2. Patient Confidentiality – HIPAA
3. Patient Autonomy
4. Informed Consent

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. The residents will receive an understanding of jurisprudence and risk management.
2. Group discussions will include the ethical aspects and responsibilities of the health care provider to the patient, the patient’s parents, the community and the profession.
3. Jurisprudence and risk management will also be discussed during practice management lectures, quality assurance rounds and treatment planning sessions. The ethical and medical/legal experiences encountered throughout the program will serve as learning experiences for the future.
Subject Area: Use of computers in didactic, clinical and research endeavors.

Year Offered: 1\textsuperscript{st} and 2\textsuperscript{nd}

Indicate how instruction is provided in this subject area: Seminars, Hands-on

Dental Department seminar, conference, lecture:
- Case Presentation
- Practice Management
- Dental Literature Review

What is the level of instruction: In-depth knowledge

Training Objectives:

To be able to use computers when applying scientific methods during clinical research projects.

Topics covered in formal instruction:

1. Computer basics
2. Spreadsheets (MS-Excel)
3. Bibliographical databases
4. Electronic communication for professional use
5. Assessment of information quality
6. Information retrieval

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. This course is intended to teach residents computer skills that are widely applicable throughout their education and professional life.
2. This course attempts to enable all residents to use information technology productively throughout their program and career.
Subject Area: Biomedical Ethics

Indicate how instruction is provided in this subject area: Seminar

What is the level of instruction: Understanding

Training Objectives:

To be able to demonstrate knowledge of the fundamentals of bioethics applying ethics concepts and principles to the practice of pediatric dentistry.

Topics covered in formal instruction:

1. Bioethics principles issues.
2. Ethical statements on the guidelines of the American Academy of Pediatric Dentistry.
3. Ethic principles presented by the American College of Dentists.
4. Moral dilemmas created or intensified by recent advances in medical & dental technology.
5. Euthanasia and the right to die
6. Abortion
7. Behavior modification
8. Allocation of scarce medical resources

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. The resident will receive an understanding of biomedical ethics through lectures, seminars, and discussion of case scenarios. In addition, biomedical ethics will be discussed during informed consent discussions, practice management lectures and quality assurance rounds.
2. The various seminars, lectures and case presentations, in addition to clinical practice will provide a broad exposure and understanding of the following; informed consent; malpractice issues and ethical conduct; professionalism, and professional responsibilities to the patient, community and the profession of organized dentistry.
3. The field of bioethics, including theoretical approaches to bioethical problems. Contemporary controversies and clinical cases. Values that arise in different situations and clinical encounters. Issues include: genetics and stem cell research, rationing, ethical issues in care at the end of life, organ transplantation issues.
Subject Area: Working cooperatively with Consultants and Clinicians in other dental specialties and health fields.

Dental Department seminar, conference, lecture: Yes

Off-service rotation to: Preventive Medicine Clinic, Nicklaus Children’s Hospital
Emergency Room, Nicklaus Children’s Hospital
In-patient, Nicklaus Children’s Hospital
Operating Room, Nicklaus Children’s Hospital

What is the level of instruction: Proficiency

Training Objectives:

To be able to communicate with consultants and clinicians in other medical & dental specialties on a daily basis.

Topics covered in formal instruction:

1. Explore the interactions of current theory and practice in medical & dental Communication
2. Study an historical overview of medical & dental communication.
3. Explore the provider/patient relationship from a rhetorical standpoint.

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. Interaction and communication with consultants and clinicians from other health fields will occur during off-service rotations and daily patient care.
2. A variety of consultations are often required from specialists in other health fields when providing dental care for patients with psychological, developmental, and social disabilities in addition to medical conditions.
3. Interactions with clinicians in other health field are prominent during the resident’s on-call responsibilities. Multidisciplinary diagnosis and treatment is provided for each patient who presents to the emergency room.
Subject Area: Patient Management using Non-Pharmacological and Pharmacological Approaches

Indicate how instruction is provided in this subject area: Course, Seminar

What is the level of instruction: Proficiency

Training Objectives:

To be able to adequately manage the behavior of pediatric dental patients including infants and special needs patients in a safe manner to render appropriate dental treatment and counseling.

Topics covered in formal instruction:

1. Tell, Show and Do technique
2. Positive and negative reinforcement
3. Safe physical immobilization
4. Modeling
5. Sedation
6. Hospital dentistry

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. Residents will receive extensive training in the non-pharmacological approach to behavior management of pediatric patients in the clinical setting. Experience will be obtained in the dental clinic which has a diverse patient population including infants and those patients with special needs. In addition clinical experience will be provided in the dental mobile unit which serves daycare centers with a patient population with the age range of three to five years. Both of these clinics will adequately serve to provide a wide range of experience to non-pharmacological manage patients
2. Pharmacological patient management experience will also be obtained at the dental clinic in the hospital setting. Extensive training will be provided in conscious sedation in both the clinical setting and the rigorous didactic curriculum. Residents will have the benefit of carrying out sedations with the guidance of a hospital sedation nurse in addition to pediatric dental attendings. Hospital cases treated in the operating room will also provide an additional educational component of the pharmacological management of the pediatric patient.
Subject Area: Application of Preventive Practices

Indicate how instruction is provided in this subject area: Course, Seminars

Formal course-Title: Clinic, Nicklaus Children’s Hospital

What is the level of instruction: Proficiency

Training Objectives:

To be able to adequately implement the concepts of preventive dentistry to ensure improved oral health and education regarding oral health status of the pediatric patient.

Topics covered in formal instruction:

1. Early Childhood Caries and infant oral health
2. Role of nutrition in preventing oral disease
3. Caries Risk Assessment
4. Fluoride therapy indications/contraindications
5. Sealant
6. Oral habits

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. During the clinical experience residents will learn to apply the principles taught in the didactic curriculum as well as the evidence based literature on prevention of oral diseases. Residents will be taught in the clinic to provide in-depth counseling to parents and patients regarding improvement in oral health and treatment plans will be formulated with prevention as a key goal.
2. Community outreach will be a key component during the training in the residency program. The dental mobile unit will be instrumental in the community prevention outreach. Dental health education will be provided by the residents to the patients and parents of the schools that the mobile dental unit services.
3. In addition, the residents who with the dental hygienists and dental assistants will give lectures, provide educational support, and materials to the school faculty in an effort to improve oral health and prevent oral disease will carry out educational outreach.
Subject Area: Management of Comprehensive Restorative and Prosthetic Care

Indicate how instruction is provided in this subject area: Seminars, Lectures

Formal course-Title: Clinic, Nicklaus Children’s Hospital
Operating Room, Nicklaus Children’s Hospital

What is the level of instruction: Proficiency

Training Objectives:

To be able to proficiently develop comprehensive treatment plans for patients using restorative and prosthetic care.

Topics covered in formal instruction:

1. Treatment planning
2. Dental Materials
3. Restorative dentistry
4. Fixed and removable appliances

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. Residents will plan treatment plans in the clinical and operating room sessions. Complex restorative needs of the patients will be discussed and consults and referrals to other specialties will obtained when needed. All of the treatment plans will be discussed and finalized with the clinical faculty and any changes to the treatment plan will be authorized by clinical faculty prior to any rendering of treatment.
2. Treatment using fixed and removable therapy will be rendered in both the clinical and operating room setting. Residents will learn the appropriate use of the appliances and lab sessions will be carried out to learn the fabrication of such appliances.
Subject Area: Management of Orofacial Injury

Indicate how instruction is provided in this subject area: Course

Dental department seminar, conference, lecture program:
  Pulp Management
  Dental Trauma
  Dental Literature Review
  Advanced Pediatric Dentistry Core

Formal course – Title: Clinic, Nicklaus Children’s Hospital

Off-service rotation to: Emergency Room, Nicklaus Children’s Hospital

What is the level of instruction: Proficiency

Training Objectives:
Be able to recognize, diagnose, and treat oral and perioral injuries involving the primary, mixed, and permanent dentition and better understanding on diagnosis and management of traumatized teeth.

Topics Covered:
1. Incidence of traumatic injuries
2. Classification of dental injuries
3. Assessment of the injured patient
4. Intrusion, extrusion, luxation, and avulsion of teeth
5. Repositioning, replantation, and stabilization of the traumatized tooth
6. Fractures of the maxilla and mandible
7. Child abuse and neglect

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:
1. The courses focuses in the diagnosis and treatment of oral and perioral injuries involving the primary, mixed and permanent dentition. Instruction in repositioning, replantation, and stabilization of intruded, extruded, luxated, and avulsed teeth is offered. Discussions on the evaluation, diagnosis, and management of the pulpal, periodontal, and associated soft tissues following injuries are provided. The residents have the opportunity to recognize fractures of the maxilla and mandible and refer appropriately. Instructions in recognition of non-accidental trauma and reporting child abuse and neglect will be provided.
2. The pediatric dental residents serve on the hospital emergency call service. The pediatric dental resident see the pediatric trauma patients with oro-facial injuries presenting to the emergency room or through the Nicklaus Children’s Hospital paging system. Residents evaluate the traumatic injury and provide appropriate treatment and follow-up care for the patient.
**Subject Area:** Diagnosis of Various Periodontal Disease of Childhood and Adolescence and Management and/or Referral of Periodontal Diseases to the Appropriate Specialist

**Indicate how instruction is provided in this subject area:** Seminar

**Dental Department seminar, conference, lecture:** Yes

- Basic Pediatric Dentistry Core
- Hospital Dentistry
- Special Patient Care
- Oral pathology
- Dental Pharmacology
- Dental Literature Review
- Advanced Pediatric Dentistry Core

**What is the level of instruction:** Proficiency

**Training Objectives:**

The resident will achieve an in-depth knowledge of the prevalence and severity of gingival, periodontal and other mucosal disorders in children and adolescents.

**Topics covered in formal instruction:**

1. Review of the AAPD guidelines for Periodontal Diseases of Children and Adolescence and Periodontal Therapy.
2. Most common medical conditions associated with Periodontal Disease.

**Assess the scope and effectiveness of the students’/residents’ instruction in these areas:**

1. Pediatric Dentistry, Oral Pathology and Periodontic attendings will be available for consultation where diagnostic testing will be discussed together with a differential diagnosis. Once a diagnosis is made, the resident and attending will discuss appropriate treatment options for the patient including protocol; for appropriate referral to a specialist. Resident experiences on this topic will be discussed during treatment planning session and case presentations.
2. This strong clinical experience will be supported by a concentrated didactic curriculum delivered by faculty/attendings.
Subject Area: Management of pulpal and periradicular tissues in the primary and developing permanent dentition.

Indicate how instruction is provided in this subject area: Course, Seminars

Dental Department seminar, conference, lecture: Yes
- Pulp Management
- Dental Trauma
- Dental Literature Review
- Basic Pediatric Dentistry Core
- Advanced Pediatric Dentistry Core

Formal course-Title: Clinic, Nicklaus Children’s Hospital

Off-service rotation to: Emergency Room, Nicklaus Children’s Hospital
Operating Room, Nicklaus Children’s Hospital

What is the level of instruction: Proficiency

Training Objectives:

To be able to understand the pulp histology and pathology of primary and young permanent teeth through a variety of clinical experiences.

Topics covered in formal instruction:

1. Indications and rationale for various types of indirect and direct pulp therapy.
2. Pulp treatment as a result of deep caries and secondary to trauma.
4. Review of AAPD and AAE guidelines for pulp management.

Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. This strong clinical experience will be supported by a concentrated didactic curriculum delivered by endodontic and pediatric dentistry faculty/attending.
2. The complexity of dental needs of hospital patients provide ample opportunity for the diagnosis of pulpal pathology and the provision of pulp therapy. Pulp therapy is part of most comprehensive treatment designed in the clinical setting. Residents have adequate opportunity to achieve specialty proficient level of care in pulp therapy.
Subject Area: Management of the Oral Health of Patient with Special Healthcare Needs

Indicate how instruction is provided in this subject area: Course

Dental department seminar, conference, lecture program:
  Special Patient Care
  Craniofacial Rounds
  Pediatric Medicine
  Chief Rounds
  Oral Pathology
  Hospital Dentistry

Formal course – Title: Clinic, Nicklaus Children’s Hospital Operating Room, Nicklaus Children’s Hospital Emergency Room, Nicklaus Children’s Hospital

Off-service rotation to: Craniofacial Rotation

What is the level of instruction: Proficiency

Training Objectives:

To be able to manage medically compromised hospital patients in ambulatory and inpatient settings and gain knowledge and experience in the physical appraisal of developing child related to normal growth, chronic illness, and debilitating conditions.

Topics Covered:

1. Who is a Special Patient?
2. Multi-culturalism
3. Mental Retardation
4. Down Syndrome
5. Cerebral Palsy
6. Epidermylosis Bullosa
7. Hemifacial Microsomia
8. Hearing Impaired and Blindness
9. Cleidocranial Dysostosis
10. Ectodermal Dysplasia
11. Attention Deficit Hyperactivity Disorder
12. Child Abuse and Neglect
13. The Dying Patient
14. Substance Abuse
15. Eating Disorders
16. Pregnancy
17. Suicide
Assess the scope and effectiveness of the students’/residents’ instruction in these areas:

1. The courses will provide instruction in the management of patient with special healthcare needs including medically compromised, emotionally, mentally, and physically disabled, and the developmentally disabled.

2. The Nicklaus Children's Hospital draws children with very specific needs from all over the world, it is also the only licensed specialty hospital exclusively for children in South Florida. NCH has the largest children's cancer center in the state, serves as the state-designated treatment center for children with craniofacial differences, NCH Brain Institute is the nation’s first comprehensive medical program dedicated solely to the pediatric neurosciences, has the largest Congenital Heart Institute in Florida, and hosts several other summer camps for children with special needs. Pediatric Dental Clinic receives a generous number of referrals of patient with special needs seeking dental treatment.

3. The pediatric dental residents serve on the pediatric medicine rotation will also provide evaluation and whenever possible management of the hospitalized patient with special needs.
V. EVALUATION POLICIES AND PROCEDURES/COMPETENCIES

Resident Evaluation Policy: It is the policy of Nicklaus Children’s Hospital to evaluate the performance of dental care residents in the six areas - patient care, dental knowledge, practice-based learning improvement, interpersonal and communication skills, professionalism, and system based learning. These areas are evaluated through a wide variety of evaluative procedures that accomplish close monitoring on an ongoing formal and informal basis by daily observation, written assessment and individual feedback. There will be an Evaluation of Professionalism and its components will be Honesty, Reliability, Respect, Compassion, Self-improvement, Self-awareness, Collaboration, and Altruism.

Residents shall be provided an opportunity for self evaluation during individual feedback sessions and to be appraised by their peers by attending physicians and preceptors, and by the Program Director. All of this evaluation is coordinated and interrelated by the Director of Medical Education who is responsible for assuring that the evaluation occurs and is reported to the Program Director. The Program Director has the ultimate responsibility for assessing resident performance and determining whether there has been satisfactory completion of the Program.

It is also the policy of the Hospital to have the residents periodically evaluate the Program.

Following are the evaluative procedures for assessment of resident performance, satisfactory completion of the Dental Residency Program, and the Program itself.

Professional and Inter-Personal Skills Essential to Pedodontists

Patient satisfaction questionnaire and Interviews. The program may, at any given time, implement appropriate strategies which will provide reliable data on patient satisfaction. These strategies may be in the form of questionnaires to be completed by patients and/or parents within the Dental Clinic or summary reports of patient interviews conducted by key program faculty. In doing so, the program will design and engage in a system which will be reliable, feasible and convenient for patients, and involve the resident in the form of constructive feedback for further improvement of pediatric professional and interpersonal skills.

Resident Presentations and Conference Attendance

The program periodically evaluates residents’ capabilities in conducting conferences, case presentations, chart reviews, Journal Club meetings, etc. Additionally, an informal questioning session conducted by the Program Director follows the presentation, involving the presenter and participants and adding to the assessment of participation and presentation techniques.

Residents are required to sign in during all conferences. These sign-in sheets are periodically summarized and tabulated to assess resident attendance, both as a group and individually. The tabulated data is reviewed by the Program Director. Insights gained from these analyses contribute to planning of future conferences. All residents are periodically interviewed to discuss resident conference attendance and participation. Meetings occur on periodically between the Program Director and the Chief Pediatric Residents to discuss any aspect of the residency, including conferences. The overall goal is to involve residents in conference planning and to determine ways in which the program may enhance resident conference attendance, participation and presentation. The residents must attend 80% of the conferences.
Resident Effectiveness in Self-Evaluation

The program provides formal individual and group level resident evaluation feedback sessions by the Program Director based on resident evaluation data. These feedback sessions provide a setting for valuable interchange by residents and project faculty. In addition to providing residents an opportunity to develop self-evaluation capabilities, it sets a stage for increased communication by program faculty and residents on programmatic issues, as well as the professional and personal needs of residents.

Resident Compliance with Program Requirements

1) Resident Rules and Regulations. The program provides all pediatric residents with a copy of the Resident Manual upon entry into the program. This manual extensively describes the rules and regulations of (1) the resident training program, including the curriculum goals and objectives; (2) the institution; and (3) the various service departments. Compliance with these rules and regulations is mandatory for all residents. Disciplinary measures, when necessary, are brought to the attention of the Program Director.

2) Evaluation Review Process

The Department of Medical Education maintains updated formal evaluation data on all residents' performance. These data are analyzed and provided on a periodic basis to all key program evaluative sources: the Program Director and key program faculty, to be reviewed and discussed with residents. These data summaries reflect the residents' progress based on the results of evaluation forms completed by teaching faculty and supervisory staff.

Faculty Evaluation

As with the evaluation of residents, the training program formally evaluates the teaching faculty on an ongoing basis through several methods. The most immediate of these methods is the written completion of the Faculty/Attending Evaluation Form by all residents. This instrument is designed to assess such teaching process skills as: opportunities provided for residents to practice medical skills; establishment of interpersonal rapport between residents and faculty; provision of constructive feedback to residents; facilitation of residents' problem sensing and solving abilities; availability of faculty for discussions; faculty professionalism; ability of faculty to impart medical knowledge; faculty encouragement for residents' professional development; and teaching dedication.

Effectiveness of Overall Curriculum

Surveys, Questionnaires and Interviews. The project recognizes the importance of feedback between residents, teaching faculty, and program administration in undertaking adequate measures for improving the quality of the residency curriculum. To this end, the program conducts periodic interviews and written surveys with resident staff which (l) may be applicable to the overall proposed residency training curriculum; (2) may be completed by both residents and attending (3) are convenient both to complete as well as to analyze; and (4) yield a reliable assessment of the curriculum and residents' needs.
This approach to curriculum assessment is effective in: (1) gearing the residency training to the needs of the dental residents, (2) continuously identifying specific strengths and weaknesses of the curriculum for further improvement, and (3) designing efficient overall evaluative strategies and techniques.

Effectiveness of Clinical Rotations
Rotation Evaluation Form. All clinical rotation experiences are evaluated by the dental residents. The most immediate evaluation mechanism is the completion of the Rotation Evaluation Form at the conclusion of each experience. Residents are asked to rate the experience in terms of: its content; objectives, and depth; focus on dental care, continuity, and psychosocial elements of pediatrics; relevance to future pedodontists its structure, setting, and learning activities; resources; and their expectations.

This instrument provides the program with timely feedback, useful in guiding decisions about modifications with the particular experience. The analyzed data gathered from the summary results, including resident comments of this instrument, are examined and discussed by the program faculty and the Medical Education Committee.

Overall Program Evaluation
Program Evaluation Form. In addition to periodic surveys regarding the effectiveness of various program components, the residency training program requires that a written Program Evaluation Form be completed by all Pediatric residents on a yearly basis. This instrument assesses the degree to which the program provides: adequate patient care experiences and structured teaching; opportunities for resident involvement in program planning and program structures, i.e., curriculum review, program surveys, etc.; opportunities for feedback and discussion regarding residents’ performance; ready access to faculty; an appropriate patient population; experiences related to community-oriented practice; adequate teaching and patient care in subspecialties; teaching and experiences related to psychosocial skills; opportunities for personal career planning; diversified faculty with expertise essential to training residents; and organized administrative and managerial structure for program delivery.

The data gathered from this instrument are carefully analyzed and the summary results are discussed by the Program Director and the Director of Medical Education. The results are presented to the Medical Education Committee. This instrument is used as a means of identifying those strengths and weaknesses of the program itself as well as its administration and delivery and to delineate further strategies for program improvement and development.

In addition to the above formal program evaluation, the training program incorporates the following data sources and strategies as a guide to decision making with respect to developing more efficient, effective, and appropriate management systems for residency training.
VI. PROCEDURAL LOGS

The resident will be responsible for documenting and maintaining a current procedural skill log book. This log book will include patients seen in the clinic, operating room, sedation cases, oral surgery patients, in-patients and, on-call patients. The resident must maintain for their records the name of patient, date seen, where patient was seen and type of treatment provided (e.g. sedation, general anesthesia). The resident will be responsible for documenting and maintaining a current skills log book. This log book will be presented to the Program Director three times a year for review during the resident’s evaluation review.

VII. SELECTION OF RESIDENTS

Nicklaus Children’s Hospital ensures that CODA (Commision of Dental Accreditations) select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Nicklaus Children’s Hospital will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.

In selecting from among qualified applicants, it is strongly suggested that Nicklaus Children’s Hospital and all its sponsored programs participate in an organized matching program.

VIII. PROMOTIONS

Resident Promotion Policy: The Pediatric Dental Residency Program at Nicklaus Children’s Hospital is a two year program. It is the policy of the hospital to promote each resident from PGL-1 to PGL-2 if the resident has been determined by the Program Director to have satisfactorily completed the previous year, provided that the resident has completed all contractual obligations to the hospital and program, including completion of all medical records. If the contractual obligations to the hospital or the program are not completed, the resident cannot be promoted and cannot receive a certificate of completion of the training program.

IX. DISMISSALS

Resident Dismissal Policy: It is the policy of the Nicklaus Children’s Hospital that only the Chief of Staff (Program Director) or the Director of Medical Education may dismiss a resident from the residency program, a resident who is dismissed shall be entitled to the due process and grievance procedure then in effect for resident dismissals. Residents may be dismissed for unsatisfactory performance, including failure to follow hospital rules, regulations, policies and/or procedures of MCH. Dismissal shall be preceded by warnings except where there is a danger to patient welfare or the good order of the hospital that indicates the need for immediate dismissal.
X. JOB DESCRIPTIONS

Post-Graduate Level 1 Resident

Post-graduate Level 1 Resident are expected to spend the majority of their time in the hospital providing patient care under the supervision of senior residents and attending physicians. PG-1 are given graduated responsibility for patient care that is based on training received prior to residency and during the course of their residency. It is recognized that specific experience and knowledge of each resident may be different.

Post-Graduate Level 1 Resident will:

1) Obtain complete and accurate patient medical and dental histories from patients and parents.
2) Perform comprehensive clinical examination.
3) Recommend appropriate radiographs.
4) Discuss with their attending the medical and dental history, and will use this to define a diagnostic and dental treatment plan.
5) Progress notes will be recorded in the patient record. Modifications of the dental treatment plan, based on further examination of the patient and discussion with attending, will be recorded in the progress notes.
6) The Post-Graduate Level 1 Resident will discuss as appropriate the diagnostic and dental treatment plan with other professionals involved in the patient care (i.e. cardiologist, hemotologist, etc.) and the patient and/or family.
7) Communicate effectively with patients and their families and listen attentively to patient and caregivers concerns and complaints.
8) Demonstrate compassion and concern for patient and their families, establishes rapport, provides reassurance and support.
9) Understand and recommend a variety of treatment approaches to clinical problems.
10) Identify and intelligently discuss preventive care and counseling based on the caries risk of the patient and the diagnoses and treatment of caries.
11) Provides patient education and prevention strategies, recommends appropriate chemotherapeutic agents for caries and oral hygiene.
12) Proposes recall frequency based on individual needs of the patient.
13) Obtain informed consent for procedures, discusses diagnosis and proposed treatment plans with patient and caregiver at their level of understanding.
14) Discharge patient with the appropriate instructions for the procedure received to the patient and the caregiver.
15) Demonstrate proficiency and technical ability in the management of dentoalveolar trauma, surgical and non-surgical extraction of primary and permanent teeth.
16) Demonstrate skill in the management of pulpal involvement in the primary and permanent dentition.
17) Administers profound anesthesia in various areas of the mouth.
18) Restores teeth with direct restorations for function, comfort and esthetics using a range of materials including stainless steel crowns and composite resin.
19) Obey Hospital and department policies defined for hours of duty, on-call responsibility and availability for illnesses or absences, dress codes and professional behavior, patient confidentiality, and safety procedures.
20) The Post graduate 1 Resident is expected to fully participate in the teaching program including teaching conferences, attending rounds and other defined educational experiences. It is expected that the Resident will be self-directed learners, including learning outside of the structured education program.

21) Residents will receive timely evaluations of performance quarterly from attendings. Evaluations will be constructive and directed at assisting the process of graduated learning. More frequent evaluations should be expected whenever problems in performance are identified. Summary evaluation is conducted by the Program Director.

22) The selection of the Post-graduate Level 1 Resident includes analysis of dental school education and performance, and evaluation of both written and oral communication. The selection process is vigorous and competitive and assures competence at the time of entry to the Pediatric Dental Residency Program. Competence during the year is assured by direct supervision by attending dentists, including review of verbal presentation, physical examination, and written notes in patient records. These observations are used for the formal evaluations.

**Post-Graduate Level II Resident**

Post-Graduate Level II Residents are given increasing responsibility for patient care that is based on training and demonstrated ability during their first year of residency. It is recognized that specific experience and knowledge of each dentist may be different.

Post-Graduate Level II Resident will:

1) Obtain complete and accurate patient medical and dental histories from patients and parents.
2) Perform comprehensive clinical examination.
3) Recommend appropriate radiographs.
4) Discuss with their attending the medical and dental history, and will use this to define a diagnostic and dental treatment plan.
5) Progress notes will be recorded in the patient record. Modifications of the dental treatment plan, based on further examination of the patient and discussion with attending, will be recorded in the progress notes.
6) The Post-Graduate Level II Resident will discuss as appropriate the diagnostic and dental treatment plan with other professionals involved in the patient care (i.e. cardiologist, hematologist, etc.) and the patient and/or family.
7) Communicate effectively with patients and their families and listen attentively to patient and caregivers concerns and complaints.
8) Demonstrate compassion and concern for patient and their families, establishes rapport, provides reassurance and support.
9) Understand and recommend a variety of treatment approaches to clinical problems.
10) Identify and intelligently discuss preventive care and counseling based on the caries risk of the patient and the diagnoses and treatment of caries.
11) Provides patient education and prevention strategies, recommends appropriate chemotherapeutic agents for caries and oral hygiene.
12) Proposes recall frequency based on individual needs of the patient.
13) Obtain informed consent for procedures, discusses diagnosis and proposed treatment plans with patient and caregiver at their level of understanding.
14) Discharge patient with the appropriate instructions for the procedure received to the patient and the caregiver.
15) Demonstrate proficiency and technical ability in the management of dentoalveolar trauma, surgical and non-surgical extraction of primary and permanent teeth.  
16) Demonstrate skill in the management of pulpal involvement in the primary and permanent dentition.  
17) Administers profound anesthesia in various areas of the mouth.  
18) Restores teeth with direct restorations for function, comfort and esthetics using a range of materials including stainless steel crowns and composite resin.  
19) Obey Hospital and department policies defined for hours of duty, on-call responsibility and availability for illnesses or absences, dress codes and professional behavior, patient confidentiality, and safety procedures.  
20) The Post-Graduate II Resident is expected to fully participate in the teaching program including teaching conferences, attending rounds and other defined educational experiences. It is expected that the Resident will be self-directed learners, including learning outside of the structured education program.  
21) Residents will receive timely evaluations of performance quarterly from attendings. Evaluations will be constructive and directed at assisting the process of graduated learning. More frequent evaluations should be expected whenever problems in performance are identified. Summary evaluation is conducted by the Program Director.  
22) The selection of the Post-Graduate Level II Resident includes analysis of dental school education and performance, and evaluation of both written and oral communication. The selection process is vigorous and competitive and assures competence at the time of entry to the Pediatric Dental Residency Program. Competence during the year is assured by direct supervision by attending dentists, including review of verbal presentation, physical examination, and written notes in patient records. These observations are used for the formal evaluations.  
23) Dictation of Medical Records will be done by Post-Graduate Level II residents in accordance with hospital guidelines.  
24) The Post-Graduate Level II resident is expected to demonstrate increasing levels of competence in performing the procedures essential for the practice of the dental pediatric patient.  
25) Schedules patients appropriately for conscious sedation.  
26) Performs comprehensive pre/post sedation physical evaluation.  
27) Prepared administration of PO, IM, IV conscious sedation in collaboration with attending and/or nurse  
28) Demonstrates proficiency in monitoring of the sedated patient both during the procedure and postoperatively.  
29) Can discuss rationale and risks for full mouth rehabilitation under general anesthesia.  
30) Manages preoperative plan including medical clearance, insurance pre-certification, hospital scheduling and protocol for Operating Room.  
31) Develops an appropriate treatment plan including evidence based treatment for General anesthesia.  
32) Demonstrates proficiency and technical ability during the procedure in the Operating Room.
Chief Resident

The Chief Resident’s responsibilities include but are not limited to administrative, supervisory, consultative, instructional, and programmatic duties as well as patient management.

BROAD GOAL: To further enhance the resident’s knowledge and understanding of pediatric dental care within an institutional setting and to develop his/her leadership capabilities through active involvement in administrative institutional and programmatic functions, under the guidance and supervision of the Program Director.

Chief Resident will:

1) Review and understand the Rules and Regulations of the Pediatric Dental Residency Program, the curriculum of the Pediatric Dental Residency Program, and the Duties and Responsibilities of Residents.

2) Serve as liaison between resident staff and the Program Director, attendings, and other hospital personnel. The Chief Resident will report any problems, suggestions and concerns from the residents to the Program Director.

3) The Chief Resident will prepare the changes night/weekend on-call schedule, handle any emergency scheduling as needed. Notify the MCH page Operator of changes in the Emergency on-call schedule.

4) Schedule the sequence presentations of the OR cases and sedation cases for the residents.

5) Coordinate resident activities, schedules, etc. in conjunction with the Program Director and residency coordinator, and to assume any other duties as requested.

6) Survey changes or activities related to the residency program, hospital and other and relay the information to fellow residents.

7) Meet with the clinical and administrative staff as needed to determine and develop some quality improvement processes.

8) Meet with fellow resident regularly and as needed to determine and develop some quality improvement processes.
XII. RESIDENCY TRAINING PROGRAM RULES AND REGULATIONS

Nicklaus Children’s Hospital residents agree to follow all rules and agreements contained in the Nicklaus Children’s Hospital Resident Agreement. Please refer to your agreement copy for any specific details of this Agreement.

The Department of Medical Education, with the approval of the Medical Education Committee, has established the following day-to-day operating rules and regulations. Residents are expected to know and to comply with these rules and regulations. This includes special duties and responsibilities prevalent in different services. Residents are also expected to respect and observe the rules of other departments which are brought to their attention.

If conflicts occur, they should be brought to the attention of the Program Director, who may refer the matter to higher administration when the situation is of sufficient gravity. Suggestions for improvement are always appreciated. Changes in the Residency Training Program Curriculum and Rules and Regulations require the prior approval of the Program Director.

Professional Conduct

Nicklaus Children’s Hospital continually strives to strengthen its commitment to the care of children by:

• Providing the patient and family with highly qualified professional, technological, and support personnel in a family-type setting, where comfort and dignity are second only to superior care.
• Creating a suitable emotional and spiritual setting, an at-home atmosphere, providing for the special needs of children for play, comprehensive outdoor recreation, and early ambulation.
• Residents should attend their patients and their families without undue delay in a manner as competent and as thorough as possible. Residents should provide a caring and humanistic environment for patients and their families, always strengthening positive behavior such as courtesy, respect, and understanding.

Bill Of Rights And Responsibilities For Patients And Parents

The following statement is given to every family when their child is admitted to the Hospital. It is important that the residents be aware of these rights and responsibilities.

Nicklaus Children’s Hospital has a responsibility to give your child appropriate medical care. The following is a set of guiding principles of patient care. It is important for you to know why your child’s rights are as a patient and what your rights and obligations are as a parent and user of this hospital. We encourage you to talk with those involved with your child’s care.

You and your child have the right:

1) To considerate, respectful care and to privacy consistent with the care prescribed. This includes consideration of the psychosocial, spiritual, and cultural variables that influence the perceptions of illness.
2) Responses to questions and requests; and to receive information regarding your child’s diagnosis, the treatment prescribed, the prognosis of the illness and any instruction required for follow-up care, in language you understand.
3) To know what patient support services are available to you and your child.
4) To request a consultation or second opinion from another physician; to change hospitals.
5) To participate in decisions regarding the medical care of your child. To the extent permitted by law, this includes the right to request consent for treatment; to cross out and initial any part of a consent form that you do not want applied to your child’s care; to withdraw consent, and to be informed of the consequences of these actions.
6) To participate in the consideration of ethical issues arising in the care of your child through the Hospital Bioethics Committee.
7) To expect all communications and other records pertaining to your child’s care including the source of payment for treatment, to be kept confidential except as needed for proper treatment and hospital administration, or as authorized by appropriate consent, or otherwise provided by law or third party payment contract.
8) To be informed of the hospital’s policies regarding payment; to request, prior to treatment, an estimate of charges for medical care; and to request information and counseling on the availability of known financial resources for your child’s care.
9) To receive an itemized bill, and to request an explanation of the charges.
10) To have access to the medical resources of the hospital indicated for your child’s care without regard to race, national origin, religion, handicap, or source of payment.
11) To treatment for emergency medical conditions that will deteriorate from failure to receive treatment.
12) To information about medical treatment given for the purpose of research, or research being conducted in addition to medical treatment; and, to refuse to participate in research, with the assurance that care will not be adversely affected by such a refusal
13) To express concerns or complaints regarding these rights or the quality of care and service provided by Nicklaus Children’s Hospital to the Department of Patient/Family Relations.

You have the responsibility;

1) To know and follow the rules and regulations of the hospital and the particular unit. Parents or other responsible adults should accompany minor children on any hospital visit and observe all hospital rules.
2) To provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your child’s health, and, to report unexpected changes in your child’s condition.
3) To notify your child’s physician or nurse if you do not understand a diagnosis, treatment or prognosis; and, to ask for clarification if you do not understand papers you are asked to sign.
4) To cooperate and to follow the care prescribed or recommended for your child by he physician, nurses or allied health personnel.
5) To keep your appointments and to be on time. When an appointment cannot be kept, the hospital or the clinic should be notified as soon as possible to cancel the appointment and arrange for a new one.
6) For your actions and their consequences if you refuse treatment for your child, or do not follow the physician’s instructions.
7) To assure that the financial obligations associated with your child’s care are fulfilled as promptly as possible.
8) To know by name the physicians, nurses and staff members responsible for your child’s care; to receive
9) To be considerate of the rights of other patients and hospital personnel by assisting in the control of noise, the number of visitors your child receives, and by observing the no smoking policy. Note: you are welcome to stay in your child’s room provided the rules and regulations are adhered to. EXCEPTION: PARENTS OF PATIENTS IN THE INTENSIVE CARE UNITS AND IN THE PSYCHIATRIC INPATIENT UNIT ARE NOT PERMITTED TO STAY IN THE ROOM WITH THEIR CHILD.

10) To advise your nurse, physician, or any members of your health care team of any dissatisfaction you may have with your child’s care.

Ethics and Confidentiality
All residents share the responsibility for observing the code of ethics that regulate the activities of medical and management professionals. The following rules apply:

1) Physicians alone have the legal right to diagnose and treat human physical or mental illness and injury.

2) Any information regarding the patients treated at Nicklaus Children’s hospital is strictly confidential and must never be discussed with anyone except as it pertains to the performance of assigned duties. Conversations in elevators, the cafeteria, and other public areas, as well as outside the Hospital, are especially prone to become sources of breaches of this confidentiality.
   a. All must follow the HIPAA (Health Insurance Portability and Accountability Act) regulations. This means keeping communication about patient health information limited to those who need the information in order to provide treatment, payment, and healthcare operations (TPO) only.
   b. When faxing confidential information, be sure to double-check the fax number. Do not fax highly confidential information (such as psychotherapy notes).

3) Residents are not to burden patients or employees with their personal problems or opinions.

Working Hours & Absences:
Daily Hours
Working hours in the clinic begin at 7:30 a.m. and continue at least until 4:00 p.m. or until all duties and responsibilities have been completed. Operating room hours begin at 7:00 and the residents are to arrive promptly. Variations are dependent upon the different services involved and other related activities. The average weekly hours of work should not exceed more than 80 hours and no more than 30 hours on-call.

Resident must arrive promptly for didactics session. Didactics may be scheduled prior to patient care, lunchtime and after completion of clinical work.

If a resident must arrive late or leave early for any reason he/she must notify the Pediatric Dentistry Residency Director or Supervisor. Failure to notify may be considered absence without notification. Notification of the Director means talking to the Director or Supervisor, not leaving a message with anyone else.
Communication
Communication will be sent via e-mails, phone message or texting. You must check your e-mails or messages at least twice a day. Any messages sent is your notification of changes or new occurrences. Residents are expected to assume full responsibility for awareness of information regarding the residency program and hospital.

Research at MCH
Residents must follow all NCH Research Institute policies during the conduct of research. All research must be approved by the Program Director prior to the beginning of any research, including chart reviews. Residents may not be Principal Investigators (PIs) in a research study per MCH policy. All IRB proposals must be signed by the attending dentist or other researcher who is the project’s PI (a copy will be given to the Medical Education office for the residents file). Any questions regarding research can be addressed with NCH Research Administration.

On-call
Bepers are provided to on-call residents. The procedure for the on-call schedule is as follows the 1st pager will be called, if no answer, the 2nd pager will be notified then if no reply the attending will be called. On-call is in effect 24 Hours a day, 7 Days a Week including Holidays. If resident is paged during clinic hours, the resident must call the clinic and notify the clinic of the patient’s arrival. When a resident is paged after clinic hours, the resident must advise the emergency room to the time of their arrival to the Hospital.

The resident must inform the on-call dental attending via texting of patient’s calls in the ER, Inpatients or private practitioners. In case that the resident requires a quick response for assistance, the resident may call the dental attending.

Holidays

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The residency program recognizes the 7 above Holidays are in addition to the PTO days. A holiday schedule will be implemented by the program director.

Paid Time Off
The resident shall be entitled to fifteen calendar days Paid Time Off per year. PTO shall be taken when mutually agreed upon to by the Program Director. A request for PTO must be in writing on the PTO form. The request for PTO must be made 2 month in advance.

- To maximize patient care and minimize patient care disruption, PTO for all Staff, faculty and residents may be taken as a group and on blocks.
- PTO for all Staff, faculty and residents will be taken for each day that the clinic is closed on these blocks. Ample notice will be provided to the department employees, staff, faculty and residents so they can plan accordingly.
- If a Resident goes over the 30 days PTO in the period of 2 years, he/she will have to make up for those days at the end of the residency program
- In the event that the clinic is closed on days that do not include a Holiday. PTO day will be deducted for each day that the clinic is closed. Ample notice will be provided to the department employees, staff, faculty and residents so they can plan accordingly.
- If you are on call you will provide coverage to the ER/Inpatient as needed during the Holidays. No PTO will be deducted.
- It should be noted, however, that no PTO will be granted from June 1st to August 31st.
Tardiness
If the resident is three times late a discussion will be held with the Program Director and may result in a half day deduction from his/hers Paid Time Off.

Leave of Absence
Residents shall be entitled to an unpaid leave of absence in the event of a personal emergency, as determined by MCH. Prior to taking such leave, the resident must notify in writing and obtain the approval from the Program Director. The notice must state the reason for requesting the leave, the number of days requested for leave and the address of the resident while on leave. Resident shall be required to make up the missed time. Notwithstanding any of the foregoing, Resident must complete the CODA (Commission of Dental Accreditation) requirements for training in order to satisfactorily perform under this Agreement and complete the Program. Absences for shorter periods shall be made up by the Resident at the discretion of the Program Director. Missed time must be made up at the end of their Program. If the resident fails to complete required time as stipulated by guidelines, they will not finish the PGY level until time is completed and/or a certificate of completion will be held until all requirements are completed.

Funeral Leave
A resident is entitled to funeral leave with pay for three (3) days in the event of the death of the resident’s parents, step-parents, sister, brother, children, spouse or spouse’s parents. The resident will be entitled to funeral leave with pay for one (1) days in the event of the death of any other relative or person who, in the opinion of the Program Director meets the criteria for bereavement. Funeral leave must be taken at the time of the funeral and may not be postponed. These days are drawn from the paid time off days.

Military Leave
Military leave is to be used for attending a regularly scheduled training period or a call-to-duty under a military obligation in the United States Armed Forces. The Medical Education Department will follow guidelines set forth in the Uniformed Services Employment and Reemployment Rights Act (USERRA).

Sick Days
Residents are entitled to paid sick days which will be drawn from the PTO. In the event the resident must be absent for more than five (5) consecutive days as a result of sickness, the resident must request a sick leave in writing from the Program Director. The sick leave request must be accompanied by a physician’s statement and an estimated length of absence. Leave beyond the 15 days per year must be made up at the end of the second year. Absence due to illness for more than two (2) consecutive days requires a doctor’s note for return to work.

Unpaid Leave
Unpaid leaves may be granted in the event of a personal emergency after PTO has been exhausted. Prior to taking such leave, the resident must notify in writing and obtain the approval of the Program Director. The notice must state the reason for requesting the leave, the number of days requested for leave and the contact information (including address) of the resident while on leave. The resident shall be required to make up the missed time. Missed time must be made up at the end of the Program. The resident must complete the CODA requirements for training in order to satisfactorily perform under this Agreement and complete the Program.
Parental Leave – Family and Medical Leave
The resident shall give at least a 30 days notice when the leave is foreseeable or as much notice as practicable and complete required forms as indicated by the Department of medical Education and Human Resources prior to going on leave. Remaining vacation days shall be used first (this time will be paid) and then the remaining sick days be taken. The following days are unpaid leave. The Resident may be eligible for Disability (pursuant to NCH’s Short Term Disability Plan). Details of FMLA are explained in the Human Resource FMLA package.

Professional/Educational Leave
PG2 will attend the AAPD annual meeting in May. It should be noted, however, that no educational leave or PTO will be granted from June 1st to July 31st. If the resident is entitled to paid professional education leave, the resident shall be entitled to be reimbursed up to $1,500 for expenses incurred to attend the professional education activity, but only if the activity is approved in advance by the Director of Medical Education and the Program Director. In the event the resident is eligible for professional leave and approval to take such leave is granted, the resident is responsible for arranging alternate coverage and to notify the hospital operator. The educational leave must be in writing.

The resident must submit an approved Travel Authorization Request for expenses to the Medical Education Department with ample time prior to the trip. An expense report must be submitted upon return, along with original receipts. Transportation expenses in the continental U.S.A. and registration fees up to a maximum figure (as determined by the Department of Medical Education) will be reimbursed by the Hospital as funding allows. Please check with the Department of Medical Education prior to making any arrangements in case any of the travel requirements have changed.

Community Activities
Residents must attend different Community Services throughout the county as scheduled. Video and photographs of residents may be taken to be used for marketing, educational, etc.

Moonlighting
It is absolutely forbidden for any resident at Nicklaus Children’s Hospital, to participate in employment activities (working at other institutions or covering for other physicians) while under contract to Nicklaus Children’s. Voluntary sign-up for the Hospital’s transport team or approved work in the Nicklaus Children’s Hospital are the only forms of moonlighting permitted. Unauthorized moonlighting may result in dismissal from the program.

Performance Evaluation
All residents’ formative and summative performance evaluations are reviewed by the Program Director, and the Chief Resident. Individual conferences are periodically scheduled with each resident throughout the academic year in order to discuss resident performance, allow the resident to provide input relative to the program, discuss career plans, and ascertain the resident’s status as to manual skills and subspecialty rotation selections. Promotion to the next level of training shall be dependent upon satisfactory overall performance as well as completion of all program requirements.

Status of Charts
Medical and Dental records completion is a responsibility of all resident and attending staff physicians. Records must be completed the same day of service. Failure to complete medical records constitutes grounds for suspension from the residency without pay or credit. If such
suspension occurs, reinstatement is not automatic upon completion of delinquent records, necessarily.

Any resident who leaves the training program with incomplete charts will not receive a certificate or educational credit for having completed that year of training.

**PALS and BLS Certification**

All residents must successfully complete and maintain current certification in Pediatric Advanced Life Support (PALS). The Hospital provides a certifying course in CPR and PALS during orientation. All residents are expected to take advantage of this opportunity and to pass the examination on the first attempt. Should the resident fail to attain certification on the first attempt, he/she will be required to repeat the course, with all additional registration fees being assumed by the resident. All residents will maintain active certification in Basic Life Support. Opportunities to renew certification are provided through the Education and Staff Development department on a regular basis. The resident will not be permitted to treat patients under Sedation without the PALS certificate.

**Discipline**

Nicklaus Children’s Hospital recognizes that one of the major factors affecting the safety of its patients, efficiency and human relations is the on-the-job conduct and performance of its residents. Poor and inconsistent disciplinary procedures disrupt and undermine the morale of the entire resident staff. Nicklaus Children’s Hospital therefore adheres to the policy that:

1) All residents shall make themselves aware of expected rules of conduct and performance, as presented in this manual.
2) When discipline is necessary, it shall be administered in a fair, impartial, consistent and constructive manner.
3) Continuing improper conduct or performance shall invoke disciplinary measures which may include probation, suspension, or dismissal.
4) Any breach of rules, regulations, duties, or responsibilities will be brought to the attention of the Program Director.
5) A written record will be made of all warnings given and disciplinary measures taken.
6) Serious misconduct can result in immediate administrative action including dismissal.

**Probation**

Probation is a disciplinary action whereby a resident’s continued employment is on a conditional basis. A resident failing to maintain strict adherence to the conditions of his/her probation will be subject to immediate dismissal without notice. Probation may be imposed at any time, without notice, by the Program Director. All probations will be in writing for either specific or indefinite periods of time and may contain specific conditions other than the Rules and Regulations described in this manual. Probationary actions will be entered into the resident’s record.

**Suspension**

Suspension is a disciplinary action which shall result in suspension from regular duties. This action may be taken with or without pay, at the discretion of the Pediatric Dentistry Program Director, or Chief of Staff. Suspension will be for a specified period of time or upon completion
of certain requirements. All suspensions will be in writing, stating the reasons for the action and conditions of the action, and will be entered into the resident’s record.

Resignation
A resident who wishes to resign voluntarily must give four weeks written notice of resignation. These residents will receive accrued vacation time on a pro rate basis. Failure to provide the required notice will result in automatic forfeiture of outstanding vacation time. A resident who fails to report for work for three consecutive days without prior notification to the Program Director shall be judged to have resigned voluntarily without notification.

Grievance and Due Process
1) PROGRAM DIRECTOR: All questions and concerns should first be addressed to the Program Director or his/her designee. They will be able to address most questions or concerns.

2) DIRECTOR OF HUMAN RESOURCES: Individual questions regarding benefits or other matters which cannot be answered by the Program Director, or his/her designee, should be directed to the office of the Director of Human Resources. When that office cannot answer the question, it will refer the question to other administrative staff members for response.

If the house staff member is dissatisfied with the response (and the concern is not a matter of department discretion), the house staff member may make a written request to the Chief Executive Officer to review the matter. The Chief Executive Officer or his/her designee will review the matter and provide a written response. The Chief Executive Officer may in his/her discretion, refer the matter to an existing or ad hoc committee for its recommendation prior to his/her review. Matters of departmental discretion will be addressed as detailed below under “Due Process and Grievance Procedure.”

3) MEDICAL EDUCATION COMMITTEE: General house staff concerns may also be communicated to members of the Medical Education Committee.

Grievance Policy: NCH is committed to an educational environment in which residents may raise and resolve issues without fear of retaliation or intimidation. To this end, NCH has established a grievance procedure for addressing residents’ concerns. If resident has any questions or concerns; those must first be communicated to the Program Director or his or her designee. The Program Director or the designee shall attempt to resolve the issue in a confidential manner. The decision of the Program Director or designee shall be final.

Due Process: The Program Director or designee shall periodically consult with the resident about Resident’s progress in the Program and Resident’s discharge of his or her responsibilities under this Agreement. Resident’s competence shall be evaluated on a regular basis by a representative of NCH. NCH shall maintain a confidential record of each such evaluation.

Subject to the procedures set forth in Agreement Section 8.6, only the Program Director or designee may suspend or dismiss a Resident from the Program for failure to satisfactorily perform Resident’s obligations under this Agreement. The Program Director or designee shall notify Resident in writing of the suspension or dismissal, as applicable, and the reason for the suspension or dismissal. If Resident is suspended or dismissed from the Program as specified above, Resident shall be entitled to a hearing before an ad hoc committee appointed by the Program Director.
If Resident desires to contest the decision to suspend or dismiss Resident, Resident must request a hearing, in writing, from the Program Director within fourteen (14) days of receiving notice of the suspension or dismissal, as applicable. The request for a hearing, addressed to the Program Director, with a copy to the Chief Executive Officer, (to the addresses set forth in the notice section of this Agreement) shall be sent by certified mail, return receipt requested. Failure of Resident to request a hearing in the manner and within the time frame specified above shall constitute a waiver of Resident’s right to a hearing, and the action to suspend or dismiss the Resident shall be deemed final.

In the event Resident properly requests a hearing, the Program Director shall convene the ad hoc committee. The ad hoc committee shall be composed of three members, two of whom shall be on the active or senior attending staff of NCH and one of whom shall be a resident in the Program. The Program Director shall not sit on the ad hoc committee.

The hearing before the ad hoc committee shall take place no earlier than fifteen (15) days following the receipt by the Program Director of Resident’s request for a hearing, and no later than thirty (30) days following such person’s receipt of such request. Resident shall not be entitled to be represented by an attorney at such hearing.

A majority of the ad hoc committee shall have the right (i) to determine the length of the hearing and the amount and scope of evidence presented at the hearing; (ii) to adjourn or terminate the hearing as and when it deems appropriate; and (iii) to examine witnesses. MCH shall keep a record of the proceedings of the ad hoc committee. The decision of a majority of the ad hoc committee shall be deemed a decision of that committee. The ad hoc committee shall render its decision, in writing, within fifteen (15) days of the last day of the hearing (if the hearing exceeds one day).

If Resident is dissatisfied with the ad hoc committee’s decision, Resident may appeal that decision to the Medical Education Committee.

If Resident desires to appeal the ad hoc committee’s decision, Resident must request a review, in writing, of the ad hoc committee’s decision from the Medical Education Committee within five (5) days of Resident’s receipt of the decision of the ad hoc committee. The request for a review shall be addressed to the Chairperson of the Medical Education Committee of MCH, at the address set forth in the notice section of this Agreement, and shall be sent by certified mail, return receipt requested.

The Medical Education Committee shall review the matter at its next meeting following its receipt of Resident’s request for a review of the ad hoc committee’s decision. In reviewing the matter, the Medical Education Committee shall consider the record of the proceedings of the ad hoc committee and any written briefs that Resident or NCH may submit for consideration. Any such written briefs must be submitted at least five (5) days before the scheduled review. Failure of Resident to submit such brief within that time period shall be deemed a waiver of Resident’s right to submit such brief. There shall be no oral argument before the Medical Education Committee on the matter. The Medical Education Committee shall render its decision, in writing, within ten (10) days of reviewing the matter. A decision on the matter by a majority of the Medical Education Committee shall be the decision of the committee. The Medical Education Committee shall affirm the ad hoc committee’s decision unless it finds that the ad hoc committee’s decision was clearly erroneous or arbitrary. The Medical Education Committee’s decision on the matter concerning Resident shall be final and binding on NCH and Resident.

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If Resident is suspended or dismissed and the action is upheld by the Medical Education Committee, this Agreement shall automatically terminate as of the date of the decision of the Medical Education Committee, and NCH shall have no further obligations to Resident. If Resident is subject to a disciplinary action other than suspension or dismissal ("Disciplinary Action"), and in the reasonable opinion of the Program Director, the Disciplinary Action could significantly threaten Resident’s career development, Resident may request that the Disciplinary Action in question be reviewed. Only the Program Director can impose Disciplinary Action pursuant to this section.

Resident may request a review of the Disciplinary Action by submitting a request for review of that action, in writing, to the Program Director, to the address set forth in the notice section of this Agreement, by certified mail, return receipt requested. The request for review must be made within three (3) days of Resident’s being notified of the Disciplinary Action.

Within thirty (30) days of receipt of the request for review from Resident, the Program Director will convene a committee to review the matter. This committee shall be composed of three members, two of whom shall be members of the active or senior attending staff of NCH and one of whom shall be a resident in the Program. Resident shall not be entitled to a hearing before this committee or to be represented by counsel before the committee. Rather, each of Resident and NCH shall submit a written statement containing the facts with respect to the Disciplinary Action and each party’s position on the matter. After review of Resident’s and NCH’s position papers and any other evidence this committee deems appropriate, this committee shall notify Resident and the Program Director of its decision. The decision of this committee shall be final and binding on Resident and NCH.

**Beepers/Pages:**
All residents will be provided beepers and should maintain them in functional condition at ALL times. Beepers will be carried by each resident **24 hours a day**; whether post-call or during the weekend off. All pages should be answered promptly and courteously. If a resident is going to be unavailable, the operator should be notified. Lost beepers will be replaced at residents’ expense.

**Dress Code:**
Residents are professionals. As such, they should wear appropriate attire and observe appropriate standards of cleanliness and good grooming at all times within the hospital. Residents will be provided white jackets free of charge. Residents are responsible for having their names placed on the outside of the jackets for identification at their own expense. The residents will be provided with scrubs for use in the Operating Room. If borrowing these scrub suits, residents will be responsible for their care and return, and will be charged for loss or damage.
Casual businnes attire must be worn during clinic hours.

**Code Calls:**
The hospital has a number of defined procedures in the event of various disastrous conditions. Residents shall participate as specified. These conditions will be paged as follows:
Fire: "CODE RED" This code signals the possibility of a fire within the hospital. All employees should perform those fire duties outlined in the Fire Manual. Residents have no specific duties in a Code Red. Fire drills are held at regular intervals and require the participation of all employees. All employees should also take precautions against creating potential fire conditions and notify supervisory personnel of possible violations.

Disasters: "CODE D" Separate manuals on procedures for internal or external disasters will be implemented if a disaster is declared. These are kept in each department and at every nursing station. All residents should report to the Emergency room for duty assignment. Disaster drills will be conducted periodically, and require the participation of all personnel.

Cardiorespiratory Arrest: "CODE BLUE” In the event a person in the hospital suffers a Cardiorespiratory arrest, the procedures to be followed are delineated in the Cardiopulmonary Resuscitation Manual. Residents must familiarize themselves with their duties in such an event so that they may be prepared to function competently.

Bomb threat : "CODE 13” signifies a bomb threat. All personnel are instructed to search your immediate area for strange bags, packages, or containers. Such containers should be left alone, untouched, and the hospital operator notified.

Trauma Network: “CODE ORANGE” indicates a trauma patient is enroute by emergency transport. The primary responders to a “Code Orange” are the Pediatric Surgeon, the Emergency Department Pediatrician, the Intensivist, and the senior resident on each of these respective services will also respond.

Code 36: Child Separated from Parent.
Code Water: Unsafe to drink water.
Code Blackout: Outside power supply is interrupted.
Code Lindbergh: Kidnapping.

Stat Pages: STAT pages should be reserved for medical emergencies only. A person who is paged STAT must go immediately to the required area. Medical emergencies are those situations where a person’s life is in potential jeopardy.

OSHA Safety Rules
The Occupational Safety and Health Act (OSHA) of the Federal Government has very specific regulations and requirements for the occupational safety and health of employees. You will be kept informed of these regulations as they apply to you as an individual by your Department Head, the Risk Management Department, and the Safety Committee Chairman.

An employee may be discharged for failure to follow safety rules.

Safety Program
The Hospital Safety Committee meets monthly and maintains written reports of its activities. The Safety Committee activities include: Analyzing incident reports, conducting safety inspections and recommending methods of improving patient, employee and public safety. Any Hospital employee is welcome to present any matter of concern to the Safety Committee. ALL EMPLOYEES HAVE AN OBLIGATION TO INFORM THE COMMITTEE WHENEVER A HAZARDOUS CONDITION IS OBSERVED.
Medical Records
Residents are responsible for recording a complete admission history and physical examination on the chart within 24 hours of admission. Progress notes shall be recorded at the time of observation sufficient to permit continuity of care and transferability. Whenever possible, each of the patient’s clinical problems shall be clearly identified in the progress notes and correlated with specific orders, as well results of tests and treatments. The record should not include personal gripes or derogatory comments. Progress notes should indicate the thought process (assessment).

Discharge Summaries
The clinical resumé (discharge summary) shall be completed at the time of discharge and shall include: the reason for hospitalization, the significant findings, the procedures performed and treatment rendered, the condition of the patient on discharge, and any specific instructions given to the patient and/or family, as pertinent. Consideration is given to instructions relating physical activity, medications, diet and follow-up care.

Language
It is the policy of the hospital that all medical records should be documented in English. Patient safety (and courtesy) requires that spoken language be understood by all involved participants in all conversations involving patient care and program activities.

Orders And Medications For Patients
All orders shall be in writing in a clear, comprehensible, and legible format. Verbal or telephone orders may only be given to a registered nurse or physician. These are considered to be comparable to written orders and must be signed within 24 hours by the dictating physician.

Medications for parents should be written on a prescription and not in the patient’s order sheets. These should be provided only for problems related to a child’s hospitalization.

Special Permits
Special consent for photographs must be signed before any photographs are taken of patients.

XIII. RESIDENT EMPLOYMENT POLICIES

Category of Employment
Residents in the Pediatric Dental Residency Training Program are primarily categorized as individuals in training and secondarily as individuals in employment. Selection and appointment to the two-year program provides residents a training opportunity where compensation is provided for their services to the hospital. As such, residents are members of the Medical Staff, recognized as physicians in training, and employed by the hospital with certain limited privileges to practice dentistry within the hospital under supervision. Residents are hospital employees and as such should become familiar with the “Nicklaus Children’s Hospital’s Employee Handbook”. A copy of this handbook has been provided to you during orientation and extra copies may be obtained from the Human Resources Department.
The residents shall abide by the current Rules and Regulations of the Pediatric Dentistry Residency Program as described in this manual. This document is designed as a guide to the resident. Where applicable, the Bylaws and Rules and Regulations of the Medical Staff and the Bylaws and Rules and Regulations of the Hospital shall always be the basis upon which the resident’s activities applicable to Nicklaus Children’s Hospital shall apply.

Orientation
All residents must complete an approximately two week Orientation prior to assuming duties. The Medical Education and the Education/Professional Development Departments develop and coordinate General Orientation (first day) instruction on essential topics, including the mission, vision and purpose of the Hospital, its organization, personnel policies, emergency procedures, performance improvement, risk management, customer service, infection control, and CPR instruction.

The rest of the Orientation is specifically designed to address those issues relative to residency. Different departments are invited to come to speak to the residents about expectations and resources available.

The Program Director also orient the residents to life as a resident and the department’s requirements such as patient logs, procedure logs, evaluations, call schedules, resources, dictations, documentation, residency requirements and other relevant issues to residency. The incoming residents will also take the courses in Basic Life Support (BLS), Pediatric Advanced Life Support (PALS).

Employment Application Verification
All offers of residency with the Hospital are contingent upon satisfactory verification of prior work and educational background, as well as verification of any information included in the application for residency. Discovery of falsification of information on the application shall be grounds for dismissal at any time after discovery by the Hospital.

Registration with the Florida Board Of Dentistry As An Unlicensed Physician
All pediatric residents must be aware of and act upon the following:

*Florida law mandates that any person desiring to practice as a resident dentist, must have a valid, active Dentist license in Florida or must register with the Florida Board of Medicine Dentistry before beginning practice.*

The initial registration is good for one year. The resident must understand that registration with the Florida Board of Dentistry automatically expires after one year without further action by the Board unless the Board approves an application for renewal. **It is the resident’s responsibility to obtain appropriate renewal of his/her unlicensed Dentist registration number. Renewal must be submitted ninety (90) days prior to the date of expiration of current registration.**

Failure to renew the registration will result in dismissal from all clinical duties until the Board has approved such registration. To practice Dentistry without a license or registration is a criminal offense in the State of Florida. No exceptions will be made.

Should the position for which the resident is hired require licensing or certification, employment is contingent upon proof of current license or certificate and subsequent renewal
at intervals as required. Valid Visas for employment as a physician in training are required for any non-US Citizen.

**Personnel Records**
All employment records, including the initial application, W-4 Federal Withholding Tax Form, U.S. Immigration Service I-9 Form and Medical History Questionnaire must be completed and in the Medical Education office on the first regular business day worked.

**Employee Identification**
Every employee is provided with an identification badge bearing the employee’s photograph. Photographs are taken at the Hospital’s expense. These identification badges must be worn, photo side up, by the employee at all times while on duty in the Hospital and must be surrendered upon request by the Hospital Identification badges remain the property of the Hospital and may not be used for identification purposes outside the Hospital. Lost cards will be replaced, at the employee’s expense, by the Human Resources Department. It is important that all residents wear these cards to identify themselves to patients, parents, visitors and staff. Presentation of ID badges is also necessary for discount privileges in the cafeteria and for periodic unannounced payroll audits. (At these times, checks will not be issued until the employee presents an identification card.) Personal business cards will be provided to residents to be given for patient-physician identification.

**Change of Address or Other Personal Statistics**
The Medical Education office and the Human Resources Office should be promptly notified of any change of address, telephone number, or name change. Tax status (W-4) changes should also be made at the Personnel Office.

**Employee Health Requirements**
All residents will complete a pre-placement assessment to assure that the resident is fit for duty and free of communicable disease. The assessment may include physical examination, health history, and laboratory blood tests for protection from Measles, Rubella, Chickenpox, and Hepatitis. Screening for Tuberculosis will include skin testing or chest x-ray as indicated.

A resident may be required to have a physical examination at any time deemed adviseable by the Employee Health Nurse. Semi-annual re-examination is required for certain job categories.

Assessments and required vaccines are done at the expense of the Hospital. Any medical follow-up required to assure fitness for duty is at the resident’s expense.

Infection control policies are available in each department, listing communicable diseases, which would exclude an employee from working in certain job activities. Communicable diseases identified in residents are reported immediately to the Infection Control Department. A summary of all resident illnesses is sent by the Health Office to the Infection Control Department monthly.

Tuberculosis prevention education, which may include skin testing (on an annual assessment/questionnaire for those whose PPD are positive), must be completed each year on the resident’s anniversary. This must be documented before the performance evaluation is completed. (A salary increase will be delayed until this requirement is met and when eventually given will not be retroactive.)
Drug Screening Policy
Nicklaus Children’s Hospital has an obligation to provide quality patient care and a safe environment for patients, families, employees and visitors. All applicants will be screened for drug use and, where indicated, for alcohol abuse. The urine drug screen test shall include a test for certain psychoactive chemical agents which include:

- Amphetamines
- Opiate Derivatives
- Cannabinoids
- Phencyclidine
- Cocaine

It is the intent of the drug screening program to test for those chemical agents that frequently are the drugs of dependency. Therefore, the preceding list of psychoactive agents is subject to continual review and possible modification.

Any resident who tests positive for the presence of any of the psychoactive chemical agents shall not be employed.
1. It will be the responsibility of the Medical Education Department to: Inform all applicants of the requirement for a pre-employment urine drug screening test
2. Have the “selected candidates” execute the Drug Screen Informed Consent document as a condition of employment (part of employment application).
3. Schedule the urine drug screening test for the applicant (“New” or “Special”). Refer the candidate to the Employee Health Office for an appointment for drug screening.
4. Review the results and request confirmation tests when advised by the testing lab.
5. The Human Resource Department/Employee Health Office will clear the candidate or notify the candidate that the offer of employment is withdrawn as a result of failure to meet minimum employment standards (after the candidate has also failed to pass the follow-up confirmation test.)

Salary
The resident’s salary is determined by contract at the various levels of training.

Employees receive their salary checks on a biweekly basis (every other week). The Payroll Department issues checks only to Department Heads or to a designated staff member; checks are then distributed within the department. Deductions from pay include Federal Withholding Tax, as required by law; insurance offered by the Hospital, and other deductions, as are jointly agreed upon in writing by the resident and the Hospital. Direct deposit is available.

Residents leaving the Hospital, upon submission of proper written notice of resignation to the Medical Education Department and Human Resources Department, will be paid, where possible, on the last day of employment.

A request for PTO may be made two months in advance on the PTO Request Form.

Management’s Responsibilities And Rights
The Hospital recognizes and accepts its responsibility to provide those services necessary to assure quality patient care and to contribute to the health needs of the community. The Hospital reserves the right to determine the extent and type of work which must be performed by each resident and to make changes as it deems necessary to establish and maintain the most efficient procedures and methods needed for the operation of the Hospital and to set forth the standards of performance necessary to achieve the Hospital’s objectives.
The Hospital, furthermore, has the responsibility to provide to the Community a staff of fully qualified residents. Therefore, the Hospital must reserve the right to recruit and select its work force, determine specifications for employment and to assure effective performance.

**Resident Benefits**
The Hospital provides for the residents during their training at Nicklaus Children’s Hospital, the following benefits, services, sponsored events, and sponsored courses:

- Medical, Dental, Vision and Life Insurance (effective 1st of the month following employment); prescription drug plan
- Free Disability Insurance and free Life Insurance
- Malpractice insurance
- Free parking
- Free meal tickets while on-call
- Free lunches at daily conferences
- Free scrubs and lab coats
- On-site Medical Library and electronic journal availability
- Business cards
- Membership:
  - American Academy of Pediatric Dentistry (AAPD)
- Research opportunities
- Pediatric Human Patient Simulation Program training
- Mentoring program
- Holiday schedules available
- Professional Educational allowance:
- Other available services:
  - MCH fitness center
  - MCH child care center
  - MCH post office
  - MCH pharmacy
  - Discount at cafeteria
  - MCH dry cleaning
  - Entertainment discounts
  - Optional insurance plans (e.g., legal services insurance, health care reimbursement accounts, long term care)
  - Notary services available MCH
  - Educational/developmental classes, such as Spanish Language Courses and computer training
- Sponsored Events:
  - Get-acquainted sessions and orientation for incoming residents
  - Annual Residents Day
  - Annual Holiday Party
  - Resident Graduation Banquet
  - Faculty Sponsored Parties and Events
  - MCH Employee appreciation events
- Sponsored Courses:
  - Basic Life Support (BLS)
  - Pediatric Advanced Life Support (PALS)
  - Simulation training
Insurance Benefits

1. Group Insurance
   The Hospital currently maintains a Flexible Benefits program which allows you several options for Health, Dental, Life, Vision, and Prescriptions Drug plans. The Health, Vision, and Dental Plans require an employee contribution. Basic Life, Short and Long term Disability (L.T.D.) insurance are provided to the employee at no extra cost. An additional one, two, or three times your annual salary in life insurance can be obtained at employee expense. Dependent Life and Accidental Life and Dismemberment coverage is also available. Tax saving benefits including a Health Care Reimbursement Account and/or a Dependent Care Reimbursement Account are also available coverage under the Flexible Benefits Program begins the first of the month following your actual starting date with the Hospital, provided enrollment forms have been completed.

2. Malpractice Insurance
   The resident will be provided with professional liability insurance (covering legal defense and judgments) for services performed pursuant to the Resident Agreement, upon such terms and in such amounts as NCH provides for its other employees providing medical/professional services. If professional liability insurance was provided on a claims made basis during the Term, following the expiration or termination of the Resident Agreement, NCH shall provide a continuous reporting endorsement for the applicable statute of limitations for covered acts occurring during the Term of this Agreement.

3. Worker's Compensation
   If an employee is injured or becomes ill, and said injury or illness arises out of and in the course of his employment, he is entitled to benefits as described by the worker's compensation laws of the State of Florida. Worker’s compensation coverage is provided free of charge by the hospital. Any resident involved in an accident or injured while working in the hospital regardless of the injury, must report the accident to the Department Head at once. Designated person must take resident to the Emergency Room for proper treatment and completion of an incident report. Worker’s Compensation insurance is administered by the Insurance/Risk Management Office. In order to facilitate the handling of these cases, all matters pertaining to Worker’s Compensation must be coordinated with this department.

Parking, Meals
   The residents will be provided with a parking card to park in the designated area of the visitor’s parking garage. If the designated area is full, the resident may park anywhere in the parking garage.

   During the academic year, the residents will receive a designated monetary amount applied to the residents’ id card to purchase food in the cafeteria while on-call. Additional food purchases from the cafeteria beyond the amount furnished for on-call services may be obtained at an employee discount. Employee identification badges are required to receive the employee discount.
Bulletin Boards
The main pediatric dentistry bulletin board is located in the 3rd Floor administration area at the Doral center and an additional bulletin board is located in the residents’ room. Notices of events and changes that may affect individuals, departments or the entire Hospital are posted there. It is the employee’s responsibility to frequently check this board for important notices. Additional bulletin boards are located in the department. Employees are responsible for checking those bulletin boards that pertain to their departments.

Communications
Good communications are vital for efficient and effective hospital operations. Residents will be expected to accept the responsibility for full awareness of all information relating to their work, reading all memos posted on hospital bulletin boards, and for all communications affecting their relationship with the Hospital. Residents are asked also to be quick to communicate to their immediate supervisor or Department Head any significant information relating to patient care, hospital security, the need for maintenance services, or any other matter that requires attention by someone in authority. Residents are expected to be sensitive and sensible when communicating with other co-workers and other departments.

Gifts
Anyone wishing to make a donation or gift to the Hospital should be referred to the Nicklaus Children's Hospital Foundation Office or Administration. Soliciting of gifts or donations for an employee’s or a resident’s personal benefit is strictly forbidden.

Incident Reports
An incident report must be completed immediately following an out of the ordinary occurrence in the Hospital or on Hospital property. An incident report should be written for any deviation from normal routine or activities affecting patient care. An incident is also any occurrence which results in injury to an employee or to a hospital visitor. Incident reports are extremely important and must be completed and signed. It is especially important that location, time, date, witness names, addresses and telephone numbers are included in these reports. All original incident reports affecting employees or visitors will be submitted to the Risk Manager. The Risk Manager is to be advised immediately of any incident resulting in injury to a patient, employee or visitor.

Package Inspection
Residents can be required to open their packages and reveal the contents to a Security Guard or Supervisor. Periodic reviews of packages, large containers, and lockers may be called on an unannounced basis by an authorized representative of the hospital management. It will be done only with the knowledge and presence of the Chief of Staff, the Program Director, or their designee. Theft of Hospital supplies or property will be reported to the Public Safety Department of Dade County and will be cause for suspension.

Political Activities:
Although the Hospital encourages all residents to take active interest and participate when possible in political affairs, such participation cannot be conducted on Hospital premises during a resident’s work-time or in working areas.

Release of Information
Inquiries from the press, radio and television with respect to patients or hospital news must be carefully handled and referred to the Marketing Department at all times. The Director of Marketing and/or Hospital Spokesperson is available through the Hospital switchboard. In the
absence of either, media inquiries should be referred to the Administrator on-call or the Chief of Staff.

**Smoking**
Under provisions of the Florida Clean Indoor Air Act, hospitals are considered “public places” which means that smoking is prohibited.

**Suggestions**
The Hospital is always receptive to suggestions for improving services for our patients and/or working conditions for our employees. Employees are encouraged to pass on any suggestions to Department Heads, the Director of Personnel, or Administration. Employees may also present their suggestions in written form, using the employee suggestion box, located near the time clock.

**Telephone**
All telephones should be answered promptly, pleasantly, courteously, and in a helpful manner. The resident should give the department name and his/her own name. Because of the heavy switchboard traffic, residents are requested to use the telephones only for Hospital business. The resident is expected not to make or receive personal telephone calls while on duty except for matters of extreme urgency or family emergency.

**Valuables**
Residents are cautioned not to bring excessive amounts of money or valuables with them to the Hospital. The Hospital cannot accept responsibility for employees’ articles or money lost or stolen.
APPENDIX
# PEDIATRIC DENTISTRY RESIDENT EVALUATION

 Faculty: ________________________________  
 Resident: ________________________________  
 PGY LEVEL: 1  2  
 Month: _________________  Year__________

Rating System:  
5 = Proficient, exceeds all requirements  
4 = Above Average, exceeds in some areas  
3 = Satisfactory, performs criteria adequately  
2 = Some Areas demonstrate deficiencies  
1 = Unsatisfactory, severe deficiencies.

## A. Ethics and Professionalism

1. Accepts responsibility and completes tasks  
2. Practices within the scope of his/her abilities  
3. Responds to patient’s unique needs  
4. Demonstrates integrity and ethical behavior

## B. Interpersonal and Communication Skills

5. Demonstrates compassion/concern for patient and families  
6. Communicates effectively with patient and families  
7. Communicates effectively with healthcare professional  
8. Works effectively with other team members

## C. Fund of Knowledge

9. Demonstrates basic science and clinical knowledge  
10. Demonstrate up to date knowledge  
11. Uses knowledge and analytical thinking to address clinical situations

## D. Practice Based Learning and Improvement

12. Analyzes practice and identifies areas for improvement  
13. Engages in ongoing learning
14. Implements improvement activities
15. Develops research project

E. Patient Care
16. Demonstrates comprehensive assessment and diagnosis
17. Coordinates risk based care and patient education
18. Formulates appropriate patient based treatment plans
19. Demonstrates skill in the surgical management of pediatric patients on conscious sedation.
20. Demonstrates knowledge and skills in management of
21. Demonstrates effective management of operating room patients

F. System Based Practice
22. Provides cost conscious patient care
23. Promotes patient safety
24. Coordinates care with other healthcare providers
25. Facilitates patient care in the community

Comments:

_______________________________________________________________________

Goals for the next 3 months

Personal Goals:
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________

Professional Goals:
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
EVALUATION OF OFF-SITE TRAINING ROTATION

Training/Rotation Area __________________________ Date________________

Attending/ Faculty: ________________________________

Resident ________________________________ PGY LEVEL: 1 2

Month: ___________ Year____

1. What additional topics would you like to see included during this rotation?

_______________________________________________________________________________________

2. What topics do you believe should be omitted? Why?

_______________________________________________________________________________________

3. Were there any major barriers to your training in this area? (Time allotted, Patient availability, etc.)

_______________________________________________________________________________________

Please circle you response

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Experience well organized</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Material was presented at Postgraduate level</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Experience was adequate</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>(quality, quantity and relevance)</td>
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<tr>
<td>4. Attendings were available</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>for teaching</td>
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<tr>
<td>5. Training needs some</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Drastic revision</td>
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</tbody>
</table>

4. Did the clinical component to this training/rotation meet your expectations?
Yes _________ No _________ If you answered no, please explain and give recommendations

5. Overall, I would rate the education in this area (check one):
   Excellent _____ Good _____ Fair_____ Poor _______
# OFF-SITE ROTATION PROCEDURE LOG

Resident: ________________________

Rotation: ________________________

Rotation Dates ___________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>Record Number</th>
<th>Patient Age</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Attending’s Signature: ______________________________________

Resident ___________________________ PGY LEVEL: 1 2
Month: ___________ Year____
Attending/ Faculty: ________________________________

Rating System:  
S = SATISFACTORY  
N = NEEDS IMPROVEMENT  
U = UNSATISFACTORY

I. CLINICAL COMPETENCE

<table>
<thead>
<tr>
<th>SKILLS</th>
<th>KNOWLEDGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Evaluation</td>
<td>Medical History</td>
</tr>
<tr>
<td>Diagnosis and Treatment planning</td>
<td>Psychosocial History</td>
</tr>
<tr>
<td>Administration of Anesthesia</td>
<td>Orthodontics Diagnosis</td>
</tr>
<tr>
<td>Restorative Skills</td>
<td>Sedation Principles</td>
</tr>
<tr>
<td>Behavior Management</td>
<td>Caries Risk</td>
</tr>
<tr>
<td>Emergency Management</td>
<td>Pulp Management</td>
</tr>
</tbody>
</table>

II. INTERPERSONAL APPROACH/ATTITUDE

<table>
<thead>
<tr>
<th>INTERPERSONAL APPROACH/ATTITUDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Display Courteous Demeanor</td>
</tr>
<tr>
<td>Enthusiasm</td>
</tr>
<tr>
<td>High ethical standards</td>
</tr>
</tbody>
</table>

III. GROWTH PARAMETERS

<table>
<thead>
<tr>
<th>GROWTH PARAMETERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of weakness</td>
</tr>
<tr>
<td>Response to feedback</td>
</tr>
<tr>
<td>Relationship with staff</td>
</tr>
</tbody>
</table>
## CHARTS: QUALITY ASSESSMENT EVALUATION

### PGY LEVEL:

<table>
<thead>
<tr>
<th>MONTH</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR</td>
<td></td>
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</tbody>
</table>

### HEALTH HISTORY FORM
- "Medical History Reviewed by" is documented
- Allergies/Drug Reaction documented
- All marked with "yes" has an explanation
- List of Medications
- Patient Weight
- Parent Signature
- Assistant name/signature
- Resident/Attending Signature

### CLINICAL EVALUATION
- Extra-Oral
- Intra-Oral
- Occlusal 1
- Occlusal 2
- Recommended
- Behavior Control
- Signatures

### CONSULTATION
- Consult
- EOE
- IOE
- Assess
- Other
- Signatures

### HARD TISSUE

120
Existing restorations documented
Set to patients age
All conditions have a planned treatment

<table>
<thead>
<tr>
<th>TREATMENT NARRATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
</tr>
<tr>
<td>Time documented</td>
</tr>
<tr>
<td>Treatment area documented</td>
</tr>
<tr>
<td>Reason/Diagnosis documented</td>
</tr>
<tr>
<td>Anesthetic</td>
</tr>
<tr>
<td>Treatment</td>
</tr>
<tr>
<td>Behavior</td>
</tr>
<tr>
<td>Post OP instructions</td>
</tr>
<tr>
<td>Notes</td>
</tr>
<tr>
<td>Next visit</td>
</tr>
</tbody>
</table>

Signatures

Employee Name:
Signature w/ Degrees: Date:
ACKNOWLEDGEMENT

I herewith acknowledge receipt of the
2015-2016 Resident Manual for the
Pediatric Dental Residency Training Program
At Nicklaus Children’s Hospital
and agree to abide by these guidelines.

I was given an opportunity to ask questions.
Clarification to my questions were provided.

Resident Signature: ________________________________ Date:_____________

Resident’s Name:_______________________________________________________
ACKNOWLEDGEMENT

I herewith acknowledge that Paid Time Off was thoroughly explained

I was given an opportunity to ask questions.
Clarification to my questions were provided
I agree to abide by these guidelines.

Resident Signature: ________________________________ Date: ____________

Resident’s Name: ____________________________________________________________________________